**Tutors’ characteristics and effectivity of work with clients: A review of literature**

Katarína Koscelníková, Center for Research and Development of Education, stredisko@saske.sk
Viera Lehotská, Center for Research and Development of Education, stredisko@saske.sk
Marek Dobeš, Center for Research and Development of Education, dobes@saske.sk

Goal of this review was to identify which characteristics and work style a tutor (teacher, therapist, trainer) exhibits and how this influences outcomes of his/her work with clients (students, trainees). We focused on the experience and training of tutors, gender, style of work, the relationship between tutor and client, characteristics of tutor and nonverbal communication between tutor and client. This article also describes how tutor’s behavior influences client.

Experience and training

In general, we anticipate that experience and training make tutor more competent in helping and outcomes of his/her work will be better than those of less experienced tutor. However this affirmation does not always match the reality.

Several authors have reported that the level of experience and amount of training has a weak effect or modest at best on psychotherapy outcome (Christensen, Jacobson, 1994; Beutler, 1997; Blow, Sprenkle, 2007). Some studies suggest that there is little correlation between therapist’s level of experience or amount of training on psychotherapy outcome. For example Smith and Glass (1977) examined whether years of experience correlated with the effectiveness of psychotherapy. They found almost no correlation between years of experience and the effect size (r = - 0.01). Longer experience, more professional training and better professional skills did not have any significant impact on the working alliance rated by patients using Working Alliance Inventory. Moreover, experience and amount of professional training correlated negatively with the working alliance, which means that patients rated the working alliance lower when therapists had more experience and training (Hersoug et al., 2001).

A meta-analysis of 108 psychotherapy studies with children and adolescents (Weisz et al. in Christensen,
Jacobson, 1994) found no overall difference in effectiveness between professional therapists, graduate-student therapists, and paraprofessional therapists („adults without postbaccalaureate, clinical training in professional therapists“ (Christensen, Jacobson, 1994, pp. 8)). Hattie, Sharpley (1984) compared effect sizes of professional and paraprofessional helpers from 39 studies. The results indicate that clients who seek help from paraprofessionals are more likely to solve their problem than those who seek help from professionals. These data suggest that the average person who received help from a paraprofessional was doing better at the end of therapy than 63% of the persons who received help from professionals. The most effective among the professionals were those who had recent advanced training. The experienced paraprofessionals were more effective than less experienced paraprofessionals. It appears that experience and length of training are significantly related to the effectiveness of paraprofessionals compared to professionals. Berman and Norton (1985) found that professionals were slightly better when working in longer treatments and with older patients. Paraprofessionals were slightly better when working in longer treatments and with younger patients. These reviews show that there is no or little difference between professionals and paraprofessionals, or that paraprofessionals may have better outcomes in some cases.

Wubbels, et al. (1985) used interactional teacher-behavior model which is a modification of model used by Leary (Interpersonal Check List). The model has the influence dimension (Dominance - Submission) and the proximity dimension (Cooperation - Opposition). They indicate that beginning teachers (mean score 0.40) differ from their young but experienced colleagues (mean score 0.60) mainly in the amount of leadership (DC sector) (t = - 6.4, p < 0.01) and in uncertain behavior (SO sector) (mean score for beginning teachers 0.47, mean score for young but experienced teachers 0.23; t = 7.6; p < 0.01). Young but experienced teachers in compare with beginning teachers lead organize and give tasks more. They notice what is happening, structure the classroom situation, and hold the attention more than beginning teachers. Beginning teachers keep a low profile, apologize, wait and see ‘how the wind blows’ more than young but experienced teachers. There is no significant difference between beginning and young experienced teachers in the disciplinary/strict behavior (DO sector) and these two groups give the same amount of opportunity for independent work for students (SC sector). Students indicate that beginning teachers should be better at providing leadership (DC sector) and that they exhibit too much behavior in the SO sector which is characterized by uncertain behavior. „They are less able to handle techniques such as glancing at a student, interrupting the lesson for a second, calling out the name of the student, taking student to task“ (Wubbels, et al., 1985, pp. 11). Older, experienced teachers behave stricter and less friendly and understanding toward students than do their younger colleagues“ (Wubbels et al., 1985, pp. 12). Young but experienced teachers were considered as very close to best or ideal teacher.

