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ABSTRACT

Despite its significance the field of informal peer counseling remains relatively unexplored. This study focused on the therapeutic responses that laymen give to and desire from their peers. In two separate studies, S's indicated their reactions to scripts presented in booklets or on tapes. S's were instructed to respond to these scripts as if the problem were being presented by "a friend". As expected, females tended to be more receptive and nurturing than males. These results were consistent with a view of famales as more other-oriented than males. Males did not indicate greater usage of any category of response compared with females in either experiment; thus, they did not appear to be more rejecting overtly than females, although they seemed less actively helpful. The stimulus person's emotions had a major impact on therapeutic responses. Sadness elicited more nurturing responses and more positive evaluations than anger. Sex-of-target effects in both studies provided very weak support for the view that specific emotions would be responded to differentially, depending upon the target sex. The authors discuss implications of these results for peer counseling as a form of preventive therapy. (Author/PC)



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SEX DIFFERENCES IN RESPONSE TO EMOTION:

A STUDY OF PEER COUNSELLING

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SEX DIFFERENCES IN RESPONSE TO EMOTION: A STUDY OF PEER COUNSELLING

The increasing imbalance between supply and need in the mental health field has led to a growing interest in utilizing nonprofessionals to provide mental health care (cf. Cowen, 1973). Schoffeld has recognized the great potential of the laymen: "The long-standing, mutually oriented and mutually respectful friendship provides a relationship with definite potential for the provision of therapeutic conversation" (1964, p. 161). Despite its significance, the field of informal peer counselling remains relatively unexplored. The present study focuses on the therapeutic responses that laymen give to and desire from their peers.

Characteristics of those in the roles of counselors and clients were expected to influence therapeutic responses. Sex differences in interpersonal behavior have been amply noted (cf. Maccoby, 1966), with females manifesting greater social orientation than males (Carlson, 1971). Specifically, counselor's sex has been suggested as influencing interviews (e.g., Fuller, 1963; Olesker and Balter, 1972). Thus, females subjects (S) were expected to be more responsive than males in therapeutic sessions. Emotional expression accompanying the presentation of a problem was also expected to influence responding. For example, anger may provoke confrontation, whereas sadness may elicit reassurance. Moore(1972) provides evidence for a relationship between hostility and social rejection (although the direction of causation is unknown). Thus, Ss were presented with stimuli differing in emotion (i.e., anger, sadness, or neutral). Sex of Ss and emotion of stimulus were expected to interact in determining the favorableness of reactions. Males tend



to be more aggressive than females (Feshbach, 1970), and may be more receptive to anger; whereas females tend to be more nurturing (Barry, Bacon, & Child, 1957), and may be more receptive to sadness. Finally, because sex-role stereotypes have been found to affect clinical judgements (Broverman, et. al., 1970), sex of the stimulus person was varied systematically.

EXPERIMENT I: SEX DIFFERENCES IN RESPONSE TO WRITTEN SCRIPTS

In this study <u>S</u>s indicated their reactions to scripts presented in booklets. <u>S</u>s were instructed to respond to these scripts as if the problem were being presented by "a friend."

Method

Design. A 2 x 2 x 3 factorial, with one between $\underline{S}s$ factor (sex of \underline{S}) and two within $\underline{S}s$ factors (sex of stimulus and emotion of stimulus) was used.

Helping categories. A pilot project, modeled after Strupp's (1973) psychotherapy research, yielded samples of students' helping responses. The pilot Ss listened to two tape recordings of (staged) counselling interviews (with the interviewer's responses deleted), and were asked to respond therapeutically. Guided by previous classification, (Bales, 1950; Strupp, 1973), we arrived at seven categories that covered the range of students' responses. These categories were the primary dependent variables in the present research. Although the categories differed in degree of acceptance conveyed, each was given a socially-desirable label: Active Listening, Information Gathering (e.g., "What did you do next?"), Reassurance (e.g., "It'll be OK"), Catharsis (e.g., "Go ahead and cry"), Psychological Interpretation (e.g., "I think you really felt angry at her"), Direct Guidance (e.g., "I



think you should...."), and Confrontation (e.g., "I disagree with you").

