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The Effect of Examiners' Anxiety on the Verbalizations of Clients.

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THE EFFECT OF EXAMINERS' ANXIETY ON THE VERBALIZATIONS OF CLIENTS

A Dissertation

Submitted to the Graduate Faculty of the Louisiana State University and Agricultural and Mechanical College in partial fulfillment of the requirements for the degree of Doctor of Philosophy

in
The Department of Psychology

by
Deldon Anne McNeely
B.S., St. Mary's Dominican College, 1953
M.A., Louisiana State University, 1955
January, 1959
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ABSTRACT

The purpose of this study was to investigate the verbal-conditioning technique as a device for studying non-verbal communication.

Each of twenty clients was given by his examiner one hundred cards containing a verb and five pronouns. He was instructed to use the verb in a sentence beginning with one of the pronouns. The presentation of and responses to the first fifty cards was called Session I; in this session the use of each pronoun was established for each subject.

During the presentation of the second fifty cards the examiner expected an electric shock when the client began a sentence with a certain one of the five pronouns.

It was hypothesized that the communication of anxiety brought about in the examiner by threat of shock would reflect itself in the client's behavior by a significant change in the frequency of his use of the pronoun which was associated with the examiner's anxiety.

Twenty control subjects were given the same task by an examiner who was not thus threatened and who did not reinforce any pronouns.

Results indicated a trend toward the hypothesized results, and a slightly significant difference between the performance of the control and experimental groups during
the second half of the test when experimental conditions were introduced. The effectiveness of experimental conditions on the experimental group showed up principally as a result of the performance of about four subjects, while the other four-fifths of the experimental group performed no differently from the controls.
CHAPTER I

INTRODUCTION

The Problem: Non-verbal Communication

The questions that prompt this study are: under what conditions can feelings be communicated non-verbally and how can such communication be demonstrated and investigated in detail?

Some work has been done to show that feelings can be communicated without ideational or verbal content. For example, Pfaff (20) recorded the voice of a person expressing emotions by speaking only numbers, and found that students were highly accurate in identifying the emotion by vocal cues alone.

Another type of investigation in this area is represented by a study by DiMascio, Boyd, and Greenblatt (5) which shows concurrent physiological changes in therapist and patient during periods of tension in the therapeutic session. To what extent such physiological reactions are a function of the tension-arousing properties of the content material for both persons instead of (or as well as) a participation by one partner in the tension communicated by the other partner, is not shown by the study, but might be learned by checking the physiological reactions of each person individually to the content discussed during tense
periods.

Are there enough non-verbal cues generated by a person who is experiencing anxiety for another person nearby to become aware of this anxiety? Can he react to this communication in such a way as to reinforce his concurrent behavior? If this is possible one obvious implication for the therapeutic situation is that anxiety in a therapist may be communicated to a patient, who might be negatively reinforced for his concurrent behavior. If, on the other hand, the therapist's anxiety arouses some satisfaction in the patient, we might expect the concurrent behavior of the patient to be strengthened.

The Technique: Verbal Conditioning

Greenspoon (14) is usually credited with the original study suggesting that counselors' responses selectively reinforce clients' verbalizations. Several investigations have supported this suggestion by showing the frequency of certain verbalizations of unaware subjects to be related to verbal and non-verbal reinforcement by the examiner (17).

In Greenspoon's studies (13, 14) subjects were instructed to give words for 50 minutes and were reinforced on plural nouns by a light, a tone, and the examiner's saying "mm-hmm". All three types of reinforcements resulted in significant differences in mean frequencies of plural nouns of the experimental and control groups.
Cohen, et al., (4) used a procedure originated by Taffel (23) in their study. Two groups of 20 adult males responded to a series of 80 cards containing a verb and six personal pronouns. For Group I all "I's" and "WE's" were reinforced with the comment "good." Group II received no reinforcement. The results, indicated successive increments in the reinforced response for Group I and no change for Group II. The difference between the two groups was significant beyond the 1% level. A second experiment dealt with the extinction of the conditioned response.

These studies have implications for any interpersonal process, such as a therapeutic or a mother-child relationship; one implication is that reinforcement may affect the frequency of the verbalizations with or without awareness on the part of either person. Eriksen (8) points out that these studies "raise the question as to whether the changes in patients' verbalizations during psychotherapy may not be a result of subtle reinforcement from the therapist."

