COUNSELLING CLIENTS WITH FOREIGN ACCENTS:

A COMPARISON OF COUNSELLOR ANXIETY

WITH THE ACCENTED AND NONACCENTED CLIENT

By

SUSAN A. RUNGTA

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Department of _Counselling Psychology_

The University of British Columbia
1956 Main Mall
Vancouver, Canada
V6T 1Y3

Date _May 1, 1987_

ABSTRACT

This research project was designed to determine whether anxiety in counsellors was higher with clients with foreign accents, and if so, whether this resulted in counsellors being less effective within the counselling session. Other feelings experienced by counsellors specific to counselling accented clients were also examined.

Two separate, but related studies were conducted in which a comparison between two groups of counsellors-in-training was made. One group counselled a client with a European accent, while the other counselled a client with a Western Canadian speech style, typical of the region in which the study took place. Subjects in both groups were presented with a 20-minute video training tape of a client presenting a problem. Each subject was asked to respond verbally as they would in a real counselling session. The video tapes shown to the two groups were identical with the exception of the accent variable.

The findings in both studies were similar. No statistically significant differences were found between the two groups in level of state anxiety as measured by the A-State of the STAI. Results from a questionnaire constructed specifically for this research project supported these findings. It did appear, however, that counsellors presented with the foreign accented client may have experienced more anxiety in the first few minutes of the session resulting from their inability to fully understand the accent.

An unexpected finding emerged when both studies were examined together. It was found that a lower proportion of counsellors exposed to the foreign accented client expressed feelings on a frustrated/thwarted dimension ($p<.05$). More expected however, was the finding that higher levels of counsellor state anxiety were correlated with lower levels of counsellor functioning in the session ($p<.001$).

The results of this study are discussed in relation to cross-cultural counselling, the anxiety-counsellor competence relationship, and sociolinguistic accent research. These results question several assumptions prevalent in the cross-cultural literature and suggest that a new set of issues may be emerging for the counsellor working with the minorty client.

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CHAPTER I

INTRODUCTION

Canada, like the United States, is a country which has been dependent upon a steady flow of immigrants since its beginning. A recent article in Toronto's Globe and Mail (Malarek, 1986) indicated that the immigration level for the year 1987 has been raised to allow close to a quarter of a million people to enter Canada as immigrants in the 1986-1987 period. This influx of immigrants is forcasted to continue in order to compensate for a projected decline in the Canadian population by the turn of the century (Malarek, 1986).

For many immigrants coming to Canada, language differences are one of the major problems which they face. Often newly arrived immigrants have little or no knowledge of English or French. Others, whose mother tongue is English, speak with an accent. This distinguishes them as being foreigners or outsiders to the Canadian culture.

Most immigrants will encounter enormous stresses associated with adjusting to a new society, and leaving friends or family in their country of origin. This places special responsibility on counsellors to be open and available to assist such individuals. Associated with this responsibility is the need for counsellors to be aware of their own responses to linguistic differences which could interfere with the effective helping of these individuals.

Purpose of the Study

The purpose of this two-part study was to discover if counsellors belonging to the majority racial, ethnolinguistic group would experience more anxiety counselling a client with a foreign accent than counselling a client with a speech style typical of the region in which the study took place (Western Canada).

Background

Cross-cultural counselling has been defined as "any counseling relationship in which two or more of the participants differ with respect to cultural background, values, and lifestyle." (D.W. Sue et al., 1982, p. 47). Traditionally, cross-cultural counselling describes an encounter between an ethnically or racially dissimilar client and counsellor. More recently, several experts in the area of cross-cultural counsellng such as Pedersen (1977), Paradis (1981), and D.W. Sue et al. (1982), have expanded this view of cross-cultural counselling beyond ethnic or racial application to include differences such as, age, sex role, socioeconomic status or religion. The suggestion is that differences create problems for both the client and the counsellor in the counselling relationship.

Attention by the counselling profession to various minority populations such as the handicapped or ethnic and racial groups, began in the 1960's. The increase in counsellor concern for such groups appears to have been a response to various human rights movements which evolved in the larger society (Copeland,

1983; Larson, 1982). Since the 1960's, there has been a proliferation of articles pointing out the specific needs of various special populations (Alexander, Workneh, Klein, & Miller, 1976; Disman, 1983; Lofaro, 1982), as well as articles outlining special training procedures to better enable counsellors to work with such groups (McDavis & Parker, 1977; Pedersen, 1977; Paradis, 1981).

The crux of the problem for the counselling profession appears to lie in the growing recognition that culturally dissimilar clients tend to receive poorer service from counsellors than those who belong to the majority group (Block, 1981; Griffith & Jones, 1979; Padilla, Ruiz, & Alvarez, 1975, D.W. Sue et al., 1982; Neimeyer, & Gonzales, 1983; Westwood, 1983). This is highlighted by research done by S. Sue (1977) which demonstrated that minority clients terminated counselling after one contact at a rate of 50% in contrast to a rate of 30% for Anglo-American clients. Similarly, Sattler (1977, p. 278), after an extensive review of the literature on therapist-client racial similarity, concluded: "Black persons do not partake in the utilization of mental health services as extensively as do White persons. They have higher drop-out rates, receive less individual therapy, and are given quicker discharges."

With respect to Spanish-speaking clients and poor clients in the United States, Padilla, Ruiz, and Alvarez (1975), and Lorion (1974), respectively, drew similar conclusions regarding their underutilization of services. At the same time these authors pointed out that the need for help for members of such groups is most often greater due to their disadvantaged position

in society.

Counsellor, and client variables, have been examined in order to explain some of the reasons for the underutilization of social services by minority groups. Client variables center around the recognition that those persons belonging to a particular special population have special needs which often differ from clients of the majority culture. These special needs are often not being met by counsellors who have no knowledge of such populations or who utilize traditional counselling models and strategies when other types of interventions are necessary (Christensen, 1985; Griffith & Jones, 1979; D.W. Sue & D. Sue, 1977; Padilla, Ruiz, & Alvarez, 1975). Westwood (1982), Hector and Fray (1985), and Lorion (1974), for example, pointed out that often clients from different racial, ethnic, or socioeconomic groups have differing expectations of what should occur in counselling, and often tend to prefer a more directive advice giving approach.

Other needs or issues of clients belonging to a minority group and requiring special attention by counsellors, are those of identity or self concept, self-esteem, a need for validation of personal experience, and a need for empowerment (Margolis & Rungta, 1986). Smith and Stewart (1983) pointed out that discrimination, which often occurs in the form of exclusion from educational, political, and economic rewards, results in an internalization of a negative self-image and feelings of powerlessness. Furthermore, members of minority populations often struggle for personal identity because others respond to them on the basis of their group membership rather than their

individual selves.

Counsellor related issues have also been held responsible for creating difficulties in the cross-cultural encounter. Experts in the area of cross-cultural counselling (Pedersen, 1976; D.W. Sue, 1981; Vontress, 1971), as well as those concerned with other special populations such as the handicapped or the poor (Lorion, 1974; Lofaro, 1982; Stohmer, Biggs, Haase, & Purcell, 1983; Westwood & Vargo, 1985), have suggested that the reactions counsellors have when they encounter minority clients are partly to blame for the inadequate treatment members of such groups receive. Some typical counsellor reactions toward minority clients which have been cited to be of concern are stereotyping (Leong, 1986; Satter, 1977; Wampold, Casas, & Atkinson, 1981), preference to work with their own kind (Wright & Hutton, 1977; Larson, 1982; Lorion, 1974), and discomfort or anxiety (Christensen, 1981; Kadushin, 1972; Lofaro, 1982; Westwood & Vargo, 1985).

Justification for the Study

The Need for Research on Counsellor Anxiety

The position paper on cross-cultural counselling competencies stated that "a culturally skilled counseling psychologist is one who is comfortable with differences that exist between the counselor and client in terms of race and beliefs." (D.W. Sue et al., 1982, p. 49). Many writers including Pedersen (1976) and Sattler (1977) have suggested that anxiety or discomfort in counsellors is more likely to occur in cross-cultural situations and subsequently create problems for

both the counsellor and the client in the session. Vontress (1974), for example, pointed out the negative consequences of counsellor anxiety in the first interview with a dissimilar client. He observed that anxious counsellors were so interaction conscious that they were often unable to focus on what the client had said. As a result, clients often saw these counsellors as lacking in sincerity (Vontress, 1974).

Christensen (1981) noted that although it is assumed in the cross-cultural literature that counsellor anxiety with ethnic and racial differences might arise, the subject has essentially not been empirically studied. Helms (1984) went one step further by criticizing cross-cultural researchers on their failure to investigate counsellor reactions such as anxiety or discomfort.

The Need for Linguistic Research in Counselling

Racial differences between counsellor and client has been the primary focus of research in cross-cultural counselling to date (Neimeyer & Gonzales, 1983; Sundberg, 1981; Wolfgang, 1984). Sundberg and Wolfgang independently commented on contradictions within this body of research and suggested that variations in research findings dealing with racial differences might be due to uncontrolled factors such as client dialect, language, or life style. Both authors called for complete and systematic research into these areas.

There appears to be almost unanimous agreement among cross-cultural specialists that language differences create problems within a counselling session (Block, 1981; Cannon, 1983; Leong, 1986; Padilla, Ruiz, & Alvarez, 1975; D.W. Sue &

D. Sue, 1977; Paradis, 1981; Sundberg, 1976; Vontress, 1976; Wolfgang, 1984). Despite the recognition that language variables are considered to be important factors which often interfere with the counselling process, with the exception of very few studies (Thomas, 1979; Schumacher, Banikiotes, & Banikiotes, 1972), virtually no research has been done in this area.

Conville and Ivey (1975) pointed out that counselling is primarily a linguistic phenomenon because it relies so heavily on the communication process. It is because of this that they have criticized counselling psychology, not only for the lack of research in the area of language differences, but for neglecting to focus on the existing knowledge which is available in the area of sociolinguists. Conville and Ivey insisted that counsellors must move beyond solely viewing language as a vehicle for the client to express ideas or feelings and become aware of the more subtle social implications of language variation.

Many linguists such as Rey (1977), Kess (1976), and Gumperz and Cook-Gumperz (1982) have described foreign speech styles as occuring as a result of linguistic interference from their native language. Interference is described as the tendency of second language learners to transfer many of the rules and patterns of their first language to their new language. Generally, there appears to be a discrepancy in the accent literature as to what types of interference are to be considered "accent". Several researchers such as Giles (1973), Ryan, Carranza, & Moffie (1977), and Bezooijen and Hout (1985), for

example, have included only phonemic (pronunciation) interference and have narrowly defined accent as being restricted to variation from standard pronunciation. Other researchers (Mulac, Hanley, & Prigge, 1974; Scarcella, 1983) have retained a much broader concept of accent which included interference of prosodic features such as intonation, pitch, or melody. For the purpose of this study, the operational definition of "foreign accent" includes both phonemic and prosodic variations in speech which are, according to Hatch (1983, p. 18, 36), typically found in non-native speakers of English.

Counsellor reactions to a foreign accent could be viewed as one of the more important language variables meriting research attention in cross-cultural counselling. Association to a language through the retention of an accent is considered to be one of the most important ties to ethnic identity (Clement, 1980; Gudykunst & Kim, 1984, p. 145; Gumperz, 1982; Paradis, 1981). Similarly, hearing an accent versus standard English signals to the listener cultural difference (Jupp, Roberts, & Cook-Gumperz, 1982; Lambert, Hodgson, Gardner, & Fillenbaum, 1960).

Sociolinguistic research over the last 30 years indicates that listeners react negatively to individuals not only with foreign accents but to within-nation differences in speech which might indicate class differences (Brennan & Brennan, 1981; Edwards, 1982; Giles, Baker, & Fielding, 1975; Kalin, Rayko, & Love, 1980; Lambert, 1980; Mulac, Hanley, & Prigge, 1974; Ryan & Sebastian, 1980; Ryan, Carranza, & Moffie, 1977; Tucker &

Lambert, 1969). In addition to attitude problems, problems in understanding the speaker with an accent are well documented (Chen Yong-pei, 1983; Sebastian, Ryan, Keogh, & Schmidt, 1980). Gumperz (1982) and Erickson (1979) indicated how even subtle differences in speech style such as pausing and intonation can produce serious misinterpretations on the part of the listener, and often cause problems within the cross-cultural encounter.

Anxiety as a listener response to hearing an accented individual has received almost no direct research attention, even within the domain of sociolinguists. Incidental findings associated with language attitude studies, as well as observations arising from discourse analysis, however, have suggested that anxiety may be a significant factor in ethnolinguistic communication (Erickson, 1979; Gumperz & Cook-Gumperz, 1982; Scarella, 1983; Ryan & Sebastian, 1980; Sebastian, Ryan, Keogh, & Schmidt, 1980).

Of added importance is the fact that anxiety appears to play a role in the formation of negative attitudes (Burish & Houston, 1979; Cheponis, 1979; Cooper & Singer, 1956; Griffith, 1970). More specifically, some sociolinguists (Gumperz & Cook-Gumperz, 1982; Sebastian, Ryan, Keogh, & Schmidt, 1980) have suggested that an increase in anxiety or discomfort in response to hearing an accent may be partly responsible for the formation of negative attitudes toward an accented speaker. This would support the importance of studying anxiety arousal in relation to hearing an accent.

Definition of Terms

Accent:

A way of speaking which is typical of the natives or residents of a particular geographical region or social class. An accent is detected through variations in phonemic (pronunciation) and prosodic (see prosody) features of speech.

Dialect:

Is a cluster of linguistic features traditionally associated with geographically dispersed groups. In contrast to accent, dialect may also include variations in lexical (vocabulary) or syntactic (grammatical) patterns. (Berger & Bradac, 1982, p. 65)

Ethnicity:

"Membership in a group that is differentiated on the basis of some distinctive characteristic, which may be cultural, religious, linguistic or racial". (Kadushin, 1972, p. 88).

Minority:

"A group of people who, because of physical or cultural characteristics, are singled out from others in society for differential and unequal treatment" (Wirth, 1945, p. 34, cited in Christensen, 1981).

Prosody:

According to Gumperz (1982, p. 100), prosody includes intonation, changes in loudness, stress, variations in vowel

length, phrasing (this includes utterance chunking by pausing, as well as accelerations and decelerations), and shifts in speech register. Similarly, Mulac, Hanley, and Prigge (1974) considered melody, rhythm, tempo and pause to be prosodic features of speech.

Race:

An arbitrary classification of human populations on the basis of actual or assumed physiological and genetic differences (Huges & Kallen, 1974, p. 83).

Sociolinguistics:

"Sociolinguistics is the study of the characteristics of language varieties, the characteristics of their functions, and the characteristics of their speakers as these three constantly interact, change and change one another within a speech community....Sociolinguistics seeks to discover the societal rules or norms that explain and constrain language behavior and the behavior toward language in speech communities." (Fishman, 1972, p. 3-4).

Special Populations:

Groups which are considered to be unusual and often unfamiliar to the counsellor. In counselling, these groups usually mean minority groups such as homosexuals, the handicapped, or racial and ethnic groups (Larson, 1982).

Speech Style:

A particular way of speaking which is often characteristic of a group of individuals. Speech style is a general term which can be used to describe dialect or accent variation, as well as variations in informal and formal speech.

Standard Speech:

That which "is considered to be the only 'offically recognized' form of speech. It is the only language variety that is legitimated by the government of a nation for use in the school system, the public media, literature and government." (St. Clair, 1982, p. 164).

CHAPTER II

REVIEW OF THE RELATED LITERATURE

Anxiety

Anxiety is as old as man. The way in which anxiety has been conceptualized throughout human history, however, has varied greatly depending upon the stresses of the particular period. Primitive man dealt with persistent anxiety concerning the fulfilling of his basic needs such as finding food, shelter, warmth, or protection. In modern times, physical threat on a daily basis is minimized. Levitt (1980, p. 12), pointed out that the primary anxieties of human existence have changed, that they have become social, involving threats to emotional comfort and psychological well being.

In his historical review, McReynolds (1975) indicated that the conceptualization of anxiety associated with psychological threat has also undergone tremendous fluctuation since it was first documented in the classical Greek period. Such changes in interpretation and in definition appear to have been dependent upon the philosophical, religious, or psychological orientation of those describing the anxiety concept, as well as the particular threats or hardships occuring in society at that time. The Christian viewpoint, for example, equated anxiety with guilt and for Catholics, acceptance of Christian doctrine and the confessional were means by which man could find relief from guilt related anxieties. (Mandler & Watson, 1966; McReynolds, 1975). Others, such as Kirkegaard (1944, p. 138)

have tied the anxiety concept to that of freedom and theorized that anxiety occured when man confronted freedom. Freud (1959), living in sexually repressed Victorian times, viewed anxiety as arising from sexual energy which was too threatening to the individual to be allowed overt expression, whereas, Yalom (1980) formulated his notion of "death anxiety" in our present period of atomic escalation and encompassed the "fear of death" concept within an existential framework.

At no time in history has anxiety received so much attention as in the last four decades (Beck & Emery, 1985; May, 1950; Sarson et al., 1960, p. 5; Tenenbaum, Furst, & Weingarten, 1985). Spielberger (1966, p. 4), as well as Sarson and others (1960, p. 5) have pointed out that the concept of anxiety holds a central spot in almost all personality developmental theories. In addition, a review of trends in anxiety research done by Spielberger (1966, p. 5) demonstrated that the empirical study of anxiety has increased as much as ten times from the 1930's to the 1960's.

Despite the enormous attention anxiety has been given by researchers and theorists, advancement in conceptualizing and defining anxiety has been limited. Even to make distinctions between fear and anxiety is extremely difficult (Basowitz, Persky, Korchin, & Grinker, 1955, p. 4; Krause, 1961) and, according to Levitt (1980, p. 9), should be regarded as terms which are interchangeable. Spielberger's questions demonstrate some of the confusion and complexity which still surrounds the anxiety concept:

"What is the nature of anxiety?....What basis is there

for differentiating between anxiety and fear? Between anxiety and guilt? How many different kinds of anxiety can be identified, and by what criteria may these be distinguished?...Is it meaningful to speak of conscious and unconscious anxiety? Of bound and free floating anxiety?" (Spielberger, 1966, p. 12).

Fischer (1970, p. 120), Sarbin (1964), and Spielberger (1972, p. 481) all have commented on the inability to reach consensus on answers to such questions as well as an agreed upon definition of anxiety. Levitt (1980, p. 5) concluded that theoretical orientation, previous research, or often personal experience were all factors which influenced the selection of a definition by a particular researcher. Spielberger (1966, p. 12) went on to agree with Levitt and add that this may be, in part, one of the reasons for the confusion and contradictory findings in much of anxiety research.

State Versus Trait Anxiety

Spielberger (1966, p. 12) implied that an additional reason for discrepancy in research findings was that unknowingly, researchers were studying two different types of anxiety. Major progress was made in identifying these two types of anxiety through the 1958 and 1961 factor analytic studies of Cattell and Schier (cited in Cattell, 1966). These two forms of anxiety were called "trait" and "state" anxiety. Trait anxiety was considered to be a description of personality (ie. Jane is an anxious person), whereas state anxiety described anxiety in relation to a particular set of circumstances (ie. Jane was anxious before her test).

Spielberger (1966, 1972, 1983) further clarified

distinctions between state and trait anxiety and, according to Levitt (1980), was instrumental in firmly entrenching and popularizing these concepts within anxiety research. According to Spielberger (1972), state anxiety (A-State) was defined as "an unpleasant emotional state or condition which is characterized by subjective feelings of tension, apprehension, and worry, and by activation or arousal of the autonomic nervous system." (p. 482). Spielberger (1972, 1983) emphasized that emotional states exist at a given moment in time and are evoked when an individual perceives a particular situation to be threatening or dangerous in some way.

In contrast, Spielberger considered trait anxiety (A-Trait) to pertain to relatively stable, enduring differences in individuals with regard to "anxiety-proneness" (Spielberger, 1983, p. 1). Spielberger (1972, 1983, p. 1) considered persons who have high A-Trait to be more vulnerable to stress than those who have low trait anxiety. Therefore, persons with high as opposed to low trait anxiety are more likely to experience frequent and more intense A-State reactions when exposed to potentially threatening situations.

Anxiety and Performance

Background

Most of us are familiar on a personal basis with the feeling of anxiety, and how it can interfere with the way in which we wish to behave, perform, or be perceived by others. This personal report given by an individual who fears public speaking serves as a good example:

As I stand talking to the audience,I hope that my mind and voice will function properly, that I won't lose my balance, and everything else will function. But, then my heart starts to pound, I feel pressure build up in my chest as though I'm ready to explode, my tongue feels thick and heavy, my mind feels foggy and then goes blank. I can't remember what I have just said or what I am supposed to say. Then I start to choke. I can barely push the words out. My body is swaying; my hands tremble. I start to sweat and I am ready to topple off the platform. I feel terrified and I think that I will probably disgrace myself. (Beck & Emery, 1985, p. 3).

In this example, the trembling hands, the foggy mind, the inability to recall what has transpired, are all indications of how anxiety interfered with this individual's ability to give a speech.

The relationship between anxiety and performance has been researched extensively in a wide variety of situations. The Yerkes-Dodson Law originated in 1908 (cited in Levit, 1980, p.98) and outlined two principles which are central to the anxiety-performance relationship:

1) the relationship between anxiety and performance is curvilinear or takes the form of an inverted U. Conditions of no or low anxiety as well as very high anxiety are detrimental to performance, whereas, a moderate amount of anxiety stimulates optimal performance.

2) Anxiety is more of a disruptive force when the task is more difficult or complex. On simple tasks a certain level of anxiety may facilitate performance, however, may disrupt performance when the task is more difficult.

One theory which explains the simple-complex task phenomenon begins with the premise that when individuals are

extremely anxious, they most often respond habitually, or with well learned responses which are familiar and safe for them. While this proves to be effective with simple tasks where there is a straight forward relationship between a stimulus and a response, it is detrimental in complex situatons (such as counselling) where choices or variations of responses are continually required (Levitt, 1980; Schauer, Seymore, & Geen, 1985).

Despite recognized problems and inconsistencies within the research, the general consensus appears to be that anxiety significantly impairs performance in a wide range of situations and within a wide variety of populations. Anxiety has been found to interfere with learning and academic achievement (Cattell 1966; Chandler, Cosner, & Spies, 1979; Denado & Diener, 1986; Grinnell & Kyte, 1979; Joesting & Whitehead, 1977; Turner, 1985;), appropriate job interview behavior (Heimberg, Keller, & Peca-Baker, 1986), healthy sexual functioning (Barlow, 1986), successful functioning as a group memeber (Melnick & Wicher, 1977), speech fluency (Pope, Blass, Siegman, & Racher, 1970; Pope, Siegman, & Blass, 1970), and communicative functions (Gibb, 1961; Gynther, 1957; Waser, 1977).

Anxiety is also viewed as playing a role in the formation of negative attitudes (Burish & Houston, 1979; Cheponis, 1979; Cooper & Singer, 1956; Gumperz & Cook-Gumperz, 1982; Locke, 1969; Sebastian, Ryan, Keogh, & Schmidt, 1980). Additionally, group theorists such as Corey & Corey (1982, p. 101-104) and Gibb (1964, p. 283-285) viewed anxiety reduction and trust formation as essential building blocks for healthy group

functioning; the implication is that anxiety interferes with the formation of a good working group.

