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This study extended the findings of the 2002 study, “The Impact of Sign Language Interpreter and Therapist Moods on Deaf Recipient Mood” which initiated an examination of the impact of sign language interpreter involvement beyond the issue of facilitating therapist - client dialogue. Professional sign language interpreters are trained to be impartial conduits who neither add nor subtract from the primary dyadic relationship. However, the 2002 study found that despondent interpreter mood caused significant negative mood changes in the deaf participant even when the therapist mood was neutral / slightly cheerful.

This current study examines the reverse: whether the mood and affective behavior of the deaf client and therapist can impact on the mood of the working sign language interpreter. Results indicated that the moods of both therapist and deaf client significantly impacted on the mood of the sign language interpreter. Furthermore, deaf client mood had a greater impact than the therapist mood on sign language interpreter mood. Findings suggest a potential for triadic influences in therapy settings. By perceiving, understanding, and utilizing those influences, the quality of the therapeutic alliance can be enhanced.

IMPACT OF DEAF CLIENT AND THERAPIST MOODS ON SIGN LANGUAGE INTERPRETER RECIPIENT MOOD

by

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Approved by

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APPROVAL PAGE

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CHAPTER I

INTRODUCTION

In the mental health field, relatively few therapists possess adequate knowledge of the nature and culture of deafness or fluency in manual communication modalities (i.e., American Sign Language [ASL]) to effectively communicate with deaf clients (Dean & Pollard, 2001; Farrugia, 1989; Gerber, 1983; Tucker, 1981; Sachs, Robinson, & Sussman, 1978). Hence, sign language interpreters play a significant and critical role in facilitating psychological assessment and treatment with deaf clients (Dean & Pollard, 2001; Harvey, 1982; Maher & Waters, 1984; Phillip, 1996). However, research on the impact and benefits of using sign language interpreters to facilitate communication and therapeutic alliance between hearing therapists and deaf clients has been limited and narrowly focused at the linguistic, technical or procedural level (Farrugia, 1989; Happ & Altmaier, 1982).

A recent study, “Impact of Sign Language Interpreter and Therapist Moods on Deaf Recipient Mood” (Gold Brunson & Lawrence, 2002) initiated empirical research on the impact of sign language interpreter involvement beyond the issue of facilitating communication between a hearing therapist and deaf client. The results of the Gold Brunson & Lawrence (2002) study revealed clear support

that interpreters, rather than being non-impacting entities, may have greater influence on the dyadic therapeutic alliance than previously believed: despondent interpreter mood caused significant negative mood changes in the deaf participant even when the therapist mood was neutral/slightly cheerful. This finding suggested that interpreters are an important influential variable at the interpersonal level. This finding also lends empirical support towards the “myth of neutrality” (Metzger, 1999), which disputes the traditional view that professional interpreters can be “impartial” conduits (i.e., all behavior, other than that which facilitates communication, is to be suppressed including thoughts, feelings, or commentary). This notion of “neutrality” is still widely held and posits that interpreters neither add nor subtract from the primary dyadic relationship; that is, the interpreter is to be “invisible” and to perform as a “blank slate” through which little or no influence or personal information about the interpreter is communicated. (Dean & Pollard, 2001; Harvey, 1982; Hsieh, 2006; Metzger, 1999; Mindess, 1999). This disparity between the ideal of “neutrality” and real-world practice has recently been examined among spoken foreign-language interpreters (Griffeth & Bally, 2006; Miller, Martell, Pazdirek, Caruth, & Lopez, 2005). Empirical studies involving medical interpreting with spoken foreign-language interpreters found that interpreters often sided with the providers rather than the foreign-language patient when faced with physician-patient conflicts (Bolden, 2000; Cambridge, 1999). Other studies report that spoken foreign-

language interpreters also experience transference and counter-transference reactions (Miller, Martell, Pazdirek, Caruth, & Lopez, 2005).

The question of whether moods can have an impact on relationships has been discussed in numerous studies, although most of the research has been conducted with hearing individuals only. Entire models have been developed by theorists to describe the relationship between mood and interpersonal events (Beckham & Leber, 1995). The Coyne model (1976b) describes the impact of depressed mood on the social environment. In essence, depressed people engage others in a way that elicits critical and rejecting responses in others. This can lead to a “downward depressive spiral” in which depressive symptoms or behaviors are increased and maintained. In addition, individuals who are not depressed tend to minimize future interactions with depressed individuals (Coyne, 1976a). A number of studies have confirmed these interactional effects, which can be observed in as quickly as 3 min. (Beckham & Leber, 1995; Coyne, 1976a), and identifiable nonverbal behavioral changes are seen in normal subjects talking with depressed subjects; Therapists have reported feeling generally uncomfortable while working with depressed patients (Beckham & Leber, 1995).

One of the remaining empirical questions from the Gold Brunson & Lawrence study (2002) relates to whether the affective influence elicited from the sign-language interpreter to the deaf recipient is one-directional or static in effect.

Due to the visual nature of ASL, relatively frequent or constant rate of eye contact is normally maintained between an interpreter and a deaf recipient. This suggests that deaf recipients and interpreters are exposed to more verbal and behavioral cues from each other than that from the therapist to the deaf consumer and interpreter. Furthermore, within the interpreting field, anecdotal reports from interpreters have begun to prompt academic and professional interest and discussion in recent years re: “vicarious suffering,” “empathic pain,” or “emotional trauma” experiences among working interpreters (de Bruin & Brugman, 2006; Dean & Pollard, 2001; Harvey, 2001; Hseih, 2006; Miller, Martell, Pazdirek, Caruth, & Lopez, 2005; Seiberlich, 2004; Williams & Abeles, 2004). Such anecdotal reports seem to suggest that a two or three directional effect may, in fact, be engaged within a traditional triadic therapy setting (i.e., therapist, deaf consumer, and a sign-language interpreter).

Dean & Pollard (2001), Harvey (2001), Miller, Martell, Pazdirek, Caruth, & Lopez (2005), and Seiberlich (2004) have each discussed that witnessing acts of oppression (“unfair treatment,” “prejudice”) against clients can result in “vicarious stress” and “vicarious trauma” in interpreters. Such vicarious trauma is compounded by the fact that acts of oppression are likely to be witnessed repeatedly by sign language interpreters since the roots of deaf oppression have persisted from as early as the 16th century (Sacks, 1989; Seiberlich, 2004). Harvey (2001) also reported common reactions of “persistent and close range observation of oppression” including “fear, anxiety, depression, anger, rage, guilt,

shame, and lowered self-esteem." Sign language interpreters may experience transference and counter-transference-like reactions as much as the therapist (de Bruin & Brugman, 2006; Harvey, 1982; Williams & Abeles, 2004). Furthermore, as hearing individuals, sign language interpreters may be seen "as members of the powerful dominant group, as the oppressors" (pg. 173; Mindess, 1995). Thus, deaf-clients may feel a sense of hostility towards interpreters (Dean & Pollard, 2001; Mindess, 1995). Branam's survey (1991; cited in Neville, 1992, pp 10-11; Dean & Pollard, 2001) found that hostility expressed toward interpreters by some consumers was a primary reason for burnout.

Considering each angle of the traditional therapy triad (i.e., therapist, deaf consumer, and interpreter), the Gold Brunson & Lawrence (2002) study revealed that the deaf recipient can indeed be significantly influenced by affective cues from the sign language interpreter. Therapists have reported being affectively influenced while working with depressed patients (Beckham & Leber, 1995). The question remains whether sign language interpreters are also susceptible to affective and behavioral cues while working in a therapeutic setting. Some anecdotal evidence suggests that triadic effect (e.g. therapist-interpreter-deaf recipient) may occur in therapeutic settings (Branum, 1991; de Bruin, 2006; Harvey, 1982; Metzger, 1999). That is, regardless of attempts to be pure translators of spoken words into signs (and vice versa), interpreters may be unintentionally influenced by the emotional and behavioral influences by the therapist and deaf client. If so, the interpreter's subsequent interpretation

process can be affected. Likewise, by imagining what the interpreter thinks or feels, both the deaf client and therapist may be unintentionally influenced by the emotional and behavioral influences from the interpreter. For example, an interpreter may perceive tension from the therapist as rejection ("the therapist doesn't want me here") which influences the interpreter affectively (suddenly feels exhausted) and behaviorally (signs less enthusiastically). Meanwhile, a deaf client may perceive the interpreter's affect as being rejecting ("the interpreter doesn’t like me") which impacts the deaf client affectively (feels depressed) and behaviorally (discloses less information). The deaf client's behavior, in turn, increases the therapist's tension (Gold Brunson & Lawrence, 2002).

Does the function of actively interpreting between two other entities (i.e., therapist-deaf consumer) create a ‘protective’ buffer for interpreters against affective and behavioral influences? Can sign language interpreters, who are “busy” in the task of interpreting a dialogue between a therapist and deaf client be significantly influenced or vulnerable to the affective cues presented by the deaf client and the therapist? If so, to what degree?

CHAPTER II

Statement of Purpose

The impact of deaf client mood on sign language interpreter mood in therapeutic settings has received scant consideration or empirical examination. Within the interpreting field, anecdotal reports from interpreters have prompted academic and professional interest and discussion in recent years of the phenomena described as “vicarious suffering,” “empathic pain,” or “emotional trauma” experiences among working interpreters. Such anecdotal reports seem to suggest that a two or three directional effect may, in fact, be engaged within a traditional triadic therapy setting (i.e., therapist, deaf consumer, and a sign-language interpreter). Due to the visual nature of ASL, relatively frequent or a constant rate of eye contact is normally maintained between an interpreter and a deaf recipient. Consequently, deaf recipients and interpreters are exposed to more verbal and behavioral cues from each other than from the therapist to the deaf consumer and interpreter. Thus, this study investigated whether Deaf client mood can influence sign language interpreter mood even when interpreter participants are “busy” in the task of being actively involved in the process of interpreting. Specifically, this study predicted that therapist & deaf client mood will significantly impact on interpreter mood, and that deaf client mood will have a greater impact than therapist mood.

CHAPTER III

METHODS

Overview

Data were obtained from a community sample of eighteen adult sign language interpreters (nine men and nine women) who were recruited from various locales in a southeastern state (Initial data from two male participants were eliminated due to incompletion [time restraints] and administration error re: incorrect assignment of videotaped segments; Two other male participants were then recruited). These participants ranged in age from thirty to sixty years, were nationally-certified, and had been working as interpreters for at least ten years (i.e., acquired fluency in ASL as well as adequate skill and experience in field of interpreting). Interpreter participants were told that they were participating in a study examining the reactions of a sign language interpreter to several sections of an ongoing initial therapy interview shown on videotape. The interpreter participants were asked to imagine that they are actually present in the therapy room and to perform as the interpreter for that therapy session: that is, to interpret what they hear (i.e., spoken statements from the therapist) and voice what they see (i.e., signed statements from the deaf-client). Participants were told that their interpretation performance is being filmed for accuracy of the

videotaped signed content (the presence of the video camera increased “real-world” performance effort by providing a greater sense of being “observed”.)