The results from the majority studies suggest that experience has a small effect on psychotherapy outcome. But despite that we think that experience is very important variable for a professional help. One reason why results are that negative may be the question of defining the term „experience“. Beutler (1997) has argued that years since graduation are a poor representative of experience. Some suggest that experience effects can be found under more controlled treatment conditions that use treatment manuals and homogenous patient samples (Blatt, Sanislow, Zuroff, Pilkonis, 1996; Leon, Martinovich, Lutz, Lyons, 2005). Leon et al. (2005) thinks that therapists can gain from their experience, but some specific conditions must occur like treating similar types of patient in quick succession.

Gender

Different studies provide different results on relationship between therapist and client gender and psychotherapy outcome. Beutler et al. (in Blow, Sprenkle, 2007) says that the most recent studies find no relationship between therapist and client gender and no impact of gender on dropping out of therapy. Bowman and colleagues (in Blow, Sprenkle, 2007) in their meta-analysis based on 58 studies, found a significant small effect size preferring female therapists.

Greeson et al. (2009) examined the influence of therapist and youth characteristics on post-discharge outcomes from intensive in-home therapy. They found that therapist gender and employment stability were significantly associated with youth outcomes. Female therapists had significantly better outcomes than male therapists. „The likelihood of having an undesirable youth outcome for a female therapist was 87% lower than that for a male therapist (p < 0.01)“. Other therapist demographic variables like race, age, level of education, and experience were shown to be nonsignificant to youth outcomes.

According to Dolinsky, Vaughan, Luber, Mellman, Roose (1998) female therapist gender correlated with patient, but not therapist, rating of positive match (r = 0.35). This finding is accounted for by the fact
that 5 of 6 patients who rated the match as “problematic” had male therapists, while 6 of 6 patients who rated the match as “excellent” had female therapists. The 6 patients who rated the match as “problematic” included 3 males and 3 females, and the 6 who rated the match as “excellent” included 4 females and 2 males.

Shields and McDaniel (1992) focused on differences between male and female therapists. They analyzed 63 initial interviews of family therapy with child focused problems. They found that there was no significant difference between male and female therapists in the outcome of the first interview, although some differences in communication occurred. Male and female therapists provided relatively same amount of supportive statements ($r = 0.157$), but male therapists tend to talk more than female therapists. Also male therapists made more explanation statements in response to family members’ structuring or disagreement statements ($r = -0.375$) and made more statements overall than did female therapists ($p = 0.031$). Some responses of family members varied according to gender of therapist. They made more structuring or directive statements toward male therapists during the first interview ($r = -0.272$), but showed more disagreement with other family members when their therapist was female ($r = 0.293$). The results of this study indicate than male therapists tend to be more instrumental and directive than female therapists.

Study of Stake and Katz (1982) examined teacher-gender differences in attitudes and behaviors toward male and female pupils. They used observation of classroom and teachers’ description of their attitudes toward pupils on 7-point scales. The results indicate that teacher behavior such as Praise, Encouragement, Instruction, Request/Demand, and Conversation occurred mainly after pupil achievement behaviors and there were no differences in the amount of these behaviors either for girls or for boys. But boys received more loud reprimands, and more soft reprimands, than girls. Female and male teachers differed in some behaviors toward pupils. Female teachers gave more sympathy responses in all behaviors except poor achievement, after which male teachers gave more sympathy responses. Female teachers gave more amounts of praise and encouragements and fewer amounts of loud and quiet reprimands than did the male teachers, although these sex differences were not significant. Both the observational data and the teacher ratings indicate that the female teachers were responding more positively to their pupils than were the male teachers.

