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SOCIAL SKILL TRAINING EFFECTS ON  
THE INTERPERSONAL DISTANCE AND TOUCH RECOGNITION  
ABILITIES OF SECOND GRADE CHILDREN.

BY

THOMAS E. REDDEN

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE

REQUIREMENTS FOR THE DEGREE OF

MASTER OF ARTS

IN

PSYCHOLOGY

MARSHALL UNIVERSITY GRADUATE COLLEGE

1997



RUNNING HEAD: SOCIAL SKILL TRAINING EFFECTS

Masters Thesis  
of  
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1997

Running Head: Social Skill Training Effects

Social Skill Training Effects on the Interpersonal  
Distance and Touch Recognition Abilities of Second Grade Children

Thomas Redden

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Abstract

The effects of training on interpersonal distance and touch recognition abilities among 46 second grade children was evaluated. The children were involved in two, 45 minute training sessions each week for three weeks. Training effects were measured using the Emory Dyssemia Index-Brief Form (EDI-b). The teachers rated the children with the distance and touch subtest of the EDI-b. Pre-test and Post-test measures were obtained. A one way analysis of variance was used to analyze the data. Alpha was set at .05. There was no significant difference between the experimental and control groups prior to training. There was a significant difference between the groups when the social skills training had concluded. The results indicated that children showed significant improvement in nonverbal communication with training. Recommendations for the use of the EDI-b in future research are discussed.

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No endeavor of this magnitude can be accomplished alone. There were many times along the way in which I was discouraged, overworked, or simply exhausted. I am lucky to say that there has always been someone there to lend support. Be it an encouraging word or a simple gesture of kindness, the things given to me by friends, family, professors, and colleagues have aided in my perseverance. To each and everyone I am grateful. And lastly, it is to my son, Jacob Makenzy, that I dedicate this thesis.

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## Social Skill Training Effects on the Interpersonal Distance and Touch Recognition Abilities of Second Grade Children

Current research with children has identified several areas of nonverbal communication in which children exhibit deficiencies (Nowicki & Duke, 1994). The authors have coined the term, dyssemia, to describe the inability to express or understand nonverbal communication. Duke, Nowicki, and Martin (1996) state that nearly 10% of children have deficiencies in one or more of the areas of dyssemia severe enough to cause social rejection. These children have little interaction with peers and show significant signs of poor peer relations. The children are socially isolated and have greater incidences of school maladjustment and delinquency (Combs & Slaby, 1977). As adults, these individuals are more likely to have mental health problems.

Nowicki & Duke (1994) state that space and touch are significant areas of Dyssemia. These concepts may not be understood properly by children since the skills are not intuitive. The use of space and touch involves both the recognition (receptive) and demonstration (expressive) of nonverbal cues. Although children are more likely to be excused for violations than adults, those who break rules of space and touch are perceived as offensive by others (Duke, et al., 1996). The effective use of space and touch requires an understanding of these concepts.

Space includes the territory immediately surrounding each individual. This has been described as a bubble which expands or contracts depending on the situation. Within the bubble there are four zones in which it is appropriate for particular kinds of communication to take place (Duke, et al., 1996). The innermost zone is the intimate area that extends from an individual outward approximately 18 inches. Individuals communicate with family or close friends and discuss personal matters in the intimate zone. The next zone is the personal zone which encompasses the space between 18 inches and four feet away from an individual. The majority of conversations with friends and

acquaintances are conducted in this zone. The third zone ranges from four to approximately twelve feet and is referred to as the social zone. Communication is generally louder in this zone and personal or private matters are not discussed due to the amount of distance and the greater chance of being heard by others. The final zone is the public zone which extends from twelve feet to infinity. Verbal communication typically does not occur in this zone. Individuals generally communicate with postures or gestures until the person with whom they are communicating enters their social zone. Rustemli (1992) found that interpersonal distance has a strong effect on feeling crowded and any unwarranted proximity produces discomfort for individuals.

Touch refers to the learning of when, where, and how to touch others. Jourard (1968) suggests that societal norms regulate who will touch whom and under what conditions. Despite these societal norms, touch rules may also require systematic teaching. According to Duke, et. al., (1996), in relation to interpersonal space, touch occurs at the zero distance zone. "Any individual who touches inappropriately, either in location or intensity, stands a chance of being viewed as strange or even frightening (p. 77)." The rules of touch are especially hard for children to learn because they are situationally bound. Children, however, are best advised to use touch minimally outside the family. Children would be best advised that when in doubt, do not touch. Although any violations of touch rules are apt to cause negative reactions, some errors are more severe than others. The touching of sexual areas, especially by those age eight or older, is considered a significant violation. Appropriate and inappropriate touch is best described by differentiating between the inside and outside bodylines. Touching along the outside bodyline is relatively harmless whereas a touch to the inside bodyline is normally unfavorable. Different kinds of touch such as patting, squeezing, stroking, poking, etc. are also important. Most people associate a pat with something positive while a poke is generally

viewed as negative. Children may have difficulty in expressing or receiving touch and are seldom aware of variations in the intensity of touch.