Videotape Development

Two different teams of psychologists (both health service providers licensed by the state of North Carolina) and deaf actors were videotaped: a male team (a male therapist with a male deaf-client) and a female team (a female therapist with a female deaf-client). To increase face validity, we videotaped each therapist and deaf-client team seated at a slight angle towards each other (a triangular seating position so that the therapist and the deaf client each have eye contact with the interpreter), with the deaf-client sitting to the left of the therapist (from the interpreter participant's point of view). Each team spoke / signed a 3-min. scripted passage directly into the camera while presenting one of two moods: despondent or neutral / slightly cheerful. Four scripted passages (rated neutral in message and tone) involved the therapist encouraging the deaf-client to elaborate on why therapy is needed from four different hypothetical situations related to problem solving, assertiveness training, social skills training, and communication skills training. Both teams filmed each script in all four mood conditions (a total of sixteen videotapes per script): despondent interpreter and despondent therapist (DD), neutral/slightly cheerful interpreter and neutral/slightly cheerful therapist (NN), neutral/slightly cheerful interpreter and despondent therapist (ND), and despondent interpreter and neutral/slightly cheerful therapist

(DN). Participants viewed eight videotapes: Two from each script and two from each mood condition. Gender was balanced across mood condition (i.e., each mood condition was presented by the male and female team), however, the mood condition (of each script) was randomly assigned. For example, one participant was randomly assigned to view the following:

Videotape #:	1	2	3	4	5	6	7	8
Mood condition:	NN	DN	DD	ND	DD	NN	DN	ND
Gender Team:	F	M	F	M	M	M	F	F
Script:	A	B	D	C	B	C	A	D

Script Development

To increase face validity, we designed the four scripted passages to elaborate on the nature of therapy and what a client can expect from therapy (e.g., two from each mood condition [one from each team] from all four scripted role expectations regarding approaching sessions). Each script incorporated a case study involving one of four hypothetical situations: work (problem solving), family (assertiveness training), marriage (communication skills), and friendship (social skills training). (See Appendix A – D for full scripts.)

Prior to filming, the four scripted passages were rated to ensure general neutrality of content matter and emotional tone. Two clinical psychology graduates, blind to intended affective valence, rated each script for both message (script content) and emotional tone using a seven point Likert scale ranging from a Very Optimistic (1) to a Very Pessimistic (7). (See Appendix E)

Ratings for each scripted passages were then averaged. Based on initial rating results which indicated that the scripts were too “pessimistic”, the scripts were rewritten. On the second rewrite, each rater gave all four utilized scripts a score of “4” (Balanced/Neutral) indicating general neutrality in both script content and emotional tone.

During filming, the experimenter (Julianne Gold Brunson) worked with each team to prepare for their performances depicting each mood condition. Although there is much empirical data as to the specific behaviors typically seen in despondent and depressed individuals, no such parallel data have been empirically identified for despondent or depressed signers. As a result, we relied on open-ended discussion of anecdotal evidence related to despondent behaviors in signers gleaned from the 2002 study (Gold Brunson & Lawrence 2002). For example, to display despondency the following behaviors were used to portray despondency: slouched posture, “bored” or slack facial expression, minimal use of additional facial expression or “adjectives” (i.e., signing in a “monotone”), minimal direct eye contact, and signing at a slower rate and at a physically lower level against the body. For this study, both the therapist and deaf-client were asked to speak/sign directly into the camera as if they were including the sign language interpreter. Each portrayed interpersonal behavior and affect consistent with the intended mood condition.

After the videotaped segments were developed, each segment was reviewed and rated by a deaf adult and a sign-language interpreter knowledgeable in ASL and its related facial expressions. The raters were blind to the intended affective valence and were asked to separately rate the deaf client's and the therapist's affecting using a series of 7-point analogue scales ranging from Very Cheerful/Positive (1) to Very Despondent (7) (See Appendix F). Reviewers were also asked to assess their confidence in their ratings of mood states and in the believability of the videotaped segment. Any videotaped segments that were rated beyond the intended affective valence were re-shot. All final videotaped segments used in the study received reviewer scores within the targeted affective range: Neutral / Slightly Cheerful mood conditions scores ranged from 2 to 4 (i.e., "cheerful" to ""neutral") while Despondent mood conditions ranged 5 to 7 (i.e., "discouraged" to "very despondent"; See Appendix F). Both reviewers highly rated their confidence in their own assessment (9 to 10; ""very confidence"). Reviewers also rated the "believability" of the mood depicted for the therapist or deaf client performance being reviewed. All of the final videotaped segments used in this study received high "believability" scores (9 to 10: "very believable"). Thus, it was determined that each videotaped segment adequately presented the intended affective valence for each segment.

Beck Depression Inventory (BDI)

The Beck Depression Inventory (BDI; Beck, Steer, & Garbin, 1988) is a widely used instrument for the assessment of depression. (See Appendix G)

This self-report questionnaire consists of twenty one items, each ranged from zero to three and addresses different aspects of depression. Respondents are asked to rate whether they had experienced each symptom during the past few two weeks. The BDI has good internal consistency (mean coefficient alpha estimate .81 in non-psychiatric populations) and test-retest reliability (mean correlation .69 to .90 in non-psychiatric populations). The BDI is largely accepted as a valid measure because of its high correlations with clinical ratings of depression using the Hamilton Rating Scale for Depression (Hamilton, 1967; mean correlation of .72 in non-psychiatric populations).

Depression Adjective Checklist (DACL)

The Depression Adjective Checklist (DACL; Lubin, 1981) is a well-established self-report questionnaire designed to detect changes in depressed affect. This thirty two item self-report questionnaire requires respondents to indicate whether or not an adjective appropriately describes them at a given point in time. The seven different alternative forms of the DACL (i.e., Form A through F; See Appendix H - N) were used to control for practice effects (Form A was repeated for the 8th videotape). The DACL has shown acceptable levels of reliability and validity along with high alternate form reliability (mean correlation of .80 to .93 in non-psychiatric populations).

Profile of Mood States – Short Form (POMS-SF)

The Profile of Mood States—Short Form (POMS-SF; Curran, Andrykowski, & Studts, 1995) is an abbreviated version of the POMS that correlates highly with the long version of the instrument (all subscales correlations exceeding .95). This well-established questionnaire is designed to assess psychological distress along the dimensions of Tension-Anxiety, Anger-Hostility, Depression-Dejection, Vigor-Activity, Fatigue-Inertia, Confusion-Bewilderment, and Total Mood disturbance. This 37-item self-report questionnaire requires respondents to indicate how much an adjective describes them at a given point in time on a one to five scale ranging from zero, “not at all”, to four, “extremely”. High scores for each subscale indicate that the respondent is experiencing heightened levels of that particular mood, with high total mood disturbance scores indicating greater general distress. To minimize practice effect, five alternate forms of the POMS-SF were generated by the rearrangement of the thirty seven items (See Appendix O – S; Forms A, B, and C were repeated; that is, Form A was given after the 6th videotape, Form B was given after the 7th videotape, and Form C was given after the 8th videotape). The POMS-SF has good internal consistency (coefficient alpha by subscales ranges from .76 to .95).

Coyne’s Willingness to Interact (in the Future)

The Coyne's Willingness to Interact in the Future questionnaire (Coyne, 1976a) is a 13-item self-report questionnaire designed to assess an individual's

willingness to interact with another in future occasions. (See Appendix T) Each item asks respondents to rate, on a scale of one to six, how much they agree with a statement dealing with their feelings about future interactions with the team seen in a particular segment. A high score on this measure indicates greater willingness to engage in future interactions. This measure is widely used in research involving acceptance/rejection responses in interpersonal interactions (Coyne, 1976b). No alternative forms of this measure are available or were created for this study.

Positive and Negative Affect Schedule (PANAS)

The Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988) is a brief self-report questionnaire consisting of two ten-item mood scales which provides measures of two primary and independent dimensions of mood: Positive and Negative Affect (See Appendix U). The PANAS is sensitive to fluctuations in mood of both state-like (short-term) and trait-like (longer-term) manifestations. Thus, this measure can be used under different specific temporal timeframes as needed (i.e., How the respondent felt “right now”, “today”, “during the past few weeks”, etc…). Respondents are asked to rate how much a descriptive emotional term (e.g., excited, distressed, etc…) describes them, on a scale of one to five, ranging from zero, “not at all”, to five, “extremely”. A sum and/or a mean can be calculated for each mood dimension or scale with high scores indicating that the respondent is

experiencing heightened levels of: Positive and/or Negative Affect. The PANAS has good reliability and internal consistency (mean coefficient alpha estimate ranging from .86 to .90 for Positive Affect and from .84 to .87 for Negative Affect in non-psychiatric populations) across different temporal timeframes.

Procedures

At the screening, each recruited participant was administered the Beck Depression Inventory (BDI; Beck, Steer, & Garbin, 1988) to screen out any participants with high scores, indicating depression and participants who rated highly on the suicidality question. Interpreter participants were informed that they are involved in a study examining the reaction of a sign language interpreter during a typical “initial interview” with a licensed psychologist/health service provider and an ASL fluent deaf client. Participants were asked to interpret the session seen on videotape as if they were present during the intake. To increase their sense of being attended to or “watched”, participants were told that their interpretation performance was being videotaped. Participants were assured of the confidentiality of their performance/questionnaire responses and informed of their rights. Following the screening, participants were instructed to interpret (i.e., translate into ASL the therapist’s spoken words and voice into English the signs from the deaf client) eight videotapes (two from each mood condition [one from each team]), one at a time. Three brief questionnaires were completed after each video (to control for practice effects, alternate forms of each measure were given): the Depression Adjective Checklist (DACL; Lubin, 1981), the Profile of

Mood States—Short Form (POMS-SF; Curran, Andrykowski, & Studts, 1995), and the Coyne's Willingness to Interact in the Future Questionnaire (Coyne, 1976a).

To reduce carryover effects, participants were asked to complete a number of word puzzles (e.g., mazes, “find-a-word,” crossword puzzles) for 5 min. following the completion of questionnaires and before interpreting the next videotape. After viewing all eight assigned videotapes and completing the questionnaires, participants were debriefed (See Appendix U). Finally, participants completed a PANAS (Watson, Clark, & Tellegen, 1988; Appendix V) questionnaire and were offered the opportunity to view a “mood-elation” task (viewing a videotape of several deaf adults telling humorous “real-life” stories) to ensure that participants are unharmed by the experimental conditions. An examination of the PANAS results reveals that each of the eighteen participants reported positive affect or moods. Nevertheless, nearly all of the participants elected to view the mood-elation videotape due to their interest in deaf folklore.

Procedural Outline

To recap, all participants were led through the following tasks (tasks marked with an asterisk were repeated eight times):

Presentation

↓

Consent Forms

↓

Screening BDI

↓

Instructions

↓

Interpret 3min videotape (1 out of 8) *

↓

DACL (alternating forms: A to G) *

↓

POMS-SF (alternating forms: A to E) *

↓

Willingness to Interact in the Future Questionnaire *

↓

Interference Task (word puzzles)*

↓

Debriefing

↓

Subject Response

↓

PANAS (final screening)

↓

Mood Elation Task (humorous videotape)

CHAPTER IV

RESULTS

Overview

A 2 (communicator: therapist/interpreter) X 2 (mood condition: Despondent/Neutral-Slightly Cheerful) randomized block factorial design was conducted with therapist mood state (Despondent vs. Neutral/Slightly Cheerful) and deaf client mood state (Despondent vs. Neutral/Slightly Cheerful) as independent variables and questionnaire scores as dependent variables. Participant questionnaire scores for each of the eight assigned videos (two from each mood condition combination) were reduced to four; i.e., scores from each pair (i.e., female deaf client with female therapist; male deaf client with male therapist) of videotaped segments depicting the same mood combinations (i.e., NN, DD, ND, DN) were averaged. A repeated measures multivariate analysis of variances (MANOVA) was conducted on three instruments: DACL, POMS-SF, and Coyne's Willingness to Interact (in the Future) questionnaire.