Carrington and his colleagues (2007) tried to find out whether claims about the fact that dearth amount of male teachers has bad impact on boys’ academic motivation and engagement. Researchers observe pupil-teacher relationships and interactions and then they use a semi-structured interview for teachers and more structured interview for children. Teachers were asked their opinion about current policies of male recruitment to the teaching profession, and impact of gender differences on classroom interaction. Children were asked questions about their feelings about their teachers, perceptions of teacher–pupil relationships in their classes and views on ‘good’ and ‘bad’ teachers. The findings revealed that in general the gender of teacher had little effect on the academic motivation and engagement of either boys or girls. Almost two-thirds of the sample (92 boys, 106 girls) responded negatively to the question: “Do you think it makes any difference whether you have a man or a lady teacher?” Children did not discriminate between male or female teacher, they valued consistent, even-handed and supportive teachers and majority of children believed that their teacher, whether male of female, acted in a consistent, fair and even-handed manner. Girls indicated more than boys that they need teacher to set clear expectations, but their answers did not refer to specific gender of teacher. Similarly Martin and Marsh (2005) found out that academic motivation and engagement of male and female students did not vary in regard to male or female teacher.

In three mentioned studies (Bowman et al. in Blow, Sprenkle, 2007; Greeson et al., 2009; Dolinsky, Vaughan, Luber et al., 1998), which discussed differences between male and female therapist work style, there are tendency to perceive female therapist work style like more preferred than male therapist work style. In two studies there were no significant gender differences (Beutler et al. in Blow, Sprenkle, 2007; Shields, McDaniel, 1992). We can not draw a distinct conclusion that female therapist have better outcomes with their clients that male therapist have. However, the odds are that there is a difference in work style of female and of male therapist but this difference is conducive because every client has different demands on therapist. In both studies (Stake, Katz, 1982; Carrington et al., 2007) which discussed teacher gender differences there were no significant differences although female teacher responded more positively to pupils.

**Tutor’s style**

Studies of Ivancevich (1974) and Lundgren (1971) show contrary outcomes. Whereas direct trainer style
in structured training group in Ivancevich study show improvement in cohesiveness, openness and communication, in Lundgren's study participants of direct trainer style show less openness and solidarity at the end of training. Generally T-group trainer's directiveness invokes strong opposition, mainly in early phases of treatment (Culbert, 1970).

In the study of Ivancevich (1974) the participants were male managers. They were divided into two groups. The first group was called the training group structured (TGS). The trainer in this group used structured and task directed style. He was more involved, provided reinforcement and feedback. The second group, the training group with minimum structure (TGMS). The style of trainer in this group was less directive and more facilitative. This group used free discussion and they could introduce their ideas. The rule in this group was minimal. There was little reinforcement and feedback. It was found that TGS group made more significant improvements in the area of cohesiveness, openness of communication, productivity, and attitude toward the trainer than in the TGMS group. Results from this study suggest that the directive style in the management and organizational behavior training program was more effective in nurturing the kinds of group development phases.

Lundgren (1971) compared two 10-man T-groups with different training styles. Lundgren indicates that development of group depends on relationship between the trainer and trainees. In one group, the trainers were inactive and nondirective. This approach developed negativism and an increasing confrontation with the trainers. As the challenge of the trainers increased, trainees showed increased cohesion, communication and openness with each other. After the resolution of the authority-figure crisis, the later sessions were marked by high productivity. The training style in the second group was active and directive from the start. At the beginning of the training trainees’ attitudes were more favorable, but during training program they showed less solidarity, openness, and productivity.

Culbert (1968) set two T-groups, first where two trainers were more self-disclosing (mSD) and second where two trainers were less self-disclosing (ISD). The mSD trainers were viewed as more genuine, involved, more personal, more vulnerable, and as showing more feelings than ISD trainers. But mSD trainers were also viewed as less therapeutic than ISD trainers.

The study of House (1965) compares reactions of managers to leader-centered (directive) and student-centered (nondirective) methods of training in a 4-week (160 hours) management development program. It provides managers' opinions on these two teaching methods. They preferred a combination of leader-centered and student-centered training style.

Beutler, Consoli, and Lane (2005) suggest that therapists should decrease their directiveness when client is very resistant and clients with low resistance tend to benefit more from more directive and guidance therapist, from assignments, and interpretations. Therapists should adjust their style to keep the client’s level of emotional arousal moderate (neither too high nor too low) because it facilitates change.

Kremer and Hofman (1979) mention three dimensions of teacher personality: (a) cognitive vs. affective orientation toward classroom processes; (b) internal vs. external locus of control; (c) open and closed belief system. The teacher is successful when his/her approach to students is cognitive rather than affective, when the teacher is guided by internal rather than external control, and maintain an open rather than closed frame of mind.