Overall training of the basic social skills has been neglected by the school system (Combs & Slaby, 1977). Nowicki and Duke (1994) state that making children aware of dyssemia and training the children in behavioral change may improve self-confidence and the ability to form relationships. Improving the processing of nonverbal skills may also lessen the possibility that the children will develop interpersonal difficulties late in life (Nowicki & Duke, 1992a).

### Purpose

Research on the effects of training with dyssemia in children is limited. Much of what has been written on dyssemia exists as unpublished doctoral dissertations or master's theses at Emory University in Atlanta, Georgia. The primary purpose of this study was to evaluate the effect of training on interpersonal distance and touch recognition skills. The results of this study will encourage mental health professionals, as well as parents and educators, to be aware of the benefits of training in helping the child with dyssemia. The hypotheses were:

Null Hypothesis: Social skills training will have no significant effect on interpersonal distance and touch recognition abilities in second grade children.

Hypothesis I: Social skills training will have a significant effect on interpersonal distance and touch recognition abilities in second grade children.

### Method

#### Subjects

The subjects were second grade students at Mullens Grade School. Mullens Grade School is located in Wyoming County in Southern West Virginia. The area is primarily rural. The main source of income is from the coal mining industry and related operations.

A letter asking permission to conduct research in the school was sent to the Wyoming County Board of Education and permission slips were sent home with the children explaining the purpose of the study (Appendix B). The subjects were assigned to either the control group (N=23) or the experimental group (N=23). Due to restrictions in the school calendar, training had to begin the week following the distribution of the permission slips; therefore, those who returned the consent forms within seven days were assigned to the experimental group and were involved in the skill training.

### Instrument

The Touch and Interpersonal Space Ability subtest of the Emory Dyssemia Index-Brief Form (EDI-b) was used to measure the child's knowledge of touch and personal space (Appendix C). The Emory Dyssemia Index is a dyssemia screening measure for use with large populations of children (Love, Nowicki, & Duke, 1994). Test-retest reliabilities for the total EDI-b were .86. Love, et. al., (1994) describe the EDI as internally consistent and reliable over time. The EDI is used as a general index of dyssemia, however, research suggests that more empirical support is needed.

### Procedure

Each subject in the experimental group was involved in two 45 minute group training sessions each week for three weeks. The control group received no training. Training involved group discussions and role play exercises. The sessions began with an introductory statement which provided information on the use of touch and interpersonal space and the purpose of training. The discussions focused on the awareness of space variation and the proper use of touch. The four zones of personal space described by Nowicki and Duke (1992b) are public, social, personal, and intimate. Young children, however, may have negative views of the concept of intimate because educational programs often use intimate in relationship to abuse by strangers. Parents may also object because the term intimate is usually applied to adult relationships. To avoid conflict the

word intimate was replaced with the word close. Following the first session, each session of training began with a review of information previously presented. Scenarios were used to demonstrate appropriate and inappropriate uses of touch and interpersonal space. Each child was given the opportunity to participate in the role-play activities. Stickers, pencils, etc. were used as rewards for participating in each training session. See Appendix D for complete details of the Procedural Activities. Each child was given a certificate at the completion of the training program (Appendix E).

The study utilized a within-group repeated measures experimental design. The independent variable was social skills training. The dependent variable was the individuals' performance on the Touch and Interpersonal Space subtest of the EDI-b. The subjects were rated with the EDI-b by the classroom teachers. Pre-test scores were obtained one week prior to training and post-test scores were obtained four weeks after training had been completed. A one-way analysis of variance (ANOVA) was utilized to analyze the data. A Tukey's honestly significant difference (HSD) was conducted to divine the variance.

## Results

### Analysis of Data

A one-way analysis of variance (ANOVA) was performed to measure the effect of social skill training on nonverbal communication (interpersonal distance and touch) abilities. Alpha was set at the .05 level. The ANOVA identified no significant difference in nonverbal communication between the experimental group and the control group on the pre-test measures. The degrees of freedom, sums of squares, mean squares, and the F ratio for the experimental and the control groups are shown in table one. The ANOVA for the post-test measures identified a significant difference in nonverbal communication between the experimental and the control groups four weeks after training was completed. The degrees of freedom, sums of squares, mean squares, and the F ratio for the

experimental and the control groups are shown in table two. The Tukey's HSD (.935) showed a significant difference between mean one (1.348) and mean two (.348) at the .05 level. The results of the Tukey's HSD are shown in table three. The null hypothesis was rejected and the alternative hypothesis was accepted. Social skill training did have a significant effect on the interpersonal distance and touch recognition abilities in second grade children.