Results showed overall significant main effects of both therapist and deaf client Mood States for the DACL and Coyne's Willingness to Interact in the Future Questionnaire. A significant therapist mood X deaf client mood interaction effects were also found for both the DACL and Coyne measure. The

POMS-SF revealed no significant main effects and no interaction effects were found.

Omnibus Multivariate Results

A within-subjects, repeated-measures Manova was calculated examining the overall effect of mood condition (Neutral/Slightly Cheerful and Despondency) by deaf client and therapist presentation on three dependent measures. A significant overall main effect was found for deaf client mood ($F(2, 16) = 12.31$. $p = .001$) and for therapist mood ($F(2, 16) = 20.46$. $p = .000$). In addition, a significant interaction effect was found ($F(2, 16) = 4.37$. $p = .031$).

Depression Adjective Checklist (DACL)

The Univariate ANOVA results revealed significant main effects of both deaf client and therapist mood on the DACL (Deaf Client: $F(1,17) = 25.86$; $p = .000$; Therapist: $F(1,17) = 14.85$ $p = .001$; See Table 1; Table 2; Figure 1). The Deaf Client X Therapist mood interaction was also significant for the DACL ($F(1,17) = 6.13$; $p = .02$; See Table 1; Table 2; Figure 2).

A series of paired-samples t tests was conducted to further examine pairwise differences among the four mood combinations for the DACL (see Table 4; Mood Combinations - NN: Deaf Client Mood- Neutral/Slightly Cheerful (N), Therapist Mood - Neutral/Slightly Cheerful (N); DD: Deaf Client Mood- Despondent (D), Therapist Mood - Despondent (D); ND: Deaf Client Mood- Neutral/Slightly Cheerful (N), Therapist Mood – Despondent (D); DN: Deaf Client

Mood- Despondent (D), Therapist Mood - Neutral/Slightly Cheerful (N). A Bonferroni correction was used to adjust for multiple pairwise comparisons yielding an adjusted significance level of p = .008. The following pairs were significant at p <.001: DACLNN – DACLDD, DACLNN - DACLND, DACLNN - DACLDN, DACLDD - DACLND. The following pairs were not significant: DACLDD - DACLDN, DACLND - DACLDN.

Coyne's Willingness to Interact (in the Future)

The Univariate ANOVA results revealed significant main effects of both deaf client ($F(1, 17) = 11.36$; $p = .004$) and therapist mood ($F(1, 17) = 36.20$; $p < .001$) on the Coyne's Willingness to Interact (in the future) questionnaire (See Table 4; Table 5; Figure 3). In addition, a significant interaction effect of deaf client and therapist mood was found for the Coyne's Willingness to Interact measure ($F(1, 17) = 6.89$; $p = .02$; see Table 4; Table 5; Figure 4).

A series of paired-samples t tests was conducted to examine pairwise differences among the four mood combinations for Coyne's questionnaire (see Table 6; Mood Combinations - NN: Deaf Client Mood- Neutral/Slightly Cheerful (N), Therapist Mood - Neutral Slightly Cheerful (N); DD: Deaf Client Mood- Despondent (D), Therapist Mood - Despondent (D); ND: Deaf Client Mood- Neutral/Slightly Cheerful (N), Therapist Mood – Despondent (D); DN: Deaf Client Mood- Despondent (D), Therapist Mood - Neutral/Slightly Cheerful (N)). A Bonferroni correction was used to adjust for multiple pairwise comparisons yielding an adjusted significance level of p = .008. The following pairs were

significant at p = .001: Coyne's Interact NN - Coyne's Interact DD, Coyne's Interact NN – Coyne's Interact ND, Coyne's Interact NN – Coyne's Interact DN. The following pairs were not significant: Coyne's Interact DD – Coyne's Interact ND, Coyne's Interact DD – Coyne's Interact DN, Coyne's Interact ND – Coyne's Interact DN.

Profile of Mood States – Short Form (POMS-SF)

An analysis of the POMS-SF across all six subscales (total mood disturbance) indicated no significant therapist mood main effects ($F(1,17)= .122$, ns) nor significant deaf client mood main effects ($F(1,17)= .598$, ns). No interaction effects were found ($F(1,17)=.286$, ns).

CHAPTER V

DISCUSSION

The results of this study suggest that behaviors characteristic of despondent mood, as seen in the videotaped portrayal by a therapist and a deaf client, may elicit greater dysphoric mood and rejection scores in the sign-language interpreter recipient. Regarding the recipient's mood, pair-wise comparisons of deaf client and therapist mood combinations revealed that group means on the DACL from segments showing a Neutral / Slight Cheerful deaf client and therapist (NN) were significantly lower, indicating lower levels of reported depression compared to group means showing a Despondent deaf client and/or therapist (i.e., NN vs. DD; NN vs. ND; NN vs. DN). Conversely, the group means on the DACL after viewing segments showing a Despondent deaf client and therapist (i.e., DD) and a Despondent deaf client and Neutral / Slightly Cheerful therapist (i.e., DN) were not significant, which may suggest that DD and DN videotaped segments were functionally similar in terms of their impact on participant mood. Likewise, the two mixed mood combinations, DN and ND (Despondent deaf client and Neutral / Slightly Cheerful therapist vs. Neutral / Slightly Cheerful deaf client and Despondent therapist), were not significantly different. This suggests that mixed mood presentations (despondency from either

one of the team members) were similar in terms of their impact on interpreter participant mood.

Regarding the participants' social rejection to depressed presentations, interpreter group means on the Coyne's questionnaire revealed significantly greater levels of willingness to interact in the future after viewing segments where both members of the team were affectively Neutral / Slightly Cheerful (i.e., NN) compared to mixed mood combinations group means showing one or the other in despondent presentations (i.e., NN vs. DD; NN vs. ND; NN vs. DN). Conversely, after viewing segments showing a Despondent deaf client and therapist (i.e., DD) compared with segments showing mixed presentations where one or the other is Despondent (i.e., DD vs. DN; DD vs. ND), the Coyne group means were not significant. The same insignificant finding was found when comparing the two mixed mood combinations: ND vs. DN. This suggests that DD, DN, and ND videotaped mood presentations were functionally similar in terms of their impact on interpreters' social rejection responses.

These findings are noteworthy for several reasons. First, this present study indicates that Coyne's Model regarding the impact of depressed mood on non-depressed individuals is applicable to the unique facilitating role of the sign-language interpreter. Non-depressed interpreter recipients are also likely to experience more dysphoric mood, following an interaction with depressed individuals (as demonstrated in numerous studies examining Coyne's Model). In other words, sign-language interpreters can also be susceptible to mood

influences from both the deaf-client and the therapist while interpreting within a therapy setting. The function of actively interpreting between two other entities (i.e., therapist and deaf consumer) does not appear to serve as a 'protective' shield for interpreters against affective and behavioral influences. That is, sign language interpreters who are "busy" or actively working or involved in the task of interpreting a dialogue between a therapy and deaf consumer can be significantly influenced or vulnerable to affective cues.

Second, in addition to the intended content matter (i.e., neutrally-scripted dialogue in the videotape segments), findings indicate that the sign-language recipient may also perceive non-verbal behavioral stimuli from both the therapist and the deaf client. The visual nature of sign language necessitates a greater frequency of eye contact between a deaf client and a sign language interpreter recipient than between the therapist and the interpreter recipient. An effect of mood state from both the deaf client and the therapist was seen on interpreter-participant mean scores (i.e., DACL, Coyne's Willingness to Interact). These findings taken together with the findings from the Gold Brunson & Lawrence (2002) study, strongly suggest a triadic effect between a therapist, deaf client and a sign-language interpreter. That is, the impact of mood may not be one-directional, but 2- and 3-way in directionality with the greatest line of influence occurring between that of the deaf client and the interpreter as a result of their higher degree of eye-contact. This finding is contrary to the traditional view that the greatest line of influence is dyadic and lies between the therapist

and the deaf client with the interpreter being “neutral” or non-impacting on the therapeutic relationship.

Directions for Future Studies

This study initiates empirical evidence that sign language interpreters can be susceptible to mood influences within a therapy setting. These findings, taken together with the Gold Brunson and Lawrence (2002) study, suggest that a triadic effect may be occurring between the therapist, deaf client, and sign language interpreter. Given that there are a limited number of therapists who are fluent in ASL, the benefits of sign language interpreters in facilitating communication in therapy are critically important and cannot be underestimated. The difficulty lies in the fact that many therapists tend to overlook the presence or impact of the interpreter and proceed as if it were a dyadic therapy session. Therapists need to be more cognizant and inclusive of the interpreter as an influential member in a therapy setting; revise their view of interpreters as non-impacting interpersonal presence, and increase their awareness regarding the potential triadic interplay of dynamics between the deaf client, interpreter and therapist (e.g., shifts in alliances, impact of mood and attitudes, transference and counter-transference effects).

It is interesting to note that, during debriefing, many of the sign language interpreter participants commented that they had felt unaffected by the despondent presentations from the deaf client because such emotional presentations were congruent with the therapeutic setting (“Of course, you will

see depressed people in therapy") and the dialogue was fairly benign ("It's not like anyone was crying or talking about being raped"). In fact, at debriefing, many interpreter participants reported feeling that they had successfully "compartmentalized", minimized, or prevented the impact of perceived affective influences from the therapist and deaf client during their interpretation performance. Several denied being affectively impacted at all by the videotaped segments. Many stated that any impact was brief and fleeting. Participants also reported that after "many years of experience," they viewed themselves as "professional" or well-experienced in the art of "detachment." Indeed, a quick look by this study's administrator (Julianne Gold Brunson) at study participants' "performance" tapes revealed that participants had clearly endeavored to interpret all therapeutic dialogue in a manner that was mood-congruent to the individual they were in the midst of translating (e.g., If the deaf client signed despondently, the interpreter participant vocally expressed the client's despondent mood to the therapist; If the therapist was speaking in a neutral/slightly cheerful manner, the interpreter participant affectively signed in a neutral/slightly cheerful manner).

Although many sign language interpreter participants denied or minimized any lingering mood effects after performing (i.e., interpreting) in a mood-congruent manner, study results indicate that many interpreter participants had significant affective responses in accordance with the Coyne model. Given the long history in the interpreter field of upholding the principles of "invisibility" and

“neutrality”, it may come to as no surprise that many interpreters have difficulty even acknowledging their own emotional reactions for fear of appearing “unprofessional” or “unethical”. The fact that this study found that interpreters are also vulnerable to mood influences does not diminish the value of the interpreter profession or suggest that these participants were unprofessional. Rather, these findings are indicative of underlying interactional dynamics or mechanisms which, under the best of conditions, may lead to greater therapeutic alliance, but, under the worse of conditions, may lead to interpreter burnout or vicarious suffering.

Within the field of interpreting, a movement appears to be emerging which reframes or re-conceptualizes the interpreting profession. Dean and Pollard (2008, 2005, 2001) have written several articles on their Demand-Control theory which highlights a paradigm shift that views the interpreting field, not as a “technical” profession (i.e., predicable step-by-step; principle-based decision-making; limited decision latitude; deontological approach, e.g., accountants, plumbers, computer programmers), but as a “practice” profession (i.e., consequ: e.g., lawyers, nurses, social workers).