Subjects. Sixty male and 60 female Introductory Psychology students participated in the experiment, and earned extra credit points towards their course grades.

<u>Procedure</u>. The <u>Ss</u>, were run in mixed-sex groups. The research was portrayed accurately as an investigation of peer counselling, but the <u>Ss</u> did not know that sex differences and emotion were being studied. The seven categories of therapeutic responses were discussed and illustrated, and <u>Ss</u> were given a list of the categories and examples to examin when making their ratings. Each <u>S</u> was then given a booklet containing six problems each described in the first person. Sex and emotion of the stimulus were varied such that each <u>S</u> rated a male and a female in each of three conditions: anger (conflict with a roommate; problems with course scheduling), sadness (broken engagement; job failure), and neutral (changing maj rs; plans after graduation). To avoid confounding sex of stimulus with specific problem content, two forms of the booklet were employed, with each problem portrayed by a male in one form and a female in the other.

For each description, <u>S</u>s indicated the extent to which they would use each of the seven helping responses by circling a number from 1 (would not use at all) to 9 (would use all the time). Six additional 9-point, semantic differential-type scales assessed <u>S</u>s' evaluations of the stimulus person's emotional state (angry, sad, tense) and personal characteristics (likeable, well-adjusted, and easy to relate to).

When <u>Ss</u> finished the booklets, they were instructed to rank order the seven helping responses in terms of their own preferences (i.e., how they would want someone to respond if they were presenting a problem).



Results

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Therapeutic responses. The order of preference for responses (average ranks from 1 to 7) and the overall use of the responses (average 9-point ratings across all stimuli) were quite similar

Insert Table 1 about here

(see Table 1). Active listening was most used and most preferred; catharsis, interpretation, and confrontation were least used and least preferred; and information gathering, direct guidance, and reassurance were intermediate in use and preference. The use of categories was also associated with individual preferences, especially for females (see Table 1). Spearmen rho correlations between use of and preference for each category were all significant for females. However, these correlations were generally smaller for males, and only five were significant.

Each of the seven therapeutic response categories was analyzed by a $2(\sec x \circ f \le) \times 2$ (sex of target) $\times 3$ (type of emotion) analysis of variance. Significant main effects for sex of \le were observed for four of the seven categories (see Table 2). As anticipated, females reported using more active listening, information gathering, reassurance, and catharsis. Thus females appear to be more receptive and nurturing than males, and they also encourage more emotional expression.

Insert Table 2 about here

In general males and females did not differ in the extent to which they would <u>prefer</u> particular helping categories. The only significant difference was in desire for encouragement of catharsis



(Mann-Whitney U=723.3, $\underline{z}:56.6$, \underline{p} < .001, cf., Siegel, 1956). Females preferred catharsis more (M=3.51) than males (M=2.68).

Analyses of sadness and anger ratings indicated that the stimulus emotions were perceived as intended (see Table 3). (Low ratings signify little emotion; high ratings, intense emotion.) Post-hoc comparisons (Newman Keuls; Weiner, 1971) revealed that mean sadness ratings were higher for the sad stimuli than the others. Similarly, anger ratings were higher for the angry stimuli than the others. Tenseness ratings were lower for the neutral stimuli than the others.

The emotional state of the stimulus person significantly affected the use of six of the therapeutic categories (see Table 3). Sadness elicited most active listening, reassurance, catharsis, and psychological interpretation; whereas anger elicited most direct guidance and confrontation. (Note that, despite the significant overall F-ratio for Direct Guidance, the relatively conservative Newman-Keuls tests did not reach the .05 level for any specific comparison.) The only therapeutic response not affected by emotion was information gathering.

Insert Table 3 about here

Significant sex of <u>S</u> X emotion interactions (\underline{df} = 2/236) were found for catharsis (\underline{F} = 5.34, \underline{p} <.01) and psychological interpretation (\underline{F} = 3.16, \underline{p} <.05). Post-hoc comparisons (Newman-Keuls) revealed that the interactions were due primarily to sex differences in responses to sadness, with females using both categories more for sad stimuli (see Table 4).