The ANOVA for the pre and post-test measures for both the experimental and control groups was not significant at the .05 level. The degrees of freedom, sums of squares, mean squares, and the F ratio for the experimental and control groups are shown in table four.

#### Discussion

There was no significant difference between the experimental and control groups at the beginning of training ( $F = .489$ ) which suggests at the onset the two groups were relatively homogenous. There was a significant difference, however, between the groups at the conclusion of training ( $F = 4.666$ ). The Null Hypothesis was rejected and the alternative hypothesis was accepted. The results indicate that social skill training had a significant effect on the nonverbal processing abilities in the subjects. Since children may exhibit deficits in a number of nonverbal communication skills specific social skill training may be useful. While the importance of the accurate use of social skills is known to most parents, teachers, and professionals, little has been written on remediating the deficits. Although this research was limited to only one area of nonverbal communication, distance and touch, the techniques may be adapted to other areas of social skill deficits. The results provide individuals who work with children techniques to help the child with dyssemia.

The ANOVA for the pre and post test measures for both the experimental and control groups was not significant. This is felt to be the result of the large number of children who obtained a score of zero. The experimental and control groups had only a small

number of children identified with deficits (N=13).

Future research with children with dyssemia should increase the length of the training program to enhance learning. A longitudinal study with the same children to evaluate both the effectiveness of training and retention of the skills would be beneficial. Given the effectiveness and the simplicity of the training, it may be beneficial for the educational system to incorporate the training into the school curriculum with young children. Research suggests the skills would be positively reinforced by others and therefore maintained over time.

Table 1

Analysis of Variance for the Pre-test Measures

Source of Variation	Df	SS	Mean Squares	F
Between	1	4.891	4.891	.489
Within	44	439.826	9.996	
Total	45	444.717		

Table 2

Analysis of Variance for the Post-test Measures

Source of Variation	Df	SS	Mean Squares	F
Between	1	11.500	11.500	4.666*
Within	44	108.435	2.464	
Total	45	119.935		

\*p &lt; .05.



Table 3

Tukey's Honestly Significant Difference

	M1=1.348	M2=.348
M1=1.348	—	1*
M2=.348	1*	—

HSD = .935

\*  $p < .05$ .

Table 4

ANOVA for the Pre- and Post-test Measures of the Experimental and Control Groups

---

Source of Variance	Df	SS	Mean Squares	F
Between	3	22.652	7.551	1.212
Within	88	548.261	6.230	
Total	91	570.913		

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Appendix A  
Literature Review

### Literature Review

Social skills are among the most important skills a child must learn (Combs & Slaby, 1977) in order to become confident, responsive, and have beneficial interaction with others. Children exhibit problems with interpersonal relationships as a result of a lack of social skills. Deficits may indirectly interfere with optimal school functioning, occupational adjustment, and recreational activities. Children who interact very little with peers and who have other signs of poor peer relations are likely to have adjustment problems. These children show a greater incidence of school maladjustment, dropping out of school, delinquency, discharges from the military due to conduct violations, and adult mental-health problems. According to Combs and Slaby (1977), social skills training is almost completely neglected in American schools. Unpopular children show deficits in a variety of social skills. Children need adequate opportunity to interact with peers in order to practice and receive the feedback required to develop social skills. Combs and Slaby (1977) found that social deficits play a significant role in the development of isolation and may be a significant factor in the development of aggression.

Social skills developed in a clinical setting would not likely be maintained by a child who returns to a classroom where peers are unresponsive to the new skills of the child (Combs & Slaby, 1977). Everyday settings foster the development of the prosocial peer interaction skills. Social skills are taught by: "(1) shaping procedures using contingent adult reinforcement alone; (2) modeling or combined modeling and reinforcement procedures; and (3) direct training procedures that make more explicit use of the child's cognitive and verbal facilities (p. 166)." Direct training procedures include the use of coaching, role playing, and rehearsal.

Nowicki and Duke (1992b) report:

"...theory, research, and experience suggests that: 1. people who have trouble processing nonverbal information tend to have problems in relating to others; 2. nonverbal social processing skills can be taught with appropriate instructions; 3. improved nonverbal processing skills translate into better interpersonal relationships (p. 149)."