It is likely that the degree of impact on mood may vary, not only due to differences in setting, duration, circumstances, intensity and length of interpersonal involvement, but also due to such variables as role-expectancy, mood-congruency by setting or circumstances, and preparation/anticipation on the part of the interpreter. For example, a deaf client’s presentation of despondent mood during a job interview setting may have greater impact on

interpreter mood as compared to a therapy setting, since many people would anticipate a job candidate to present with their “best public face” (i.e., a presentation of despondency would be incongruent under the setting of a job interview). Such discordance in mood congruency by setting can increase emotional stress (or “intrapersonal demands” as described in Dean and Pollard’s work) in the interpreter who is likely to be cognizant of the deaf client’s deviation from the role expectation for job candidates in an interview. A triadic effect can emerge. For example, a deaf client may perceive the job interviewer’s uneasiness and caution as disinterest (“they won’t hire deaf people”) which influences the deaf client affectively (suddenly feels depressed) and behaviorally (smiles less). A traditionally trained interpreter may perceive despondency from the deaf client as fear ("the deaf client is nervous and is not performing well") which influences the interpreter affectively (suddenly feels sad and conflicted re: wanting to under reflect the deaf client’s despondency to boost the client’s chances of landing a job) and behaviorally (becomes more detached). Meanwhile, a deaf client may perceive the interpreter's detachment as rejection ("the interpreter doesn’t like me") which impacts the deaf client affectively (feels more depressed) and behaviorally (discloses less information). The deaf client's behavior, in turn, increases the job interviewer’s unease and tension (“the deaf client isn’t friendly”). The above example is a speculation involving a traditionally trained interpreter who is adhering to the strict principles of never “adding or subtracting” to the situation. Triadic effects can also lead to positive results or

greater alliance. Consider a variation of this speculative example involving an interpreter adhering to a more consequences-based paradigm: a deaf client perceives the job interviewer's unease and caution as disinterest ("they won't hire deaf people") which influences the deaf client affectively (suddenly feels depressed) and behaviorally (smiles less, discloses less information). The interpreter perceives despondency from the deaf client as fear ("the deaf client is nervous and is not performing well") which influences the interpreter affectively (feels worried for the client) and behaviorally (becomes more animated and increases his emotional positivity to boost the client's chances of landing a job). Meanwhile, a deaf client perceives the interpreter's emotional positivity as encouragement ("the interpreter thinks I have a chance") which impacts the deaf client affectively (becomes more enthusiastic) and behaviorally (smiles more, discloses more information). The deaf client's behavior, in turn, decreases the job interviewer's tension ("the deaf client is pleasant and might make a good team member").

It is worth repeating that, in the realm of therapy, the benefits of sign language interpreters in facilitating communication are critically important and the triadic effect, in itself, is a process that isn't necessarily detrimental. However, proceeding as if it were a dyadic therapy session, can be misleading and even damaging to the therapeutic process. Thus, therapists need to be more attentive of potential triadic interplay of dynamics between the deaf client, interpreter and

therapist (e.g., shifts in alliances, impact of mood and attitudes, transference and counter-transference effects).

Further studies are needed to examine other variables that may lead to interpreter “burnout,” “vicarious suffering,” “compassion fatigue” and other emotional trauma experiences among working interpreters such as main and interaction effects of perceived mood, hostility and oppression.

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Appendix A
Script A: Work Situation (Problem Solving)

Therapist: ".....problems and stress are a normal part of life. Sometimes people respond to problems in ways that are not productive or have difficulty seeing their way out of their problems. Therapy can help people learn more quickly and systematically how to increase their coping skills and find effective solutions. While many people experience similar problems or situations, each person is unique with different strengths and weaknesses. We can work together in therapy to assist you in finding solutions that are right for that you. Can you tell me more about the difficulties you are having at work?

Deaf-client: Well, for the past five years, I have worked for an accounting firm. It's a really large company and I work on the 9th floor. I sit in a cubicle and work on the computer doing data entry. This job allows me to be very flexible with my hours which I need because my daughter's child care isn't that reliable. I have to be careful with my money. My pay is enough to support her: pay my rent, my food, my bills and cover child care payments for the daycare place she is in now. But it's not enough to allow me to build up a savings account. I would like to go on more trips on vacation and I want to make sure I can support my daughter in the future. My job is a good job, but lately I find it extremely repetitive. I am finding it very boring! I feel like I am trapped and I can't decide what to do about it. It's a good job with very good health and retirement benefits. I get along well with the people I work with, and I can understand and communicate with just about everyone. I can communicate and understand my bosses and several of my co-workers. Everyone is very supportive of me, they use email a lot to talk with me. They try hard to include me in conversations in the lunch room. I just

wish the job itself was more interesting! I feel guilty that I feel so bored all the time because I think I should be satisfied and thankful for the good pay and benefits especially the flexible hours. I know it's a good job, but I've been dreading going to work. I think a lot about going back to college and majoring in work graphic design or something. Someone at work showed me a few web pages he created. I thought it so cool and creative! But, I don't know how to do this kind of work. I don't know if I could go to college and take care of daughter. I don't know if I could get accepted into college. I feel like I should be grateful for the job I have but I wish it wasn't so boring. Lately, I lose my temper a lot, and I'm late for work all the time. Really, I am not sure what to do. My mother suggested that I talk to a therapist. Since my daughter was born, I find it hard to get together with my girlfriends. Not all of them have kids of their own, and my daughter keeps me busy. My social life isn't as much fun like it was before my daughter was born. But I'm used to it. I'm a mom now. Maybe if I had more fun outside of work, then I could tolerate my boring job better! Maybe I should do more fun things during the week. I just need to find more ideas. I am having a hard time seeing the different ways I can change my situation. I think therapy is a safe place to talk about my options, and that's why I'm here.

Appendix B
Script B: Friendship Situation (Social Skills)

Therapist: ".....I hear you saying that you're really looking to find relief for your friendship difficulties and to feel less depressed. You have been describing how worried you are about being unable to identify the exact nature or reasons for why you have repeatedly experienced problems in your friendships. I would like to see if we can identify common themes or patterns in the way you relate with others. Often changing the way we related to others can bring about positive mood changes. Can you describe more about the difficulties you are having now and any patterns you may have noticed?

Deaf-client: Well, I just graduated from my high school, and I would like to major in computer graphics at the community college here next semester. I went to a mainstreaming school where I was the only deaf student. I am good at technology and computers. I spend a lot of time doing video games and talking on chat rooms on the internet. You could say I'm a "Techno-Nerd"! I've never had trouble with school studies, and I got on the Dean's List a lot, but I really didn't have many friends. Sometimes, I could lip-read other kids teasing me who called me "teacher's pet", "weird", "bookworm." That's why I tend to talk with people in chat rooms on the internet because people don't judge me the same there. My mom says I was born very shy, and I think that is probably true! I've just always been shy and quiet, even with other deaf people. It feels hard talking and sharing. I really have a hard time making conversation with people. I tend to wait until people talk to me first before I say anything, and then my answers are like too short. For some reason, I just freeze up! I am here because of what happened with the prom. I made up my mind to come here and talk, to get help,

after I got really mad at myself! I realized the single reason why I didn't go to the prom was because I couldn't bring myself to ask a girl out. I found out later that a few girls would have gone to the prom with me, but they thought that I just didn't like them! I just couldn't believe it! They thought my not talking to them meant I didn't like them! I know it sounds stupid, but I thought they didn't like me, and that they wouldn't have gone out with me. I am still so shocked about it! But still…even after I found out that a few girls would have gone out with me, I still have a hard time trying to start a conversation. In fact, I got worse! I was like nervous all the time! My sister would hit me on my arm and say, "smile!" I guess I don't smile enough, and I know I need to make better eye contact. But that makes me so nervous! Whenever anyone talks to me, I will answer, but I really need to learn how to make casual conversation. It's much easier on the internet! I can carry on longer conversations there. After the prom was over, I decided to try to just smile more. I found I could smile at a person whenever I am walking by really fast like down the school hallway. I could smile really quickly at a person as I walk by and keep going. I didn't slow down to see their reaction. I noticed different people now will look at me and smile back more often. That makes me really nervous, because I don't know what I'm supposed to do or say next. I want to get better at talking with kids my age. I really don't want to go through college all by myself. There is a computer club that has video game tournaments. I would like to go to a meeting and actually make some friends maybe. I know I should be able to talk to them in person better. I am embarrassed to be here, but I don't know what else to do. I just want to change and have more friends.

Appendix C
Script C: Family Situation (Assertiveness Skills)

Therapist: ".....I hear how frustrated you feel and how scary it has been for you to share your important feelings or thoughts with others. You have been wishing that you could tell people directly, but you are afraid that people might become angry with you or end their relationship with you. You have been swallowing your feelings to avoid damaging a relationship. Now you feel unhappy or confused in your relationship? Can you give me more details or specifics about the current problem or situation you are in?

Deaf-client: Me and my boyfriend broke up. He broke with me. I was so shocked. We had been together since high school. He is hearing, but I knew him a long time, and he learned to sign. He was my first real boyfriend. I thought we would be together forever, and that we would get married one day. We were always together. At first, he wouldn't tell me why he wanted to break up, but eventually he told me that I was "too boring" and "too easy to please." I didn't understand because we always did things that he wanted to do, so how could that be boring? I wanted him to be happy, so I had no trouble letting him decide things. Like for example, if we were going out to eat, he would ask me where I wanted to go eat or what movie to rent. He started to insist that I make the decisions, but I would ask him what he wanted. I was really surprised when he broke up with me. I spend more time with my roommates now, and a month ago, I noticed that that my roommates would get frustrated for the same reasons as my boyfriend did. I have trouble expressing what I think or feel. I can't seem to get the nerve to tell my roommate to pick up their clothes they leave behind in the bathroom. For some reason, I get especially upset with my mother. When we go

shopping, she will tell me which style or color of things I should pick. But I just say nothing. It used to be so easy to just be nice and let everyone decide things, but now I see that I do have my own opinions and interests. I just don't know how to talk to people about it. Especially saying "no", like when my neighbor asked me to babysit when I had a big paper due. I really want to be my own person with other people, but I don't what to hurt people's feelings. I want to be more confident and less scared about my decisions. I came here because I heard someone say good things about you, and I am hoping you can help me.

Appendix D
Script D: Marriage Situation (Communication Skills)

Therapist: ".....I know you are here today in hopes of improving the quality of your marriage. It sounds like there are many issues happening in your marriage, and you are especially upset about the way your discussions have led to frequent and intense arguments. The lack of closeness between you and your spouse has been strong enough for you to consider therapy. You say that there are several issues that have reached a stalemate between you and your spouse. Can you describe more specifically your communication difficulties and the issues you are confronting?