Alliance and session quality

The therapist’s empathy, warmth, respect and genuineness are seen as important qualities in creating and maintaining the therapeutic alliance (Engvik, 1999).

Ackerman and Hilsenroth did two reviews of studies on therapist’s personal characteristics, which positively (2003) and negatively (2001) influence the alliance. Therapist’s personal characteristics like being flexible, honest, respectful, trustworthy, confident, warm, interested, open, dependability, benevolence, responsiveness, and experienced were found to influence the alliance positively early and late in treatment. Higher alliance ratings, taken later in the treatment, were significantly related to therapist’s affiliative type behavior such as helping and protecting. Clients evaluate positively those therapist’s characteristics which help them to believe that therapist will understand them and help them cope with their problem. Therapist’s characteristics, which influence the alliance negatively, are: being rigid, uncertain, critical, distant, tense, distracted, not confident in their ability to help their patients, tired, bored, defensive, blaming, or unable to provide a supportive therapeutic environment.
Hersoug et al. (2001) examined the quality of the working alliance. They assessed therapist characteristics early and late in psychodynamic therapy. The Working Alliance Inventory (WAI) was used to assess the alliance at Sessions 3 and 12. Both, patient and therapist filled the WAI. The Inventory of Interpersonal Problems (IIP), the Structural Analysis of Social Behavior (SASB), and Parental Bonding Instrument (PBI) were used to assess therapist personal variables at these two sessions. Patients rated the working alliance higher when they saw value similarity between them and the therapist (r = 0.18). The correlations between patients’ and therapists’ alliance ratings were low to moderate, which indicates that they have different views on the working alliance. “Professional variables and past relationships were predictive of alliance as rated by therapists. Interpersonal problems, Introjects, and Value similarity were predictive of alliance as rated by patients.”

Saunders (1999) performed interesting study focused on client’s perception of the therapist’s emotional state, whether client’s emotional state influence the perception of the therapist’s emotional state. Clients completed self-report questionnaire Therapy Session Report, which is divided into two parts. The first part was about client’s feelings during the session and the second part was about client perception of the therapist’s feelings during the session. The data were analyzed only from the third session. He found that clients rated the session quality lower when they felt distressed (r = -0.25) and inhibited (r = -0.22) and when they perceived the therapist as distracted, tired, and bored (r = -0.29). On the other hand, clients rated the session quality when they felt determined, hopeful, and relieved (r = 0.60), when they perceived therapist as interested, relaxed and confident (r = 0.43) and when both clients and therapists felt that their relationship is affectionate and close (r = 0.28). The therapist confident involvement was also significantly correlated with the treatment outcome (r = 0.21).

The conclusion is that clients’ feelings have some impact on their perception of the therapists’ emotions. Client’s positive feelings were associated with positive therapist feelings and client’s negative feelings were associated with negative therapist feelings.

**Characteristics of tutor**

Engvik (1999) tried to examine the relationship between therapist personality factors and his popularity. Two groups of psychology students participated in this study. The first group completed a personality questionnaire (5PFs) and the second group was made by their classmates, who evaluated them using a short adjective differential (5PFk). The FFM (The Five-Factor-Model) consists of 5 relatively independent factors, which are (I) Surgency/Extraversion, (II) Agreeableness, (III) Conscientiousness, (IV) Stability (as the opposite of Neurotism) and (V) Openness to experience. “The results show that there is a strong association between popularity as therapist and personality as viewed by peers” (Engvik, 1999, pp. 264). There are strong positive correlations between therapist agreeableness (r = 0.48), conscientiousness (r = 0.40), stability (r = 0.39) and therapist popularity, and that popular therapists are usually not high on surgency/extraversion (r = -0.37). Therapists with low stability tend to be less successful as therapists. So popular therapists seem to be agreeable, conscientious and stable, but not surgent/extravert, dominant and talkative.