The transmission of information from one individual to another through means other than words is referred to as nonverbal communication (Nowicki & Duke, 1992a). When compared to verbal communication, nonverbal communication is more continuous and cannot be stopped at will. Individuals are less aware of nonverbal communication skills yet they develop much earlier in life than do verbal communication skills. Sociologist, Thomas Scheff, described unwritten rules of nonverbal behavior as residual rules (Duke, Nowicki, & Martin, 1996). According to Duke, et al. (1996), "Residual rules are the nonverbal rules for any given situation, and they are usually noticed when they are broken (p. 4)." Deficits in nonverbal communication can be either expressive or receptive. Expressive nonverbal language involves communicating to others such things as happiness, anger, or fear, through expressions, voice tone, or postures. Receptive nonverbal language refers to the ability to recognize and interpret those same signals from others. The authors have labeled the inability to properly recognize and demonstrate the use of nonverbal skills as Dyssemia. Nowicki and Duke (1994b) refer to Dyssemia as a social disorder. Children with dyssemia are unable to express and understand nonverbal language in one or more ways. These children are likely to have fewer friends, feel bad, and exhibit poor school performance. Children with dyssemia are often thought of as "tactless and insensitive, lacking in social skills, unwilling to follow rules-just plain annoying (p. 19)." The authors believe the cause of the social disorder is the lack of experience in expressing emotions, stress, anxiety, or depression.

Duke, Nowicki, and Martin (1996) describe six types of dyssemia: Paralanguage, facial expression, postures and gestures, interpersonal distance (space) and touch, rhythm and time, and objectics. Paralanguage refers to the aspects of sound which convey emotion. Paralanguage can be used independently or with words. Sounds such as humming or whistling are a form of paralanguage as is the tone, intensity, and loudness of voice. Facial expressions are facial movements or poses such as eye contact or smiles, that communicate emotion. Postures and gestures convey emotions which often conflict with verbal language. Interpersonal distance (space) and touch refers to the appropriate recognition of territories and boundaries. Space and touch include standing too close to others or touching others inappropriately. Rhythm and time includes speech patterns, attitudes, and speed of movement or speech. Difficulties arise when children are out of sync with one another. Rhythm and time also include habits of time management, such as being on time or completing tasks in a timely manner. Objectics refer to personal hygiene and style of dress. People frequently judge others by their personal hygiene and the clothes they wear. Dress identifies one as part of a group.

If a child displays deficits in one or more of the areas of dyssemia he or she may be dyssemic (Nowicki & Duke, 1994b). The child with dyssemia may have difficulty recognizing danger or continue in activities when he or she knows the behavior may lead to punishment. Duke, Nowicki, and Martin (1996) provide the following list as indications of dyssemia in children:

- \* is described by parents and teachers as tactless and insensitive
- \* is described by other children as dumb, but is usually average or above average in intelligence
- \* is described by parents as being "different" from others since infancy
- \* is seen by parents and teachers as lacking in social maturity
- \* has difficulty perceiving danger

- \* has difficulty understanding rules and sequences of games
- \* has difficulty recognizing the contingency between his or her behavior and the consequences of that behavior
- \* feels some or all of the following feelings: sad, bewildered, lonely, confused, and anxious
- \* will persevere in action or activity even when it leads to punishment or rejection
- \* is inconsistent; will be accurate in some aspect of nonverbal communication one day but not the next (p. 13).

Duke, et al., (1996) suggest that children will be proficient in some areas of nonverbal communication, average in some areas, and weak in other areas. The best way to assess a child's ability is through careful observation (Nowicki & Duke, 1994b). When a problem is identified, the child must be made aware of the problem and explained how he or she can be helped. The problem may be remedied with instruction. Any remediation process should facilitate learning of new information by providing fun and enthusiastic activities (Duke, et al., 1996). Nowicki and Duke (1994b) suggest that the child should practice exercises appropriate for his or her individual dyssemia. Treatment should include ongoing monitoring of the use of what he or she has learned. By making a child aware of the deficiency and training him or her in changing the behavior, Nowicki and Duke report that an improvement can be noted in self-confidence and the ability to form relationships.

The relationship between a child's ability to use nonverbal skills and personal functioning has gone relatively unexplored (Nowicki & Duke, 1992a). Ten percent of the literature on nonverbal communication was reported prior to 1960 while over two thirds of the research has been published since 1970. According to the authors, the reason, at least partially, is attributed to the lack of empirical procedures for measuring such abilities. The Profile of Nonverbal Sensitivity (PONS), developed in 1979, is considered

the best attempt to measure the abilities. The instrument, however, uses adult procedures and stimuli to test children.