Deaf-client: Well, we have been married for five years. When we got married, we both were very busy and working hard on careers. We were both going to school and busy getting our degrees, certificates, and endless training that is needed in our jobs. Both of us were just getting started in our careers when we found out that we were going to have a baby. We were so shocked, but very, very happy! We have the most beautiful baby girl and she's means so much to us! When our baby became about four months old, she started really crying and crying for like… hours! We found out that she had a very severe case of colic. She would literally cry all the time and wake up two to three times a night. We would rock her for at least an hour before her crying ceased. Many times we would have to drive her around for a long time to help her fall asleep. We were still struggling with our jobs and fighting over who would take care of the baby. The baby seems to be getting better, but we are still fighting: Who will get up that night to rock the baby? Who will do the cleaning, the laundry, pay the bills, etc… We have been sleeping in separate rooms so we wouldn't be woken up by the

other getting up at night. I know we should be more understanding with each other: Everyone says how stressful a new baby is. We argue all the time about many things - especially about money and whether one of us should stop working and stay home to take care of the baby full-time. Daycare is so expensive! But neither one of us is willing to stop the career we spent so long building. Our fighting is getting worse and worse. The messy house doesn't bother me as much as it bothers my wife (husband) who absolutely hates seeing any kind of mess and yells at me for not noticing the mess. Tells me to "clean up" and constantly complains of having to do all the work after coming home from a full time job. Well, I am just too tired, and I don't care about the mess! I heard that you had helped another couple we know. We have some really bad habits I think we need to break with our fighting. I think it would help us a lot to have a third party mediate our discussions and maybe help us find some real solutions.

Appendix E

Visual Analogue Scale re: Script Review

Script Rating Form

Rater:
Script:

EMOTIONAL CONTENT:
After reading the script, please circle the number that best reflects the **emotional** content or tone of the script as a whole.

Very Optimistic	**Balanced/ Neutral**	**Very Pessimistic**

1_____ 2_____ 3_____ 4_____ 5_____ 6_____ 7

SCRIPT CONTENT:
After reading the script, please circle the number that best reflects the **script** content or the subject matter of the script as a whole.

Very Optimistic	**Balanced/ Neutral**	**Very Pessimistic**

1_____ 2_____ 3_____ 4_____ 5_____ 6_____ 7

Appendix F
Visual Analogue Scale re: Segment Review

Visual Analogue Scale

After viewing the videotape, please circle the number that best reflects the mood depicted on the videotape. You will need to complete two separate scales: One rating the mood of the interpreter and another rating the mood of the therapist.

Please identify the individual being rated (interpreter or therapist):

_____

Mood Depicted:

Very Cheerful	Cheerful	Pleasant	Neutral	Discouraged	Despondent	Very Despondent
1	2	3	4	5	6	7

Please rate how **CONFIDENT** you feel in your rating (above) of the Mood depicted:

Not at All Confident			Fairly Confident			Very Confident
1	2	3	4	5	6	7	8	9	10

Please rate the **BELIEVABILITY** of the mood depicted for the individual rated above:

Not at All Believable			Fairly Believable			Very Believable
1	2	3	4	5	6	7	8	9	10

Appendix G

BDI

MASS SCREENING NUMBER: _____

n this questionnaire are groups of statements. Please read each group of statements carefully. Then pick out the one statement in each oup which best describes the way you have been feeling **the PAST TWO WEEKS, INCLUDING TODAY**. Circle the number beside e statement you picked. If several statements in the group seem to apply equally well, circle each one. **Be sure to read all the atements in each group before making your choice. Mark your answers on this sheet.**

1) 0 I do not feel sad.
1 I feel sad.
2 I am sad all the time and I can't snap out of it.
3 I am so sad or unhappy that I can't stand it.

2) 0 I am not particularly discouraged about the future.
1 I feel discouraged about the future.
2 I feel I have nothing to look forward to.
3 I feel that the future is hopeless and that things cannot improve.

3) 0 I do not feel like a failure.
1 I feel I have failed more than the average person.
2 As I look back on my life, all I can see is a lot of failures.
3 I feel I am a complete failure as a person.

4) 0 I get as much satisfaction out of things as I used to.
1 I don't enjoy things the way I used to.
2 I don't get real satisfaction out of anything anymore.
3 I am dissatisfied or bored with everyone.

5) 0 I don't feel particularly guilty.
1 I feel guilty a good part of the time.
2 I feel quite guilty most of the time.
3 I feel guilty all of the time.

6) 0 I don't feel I am being punished.
1 I feel I may be punished.
2 I expect to be punished.
3 I feel I am being punished.

7) 0 I don't feel disappointed in myself.
1 I am disappointed in myself.
2 I am disgusted with myself.
3 I hate myself.

8) 0 I don't feel I am any worse than anybody else.
1 I am critical of myself for my weaknesses or mistakes.
2 I blame myself all the time for my faults.
3 I blame myself for everything bad that happens.

9) 0 I don't have any thoughts of killing myself.
1 I have thoughts of killing myself, but I would not carry them out.
2 I would like to kill myself.
3 I would kill myself if I had the chance.

10) 0 I don't cry any more than usual.
1 I cry more now than I used to.
2 I cry all the time now.
3 I used to be able to cry, but now I can't cry even though I want to.

11) 0 I am no more irritated now than I ever am.
1 I get annoyed or irritated more easily than I used to.
2 I feel irritated all the time now.
3 I don't get irritated at all by the things that used to irritate me.

12) 0 I have not lost interest in other people.
1 I am less interested in other people than I used to be.
2 I have lost most of my interest in other people.
3 I have lost all of my interest in other people.

13) 0 I make decisions about as well as I ever did.
1 I put off making decisions more than I used to.
2 I have greater difficulty in making decision than before.
3 I can't make decisions at all anymore.

14) 0 I don't feel I look any worse than I used to.
1 I am worried that I am looking old or unattractive.
2 I feel that there are permanent changes in my appearance that make me look unattractive.
3 I believe that I look ugly.

15) 0 I can work about as well as before.
1 It takes an extra effort to get started at doing anything.
2 I have to push myself very hard to do anything.
3 I can't do any work at all.

16) 0 I can sleep as well as usual.
1 I don't sleep as well as I used to.
2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3 I wake up several hours earlier than I used to and cannot get back to sleep.

17) 0 I don't get more tired than usual.
1 I get tired more easily than I used to.
2 I get tired from doing almost anything.
3 I am too tired to do anything.

18) 0 My appetite is no worse than usual.
1 My appetite is not as good as it used to be.
2 My appetite is much worse now.
3 I have no appetite at all anymore.

19) 0 I haven't lost much weight, if any.
1 I have lost more than 5 pounds.
2 I have lost more than 10 pounds.
3 I have lost more than 15 pounds.
I am purposely trying to lose weight by eating less. ___YES___NO

20) 0 I am no more worried about my health than usual.
1 I am worried about physical problems such as aches and pains; or upset stomach; or constipation.
2 I am very worried about physical problems and it's hard to think of much else.
3 I am so worried about my physical problems that I cannot think about anything else.

21) 0 I have not noticed any recent change in my interest in sex.
1 I am less interested in sex than I used to be.
2 I am much less interested in sex now.
3 I have lost interest in sex completely.

Appendix H

CHECK LIST

DACL FORM A

By Bernard Lubin

Name_____ Age_____ Sex_____

Date_____ Highest grade completed in school_____

DIRECTIONS: Below you will find words which describe different kinds of moods and feelings. Check the words which describe How You Feel Now -- ~~Today~~ Since the last videotape. Some of the words may sound alike, but we want you to check all the words that describe your feelings. Work rapidly and check all of the words which describe how you feel today.

1. ☐	Wilted	17. ☐	Strong
2. ☐	Safe	18. ☐	Tortured
3. ☐	Miserable	19. ☐	Listless
4. ☐	Gloomy	20. ☐	Sunny
5. ☐	Dull	21. ☐	Destroyed
6. ☐	Gay	22. ☐	Wretched
7. ☐	Low - spirited	23. ☐	Broken
8. ☐	Sad	24. ☐	Light - hearted
9. ☐	Unwanted	25. ☐	Criticized
10. ☐	Fine	26. ☐	Grieved
11. ☐	Broken - hearted	27. ☐	Dreamy
12. ☐	Down - cast	28. ☐	Hopeless
13. ☐	Enthusiastic	29. ☐	Oppressed
14. ☐	Failure	30. ☐	Joyous
15. ☐	Afflicted	31. ☐	Weary
16. ☐	Active	32. ☐	Droopy

Appendix I

CHECK LIST

DACL FORM B

By Bernard Lubin

Name_____ Age_____ Sex_____

Date_____ Highest grade completed in school_____

DIRECTIONS: Below you will find words which describe different kinds of moods and feelings. Check the words which describe How You Feel Now -- ~~Today~~ (Since the last videotape). Some of the words may sound alike, but we want you to check all the words that describe your feelings. Work rapidly and check all of the words which describe how you feel today.

1. ☐	Downhearted	17. ☐	Clean
2. ☐	Lively	18. ☐	Dispirited
3. ☐	Unfeeling	19. ☐	Moody
4. ☐	Alone	20. ☐	Pleased
5. ☐	Unhappy	21. ☐	Dead
6. ☐	Alive	22. ☐	Sorrowful
7. ☐	Terrible	23. ☐	Bleak
8. ☐	Poor	24. ☐	Light
9. ☐	Forlorn	25. ☐	Morbid
10. ☐	Alert	26. ☐	Heavy - hearted
11. ☐	Exhausted	27. ☐	Easy - going
12. ☐	Heartsick	28. ☐	Gray
13. ☐	Bright	29. ☐	Melancholy
14. ☐	Glum	30. ☐	Hopeful
15. ☐	Desolate	31. ☐	Mashed
16. ☐	Composed	32. ☐	Unlucky

Appendix J

CHECK LIST

DACL FORM C

By Bernard Lubin

Name_____ Age_____ Sex_____

Date_____ Highest grade completed in school_____

DIRECTIONS: Below you will find words which describe different kinds of moods and feelings. Check the words which describe How You Feel Now -- Today. Some of the words may sound alike, but we want you to check all the words that describe your feelings. Work rapidly and check all of the words which describe how you feel today.

1. ☐	Cheerless	17. ☐	Buoyant
2. ☐	Animated	18. ☐	Tormented
3. ☐	Blue	19. ☐	Weak
4. ☐	Lost	20. ☐	Optimistic
5. ☐	Dejected	21. ☐	Low
6. ☐	Healthy	22. ☐	Deserted
7. ☐	Discouraged	23. ☐	Burdened
8. ☐	Bad	24. ☐	Wonderful
9. ☐	Despondent	25. ☐	Crushed
10. ☐	Free	26. ☐	Somber
11. ☐	Despairing	27. ☐	Interested
12. ☐	Uneasy	28. ☐	Joyless
13. ☐	Peaceful	29. ☐	Crestfallen
14. ☐	Grim	30. ☐	Lucky
15. ☐	Distressed	31. ☐	Chained
16. ☐	Whole	32. ☐	Pessimistic

Appendix K

CHECK LIST

DACL FORM D

By Bernard Lubin

Name_____ Age_____ Sex_____

Date_____ Highest grade completed in school_____

DIRECTIONS: Below you will find words which describe different kinds of moods and feelings. Check the words which describe How You Feel Now - - [redacted] since the last videotape. Some of the words may sound alike, but we want you to check all the words that describe your feelings. Work rapidly and check all of the words which describe how you feel today.

