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THE IMPACT OF COUNSELOR STATUS AND WEIGHT ON PERCEIVED  
COUNSELOR EXPERTNESS, ATTRACTIVENESS, AND TRUSTWORTHINESS

*The University of Oklahoma*

Ph.D. 1982

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THE UNIVERSITY OF OKLAHOMA

GRADUATE COLLEGE

THE IMPACT OF COUNSELOR STATUS AND WEIGHT ON PERCEIVED  
COUNSELOR EXPERTNESS, ATTRACTIVENESS, AND TRUSTWORTHINESS

A DISSERTATION

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THE IMPACT OF COUNSELOR STATUS AND WEIGHT ON PERCEIVED  
COUNSELOR EXPERTNESS, ATTRACTIVENESS, AND TRUSTWORTHINESS

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### Abstract

Forty male and 40 female clients requesting counseling from a university counseling service were assigned to one of eight treatment conditions in a randomized 2 x 2 x 2 MANOVA to determine the effects of counselor status (high, low), counselor weight (normal, overweight), and client gender, on initial perceptions of counselor expertness, attractiveness, and trustworthiness as measured by the three dimensions of the Counselor Rating Form (CRF). Clients viewed a photograph of either a high status normal weight, high status overweight, low status normal weight, or a low status overweight counselor along with hearing a precounseling audio tape explaining what to expect from counseling. Clients then filled out the CRF as to their initial impressions of the counselor's expertness, attractiveness, and trustworthiness. The MANOVA yielded a significant main effect for status and effects approaching statistical significance for an interaction between counselor status and counselor weight on the social influence variables of expertness and trustworthiness. No effects due to client gender were found. Results support the positive effects of status on a client's initial impression of a counselor. Results are discussed in terms of social influence and implications for further research.

THE IMPACT OF COUNSELOR STATUS AND WEIGHT ON PERCEIVED  
COUNSELOR EXPERTNESS, ATTRACTIVENESS, AND TRUSTWORTHINESS

Counseling, like other interpersonal relationships, has been shown to involve both indirect and direct attempts by one person (the counselor) to influence the thoughts and/or actions of another (the client). As a consequence, the factors which enhance or diminish a counselor's ability to influence a client toward change have been an important and productive research issue (Corrigan, Dell, Lewis, & Schmidt, 1980). Conceptualizing counseling as a social influence process (Strong, 1968; Strong & Matross, 1973) in which client change is mediated by certain counselor attributes, the present study examines the factors of client gender, counselor status, and counselor weight on the initial impression formed by a client of a counselor's expertness and trustworthiness (credibility) and attractiveness.

Recent reviews of the social influence process in counseling (Corrigan et al., 1980; Heppner & Dixon, 1981) have revealed a focus on three main categories of cues in conjunction with perceived counselor expertness, trustworthiness, and attractiveness. These are evidential cues, reputational cues, and behavioral cues. Evidential cues include nonbehavioral characteristics of the counselor such as how s/he looks and what s/he wears, as well as office location, decor, and furnishing. Reputational cues include information made known about the counselor's professional

and/or social background. Behavioral cues include the counselor's verbal and nonverbal behaviors. Certain of these cues have been found to enhance the counselor's perceived expertness, attractiveness, and trustworthiness and thus presumably increase his/her ability to influence a client toward change. Corrigan et al. (1980) offer an excellent review and suggest that these studies support Strong's (1968) model of counseling as a social influence process.

Reputational cues such as counselor introductions have elicited mixed results in subjects' perceptions of a counselor's expertness. For instance, Binderman, Fretz, Scott, and Abrams (1972) had counselors introduce themselves as being a Ph. D. or a practicum student. Results revealed no differences in perceived credibility. On the other hand, similar studies have shown significant differences in counselor ratings (Hartley, 1969), status (Price & Iverson, 1969), and opinion change (Strong & Schmidt, 1970). Overall, these studies suggest that reputational cues regarding a counselor's status can produce significant differences in how counselors are perceived.