Common internal processes associated with the presence of anxiety have been found to be responsible for the disruption of optimal performance in most of the situations cited. Individuals who are anxious tend to focus on internal events or off task thoughts rather than the task at hand (Barrell, 1985; Mandler & Watson, 1966; Sarason, 1975; Turner, 1985; Mandler & Watson, 1966; Zatz & Chassin, 1985). Gibb (1961, p. 141), for example, pointed out that a person who is anxious when communicating "thinks about how he appears to others, how he may be seen more favorably, how he may win, dominate, impress, or escape punishment, and/or how he may avoid or mitigate a perceived or an anticipated attack."

The presence of off task thoughts is known to interfere with immediate memory recall of information pertaining to the task (Cattell, 1966), as well as impeding the ability to process information and attend to salient cues (Sarason, 1975; Turner, 1985). In situations where the task at hand involves personal communication, this focus on internal processes prevents total involvement, or presence with another individual. Barrell (1985) for example, summarized individual accounts of the anxiety experience as being a self conscious process in which persons exist in their own subjective space and experience distance between themselves and others.

Anxiety and Counsellor Competence

For the above cited reasons, as well as the recognition

that personal therapist qualities are important variables in determining therapeutic outcome (Bandura, 1956; Bergin, 1966; Bergin & Soloman, 1970; Sachs, 1983; Schaffer, 1982; Truax & Carkhuff, 1967), counsellor anxiety has been the subject of much attention in the counselling literature.

Despite some inconsistencies within the research (for example, Brams, 1961; Carter, 1976; Wogan, 1970), the general conclusion among those who have reviewed the subject of counsellor anxiety, is that increased levels of anxiety in counsellors is detrimental to the counselling process (Bergin, 1966; Cheponis, 1979; Christensen, 1981; McConnell, 1976; Schauer, Seymore, & Geen, 1985). In fact, it is because of these conclusions that numerous researchers have also focused their attention on finding methods which are most effective in reducing anxiety in counsellors (Carter & Pappas, 1975; Dodge, 1982; Fry, 1975; McConnell, 1976; Monke, 1971). The assumption is that anxiety reduction in counsellors will make them better counsellors and more able to help their clients. The following paragraphs contain a review of the specific ways in which counsellor anxiety is thought to interfere with the helping process and the ability to be effective within a session.

Bandura (1956) and Riley (1976) both discovered that therapists who were rated as most effective or most competent were also those who were less anxious. More specifically, Fry (1973) found that the core conditions of empathy, genuineness, respect, and concreteness were present to a greater degree in psychology students who had undergone anxiety reduction treatment aimed at decreasing socially conditioned fears of

intimate personal interaction.

Some researchers have suggested that the ability of the counsellor to be empathic may be affected by the level of anxiety in the counsellor. While Christensen (1981) found no correlation between empathy and anxiety, Bergin and Solomon (1970), Deardorff, Kendall, Finch, and Sitarz (1977), as well as Meyer (1973), found there to be a significant negative correlation between empathy and anxiety. Deardorff and his colleagues (1977) pointed out the logic in such findings. They indicated that because the focus is on the self when highly anxious, it is not surprising that sensitivity to the needs of others occurs to a lesser degree.

Although little research has explored the relationship between anxiety and genuinenesss within the counsellor, by definition, genuineness is viewed as a non-anxious state. Egan (1982, p. 127-131), for example, described genuine helpers as non-defensive, spontaneous, and open. Adding to this, Truax and Carkhuff (1967, p. 32) equated genuineness to a "naturalness", and suggested that artificiality within counsellors arises from personal insecurities.

Levitt (1980, p. 34) pointed out that the most common way in which individuals defend against anxiety is to avoid the anxiety arousing situation. It appears that counsellors or therapists respond in much the same way and will also find ways to avoid discussion of material which is threatening to themselves. Bandura, Lipsher, and Miller (1960), for example, discovered that advanced clinical psychology students who had lower anxiety surrounding the expression of hostility were more

likely to permit a client the expression of hostility within a session. In earlier writings, Bandura (1956) commented that the most frequent reactions and interventions observed when therapists are threatened in sessions with clients are all aimed at avoiding the anxiety-producing interactions. Examples given are questions which divert the discussion, premature interpretations which block further exploration of the subject, unnecessary reassurance, or disapproval.

Similarily, Yulis and Kiesler (1968) found that clinical and counselling psychology students who were more anxious avoided topics which focused on either their relationship with the client or their competence. For example, in their study, anxious counsellors, in contrast to non-anxious counsellors, responded to a client with the statement, "you are angry" rather than "you are angry with me."

The implication from research linking anxiety with avoidance indicates that counsellors may prevent their clients from talking about issues which concern them because of their own anxieties surrounding such topics. Taking this one step further, if the counsellor felt anxious counselling certain clients, it is logical to assume that avoidance might take the form of premature termination or referral to another service.

Aside from the fact that counsellors, when anxious, are not able to recall as much of what the client feels or says (Ho, Hosford, & Johnson, 1985; Milliken & Kirchner, 1971), there is some suggestion that distortion or misperception of the client may also occur. Cohen (1952) and Waite (1968) both pointed to anxiety within the therapist as being a causative factor in the

counter-transference reaction. Yulis and Kiesler (1968) supported this assertion through research which demonstrated that therapists who were less anxious showed less counter-transference toward their clients.

There is some indication that counsellors may project blame or develop negative attitudes toward clients in response to the discomfort or unpleasantness of the anxiety reaction. Dodge (1982), for example, pointed out that anxious counsellors have been observed to "lash out" which serves to take the focus off themselves and make others look inadequate. Similarily, Bugen (1979), discovered that anxious counsellor trainees appeared more likely to project their own negative affect onto a dying person. Those counsellors who were highly anxious saw the dying person as more denying, more angry, less accepting, and less hopeful.

Anxiety, like many emotional states, has been shown to be transmitted between persons in contact (Bandura & Rosenthal, 1966; Mattsson, 1960). Gibb (1961), for example, described anxiety in communication as being a circular process, where anxiety in the original communicator causes defensiveness in the listener which in turn raises the anxiety in the original communicator and so on. With this in mind, Monke (1971) expressed concern over the fact that clients faced with a counsellor who is counselling for the first time, may be assuming some of the counsellor's anxiety. With the consideration that one of the primary goals in therapy is to resolve conflictual issues and to thereby reduce anxiety in clients, additional anxiety from another source may cause added

confusion and be detrimental to the counselling process. Bandura (1956) stressed this by saying that "the therapist's permissive and nonanxious response to the patient's anxious and conflictual expressions provides one of the important conditions that lead to the alleviation of the patient's anxieties" (p. 333).

Other, more isolated concerns involving the negative effects of counsellor anxiety are that it may impede learning in counselling students (Bowman, Roberts, & Giesen, 1978; Dodge, 1982), create therapeutic and supervisory impasses (Mooney & Carlson, 1976) or cause the counsellor to respond in an inappropriate manner (Schauer, Seymore, & Geen, 1985). In addition, a study by Friedlander, Keller, Peca-Baker, and Olk (1986), indicated that counsellors, when anxious, make less comprehensive plans and therefore, may be more disorganized.

Methodological Issues in Counsellor Anxiety Research

Despite rather persuasive research findings linking counsellor anxiety to a variety of negative effects within the counselling process, serious limitations exist in the interpretation of many studies due to methodological problems in the whole anxiety-performance area. These problems can be summarized under four headings:

(1) Curvilinear Relationship

Cattell (1966) pointed out that researchers have often neglected to take into account the curvilinear relationship of the anxiety-performance relationship. Many research studies which measured counsellor anxiety in relation to level of

counsellor functioning did not take this into account in their analysis of the data. The treatment of the relationship as a linear one fails to separate out the effects of low, moderate, or high anxiety and thus, may give a false perception of the total relationship.

(2) State-Trait Distinction

Spielberger (1966) implied that some of the existing confusion in anxiety research was due to the fact that state and trait anxiety were not properly differentiated. Researchers in the area of counselling such as Bowman and Roberts (1978), Bowman and Giesen (1982), and Cheponis (1979),in reviewing the counsellor anxiety studies, have agreed with Spielberger in suggesting that comparison of studies is hampered because often two different types of anxiety were being measured.

(3) Measurement

In 1961, Cattell and Scheier isolated 120 different procedures which could be used to measure anxiety (cited in Sarbin, 1964). This, along with the fact that physiological, motor, and self report measures of anxiety have been found to function independently and not necessarily correlate with each other (Hodgson & Rachman, 1974; Jackson & Bloomberg, 1958), create enormous problems in attempting to compare studies which have used differing measures of anxiety.

Bowman (Bowman, 1980; Bowman & Giesen, 1982; Bowman & Roberts, 1978; 1979a; 1979b; Bowman, Roberts, & Giesen, 1978), as well as Mooney and Carlson (1976), drew attention to the fact that there were serious problems in attempting to measure anxiety within counsellors, as well. In none of their studies,

was there total agreement or conformity of results between the multiple measures of anxiety which were used.

(4) Cyclic Relationship

Beck and Emery (1985, p. 160), Cattell (1966), and Dendado and Diener (1986), have all questioned the assumption that anxiety causes poor performance by asserting that poor performance is perhaps also responsible for some increased anxiety. Cattell (1966) considered this to be a fundamental and overlooked explanation of some of the inconsistent findings which have occured in anxiety-performance studies.

Counsellors have also recognized that counsellor competence may in fact influence how anxious the counsellor feels in a session with a client (Carter, 1976; Dodge, 1982; Schauer, Seymore, & Geen, 1985). Dodge, as well as Schauer and associates, have described the relationship as cyclic; anxiety and counsellor level of functioning interacting with the other. According to Dodge, the anxious counsellor, realizing he or she has made mistakes and that the counselling session is not proceeding well, becomes even more flustered and disorganized. This causes further deterioration in his or her ability to function competently within the counselling session which in turn further raises anxiety and so on.

Counsellor Anxiety with Clients Who are Culturally Different

Non Empirical Review

A recurring theme in the counselling literature is that counsellors prefer clients who are similar to themselves, and often experience anxiety when working with populations who are

unfamiliar or different. Discomfort or anxiety in counsellors has been cited to be problematic not only when encountering clients who are racially or ethnically different (Pederson, 1977; Pederson, Hollwill, & Shapiro, 1978; Vontress, 1974; Westwood & Borgen, 1978; Wintrob, 1976), but also when confronting physical differences in the form of disability (Lafaro, 1982; Strohmer, Biggs, Haase, & Purcell, 1983; Westwood & Vargo, 1985), or differences with respect to socioeconomic status (Gomes-Schwartz, Hadley, & Strupp, 1978; Lorion, 1974).

Several authors, such as Larson (1982), Margolis and Rungta (1986), and Cheponis (1979, p. 10), pointed to universal counsellor difficulties in working with various minority populations, of which discomfort with differences appeared to be one. What is it, then, about differences, or dissimilarity in general which might cause counsellors to become anxious?

A review of the counselling literature revealed that the answer to such a question has not been addressed in a systematic fashion by cross-cultural specialists. The following is an attempt to consolidate some of the various reasons given for why counsellors might become anxious in the face of differences, utilizing the larger framework of anxiety theory and uncertainty reduction theory as a background.

In relation to anxiety with those who are different or unfamiliar, it is generally assumed that confronting "the unknown" arouses anxiety in individuals (Levitt, 1980, p. 94; May, 1950, p.11). Even as early as seven months of age, normal infants develop what is commonly termed "stranger anxiety" and react with fear, avoidance, panic or even severe distress, if

left in the presence of a stranger (Perry & Bussey, 1984, p. 71-73). Social psychologists have discovered that this applies to adults as well, in that we are most often attracted to persons or things which are more familiar (Brickman & D'Amato, 1975; Moreland & Zajonc, 1979; Saegert, Swap, & Zajonc, 1973).

Uncertainty reduction theory assumes that in order for interpersonal communication to be successful, one must "know" the other person in the sense that we are able to explain behavior and make fairly accurate predictions about the person with whom we are interacting (Berger, 1979; Berger & Bradac, 1982, p. 7). Berger and Bradac (1982, p. 8) pointed out that accurate predictions enable us to send messages which have less chance of offending or embarrassing the other person and claim that large predictive errors can produce serious "faux pas" in initial interactions.

Uncertainty reduction theory goes on to postulate that the reduction of uncertainty in relationships is the primary concern of individuals. This is especially true in initial interactions with strangers (Berger, 1979) or when encountering novel or unpredictable behavior (Berger & Bradac, 1982, p. 15). In such situations, uncertainty reduction techniques such as gaining knowledge by asking questions are utilized. Although not explicitly stated in uncertainty reduction theory, it would be logical to assume, because of the intimate connection between anxiety and uncertainty (Barrell, 1985; McReynolds, 1975), that uncertainty reduction techniques such as asking questions essentially function with the purpose of making strangers known to us, thereby reducing anxieties regarding the unfamiliar or

unknown.

Gudykunst and Kim (1984, p. 20) stated that in order to understand intercultural communication "it is necessary to recognize that when people are confronted with cultural differences (and other forms of group differences, such as racial, ethnic, or class differences) they tend to view people from the group that is different as strangers." Sunberg (1981), in addition to Gudykunst and Kim, made a central point of calling the culturally different "strangers" in order to emphasize the fact that they are unknown and unfamiliar. Gudykunst (Gudykunst, 1985; Gudykunst & Kim, 1984; Gudykunst & Nishida, 1984) has recently begun to apply uncertainty reduction theory to the cross-cultural encounter. He suggested that because the culturally different are strangers in the strongest sense, they evoke the highest degree of uncertainty (Gudykunst, 1985).

In reviewing the counselling literature, there is indication that counsellors as well, have shown some recognition that counsellor anxiety with differences may be partly caused by confrontation with uncertainties or the "unknown". Pedersen (1976, p. 28), for example, said that one of the barriers in cross-cultural counselling is "the typically high level of anxiety that is particularly obvious in intercultural encounters where neither person is certain what is expected of him or her." Lorion (1974), Kadushin (1972), as well as Strohmer, Biggs, Haase, and Purcell (1983) also commented on the fact that lack of common background or first hand knowledge of certain populations increases discomfort or anxiety for counsellors.

More indirectly, specialists in the area of minority group counselling may be, in part, attempting to address such anxieties in counsellors in their unanimous call for an increase in knowledge on the part of the counsellor regarding various unfamiliar populatons (Carney & Kahn, 1984; Copeland, 1983; Ibrahim & Arredendo, 1986; Neimeyer, Fukuyama, Bingham, Hall, & Mussenden, 1986; Padilla, Ruiz, & Alvarez, 1975).

An equally central explanation of anxiety arousal when faced with cultural differences is associated with threats to our values, beliefs, and self concept. May (1950, p. 191), in fact, defines anxiety as "the apprehension cued off by a threat to some value which the individual holds essential to his existence as a personality." Support for such a theoretical position is found historically. Periods of rapid cultural change and transition within societies such as the French Revolution, the Renaissance, or today's Western world, are thought to create "anxious societies" (May, 1950, p. 215; McReynolds, 1975; Spielberger, 1966, p. 4). Wrenn (1962) also noted the insecurities involved for counsellors in times of rapid social transition where counsellors are continually facing differing values or beliefs. He suggested that cultural encapsulation on the part of the counsellor reflected an inability to face the insecurities and anxieties naturally associated with such a reexamination of self and values.

In the cross-cultural interview, counsellors are forced to continually deal with differences in beliefs, values, or lifestyle. Even our traditional counselling model and techniques are challenged by the fact that they are dependent on

a Western world view, and therefore, often are not applicable or effective when facing differences (Christensen, 1985; D.W. Sue, 1978). Pedersen (1976) noted that in terms of beliefs and values, counsellors, as well as others, make many assumptions which are accepted without proof. He went on to say that these assumptions can be "threatened by an alternative religion, political view, or cultural value" causing us to "easily become fearful or defensive" (Pedersen, 1976, p. 23).

Gudykunst and Kim (1984), as well as Pedersen, suggested that the intercultural meeting is stressful and can be threatening on a personal basis. They wrote: "Encounters with strangers bring surprises and stresses. Some of the surprises may shake our self-concept and cultural identity and bring the anxiety of temporary rootlessness" (p. 225).

A review of the counselling literature revealed several other explanations as to why counsellors might react to differences with anxiety. One such explanation is that counsellors may worry about sensitivity regarding minority status on the part of the client. Fibush and Turnquest (1970), for example, mentioned that for some clients who are racially different, discussion of issues which acknowledge the racial difference can be threatening.

Despite the fact that several writers in the area of cross-cultural counselling have insisted that an open discussion of racial or ethnic differences is often necessary within the counselling session (Block, 1981; Christensen, 1985; Sattler, 1977), there is indication that some counsellors avoid (Jackson, 1973) or consider these topics to be such "touchy issues" that

they are rarely discussed openly (Kadushin, 1972, p. 91).
Margolis and Rungta (1986) indicated that similar processes
occur when counsellors encounter disabled persons. They gave an
example of counsellors in training being unable to address a
fellow student's blindness (even though the situation called for
it) due to their discomfort regarding raising such potentially
sensitive issues with the individual.

In reviewing the literature on counselling special
populations, Margolis and Rungta (1986) noted that all the
groups singled out for attention were those typically
discriminated against in society. Several writers have
suggested that some counsellors experience anxiety with such
populations because of guilt over prejudices which they
themselves harbour (Carney & Kahn, 1983; Griffith & Jones, 1979;
Kadushin, 1972; Sattler, 1977). Vontress (1976) in particular,
suggested that such prejudices or attitudes in a counsellor are
contradictory to the image of the "good counsellor", and that
this is what creates the conflict for the counsellor.

There is indication that some counsellors, while not
prejudiced themselves, do experience guilt and discomfort about
their association to a majority group which assigns secondary
status to minority groups (Cooper, 1973; Griffith & Jones, 1979;
Sattler, 1977; Vontress, 1971). Kadushin (1972, p. 89), wrote
that when counselling blacks the "white worker feels anxious and
guilty about his complicity with the oppressor." In fact,
Cooper (1973), Helms (1984), Griffith and Jones (1979), as well
as Vontress (1971), all commented that counsellors, out of such
anxiety and guilt may overcompensate for social injustices by

giving these clients special privileges, avoiding confrontation which might be misinterpreted, or overidentifying with racial concerns. Cooper (1973), as well as Griffith and Jones (1979), suggested that such differential treatment and relaxed standards of behavior can seriously impair treatment of such individuals. They went on to say that clients are often excused on the basis of their culture or disability which results in inattention to individual pathology.

Empirical Review

Christensen (1981) noted that although it is generally assumed in the cross-cultural literature that counsellor anxiety with ethnic and racial differences would arise, the subject has essentially not been empirically studied. Because of the scarcity of studies in the area, closely related research studies were also reviewed.

Lowinger and Dobie (1966) investigated personal reactions of 16 resident psychiatrists during 19 consecutively and randomly assigned patient interviews with both black and white patients. A questionnaire with 39 items which utilized a Likert-type scale was completed immediately following each inital interview. Out of the 39 questions, three questions utilizing anxiety-associated descriptors (uncomfortable, tense or anxious, relaxed), when factor analyzed were reduced to one dimension. Results indicated that there was no statistically significant differences between the psychiatrist's reactions to white versus black clients on that one dimension. One of the problems in interpreting the study, however, is that the race of

the psychiatrists was not indicated.

Johnson (1972) conducted a study which measured arousal in counsellors when presented with videotapes in which the pairing of characteristics was varied according to sex and race, as well as three different affective situations (hostility, affectionate, neutral). The counsellors utilized in the study were 30 white males who were employed as rehabilitation counsellors. Each counsellor was presented with 12 short video taped segments, out of a possible 36 combinations of race, sex and affect. For example, one segment might have been black female with black female with hostile affect, whereas another would have been white male with black female with neutral affect. Galvanic skin response was monitored during the watching of the tapes.

The results of Johnson's study indicated that while there were statistically significant G.S.R. effects associated with the various affects being portrayed (hostility showing an increase in arousal), there were no statistically significant differences found in relation to the race or sex pairings. Johnson (p. 58) suggested that although race and sex pairings were found to be nonsignificant factors, there still remained some ambiguity due to the large number of pairings which were shown. Limitations in terms of researching counsellor anxiety included the fact that a conversation rather than counselling situation was portrayed and the fact that G.S.R. is a measure of arousal and is not specific to the measurement of state anxiety (see Chapter III).

Cheponis (1979) measured the effect of an amputee versus

non-amputee client on the anxiety of rehabilitation counsellor trainees in a live counselling interview. Two separate counselling sessions of 10 minutes duration, and seven days apart took place for each counsellor. Measures of state anxiety were heart rate and galvanic skin response, as well as a constructed self-report rating scale. Results indicated that no statistically significant differences were found on any of the measures. Overall period effects, however, were noted. Self report data indicated that over time, counsellors felt more comfortable with the amputee client than with the other client. This, however, contrasted with G.S.R. data which indicated that at the two minute mark in the interview, counsellors were significantly more anxious with the amputee client ($p < .05$). A limitation of the study pointed out by the researcher was that the personality of the two clients could not be controlled for. He recommended that longer counselling sessions be utilized, that counsellors be at various stages of training, and that anxiety in the client may be a factor worth investigating.

Christensen (1981) investigated the effects of cross-cultural training on participants level of empathy, attending, and anxiety during live interviews with racially dissimiar black clients. Thirty-one white graduate trainees in counselling were randomly assigned to treatment and no treatment conditions following which they conducted 40-minute counselling interviews with both a black and white client (actor) within a one week period. Both clients were trained to play standardized roles; the content dealing with issues of discrimination on the part of both clients. State anxiety was measured using the

A-State scale of the STAI. The results indicated that control subjects were significantly more anxious as a result of having counselled a black client than those who had received cross-cultural training (p=.01).

Turner and Armstrong (1981) researched the experiences and attitudes of psychotherapists in their relationships with racially different clients. The 37 black and 41 white psychotherapists who participated on the average had 8.2 years of professional experience with an average of 25% of their clients being of cross-race. Anonymous questionnaires with both closed and open ended questions regarding their experience with these clients were handed out. In comparison to black therapists who counselled white clients, white therapists were found to pay less attention to the racial issue (p<.001), however, they experienced more subjective discomfort. The researchers concluded that white therapists "reported higher levels of subjective distress around race, during all phases of treatment: they felt unduly solicitous, less able to help black clients feel better about themselves, and less comfortable in confronting and working through a client's negative attitudes about therapy" (p<.01).

Taken together, few conclusions can be reached regarding the existence of increased counsellor anxiety in regard to the client who is "different". Not only is there a scarcity of empirical data dealing directly with the issue, but as well, findings are contradictory. Two studies described here supported its existence (Christensen, 1981; Turner & Armstrong, 1981) and three studies did not (Lowinger & Dobie, 1966;

Johnson, 1972; Cheponis, 1979). It should be noted, however, that the two positive findings utilized self-report measures, suggesting that perhaps this might be the preferred means of measurement. Worthy of mention, as well, is the fact that the primary focus of research in this area concerned itself with racial difference. Counsellor anxiety with respect to counselling the handicapped client, the poor client, the homosexual client, or the linguistically different client has essentially not been studied.