Washburne and Heil (1960) examined the influence of teachers on child’s intellectual, social, and emotional growth and influence between the type of teacher and the type of child. Teachers and pupils from grades 4, 5 and 6 were selected. All children completed the Stanford Achievement Test, the Ohio Social Acceptance Scale (a sociometric test, which measures children’s friendliness), the Otis Group Intelligence Test and instrument called Assessing Children’s Feelings, which helped to categorized pupils into four following groups: Conformers, Opposers, Waverers, Strivers. Teachers were rated on the Teacher Observation Scale, they took the Teacher Education Examination, and the Manifold Interest Schedule. According to these measures, teachers tend to fall into three categories, which are called “the turbulent person,” “the self-controlling person,” and “the fearful person.” The results of this study show that teacher’s personality has more impact on children’s academic and social progress than their knowledge and their behavior. They also find a relationship between the type of teacher and their children’s emotional adjustment. The self-controlling teacher got the most achievement from different kinds of children and the fearful teacher got the least achievement. The turbulent teacher had more achievement with conformers and strivers, but less achievement with children classified as opposers and waverers. The fearful teacher achieved the most gain in growth in friendliness, but only in waverers. The self-controlling teacher had the most impact on academic achievement and social acceptance compared to two other types of teachers, but children under this type of teacher show less expression of their feelings and less self-reliant.

Kent and Fisher (1997) investigated the relationship between student and teacher perceptions of
classroom learning environment and teacher personality. For assessment of teacher personality, the Myers-Briggs Type Indicator was used. This instrument measures four dimensions of personality: extraversion-introversion, sensation-intuition, thinking-feeling and judging-perceiving. The Secondary Colleges Classroom Environment Inventory (SCCEI) was constructed for this study for assessing classroom environment. It has five scales: personalization, informality, student cohesiveness, task orientation and individualization. They found significant associations between teacher personality and perceptions of classroom environment. Extravert teachers were positively associated with high levels of student cohesion, intuitive and sensating teachers were associated with informality and task orientation, perceiving type of teachers were associated with high informality and individualization and judging type of teacher with task orientation.

According to Engvik (1999) dominant and extravert therapist is evaluated more negatively than positively, but in the study of Hersoug et al. (2001) therapist dominant interpersonal style was positively rated although it was not significant. Extravert teacher has more positive evaluation. Classroom atmosphere with extravert teacher is characterized by group cohesion, informality, and individualization.

**Similarity**

In the study of Dolinsky, Vaughan, Luber et al. (1998) both patient and therapist rated the match on a five-point scale ranging from „bad“ to „excellent“. No patient or therapist rated the match as „bad“. When a positive match occurred, patients or therapist felt that therapy was progressing (r = 0.45 for patient, r = 0.36 for therapist) and that they shared a sense of procedure (r = 0.40 for patient, r = 0.32 for therapist). In the other part of this study, patients and therapists were asked whether they perceived themselves as similar or different in personal characteristic. Patients’ and therapists’ perceived similarity of personal characteristics such as cognitive style, sense of humor, political values, personality style, or hierarchy of personal values were not significantly correlated with their rating of progress in treatment. The match between therapist and patient is positive when a patient is engaged in treatment regardless on patient and therapist similarity. But results in the study of Hersoug et al. (2001) indicated that patients rated the working alliance higher when they saw value similarity between them and the therapist (r = 0.18).

**Nonverbal communication**

Sherer and Rogers (1980) examined relationship between nonverbal communication of therapists and their effectiveness. Three theoretical dimensions of nonverbal communication were measured: immediacy, potency or status, and responsivity. Observers were 118 male and female psychology students. They viewed the videotapes from client-centered therapy sessions and then rated the therapist's interpersonal skills (empathy, warmth, and genuineness) and effectiveness. The results showed that the nonverbal cues of immediacy (therapist-client distance and eye contact) had significant impact on ratings of the therapist's interpersonal skills and effectiveness. The therapist seemed to like the client more in the high-immediacy condition (such as eye contact and close distance) than in low immediacy-condition ($F(1,110) = 5.428, p < 0.02$). The high-immediacy condition produced higher ratings of empathy-warmth-genuineness than the low-immediacy condition ($F(1,110) = 50.69, p < 0.0001$). The potency or status dimension, which is represented by postural relaxation, did not have significant effect on ratings of therapist. They also found significant correlation between the empathy-warmth-genuineness index and the therapist-effectiveness index (r = 0.74). Sherer and Rogers suggest that „liking and acceptance may be the most important therapist’s feelings communicated nonverbally” (Sherer, Rogers, 1980, pp. 699).