Nowicki and Duke (1992a) assessed the possibility that elementary school age children who do not process nonverbal information accurately might have negative behavioral characteristics. The reading of facial expressions and tones of voice is a basic part of human interactions. The authors used a variety of their own measures including the Diagnostic Analysis of Nonverbal Accuracy (DANVA) and the Preschool and Primary Nowicki-Strickland Internal External Locus of Control Scale (PPNS-IE) to measure facial expressions, tones of voice, sociometric choice, and locus of control. Other, more standardized methods were employed to measure academic achievement and intelligence. The results indicated that less accurate processing ability is related to being less popular and to lower achievement scores. Nowicki and Duke (1992a) concluded, "...improved processing of nonverbal social information could result in improved interpersonal functioning, lessening the possibility that children who do not interpret nonverbal signals accurately will develop interpersonal difficulties later in life (p. 391)."

Halberstadt and Hall (1980) conducted a review of 22 studies. The authors found a small but significant positive relationship between cognitive ability and the ability to process nonverbal emotion from expression. The ability to decode nonverbal cues, however, influences how other people perceived an individual's cognitive skills. A person who can readily understand people can also readily understand cognitive information. Using teacher rating scales, Halberstadt and Hall found that academic ability was more highly related with decoding ability than with social maturity. The relationship was, however, found to decrease as grade increased or with greater school experience. The researchers noted that a child's sensitivity to nonverbal cues contributed uniquely to the teacher's assessment. Halberstadt and Hall, also, reported that the relationship between nonverbal judgment ability and objective measures of cognitive ability were



greater than previously reported. The teacher evaluation ratings indicated that academic ability was significantly related to nonverbal skills. The authors felt, historically, that teachers ratings had focused on cognitive attributes and neglected the child's social skills. Halberstadt and Hall concluded that nonverbal decoding skills in children positively influenced teacher expectations of cognitive skills. Boyd, Hall, Webster, Bolen, and Brown (1997) also found that nonverbal perception influenced classroom performance. The authors examined the differences and found a significant relationship between nonverbal social perception and patterns of cognitive performance. The researchers concluded that, "an individual's ability to perceive and interpret social messages, both verbally and nonverbally, has long been regarded as a fundamental aspect of human capabilities (p. 2)."

Harrison, Hall, and Chia (1995) studied teacher ratings of social perception with American and Chinese students. The Social Perception Behavior Rating Scale (SPBRS) was used to measure social perception. Results indicated that Chinese children in general had significantly higher ratings than did American children on social perception items. Additionally, boys tended to have higher ratings than did the girls which indicated more difficulty with social perceptions. On the other hand, there was less difference between American boys and girls than between Chinese boys and girls.

Jourard and Rubin (1968) compared men and women on factors of touch. Research suggests touch is regulated strongly by societal norms. The authors found women reported being touched more frequently than men. Women were touched significantly more than men by the fathers. Both men and women touch the opposite-sex friend three times more than other people. Overall the results indicated the relationship in which sexuality is possible was more accessible and receptive to touch than was non-sexual relationships. The authors, therefore, equated touch with sexual intent either consciously

or at a less-conscious level. There was no significant correlations between self-disclosure and touching.

Rustemli (1992) studied the effects of crowding on interpersonal distance and density. The results indicated that a significant crowding effect exists for interpersonal distance but not for density. Distance relates to the amount of space between, or the closeness of, two or more people. Density refers to the amount of space available to each person. When confronted with inadequate space, individuals experienced reduced control over the situation which produced stress that resulted in feeling crowded. Individuals in close distance groups were found to report higher levels of crowding and performed more poorly on tasks than those in far-distance groups. Subjects report less crowding when surrounded by friends than strangers under the same conditions. Rustemli also noted that close-distance conditions with strangers were more crowding than medium- distance or far-distance conditions with strangers. The amount of discomfort reported did not change as a function of density, however, interpersonal distance had a strong effect the amount of crowding reported. Unwarranted proximity was found to arouse discomfort and increase the amount of crowding reported.

Vandvik and Eckblad (1993), in a review of the literature, reported that family sociologists and group psychotherapists emphasize the positive aspects of closeness. The authors made a distinction between distance and closeness as a family characteristic and as a group characteristic. Vandvik and Eckblad felt the authors in the studies had had a difficult time measuring the concept of closeness.