Anxiety with Accents

Conville and Ivey (1975), as well as Taylor (1980) have noted the lack of attention which mainstream social psychology and counselling psychology have paid to language variables. The review of literature on language differences and speech styles, therefore, has been drawn primarily from the fields of psycho and sociolinguistics.

Language difference or variations in speech style in the form of accents, dialects, or even speech particular to the lower class, are viewed as important markers which immediately signal cultural differences for people (Berger & Bradac, 1982, p. 63; Jupp, Roberts, & Cook-Gumperz, 1982; Lambert, Hodgson, Gardner, & Fillenbaum, 1960). In fact, McKirnan, Smith, and Hamayan (1983) reported that while a non-standard speech style was a significant factor in determining whether persons viewed an individual as culturally dissimilar, race was not. They reasoned that language was a medium by which cultural allegience could sometimes be displayed. Becoming bilingual involved some

"choice" , whereas visible differences did not and, therefore, served to be a poor predictor of culture for most people.

Gumperz and Cook-Gumperz's (1982) primary argument was that identity and ethnicity are essentially established and sustained through language. Gudykunst and Kim (1984, p. 146), as well as Lambert (1978), have stressed that language acquisition is more than merely learning a method by which to express ourselves verbally. They argued that with the acquisition of a language come changes in perceptions, thinking, and behavior as well as a sense of identification with the particular cultural or ethnic group to which the language belongs.

Choices involving language, such as becoming bilingual, are often viewed as choices of cultural affiliation. In fact, Clement (1980) and Lambert (1980) pointed out that positive progress in a second language is, in part, determined by favourable attitudes the individual holds toward the culture to which the language is associated, as well as the wish to be identified with the particular culture to which the language belongs. Similarly, Chen Yong-pei (1983) indicated that often reluctance to imitate foreign sounds and learn new pronunciations comes from subconscious loyalty to the sociolinguistic group that the individual belongs to.

Acquiring fluency, and the standard speech style of the host country can also be seen as a rejection of the values and beliefs associated with an immigrant's original ethnic group. For example, Carranza and Ryan (1975) have stressed that because bilingualism is often seen as the means to assimilate and reap the rewards associated with seemingly belonging to the majority

group, the bilingual individual is often viewed as a "sell out" by their original ethnic group.

It is because of this strong connection between language and culture that hearing a foreign accent is likely to trigger all the anxieties associated with "cultural difference" previously discussed. In addition to being a marker of cultural or ethnic dissimilarity, a review of the sociolinguistic literature indicates that there are often other unique factors associated with accent alone which might serve to increase anxiety in persons communicating with an accented speaker.

Although Berger and Bradac (1982, p. 56) cited a few exceptions, they indicated that as a rule, language which elicits a judgment of dissimilarity (such as a foreign accent) will generally increase uncertainty in interpersonal communication. Uncertainty is also increased because a great deal of communicative information is lost when persons encounter individuals with differing speech styles. Different pronunciation (Cutler, 1984; Raisler, 1976) and differences in prosodic features, such as rhythm or stress placement within a sentence (Chaika, 1982, p. 39; Erickson, 1979; Gumperz, 1982, p. 118-129; Hansell & Ajirotutu, 1982; Hatch, 1983, p. 35-39), both contribute to this information loss.

Accurate pronunciation enables a listener to recognize words and therefore understand the content of the message being given (Cutler, 1984). Prosodic cues, on the other hand, serve to give information regarding intent, emotion, or meaning (Gumperz, 1982, p. 100-118; Hatch, 1983, p. 35-37; Kess, 1976, p. 135-137; Wilbur & Wilbur, 1980). Gumperz (1982, p. 173),

for example, observed that Indian speakers of English typically asked a particular question with falling intonation rather than the accustomed rising intonation. This caused English listeners to interpret the question as a statement, creating confusion and misunderstanding between them. Along these same lines Chaika (1982, p. 40) indicated that because variations in speech styles carry different prosodic features and are a departure from what is normally expected, they can cause discomfort and uncertainty. Chaika wrote "if those cues differ from the ones we have internalized then we do not quite know how to react" (p. 42).

In addition to Chaika, other prominent figures in the area of sociolinguistics have recognized that anxiety may be a factor when encountering different accents or dialects. Erickson (1979), in regard to inter-racial interviews in which different dialects are encountered, described a high incidence of "uncomfortable moments". Similarly, Lambert (1980), who has researched the French-English situation in Quebec, claimed that reluctance to move beyond one's own ethnolinguistic boundary is a result of feeling more peaceful and comfortable with one's own kind.

Gumperz and Cook-Gumperez (1982) have labelled inter-ethnic communication as a stressful event and have claimed that even a misunderstood tone of voice or odd word can seriously affect trust among the participants. Their point is illustrated further in one of Gumperz's case studies of a taped interview-counselling situation in which both persons were noted to nervously laugh and become increasingly ill at ease as the session progressed. Gumperz attributed this discomfort to be a

result of the subtle language differences which were present (Gumperz, 1982, p. 177).

A review of the research studies which have investigated individual or social reactions to accents, dialects, or variations in speech style revealed that almost all research attention has focused on the issue of language attitudes. (for example, Brennon & Brennon, 1981; Giles, Baker, & Fielding, 1975; Kalin, Rayko, & Love, 1980; Lambert, 1980; Mulac, Hanley, & Prigge, 1974; Rey, 1977; Ryan, Carranza, & Moffie, 1977; Tucker & Lambert, 1969). The study of anxiety as a listener response to varying speech styles has not been the primary focus of any empirical study, however, several researchers have noted its presence as an ancilliary finding. The following is a review of these findings.

Giles (1972) investigated the relationship between degree of accent and evaluative judgments of 21 year olds and 12 year olds. Three regional British accents of varyng intensity were utilized as independent variables. One of the questions subjects were asked in regard to the six different imitated accents on audio-tape was, "how comfortable-uncomfortable they would feel if they were to interact with such speakers" (p. 263). While levels of discomfort toward each accent was not noted in the results of the study, the findings comparing the effect of degree of accent, concluded that 12 years olds experienced more discomfort than did the 21 year olds. It was also evident from the tabulated results that the stronger the accent, the more discomfort all subjects experienced, and that this was statistically significant in five out of the eight

situations.

Ryan and Sebastian (1980) presented 120 Anglo-American undergraduate students with four audio-taped recordings, varying in order of presentation. The recordings were 41 word passages read by four different male undergraduate speakers (two with Spanish accented English and two with standard American English). The purpose of the study was to determine the role of social class in downgrading accented speakers, however, in their discussion Ryan and Sebastian said the following: "Interestingly enough, on the speech measure, the lower-class standard [italics added] speaker was rated more favorably (his speech was easier to understand and made the listeners less uncomfortable)..." (Ryan & Sebastian, 1980, p. 232). Unfortunately, the researchers did not indicate how they discovered that listeners were made more uncomfortable when they heard the accented speaker.

Sebastian, Ryan, Keogh, and Schmidt (1980) wrote that in their previous studies subjects had reported feeling more uncomfortable when listening to Spanish-accented speakers as opposed to standard English, suggesting that such findings had occured in more than just the Ryan and Sebastian (1980) study cited above.

The Sebastian, Ryan, Keogh, and Schmidt (1980) two-part study set out to explore a potential cause of the negative attitudes which are commonly held toward accented speakers. Their hypothesis was that if the arousal of negative affect occured in individuals while listening to a speaker, they would subsequently devalue or dislike the speaker. One of their primary measures of negative affect arousal was the degree of

discomfort experienced by the listener as indicated on a Likert scale.

In their first study, college students listened to two tape recordings of a male speaker of standard English, the difference being that one was noise free, and the other punctuated by bursts of noise. They discovered that significantly more discomfort was experienced under the noisy condition (p<.001) and that the speaker in the noisy situation was subsequently viewed more negatively on a number of dimensions (p<.05).

The second study was similar except for the fact that three tapes were prepared utilizing Spanish-accented English in addition to the three utilizing standard English. The results indicated that subjects were significantly more uncomfortable and had significantly more negative attitudes toward the speaker as a result of the accent variable (p<.05).

The researchers concluded that the arousal of internal negative feelings, such as discomfort or frustration (probably arising from difficulty in comprehension) most likely was the cause that the accented speakers and speakers in noisy conditions were disliked. They stressed that stereotyping could not serve as an explanation for the fact that the speakers paired with noise were severely derogated.

The importance of the Sebastian, Ryan, Keogh, and Schmidt study (1980) lies not only in the fact that discomfort was indicated as a significant factor in listeners hearing an accented speaker, but also in the suggestion that it may play a causal role in the formation of negative attitudes which are held towards persons having an accent. It is significant to

mention that Gumperz and Cook-Gumperz (1982) as well, have observed such a relationship, through their discourse analysis research. They wrote: "Many individuals from both the majority and the minority ethnic groups do not cope well in stressful situations of inter-ethnic communication and then, as they do not recognize the reasons, have various ways of blaming each other" (Gumperz & Cook-Gumperz, 1982, p. 8).

Scarcella (1983) investigated whether the degree of conversational difficulties were greater between native and non native speakers versus between native speakers, utilizing a measure of topic shifts and interruptions. Subjects for his study consisted of 10 Spanish English speakers and 10 English speakers from California, paired in such a way that 15 conversational dyads were formed. Aside from discovering that significantly more conversational difficulties occurred in the linguistically dissimilar dyads, he noted that all subjects reported feeling "less comfortable" in the inter-ethnic conversation than in conversations between speakers belonging to the same linguistic group (Scarcella, 1983, p. 218).

In summary, the fact that up to four research studies have found it noteworthy to mention discomfort as a factor present when persons encounter individuals with accents, suggests there may be a relationshp between anxiety and accent. It should be noted that out of the large constellation of words often used to describe feelings of anxiety, "discomfort" or "uncomfortable" seemed to be the word subjects predominantly utilized or responded to in relation to hearing an accent.

Chapter Summary

Historically, the study of anxiety has been plagued with problems of definition, conceptualization, and measurement. Researchers feel that the recent isolation of two separate types of anxiety (state anxiety and trait anxiety) is a major step in resolving some of the definitional and measurement difficulties associated with the anxiety concept. State anxiety is defined as anxiety in response to a particular situation or event, whereas trait anxiety is a description of personality.

The relationship between anxiety and performance is one of the most extensively studied areas in anxiety research. Despite methodological problems associated with this research, the overall conclusion appears to be that anxiety negatively affects performance. This conclusion is reflected in research done specifically on counsellors. These research results suggest that higher levels of counsellor anxiety in a counselling interview are responsible for decreased counsellor effectiveness within the session.

Cross-cultural specialists, as well as those writing in the area of minority populations, seem to feel that state anxiety in counsellors would be higher when counselling clients belonging to special populations. It appears that anxiety surrounding "differences" is central to explaining why clients who are handicapped, black, homosexual, or from a different socioeconomic group are said to evoke more anxiety or discomfort in counsellors than other clients.

A foreign accent immediately signals "cultural difference" for people. Counselling clients who have accents, therefore, is

likely to trigger anxieties associated with encountering the client who is culturally different. In addition, counselling is a process which relies on effective communication and accurate understanding of the client's problems. Communication is made more difficult with persons who have an accent because of differences in pronunciation and prosodic features. This resulting lack of understanding might be an added factor which would further raise counsellor state anxiety with clients who have accents.

Although few conclusions can be drawn from studies which have addressed state anxiety in counsellors as a response to the "culturally different" client, results from several sociolinguistic studies with a non-counsellor population indicate that the study of anxiety as a reaction to hearing an accent shows promise.

CHAPTER III

METHODOLOGY

The primary purpose of this investigation was to determine whether counsellors belonging to the majority racial, ethnolinguistic group would experience more anxiety counselling a client who spoke English with a foreign accent, than a client who spoke English with a speech style typical of the Western Canadian region. In this study, counsellors defined as belonging to the majority racial, ethnolinguistic group were those who were white, spoke English with an accent typical of North America, and grew up in families in which both parents also spoke English with an accent typical of North America. Also, in regard to this study, a speech style native to the region in which the study was conducted is referred to as "nonaccented".

The review of the literature suggested majority counsellors would be more anxious counselling an accented client, and that these higher levels of anxiety would affect counsellors' level of functioning within the session. To test these predictions, two separate, but related studies were conducted in addition to a pilot study [(1), see notes, p. 114]. The methodology was almost identical in both studies except for a few purposeful changes in design. This chapter begins by outlining the methodology pertaining to the first study. The second study is then described. Only the parts of the design which differed from the first study are described for the second study.

First Study

Research Questions, Design, and Procedures

This study set out to answer the following research questions:

1. Do majority counsellors experience more anxiety in counselling sessions with accented as opposed to nonaccented clients?

2. Do majority counsellors function less competently in sessions with accented as opposed to nonaccented clients? If so, is this lower level of functioning related to higher levels of counsellor anxiety within the session?

3. What other dominant feelings do counsellors experience when counselling an accented client? Do their feelings differ from those experienced when counselling a nonaccented client?

These three research questions were addressed by comparing a group of majority counsellors who counselled an accented client (experimental group) to a group of majority counsellors who counselled a nonaccented client (control group). Because the primary focus of this study was to investigate counsellor anxiety with accented clients, the first research question was addressed using several approaches. These are outlined below:

a) The degree of state anxiety experienced by counsellors over the entire session was measured. The analysis determined whether differences in state anxiety between the control and experimental group were statistically and substantively significant. The analysis included statistical control for differing levels of trait anxiety between the two groups.

b) The level of counsellor comfort over the total session

was also assessed (2). The analysis determined whether the differences in level of comfort between the experimental and control group were statistically significant.

c)   The period or periods of the session in which counsellors experienced the most anxiety was also assessed. Comparisons between the two groups were then made and period differences between the experimental and control groups were assessed in terms of statistical significance.

d)   The wish to avoid future contact with the client served as an indirect measure of counsellor anxiety. The analysis tested whether the differences between the experimental and control group on this variable were statistically significant.

e)   Counsellors were asked directly what made them anxious during the interview. This was done in order to determine the relative contribution "accent" had in creating anxiety for counsellors.

f)   For those subjects who did bring up the issue of accent or culture, any information pertaining to this was noted. This was done in an attempt to gain information as to what it was about accent that did or did not make counsellors anxious.

To determine whether counsellors functioned less competently in the session with the accented client, counsellors

were asked to rate their counselling responses. Comparisons between the ratings of the control and experimental groups were made over the entire interview. The groups were also compared with respect to the particular segment of the interview (beginning, middle, or end) in which counsellors felt least competent. The analysis tested whether differences between the two groups were statistically significant.

To determine whether counsellors experienced different dominant feelings when counselling the accented versus nonaccented client, subjects were asked to recall the feelings they experienced in the counselling interview. Responses of both the experimental and control groups were compared. The analysis tested whether differences between the two groups were statistically significant.

Design

The first study was conducted in March of 1986 at the University of British Columbia. The design most closely resembled a control group design with proxy pretest and posttest. An experimental and control group formed the two groups in the study. The subjects in the experimental group were shown a videotape in which the client spoke with a foreign accent. The control group subjects were shown an identical tape in which the same client had no accent. A measure of state anxiety served as the primary posttest measure in the study. A measure of trait anxiety in subjects was considered to be equivalent to a proxy pretest (see trait anxiety, p. 56-57).

Cook and Campbell's (1979) major criticism of such a design is that proxy pretests do not correlate as well with posttest

scores as compared to pretests which utilize the same instrument as the posttest. Thus the design may under adjust for initial differences between the two groups. According to Cook and Campbell (1979, p. 113), a proxy pretest design is, therefore, less adequate in relating posttest scores to initial group differences. Despite this limitation, these authors do view the inclusion of a proxy pretest as superior to a posttest only design. Also, because subjects were randomly assigned to the two groups, initial differences were most likely small.

Video training tapes. The video training tapes were made using a modification of the matched guise technique (3). A professional caucasian actor who had some training in East European languages was hired to play the role of the client. The script (Appendix I) was developed by the actor himself and portrayed a client who was unemployed, and as a result, moderately depressed. The tapes were 26 minutes long (including the demonstration), with 14 separate segments. After each segment, a beep and fade-out, fade-in would occur followed by a 30-second pause. This allowed time for counsellors to respond to the client statement. No counsellor was present in the tape.

In an attempt to control for differing nonverbal cues, such as posture or facial expression, the tape was made in segments rather than as a whole. That way, each time the actor had completed a nonaccented segment, he directly did the same segment of the tape with an accent. The two segments were reviewed to ensure that no major descrepancies occured between them on anything other than the accent variable. When significant differences were noted, the segment was redone. The

end result were two tapes which contained identical content, and which were closely matched for nonverbal behavior and presentation.

The accent in the accented tape was an imitation of a Russian speaker of English. The accent was moderately strong, however, there was no difficulty in understanding the content. In order that the accent would sound authentic, the actor had been given a tape recording of an East European man who spoke with an accent to review and train with.

In accordance with the operational definition of accent utilized (Chapter I), prosodic as well as pronunciation differences between both speech styles were evident. For example, in the first sentence of the tape, "I don't know if you can help me." Prosodic differences were evident by the greater stress on the word "know" in the accented tape, than in the nonaccented. Syntax (sentence grammer), lexicon (vocabulary), and morphology (grammatical word construction) were identical throughout both tapes.

Procedures

Two weeks prior to the running of the study, instructors for the five sections of a course in counselling skills announced to their classes that a departmental research project would be taking place with the purpose of norming typical counsellor responses in a training situation. The students were told that the study would take place during class time. It was stressed that the results would be kept confidential and not be used for evaluation purposes.

During the week the study was run, the students were

approached at the beginning of each class. At that time the purpose of the study was reiterated and volunteers were requested. Consent forms (Appendix C) were signed along with written agreement that the study would not be discussed with any other student for a two-week period.

Each subject was taken individually into a small room with a video hook-up and screen. Individual instruction prior to the commencement of the running of the tape was standardized and took five minutes. The instruction began as follows:

> "You will be viewing a videotape of a client presenting a problem in the initial interview (4). There are fourteen segments which are signalled by a beep at the begining and a beep at the end of thirty seconds. During this time, you are to make a counselling response. What I want you to be aware of is that I have attempted to simulate a real client presenting a problem. With this in mind, I would like you to respond to the client as you would if this situation were real."

A two-minute demonstration tape was then shown and any questions answered. Following this, the subjects were reminded that their responses would be audiotaped and numbered to correspond with the questionnaires they would later fill out (5). They were instructed that once the videotape and audiotape were in play, it would not be necessary to touch the equipment. Subjects were then left on their own to view the actual training tape.

After the tape was finished, each subject was given a series of questionnaires, one at a time. Subjects were first asked to fill out the A-State Inventory (Appendix E) followed by the A-Trait Inventory (Appendix F). This is the order suggested by Spielberger (1983, p. 4) when giving the inventories in

combination. An attitude scale (Alexander, 1987) was given next, followed by a questionnaire (Appendix B) which included items pertaining to this study and the Alexander (1987) study. Prior to leaving, subjects filled out a demographic data sheet (Appendix D).

Selection of Subjects

Seventy-five percent of the students who were approached during the skills class volunteered as subjects. These formed the sample of 30 counsellors-in-training at the University of British Columbia who participated in the study. All of the counsellors had a minimum of three years work experience which involved "people contact" prior to entering the counselling program at the Masters level. The sample consisted of 11 men and 19 women with ages ranging from 24 to 45. The median age was 33. Only two of the subjects had taken the cross-cultural training course offered in the counselling department.

Of the 30 subjects who participated, 22 were at least second generation North American and were considered to belong to the majority racial, ethnolinguistic group. Out of the remaining eight, three students were Chinese (two with accents), one was a white South African with an accent, and one had an Australian accent. The remaining three had no detectable signs of cultural difference, however, one or both of their parents had accents. This was determined from demographic data (Appendix D) which indicated that their parents immigrated after the age of 18 (6).

All the subjects were enrolled in a first year compulsory

course in counselling skills at the time of the study. The subjects were recruited from this course for several reasons. One reason was that in this course audio and videotaped material were used to a great extent. This ensured that the subjects had some level of comfort with equipment which would be used during the study. In addition, the procedure the subjects were asked to follow in the study (responding to a training tape) was applicable to the practical nature of the course which involved the practice of counselling responses. More importantly, however, students taking this course were regularly placed in the position of being clients to other students. This usually required a great deal of self-disclosure within the class. It was thought that such an atmosphere would be beneficial in terms of encouraging open, honest answers on a self-report instrument (7).

Instructors who taught the course in counselling skills divided their students into two matched groups. The groups were matched according to the number of men and women, the number of visible minority students, and the number of students who had foreign accents. The students in the two groups were also matched according to grades received in the course to control for differing levels of counselling skill between the two groups. These two matched groups became the treatment and control group for the study.

The sample obtained in this study was thought to be representative of counsellors who had at least three years of work experience and some initial training in counselling at the Masters level.

Instrumentation

This section outlines the variables measured in the study and describes the way in which each was measured. Prior to doing both these things, an overall description of the two inventories (STAI and questionnaire) which were used in the measurement of all the variables is given.

The State-Trait Anxiety Inventory (STAI), was developed by Spielberger, Gorsuch, and Lushene (1970). The Ninth Mental Measurements Yearbook (Mitchell, 1985, p. 18) reported the STAI to be the fourth most frequently utilized inventory in research, superceeded only by the MMPI, the WISC, and the WAIS. The inventory consists of two separate 20-item scales, the A-State and A-Trait, which measure trait and state anxiety. Scores on both scales range from 20 to 80, with higher scores indicating higher levels of anxiety.

The questionnaire (Appendix B) was administered as a pen and paper instrument and consisted of a total of 10 questions. Some of the questions pertained to another research study (Alexander, 1987). An outline of the questions which did pertain to this study with the rationale behind the questions can be found in Appendix G. To test for reliability of the content analysis done on items on the questionnaire, every fifth questionnaire was rated by a second marker. Reliability measures in the form of percentage of agreement between the raters are reported for each variable.

Trait Anxiety

The A-Trait scale (Appendix F) was used to measure trait anxiety. Reliability coefficients for college students range

from .73 to .86 (Spielberger, 1983, p. 13) and concurrent validity with the IPAT anxiety scale and the Taylor Manifest Anxiety Scale (TMAS) ranges from .75 to .85 (Spielberger, 1983, p. 15). Correlations between the A-State and A-Trait measure range from .59 to .75 and are noted to be typically higher under conditions that pose threat to the psyche rather than physically threatening situations (Spielberger, 1983, p. 15).

Trait scales have been recommended for use in research to distinguish highly anxious subjects from those who have moderate to low anxiety (Levitt, 1980, p. 66). The A-Trait measure is viewed as indicative of a predispositon to become anxious in stressful situtions. Persons with high A-Trait are more likely to experience frequent A-State reactions as well as higher levels of state anxiety under stress (Spielberger, 1983, p. 1). Spielberger (1983) and Allen (1970) demonstrated the stability of the A-Trait measure over time and showed that it was unresponsive to stressful or nonstressful experimental conditions. Because of this, the trait measure can essentially function as a pretest measure of anxiety-proneness even though it was administered following exposure to the "test" situation.

State Anxiety

Form X of the A-State scale (Appendix E) was used to measure state anxiety over the total interview (8). Internal consistency reliabilities range from .83 to .92 in normal samples (Spielberger, 1970) (9). The construct validity of the A-State has been demonstrated by the significantly higher scores in individuals in stress versus nonstress conditions (Allen, 1970; Spielberger, 1983, p. 19).