Insert Table 4 about here



Ratings of personal characteristics and emotion. Emotion expressed determined how "likeable" and "easy to relate to" the stimulus person was seen to be (see Table 3). Angry stimuli were liked less than those who were neutral or sad. Also neutral persons were rated easiest to relate to (although no specific post-hoc comparisons reached the .05 level). Emotion did not affect ratings of adjustment.

Likeability ratings were also affected by <u>Ss'</u> sex, with females tending to rate stimuli more positively than males (<u>F</u> = 3.78, <u>df</u> = 1/118, p < .06). A significant sex of <u>S</u> X sex of stimulus interaction revealed that male stimuli were liked equally by both sexes (<u>M's = 6.00, 6.04</u>), but female stimuli were more liked by females (<u>M = 6.31</u>) than males (<u>M = 5.64</u>, p < .05). Surprisingly, sex of target had no other effects on therapeutic responses or personal characteristics evaluations.

Sex differences in emotion ratings were also found. Females rated all stimuli as more tense (\underline{F} = 6.40, df = 1/118, \underline{p} < .05). Significant sex X emotion interactions (\underline{df} = 1/118, \underline{p} < .05) were found for sadness (\underline{F} = 3.06) and anger (\underline{F} = 3.67). In comparison with males, females gave higher sadness ratings to sad stimuli, and higher anger ratings to angry and sad stimuli (although non-significant by Newman-Keuls analysis). Thus females appear to have been more attuned to the emotionality of the stimulus.

To test the reliability of the previous results and to expand their generality, a subsequent study was run with a slightly modified method. Whereas the former experiment employed stimulus presentation via booklets, the present study used tape recorded scripts. The scripts were represented as tape recordings of actual students relating their



problems. The problems were presented in neutral, angry or sad manners. This method was assumed to approximate natural situations more than the former one, and thereby increase the external validity of the findings. Furthermore, since the target's sex would be more salient (due to voice quality differences between sexes), the importance of this factor was expected to increase.

Method

<u>Design</u>. A 2 (sex of \underline{S}) by 2 (sex of target) by 3 (emotion) design was again used. However, both target and subject sex were between- \underline{S} factors, while emotion remained a within-S factor.

Subjects. Fifty-two male and 52 female Introductory Psychology students participated in the experiment, earning extra credit points.

Helping Categories. Seven categories of responses were again used. Five of these are directly comparable to those used previously, although labelled slightly differently in order to increase clarity:
"Listen quietly", "Ask questions", "Reassure the individual," "Encourage more expression of emotion" (Catharsis), "Suggest that the individual is not behaving appropriately" (Confrontation). The other two types of responses ("Refer to your own experiences" and "Encourage a logical consideration or the problems") correspond less directly to "Direct guidance" and "Psychological interpretation".

Tape recorded scripts. The varying emotions were portrayed for three different problems. The first deals with an individual's failure at work, the second deals with a terminated engagement, and the third with a schedule mix-up at the university. All the stories were recorded by both males and females. Each actor or actress portrayed each problem in a sad, angry, or neutral manner. Essentially



the same meaning was retained for discussions of each problem (e.g., Engagement termination occurred after two years of relationship, and the individual cannot understand why it ended), while the emotion conveyed was varied (e.g., The individual appears to be angry about the whole affair, neutral, or very unhappy).

<u>Procedure.</u> Subjects were run in same-sex pairs. The experiment was again portrayed as dealing with peer-counselling. Tape recorded instructions were played indicating that \underline{S} s would hear tape recordings of students expressing their problems, and that they would be asked to indicate their likely responses, and evaluations. Two sample scripts were played dealing with problems not used later for the experimental scripts, and \underline{S} s were asked to examine the response sheets which were then described. Each \underline{S} then listened to three different problems each expressing anger, sadness or indifference. Every \underline{S} heard all three problems and all three emotions. The particular problem-emotion combination, however, was determined randomly with the restriction that no problem or emotion was repeated for any \underline{S} .