Overall the research indicated that only a few empirical investigations have been conducted to measure nonverbal communication in children (Nowicki & Duke, 1994a). The Social Skills Inventory which attempts to measure the processing abilities of children, is actually a self-report instrument that gives an individuals' own perception of ability to process nonverbal information. Similarly, the Social Interpretations Test, focuses only on

the receptive skills and is more appropriate for adults. The Communication and Reception of Affect Test (CARAT) offers forms for adults and children but does not yield scores for separate types of nonverbal communication. Nowicki and Duke (1994a) developed the Diagnostic Analysis of Nonverbal Accuracy (DANVA) to measure individual differences in the abilities of children to accurately receive and send nonverbal information. The major purpose of the DANVA was to identify children having problems with processing basic elements of nonverbal social information. The DANVA accuracy scores increase with age. Individual differences in the DANVA accuracy scores are related to indices of personal and social adjustment, and academic achievement. The scores are not, however, significantly correlated with IQ which suggests that the DANVA does not measure impoverished functioning but rather a set of more circumscribed nonverbal social processing abilities. The DANVA consists of four subtests that measure individual differences in receptive abilities and three that measure expressive accuracy. Four emotions were chosen for the identification and sending: happiness, sadness, anger, and fear. Items on each of the subtests rely on posed stimuli. The DANVA has been used by many researchers to assess receptive and expressive nonverbal communication abilities in children (Love, Nowicki, & Duke, 1994). The DANVA, however, requires a great deal of time, equipment, and training to administer. This makes the DANVA rather inappropriate for the use on large numbers of children. As a result, the researchers have developed and reported preliminary data on the Emory Dyssemia Index (EDI) which is a screening instrument that can be completed and scored within five minutes. The researchers, however, suggested that the EDI be used as a general index of dyssemia with large numbers of children but warn that care must be taken in the interpretation of individual profiles until further research support is obtained.

Much of the research on the remediation of nonverbal processing ability exists as unpublished doctoral dissertations and master's theses at Emory University in Atlanta,

Georgia. The research is not readily available to educators or mental health professionals. Nonverbal processing abilities in children positively influences teacher's expectations of cognitive skills (Boyd, et. al., 1997). Children often live up to the teacher's expectations, therefore, it is important to identify techniques to promote the development of nonverbal processing abilities. The purpose of this study was to evaluate the effectiveness of social skill training on interpersonal distance and touch.

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Appendix B  
Permission Letters

Thomas E. Redden  
P O Box 61  
Itmann, WV 24847

February 25, 1997

Frank L. Blackwell  
Superintendent of Schools  
Wyoming County Board of Education  
P O Box 69  
Pineville, WV 24874

Dear Mr. Blackwell:

I am a student at West Virginia Graduate College currently pursuing a Master of Arts degree in Clinical Psychology. At this time I am researching dyssemia in children. Dyssemia, which has been described by researchers as a social disorder, involves deficits in the ability to process nonverbal information. The results of the study will help individuals identify and remediate the deficits in the nonverbal processing abilities in children.

In order to complete this project I would like to work with a large number of children. I am, therefore, asking for permission to enter the school system, particularly Mullens Grade School, to work with seven and eight year old children. The study will involve one hour, weekly training sessions that will last approximately four weeks. The parents of all the children who participate will complete a parental consent form. Please find enclosed a copy of the consent form for your review.

If any additional information is needed before permission is granted please feel free to contact me at 294-4373 (home) or 294-5353 (work). Thank you for your consideration in this matter.

Sincerely,

Thomas E. Redden  
Psychology Intern., WVGC



Thomas E. Redden  
P O Box 61  
Itmann, WV 24847

March 1997

Dear Parent:

I am a graduate student at West Virginia Graduate College. I am currently gathering data for my Masters Thesis in Clinical Psychology. I have been granted permission by Mr. Frank Blackwell, Superintendent of Schools, to gather data within the Wyoming County School System. I am, however, asking your individual permission for your son or daughter to participate in the social skills training program. The training will utilize games and self awareness exercises to enhance self confidence. This will in no way negatively impact your child nor will he or she be identified by name.

If you would like further information feel free to contact me at the above address or at my office at 294-5353.

Thank you,

Thomas E. Redden  
Psychology Intern., WVGC

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\_\_\_\_\_ I do not wish for my child to participate.

\_\_\_\_\_ I give permission for my child to participate.

\_\_\_\_\_  
Signature of Parent or Guardian

Appendix C

Distance and Touch Subtest

Emory Dyssemia Index-Brief Form (EDI-b)

Extracted from:

**EMORY DYSSEMIA INDEX-BRIEF FORM (EDI-b)**

**DIRECTIONS:**

Please indicate the frequency of each of the following behaviors according to the five point scale below.