Focusing on evidential cues, Berscheid and Walster (1974) have noted that physical appearance is the one characteristic which is the most obvious and accessible to others. Indeed, first impressions may well come from physical appearance and set the expectations for further interactions. Research in this area has shown that physically attractive people are perceived as possessing more socially desirable personality traits (Dion, Berscheid, & Walster, 1972) and tend to be associated with more desirable and positive adjectives (Miller, 1970). These studies tend to support the notion that what is beautiful or attractive is perceived as good and that individuals tend to attribute more positive

characteristics to the more physically attractive individual.

Within a counseling context several studies have examined the effects of physical attractiveness on client perception of both professional and peer counselors (Carter, 1978; Cash, Begley, McGown, & Weisc, 1975; Cash & Kehr, 1978; Cash & Salzback, 1978; Lewis & Walsh, 1978). The results of these studies have shown that both male and female subjects perceived attractive male counselors more favorably than unattractive male counselors (Cash et al., 1975), that female subjects, but not male subjects, rated attractive female counselors more favorably than unattractive female counselors (Lewis & Walsh, 1978), and that physical attractiveness may bias initial impressions and that it may be due to the negative effects of low attractiveness rather than to the positive effects of high attractiveness (Carter, 1978; Cash & Kehr, 1978; Corrigan et al., 1980).

While physical attractiveness has been shown to effect ratings of counselors, it has been argued that physical attractiveness is in the eye of the beholder and therefore very subjective. In addition, effects due to attractiveness are most noticeable when extreme conditions are used. Within the area of physical attractiveness are also certain characteristics that have been shown to be very detrimental and even at times attach a stigma to its possessor. Such is the case with overweightness or obesity. For instance, it has generally been found that the obese are discredited by receiving more negative evaluations than normal weight individuals and more likely to be rejected (Felker, 1972; Lerner, 1969; Lerner & Korn, 1972; Maddox, Black, & Liederman, 1968; Staffieri, 1967). In addition, the overweight are more likely to be held responsible for their physical condition than someone who has a different physical aberration.

Studies dealing with the effects of obesity or the attitude of the observer are sparse in the counseling literature. When obesity has been studied it usually was included with other characteristics that had been judged unattractive so that the effects due to weight were unclear. For instance, Cash et al. (1975) conducted a study on the impact of physical attractiveness which included an overweight (spare tire) counselor in the unattractive condition. Their results suggested that a professional's physical attractiveness may exert substantial and perhaps critical influence on the development of the therapeutic relationship and even outcome. They found that both female and male subjects perceived an attractive counselor as more intelligent, friendly, assertive, trustworthy, competent, warm, and likeable. In addition, they found that subjects had a more favorable outcome expectancy for eight of 15 problems presented to them. While counselor body size/weight played a part in this study it is unclear what effects were due to counselor weight since it was only one of several characteristics that were in the unattractive condition (shadows under the eyes, mole on the nose, and wet hair).

A more recent and realistic study of counselor body size/weight has demonstrated the negative influence that excessive weight can have on subjects' perceptions of a counselor (Wiggins, 1980). Using a rating scale for communication, Wiggins pre-tested four overweight and four normal weight counselors during a 20 minute counseling session. All the counselors selected for the study averaged 3.1 to 3.8 according to the possible 1 to 5 ratings of the scale. He then had four male and four female graduate students in counseling role play a "canned" concern to each of the eight counselors. This resulted in each student client role playing the same concern eight times. After each session the student clients



rated each counselor on a 5-point Likert scale covering four areas. Results indicated that the evaluators perceived overweight males and females as less competent than normal weight male and female counselors in the four areas of: 1) perceived cognitive effectiveness; 2) affective ability; 3) leadership qualities; 4) and overall global effectiveness. Wiggins concluded that the overweight counselor may have a burden not shared by his/her normal weight peers.

Wiggins' study supports the idea that the obese or overweight individual tends to be discredited or evaluated more negatively than normal weight individuals and adds credence to the notion that obesity is a physical stigma that is likely to discredit its possessor (Dejong, 1980; Tobias & Gordon, 1980; Weiss, 1980). In addition, these studies suggest that more negative personality traits and characteristics are attributed to the overweight and that they are likely to be perceived differently.