After each script was played, <u>Ss</u> indicated to what extent they would use each of the seven responses previously listed (on 9-point scales) if they "were actually with this person." Next they evaluated this person on four 9-point bipolar scales tapping personal characteristics (likeableness, adjustment, openness, and compatibility), and on three items checking the manipulations of emotion (sadness, anger, tenseness). After hearing all three tapes, <u>Ss</u> were asked to indicate with which of the three individuals they would like to meet, and to rank order them on openness and likeableness. Subjects also completed Syrne's



R-S scale either prior to or following the procedure described. Since this was done to collect pilot data only, it will not be discussed further.

All Ss were debriefed and sworn to secrecy.

Results

Therapeutic responses. Use of the various categories of helping responses was very similar to that found in the previous study. Asking questions ($\underline{M} = 6.72$; 9 = "would do a great deal", <math>1 = "would not do at all") and listening quietly ($\underline{M} = 6.47$) were used most, while suggesting that the individual is not behaving appropriately ($\underline{M} = 4.32$) was used least. Reassurance ($\underline{M} = 6.01$) and encouragement of emotional expression ($\underline{M} = 5.45$) were again intermediate in use, as were the two new categories of encouraging logical analysis ($\underline{M} = 6.94$) and referring to own experiences ($\underline{M} = 6.10$).

Each of the seven therapeutic response categories was analyzed by a 2 x 2 x 3 analysis of variance. Significant main effects of subject sex were found for three of the categories (see Table 5). Females indicated they would listen quietly, encourage expression of emotion, and encourage a logical consideration of the problem, more than would males. Again, similar findings for the first two categories were observed earlier. (The third category was not previously used.)

Insert Table 5 about here

Ratings of anger, sadness, and tenseness indicated that the scripts were perceived as intended (see Table 6). The angry scripts were rated as more angry than sad or neutral scripts; the sad scripts were rated as more sad than the angry or neutral scripts; and the neutral



script was rated less tense than the angry or sad scripts.

The emotional state of the stimulus person significantly affected usage of five of the seven response categories (see Table 6). As previously observed, sadness elicited most listening, encouragement of emotional expression (i.e., catharsis) and reassurance. On the other hand, anger elicited the greatest suggestion that the individual was not behaving appropriately (i.e., confrontation), a finding supportive of that noted earlier. Finally, there was a tendency for the angry and sad targets to elicit more encouragement of a logical consideration of the problem than the neutral target.

Insert Table 6 about here

The only therapeutic response significantly affected by target sex was asking questions ($\underline{F} = 5.91$, $\underline{df} = 1/100$, $\underline{p} < .02$). More questions were asked of male ($\underline{M} = 7.08$) than of female ($\underline{M} = 6.35$) targets. Thus, again target sex appears to have had very little effect on responses.

Ratings of personal characteristics and emotion. Emotion expressed again affected how "likeable" and "easy to get along with" the target was perceived to be (see Table 6). Neutral targets were rated most positively on these dimensions, while angry targets were rated most negatively. Emotion also affected perceived adjustment of targets, with the neutral target perceived as more well-adjusted than the sad and angry targets. The extent to which the target appeared to talk fully and freely was also influenced by emotion; however, no specific post-hoc comparison reached the .05 level.

Male subjects perceived targets as generally somewhat less happy $(\underline{M} = 4.32, 1 = \text{very sad})$ than did females $(\underline{M} = 4.76, \underline{F} = 3.34, \underline{df} = 1/100,$



p < .07). Subjects' sex again affected likeability ratings (F = 3.78, df = 1/100, p < .05), with females rating targets more positively (M = 5.74) than did males (M = 5.31). Subject sex and emotion also interacted in determining likeableness ratings (F = 3.19, df = 2/200, p < .04). While females liked the neutral targets best, males liked the sad target slightly better than the neutral one. Marginally significant interactions of subject sex by emotion (both p < .08) were also observed for ratings of adjustment and ease of getting along with the target. Females rated the sad target as better adjusted than did males, while males rated the neutral target as better adjusted than did females. Males rated the sad target as most easy to get along with, while females rated the neutral target as easiest to get along with.

Subject sex, target sex, and emotion interacted in determining ratings of target tenseness (\underline{F} = 2.83, \underline{df} = 2/200, \underline{p} < .06). Males rated the female sad target as less tense than the male sad target, and the male angry target as less tense than the female angry target. This implies that for males to express anger or females to express sadness was perceived as reflecting less underlying conflict. Female $\underline{S}s^{\dagger}$ tenseness ratings for angry and sad targets appear less influenced by target sex. Females perceived more tension in the neutral female than in male targets, while male $\underline{S}s$ appeared to sense equal tension in both male and female neutral targets.