Never	About once a month	More than once a month	Less than once a week	About once a week	Daily
0	1	2	3	4	5

**SECTION C: TOUCH AND INTERPERSONAL SPACE**

- 0 1 2 3 4 5 Seeks attention by inappropriate touching
- 0 1 2 3 4 5 Stands too close to others when interacting
- 0 1 2 3 4 5 Stands too distant from others when interacting
- 0 1 2 3 4 5 Fails to keep hands to self
- 0 1 2 3 4 5 Fails to move away when approached by aggressor
- 0 1 2 3 4 5 Pulls back when approached by others
- 0 1 2 3 4 5 Hits others when expressing negative feelings
- 0 1 2 3 4 5 Seeks excessive physical contact with others
- 0 1 2 3 4 5 Approaches others aggressively when angry
- 0 1 2 3 4 5 Grabs others to get attention

**SECTION C TOTAL SCORE = \_\_\_\_\_**

Appendix D  
Procedural Activities

## Appendix D

## Procedural Activities

The procedural activities, or training exercises, were based on the remediation recommendations provided in "Teaching Your Child the Language of Social Success" (Duke, Nowicki, and Martin, 1996), "Helping the Child Who Doesn't Fit In" (Nowicki and Duke, 1992b) and "Teaching Approach for Developing Nonverbal Communication Skills in Students with Social Perception Deficits" (Minskoff, 1980). Minskoff (1980) developed a basic teaching approach which is applied to nonverbal communication. The method includes three areas of nonverbal communication; proxemic, vocalic, and artifactual cues. Proxemic includes the use of distance, spatial arrangements, and territories. The objective of the proxemic training is to discriminate, understand, and meaningfully use the spatial cues that are appropriate to a particular situation. Many of Minskoff's activities and exercises were adapted and used in the social skill training sessions. An outline of each training session with a brief description of activities follows.

## Session One:

- I. Introduction of myself with a general purpose of the training program.
- II. Discussed the meaning of the words Space and Touch allowing the children to tell what they knew about the terms.
- III. Discussed personal space versus territorial space and ask the children to provide examples of each.
- IV. Made children aware of the four space zones through discussion and chalk board drawings.
- V. Ask children to give examples of to whom and how to communicate in each zone.

VI. Used pictures cut from magazines to demonstrate people in real situations and their appropriate use of space.

VII. Engaged the children in role-play exercises in which they were asked to violate space rules. This was followed by discussion of the feelings experienced when our space is violated.

Session Two:

I. Review of previous information.

II. Children were asked to draw a person and the four space zones. Each zone was labeled and details discussed as drawn.

III. A piece of tape was placed on the floor on which the space zones were labeled. The zones were discussed and a concrete distance was demonstrated for the children. Role-play exercises then included scenarios given of two people and children were asked to demonstrate proper distance as well as type of communication (for example: a person and their mother, a person and a police officer, etc.).

Session Three:

I. Review of previous rules of Space and Touch including the four space zones.

II. Children were provided magazines and asked to find pictures of people demonstrating the four space zones. Children were permitted to clip and paste the pictures and share their pictures and describe them to the class.

Session Four:

I. Review of information.

II. Children were asked to draw a picture of a person. Each child then drew a picture of someone violating the person's personal space. Discussion focused on how a person feels when space is violated.

III. Discussed the use of Touch as a way to convey a thought or feeling. Allowed children to offer examples of how to convey anger, happiness, etc. with touch.

IV. Discussed with children when it is or is not appropriate to touch as well as the types of touch and intensity.

Session Five:

I. Review of information.

II. Discussed how and to whom to communicate in each of the four space zones and appropriate versus inappropriate information or topics discussed.

III. Hand out one (Dossick & Shea, 1995) was given to the children and they were ask to draw an additional two figures appropriately distanced from the existing figures.

IV. Hand out two (Dossick & Shea, 1995) was distributed and the children were ask to discuss and list appropriate versus inappropriate types of touch.

Session Six:

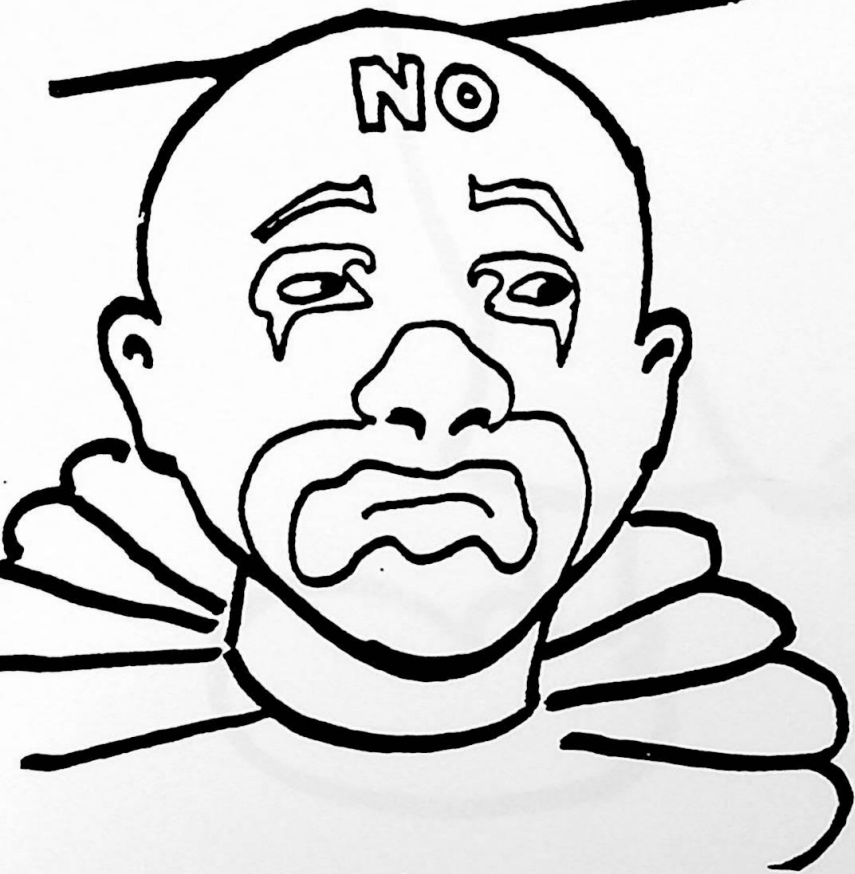
I. Hand out three (Dossick & Shea, 1990) was given to the children. As the group discussed previously learned rules of touch each was listed on the hand out.

II. Concluded with a review of all information.

III. Certificates for participation (appendix E) were distributed.









## Appendix D

**References**

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Appendix E  
Award Certificate

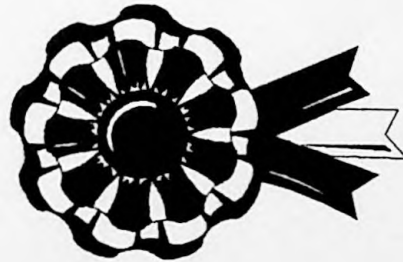
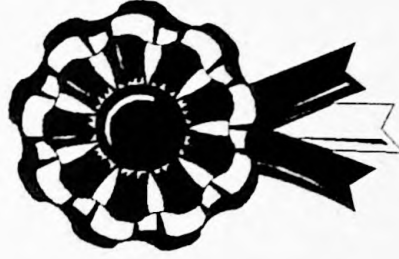
# CERTIFICATE OF COMPLETION

PRESENTED TO

\_\_\_\_\_

THANK YOU FOR YOUR  
PARTICIPATION!

\_\_\_\_\_  
THOMAS E. REDDEN



Appendix F

Letters

Thomas E. Redden  
Southern Highlands CMHC  
102 Howard Ave.  
Mullens, WV 25882  
Phone: (304) 294-5353  
Fax: (304) 294-8627

Marshall P. Duke, Ph.D.  
Stephen Nowicki, Jr., Ph.D.  
Department of Psychology  
Emory University  
Atlanta, GA 30322

Dear Sirs:

I am a student at the West Virginia Graduate College currently pursuing a Masters degree in Psychology. I have recently become interested in your work with Dyssemic children. I would like to assess children here in Southern West Virginia and include this data in my research for my thesis. I am, therefore, interested in any information you may be able to provide on the assessment of Dyssemic children, and particularly on the use of the Diagnostic Analysis of Nonverbal Accuracy.

I would greatly appreciate any materials or resources you could provide me and would like to thank you in advance for your assistance. I look forward to hearing from you.

Sincerely,

Thomas E. Redden  
Graduate Student

TER

Thomas Redden  
Post Office Box 61  
Itmann, WV 24847  
(304) 294-4373 - Home  
(304) 294-5353 - Work

March 10, 1997

Frances Dunham  
Department of Psychology  
University of West Florida  
Pensacola, FL 32514

Dear Ms. Dunham:

I am a graduate student at the West Virginia Graduate College and currently researching non-verbal processing abilities of children. I had completed a request for a paper presented at the Southeastern Psychological Association meeting in Savannah, GA. I received a notice from the Public Service Librarian who reported that she contacted the APA and was given your name as someone who may have information about the papers. The paper of interest as it appears on my reference list is:

Sprouse, C.A., Hall, C.W., Webster, R., & Bole, L. (1995b). Age, Race, and gender based nonverbal perception. Paper presented at the Southeastern Psychological Association Meeting, Savannah, GA.

I would greatly appreciate any information you could provide me in locating this paper.

Sincerely,

Thomas Redden