The A-State has been recommended as a sensitive measure of the transitory anxiety experienced within a counselling session (Spielberger, 1983, p. 2) and has been used by numerous researchers to specifically measure counsellor anxiety within a session (Bowman, 1980; Bowman & Giesen, 1982; Bugen, 1979; Christensen, 1981; Carter, 1976; Diblin, 1969; Friedlander, Keller, Peca-Baker, & Olk, 1986; McConnell, 1976; Meyer, 1973; Monke, 1971; Riley, 1976).

The A-State instructions and tense of the statements were changed according to guidelines set by Spielberger (1983, p. 4). As in the Carter (1976) study, statements on the instrument were changed from present tense to past tense because the respondents were required to complete the questionnaire after the stress situation.

Level of Comfort

Item number 10 on the A-State of the STAI (Appendix E) was used to measure level of comfort in the interview.

Period of Highest Anxiety

Answers to question 4 on the questionnaire were used to determine whether counsellors felt more anxious during the first, middle, or last five minutes of the interview. Percentage of rater agreement on this item was 100%.

Avoidance of Future Counselling Sessions With the Client

Three categories were defined based on responses to question number 9: "No avoidance", "avoidance", and "ambivalence". Statements which indicated counsellors would either, a) not wish to work with the client or b) prefer to refer to another counsellor, were rated as "avoidance".

Conditional statements were considered to reflect "ambivalence".

Examples were:

> "I would try to work with the client and, if for some reason, it didn't seem optimal for the client and I knew someone better suited, I would refer."

> "I would continue to see the client until an assessment had been completed."

Percentage of rater agreement on this item was 0.91.

Reasons Given for Presence of Anxiety

Each questionnaire was reviewed in order to note affirmative responses to question 4 (Were you feeling anxious?). In addition, words from the following list of anxiety descriptors, if mentioned in response to question 4 or at any point in the questionnaire, indicated that anxiety was present in the subject.

Afraid	Jumpy	Shaken
Anxious	Nervous	Stressed
Apprehensive	On edge	Tense
Awkward	Panicky	Terrified
Fearful	Petrified	Uncomfortable
Frightened	Restless	Uneasy
Ill at ease	Scared	Worried

The reasons subjects gave as to why they felt any of the above terms were documented for each subject. The following categorization of responses was made after a general review of all subject questionnaires. Examples are given for each category:

1) Anxiety related to the client's accent or culture:

> "Yes (felt anxious) at first because I had trouble with his accent."

2) Anxiety related to performance:

> "I felt a bit anxious because I was 'off' and will be viewed by others."

"I felt anxious throughout because I didn't think it would be so difficult to come up with appropriate responses in this situation."

3) Anxiety related to client characteristics or nature of problem:

"I felt somewhat anxious throughout at the self blaming/failure the client was experiencing."

"Yes...I have to admit not feeling totally comfortable listening to an older man cry."

"It was almost a crisis situation and this made me anxious."

4) Anxiety related to the simulated nature of the interview:

"The only anxiety I felt was around the role playing nature of the exercise, that it was so unlike a real situation."

"I felt slightly nervous because I was aware of the limited time to respond."

Percentage of rater agreement on this item was 0.82. This somewhat lower score appeared due to rater problems in distinguishing performance anxiety from the other sources of anxiety.

Level of Competence

The self-ratings of counselling responses in question 2 were totalled to give a score out of 30 over the whole interview.

Period of Lowest Competence

Self-ratings of counsellor responses in question 2 were used to determine the period or periods at which counsellors felt they had functioned most poorly. Periods were divided into the first, middle, and last five minutes of the interview. The period in which the counsellors gave themselves the lowest score (on a scale of 1-10) was considered as the period of lowest

competence.

Other Dominant Emotions Present in Counsellors

Answers to question 3 were used to determine how counsellors felt while in the counselling session. The following categorization of emotional responses was made after a general review of all subject questionnaires.

1) Compassion/Concern

Caring   Sad
Concern   Sorry
Compassion   Sympathy
Empathy   Understanding

2) Frustrated/Thwarted

Angry   Impatient
Annoyed   Restrained
Cheated   Restricted
Controlled   Rushed
Frustrated

3) Challenged/Interested

Challenged   Enthusiastic
Curious   Interested
Eager   Involved
Engrossed   Stimulated

Percentage of rater agreement on this item was 100%.

Statistical Analysis

A one-way analysis of covariance was performed on the A-State measure using the A-Trait measure as the covariate. An analysis of variance was utilized to determine whether there were significant differences between the two groups with respect to degree of comfort experienced and level of competence.

A chi-square was used to determine whether differences between the two groups on the following variables were statistically significant: 1) period of greatest anxiety; 2)

avoidance of future counselling sessions with the client; 3) period of lowest competence; 4) dominant feelings present in the counsellors.

An alpha level of .05 was employed to determine whether differences between the experimental and control group were statistically significant. The only exception to this occurred in chi-square analyses in which expectancy values were less than 5. In such instances an alpha level of .01 was employed (10).

Second Study

The differences between the first and second study include a) nature of the sample, b) recruitment process to select subjects, c) type of accent, d) degree of accent, and e) length and pace of the training tape. These differences are outlined more fully below.

Research Questions, Design, and Procedures

The research questions and procedures remain the same as in the first study.

Design

The only design change occured in relation to the video training tapes and is outlined below.

Video training tapes. In light of research which indicated that degree of accent may be an important factor in determining the nature and extent of individuals' reactions to accented persons (Giles, 1972; Ryan, Carranza, & Moffie, 1977), two additional tapes were made in which the accented version was more pronounced both in terms of pronunciation and prosodic

features.

In addition, the accent itself was noted to be closer to German than Russian. In contrast to the first accented tape in which the accent did not interfere with the understanding of words at any portion of the tape, this was meant to occasionally occur in the second accented tape. One other notable difference between the two sets of tapes was that the actor spoke more quickly with a little less emotion, making the tapes 20 minutes instead of 26 minutes including the demonstration. The script, the actor, and the way in which the tapes were constructed remained the same as in the first study.

Selection of Subjects

A total of 29 counsellors-in-training at the University of British Columbia participated in the second study in May of 1986. The demographic data indicated that the sample of 29 students consisted of 8 men and 21 women. Ages ranged from 25 to 49, the median age being 34. Eight of the counsellors had taken the cross-cultural course offered in the counselling department.

Twenty-two out of the 29 subjects were considered to belong to the majority ethnolinguistic group. All of these 22 counsellors were at least second generation North American with the exception of 2, whose parents arrived in North America before the age of 13. Out of the remaining seven counsellors, one was Iranian with an accent, another was East Indian and nonaccented, and another had a German accent. The remaining four grew up in homes in which one or both parents had accents

which were not typical of North America.

In contrast to the subjects in the first study, at least 75% of the students in this sample had completed all of their coursework for the program. They were either in the process of taking, or had completed their practicum experience. Fifteen of the 29 counsellors reported that they were presently working as counsellors and currently seeing clients.

Recruitment of subjects was done by consulting the counselling student directory, placing a notice on the counselling bulletin board requesting subjects, and by announcement in those classes which were in session. All potential subjects were then telephoned. A standard format was used to explain the study and request participation. For those subjects who volunteered, individual appointments during a one week period were set up. Eighty-three percent of the subjects with appointments actually showed up and completed the study.

The subjects in the second study were not enrolled in a course which assessed level of counsellor skill at the time of the study. The experimental and control group, therefore, were unable to be matched in terms of counsellor skill level. They were, however, matched according to the number of men and women, those who belonged to a visible racial minority, those who were accented, and the number of subjects who had cross-cultural training.

The sample obtained in this second study was thought to be representative of counsellors who had at least three years of work experience and were presently in transition between completion of a Masters level program and working as counsellors

in the community.

Instrumentation

The instrumentation remained the same as in the first study.

Statistical analysis

The statistical analysis remained the same as in the first study.

CHAPTER IV

RESULTS

The purpose of this two-part study was to investigate whether: 1) counsellor anxiety is higher in counselling sessions with clients who have foreign accents than in sessions with nonaccented clients; 2) counsellors as a result function less competently in sessions with accented clients; 3) there are dominant feelings, other than anxiety which distinguish the way in which counsellors respond to accented versus nonaccented clients.

To address these questions, the experience of a group of counsellors who counselled a client with a foreign accent was compared to the experience of a group of counsellors who counselled a nonaccented client. The study limited itself to the reactions of those counsellors who were considered to belong to the majority racial, ethnolinguistic group. Data obtained from minority counsellors were excluded in the analysis.

This chapter is organized in the following way. Results pertaining to the first study are presented first, ordered according to the list of research questions outlined in Chapter III. The results from the second study are presented in the same manner. They are followed by ancilliary findings.

First Study

Results Pertaining to First Research Question

State Anxiety

The A-State scale of the STAI was used to measure state anxiety in counsellors during the counselling session. The A-Trait scale of the STAI was used as a measure of trait anxiety. Table 1 displays the means and standard deviations obtained for the experimental and control group on both these variables.

Table 1

A-State and A-Trait Means and Standard Deviations (Study 1)

Variable	Group Experimental (n=14)	Control (n=8)
A-Trait		
Mean	41.14	41.88
Standard deviation	5.46	6.69
A-State		
Mean	40.14	40.13
Standard deviation	7.14	8.95

Note. A-Trait and A-State scores range from a possible 20-80. Higher scores indicate higher levels of anxiety.

An analysis of covariance was performed on the A-State measure, using the A-Trait measure as the covariate. Table 2 summarizes this analysis.

The results displayed in Table 2 indicate that there was no significant difference in the level of state anxiety of counsellors who were shown the accented tape versus those who

viewed the nonaccented version. The table does, however, demonstrate that there was a significant correlation between individual state and trait scores (f=4.70, p=0.04).

Table 2

Analysis of Covariance for State Anxiety (Study 1)

Source	df	SS	MS	F
Covariate (trait)	1	242.25	242.25	4.70*
Between groups	1	1.02	1.02	0.02
Within groups	19	979.31	51.54	--
Total	21	1222.59	58.22	--

*p<.05

Level of Comfort

Table 3 displays the means and standard deviations on the comfort variable for both the experimental and control group. The F value obtained through the analysis of variance is also presented in the table. (The F-test with one degree of freedom in the numerator is equivalent to a t-test).

Table 3

Comfort Score Means and Standard Deviations (Study 1)

	Group		
Comfort Level	Experimental (n=14)	Control (n=8)	F Value
Mean	2.07	2.25	0.23
Standard deviation	.62	1.17	

Note. Comfort scores range from a possible 1-4. Higher scores indicate a higher level of discomfort.

As Table 3 indicates, there was no significant difference found between the groups on the comfort variable, $F(1,20) = 0.23$, $p=0.64$.

Period of Highest Anxiety

Table 4 summarizes subject responses to question 4, which asked at what time interval feelings of anxiety were most predominant. In Table 4, the figures under the "yes" and "no" columns indicate the number of subjects who found they were either, "yes", most anxious in the particular period, or "no", not most anxious in that period.

Table 4

Number of Subjects Indicating Period of Highest Anxiety
(Study 1)

	Group				
Period	Experimental (n=14)		Control (n=8)		Chi-
	Yes	No	Yes	No	Square
1(1'st 5 min)	10	4	3	5	2.42
2(middle)	1	13	1	7	0.18
3(last 5 min)	1	13	2	6	1.38

Note. Numbers do not total because some subjects denied anxiety in any period. One subject indicated two periods were most stressful.

As indicated in Table 4, a chi-square analysis revealed that there were no significant differences between the groups on this variable in any of the three periods.

Avoidance of Future Counselling Sessions With the Client

Table 5 is a tabulation of results from question 9 which asked if counsellors would prefer to continue to see the client

or refer the client to another counsellor. Preference to refer the client was seen as a potential means to avoid future contact with the client.

Table 5

Number of Subjects Illustrating Avoidance, No Avoidance, or Ambivalence With Respect to Future Client Contact (Study 1)

Future Contact	Group		
	Experimental (n=14)	Control (n=8)	Chi-Square
Avoidance	0	1	6.09*
Ambivalence	0	2	
No Avoidance	14	5	

*P<.05, **P<.01

A chi-square analysis revealed that differences between the groups on this variable was determined to be nonsignificant when an alpha level of .01 was used. The more conservative alpha level was used because four out of the six expectancy values were under 5.

Reasons Given for Feeling Anxious

Table 6 reports the number of counsellors who gave the reasons listed as being cause for them to feel anxious during the interview. The table indicates that concern regarding their performance in the session, as well as issues associated with particular client characteristics or the content were the major sources of anxiety for counsellors in both groups. In addition, one-fifth of all the counsellors felt some anxiety surrounding the simulated nature of the experience. Only 1 out of 14 subjects in the experimental group reported accent or culture as

creating some anxiety for them.

Table 6

Number of Subjects Who Gave Various Reasons to Explain Why They
Were Anxious (Study 1)

Reasons	Experimental (n=14)	Control (n=8)
	Group	
Performance related	5	3
Simulated experience	4	1
Client characteristics or content	5	3
Accent or culture	1	0
No anxiety or no given reason	4	4

Note. Numbers do not add up because some subjects reported
several reasons why they were anxious.

Anxiety Associated With Accent

Out of the 14 subjects in the experimental group, four
(29%) mentioned the issue of accent or culture somewhere in the
questionnaire. The following are quotations from these
subjects:

1) (Characteristics that stood out most of you. Did it
make you feel uncomfortable?) "Possible culture or
language problems. No"

2) "Client had an accent. No, I was comfortable with
that."

3) "I was not sure what ethnic background he was from and
felt that I needed more information about his culture
before I could be effective.

4) "First five minutes (most anxious). I was aware...of
the fact the client had an accent and I might
misunderstand something he said."

Generally, little anxiety with respect to accent was noted
among these subjects. Statements 1 and 2 were denials of any
connection between anxiety and accent. Statement 3, did note

problems associated with the cultural variable, however, these were in connection with counsellor effectiveness. Only statement 4 indicated there to be anxiety associated with the accent. This anxiety occured within period 1, and was in relation to fear of misunderstanding the client.

Results Pertaining to Second Research Question

Level of Competence

The self-ratings of counsellor responses were used as a measure of how competently counsellors functioned in the session. Table 7 displays the means and standard deviations on the competence variable for both the experimental and control group. The F value obtained through the analysis of variance is also presented in the table.

Table 7

Competence Score Means and Standard Deviations With Associated
F Value (Study 1)

| Competence Level | Group | | |
	Experimental (n=14)	Control (n=8)	F Value
Mean	20.21	20.88	0.15
Standard deviation	3.64	4.22	

Note. Competence scores range from a possible 0-30. Higher scores indicate a higher level of competence.

As Table 7 indicates, there was no significant difference found between the groups on the competence variable, $F(1,20)=0.15$, $p=0.70$.

Period of Lowest Competence

Self-ratings of counsellor responses at various intervals were used to determine the period or periods of the interview in which counsellors felt they had performed most poorly. Table 8 indicates the number of subjects in each group who felt, "yes", they had performed most poorly in that particular portion of the session or, "no", they had not.

Table 8

Number of Subjects Indicating Period of Lowest Competence
(Study 1)

	Group				
Period	Experimental (n=14)		Control (n=8)		Chi-
	Yes	No	Yes	No	Square
1 (1st 5 min)	7	7	3	5	0.31
2 (middle)	5	9	1	7	1.38
3 (last 5 min)	2	12	3	5	1.55

Note. Numbers do not total because some subjects felt they did not have a particular period in which they functioned less competently.

Table 8 indicates that when a chi-square analysis was done, there were no significant differences found between the groups on this variable in any of these periods.

Results Pertaining to Third Research Question

Other Dominant Emotions Present in Counsellors

Answers to question 3, which asked subjects to recall their feelings during the interview, is summarized in Table 9. In Table 9, the numbers under the "Yes" and "No" columns indicate the number of subjects who did (Yes) or did not (No) mention

feeling a particular way during the interview.

It should be mentioned that in reviewing the counsellor responses to this question, some of those who reported feeling frustrated did so in relation to the simulation or themselves and not necessarily only in regard to the client (11).

Table 9

Number of Subjects Reporting Other Feelings (Study 1)

| Feeling Category | Group | | | | |
| | Experimental (n=14) | | Control (n=8) | | Chi- |
	Yes	No	Yes	No	Square
Frustrated/Thwarted	2	12	3	5	1.55
Interested/Challenged	2	12	3	5	1.55
Compassion/Caring	8	6	3	5	.78

Note. Some subjects reported feeling more than one emotion during the session.

Table 9 reveals that when a chi-square analysis was done, no significant differences between the two groups were found on any of the feeling dimensions.

Summary of Results from First Study

First Research Question

a) No significant differences were found between the control and experimental group on the primary measure of the A-State which assessed the level of state anxiety over the whole session.

b) No significant differences between the groups were

found in relation to the level of comfort over the total session.

c)   No significant differences between the groups were found in relation to which period of the interview evoked the most anxiety.

d)   No significant differences were found between the groups in the tendency to avoid future contact with the client.

e)   Only 1 out of 14 subjects in the experimental group reported accent as a reason for being anxious.

f)   Four out of 14 subjects in the experimental group mentioned the issue of culture or accent. Two of these directly denied experiencing any discomfort associated with the accent. The one subject who did connect feeling anxious with hearing the accent, reported this to occur in the first five minutes, and associated the anxiety with fear of misunderstanding some of what the client might say.

Second Research Question

No significant differences were found between the level of competence of control group and experimental group subjects in the overall session. A comparison of the two groups in relation to the period or periods in which they felt they had functioned the least competently also revealed no significant differences.

Third Research Question

No significant differences were found between the groups with respect to other dominant feelings experienced by counsellors in the session.

Second Study

Results Pertaining to First Research Question

State Anxiety

The means and standard deviations obtained for the experimental and control group on the A-State and A-Trait is displayed in Table 10.

Table 10

A-State and A-Trait Means and Standard Deviations (Study 2)

Variable	Group	
	Experimental (n=13)	Control (n=9)
A-Trait		
Mean	36.15	36.67
Standard deviation	6.97	2.35
A-State		
Mean	40.08	42.00
Standard deviation	12.95	5.52

Note. A-Trait and A-State scores range from a possible 20-80. Higher scores indicate higher levels of anxiety.

An analysis of covariance was performed on the A-State measure, using the A-Trait measure as the covariate. Table 11 is a summary of this analysis.

Table 11

Analysis of Covariance for State Anxiety (Study 2)

Source	DF	SS	MS	F
Covariate	1	317.75	317.75	3.11
Between groups	1	12.95	12.95	0.13
Within groups	19	1943.90	102.31	--
Total	21	2274.59	108.31	--

Results from the analysis of covariance, illustrated in Table 11, indicate that there was no significant difference in the level of state anxiety of counsellors who were shown the accented tape versus those who were shown the nonaccented version. When the counsellors who had participated in a cross-cultural training course were taken out of the study, there still remained no significant difference in state anxiety between the groups. $F(1,14)=0.045$; $p=0.84$.

Level of Comfort

Table 12 displays the means and standard deviations on the comfort variable for both the experimental and control group. The F value obtained through the analysis of variance is also presented in the table.

As Table 12 indicates, there was no significant difference found between the groups on the comfort variable, $F(1,20)=0.14$, $p=0.72$. When those subjects who had participated in the cross-cultural course were eliminated from the study there still remained no significant difference between the groups with respect to level of comfort, $F(1,14)=0.24$, $p=0.64$.

Table 12

Comfort Score Means and Standard Deviations With Associated
F Value (Study 2)

Comfort Level	Group		
	Experimental (n=13)	Control (n=9)	F Value
Mean	2.08	2.22	0.14
Standard deviation	1.04	.67	

Note. Comfort scores range from a possible 1-4. Higher scores indicate a higher level of discomfort.

Period of Highest Anxiety

Table 13 summarizes subject responses to question 4 which asked at what time interval feelings of anxiety were most predominant.

Table 13

Number of Subjects Indicating Period of Highest Anxiety
(Study 2)

Period	Group				
	Experimental (n=13)		Control (n=9)		Chi-
	Yes	No	Yes	No	Square
1 (1st 5 min)	10	3	6	3	0.28
2 (middle)	0	13	0	9	0.00
3 (last 5 min)	2	11	1	8	0.08

Note. Numbers do not total because some subjects denied anxiety in any period.

In reviewing the table, it is evident that more subjects in both the experimental and control group found period 1 to evoke the most anxiety for them. No significant differences between the two groups were found on any period when a chi-square

analysis was done.

Avoidance of Future Counselling Sessions With the Client

Table 14 is a tabulation of results from question 9 which asked if counsellors would prefer to continue to see the client or refer the client to another counsellor.

Table 14

Number of Subjects Illustrating Avoidance, No Avoidance or Ambivalence With Respect to Future Client Contact (Study 2)

	Group		
Future Contact	Experimental (n=13)	Control (n=9)	Chi-Square
Avoidance	0	0	0
Ambivalence	0	0	0
No avoidance	13	9	0

Table 14 indicates that all the counsellors in both groups showed no indication of wanting to avoid future contact with the client. There clearly was no differences between the two groups on this item.

Reasons Given for Feeling Anxious

Table 15 reports the number of counsellors who gave the reasons listed as being cause for them to feel anxious during the interview.

A review of Table 15 indicates that at least one-third of the subjects who viewed the accented tape indicated that accent or culture was a reason for some of their anxiety. In fact, this was the leading reason for subjects to be anxious in this group. It is also worth noting that approximately one-third of

all subjects experienced some anxiety associated with the simulated nature of the experience.

Table 15

Number of Subjects Who Gave Various Reasons to Explain Why They Were Anxious (Study 2)

Reasons	Group	
	Experimental (n=13)	Control (n=9)
Performance related	4	3
Simulated experience	4	4
Client characteristics or content	4	2
Accent or culture	5	-
No anxiety or no given reason	1	3

Note. Numbers do not add up because some subjects reported several reasons why they were anxious.

Anxiety Associated with Accent

Out of the 13 subjects in the experimental group, 10 (77%), mentioned the issue of accent or culture somewhere in the questionnaire. The following are quotations from these subjects:

1) (Other comments?) "It was sometimes hard to understand him because of his accent."

2) "Yes, I felt anxious at first because I had trouble with his accent." (client characteristics that stood out most for you?) "His cultural values and family ties, his accent and his pride."

3) "I felt slightly frustrated in that I found it hard to understand him....First few minutes I felt anxious or more frustrated because I found it difficult to understand him....I was quite surprised about his accent and that I wasn't told."

4) (Client characteristics that stood out most for you?) "Cultural."

5) "I had trouble understanding him. It made me uncomfortable at first."

6) "Difficulty at first understanding his accent. I was uncomfortable in that I missed some of what he was saying.

7) (Did you identify with client in any way?) "Not on any real deep level. I believe that his accent acted as a barrier for most of the interview, since I felt I had to listen very very hard."

8) (Client characteristics that stood out most for you?) "His sliding eyes. He seemed uncomfortable, but that's pretty natural - made me want to ask more (or find out later) what his cultural background was."

9) (At what time interval was anxiety most predominant for you?) "Immediately - I thought he was speaking a foreign language and it was a trick tape in inter-cultural counselling...ignorance of cultural implications to presenting problem."

10) (Client characteristics that stood out most for you?) "Possibly cross-cultural issues which didn't seem appropriate to broach through the interview I watched."