Dollard and Miller (7) assume that the subject's own verbal responses can become conditioned stimuli for the arousal of anxiety and therefore have a decreased probability of occurring. This assumption is supported by Eriksen and Kuethe (10) who, using shock, conditioned subjects to omit certain responses from their repertoire of reactions to a word-association test. Others (2, 3, 16) have found a decrease of certain responses related to non-mechanical
"disapproval" cues, like "huh-uh," "wrong," "no-good," and head-shaking.

There is some evidence that the nature of the relationship between experimenter and subject influences the extent of reinforcement experienced in verbal conditioning studies (1, 6). It seems reasonable that the higher the status of the experimenter in the opinion of the subject, the greater his influence on the subject; also, the closer the relationship between the two the more perceptive the subject will be to the experimenter's cues.
CHAPTER II

THE INVESTIGATION

The present investigation represents a continuation of the search for a research tool with which to explore the elusive phenomenon of non-verbal communication as it occurs in an actual interaction between two persons face-to-face in a testing situation. Its purpose is to explore a process of non-verbal communication similar to a therapeutic situation in its use of (1) a client-examiner interaction, and (2) verbal material as the alleged principal medium of communication.

In a structured test situation the examiner was warned to expect a shock when a certain response was given by his client. It was hypothesized that the heightening of anxiety in the examiner at threat of shock would be communicated to the client and that this would be evidenced by change in his verbal behavior, specifically as a change in the frequency of the response for which the examiner was expecting a shock. (This response will be referred to hereafter as the Critical Response).

The basic hypothesis is that as a result of reinforcement by change in the experimenter's anxiety level, the Critical Response will change significantly from the
level demonstrated under control (non-threat) conditions.

Subjects

In this study, an experimental group included twenty distinct pairs of experimenters and subjects and a control group of one experimenter paired with each of twenty distinct subjects. Experimental Group: Each of the twenty examiner-client pairs consisted of persons who had some established relationship prior to the experiment. In five instances the client was a patient in therapy with the examiner. In ten cases the client was a patient who had met the examiner previously, usually for psychological testing. In four cases the client was a graduate student of psychology examined by one of his fellow students.

The twenty examiners consisted of eleven psychology students in advanced training, eight graduate psychologists, one psychiatrist, and one psychiatric social worker. All examiners were experienced in administering tests, and seventeen had had some training and experience as therapists.

Sixteen of the clients were psychiatric patients and four were graduate students. Each experimental subject spent approximately one hour participating in the study.

Clients were selected on the basis of (1) familiarity with the experimenter, (2) ability to maintain attention throughout the task, (3) intelligence of average or above,
and (4) literacy. Diagnostically the client group included neurotics and psychotics, all of whom were in reasonably good contact with reality at the time of testing. The group consisted of eight females and twelve males ranging in age from sixteen to sixty-two years.

Controls. Of the twenty persons who served as controls fourteen were psychiatric patients and six were hospital employees; fourteen were females, six males; their ages ranged from fourteen to forty-three. They spent approximately thirty minutes apiece in the testing situation. The control group was used to provide a measure of reliability of the test and to allow for statistical comparisons in the data analysis.

Method of Procedure

With the exception of the graduate students whose participation was requested by the investigator, the cooperation of each client was elicited by his examiner who told him that he had been selected for psychological testing as part of a research project.

Before the client was seen the examiner was given a set of one hundred unlined 3x5 cards on each of which was typed a verb in the center and five pronouns in systematized random order below the verb (I, WE, SHE, HE, THEY). The cards and method of presentation were similar to those employed by Taffel (23) and others. The examiner was informed
as follows:

"The experiment is made up of two sessions with the patient during which you will hand these cards to him one at a time, have him compose a sentence with the words on each card, repeat the sentence aloud, and write each sentence. You are aware that electric shock is involved in the experiment; however, during this first session with the patient you will not be exposed to shock. You will be told during the second half when you can expect to be shocked, but you need not worry about that now. The important aspect of this experiment is that there must be no verbal communication between you and the patient except for the sentences composed. You will be given written instructions to read to the patient. He will recite the sentences he composes. You will repeat it and then begin writing it. Do not write as long as the patient is still speaking the sentence." (Examiner was asked to practice the procedure then for a few cards).