The neutral target was most frequently selected as the individual Ss would like to meet (41.8%) and the angry target was selected least often (19.6%). The neutral target was also most frequently rated as most likeable (44.3%), and the angry target was selected least often (20.9%). Finally, the sad target was most often chosen as the most

revealing (51.3%) and the neutral target was selected least often (20.0%).

DISCUSSION

As expected, females tend to be more receptive and nurturing than males, using more listening (Experiments I and II), encouragement of emotional expression (Experiments I and II), information gathering (Experiment I), reassurance (Experiment I), and encouragement of logical examination of the problem (Experiment II). These results are consistent with a view of females as more other-oriented than males.

Also, females indicated greater liking for targets than did males in both experiments, suggesting a more positive orientation towards others presenting their problems. Males did not indicate greater usage of any category of response compared with females in either experiment. Thus, they do not appear to be more rejecting overtly than females (as would be suggested by greater usage of confrontation, for example), although they seem less actively helpful.

The stimulus person's emotion had a major impact on therapautic responses. Sadness elicits more nurturing responses and more positive evaluations than anger. In both Experiment I and II, the sad target received the most reassurance, the most encouragement of emotional expression, and the most listening. On the other hand, the angry target elicited the greatest usage of confrontation and suggestion that the behavior was inappropriate. Furthermore, in both experiments the angry target was rated as least likeable and least easy to get along with (relate to).

Sex of target effects in both studies provide very weak support for the view that specific emotions would be responded to differentially dependent upon the target sex. Results in this respect were inconsistent



across studies and weak even within experiments.

These results have a number of implications for peer counselling as a form of preventive therapy, if adequate help from laymen could avert more serious psychological disturbances. Those expressing problems in an angry manner are likely to elicit rather negative, nonsupportive responses from peers. These negative reactions might discourage the angry person from discussing his problems with others. These persons might then be more likely to eventually need professional help. Alternatively, those who express sadness while relating their problems apparently elicit supportive reactions. These supportive reactions might facilitate coping. Rogers (1970) stresses the importance of such positive feedback from others as crucial to the development of positive self-regard and mental health.

In general, therapeutic responses of laymen correspond to their own preferences. Strupp's research (1973, pp. 157-185) provides some basis for comparing professionals' behavior with the responses and preferences of laymen. Consistent with preferences, both groups use extensive active listening and very little confrontation. The groups are also similar in use of reassurance, guidance, and interpretation; again, these responses correspond to S's preferences. The groups differ most in the use of catharsis and information gathering. Professionals devote less time to gathering information, and more to eliciting emotional expressions. Reisman and Yamokoski (1974) have presented similar findings, with friends exceeding professional in interrogative interventions and professionals exceeding friends in empathic responses (which may invite expression of emotion). Because the categories employed



in these other studies are not identical to those used here, these comparisons should be taken as only suggestive. In addition, as Reisman and Yamokoski suggest, laymen may not indicate the same preferences for therapeutic responses from professionals as from peers.



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-Footnotes

1 Requests for reprints should be sent to Dorothy Haccoun, currently at Department of Psychology, Concordia University, Sir George Williams Faculty of Arts, 1455 de Maisonneuve Blvd., West, Montreal, P.Q., Canada



Table 1

Mean Usage and Preference Ratings and Usage-Preference Correlations

for Therapeutic Responses: Experiment I

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Therapeutic	Mean	Mean	Usage-Preference	Usage-Preference
Response	Usage	Preference	Correlation: Females	Correlation: Males
Active Listening	89.9	5.67	\$1 7 .	.23
Information Gathering	6.58	4.43	.34*	80.
Direct Guidance	6.11	4.21	.29*	.33*
Reassurance	5.70	4.60	.38*	.37*
Catharsis	5.02	3.09	.51*	.26*
Psych. Interpretation	77.7	3.47	.31*	.38*
Confrontation	4.16	2.56	. 35*	.24*
			weeken to	

Note: High mean scores indicate greater usage; statistics based on 60 males and 60 females.