Out of the five persons who stated that the client's accent was a cause for some anxiety, all attributed this anxiety as being most predominant "immediately" (#9) or "at first" (#2, #3, #5, #6). In addition, four of these five statements linked anxiety associated with hearing the accent to the fact that it was difficult to understand the client. Statements 1 and 7 also acknowledged the accent as being problematic in terms of understanding, however, did not link this to any anxiety. It should be noted, however, that the subject who made statement 7 had the highest anxiety score of anyone on the A-State.

Results Pertaining to Second Research Question

Level of Competence

The self-ratings of counsellor responses were used as a

measure of how competently counsellors functioned in the session. Table 16 displays the means and standard deviations on the competence variable for both the experimental and control group. The F value obtained through the analysis of variance is also presented in the table.

Table 16

Competence Score Means and Standard Deviations With Associated F Value (Stduy 2)

Competence Level	Group		
	Experimental (n=14)	Control (n=8)	F Value
Mean	18.31	16.67	0.73
Standard deviation	4.64	4.09	

Note. Competence scores range from a possible 0-30. Higher scores indicate a higher level of competence.

As Table 16 indicates, there was no significant difference found between the two groups on the competence variable, $F(1,20)=0.73$, $p=0.40$. When those subjects who had taken the cross-cultural course were eliminated from the study, there still remained no significant difference between the groups on the competence variable, $F(1, 14)=0.93$, $p=0.35$.

Period of Lowest Competence

Self-ratings of counsellor responses at the various intervals were used to determine the period or periods of the interview in which counsellors felt they had performed most poorly. Table 17 indicates the number of subjects in each group who felt, "Yes", they had performed most poorly in that particular portion of the session or, "No", they had not.

Table 17

Number of Subjects Indicating Period of Lowest Competence
(Study 2)

	Group				
Period	Experimental (n=13)		Control (n=9)		Chi-
	Yes	No	Yes	No	Square
1 (1st 5 min)	9	4	7	2	0.19
2 (middle)	3	10	1	8	0.52
3 (last 5 min)	4	9	2	7	0.19

Note. Numbers do not total because some subjects indicated they functioned least competently in two periods.

A review of Table 17 indicates that when a chi-square analysis was done, there were no significant differences found between the groups on this variable in any of the three periods.

Results Pertaining to Third Research Question

Other Dominant Emotions Present in Counsellors

Answers to question 3, which asked subjects to recall their feelings during the interview, are summarized in Table 18.

Table 18

Number of Subjects Reporting Other Feelings

	Group				
Feeling Category	Experimental (n=13)		Control (n=9)		Chi-
	Yes	No	Yes	No	Square
Frustrated/thwarted	4	9	6	3	2.76
Interested/challenged	1	12	1	8	0.07
Compassion/caring	4	9	2	7	0.28

Note. Some subjects reported feeling more than one emotion during the interview.

Table 18 reveals that when a chi-square analysis was done, no significant differences between the two groups were found on any of the feeling dimensions.

Summary of Results from Second Study

First Research Question

a) No significant differences were found between the control and experimental group on the primary measure of the A-State which assessed the level of state anxiety over the whole session.

b) No significant differences between the groups were found in relation to the level of comfort over the total session.

c) No significant differences between the groups were found in relation to which period of the interview evoked the most anxiety.

d) No significant differences were found between the groups in the tendency to avoid future contact with the client.

e) Five out of the 13 subjects in the experimental group reported accent as a reason for being anxious. More subjects cited the accent as a cause for their anxiety than any other reason.

f) Ten out of the 13 subjects in the experimental group mentioned the issue of culture or accent. The five

subjects who did connect feeling anxious with hearing the accent, all reported this to occur at the beginning of the session. A difficulty in understanding the accented client was reported as the major reason for the arousal of anxiety.

Second Research Question

No significant differences were found between the level of competence of control group and experimental group subjects in the overall session. A comparison of the two groups in relation to the period or periods in which they felt they had functioned the least competently also revealed no significant differences.

Third Research Question

No significant differences were found between the groups with respect to other dominant feelings experienced by counsellors in the session.

Ancilliary Findings

Anxiety-Performance Relationship

Self-ratings of counsellor responses over the total interview were correlated with individual A-State scores. Subject's scores from both studies were used in the analysis with the exception of two outliers (n=57). A Pearson product-moment correlation coefficient indicated there to be a significant negative correlation between state anxiety scores and perceived counsellor competence in the interview ($r=-0.57$, $p<.001$). A scatterplot of the scores can be found in Appendix H. A review of this scatterplot graph indicates that the

anxiety-counsellor competence relationship bears a closer resemblance to being a linear as opposed to curvilinear relationship.

The questionnaire results were also examined with the intent of determining whether there was a relationship between the period in which counsellors felt most anxious and period of poorest level of functioning. It was found that 69% of counsellors who stated they experienced highest anxiety at a particular period also felt they gave their poorest responses at that time. A chi-square analysis indicated the relationship between highest period anxiety and lowest period performance in this percentage of subjects to be significant, $x=25.5, p<.001$.

Subject statements on the questionnaire were also reviewed in order to gain information as to the causal nature of the anxiety-performance relationship. While the majority of subjects who spoke of anxiety with respect to performance reported that they were anxious because they feared performing poorly, a few reported that they experienced anxiety as a result of actually performing poorly. Examples of such statements are: "Yes (was anxious), I did not challenge." "A bit anxious because I was off..."

Analysis of Trends Found in Both Studies

While no significant differences were found within each study on certain variables, several trends were noted over both studies. These were: 1) a greater proportion of control group subjects reported feeling more frustration; 2) a greater proportion of experimental group subjects reported feeling more

compassion; 3) a greater proportion of experimental group subjects found period 1 to be the most stressful.

To determine whether these trends were significant, the data obtained from both studies was pooled on these variables. A chi-square analysis revealed that when results from both studies were considered, there were significant differences discovered with respect to the number of control group and experimental group subjects who experienced frustration, x=4.37, p<.05 (expectancy values were all above 5). No significant differences were found between the groups on the compassion variable or period 1 anxiety.

Differences Found Between the Two Studies

Differences were noted between the subject pool used in the first study (n=30) and those who participated in the second study (n=29). Subjects in the first study had significantly higher trait anxiety. F(1,57)=7.14, p=0.01. Differences between the subject population was also evident with respect to the number of subjects who reported experiencing frustration during the interview regardless of whether the client was accented or nonaccented. A chi-square analysis revealed that a significantly greater number of subjects in the second study were frustrated in comparison to the first study, x=6.68, p<.01 (no expectancy values were below 5).

Differences between the results of the first and second study were also found in relation to the number of subjects who mentioned the issue of accent or culture. A significantly greater number of subjects in the second study mentioned accent

or culture in their questionnaires, x=6.32, p<.02 (no expectancy values were below 5).

Minority and Cross-Culturally Trained Counsellors

Scores and questionnaire results of minority counsellors who were not included in the study were reviewed independently, as well as results pertaining to those counsellors who had cross-cultural training. Because of the small sample size, a statistical comparison was not considered appropriate, and only trends could be noted. Of interest, was if there appeared to be any differences in how minority counsellors and counsellors with cross-cultural training responded to the accented client as compared to counsellors of the majority ethnolinguistic group who had no cross-cultural training.

There were six counsellors termed minority, who viewed the accented tape over both studies. The mean state anxiety score on the A-State for these subjects was 38.17. This was slightly lower than the mean A-State scores of majority subjects who viewed the accented version of the tape (40.14 in study 1, 40.08 in study 2). Similarly, the four counsellors who had received cross-cultural training (all were majority counsellors) and who viewed the accented tape had an even lower mean score on the A-State (36.75). It should be mentioned that there were no extreme scores within either the minority or cross-culturally trained subjects which would call into question the use of a mean score statistic.

The only other observation which distinguished the minority subjects from others who viewed the accented version of the tape

was in relation to the desire for future client contact or potential avoidance of the client. Only three out of the six minority subjects (50%) stated they wished to continue working with the accented client. Of the other three, one stated they preferred to refer the client, while the other two had conditions attached to whether they would continue or not. This compared to 100% of majority counsellors over both studies (n=27) who stated they would unconditionally continue with the accented client.

CHAPTER V

DISCUSSION

This two-part study was set up primarily to discover whether counsellors belonging to the majority racial, ethnolinguistic group would feel more anxious with a client who had a foreign accent than with a client who spoke in a way which was typical of the region in which the study took place.

A review of the literature indicated that counsellors would tend to experience more anxiety with an accented client. This was based on theories which linked an increase in anxiety with the encountering of persons who are considered "different" in some way. The problem of understanding accented speakers was considered to be an additional reason to suspect that counsellors might be more anxious with these clients.

The body of research which explored the effects of counsellor anxiety on the counselling process indicated that if counsellor anxiety were higher with accented clients, chances are they might not receive the quality of help that they deserve or that other clients receive. These issues are central concerns within the area of cross-cultural counselling and have important implications with respect to trying to better serve minority clients.

In discussing the overall results it was necessary to take into account findings from both the studies. While on the whole, similarities in results between the studies far outweighed differences, it is important to be aware of the

design and procedural differences in the studies which most likely were responsible for slight discrepancies in the findings.

The most obvious design difference was that the accent was both different and stronger in the second study. The second major difference pertained to differences in the subject populations. Subjects in the second study were found to be more experienced, with half of them seeing clients on their own at the time of the study (12). In addition, trait anxiety was observed to be significantly lower (p=0.01) in the group of subjects who participated in the second study (13). The subject populations were also different with respect to the amount of frustration expressed, regardless of whether or not the client was accented (p< .01). Twice as many counsellors in the second study, for example, expressed feelings of frustration (14).

It is particularly noteworthy, that in spite of the obvious differences between the two studies, the results were essentially the same. This similarity in results suggests that the findings could be considered to be more generalizable across differences in student counsellor populations or differences in type of accent. The following is a summary of these findings.

Summary of Central Findings

The results from the two studies did not confirm what the review of the literature had suggested. Counsellor anxiety was not found to be higher with the accented client when the interview was viewed as a total entity. This was apparent from the nonsignificant results on the A-State measure, as well as

more specifically, in relation to level of comfort. In addition, there was no evidence from either study that counsellors had a greater tendency to avoid future contact with the accented client. This would support findings on the A-State, which indicated that counsellors who counselled the accented client did not experience more anxiety or discomfort than those who counselled the nonaccented client.

There remains some question as to whether there may have been period differences which may not have been picked up by the A-State which assessed anxiety over the total interview. There was indication from the questionnaire items that counsellors who were presented with the accented client may have experienced more anxiety <u>initially</u> in the interview, but not necessarily throughout. This was illustrated in the questionnaire responses of the six subjects who, without being directly asked, linked their anxiety to the presence of an accent in the client. All six also claimed that the anxiety associated with hearing the accent occurred "at first" or "initially". This might account for the fact that a greater proportion of subjects in the experimental group over both studies reported period 1 to be the time when they experienced the most anxiety. While this difference was not determined to have been statistically significant, this was most likely due to both the small sample size and the way in which "initial anxiety" was measured in this study (15).

With respect to the reason, or reasons, why at least some counsellors experienced more anxiety with the accented client initially, anxiety associated with not understanding the speech

of the accented client was the only reason given by subjects. Anxiety associated with encountering "cultural difference" was not mentioned by any of the subjects who viewed the accented tape.

Discussion of Results

Discussion of Results in Relation to Cross-Cultural Counselling

Several possibilities exist with respect to explaining these findings. One explanation is, that if counsellors were initially anxious with respect to not understanding the accent, they got used to the accent as the interview progressed, and were then able to understand the client more clearly. This interpretation would suggest that if the language differences were greater and involved more than just stylistic differences, anxiety might be even higher and perhaps more prolonged.

Such an interpretation however, might only apply to counselling student populations. Bordin (1968, p. 222), pointed out, for example, that inexperienced counsellors tend to pay a disproportionate amount of emphasis to content and often neglect other cues from which they can also gain information. This suggests that when counselling students are in situations in which content is lost, their tendency to become anxious might be higher than with other groups of counsellors.

Several explanations exist as to why, over the total session, counsellor anxiety was not found to be higher with the accented client. One clue to this may lie in the surprising fact that none of the subjects over both studies mentioned having any anxiety associated with counselling a client

culturally "different" from themselves. One possibililty is
that counsellors in the study found areas of similarity and ways
in which they were able to identify with the culturally
different client. Results from the questionnaire support such
an explanation. In reviewing question 5, "Did you identify with
the client in any way?" Alexander (1987) noted that only a very
small proportion of the subjects in both studies indicated they
were not able to identify with either the accented or
nonaccented client. Related to this was the intensity and
degree to which this identification, especially in relation to
the unemployment issue, occurred. Examples to illustrate this
were: 1) "I identified with the situation he was in and vividly
experienced his desperation." 2) "I know what it's like to have
$30.00 in the bank and monthly payments to keep. I could
empathize with his despair and humiliation." 3) "I have been
laid off from my teaching job four times in the last three
years, so I can identify with his frustration and anger."

It is quite possible that in finding common ground with the
client, counsellors were able to transcend the issue of culture,
and thus alleviate some of their anxieties. While this appears,
on the surface, to be an optimistic finding, there may be
dangers associated with identifying with, and viewing the
culturally different client as similar. In doing so,
counsellors may either ignore or minimize the effects of culture
in the assessment and treatment of their clients.

With respect to this issue, Ibrahim and Arredonedo (1986)
outlined ethical standards for cross-cultural counselling which
stressed that cultural differences must not only be recognized

but responded to. In terms of assessment, they emphasized that "counsellors need to appraise the client as a cultural entity before any other assessment strategy is undertaken" (Ibrahim & Arredonedo, 1986, p. 350). Margolis (1987) concluded after researching the level of cultural awareness in student counsellors, that lack of attention to cultural variables in certain instances could lead to misdiagnosis and rather serious misinterpretations of behavior.

It is important to recognize that the client statements used in the study contained no reference to cultural issues. This may have further allowed counsellors to see the client as more similar than different. If the accented client had talked about either his cultural background or discrimination issues, as in the Christensen study (1981), one wonders whether the counsellors might not have had a harder time identifying with the client and subsequently been more anxious.

Another possibility is that counsellors may not have felt more anxious with respect to the issue of "cultural difference" because the client, in fact, may not have been that different for them. Canada is a multicultural society, in which counsellors not only may have come into contact with numerous immigrant clients, but also may have friends who are culturally different from themselves. Affirmative action within the counselling profession has pushed for the admission of more minority counsellors in counsellor training programs (Atkinson & Wampold, 1981). The fact that majority counsellors may be constantly interacting with fellow students who are racially or ethnically different may further desensitize them to the issue

of cultural difference in their clients.

It is generally agreed upon by researchers that counselling is a stressful activity on its own (Bowman, Roberts, & Giesen, 1978). Anxiety with respect to cultural difference, then, may only have been one of the numerous reasons counsellors had to feel anxious within the interview. In reviewing the questionnaires, it was often surprising to note the variation with respect to what created anxiety for subjects. Some counsellors picked out very particular statements made by the client which brought up personal issues and subsequent conflict for them. One student, for example said it reminded her of her own past poverty and this made her very uncomfortable during the interview. Taking into account the numerous reasons for counsellors to be anxious within an interview, it is possible that anxiety in relation to cultural difference may not have assumed substantial added importance for most counsellors.

Helms (1984), and Carney and Kahn (1984) have recently developed theoretical models which outlined various stages counsellors go through in their development of a working relationship with opposite race clients or clients from different cultures. Common to both these theories is the suggestion that certain reactions such as anxiety only surface at particular stages in a counsellor's development. In terms of this study, such individual variations, depending on what stage each counsellor was at, may have been present such that no overall increase in anxiety was noted in the group which encountered the accented client.

When both studies were taken into account, it was found

that a significantly lower proportion of counsellors who were presented with the accented client reported feelings on the frustrated-thwarted dimension (p<.05). This was a finding which was not only unexpected, but opposite to what one might have assumed would occur. Logic indicates that frustration would tend to be, and is, usually higher in situations in which listeners are not able to understand everything that is being said and communicated (Sebastian, Ryan, Keogh, & Schmidt, 1980) (16).

The differences in frustration that were found between the counsellors who saw the accented as opposed to nonaccented client are supported by findings from the Alexander (1987) study. She discovered an overall tendency for the majority counsellors in this study to view the accented client in a more positive light on a number of dimensions. Taken together, these findings contradict the assumption in the cross-cultural literature that counsellors would tend to react more negatively toward racial or ethnically different clients and thus give them inferior treatment (Wampold, Casas, & Atkinson, 1981; Sattler, 1977). One exception to this was Merluzzi and Merluzzi's (1978) study which discovered that cases involving the label of black client versus white client received more positive ratings by counsellors. They concluded that counsellors had overcompensated to avoid negative bias. This interpretation suggests that counsellors in this study may have yielded to social or internal pressures to respond in a way which would clearly be viewed as nonprejudiced.

It is difficult to assess whether this was the reason

counsellors in this study reported more positive emotion in the accented situation. Counsellors may have, instead, been demonstrating sensitivity to the fact that the minority client finds himself in a more disadvantaged position in society. They may have felt less frustration in relation to the minority client because they held him less responsible with respect to finding himself unemployed and considered him less able to remedy the situation in the context of a society which typically discriminates against such individuals.

Such a response on the part of the counsellor toward the minority client, however, has associated dangers. Vontress (1976), for example, describes such a reaction in counsellors to be part of "The Great White Father Syndrome". Associated with this syndrome is the tendency on the part of the counsellor to be overly sympathetic and measure achievement using a different yardstick. It was mentioned in the literature review that differential treatment in this form can lead to the excusing of individual pathology and relaxed standards of behavior which can be detrimental in the helping of the minority client.

Observations in relation to the minority counsellors and those who had taken the cross-cultural course deserves some mention. Caution must be taken, however, with respect to the interpretation of this data due to the extremely small sample size of minority counsellors and those with training who saw the accented client in this study. In comparison to majority counsellors, the scores on the A-State of both these groups of counsellors when counselling the accented client were lower. This tends to support the literature which suggests that

minority counsellors and those counsellors who have had cross-cultural training might be better equiped to help the minority client (Atkinson, 1983; Atkinson & Wampold, 1981; McDavis & Parker, 1977; Pedersen, 1977; Terrell & Terrell, 1984). Of interest, however, is the fact that three out of six within the minority counsellor group expressed either ambivalence or did not wish to continue counselling the minorty client. Counsellor education programs, as well as counselling services, often specifically hire or recruit minority counsellors in order to better serve the minority client (Atkinson, 1983; Atkinson & Wampold, 1981). Perhaps adequate attention has not been paid to the feelings of minority counsellors in relation to this issue.

Only one major difference existed in the results of the two studies. A significantly larger proportion of the subjects in the second study who viewed the accented tape mentioned the issue of culture or accent somewhere in their questionnaire ($p<0.02$). The most plausible explanation for such a difference is that the accent in the second study was notably stronger. This supports the conclusions of Giles (1972), and Ryan, Carranza, and Moffie (1977) stating that the degree of accent is an important variable in accent research.

Of concern in relation to counsellors, is the tendency for the cultural variable to assume more importance if the outward signs of difference are more pronounced. Taking into consideration the fact that often cultural differences may be hidden and not overtly detectable at first glance, neglecting the issue of culture in such circumstances raises some concern.

On the other hand, too much emphasis on culture with a client who might look or sound different but does not necessarily feel different may also be detrimental to both the formation of a good relationship and the helping of such an individual.

Discussion of Results in Relation to Anxiety and Counsellor Competence

The results indicate that counsellors who saw the accented client did not view themselves as functioning less adequately in the session as compared to those who saw the nonaccented client. This coincides with the finding that state anxiety was not higher in the group of counsellors who counselled the accented client.

A correlation between anxiety and performance ratings done on all the subjects revealed that a moderate negative correlation existed between the two variables ($p<0.001$). There was also a significant correlation between the period of highest anxiety and period of poorest counsellor responses ($p<0.001$). These results support previous research and theory which indicated that counsellor anxiety negatively affects the level of functioning of the counsellor in a counselling session.

It was mentioned in the review of the literature that in contrast to the Yerks-Dodson Law which postulated a curvilinear relationship between anxiety and performance, researchers in the area of counselling have often assumed there to be a linear relationship between anxiety and counsellor effectiveness. This would mean that low levels of state anxiety in counsellors during a session would be more beneficial than moderate levels. The results from this study supported such an assumption.

The most probable reason for the anxiety and counsellor competence relationship not to have followed the typical pattern outlined by the Yerks-Dodson Law was that levels of anxiety within the session tended to be on the whole, high. The mean A-State score of around 40 falls close to the 70th percentile rank for normal adults (Speilberger, 1983, p. 6). This indicates that the activity was a stressful one for most counsellors, and that the proportion of counsellors with low state anxiety was very small. With this in mind, it is not surprising that an examination of moderate and high state anxiety scores with respect to counsellor functioning revealed a linear-type relationship.

Several participants in the study revealed that they were anxious in part <u>because</u> they made mistakes during the session or had performed poorly. This lends support to more recent thought regarding the causal nature of the anxiety-performance relationship, and views it more as a circular relationship, with both elements constantly interacting with the other.

<u>Discussion of Results in Relation to Sociolinguistic
Accent Research</u>

Some sociolinguistic research done on a noncounsellor population indicated that more discomfort was present in individuals when they encountered a person who had an accent. While at first glance, the results from this study appear to contradict these previous reports, methodological differences with respect to design might explain such a descrepancy.

Almost all sociolinguistic research on reactions to accents

that has been done to date has utilized audio-taped recordings of accented and nonaccented speakers reading standard passages, not more than a few minutes in length. The results from this study indicate that had the counsellors only been shown a tape which was of a similar length as those shown in the accent studies, differences may have possibly been found on the A-State measure, yielding similar results to what has previously been observed in such studies.

Both the accented and nonaccented version in this study contained a great deal of personal information with respect to the speaker. This contrasts dramatically with most of the accent studies in which the speakers read a passage which contains no personal information at all. In addition to the content being of a personal nature, the fact that visual cues were also included in the present study, placed less focus on the speech of the speaker. As well as taking some of the focus away from the speech variable, the added personal information may have allowed listeners to more easily connect with, and find areas of similarity with the accented speaker making them seem less foreign or different. Subsequently, anxiety may have been reduced.

The results of this study, therefore, question the generalizability of many previous sociolinguistic studies which have researched subjects reactions to persons with accents. Giles, Baker, and Fielding (1975) have already pointed out that hearing only the voice of the individual placed too great an emphasis on the "accent" variable, and tended to be unrealistic. The attempt to make the content neutral in the accent studies by

having subjects read passages and thereby not give any personal information regarding the speaker would also be unrealistic in many types of interactions. This is especially true of situations in which any type of "relationship building" is taking place. The results of this study then, suggest that previous accent research using such methodology may limit their findings to situations in which the interaction is very brief, impersonal, and with little face to face contact (17).

Limitations of the Study

There are some limitations associated with the research design and instrumentation which might account for the lack of significant difference in level of state anxiety between the two groups.

Once the minority counsellors were excluded from the study, sample size in both studies was small. This meant that in order for differences to be signficant at the .05 level, the mean scores of the experimental and control groups on the A-State would have had to differ by approximately eight points.