Physical attractiveness has been shown to be a factor in the social influence process, at least initially (Carter, 1978; Cash et al., 1975; Cash & Kehr, 1978; Cash & Salzback, 1978; Lewis & Walsh, 1978), and reputational cues of status have been shown to elicit significant differences in subjects' perceptions of counselors (Hartley, 1969; Price & Iverson, 1969; Strong & Schmidt, 1970). In addition, obesity has been shown to be a negative personal characteristic for which its possessor is likely to be discredited (Felker, 1972; Lerner, 1969; Lerner & Korn, 1972; Maddox et al., 1968; Staffieri, 1967; Wiggins, 1980). Unfortunately, the effects of obesity in the social influence process of counseling have been largely unexplored. When it has been studied it has been placed along with several other unattractive (and possibly unrealistic) characteristics or subjects have not been real clients requesting counseling

services. Therefore, the present study was designed to examine the effects of counselor weight combined with the reputational cue of status and subject gender. The present study was designed to be conducted in a natural setting with actual clients who received a prescribed treatment (precounseling tape). The researcher maintained high control over the exposure of the independent variables and the subjects were randomly assigned to two or more groups. The present study was a combination of the experimental analogue and the experimental field study described by Gelso (1979).

Given previous research in social influence, physical attractiveness, and impressions of the obese, the hypotheses for the present study were: 1) that high status introductions would produce significantly higher ratings on the Counselor Rating Form (CRF) than the low status introductions; 2) that the normal weight counselor condition would produce significantly higher ratings on the CRF than the overweight counselor condition; 3) that male clients would rate the conditions significantly different on the CRF than female clients; 4) that status introductions when combined with counselor weight would produce significantly different CRF ratings such that when the normal weight condition was combined with either the high or low status introductions it would produce significantly higher CRF ratings than when the overweight condition was combined with either the high or low status introductions.

## METHOD

### Subjects

The subjects for this study consisted of 40 male and 40 female students who requested services from a university counseling service.

Participation in the study was voluntary and students were informed that counseling was not contingent on their participation in the study. Males and females were randomly assigned to one of four treatment conditions as they arrived for their intake session, resulting in eight conditions, each containing 10 subjects. Two males and one female declined participation in the study. Subjects ranged in age from 18 to 58 with a mean age of 22.5.

Because of the nature of the study and the utilization of students requesting counseling services, certain descriptive information was gathered by the intake counselor. Level of functioning was estimated by the intake counselor after the initial session using the level of functioning scale from the Diagnostic and Statistical Manual of Mental Disorders (DSM-III). Ratings for subjects participating in the study ranged from 2 to 6 with a mean rating of 4.3 (fair or moderate impairment in either social relations or occupational functioning, or some impairment in both). Client weight was estimated and revealed that four subjects were underweight (more than 10 pounds), 62 were normal weight (within 10 pounds), 12 were overweight (between 10 & 20 pounds), and 2 were excessively overweight (more than 20 pounds). Six subjects were requesting counseling for couple/marriage concerns, 12 for career concerns, and 62 for personal/social concerns.

Based on the number of subjects (80) for this study, statistical power was calculated to be .90 to detect a 1.5 standard deviation difference with an alpha of .05.

#### Independent Variables and Experimental Manipulation

The independent variables in this study were subject gender, counselor status, and counselor body size/weight. Counselor status and

body size were presented to subjects by a written description of either a high status or low status counselor placed below a black and white photograph of either a normal weight or overweight counselor. Counselor status was defined as either: 1) a Ph.D. licensed Counseling Psychologist with extensive experience working with college students at a major university counseling service (high status); or 2) a counselor trainee who was learning to work with college students at a small community college counseling service (low status). Counselor body size/weight was defined as either: 1) an individual with an obviously slim, muscular physique whose weight was within 5 pounds of the recommended weight according to standard weight charts (normal weight condition); or 2) an individual with an obviously soft, round physique whose weight was between 30 and 50 pounds above the recommended weight according to standard weight charts (overweight condition).