Hill and her colleagues (1981) also tried to find out whether nonverbal communication has some impact on counseling outcome. To be specific, the goal of this study was to examine whether nonverbal abilities, nonverbal behavior and verbal-nonverbal congruence influence counselors’ and clients’ judgments of counseling outcome. Nonverbal abilities were assessed using the Profile of Nonverbal Sensitivity (PONS) and an encoding task. The PONS assesses ability to understand nonverbal communication transmitted through different nonverbal channels. The Barrett-Lennard Relationship Inventory (BLRI) was used to measure perceptions of counselor’s empathy, regard, congruence, and unconditionality of regard. The Counseling Evaluation Inventory (CEI) measures counseling climate, satisfaction with counseling, and counseling comfort. Counselor Rating Form (CRF) measures clients’ perceptions of counselors' expertness, attractiveness, and trustworthiness. The clients completed the BLRI, the CRF, and the CEI and the counselors completed the BLRI. The results indicate that nonverbal abilities and nonverbal behavior had no impact on evaluations of counseling effectiveness. Only counselor vertical arm
movements were significantly correlated (r = -0.32) with client-rated outcome on CRF. Counselor smiles (r = 0.31) and forward trunk lean (r = 0.36) were significantly correlated with counselor BLRI. Other nonverbal behaviors such as head nods, direct facing, legs: ankle on knee and horizontal arm movement, seemed to have minimal impact on evaluations of counseling effectiveness. Client perceived the counselor as more facilitative, when counselor accurately talked about his/her feelings (counselor intercongruence). When these authors studied nonverbal abilities and nonverbal behavior without verbal behavior, they found minimal impact on counseling outcome. Only the congruence between verbal and nonverbal behavior showed some effect on counseling outcome.

In another study of Tepper and Haase (1978), the influence of verbal and nonverbal communication on facilitative conditions was examined. The 32 client-therapist role-played interactions were videotaped. These interactions represented all combinations of following nonverbal and verbal cues: trunk lean (forward-backward), eye contact (direct contact-no contact), vocal intonation (concerned-indifferent), facial expression (concerned-indifferent), and verbal message (high-low). The videotape was shown to the 30 judges (15 male students and 15 experienced male counselors). Each subject rated all 32 interactions on three dependent measures - empathy, respect, and genuineness. Quality of the emphatic communication was assessed by observing trunk lean, eye contact, vocal intonation, facial expression, and verbal message. “Facial expression accounted for 26.01% of the variability in judged empathy, followed by the verbal message (16.94%), eye contact (6.03%), trunk lean (3.14%), and vocal intonation (1.14%)” (Tepper, Haase, 1978, pp. 216). When therapist provided a high-verbal message, direct eye contact, concerned vocal intonation, concerned facial expression, and a forward trunk lean, it increased the perception of respect or positive regard. Significant main effects were found between trunk lean, eye contact, vocal intonation, facial expression and genuineness. The effect for verbal message was not significant when rating genuineness. But verbal message in conjunction with facial expression had most significant effect in the judgment of genuineness. The results show that the ratios of nonverbal to verbal variance were 2:1 for empathy, 5:1 for respect, and 23:1 for genuineness. Tepper and Haase suggest that combination of verbal and nonverbal behavior has an important role in perceiving empathy, respect, and genuineness of therapist.

Galloway (1968) indicates that pupils understand their teacher better from perception of teacher’s nonverbal behavior. If pupils perceived discrepancy between actual feelings and thought of teacher and teacher’s nonverbal cues pupils will accept the nonverbal as more valid.

Chesebro and McCroskey (2001) list following types of effective teaching behavior: appropriate eye contact, the use of gestures, movement about the classroom, smiling, vocal variety, and the use of humor.

According to Andersen (1986) skilled tutors or teachers can use pause time (10 – 15 seconds) and direct eye contact which develops the conversational pressure in student and stimulate interaction. Tutor can also use other nonverbal behaviors for example eye contact, facial expressions, and simple gestures to regulate unwanted behaviors. Assertiveness helps tutor to be respected by students.