*p < .05

Table 2

Mean Use of Therapeutic Responses as a Function of Subject Sex: Experiment T.

Response	Males	Females	F-ratio ^a
Active Listening	6.20	7.15	16.83***
Information Gathering	6.28	6.88	7.01**
Direct Guidance	5.95	6.27	1.48
Reassurance	5.43	5.97	5.58*
Catharsis	4.51	5.52	12.86***
Psych. Interpretation	4.27	4.60	1.49
Confrontation	4.18	4.14	0.01

 $a_{df} = 1/118$



^{*}p 🠧 .05

^{**}p < .01

^{***}p < .001

as a Function of Emotion: Experiment I

Response Category	Angry	Sad	Neutral	F-ratio ^a
Emotion Angry Sad	8.25 ^a 4.19 ^a 6.72 ^a	4.89 ^b 7.93 ^b 7.03 ^a	3.08 ^c 4.92 ^c 6.06 ^b	513.89*** 238.01*** 18.04***
Tense Therapeutic Response Active Listening Information Gathering Direct Guidance Reassurance Catharsis Psych. Interpretation Confrontation	6.19 ^a 6.50 6.52 5.00 ^a 5.07 ^a 4.33 4.87 ^a	7.38 ^b 6.64 5.87 7.13 ^b 6.51 ^b 4.98 ^a 4.12	6.46 ^a 6.59 5.93 4.96 3.48 ^b 3.99 ^b	51.13*** 0.39 8.54*** 86.23*** 135.33*** 16.84*** 21.20***
Trait Ratings Likeable Easy to Relate to Well Adjusted	5.15 ^a 5.58 4.90	6.47 ^b 5.97 4.72	6.38 ^b 6.34 5.07	54.3 7** 9.25** 2.41

Note: df = 2/236; means with different subscripts are significantly different (p 4.05) by post-hoc tests.



^{**}p < .01 ***p < .001

Table 4

Mean Catharsis and Psychological Interpretation Responses
as a Function of Subject Sex and Emotion: Experiment I

Female	Male	P1-
	+	Female
7.36 ^b	3.17	3.78
3 ^a 5.38 ^b	3.89	4.09

Note: Means with different subscripts are significantly different (p $\leq .05$) by post-hoc tests.



Table 5

Mean Use of Therapeutic Responses as a Function of Subject Sex: Experiment II.

Response	Males	Females	F-ratio
Active Listening	6.05	6.89	7.89**
Catharsis	4.99	5.91	6.58**
Logical Analysis	6.67	7.20	3.80*

Note: Significant findings only; df = 1/100



[%]p ≤ .05

^{**}p < .01

Table 6

Mean Therapeutic Responses and Target Ratings as a Function of Emotions: Experiment I

Response Category	Λngry	Sad	Neutral	F-ratio
Emotion Angry Sad ^d Tense ^d	7.83 ^a 5.42 ^a 3.49 ^a	4.76 ^b 2.20 ^b 3.86 ^a	4.67 ^b 5.99 ^a 6.33	66.84*** 98.52*** 60.04***
Therapeutic Response Listening Catharsis Confrontation Reassurance Logical Analysis	6.16 ^a 4.63 ^a 5.18 ^a 5.54 ^a 7.15	7.12 ^b 6.00 ^b 4.19 ^b 6.96b 7.05	6.13 ^a 5.72 ^b 3.58 ^b 5.53 ^a 6.60	7.77*** 10.05*** 10.92*** 15.00*** 2.48*
Trait Ratings Likeable Easy to Relate to Well Adjusted Openness	4.67 ^a 4.20 ^a 6.12 ^a 6.02	5.84b 5.59b 6.54a 5.57	6.08 ^b 6.07 ^b 4.59 ^b 5.17	21.48*** 34.08*** 31.04*** 3.54**

Note: Significant findings only; $\frac{df}{dt} = 2/200$. Means with different subscripts are significantly different (p \leq .05) by post-hoc tests.



dScales reversed

^{***}p < .001

^{**}p < .05

^{*}p < .10