Before the testing began the patient was told by the investigator:

"We are doing some research on how doctors give tests. Your part in this is to take a sentence-completion test. The doctor will tell you exactly what you are to do, but I want to remind you first that you are not to speak during the testing except to give the sentences. There are two parts to this test; each will take about 20 minutes and you will have a short rest period between the two parts. I will be watching and listening from the next room."

The examiner and client then were seated in the testing room where the examiner read the following instructions to the client:

"When I turn these cards over you will see a word in the center of each card. I want you to make up a sentence using this word. Below the word in the center you will see a group of other words. Take any one of these and use it to start your sentence. Now it doesn't matter whether the sentence you make up is long or short, complicated or simple. It is important that you answer with the first sentence that enters your mind. It isn't easy to do this, but you will find that if you try to answer as quickly as possible you are more likely to give
the first thing that comes to your mind. Any questions? Please remember not to speak except to give the sentences."

The examiner repeated and recorded 50 sentences. Meanwhile the investigator in the observation room also recorded the client's responses and chose as the Criterion Response the one of the five pronouns which was used nearest to ten times. Then the investigator removed the client to another room and gave him a scale on which to rate the presence of "tension" in himself and the examiner for the testing session. The examiner was given the final instructions in the testing room while electrodes were attached to his ankle, the wires being concealed from the client's view by the desk.

"I have counted the patient's use of each pronoun and selected the one that is used approximately 10 times as the Critical Response. In this case the Critical Response is ______. This means that from now on, using the same procedure as you did before, you can expect an electric shock when the patient begins a sentence with ______. I will now attach electrodes to your ankle. The shock you receive will be a short, quick one and will occur after you have written the sentence. Since periodic reinforcement is being used you will not receive a shock for every Critical Response. But you can expect it after any Critical Response, and you will positively not be shocked for any of the other 4 responses, so you can relax when the patient begins with anything beside ______."

The client was reintroduced to the testing room, and the next fifty cards presented to him as before while the investigator observed. At completion of the test the client again rated himself and the examiner for tension during the second part of the test. The examiner rated himself and the
client on the same scale for the two parts of the experiment. The client was asked the following questions:

"How did you decide which pronoun to begin the sentence with?"
"Which pronoun did you use most? Why?"
"Which pronoun did you use least? Why?"
"Did you notice any changes in the doctor's behavior? If so, what were they, and when did they occur?"

A short interview was held with the examiner to discuss his introspections about his own anxiety level and any comments he had about the session.

The procedure was aimed at inducing a maximum amount of contact and mutual attention between the client and the examiner in the absence of spontaneous conversation. Therefore the examiner was instructed to put the card directly into the client's hand, to repeat the sentence and thereby provide voice cues, and to write before the next card was given while the client was inactive and in a better position to observe the examiner.

The controls were all given the test by the same examiner, who attempted to minimize participation with the client by allowing him to handle the cards himself and by writing the sentences as they were spoken instead of afterwards. They were given, like the experimental group, a break between the first and second fifty cards.
**TABLE I**  
Means and Sigmas of Frequencies of each Pronoun for Control Group and Experimental Group in Session I and Session II

<table>
<thead>
<tr>
<th></th>
<th>I</th>
<th>ME</th>
<th>SHE</th>
<th>HE</th>
<th>THEY</th>
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<tr>
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<td>Sigma</td>
<td>Mean</td>
<td>Sigma</td>
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<tr>
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<td>8.3</td>
<td>7.4</td>
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<td>6.2</td>
<td>4.2</td>
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<tr>
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<td>8.5</td>
<td>6.7</td>
<td>3.9</td>
<td>10.0</td>
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<td></td>
<td>(n=18)</td>
<td>(n=15)</td>
<td>(n=16)</td>
<td>(n=15)</td>
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<td>11.4</td>
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<td>9.0</td>
</tr>
</tbody>
</table>
CHAPTER III

RESULTS

Individual scores in terms of frequency for each pronoun appear in the Appendix (Table II). In Table I are presented means and sigmas for each session of each group. In this table, Experimental IIA refers to grouping of cases in which the pronoun in question was not critical, whereas Experimental IIB refers to the group in which the pronoun was critical.

T-Tests of the significance of differences between the means presented in Table I showed that:

(1) For the Control Group there were no significant differences between Sessions I and II in the frequency of the use of any pronoun.

(2) There were no significant differences between the performance of the Control Group and the Experimental Group in Session I.

(3) There were no significant differences between the performance of the Experimental Group in Session I and the Experimental Group on non-critical responses (Experimental IIA) in Session II.