It is obvious that teachers behave different or use different nonverbal cues in interaction with different type of pupils. Students considered by their teachers being brighter get more nonverbal behaviors associated with positive emotional attraction from their teachers (Cooper in Woolfolk, Brooks, 1983). In the study of Chaikin, Sigler, and Derlega (in Woolfolk, Brooks, 1983) the subject (undergraduate males and females) were told they would be tutoring a 10 year old male student. This student was actually a confederate who was trained to behave consistently across all subjects. Subjects got information that their tutee is „quite bright”, next subjects were told, that their tutee is „slow” and the third group of subjects did not get any information about their tutee. Behavior of subjects was videotaping by hidden camera. Subjects’ behaviors indicates that “bright” child received significantly more forward body lean, eye gaze, affirmative head nod, and smiles from the subjects. There were no differences in the subjects' nonverbal behavior toward the „slow” child and the child with any description. Subjects communicated significantly more positive nonverbal messages toward the “bright” child in compare with the „slow”.

Brooks and Wilson (in Woolfolk, Brooks, 1983) investigated teachers’ nonverbal behavior, specifically holding distance between teacher and student. Twelve teachers were asked to nominate four students who are accepted, concerned, indifferent, or rejected in class. Then, classroom interaction was observed and distance between the teachers and each of these students when the teachers answered the students' questions was recorded. Findings indicated some differences of teachers’ use of interpersonal distance during interactions with different types of students. Distance between accepted, concerned and indifferent students and a teacher (0-3 feet, intimate and personal zone) was smaller than distance between rejected student and teachers (about 4 feet, social-consultive zone).
Students perceive the close teacher behavior as indicating friendliness, warmth, approval, and liking but when students are older, their preference of close teacher behavior change. Chaikin et al. (in Woolfolk, Brooks, 1983) investigated the effect of "close" versus "distant" teaching styles on elementary student perception and learning. The confederate female teacher uses eye contact, forward body lean, head nods, and smiles while teaching a psychology lesson. Students favored "close" behavior of their teacher. Dobson (in Woolfolk, Brooks, 1983) found that young male students perceived distant teacher behaviors to be better for them than for female students, and the older the students are the bigger is this difference between male and female students.

Nonverbal communication plays an important role not only in a relationship between therapist and client but also in a relationship between teacher and pupils. Nonverbal communication contributes to better understanding of tutor’s message and helps to create and maintain the alliance. High immediacy condition (Sherer, Rogers, 1980), facial expression and verbal message (Tepper, Haase, 1978) increase perceived empathy of therapist. Genuineness is more associated with nonverbal cues than empathy. Client perceives therapist as more empathic and genuine when therapist’s nonverbal cues are in congruence with verbal message (Hill, 1981; Tepper, Haase, 1978). Tutor should realize that he/she nonverbally behaves automatically differently to different type of clients. For example tutor automatically behaves differently to popular participants and differently to rejected participants. Elimination of stock behavior to particular types of participants should change participants’ own view of self.

Summary

In this review we tried to point out some characteristics that an effective tutor should have. Psychotherapists, teachers or trainers were considered as tutors. Experience (years of practice) does not have to be a predictor of good treatment outcomes. It seems that personal characteristics of tutor and client’s perception of tutor are more important. There are some general factors (style of work, personal characteristics, behavior of tutor, nonverbal communication), which are considered as the most important when working with client. However, a tutor always has to adapt in regard to specific personal characteristics of client and his/her problem.

References:


CARRINGTON, Bruce – FRANCIS, Becky – HUTCHINGS, Merryn – SKECSON, Christine – READ, Barbara – HALL, Ian. Does the gender of the teacher really matter? Seven-to eight-year-olds’ accounts of their


**Charakteristiky lektorov a efektivita práce s klientmi: Prehľad literatúry**

Účelom tejto prehľadovej štúdie je zistiť, ktoré charakteristiky a štýl práce má a využíva tútor (učiteľ, terapeut, tréner) a ako je tým ovplyvnená jeho práca s klientom, žiakom, trénovaným. Z charakteristik tútora sme sa zamerali na skúsenosť, prax, na pohlavie, štýl práce tútora, terapeutický vzťah medzi terapeutom a klientom, na osobnostné charakteristiky tútora a na jeho neverbálnu komunikáciu. Práca taktiež podáva informácie o tom, ako správanie tútora ovplyvňuje klienta, žiaka alebo trénovaného.