In addition to the small sample size, there were also limitations which resulted from the simulated nature of the experience. While a live interview would have had its own associated concerns, it is important to mention the ways in which the taped session may have affected the results.

Counsellors were unable to ask the accented client to repeat his statements or speak more slowly so that they could have understood him. This issue gains importance in the face of the results which associated some counsellor anxiety with not

understanding the client. Additionally, there is some suggestion that the anxieties associated with not understanding the client in a real situation would stem from different issues. Vontress (1976) for example, indicated that often counsellors experience conflict over whether to ask an accented client to repeat statements and reveal the fact that they were unable to understand the clients speech. He suggested that such a situation might get more confusing and embarrassing for the counsellor the longer the client is left to talk without clarification.

The simulated nature of the experience also proved to be problematic in that many subjects reported experiencing anxiety in relation to it not being a real situation. For example, one respondent mentioned that she was anxious because she was unable to do the usual small talk she did with clients initially to break the ice. An additional source of anxiety for counsellors was associated with "performance" and fear of being evaluated by the researchers. This occurred despite considerable effort to downplay this aspect by stressing the confidential nature of the experiment and through the numbering system which was used. Unfortunately, the A-State would have been unable to separate out anxiety associated with these factors. Anxiety from these additional sources would have a tendency to raise state anxiety scores as a whole such that means of detecting finer distinctions between the groups with respect to anxiety may have been necessary.

In the review of the literature five reasons as to why counsellors might be more anxious with respect to the client who

was culturally different were outlined. These were: 1) anxiety surrounding the "unknown" or associated with uncertainty; 2) threat to beliefs or values upon which we define ourselves; 3) fear of encroaching on "taboo areas" of conversation by directly or indirectly acknowledging that the client is different in some way; 4) anxiety with respect to harbouring prejudices toward such clients which conflict with the notion of what a good counsellor is; 5) fear of being viewed as prejudiced by the client even if the counsellor is not.

It is clear in reviewing these reasons, that some anxiety associated with cultural difference may not have emerged because of the simulated nature of the experience. For example, the fear of encroaching on 'taboo areas' of conversation which are sensitive for the client and anxiety with respect to being viewed as prejudiced by the client are both fears associated with the client's reaction to the counsellor's statements or behavior. It is reasonable to assume that anxiety with respect to these issues would only occur in a live situation in which there was an actual interaction between counsellor and client. Kazdin (1978) pointed out that such differences often make it difficult to generalize results beyond the experimental situation and should be done with caution.

Limitations to the study also exist in relation to the instrumentation. Researchers (Johnsen, Tracy, & Hohn, 1983; Krause, 1961) have noted that the major problem in utilizing self-report measures is that they are dependent upon honest reporting by the subjects. More specifically, Redfering and Jones (1978) suggested that a major limitation of the STAI was

that a correction factor or measure of defensiveness was not included in order to compensate for the inventory's vulnerability to distortion by subjects who become defensive.

In addition, subjects need to be aware of their feelings in order to report them. Anxiety which was either unconscious or defended against successfully through mechanisms such as projection or denial were unable to be measured.

In reviewing the individual items on the A-State, it is evident that the scale would have been sensitive to feelings of frustration. For example, if a person were feeling frustrated it might have affected their scores on the following items: 1) I felt calm; 3) I was tense; 5) I felt at ease; 6) I was upset; 10) I felt comfortable; 14) I felt "high strung"; 15) I was relaxed; 16) I felt content; 19) I felt joyful; 20) I felt pleasant. This issue becomes important in light of the fact that twice as many control group subjects reported feelings of frustration. This may have caused their scores to have been artificially raised and masked a difference which did occur in anxiety between the groups.

Few limitations exist in relation to the matched guise format. Brown, Strong, and Rencher (1975), however, did point out that with bilingual speakers, there is a possibility that individuals actually feel differently about themselves when taking on the cultural role associated with each "guise", and that somehow this is subtly transmitted to the listeners. It is possible that a similar process may have occurred in this study. Unconsciously some of the actor's own images or stereotype of what an immigrant is like, may have seeped through at some

level, causing subtle differences in the acting of the two client roles.

Limitations in relation to the questionnaire include the fact that preceived competence may not necessarily be an accurate appraisal of the counsellor's actual competence within the session (18). In addition, avoidance of future sessions with the client does not only reflect increased anxiety but other factors as well. Other factors which may be responsible for a greater tendency to refer clients are negative attitudes or perceived inability to adequately help certain individuals.

A last limitation of the study was that counsellor contact with persons, other than parents, who have accents was not controlled for or assessed.

Directions for Future Research

The results of this study suggest several interesting directions future research might take. A more thorough investigation as to whether differences exist in levels of counsellor anxiety in the initial period of the interview with accented versus nonaccented clients would be worthwhile. Related to this would be how counsellors may be able to overcome anxiety which initially is experienced with accented clients. This might involve attention to whether finding areas of similarity or means of identifying with a client who is different can be used as a way to transcend some of the perceived differences which serve to create a barrier between counsellor and client.

The problems associated with the simulated nature of this

study suggest that a replication of the study using a set-up more closely resembling a real situation would be worth investigating. This would have to be done using a large number of real accented and nonaccented clients in order to control for personality variables of the client. In the alternative, an actor/client could be hired to play both the accented and nonaccented client in a live role session using a fairly standardized role.

In light of some association between anxiety and not being able to understand the client, research attention to the issue of counsellor anxiety in situations in which understanding the client is even more problematic could be warranted. Realistic examples are situations in which an immigrant client's knowledge of the English language is limited, causing more serious communication problems than those of accent alone.

As noted in the literature review, theory with respect to why counsellors might react to differences with anxiety has not been addressed systematically even though it is assumed. The question "What is it about dissimilarity or differences in clients which creates anxiety for counsellors?" would be interesting to research, and have application to clients who were members of any special population, and not only a particular racial or ethnic group.

The fact that counsellors who encountered the accented client in this study reported a notably more positive emotional response (less frustration) lends itself to some very exciting avenues of research. The most important would be to investigate what effect this might have on the way counsellors interact and

treat their culturally different clients. Do counsellors expect less of these minority clients and do they excuse individual pathology in these clients as several cross-cultural specialists have suggested? Do majority counsellors feel as free to admit to themselves and others that they do not like a client who happens to belong to a particular race or ethnic group? Are they able to confront clients who belong to a minority group as easily, or are they afraid this will be misinterpreted as prejudice?

This study as well, raised questions concerning minority counsellor's desire to work with other minority group members. It is possible that minority counsellors have issues concerning their own cultural heritage or departure from it which might make it unappealing for them to counsel a member of their original ethnic group or any minority client. Further research in this area might reveal interesting findings.

Implications for Counselling

Cross-cultural training courses have traditionally focused on the differences that exist between counsellors and the minority client. Counsellors are taught to pay attention to cultural cues, and to become increasingly aware of the differing values and beliefs which clients from different cultures bring with them into the counselling session. In the training of counsellors to work with special populations, more attention needs to be paid to the fact that counsellors and clients are similar in that we are all human and share at least some of the same feelings, reactions, and even stresses. Counsellors need

to be made aware that there are always ways in which we are able to identify and feel empathy with almost any client regardless of the differences, and that this may be an important way for anxiety surrounding counselling the culturally different client, or any different client, to be alleviated.

At the same time, however, cross-cultural eductors need to continue to remind counsellors that cultural and language differences should not be ignored. In finding areas of connection with different clients it is critical that counsellors do not become color blind or accent deaf. It is important that counsellors attend to the cues which signal difference, however, not necessarily jump to conclusions regarding how different the client is on the basis of such cues. Similarily, counsellors need to pay attention to potential cultural issues in their clients even when no visible cues are present.

The issue of not understanding the speech of an accented client appears to be important in terms of arousing anxiety for some counsellors. In cross-cultural situations counsellors will often be faced with much greater language barriers than those which accent pose. Many newly arrived immigrants will barely be able to speak the English language, and will have rather serious grammatical as well as vocabulary deficits. It appears that counsellors may require some instruction as to how to handle such situations in order that their anxiety might be lessened. Counsellors need to find alternate ways in which they can gain information from their clients, whether it be through the involvement of family members or paying more attention to

non-verbal cues. Perhaps some expertise in developing alternate ways of communicating which rely less heavily on verbal interaction could be obtained from other disciplines. Speech therapists who work with persons with expressive aphasia, for example, are skilled in facilitating communication with persons who have speech deficits. Some of these skills could be transferred to the cross-cultural context.

Writers and educators in the area of cross-cultural conselling have focused on the issues of negative reactions and absorbed prejudices in counsellors, and others, which might cause minority clients to receive poorer treatment. The fact that the counsellors in this study were noted to have more positive feelings in the situation with the accented client raises some concerns which need to be addressed in counsellor education.

The first concern is the fact that counsellors may not feel able to be honest with themselves and others as to their reactions with clients who are different. Counsellor education programs may be inadvertently promoting such reactions through their strong advocation of minority rights and issues. In presenting an image of the good counsellor as one who is especially sensitive to minority group needs, counsellors may have an increasingly difficult time expressing any negative emotions which they may feel toward a minority client. It appears that additional care may need to be taken to allow for such open discussion to occur.

Margolis and Rungta (1986) indicated that the singling out of minority groups for special attention in counselling might

have some detrimental effects. Several minority population specialists (Pedersen, 1983; Wilgosh, 1983), for example, have pointed out that such added attention might paradoxically promote new forms of racism or discrimination. The differing emotional response toward the minority client in this study could be used as support for such assertions. With this in mind, alternatives to special courses in counselling which single out minority populations deserve some consideration. In addition, counsellor educators must become aware that counsellors may have already responded or even over responded to the cry that minority clients are given poorer service and treatment by counsellors. The effects of differential treatment which may favor and excuse the minority client on the basis of culture or disability demands serious attention and discussion in counselling programs.

It is important that the issue of anxiety with differences, and with persons with accents in particular, be discussed during counsellor training. Open discussion, along with increasing awareness as to causes of counsellor anxiety will only help counsellors to focus on ways in which they can overcome these barriers. Additionally, the influx of minority counsellors within programs will continue to help desensitize counsellors to persons who are "different" and in this way may alleviate some anxieties when counselling such persons.

It appears, however, that anxiety reduction on its own may not be enough to be of significant help to the counsellor in the inter-cultural interview. Several researchers (Dendato & Diener, 1986; McConnell 1976) have discovered that anxiety

reduction teachings <u>combined</u> with either increased knowledge or skill is the most effective way in which to reduce anxiety. This may be a reflection of the findings which suggest that poorer "performance" is also responsible for the creation of some anxiety. Because of this, increasing the skills counsellors have available to them to deal with the minority client, or client who is accented, appears to be essential in order that they perceive themselves to be more competent. Counsellor education programs must continue their efforts to simultaneously increase level of skill, knowledge, and awareness in counsellors working with various minority populations.

NOTES

1. A pilot study was run the day before the commencement of the
actual study. Six undergraduate students who were enrolled in a
counselling skills course volunteered to be subjects.
Individual appointments to participate in the study were made.
The study ran smoothly, and the response from students was
enthusiastic.

As a result of the pilot study, the original questionnaire
(Appendix A) was modified (Appendix B). Question 2 was changed
from a five point scale to a ten point scale because it was
found that there was little variance in responses with the
narrower scale. Question 8 was expanded to give five choices
instead of three choices for the same reason. Question 5, "What
is it about this client that stood out the most for you?" was
changed to, "Other than the client's presenting problem what
other client characteristics stood out for you the most? Did
they make you feel uncomfortable?" This change was made because
it was found that the students had focused almost entirely on
content, rather than answering in terms of appearance, manner,
or perhaps the accent/cultural variable.

2. Level of comfort was measured because of studies which
indicated that"discomfort" or "uncomfortable" were the words
most often used to describe anxiety related feelings associated
with hearing or interacting with accented speakers (Chapter II).

3. According to Edwards (1982), the matched guise technique is

both the best known and most widely utilized method in assessing subjective reactions to language varieties. The matched guise technique was developed by Lambert, Hodgson, Gardner, and Fillenbaum (1960). These researchers made audiotapes of bilingual speakers reading the same message in two languages and showed them to subjects who were unaware that both versions were actually the same person. The purpose of utilizing such a format was to control for some of the effects of voice quality and content (Lambert et al., 1960). Since this time, the matched guise technique has been employed in accent research by having the same individual give an accented and nonaccented audiotaped version of a script (Fielding & Evered, 1980; Giles, 1972; Giles, 1973; Tucker & Lambert, 1969).

Giles, Baker , and Fielding (1975) have noted that a major problem with such a technique is that the stimulus material is an audiotape recording. They stated that this provided subjects with only vocal cues and placed an unnatural emphasis on the vocal variations in speech than would normally occur. With this in mind, the matched guise procedure was modified so that a videotape instead of an audiotape was used.

4. The initial interview was chosen because of its noted critical importance, not only in counselling in general (Lowinger & Dobie, 1966; Perez, 1968), but more particularly in the cross-cultural counselling experience (Griffith & Jones, 1979; S. Sue, 1977).

5. The audiotapes were not actually utilized in this study.

The subject responses were audiotaped in order that there be some pressure on the subjects to behave and respond as they would in a real session.

6.   Seliger, Krashen, and Ladefoged (1975) demonstrated that there is a critical age for individuals to learn a new language such that they will not retain an accent. Their research indicates that after the age of 18, the likelihood of accent retention would be extremely high in individuals learning a second language.

7.   Researchers (Johnsen, Tracy, & Hohn, 1983; Krause, 1961) considered the lack of honesty of subjects on self report measures to be the major problem associated with the use of such instruments.

8.   Introspective reports are considered to be the most common, as well as most widely accepted basis upon which to measure state anxiety (Krause, 1961; Levitt, 1980, p. 50; Spielberger, 1966). Although it is often recommended that physiological measures be utilized in conjunction with a subjective report (Bowman & Roberts, 1978), a physiological measure of anxiety was not done for several reasons. Levitt (1980, p. 49) pointed out that the attachment to unfamiliar apparatus essential to almost all forms of physiological measurement may in itself be a stressful experience for subjects and can confuse the experimental measurement of anxiety. Similarly, Krause (1961) noted that such recording apparatus' restrict the subjects

movement and often preclude spontaneity or naturalness of behavior.

Further confusion associated with the utilization of a physiological measure includes the fact that such measures are measures of sympathetic nervous system arousal and not specifically anxiety (Lipper & McNair, 1972; Sarbin, 1964). For example, increases in blood pressure, heart rate, and GSR are not only indicative of anxiety but of other emotions such as anger, frustration, pleasure, excitment, or interest (Cooper & Fazio, 1984; Hirschman & Katkin, 1971; Krause, 1961; Schauer, Seymore, & Geen, 1985). Levitt (1980, p. 157) claimed that this is the most likely reason for the lack of correlation between physiological and self-report measures of anxiety so typically encountered within research studies.

9. Test-retest reliability coefficients, as expected in the measurement of transitory anxiety which is sensitive to changes in circumstances, tend to be low (Johnsen, Tracy, & Hohn, 1983) and range from .16 to .62 (Spielberger, 1983, p. 13). Internal consistency reliabilities are, therefore, considered to be a more meaningful index of reliability.

10. Spatz and Johnston (1984, p. 273) pointed out that with expected frequencies under 5, there is concern that the number of Type I errors would be increased. For this reason, when expected frequencies were under 5, the alpha level of .01 was utilized instead of the .05 level.

11. With many of the subject answers, it was difficult to discriminate between frustration with the simulation versus frustration or anger to toward the client. Examples were, "I felt frustrated and annoyed because I had to sit and listen to him talk, talk, talk." "Felt frustrated because the client wasn't responding to what I said."

12. Thompson (1986) reported that level of training and experience in counselling students was an important variable in determining the type of responses which were made toward clients, as well as counsellors level of confidence in interview situations. Similarily, Jackson (1973, p. 274) pointed out the effects of therapist experience on level of anxiety in the interracial interview. He wrote that a novice is "more likely to doubt his ability to help people and consequently more likely to be upset by striking differences between himself and his patient." Jackson went on to say that as the therapist gains confidence through experience, "differences" are less likely to be perceived as threatening.

13. The most likely explanation for subjects in the second study having lower trait anxiety is that recruitment of the subjects was done in a different manner. Recruitment in the second study was not done during class time, therefore, there may have been less group pressure to enter the study. Anxious subjects, therefore, may have had an easier time saying "no" with respect to participating.

14.   The greater amount of frustration expressed by subjects in the second study may be related to the fact that they were more experienced and many were working counsellors. The frustration may either be a symptom of "burn out" and/or the tendency to place more responsibility on the client for helping himself. Another possibility is that because these counsellors were a less anxious group (as measured by the A-Trait), they may have been less defensive, and therfore more honest in their reporting of negative feelings such as frustration.

15.   In light of the fact that the majority of counsellors in the control group, as well as the experimental group, found the first period to be the most stressful part of the interview, a finer means of detecting differences between the groups would have been to ask counsellors to rate their level of anxiety during the period, rather than having asked them to indicate the period of highest anxiety.   In addition, it is possible that counsellors who reported anxiety to occur "at first" or "immediately" meant within the first one or two minutes. Five minutes may have been too long a period to have detected differences.

16.   It could be argued that because the frustration reported by the counsellors was often stated to be in relation to the simulation, it had little to do with the client. Bergman (1966) pointed out, however, that when emotions such as anxiety are experienced by the psychotherapist, they are often displaced onto the experimental design. He stated that a research set up

"easily leads the therapist to displace his concern from the more sensitive sources of anxiety to the less sensitive ones." Similarily, Sebastian, et al. (1980) commented with respect to accent in particular, that subjects in their study tended to blame the quality of tapes rather than the accented individual for their subsequent lack of understanding.

17. The limitations associated with previous accent research would not apply to discourse analysis which essentially involves an in-depth observation of real situations.

18. Giddings (1971) pointed out discrepancies in his study between independent rater assessments of counsellor competence and self-ratings.

REFERENCES

Alexander, A.A., Workneh, F., Klein, M.H., & Miller, M.H. (1976). Psychotherapy and the foreign student. In P. Pedersen, W.J. Lonner, & J.G. Draguns (Eds.), Counseling across cultures (pp. 82-97). Honolulu: University Press of Hawaii.

Alexander, L. (1987). The attitudes of counsellors toward their client: Does foreign accent make a difference? Unpublished Master's thesis. University of British Columbia, Vancouver, B.C.

Allen, G.J. (1970). Effect of three conditions of administration on "trait" and "state" measures of anxiety. Journal of Consulting and Clinical Psychology, 34, 355-359.

Atkinson, D.R. (1983). Ethnic minority representation in counselor education. Counselor Education and Supervision. 23, 7-20.

Atkinson, D.R., & Wampold, B. (1981). Affirmative action efforts of counselor education programs. Counselor Education and Supervision, 20, 262-272.

Bandura, A. (1956). Psychotherapist's anxiety level, self-insight, and psychotherapeutic competence. Journal of Abnormal and Social Psychology, 52, 333-337.

Bandura, A., Lipsher, D.H., & Miller, P.E. (1960). Psychotherapists' approach-avoidance reactions to patients' expressions of hostility. Journal of Consulting Psychology, 24, 1-8.

Bandura, A., & Rosenthal, T.L. (1966). Vicarious classical conditioning as a function of arousal level. Journal of Personality and Social Psychology, 3, 54-62.

Barlow, D.H. (1986). Causes of sexual dysfunction: The role of anxiety and cognitive interference. Journal of Consulting and Clinical Psychology, 54, 140-148.

Barrell, J.J. (1985). The causes and treatment of performance anxiety: An experiential approach. Journal of Humanistic Psychology, 25, 106-122.

Basowitz, H., Persky, H., Korchin, S., & Grinker, R. (1955). Anxiety and stress. New York: McGraw-Hill.

Beck, A.T., & Emery, G. (1985). Anxiety disorders and phobias. New York: Basic Books.

Berger, C.R. (1979). Beyond initial interaction: Uncertainty, understanding and the development of interpersonal

relationships. In H. Giles & R.N. St. Clair (Eds.), Language and social psychology (pp. 122-144). Oxford: Basil Blackwell.

Berger, C.R., & Bradac, J.J. (1982) Language and social knowledge: Uncertainty in interpersonal relations. London: Edward Arnold.

Bergin, A.E. (1966). Some implications of psychotherapy research for therapeutic practice. Journal of Abrormal Psychology, 71, 235-246.

Bergin, A.E., & Solomon, S. (1970). Personality and performance correlates of empathic understanding in psychotherapy. In J.T. Hart (Ed.), New directions in client-centered therapy (pp. 223-236). Boston: Houghton Mifflin.

Bergman, P. (1966). An experiment in filmed psychotherapy. In L.A. Gottschalk & A.H. Averback (Eds.), Methods of research in psychotherapy (pp. 35-49). New York: Appleton Century Crofts.

Bezooijen, R.V., & Hout, R.V. (1985). Accentedness ratings and phenological variables as measures of variation in pronounciation. Languages and Speech, 28, 7-13.

Block, C.B. (1981). Black Americans and the cross-cultural counseling and psychotherapy experience. In A.J. Marsella, & P.B. Pedersen (Eds.), Cross-cultural counselling and psychotherapy (pp. 177-194). New York: Pergamon Press.

Bordin, E.S. (1968). Psychological counselling. New York: Appleton-Century Crofts.

Bowman, J.T. (1980). Effect of supervisory evaluation on counselor trainees' anxiety. Psychological Reports, 46, 755-765.

Bowman, J.T., & Giesen, J.M. (1982). Predicting ratings of counselor trainee empathy with self-report anxiety measures and skin conductance. Counselor Education and Supervision, 22, 154-161.

Bowman, J.T., & Roberts, G.T. (1978). Counselor anxiety during a counseling interview. Counselor Education and Supervision, 17, 205-212.

Bowman, J.T., & Roberts, G.T. (1979a). Counselor trainee anxiety during counseling. Journal of Counseling Psychology, 26, 85-88.

Bowman, J.T., & Roberts, G.T. (1979b). Effects of tape-recording and supervisory evaluation on counselor trainee anxiety levels. Counselor Education and Supervision, 19, 20-26.

Bowman, J.T., Roberts, G.T., & Giesen, J.M. (1978). Counselor trainee anxiety during the initial counseling interview. Journal of Counseling Psychology, 25, 137-143.

Brams, J.M. (1961). Counselor characteristics and effective communication in counseling. Journal of Counseling Psychology, 8, 25-30

Brennan, E.M., & Brennan, J.S. (1981). Accent scaling and language attitudes: Reactions to Mexican American English speech. Language and Speech, 24, 207-221.

Brickman, P., & D'Amato, B. (1975). Exposure effects in a free-choice situation. Journal of Personality and Social Psychology, 32, 415-420.

Brown, B.L., Strong, W.J., & Rencher, A.C. (1975). Acoustic determinants of perceptions of personality from speech. International Journal of Sociology of Language, 6, 11-32.

Bugen, L. (1979). State anxiety effects on counselor perceptions of dying stages. Journal of Counseling Psychology, 26, 89-91.

Burish, T.G., & Houston, B.K. (1979). Causal projection, similarity projection, and coping with threat to self-esteem. Journal of Personality, 47, 57-70.

Cannon, C.B. (1983). Using an interpreter in cross-cultural counseling. The School Counselor, 31 (1), 11-16.