1. ☐	Depressed	17. ☐	Fit
2. ☐	Elated	18. ☐	Lonesome
3. ☐	Awful	19. ☐	Unloved
4. ☐	Lifeless	20. ☐	Glad
5. ☐	Griefstricken	21. ☐	Grave
6. ☐	Inspired	22. ☐	Sunk
7. ☐	Woeful	23. ☐	Shot
8. ☐	Lonely	24. ☐	Merry
9. ☐	Suffering	25. ☐	Wasted
10. ☐	Mellow	26. ☐	Washed Out
11. ☐	Drooping	27. ☐	Clear
12. ☐	Rejected	28. ☐	Gruesome
13. ☐	Fortunate	29. ☐	Tired
14. ☐	Dreary	30. ☐	High
15. ☐	Lousy	31. ☐	Worse
16. ☐	Good	32. ☐	Drained

Appendix L

CHECK LIST

DACL FORM E

By Bernard Lubin

Name_____ Age_____ Sex_____

Date_____ Highest grade completed in school_____

DIRECTIONS: Below you will find words which describe different kinds of moods and feelings. Check the words which describe How You Feel Now - - ~~Today~~ since the last videotape. Some of the words may sound alike, but we want you to check all the words that describe your feelings. Work rapidly and check all of the words which describe how you feel today.

1. ☐	Unhappy	18. ☐	Well
2. ☐	Active	19. ☐	Apathetic
3. ☐	Blue	20. ☐	Chained
4. ☐	Downcast	21. ☐	Strong
5. ☐	Dispirited	22. ☐	Dejected
6. ☐	Composed	23. ☐	Awful
7. ☐	Distressed	24. ☐	Glum
8. ☐	Cheerless	25. ☐	Great
9. ☐	Lonely	26. ☐	Finished
10. ☐	Free	27. ☐	Hopeless
11. ☐	Lost	28. ☐	Lucky
12. ☐	Broken	29. ☐	Tortured
13. ☐	Good	30. ☐	Listless
14. ☐	Burdened	31. ☐	Safe
15. ☐	Forlorn	32. ☐	Wilted
16. ☐	Vigorous	33. ☐	Criticized
17. ☐	Peaceful	34. ☐	Fit

Appendix M

CHECK LIST

DACL FORM F

By Bernard Lubin

Name_____ Age_____ Sex_____

Date_____ Highest grade completed in school_____

DIRECTIONS: Below you will find words which describe different kinds of moods and feelings. Check the words which describe How You Feel Now -- ~~Today~~ Since the last Videotape. Some of the words may sound alike, but we want you to check all the words that describe your feelings. Work rapidly and check all of the words which describe how you feel today.

1. ☐	Sorrowful	18. ☐	Successful
2. ☐	Lively	19. ☐	Rejected
3. ☐	Uneasy	20. ☐	Crestfallen
4. ☐	Tormented	21. ☐	Jolly
5. ☐	Low - spirited	22. ☐	Deserted
6. ☐	Clean	23. ☐	Grieved
7. ☐	Discouraged	24. ☐	Low
8. ☐	Suffering	25. ☐	Steady
9. ☐	Broken - hearted	26. ☐	Wretched
10. ☐	Easy - going	27. ☐	Terrible
11. ☐	Downhearted	28. ☐	Inspired
12. ☐	Washed Out	29. ☐	Woeful
13. ☐	Playful	30. ☐	Unworthy
14. ☐	Joyless	31. ☐	Joyous
15. ☐	Despairing	32. ☐	Destroyed
16. ☐	Gay	33. ☐	Somber
17. ☐	Friendly	34. ☐	Unconcerned

Appendix N

CHECK LIST

DACL FORM G

By Bernard Lubin

Name_____ Age_____ Sex_____

Date_____ Highest grade completed in school_____

DIRECTIONS: Below you will find words which describe different kinds of moods and feelings. Check the words which describe How You Feel Now -- ~~Today~~ Since the LAST VideoTape. Some of the words may sound alike, but we want you to check all the words that describe your feelings. Work rapidly and check all of the words which describe how you feel today.

1. ☐	Heartsick	18. ☐	Enthusiastic
2. ☐	Healthy	19. ☐	Bleak
3. ☐	Sad	20. ☐	Griefstricken
4. ☐	Afflicted	21. ☐	Eager
5. ☐	Lonesome	22. ☐	Drained
6. ☐	Fine	23. ☐	Desolate
7. ☐	Alone	24. ☐	Miserable
8. ☐	Gloomy	25. ☐	Merry
9. ☐	Depressed	26. ☐	Dull
10. ☐	Alive	27. ☐	Melancholy
11. ☐	Heavy-hearted	28. ☐	Interested
12. ☐	Failure	29. ☐	Unwanted
13. ☐	Glad	30. ☐	Gruesome
14. ☐	Despondent	31. ☐	Whole
15. ☐	Sunk	32. ☐	Oppressed
16. ☐	Optimistic	33. ☐	Lifeless
17. ☐	Jovial	34. ☐	Elated

Appendix O
POMS- Form A

Date:
Id #:

Sex: F M

0: Not at all
1: A little
2: Moderately
3: Quite a bit
4: Extremely

1. Tense……0 1 2 3 4
2. Angry……..0 1 2 3 4
3. Worn out……..0 1 2 3 4
4. Lively……..0 1 2 3 4
5. Confused…….0 1 2 3 4
6. Shaky……..0 1 2 3 4
7. Sad……..0 1 2 3 4
8. Active……0 1 2 3 4
9. Grouchy…….0 1 2 3 4
10. Energetic……0 1 2 3 4
11. Unworthy……..0 1 2 3 4
12. Weary……0 1 2 3 4
13. Bewildered……0 1 2 3 4
14. Furious……..0 1 2 3 4
15. Efficient……0 1 2 3 4
16. Uneasy……0 1 2 3 4
17. Fatigued……..0 1 2 3 4
18. Annoyed……0 1 2 3 4
19. Discouraged…0 1 2 3 4
20. Nervous……..0 1 2 3 4
21. Lonely……...0 1 2 3 4
22. Muddled……0 1 2 3 4
23. Exhausted……0 1 2 3 4
24. Anxious……0 1 2 3 4
25. Gloomy……0 1 2 3 4
26. Sluggish……..0 1 2 3 4
27. Full of pep…..0 1 2 3 4
28. Bad-tempered 0 1 2 3 4
29. Forgetful…….0 1 2 3 4
30. Vigorous……0 1 2 3 4`

POMSSF A

Appendix P
POMS- Form B

Date:
Id #:

Sex: F M

0: Not at all
1: A little
2: Moderately
3: Quite a bit
4: Extremely

1. Vigorous.....0 1 2 3 4
2. Forgetful 0 1 2 3 4
3. Bad-tempered.....0 1 2 3 4
4. Full of pep.....0 1 2 3 4
5. Sluggish.....0 1 2 3 4
6. Gloomy.....0 1 2 3 4
7. Anxious.....0 1 2 3 4
8. Active.....0 1 2 3 4
9. Grouchy.....0 1 2 3 4
10. Energetic.....0 1 2 3 4
11. Unworthy.....0 1 2 3 4
12. Weary.....0 1 2 3 4
13. Bewildered.....0 1 2 3 4
14. Furious.....0 1 2 3 4
15. Efficient.....0 1 2 3 4
16. Uneasy.....0 1 2 3 4
17. Fatigued.....0 1 2 3 4
18. Annoyed.....0 1 2 3 4
19. Discouraged...0 1 2 3 4
20. Nervous.....0 1 2 3 4
21. Lonely.....0 1 2 3 4
22. Muddled.....0 1 2 3 4
23. Exhausted.....0 1 2 3 4
24. Tense.....0 1 2 3 4
25. Angry.....0 1 2 3 4
26. Worn out.....0 1 2 3 4
27. Lively.....0 1 2 3 4
28. Confused..... 0 1 2 3 4
29. Shaky..... .....0 1 2 3 4
30. Sad.....0 1 2 3 4

POMS-SF B

Appendix Q
POMS- Form C

Date:
Id #:

Sex: F M

0: Not at all
1: A little
2: Moderately
3: Quite a bit
4: Extremely

1. Angry……0 1 2 3 4
2. Uneasy... ……0 1 2 3 4
3. Bad-tempered…..0 1 2 3 4
4. Lonely……0 1 2 3 4
5. Sluggish……0 1 2 3 4
6. Gloomy……0 1 2 3 4
7. Anxious……0 1 2 3 4
8. Active……0 1 2 3 4
9. Muddled……0 1 2 3 4
10. Energetic……0 1 2 3 4
11. Unworthy……0 1 2 3 4
12. Weary……0 1 2 3 4
13. Bewildered……0 1 2 3 4
14. Furious……0 1 2 3 4
15. Lively……0 1 2 3 4
16. Forgetful……0 1 2 3 4
17. Fatigued……0 1 2 3 4
18. Annoyed……0 1 2 3 4
19. Discouraged…0 1 2 3 4
20. Nervous……0 1 2 3 4
21. Full of pep…..0 1 2 3 4
22. Grouchy……0 1 2 3 4
23. Exhausted……0 1 2 3 4
24. Tense……0 1 2 3 4
25. Vigorous……0 1 2 3 4
26. Worn out……0 1 2 3 4
27. Efficient……0 1 2 3 4
28. Confused…… 0 1 2 3 4
29. Shaky…… ……0 1 2 3 4
30. Sad……0 1 2 3 4

POMS - SF C

Appendix R
POMS- Form D

Date:
Id #:

Sex: F M

0: Not at all
1: A little
2: Moderately
3: Quite a bit
4: Extremely

1. Exhausted.....0 1 2 3 4
2. Uneasy... .....0 1 2 3 4
3. Efficient.....0 1 2 3 4
4. Lonely.....0 1 2 3 4
5. Discouraged.....0 1 2 3 4
6. Gloomy.....0 1 2 3 4
7. Anxious.....0 1 2 3 4
8. Active.....0 1 2 3 4
9. Muddled.....0 1 2 3 4
10. Lively.....0 1 2 3 4
11. Unworthy.....0 1 2 3 4
12. Weary.....0 1 2 3 4
13. Bewildered.....0 1 2 3 4
14. Furious.....0 1 2 3 4
15. Energetic.....0 1 2 3 4
16. Fatigued.....0 1 2 3 4
17. Forgetful.....0 1 2 3 4
18. Annoyed.....0 1 2 3 4
19. Sluggish.....0 1 2 3 4
20. Sad.....0 1 2 3 4
21. Full of pep.....0 1 2 3 4
22. Grouchy.....0 1 2 3 4
23. Angry.....0 1 2 3 4
24. Tense.....0 1 2 3 4
25. Vigorous.....0 1 2 3 4
26. Worn out.....0 1 2 3 4
27. Bad-tempered..0 1 2 3 4
28. Confused..... 0 1 2 3 4
29. Shaky..... .....0 1 2 3 4
30. Nervous.....0 1 2 3 4`

POMS-SF D

Appendix S
POMS- Form E

Date:
Id #:

Sex: F M

0: Not at all
1: A little
2: Moderately
3: Quite a bit
4: Extremely

1. Grouchy……0 1 2 3 4
2. Uneasy... ……....0 1 2 3 4
3. Efficient…..……0 1 2 3 4
4. Lonely…..……0 1 2 3 4
5. Discouraged……0 1 2 3 4
6. Gloomy……0 1 2 3 4
7. Anxious……0 1 2 3 4
8. Active……0 1 2 3 4
9. Muddled……0 1 2 3 4
10. Lively……0 1 2 3 4
11. Unworthy……..0 1 2 3 4
12. Weary……0 1 2 3 4
13. Bewildered……..0 1 2 3 4
14. Furious……..……0 1 2 3 4
15. Energetic……0 1 2 3 4
16. Fatigued……0 1 2 3 4
17. Forgetful……0 1 2 3 4
18. Annoyed……0 1 2 3 4
19. Sluggish……..0 1 2 3 4
20. Sad……0 1 2 3 4
21. Full of pep.....0 1 2 3 4
22. Exhausted……0 1 2 3 4
23. Angry……0 1 2 3 4
24. Tense..……0 1 2 3 4
25. Vigorous..……0 1 2 3 4
26. Worn out……..0 1 2 3 4
27. Bad-tempered..0 1 2 3 4
28. Confused…… 0 1 2 3 4
29. Shaky….. …….0 1 2 3 4
30. Nervous……0 1 2 3 4`

POMS - SF E

Appendix T
Coyne's Willingness to Interact Questionnaire

Appendix I

Further Interactions Questionaire

Subject Number_____

Please Indicate on a scale from 1 (totally disagree) to 6 (totally agree) how much you agree with each statement. Answer each question as it applies to the team you just saw in the last videotape segment.