(4) There was a significant difference between the use of only one Critical pronoun (THEY) in Session I
and the use of that pronoun in Session II by the Experimental Group (p = < .05). Since the hypothesized results were substantial change in the frequency of the critical pronoun, and not increase or decrease, the relatively large sigma for the Critical Response "I" is also meaningful. Further analysis of the data gave the following results:

(5) Transformation of individual Critical Response frequencies in Experimental Session II to z-scores on the basis of deviation from the mean in Session I showed that two of the Critical Response scores fell beyond the .001 position and three others fell beyond the .05 position on the normal distribution curve. This is obviously more than might have been expected by chance.

(6) To test the hypothesis that the experimental conditions would produce an effect on the experimental Critical Responses which was not produced in the control situation, each client was matched with a control subject who used the same pronoun closest to ten times (disregarding the frequency distributions of that control subject's other responses). The pronoun of the control that matched the use of the Critical Response in the experimental subject will be called the Control Critical Response. Since
any change in frequency of the Critical Response between Sessions I and II had to be reflected in corresponding changes in the non-critical responses, it was felt that another measure with which to compare the changes in frequency, independent of the experimental group, would be useful; for this reason the Control Critical Responses were used. The Critical Responses and Control Critical Responses were extracted from the total responses and a Mann Whitney U Test performed of the percentage change in both groups from Session I to II. While results were in the predicted direction, i.e. percentage change in the Experimental Group was greater than in the Control Group, the test showed this difference to be insignificant.

(7) To test the hypothesis that the experimental conditions operated to produce significant differences in the total performance of the Experimental Group and total performance of the Control Group, mean difference between frequencies in Session I and frequencies in Session II of all responses in the Experimental Group was compared with mean difference between frequencies in Session I and frequencies in Session II of all responses in the Control Group. A t-test revealed a significant difference (p < .05) between the mean difference in frequencies of
Sessions I and II for the two groups, with the Experimental Group showing the greater difference, or change in response frequency, between Sessions I and II.

(8) Individual pairs of examiners-clients were studied in terms of Chi-square for frequency of pronouns in Session I and Session II, by means of a 2x2 table of Critical Response vs. Other. In the Experimental Group three Chi-squares showed significant differences between frequency of Critical Response and non-critical responses as compared with one significant Chi-square in the Control Group.
CHAPTER IV

DISCUSSION

While the data indicate a trend toward the hypothesized results, significant differences between change in the Critical Responses as compared with change in the non-critical responses is seen in only three of the examiner-client pairs.

There are several possibilities to be considered in accounting for the failure of the experimental conditions to produce the hypothesized results in all cases. Let us examine those points at each step of the original rationale at which the hypothesis might have failed:

Step I: We attempted to produce anxiety in the examiners at specific points in Session II by threat-of-shock. Here we are assuming that:

A. Threat of shock produces anxiety.

In view of the introspective reports of the examiners as well as the previous psychological literature on this subject, the acceptance of this assumption would probably not be debated.

B. The anxiety is clearly greater at specific points (i.e., on Critical Responses) than at any other time throughout the experiment.

16
It is possible that this method of procedure is not refined enough to reflect clearly the changes in anxiety level between specific responses. Bearing this out, one examiner reported that she was extremely anxious during the entire second session of the experiment and that there was little release from tension even on the Non-Critical Responses.

C. Anxiety for the Critical Response is maintained throughout the experiment by threat of shock. This was felt by some participant examiners to be weakness in the research design. Although all but two examiners maintained some doubt about the possibility of shock throughout the entire test, the majority began to feel at some point that the chances of any great number of shocks was small, and hence, usually somewhere around sentence #75, they began experiencing a decrease in anxiety.

In designing the experiment two alternate procedures were considered which involved (1) testing the shock apparatus by giving the examiner a few shocks and adjusting the strength of shock to the individual's threshold during the interim between sessions I and II, and (2) shocking the examiner occasionally on Critical Responses in Session II. Either of these methods would possibly have resulted in a higher anxiety level in the examiners;
however, they have several disadvantages, the major one being that the use of even mild shock is claimed by some to carry potential dangers to certain human subjects, particularly those with heart trouble. In addition it was felt that anxiety from threat of shock more nearly approximated the type of anxiety that an examiner or a therapist would be likely to experience in a real-life situation than would reaction to actual shock. These considerations as well as the more complex apparatus and procedure, and the lengthening of the testing time necessitated by actual shock as punishment, led to the acceptance of the threat of shock procedure and the rationale that there is greater apprehension about the unknown than the familiar. Naturally this is debatable and we can only wonder if different results would have been obtained under one of the alternate methods.