Carney, C.G., & Kahn, K.B. (1984). Building competencies for effective cross-cultural counseling: A developmental view. The Counseling Psychologist, 12, (1), 111-119.

Carranza, M.A., & Ryan, E.B. (1975). Evaluative reactions of bilingual Anglo and Mexican American adolescents toward speakers of English and Spanish. International Journal of the Sociology of Language, 6, 83-104.

Carter, D.K., & Pappas, J.P. (1975). Systematic desensitization and awareness treatment for reducing counselor anxiety. Journal of Counseling Psychology, 22, 147-151.

Carter, L.G. (1976). Counseling effectiveness following treatment of counselor state anxiety. (Doctoral dissertation, East Texas State University, 1975). Dissertation Abstracts International, 36, 5035A (University Microfilms No. 76-4624)

Cattell, R.B. (1966). Anxiety and motivation: Theory and crucial experiments. In C.D. Spielberger (Ed.) Anxiety and behavior (pp. 23-62). New York: Academic Press.

Chaika, E. (1982). Language: The social mirror. London:

Newbury House.

Chandler, T.A., Cosner, T., & Spies, C.A. (1979). Anxiety and attribution as predictors of non-compeletion of a course. Psychological Reports, 45, 413-414.

Chen Yong-pei. (1983). Principles and methods of the teaching of pronunciation. Lanaguage Learning and Communication, 2, 62-76.

Cheponis, G.J. (1979). The effects of the presentation of an amputee cilent on the anxiety of rehabilitation counselor trainees in a counseling interview (Doctoral dissertation, Mississippi State University, 1979) Dissertation Abstracts International, 40, (6-A) 3113 (University Microfilms No. 7927082)

Christensen, C.P. (1981). Effects of dissimilarity in initial interviews: An experimental evaluation of cross-cultural training. (Doctoral Dissertation, McGill University, 1981). Dissertation Abstracts International, 41, 3485-A

Christensen, C.P. (1985). A perceptual approach to cross-cultural counselling. Canadian Counsellor, 10, 2, 63-81.

Clement, R. (1980). Ethnicity, contact and communicative competence in a second language. In H. Giles, W.P. Robinson, & P.M. Smith (Eds.), Language: Social psychological perspectives (pp. 147-154). Oxford: Pergamon Press.

Cohen, M.B. (1952) Countertransference and anxiety. Psychiatry, 15, 231-244.

Conville, R.L., & Ivey, A.E. (1975). Sociolinguistics and the counselling process. Canadian Counsellor, 10, 6-10.

Cook, T.D., & Cambell, D.T. (1979). Quasi-experimentation: Design and analysis issues for field settings. Boston: Houghton Mifflin.

Cooper, J.B., & Singer, D.N. (1956). The role of emotion in prejudice. The Journal of Social Psychology, 44, 7, 241-247.

Cooper, S. (1973). A look at the effect of racism on clinical work. Social Casework, 54, 76-84.

Cooper, J., & Fazio, R.H. (1984). A new look at dissonance theroy. In L. Berkowitz (Ed.), Advances in Experimental Social Psychology. (Vol 17, pp. 229-266). Orlando: Academic Press.

Copeland, E.J. (1983). Cross-cultural counseling and psychotherapy: A historical perspective, implications for research and training. Personnel and Guidance Journal, 62,

10-15.

Corey, G., & Corey, M.S. (1982). Groups: Process and Practice. California: Brooks/Cole.

Cutler, A. (1984). Stress and accent in language production and understanding. In D. Gibbon, & H. Richter (Eds.), Intonation, Accent and Rhythm (pp. 77-90). New York: De Gruyter.

Deardorff, P.A., Kendall, P.C., Finch, A.J., & Sitarz, A.M. (1977). Empathy, locus of control and anxiety in college students. Psychological Reports, 40, 1236-1238.

Dendato, K.M., & Diener, D. (1986). Effectiveness of cognitive/relaxation therapy and study-skills training in reducing self-reported anxiety and improving the academic performance of test-anxious students. Journal of Counseling Psychology, 33, 131-135.

Diblin, J.E. (1969). Anxiety in counselor trainees. Dissertation Abstracts International, 30, 3721-A.

Disman, M. (1983). Immigrants and other grieving people: Insights for counselling practices and policy issues. Canadian Ethnic Studies, 15 (3), 106-118.

Dodge, J. (1982). Reducing supervisee anxiety: A cognitive-behavioral approach. Counselor Education and Supervision, 22, 55-66.

Edwards, J.R. (1982). Language attitudes and their implications among English speakers. In E.B. Ryan, & H. Giles (Eds.), Attitudes toward language variation: Social and applied contexts (pp. 20-33). London: Edward Arnold.

Egan, G. (1982). The Skilled Helper. Monterey: Brooks/Cole.

Erickson, F. (1979). Talking down: Some cultural sources of miscommunication in interracial interviews. In A. Wolfgang (Ed.), Nonverbal behavior: Application and cultural implications (pp. 99-126). New York: Academic Press.

Fibush, E., & Turnquest B. (1970). A black and white approach to the problems of racism. Social Casework, 51, 459-466.

Fielding, G., & Evered, C. (1980). The influence of patients' speech upon doctors: The diagnostic interview. In R.N. St. Clair, & H. Giles (Eds.), The social and psychological contexts of language (pp. 52-72). Hillsdale: Lawrence Erebaum.

Fischer, W.F. (1970). Theories of anxiety. New York: Harper & Row.

Fishman, J.A. (1972). Sociolinguistics: A brief introduction.

Rowley, Mass: Newbury House.

Freud, S. (1959). The justification of detaching from a particular syndrome: The anxiety-neurosis. In Sigmund Freud: Collected papers (Vol. 1). New York: Basic Books.

Friedlander, M.L., Keller, K.E., Peca-Baker, T.A., & Olk, M.E. (1986). Effects of role conflict on counselor trainees' self-statements, anxiety level, and performance. Journal of Counseling Psychology, 33, 73-77.

Fry, P.S. (1973). Effects of desensitization treatment on core-condition training. Journal of Counseling Psychology, 20, 214-219.

Gibb, J.R. (1961). Defensive communiation. The Journal of Communication. 11, 141-184.

Gibb, J.R. (1964). Climate for trust formation. In L.P. Bradford, J.R. Gibb, & K.D. Berne (Eds.), T-group theory and laboratory methods. (pp. 279-309). New York: John Wiley & Sons.

Gidings, W.V. (1971). An investigation of the relationship between the self-concepts and anxiety levels of counselor candidates and their performance in counseling interviews. Dissertation Abstracts International, 32, 174-A (University Microfilms No. 71-18, 548.

Giles, H. (1972). The effect of stimulus mildenss-broadness in evaluation of accents. Language and Speech, 15, 262-269.

Giles, H. (1973). Communicative effectiveness as a function of accented speech. Speech Monographs, 40, 330-331.

Giles, H., Baker, S., & Fielding, G. (1975). Communication length as a behavioral index of accent prejudice. International Journal of the Sociology of Language, 6, 73-81.

Ginnell, R.M., & Kyte, N.S. (1979). Anxiety level as an indicator of academic performance during first semester of graduate work. Journal of Psychology, 101, 199-201.

Gomes-Schwartz, B., Hadley, S.W., & Strupp, H.H. (1978). Individual psychotherapy and behavior therapy. Annual Review of Psychology, 29, 435-472.

Griffith, M.S., & Jones, E.E. (1979). Race and psychotherapy: Changing perspectives. In J.H. Masserman (Ed.), Current psychiatric therapies (pp. 226-234). New York: Grune & Strattom.

Griffith, W. (1970). Environmental effects on interpersonal affective behavior. Journal of Personality and Social Psychology, 15, 240-244.

Gudykunst, W.B. (1985). A model of uncertainty reduction in intercultural encounters. Journal of Language and Social Psychology, 4 (2), 79-98.

Gudykunst, W.B., & Kim, Y.Y. (1984). Communicating with strangers: An approach to intercultural communication. Massachusetts: Addison-Wesley.

Gudykunst, W.B., & Nishida, T. (1984). Individual and cultural influences on uncertainty reduction. Communication Monographs, 51, 23-36.

Gumperez, J.J. (1982). Discourse strategies. Cambridge: Cambridge University Press.

Gumperez, J.J., & Cook-Gumperez, J. (1982). Language and the communication of social identity. In J. Gumperez (Ed.), Language and social identity (pp. 1-21). Cambridge: Cambridge University Press.

Gynther, R.A. (1957). The effects of anxiety and of situational stress on communicative efficiency. Journal of Abnormal and Social Psychology, 54, 274-277.

Hansell, M., & Ajirotutu, C.S. (1982). Negotiating interpretations in interethnic settings. In J. Gumperez (Ed.), Language and social identity (pp. 85-94). Cambridge: Cambridge University Press.

Hatch, E. (1983). Psycholinguistics: A second language perspective. Rowly, Mass.: Newbury House.

Hector, M.A., & Fray, J.S. (1985, July). The counseling process, client expectations, and cultural influences: A review . Paper presented at the IRTAC comference, International Round Table for the Advancement of Counselling, Utrecht, The Netherlands.

Heimberg, R.G., Keller, K.E., & Peca-Baker, T. (1986). Cognitive assessment of social-evaluative anxiety in the job interview: Job interview self-statment schedule. Journal of Counseling Psychology, 33, 190-195.

Helms, J.E. (1984). Toward a theoretical explanation of the effects of race on counseling: A black and white model. The Counseling Psychologist, 12 (4), 153-164.

Hirschman, R., & Katkin, E.S. (1971). Relationships among attention, GSR activity, and perceived similarity of self and others. Journal of Personality, 39, 277-288.

Ho, P., Hosford, R.E., & Johnson, M.E. (1985). The effect of anxiety on recall in self versus other-model observation. Counselor Education and Supervision, 25, 48-55.

Hodgson, R., & Rachman, S. (1974). Desynchrony in measure of

fear. Behavior Research and Therapy, 12, 319-326.

Huges, D.R., & Kallan, E. (1974). The anatomy of racism: Canadian dimensions. Montreal: Harvest House.

Ibrahim, F.A., & Arredonedo, P.M. (1986). Ethical standards for cross-cultural counseling: Counselor preparation, practice, assessment, and research. Journal of Counseling and Development, 64, 349-352.

Jackson, A.M. (1973). Psychotherapy: Factors associated with the race of the therapist. Psychotherapy: Theory, Research and Practice, 10, 273-277.

Jackson, D.N., & Bloomberg, R. (1958). Anxiety: Unitas or multiplex? Journal of Consulting Psychology, 22, 225-227.

Joesting, J., & Whitehead, G.I. (1977). Relationship of state and trait anxiety to grades in educational psychology. Psychological Reports, 40, 705-706.

Johnsen, E.N., Tracy, D.B., & Hohn, R.L. (1983). Induced response bias on the state-trait anxiety inventory. Social Behavior and Personality, 11, 113-117.

Johnson, Jr. J.T. (1972). A study of counselors' galvanic skin responses to video taped stimuli of racial/sex pairings and three verbal affect situations. (Doctoral dissertation, University of Georgia, 1972). Dissertation Abstracts International, 33, 3293-A (University Microfilms No. 72-34,095).

Jupp, T.C., Roberts, C., & Cook-Gumperz, J. (1982). Language and disadvantage: The hidden process. In J. Gumperz (Ed.), Language and social identity (pp. 232-256). Cambridge: Cambridge University Press.

Kadushin, A. (1972). The racial factor in the interview. Social Work, 17, 3, 88-99.

Kalin, R., Rayko, D.S., & Love, N. (1980). The perception and evaluation of job candidates with four different ethnic accents. In H. Giles, W.P. Robinson & P.M. Smith (Eds.), Language: Social psychological perspectives (pp. 197-202). Oxford: Pergamon Press.

Kazdin, A.E. (1978). Evaluating the generality of findings in analogue therapy research. Journal of Consulting and Clinical Psychology, 46, 673-686.

Kess, J.F. (1976). Psycholinguistics: Introductory perspectives. New York: Academic Press.

Kirkegaard, S. (1944). The concept of dread. (W. Lowrie, Trans.) Princeton: Princeton University. (Original work published 1849).

Krause, M.S. (1961). The measurement of transitory anxiety. Psychological Review, 68, 178-189.

Lambert, W.E. (1978). Some cognitive and sociocultural consequences of being bilingual. In J.E. Alatis (Ed.), International dimensions of bilingual education (pp. 214-229). Washington: Georgetown University.

Lambert, W.E. (1980). The social psychology of language: A perspective for the 1980's. In H. Giles, W.P. Robinson & P.M. Smith (Eds.), Language: Social psychological perspectives (pp. 415-424) Oxford: Pergamon Press.

Lambert, W.E., Hodgson, R.C., Gardner, R.C., & Fillenbaum, S. (1960). Evaluational reactions to spoken languages. Journal of Abnormal and Social Psychology, 60, 44-51.

Larson, P.C. (1982). Counseling special populations. Professional Psychology, 13, 843-858.

Leong, F.T. (1986). Counseling and psychotherapy with Asian-Americans: Review of the literature. Journal of Counseling Psychology, 33, 196-206.

Levitt, E.E. (1980). The psychology of anxiety. New Jersey: Lawrence Erlbaum.

Lipper, S., & McNair, D.M. (1972). Simulated public speaking and anxiety. Journal of Experimental Research in Personality, 6, 237-240.

Locke, D.W. (1969). Racism encountered in counseling. Counselor Education and Supervision, 9, 56-60.

Lofaro, G.A. (1982). Disability and counselor education. Counselor Education and Supervision, 21, 200-207.

Lorion, R.P. (1974). Patient and therapist variables in the treatment of low-income patients. Psychological Bulletin, 81, 344-354.

Lowinger, P.L., & Dobie, S. (1966). Attitudes and emotions of the psychiatrist in the initial interview. American Journal of Psychotherapy, 20, 17-34.

Mandler, G., & Watson, D.L. (1966). Anxiety and the interruption of behavior. In C.D. Spielberger (Ed.), Anxiety and behavior (pp. 263-288). New York: Academic Press.

Margolis, R.L. (1986). An investigation of the influence of cross-cultural training on counsellor perception of minority client problems. Unpublished Master's thesis. University of British Columbia, Vancouver.

Margolis, R.L., & Rungta, S.A. (1986). Training counselors for work with special populations. Journal of Counseling and Development, 64, 642-644.

Mattsson, P.O. (1960). Communicated anxiety in a two-person situation. Journal of Consulting Psychology, 24, 488-495.

May, R. (1950). The meaning of anxiety. New York: Ronald.

McConnell, L.G. (1976). Counsellor education in the treatment of sexual problems: Program development and evaluation. (Doctoral Dissertation, McGill University, 1975). Dissertation Abstracts International, 36, 6478-A.

McDavis, R.J., & Parker, M. (1977). A course on counseling ethnic minorities: A model. Counselor Education and Supervision, 17, 146-149.

McKirnam, D.J., Smith, C.E., & Hamayan, E.V. (1983). A sociolinguistic approach to the belief-similarity model of racial attitudes. Journal of Experimental Social Psychology, 19, 434-447.

McReynolds, P. (1975). Changing conceptions of anxiety: A historical review and a proposed integration. In I.G. Sarason & C.D. Spielberger (Eds.), Stress and anxiety. (Vol 2, pp. 3-25). Washington: Hemisphere.

Melnick, J., & Wicher, D. (1977). Social risk taking propensity and anxiety as predictors of group performance. Journal of Consulting Psychology, 24, 415-419.

Merluzzi, B.H., & Merluzzi, T.V. (1978). Influence of client race on counselors' assessment of case materials. Journal of Counseling Psychology, 25, 399-404.

Meyer, D.P. (1973). Anxiety, empathy, and selective responding in relation to operant conditioning of the occipital alpha rhythm. (Doctoral Dissertation, Arizona State University, 1973). Dissertation Abstracts International, 34, 1623-A.

Milliken, R.L., & Kirchner, R. (1971). Counselor's understanding of student's communication as a function of the counselor's perceptual defense. Journal of Counseling Psychology, 18, 14-18.

Mitchell, J.L. (1985). The ninth mental measurements yearbook (Vol I). Lincoln, Nebraska: University of Nebraska Press.

Mooney, T.F., & Carlson, W.A. (1976). Counselor trainee emotional responses to initial counseling-interview stress. Journal of Counseling Psychology, 23, 557-559.

Monke, R.H. (1971). Effect of systematic desensitization on the training of counselors. Journal of Counseling Psychology, 18, 320-323.

Moreland, R.L., & Zajonc, R.B. (1979). Exposure effects may not depend on stimulus recognition. Journal of Personality and Social Psychology, 37, 1055-1059.

Mulac, A., Hanley, T.D., & Prigg, D.Y. (1974). Quarterly Journal of Speech, 60, 411-420.

Neimeyer, G.J., Fukuyama, M.A., Bingham, R.P., Hall, L.E., & Mussenden, M.E. (1986). Training cross-cultural counselors: A comparison of the pro-counselor and anti-counselor triad models. Journal of Counseling and Development, 64, 437-439.

Neimeyer, G., & Gonzales, M. (1983). Duration, satisfaction, and perceived effectiveness of cross-cultural counseling. Journal of Counseling Psychology, 30, 91-95.

Padilla, A.M., Ruiz, R.A., & Alvarez, R. (1975). Community mental health services for Spanish speaking/surnamed populations. American Psychologist, 30, 892-905.

Paradis, F.E. (1981). Themes in the training of culturally effective psychotherapists. Counselor Education and Supervision, 21, 136-149.

Pedersen, P.B. (1976). The field of intercultural counseling. In P. Pedersen, W.J. Lonner, & J.G. Draguns, (Eds.), Counseling across cultures (pp. 17-41). Honolulu: University Press of Hawaii.

Pedersen, P.B. (1977). The triad model of cross-cultural counselor training. Personnel and Guidance Journal, 56, 94-100.

Pedersen, P.B. (1983). The cultural complexity of counselling. International Journal for the Advancement of Counselling, 6, 177-192.

Pedersen, P., Holwill, C.F., & Shapiro (1978). A cross-cultural training procedure for classes in counselor education. Counselor Education and Supervision, 17, 233-237.

Perez, J.F. (1968). The initial counseling contact. Boston: Houghton Mifflin Company.

Perry, D.G., & Bussey, K. (1984). Social Development. New Jersey: Prentice Hall.

Pope, B., Blass, T., Siegman, A.W., & Raher, J. (1970). Anxiety and depression in speech. Journal of Consulting and Clinical Psychology, 35, 128-133.

Pope, B., Siegman, A.W., & Blass, T. (1970). Anxiety and speech in the initial interview. Journal of Consulting and Clinical Psychology, 35, 239-243.

Raisler, I. (1976). Differential response to the same message

delivered by native and foreign speakers. <u>Foreign Language Annals</u>, <u>9</u>, 256-259.

Redfering, D.L., & Jones, J.G. (1978). Effects of defensiveness on the State-Trait Anxiety Inventory. <u>Psychological Reports</u>, <u>43</u>, 83-89.

Rey, A. (1977). Accent and employability. <u>Language Sciences</u>, <u>47</u>, 7-12.

Riley, W.L. (1976). The peer-model paradigm as a pre-practicum approach. (Doctoral Dissertation, University of Missouri, 1975). <u>Dissertation Abstracts International</u>, <u>36</u>, 6486-A. (University Microfilms No. 76-7541).

Russell, P.D., & Snyder, W.U. (1963). Counselor anxiety in relation to amount of clinical experience and quality of affect demonstrated by clients. <u>Journal of Consulting Psychology</u>, <u>27</u>, 358-363.

Ryan, E.B., Carranza, M.A., & Moffie, R.W. (1977). Reactions toward varying degress of accentedness in the speech of Spanish-English bilinguals. <u>Language and Speech</u>, <u>20</u>, 267-273.

Ryan, E.B., & Sebastian, R. (1980). The effects of speech style and social class background on social judgments of speakers. <u>British Journal of Social and Clinical Psychology</u>, <u>19</u>, 229-233.

Sachs, J.S. (1983). Negative factors in brief psychotherapy: An empirical assessment. <u>Journal of Consulting and Clinical Psychology</u>, <u>51</u>, 557-564.

Sarason, I.G. (1975). Anxiety and self-preoccupation. In I.G. Sarason & C.D. Spielberger (Eds.), <u>Stress and anxiety</u> (Vol. 2, pp. 27-44). Washington, D.C.: Hemisphere.

Sarbin, T.R. (1964). Anxiety: Reification of a metaphor. <u>Archives of General Psychiatry</u>, <u>10</u>, 630-638.

Saegert, S., Swap, W., & Zajonc, R.B. (1973). Exposure, context, and interpersonal attraction. <u>Journal of Personality and Social Psychology</u>, <u>25</u>, 234-242.

Sarson, S., Davidson, K., Lighthall, F., Waite, R., & Ruebugh, B. (1960). <u>Anxiety in elementary school children</u>. New York: John Wiley & Sons.

Sattler, J.M. (1977). The effects of therapist-client racial similarity. In A.S. Gurman & A.M. Razin (Eds.), <u>Effective psychotherapy: A handbook of research</u> (pp. 252-290). Oxford: Pergamon Press.

Scarcella, R.C. (1983). Discourse accent in second language performance. In M.S. Gass & L. Sellinker <u>Language transfer</u>

in language learning (pp. 306-323). London: Newbury House.

Schaffer, N.D. (1982). Multidimensional measures of therapist behavior as predictors of outcome. Psychological Bulletin, 92, 670-681.

Schauer, A.H., Seymore, W.R., & Geen, R.G. (1985). Effects of observation and evaluation on anxiety in beginning counselors: A social facilitation analysis. Journal of Counseling and Development, 63, 279-285.

Schumacher, L.C., Banikiotes, P.G., & Banikotes, F.G. (1972). Language compatibility and minority group counseling. Journal of Counseling Psychology, 19, 255-256.

Sebastian, R.J., Ryan, E.B., Keogh, T.F., & Schmidt, A.C. (1980). The effects of negative affect arousal on reactions to speakers. In H. Giles, W.P. Robinson, & P.M. Smith (Eds.), Language: Social psychological perspectives (pp. 203-208). Oxford: Pergamon Press.

Seliger, H.W., Krashen, S.D., & Ladefoged, P. (1975). Maturational constraints in the acquisition of second language accent. Language Sciences, 36, 20-22.

Smith, A., & Stewart, A. (1983). Approaches to studying racism and sexism in Black women's lives. Journal of Social Issues, 39, 1-15.

Spatz, C., & Johnston, J.O. (1984). Basic Statistics. Belmont, Ca: Brooks/Cole.

Spielberger, C.D. (1966). Theory and research on anxiety. In C.D. Spielberger (Ed.), Anxiety and behavior (pp. 3-20). New York: Academic Press.

Spielberger, C.D., Gorsuch, R.L., & Luchene, R.E. (1970). Manual for the State-Trait Anxiety Inventory. Palo Alto, Consulting Psychologists.

Spielberger, C.D. (1972). Conceptual and methodological issues in anxiety research. In C.D. Spielburger (Ed.), Anxiety: Current trends in theory and research (Vol II, pp. 481-493).

Speilberger, C.D. (1983). Manual for the State-Trait Anxiety Inventory (Form Y). Palo Alto, Consulting Psychologists

St. Clair, R.N. (1982). From social history to language attitudes. In E.B. Ryan & H. Giles (Eds.) Attitudes toward language variation: Social and applied contexts (pp. 164-174). London: Edward Arnold.