_____ 1. I would like to meet with this team.

_____ 2. I would like to sit with this team on a 3-hour bus trip.

_____ 3. I would be willing to work on a job with these this team.

_____ 4. I would be willing to have this team eat lunch with me often.

_____ 5. I would like to invite this team to my home.

_____ 6. I would be willing to share an apartment with a team like them.

_____ 7. It is likely that this team could become a close friends of mine.

_____ 8. I would be willing to have a team like them supervise me at work.

_____ 9. I would ask this team for advice.

_____ 10. This team is physically attractive.

_____ 11. This team is socially poised.

_____ 12. It is likely that I would go out with a team with their type of personality.

_____ 13. It is likely that I would marry a person with personalities like this team.

APPENDIX U

General Debriefing Statement

The study in which you participated was designed to assess whether deaf client mood or therapist mood will significantly impact on sign language interpreter mood. In each of the eight video segments you viewed, the therapist and the deaf client were expressing one combination of two mood states: despondency and neutral / slightly cheerful. Due to the nature of the interpretation process where relatively consistent eye contact between the interpreter and the deaf client must be maintained, the interpreter recipient is exposed to more non-verbal behavioral and verbal cues from the deaf client rather than the speaker (therapist). This study hypothesizes that deaf clients can inadvertently influence interpreter mood through the expression of such cues. For example, perhaps the viewing of a despondent deaf client and / or therapist as they discuss general issues related to therapy may induce negative mood changes in the sign language interpreter. On the other hand, perhaps a deaf client or a therapist with a neutral / slightly cheerful mood may increase positive mood in the interpreter participant. By perceiving and understanding the impact of mood within the therapeutic relationship, the quality of the therapeutic alliance may be enhanced. This research may also further knowledge related to anecdotal reports of interpreter experiences with “vicarious suffering” or “empathic pain.”

Thank you very much for your participation. If you have any additional questions about your participation, please feel free to ask them now. In addition, if you would like a summary of the study results, when they are available, please contact Dr. P. Scott Lawrence of the Psychology Department of the University of North Carolina at Greensboro (910-334-5013) or Julianne Gold Brunson at (704-926-5030).

I would very much appreciate your refraining from any discussion of your participation in this study with other sign language interpreters as they may be participating in this project as well in the near future. Thank you.

Appendix V

PANAS – current

This scale consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent you feel this way RIGHT NOW.

Use the following scale to record your answers:

1	2	3	4	5
Very slightly or not at all	A little	Moderately	Quite a bit	Extremely

_____interested	_____irritable
_____distressed	_____alert
_____excited	_____ashamed
_____upset	_____inspired
_____strong	_____nervous
_____guilty	_____determined
_____scared	_____attentive
_____hostile	_____jittery
_____enthusiastic	_____active
_____proud	_____afraid

APPENDIX W

FIQURE 1

Means

Depression Adjective Checklist (DACL)

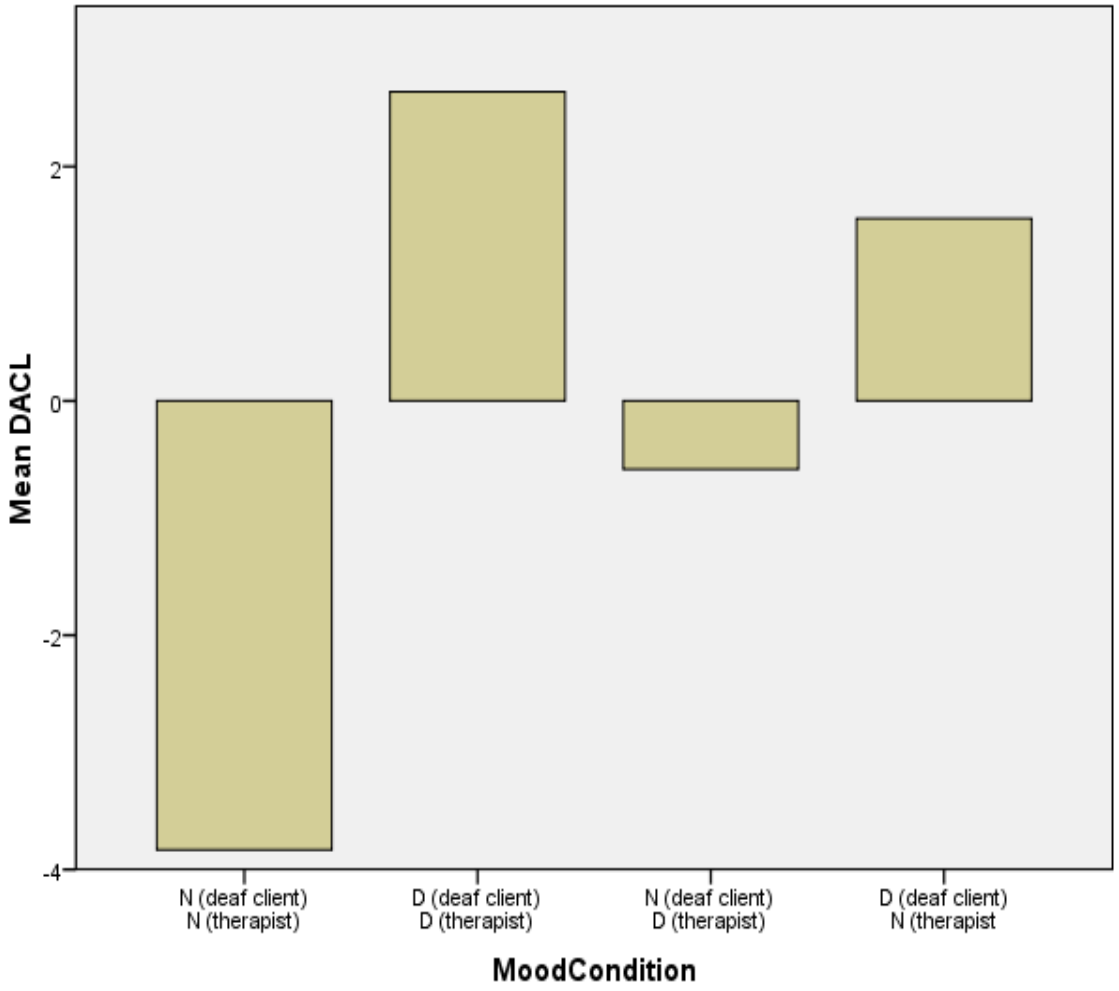

TABLE 1

Least Squares Means

Depression Adjective Checklist (DACL)

	Therapist: Despondent	Therapist: Neutral	Means
Deaf Client: Despondent	2.64	1.56	2.10
Deaf Client: Neutral	-.58	-3.83	-2.21
Means	1.03	-1.14	

Marginal means for Deaf Client (2.10 and -2.21) are significantly different with a $F(1, 17) = 25.86$, $p = .000$

Marginal means for Therapist (1.03 and -1.14) are significantly different with $F(1, 17) = 14.85$, $p = .001$

FIGURE 2

Interaction Effect:

Depression Adjective Checklist (DACL)

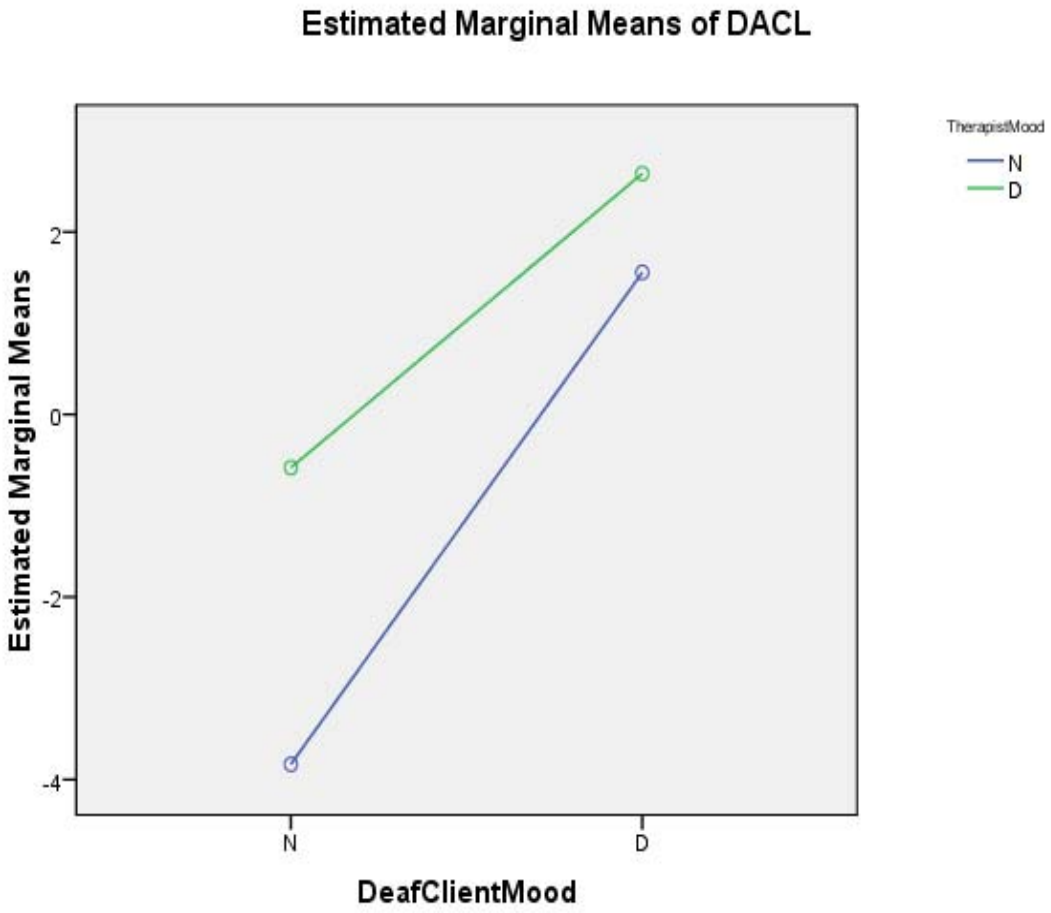

TABLE 2

Univariate ANOVA

Depression Adjective Checklist (DACL)

Univariate Tests

Source	Measure	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Deaf Mood	DACL	333.681	1	333.681	25.864	.000	.603
Error (Deaf Mood)	DACL	219.319	17	12.901			
Therapist Mood	DACL	84.500	1	84.500	14.848	.001	.466
Error (Therapist Mood)	DACL	96.750	17	5.691			
Deaf Mood * Therapist Mood	DACL	21.125	1	21.125	6.126	.024	.265
Error (Deaf Mood * Therapist Mood)	DACL	58.625	17	3.449			