Step II: It was assumed that, had we accomplished the aim stated in Step I, i.e. the provocation of anxiety in the examiner at specific points in the testing, this anxiety would be communicated to the client.

Because our measure of the client's receptance of a heightening of anxiety in the examiner, i.e. change in his verbal behavior, did not result in evidence for the above
assumption, we can only speculate about the interaction between the clients and the examiners.

Assuming that Step I was achieved, it may be that the procedure did not allow for enough variability in the Examiners' behavior, or for enough opportunity for the clients to observe them, to produce the desired communication. This is supported by the fact that on the relaxation-tension rating scales, all but one client indicated no awareness of increased tension in the examiner in Session II, although 14 examiners reported feeling considerable increases in tension. Also, almost half of the clients reported feeling more relaxed in Session II, while the rest experienced no change in level of tension throughout the test. Incidentally, only in six cases was the examiner's behavior at the Critical Response noticeably different to the investigator; in three of these cases the change in the Critical Response was very high—in fact, they are the three highest change scores—while two showed little change. The highest change score (400% increase) occurred interestingly in a patient-therapist pair; the patient has been in therapy about three years, has comfortable relationship with the doctor, and is extremely observant of him, as evidenced by his comments on the questionnaire and to the investigator following the test.

It seems safe to say that, whether or not the examiners demonstrated any behavioral changes during the testing,
the majority of clients were not consciously aware of any cues from the examiners about their level of tension. In previous literature on verbal conditioning it was shown that verbalized conscious awareness on the part of the subject is not necessary in conditioning; however, there seems an important difference between those studies in which verbal behavior was conditioned to verbal reinforcement, head-nodding, etc. and this study. Although in the other studies the subjects were reportedly unaware of the conditioning process, we know that they did perceive the reinforcement, and this is what is questionable in our group. There is no guarantee that an examiner's way of handling anxiety is going to be perceived, or how it will be perceived. (We allowed for changes in the "how" by postulating change in the Critical Response, rather than increase or decrease due to positive or negative reinforcement).

In a study by Hildum and Brown (15), results on a questionnaire administered by phone were biased by the interviewer's saying "good," but not by his saying "mm-hmm." This was explained by the authors as due to the ambiguity of the meaning of "mm-hmm" given over a phone with no other cues, whereas "good" was a more obvious reinforcement. Somewhat the same thing may be operating in this study to interfere with communication. It was interesting to note the wide variations in expressing anxiety; some examiners smiled, others showed changes in voice pitch, one took deep
breaths before repeating the Critical Response, others appeared more rigidly stone-faced throughout the second Session.

Step III: Assuming that the aims of Steps I and II had been accomplished, the final hypothesis is that the communication of anxiety will influence the use of the personal pronouns.

This hypothesis seems reasonable on the basis of the previous studies in the area of verbal conditioning. However there are certainly other conceivable results of effective communication in this procedure, for instance reinforcement of other words used in the sentence, of the content of the sentence, or of some piece of non-verbal behavior, to mention a few. Perhaps what is needed is a similar procedure which does not allow the reinforcement of any factor but the dependent variable in question, but it is difficult to conceive of such a method which could be couched in a reasonably non-distorted interactional setting or which could carry much meaning for the complex process of therapy.

Of the five pronouns used, "I" was the most inconstant. One client remarked after the testing that he tried not to use too many "I's" because they would mean he was egotistical; a control said he avoided "HE" because we might think he was a homosexual if he talked about men.
Thoughts like these may diminish or increase as the test progresses, and cannot be ignored as important factors operating to reduce the reliability between Sessions I and II, particularly since there was a rest period in which the subjects had an opportunity to reconsider such thoughts.

Perhaps the slightly higher mean change in the experimental Critical Response reflects a trend which would show up more clearly if the conditioning phase of the experiment were increased. Provided the examiner's anxiety could be maintained, this would facilitate the effectiveness of subtle anxiety cues. Also, more positive results might be obtained if the anxiety level of the examiners were higher and more constant.