Strohmer, D.C., Biggs, D.A., Haase, R.F., & Purcell, M.J. (1983). Training counselors to work with disabled clients: Cognitive and affective components. Counselor Education and Supervision, 23, 132-142.

Sue, D.W. (1978). Eliminating cultural oppression in counseling: Toward a general theroy. Journal of Counseling Psychology, 25, 419-428.

Sue, D.W. (1981). Cross-cultural counseling. New York: John Wiley & Sons.

Sue, D.W., Bernier, J., Durran, A., Feinberg, L., Pedersen, P.B., Smith, E.J., & Vasquez-Nuttal, E. (1982). Position paper: Cross-cultural counseling competencies. The Counseling Psychologist, 10, 45-52.

Sue, D.W., & Sue, D. (1977). Barriers to effective cross-cultural counseling. Journal of Counseling Psychology, 24, 420-429.

Sue, S. (1977). Community mental health services to minority groups: Some optimism, some pessimism. American Psychologist, 32, 616-624.

Sundberg, N.D. (1976). Toward research evaluating intercultural counseling. In P. Pedersen, W.J. Lonner, J.G. Draguns, (Eds.), Counseling across cultures. Honolulu: University Press of Hawaii.

Sundberg, N.D. (1981). Cross-cultural counseling and psychotherapy: A research overview. In A.J. Marsella & P.B. Pedersen (Eds.), Cross-cultural counseling and psychotherapy (pp. 28-62). New York: Pergamon Press.

Taylor, D.M. (1980). Ethnicity and language: A social psychological perspective. In H. Giles, W.P. Robinson, & P.M. Smith (Eds.), Language: Social psychological perspectives (pp. 133-139). Oxford: Pergamon Press.

Tenenbaum, G., Furst, D., & Weingarten, G. (1985). A statistical reevaluation of the STAI anxiety questionnaire. Journal of Clinical Psychology, 41, 239-244.

Terrell, F., & Terrell, S. (1984). Race of counselor, client, sex, cultural mistrust level, and premature termination from counseling among Black clients. Journal of Counseling Psychology, 3, 371-375.

Thomas, B.D. (1979). The relationship of counsellors' sex, race, and level of functioning to accurate empathic responses of Black English expressions. Unpublished doctoral dissertation, George Washington University.

Thompson, A.P. (1986). Changes in counseling skills during graduate and undergraduate study. Journal of Counseling Psychology, 33, 65-72.

Truax, C.B., & Carkhuff, R.R. (1967). Toward effective counseling and psychotherapy. Chicago: Aldine.

Tucker, G.R., & Lambert, W.E. (1969). White and negro listeners' reactions to various American-English dialects. Social Forces, 47, 463-468.

Turner, P.M. (1985). Search time and test anxiety in a visual location task. Contemporary Educational Psychology, 10, 292-301.

Turner, S., & Armstrong, S. (1981). Cross-racial psychotherapy: What the therapists say. Psychotherapy: Theory, research and practice, 18, 375-378.

Vontress, C.E. (1971). Racial differences: Impediments to rapport. Journal of Counseling Psychology, 18, 7-13.

Vontress, C.E. (1974). Barriers in cross-cultural counselling. Counselling and Values, 18, 160-165.

Vontress, C.E. (1976). Racial and ethnic barriers in counseling. In P. Pedersen, W.J. Lonner, & J.G. Draguns (Eds.), Counseling Across Cultures (pp. 42-64). Honolulu: University Press of Hawaii.

Waite, R.R. (1968). The negro patient and clinical theory. Journal of Consulting and Clinical Psychology, 32, 427-433.

Wampold, B.E., Casas, J.M., & Atkinson, D.R. (1981). Ethnic bias in counseling: An information processing approach. Journal of Counseling Psychology, 28, 498-503.

Waxer, P.H. (1977). Nonverbal cues for anxiety: An examination of emotional leakage. Journal of Abnormal Psychology, 86, 306-314.

Westwood, M.J. (1982). A cross-cultural comparison of East Indian and Anglo-European expectations of counselling. International Journal for the Advancement of Counselling, 5, 283-290.

Westwood, M.J. (1983). Cross-cultural counselling: Some special problems and recommendations for the Canadian counsellor. Canadian Counsellor, 17 (2), 62-66.

Westwood, M.J., & Borgen, W.A. (1987). A culturally embedded model for effective intercultural communication. Manuscript submitted for publication.

Westwood, M.J., & Vargo, J.W. (1985). Counselling double-minority status clients. In M.R. Samuda & A. Wolfgang (Eds.), Intercultural counselling and assessment: Global perspectives. New York: C.J. Hogrefe.

Wilbur, M.P., & Wilbur, J.R. (1980). Categories of nonverbal behavior: Implications for supervision. Counselor Education and Supervision, 19, 197-209.

Wilgosh, L. (1983). Beyond counselling women: Some contemporary issues. International Journal for the Advancement of Counselling, 6, 125-133.

Wintrob, R.M. (1976). Psychotherapy in intercultural perspective: Some personal reflections. In P. Pedersen, W.J. Lonner, & J.G. Draguns (Eds.), Counseling Across Cultures (pp. 208-213). Honolulu: University Press of Hawaii.

Wogan, M. (1970). Effect of therapist-patient personality variables on therapeutic outcome. Journal of Consulting and Clinical Psychology, 35, 356-361.

Wolfgang, A. (1984). Intercultural counseling: The state of the art. In M.R. Samuda et al., (Eds.), Multiculturalism in Canada: Social and educational perspectives (pp. 418-432). Allyn & Bacan.

Wrenn, C.G. (1962). The culturally encapsulated counselor. Harvard Eductional Review, 32, 444-449.

Wright, J., & Hutton, B. (1977). Influences of client socioeconomic status on selected behaviors, attitudes, and decisions of counselors. Journal of Counseling Psychology, 24, 527-530.

Yalom, I.D. (1980). Existential psychotherapy. New York: Basic Books.

Yulis, S., & Kiesler, D.J. (1968). Countertransference response as a function of therapist anxiety and content of patient talk. Journal of Consulting and Clinical Psychology, 32, 413-419.

Zatz, S., & Chassin, L. (1985). Cognitions of test-anxious children under naturalistic test-taking conditions. Journal of Consulting and Clinical Psychology, 53, 393-401.

Appendix A

(PILOT STUDY QUESTIONNAIRE)

Provide Brief Answers For The Following: (please print)

1. Do you feel you displayed good counselling skills in responding to the simulated interview?

2. Rate your counselling responses on a scale of 1-5 (1=low, 5=high), what would you give yourself during:

    a)   the first 5 minutes (beginning)   -------
    b)   the second 5 minutes (middle)   -------
    c)   the third 5 minutes (end)   -------

3. Try and think back to how you were feeling during the interview. Using feelings words, describe the feelings you had.

    Example: I felt ------- or I felt -------- because ---------

4. Were you feeling anxious during the interview? If yes, can you mention the reasons why and at what time interval the the feeling was most predominant (1st 5 minutes, middle, last 5 minutes)?

5. What is it about this client that stood out the most for you?

6. Did you identify with this client in any way? Please explain.

7. How motivated do you think this client will be in trying to help himself?

8. Would you enjoy working with this client?

    somewhat -------- moderately -------- a great deal --------

9. If you were given a choice, would you continue to see this client in counselling or would you refer to another counsellor?

10. Do you have any other comments regarding this particular counselling experience?

Appendix B

(QUESTIONNAIRE)

Provide Brief Answers For the Following: (please print)

1. Do you feel you displayed good counselling skills in responding to the simulated interview?

2. Rate your counselling responses on a scale of 1-10 (1=low, 10=high), what would you give yourself during:

    a) the first 5 minutes (beginning) ----------
    b) the second 5 minutes (middle)   ----------
    c) the third 5 minutes (end)   ----------

3. Try to think back to how you wre feeling during the interview Using *feeling* words, describe the feelings you had.

    Example: I felt -------- or I felt ------- because -------.

4. Were you feeling anxious during the interview? If yes, can you mention the reasons why and at what time interval the feeling was most predominant (1st 5 minutes, middle, last 5 minutes)?

5. Other than the client's presenting problem, what other characteristics stood out for you the most? Did they make you feel uncomfortable?

6. Did you identify with this client in any way? Please explain.

7. How motivated do you think this client will be in trying to help himself?

8. Would you enjoy working with this cilent?

                    not at all   ----------

                    somewhat   ----------

                    moderately   ----------

                    considerably ----------

                    a great deal ----------

9. If you were given a choice, would you continue to see this client in counselling or would you refer to another counsellor?

10. Do you have any other comments regarding this particular counselling experience?

Appendix C

CONSENT FORM

Title: Counsellor Responses to Clients in a Training
              Situation

Researchers: Linda Alexander

             Susan Rungta

     I voluntarily agree to participate in this research project
which will take 35 minutes of my time. I understand that the
aim of this study is to investigate counsellors' typical
responses to clients in a training situation. I am aware that
the study is being conducted to partially fulfill the
requirements for a Master's Degree at the University of British
Columbia.

     I further understand that my involvement in this project
requires that I complete a form requesting certain demographic
information, as well as answering questions which deal with the
experience. In addition, I am aware that my responses to the
simulated client interview will be audiotaped. I have been
assured that the information collected from this study will
remain confidential and not be used for evaluative purposes. I
understand that on completion of the project, the audiotape will
be destroyed and the remaining data will remain anonymous. I am
aware that I may withdraw my consent and discontinue my
participation at any time without influencing my class standing
in any way. I am aware that the instructors of the course at no
time, present or future, will be made aware of my performance.

     I have read the contents of this Consent Form and
understand my participation in this project. For my part I
agree to uphold the ethic of confidentiality and not discuss
this project until I have been advised it has been completed.

     I acknowledge receipt to this Consent form.

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Date   Signature

Appendix D

DEMOGRAPHIC INFORMATION

Age: -------

Sex: M -------   F -------

Place of Birth: ---

Birthplace of Parents: Mother   ----------------------------

                          Father   ----------------------------

    *If other than Canada, age when she/he emigrated   ------

Upbringing: Rural   ---------   Urban   ---------------

               Cultural/Ethnic affiliation   --------------

Area of Concentration (CNPS):

       Family   -------

       Adolescent   -------

       College & Adult -------

       Elementary   -------

       Women   -------

       Other   -------

Clinical Experience

    Number of years: -----------

    Setting & Client Population   ----------------------------

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Appendix E

A-State Scale

(Spielberger, Gorsuch, & Lushene)

SELF EVALUATION QUESTIONNAIRE

(Developed by C.D. Spielberger, R.L. Gorsuch and R. Lushene)

DIRECTIONS: A number of statements which people have used to describe themselves are given below. Read each statement and then circle the number to the right of the statement to indicate how you felt during the counselling interview, that is, how you felt during the 15 minute period in which the videotape was in play. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your feelings best.

	Not at all	Somewhat	Moderately so	Very much so
1. I felt calm	1	2	3	4
2. I felt secure	1	2	3	4
3. I was tense	1	2	3	4
4. I was regretful	1	2	3	4
5. I felt at ease	1	2	3	4
6. I was upset	1	2	3	4
7. I was worrying over possible misfortunes	1	2	3	4
8. I felt rested	1	2	3	4
9. I felt anxious	1	2	3	4
10. I felt comfortable	1	2	3	4
11. I felt self-confident	1	2	3	4
12. I felt nervous	1	2	3	4
13. I was jittery	1	2	3	4
14. I felt "high strung"	1	2	3	4
15. I was relaxed	1	2	3	4
16. I felt content	1	2	3	4
17. I was worried	1	2	3	4
18. I felt over-excited and "rattled"	1	2	3	4
19. I felt joyful	1	2	3	4
20. I felt pleasant	1	2	3	4

Appendix F

A-Trait Scale

(Spielberger, Gorsuch, & Lushene)

DIRECTIONS: A number of statements which people have used to describe themselves are given below. Read each statement and circle the appropriate number to the right of the statement to indicate how you generally feel. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you generally feel.

		Almost never	Sometimes	Often	Almost always
21.	I feel pleasant	1	2	3	4
22.	I tire quickly	1	2	3	4
23.	I feel like crying	1	2	3	4
24.	I wish I could be as happy as others seem to be	1	2	3	4
25.	I am losing out on things because I can't make up my mind soon enough	1	2	3	4
26.	I feel rested	1	2	3	4
27.	I am "calm, cool, and collected"	1	2	3	4
28.	I feel that difficulties are piling up so that I cannot overcome them	1	2	3	4
29.	I worry too much over something that really doesn't matter	1	2	3	4
30.	I am happy	1	2	3	4
31.	I am inclined to take things hard	1	2	3	4
32.	I lack self-confidence	1	2	3	4
33.	I feel secure	1	2	3	4
34.	I try to avoid facing a crisis or difficulty	1	2	3	4
35.	I feel blue	1	2	3	4
36.	I am content	1	2	3	4
37.	Some unimportant thought runs through my mind and bothers me	1	2	3	4
38.	I take disappointments so keenly that I can't put them out of my mind	1	2	3	4
39.	I am a steady person	1	2	3	4
40.	I get in a state of tension or turmoil as I think over my recent concerns and interests	1	2	3	4

Appendix G

(Rationale for Questions)

Question 2:

Rate your counselling responses on a scale of 1-10 (1=low, 10=high), what would you give yourself during:
     a) The first five minutes (beginning) ---------
     b) The second five minutes (middle)   ----------
     c) The third five minutes (end)   ----------

This question was included in order to determine how effective, or skilled counsellors felt they were in the interview. Of interest, was whether counsellors perceived themselves to be less effective with the accented client, as well as the relationship between anxiety and performance (performance in this case being determined by good or poor self-ratings of responses to the client). The breakdown of beginning, middle, and end, allowed for finer discrimination in terms of performance at various intervals of the session which could be related to anxiety experienced at a particular time interval.

Question 3:

Try and think back to how you were feeling during the interview. Using feeling words, describe the feelings you had.

The purpose of this question was to determine what emotions were present among the counsellors during the interview. Of particular interest were the reasons given if anxiety was cited as a predominant emotion, as well as the existence of other emotions such as frustration, which may have differentiated reactions to the accented versus the nonaccented client. The format "I feel ---------- because ----------" was utilized because it was very familiar to all the counsellors taking the counselling skills course.

Question 4:

Were you feeling anxious during the interview? If yes, can you
mention the reasons why and at what time interval the feeling
was most predominant (first five minutes, middle, last five
minutes)?

This question served to differentiate anxiety at various
time intervals during the interview. This was thought to be
important both in relating such information to interval ratings
of performance in question 2, as well as to indicate whether
there may be finer differences in anxiety reactions to accented
versus nonaccented persons at a particular portion of the
interview which might not be detected by the STAI which
addressed the interview as a whole.

Question 5:

Other than the client's presenting problem, what other client
characteristics stood out for you the most? Did they make you
feel uncomfortable?

This question was included in order to allow the
opportunity for the issue of "accent" to be addressed by
counsellors and to determine, if accent was mentioned, whether
this created discomfort for the counsellor.

Question 9:

If you were given a choice, would you continue to see this
client in counselling or would you refer to another counsellor?

As indicated in the review of the anxiety and performance
literature, avoidance is the primary means by which people
defend against the unpleasant nature of the anxiety experience.
This question, then, was constructed with the aim of being a
more indirect measure of anxiety. It was felt that the wording
of the question would allow counsellors the opportunity to say
they wished to not work with the client in an acceptable way,

which might even appear to be in the best interest of the client.   For example, a counsellor might say, "I would refer to a counsellor who had more experience with unemployment."

Appendix H

Figure 1

Scatter Plot of the Negative Correlation Between A-State Scores
and Counsellor Competence
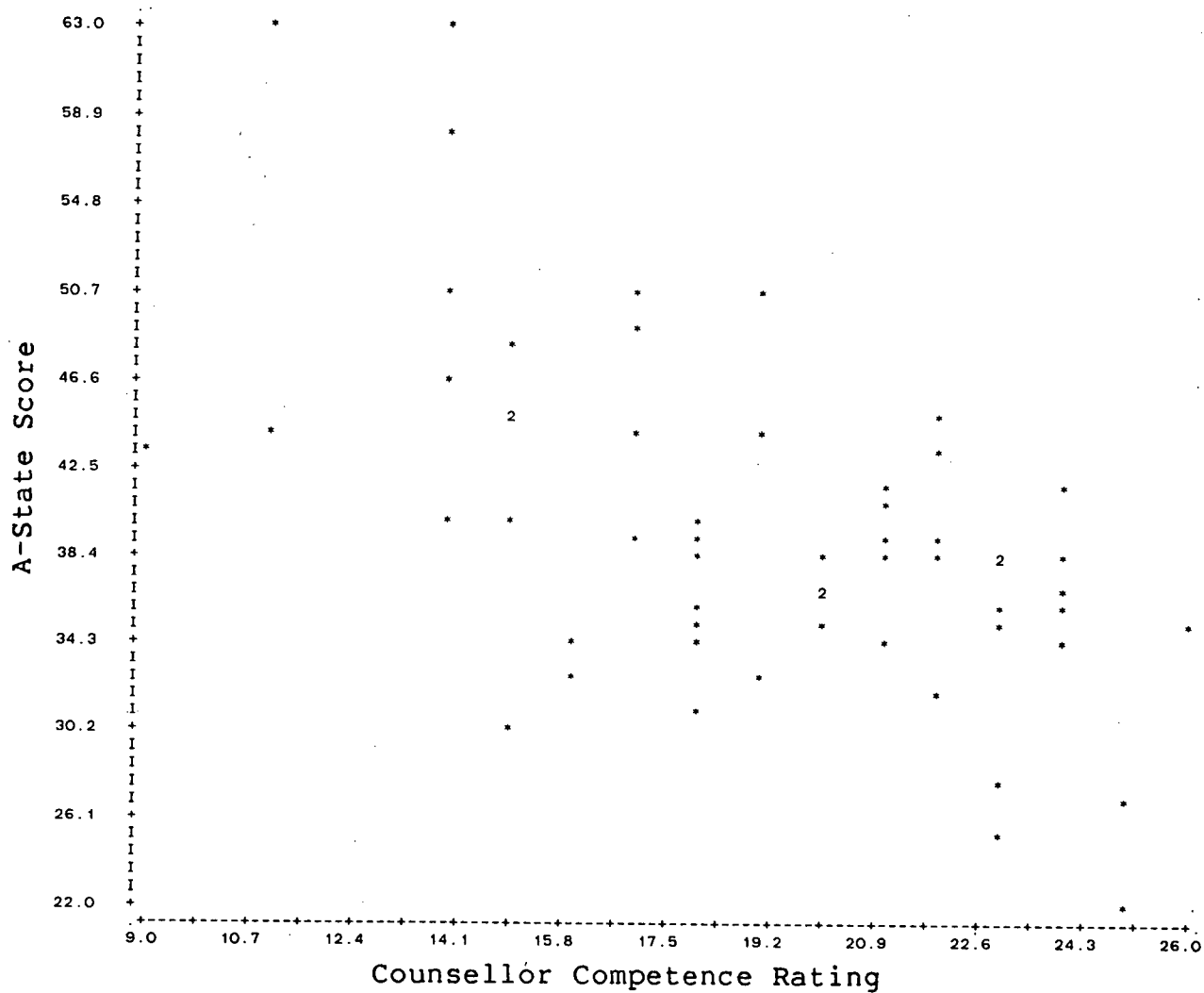
Appendix I

CLIENT SCRIPT

Segment 1

I don't know if you can help me. A friend of mine said you could...I don't know. I feel awkward and silly coming here. But I felt that I had to do something before it's too late. Things aren't so great right now. My life, my family, everything seems to be falling apart...I feel so helpless...I don't seem to be able to do anything to stop it from happening. I'm not a drunk. I don't use any drugs. It's just that I can't seem to do anything right anymore. Ever since I lost my job.

Segment 2

...Well...I've been out of work now for almost two years...22 months tomorrow. I've looked everywhere for a job but for some reason nobody wants to hire me. I try to think of why I can't get work. It's almost as though there's someone...someone's making sure I don't get a job. I am not stupid. I've done all kinds of work. I've worked at all kinds of jobs. I've got experience in almost everything. Why...is what I don't understand...Why is this happening to me?

Segment 3

...My friend told me that I looked depressed...that I shouldn't do anything foolish. Of course I am depressed...who wouldn't be...but suicide has never entered my mind. I could never do anything like that. I never have been a coward and I am determined to see this thing right through to the end. Besides my family needs me, I could never desert them...

Segment 4

Things used to be so good for us. The wife and I we used to plan for the future. We scrimped...put money into savings plans. The children's college money has been spent...I felt

like a thief taking it. But what could I do, the bills had to be paid. I didn't want to lose the house.

Segment 5

We started selling things...started out with a garage sale selling itmes we didn't want...just selling items that we had to sell. It's funny though...I had a...I used to have a stamp collection that I thought was worth thousands...When I took it in to sell it the man laughed at me and said fifty dollars tops. Can you beat that?

Segment 6

My family's very supportive of me but there are some things that they just don't understand. Number one is money. They all know how to spend it...no that isn't fair...it isn't true. It's me. I get so frustrated I want to blame someone...I should have seen it coming, I have no one to blame but myself. I get so angry.

Segment 7

I thought that being out of work was just a temporary thing so I borrowed a couple of dollars here and there. Now I don't have the courage to face them until I can pay them back. I owe everybody it seems. I tried to work some of it off. But it seems everybody's hurting they just want the money. I won't take charity, not as long as I can work that's why...that's why I am here. I need help...I need to get control of myself.

Segment 8

I am so bitter I'm angry at my previous employer for letting me go and I'm mad at the government for causing me to lose my job, and most of all I'm mad at myself for allowing this thing to happen to me.

Segment 9

One good thing that has come out of all this is that we are
much closer family. It was decided that hiding the problems
from the kids wasn't a good idea. The other day the kids and
I walked down to the freeway with some garbage bags. We
collected beer bottles and pop bottles and whatever else we
could find that would bring in some money. My youngest found
a stone ginger beer bottle. My wife got so excited about it,
she collects bottles. It was nice to see her laughing for a
change.

Segment 10

It's difficult to think positive after so many
disappointments. In fact, I have the feeling that I am doing
something that deliberately prevents me from getting the job.
If there was something to help me relax. I don't mean drugs,
I just want to feel good about myself.

Segment 11

The other day I found that somebody had left a box of
groceries on the porch. I suppose the neighbours meant well.
It was bound to get around. But it made me feel terrible. I
appreciate their generousity but it made me feel angry to
know that they know that I am not able to provide for my
family.

Segment 12

It wasn't very long ago that I felt that those people on
welfare were just taking advantage of the system. I was so
wrong. I can imagine how hard it must have been for them
when I don't even have the courage to go myself.

Segment 13

My youngest son refused to go to school today. It seems all
of his friends have Chex. That is some kind of running shoe
that costs eighty dollars a pair. None of the kids go to
parties, they can't afford a show. They fight among
themselves, start screaming at each other and that in turn
starts a chain reaction. Pretty soon the wife and I get in
there screaming too. We have a very tough time and I am not
painting the picture with a black brush...it really is this

desperate....

Segment 14

Yet still out of our difficulty has come a great rallying and
crazy kind of humour that has at times made the most
impossible...bearable. Without this crazy, happy family of
mine I don't think I could have made it this far.