TABLE 3

Pairwise Comparisons re:
Mood Conditions (NN, DD, ND, DN)

Depression Adjective Checklist (DACL)

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	DACL NN – DACL DD	-6.47222	4.84001	1.14080	-8.87910	-4.06534	-5.673	17	.000*
Pair 2	DACL NN – DACL ND	-3.25000	2.88633	.68031	-4.68534	-1.81466	-4.777	17	.000*
Pair 3	DACL NN – DACL DN	-5.38889	4.48053	1.05607	-7.61700	-3.16077	-5.103	17	.000*
Pair 4	DACL DD – DACL ND	3.22222	3.55305	.83746	1.45533	4.98911	3.848	17	.001*
Pair 5	DACL DD – DACL DN	1.08333	3.15413	.74344	-.48518	2.65184	1.457	17	.163
Pair 6	DACL ND – DACL DN	-2.13889	3.70931	.87429	-3.98349	-.29429	-2.446	17	.026

***** Bonferroni correction yielded an adjusted significance level of p = .008.

NN: Deaf Client Mood- Neutral / Slightly Cheerful (N), Therapist Mood - Neutral / Slightly Cheerful (N)
DD: Deaf Client Mood- Despondent (D), Therapist Mood - Despondent (D)
ND: Deaf Client Mood- Neutral / Slightly Cheerful (N), Therapist Mood – Despondent (D)
DN: Deaf Client Mood- Despondent (D), Therapist Mood – Neutral / Slightly Cheerful (N)

FIQURE 3

Means

Coyne's Willingness to Interact (in the Future)

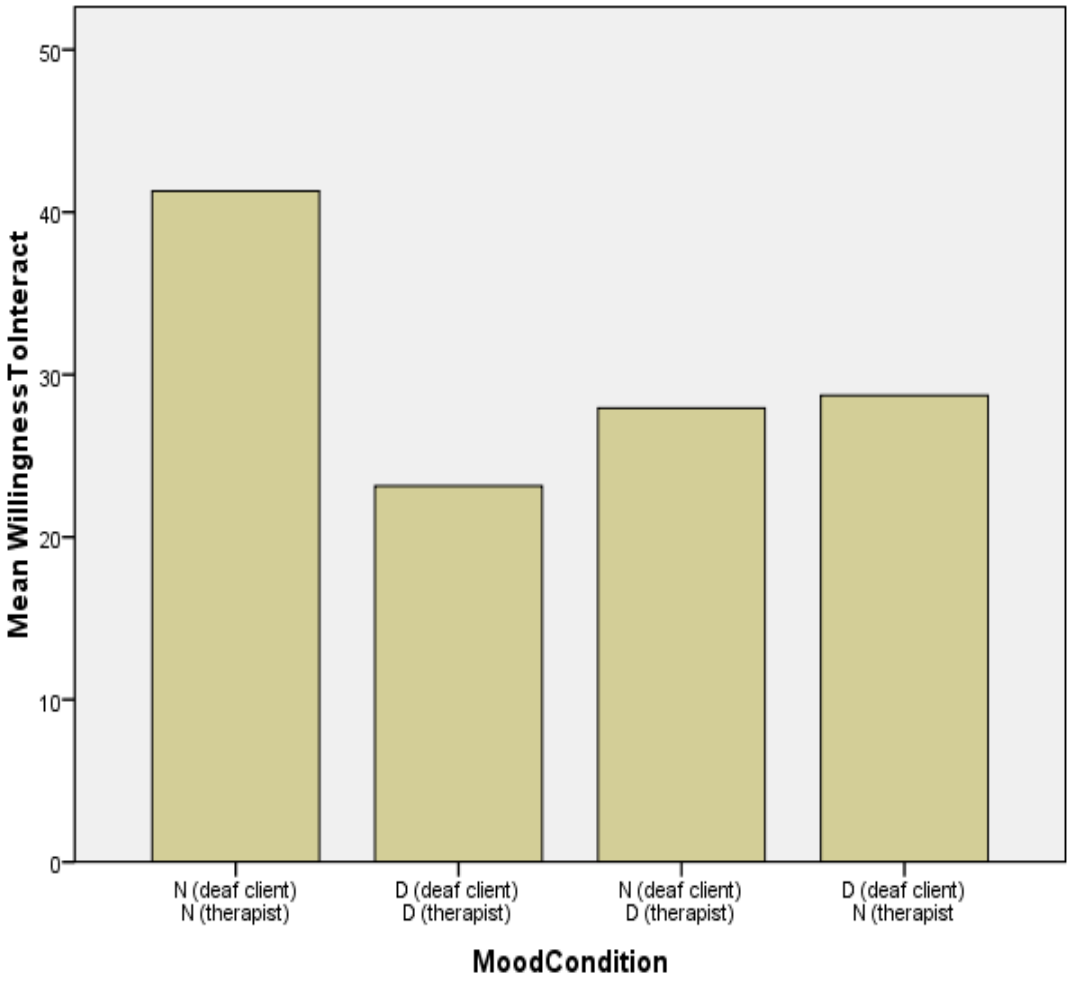

TABLE 4

Least Squares Means

Coyne's Willingness to Interact (in the Future)

	Therapist Despondent	Therapist Neutral	Means
Deaf Client: Despondent	23.14	28.72	25.93
Deaf Client Neutral	27.94	41.31	34.62
Means	25.54	35.01	

Marginal means for Deaf Client (25.93 and 34.62) are significantly different with a $F(1, 17) = 11.36$, $p = .004$

Marginal means for Therapist (25.54 and 35.01) are significantly different with a $F(1, 17) = 6.89$, $p. = .018$

FIGURE 4

Interaction Effect

Coyne's Willingness to Interact in the Future

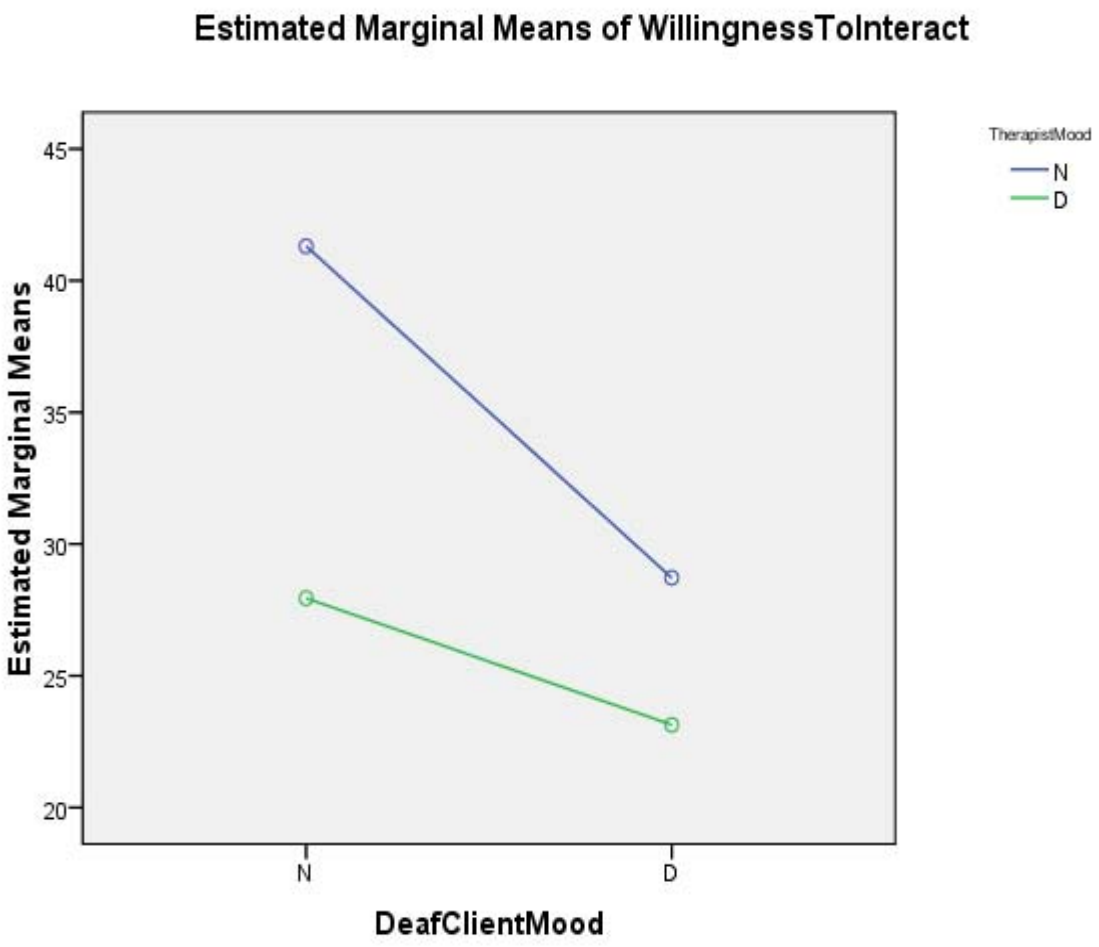

TABLE 5

Univariate ANOVA

Coyne's Willingness to Interact (in the Future)

Univariate Tests

Source	Measure	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Deaf Mood	Coyne's Interact	1360.681	1	1360.681	11.362	.004	.401
Error (Deaf Mood)	Coyne's Interact	2035.944	17	119.761			
Therapist Mood	Coyne's Interact	1615.014	1	1615.014	36.203	.000	.680
Error (Therapist Mood)	Coyne's Interact	758.361	17	44.609			
Deaf Mood * Therapist Mood	Coyne's Interact	272.222	1	272.222	6.885	.018	.288
Error (Deaf Mood * Therapist Mood)	Coyne's Interact	672.153	17	39.538			

TABLE 6

Pairwise Comparisons re:
Mood Conditions (NN, DD, ND, DN)

Coyne's Willingness to Interact (in the Future)

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference Lower	Upper			
Pair 1	Coyne's Interact NN – Coyne's Interact DD	18.16667	12.72330	2.99891	11.83952	24.49381	6.058	17	.000
Pair 2	Coyne's Interact NN – Coyne's Interact ND	13.36111	9.88434	2.32976	8.44574	18.27648	5.735	17	.000
Pair 3	Coyne's Interact NN – Coyne's Interact DN	12.58333	13.07923	3.08280	6.07919	19.08748	4.082	17	.001
Pair 4	Coyne's Interact DD – Coyne's Interact ND	-4.80556	12.14634	2.86292	-10.84579	1.23468	-1.679	17	.112
Pair 5	Coyne's Interact DD – Coyne's Interact DN	-5.58333	8.40212	1.98040	-9.76161	-1.40506	-2.819	17	.012
Pair 6	Coyne's Interact ND – Coyne's Interact DN	-.77778	12.91741	3.04466	-7.20145	5.64590	-.255	17	.801

***** Bonferroni correction yielded an adjusted significance level of p = .008.

NN: Deaf Client Mood- Neutral/ Slightly Cheerful (N), Therapist Mood - Neutral Slightly Cheerful (N)
DD: Deaf Client Mood- Despondent (D), Therapist Mood - Despondent (D)
ND: Deaf Client Mood- Neutral/ Slightly Cheerful (N), Therapist Mood – Despondent (D)
DN: Deaf Client Mood- Despondent (D), Therapist Mood - Neutral Slightly Cheerful (N)