Criticisms of the Study

The predominant disadvantage of this study is the lack of another measure of information about what is actually happening, if anything, between the examiners and the clients. Most of the doubts and speculations found in Step I and II above could have been resolved with additional data, such as recorded physiological changes in examiners and clients throughout the procedure. Without this information we have no conclusive evidence of whether the flaws are in the communication process or in the measuring device.

The other criticisms have been mentioned in the
discussion above, namely:

Threat of shock is not a quantifiable stimulus.

The procedure can be criticized as being too rigid; the examiner's role should be one in which he is more flexible, in which his freedom to express himself is more likely to result in his revealing anxiety through perceptable cues.

On the other hand, the procedure can be criticized as being too flexible and allowing so many other factors to mask the effect on the one critical pronoun.

In view of the subtlety of the reinforcement, the conditioning phase of the test should have been longer and hence, more comparable to the studies in which reinforcement cues were apparent, although not consciously recognized as reinforcement.

Suggestions for Future Research

Several variations of the verbal conditioning technique suggest themselves as ways of studying the interaction process. It seems unwise to reject the one used here without repeating the study with improvements, such as obtaining additional measures of anxiety changes in examiners and clients and lengthening the conditioning phase. It might also be profitable to study this method which employs the use of personal pronouns in greater detail, e.g. investigating sex differences in the use of pronouns or the relation of personality factors to variability of response
frequencies or response preferences.

The fact that the four clients who showed large differences between their performances in Sessions I and II were all reinforced on the words "I" and "THEY" suggests an area for further investigation. Possibly certain pronouns lend themselves more readily than others to the conditioning process.

Other possibilities for varying the verbal conditioning technique include finding an actual "anxiety area" of the examiners, or establishing one experimentally through post-hypnotic suggestion, and structuring an interview situation in which some content of this "anxiety area" is touched upon. Verplanck's (24) work indicates that verbal conditioning can occur in very loosely structured interviews and conversations.

Should one of these methods prove successful in reflecting communication of feelings in a way that can be demonstrated and analyzed, fertile pastures will be opened for research into such questions as these: What kind of person is more demonstrably affective? How unambiguously does he express himself? By what means does he express himself? How do different personalities react to the expression? How does his relationship with any given person affect the communication?
CHAPTER V

SUMMARY AND CONCLUSIONS

The purpose of this study was to investigate the verbal-conditioning technique as a device for studying non-verbal communication. Twenty clients were given, by twenty different examiners, one hundred cards containing a verb and 5 pronouns and instructed to use the verb in a sentence beginning with one of the pronouns. The presentation of the first fifty cards was called Session I; in this session no reinforcement was given and a base line of use of each pronoun was established for each subject. During the presentation of the second fifty cards, Session II, the examiners expected an electric shock when the client began a sentence with a certain one of the 5 pronouns.

It was hypothesized that the communication of anxiety brought about in the examiner by threat of shock would reflect itself in the client's verbal behavior by a significant change in the frequency of his use of the pronoun which was associated with the examiner's anxiety. Twenty control subjects were given the same task by an examiner who was not being threatened and who did not reinforce any pronouns.

Results indicated a trend toward the hypothesized results, and a slightly significant difference between the
performance of the Control and Experimental Groups during the second half of the test when experimental conditions were introduced. The effectiveness of experimental conditions on the Experimental Group is seen principally in the change in Critical Response in about five subjects, while the rest of the Experimental Group performed no differently from the controls. Some possible explanations for these results are discussed and suggestions made for future research.

In conclusion, it appears that there is enough support here for the suitability of verbal-conditioning as a means of studying the interaction process between two persons to warrant further research with this method with consideration to the alterations in procedure discussed above.
BIBLIOGRAPHY


TABLE II

Frequencies of Each Pronoun for Control Group and Experimental Group in Sessions I and II

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*Denotes critical Response
VITA

NAME: Deldon Anne McNeely

BORN: January 5, 1933 in New Orleans, Louisiana

DEGREES: B.S., 1953, St. Mary's Dominican College, New Orleans, Louisiana

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EXAMINATION AND THESIS REPORT

Candidate:  Deldon Anne McNeely

Major Field:  Psychology

Title of Thesis:  The Effect of Examiners' Anxiety on the Verbalization of Clients

Approved.

[Signatures]

Major Professor and Chairman

Dean of the Graduate School

EXAMINING COMMITTEE:

[Signatures]

Date of Examination:

January 8, 1959