### Materials

Photographs of a normal weight and overweight individual were taken for use in the study. To control for the overall facial attractiveness of the males in the stimulus photographs, the head of the normal weight individual was double exposed onto the body of the overweight individual. This resulted in the same head on both the normal and overweight individuals pictured in the photographs. Differences in clothing were controlled by having both men wear dark slacks and white shirts when photographed. The results of this manipulation were four treatment conditions consisting of: 1) a high status/normal weight counselor; 2) a high status/overweight counselor; 3) a low status/normal weight counselor; and 4) a low status/overweight counselor.

In addition to the photographs depicting the four treatment con-

ditions, an audio tape was prepared for use with the photographs. This tape was adapted from Schlessman (1980) and Winborn (1977) and explained to subjects what to expect from counseling. It was presented as part of the overall treatment condition and subjects were told that the counselor pictured in the photograph had prepared it for use in the study..

#### Dependent Variables

The expertness, attractiveness, and trustworthiness scales of the Counselor Rating Form (CRF) were used as the dependent variables in this study. The CRF was developed (Barak & LaCrosse, 1975; LaCrosse & Barak, 1976) to measure the dimensions of perceived counselor expertness, attractiveness, and trustworthiness as described by Strong (1968). For each of the three dimensions there are twelve randomly ordered 7-point bipolar items giving a total of 36 items. The score for each dimension ranges from a minimum of 12 to a maximum of 84. For the present study each scale was divided by 12 resulting in each dimension ranging from a minimum of 1 to a maximum of 7. Corrected reliability coefficients using the Spearman-Brown formula have been reported to be .87 for expertness, .85 for attractiveness, and .91 for trustworthiness (Barak & LaCrosse, 1975; LaCrosse & Barak, 1976). This is consistent with the inter-item reliability analysis from the present study which found Cronbach alphas of .90, .91, and .86 respectively for the expertness, trustworthiness, and attractiveness dimensions (Barr, Goodnight, Sall, & Helwig, 1976). The CRF has also been shown to reliably measure the social influence variables of expertness, attractiveness, and trustworthiness (LaCrosse, 1980) and to be a valid instrument for assessing perceptions of counselor behavior from multiple sources (Barak & LaCrosse, 1977). In addition it has been shown that a client's initial ratings of a counselor on the CRF are significantly

related to counseling outcome (LaCrosse, 1980).

### Procedure

Students requesting services at a large university counseling service were asked to arrive approximately 15 minutes before their scheduled intake session. After filling out the routine agency form for new clients the individuals were given a packet of materials containing: 1) an Agreement to Participate which explained the voluntary nature of their participation and their right to confidentiality; 2) instructions for the study; 3) one of four stimulus photographs which indicated status and weight of the counselor; and 4) the CRF. If they agreed to participate in the study they were seated at a table in the waiting room containing a cassette tape recorder and the precounseling audio tape explaining what to expect from counseling. After reading the instructions, looking at the stimulus photograph, reading the status description, and listening to the audio tape explaining counseling, the subjects filled out the CRF as to their impressions of the counselor pictured in the stimulus photograph. After finishing the CRF the subjects returned the materials to the receptionist. The receptionist then directed them to their intake counselor.

### RESULTS

Three separate 2 x 2 x 2 analyses of variance (ANOVA) were conducted varying subject's sex, weight of counselor (normal, overweight), and status of counselor (high, low). The dependent variables for the ANOVAs were derived scores from the CRF representing subjects' perceptions of the counselor's trustworthiness, expertness, and attractiveness. Based on the 21  $F$  tests for the three separate ANOVAs in the study, it was calculated that the probability of finding at least one difference due to chance alone was .66. Therefore, a multivariate analysis of variance

(MANOVA) was conducted to protect for the rather high probability of committing a Type I error (Leary & Ahmaier, 1980). Using the MANOVA dictates that for any univariate test to be considered significant, the corresponding multivariate test has to first prove significant.

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Insert Table 1 about here

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Inspection of the MANOVA (Baggley, 1981; Hummel & Sligo, 1971) revealed only one significant main effect and that being an effect due to status,  $F(3,70) = 3.31$ ,  $p = .0248$ . This main effect also appeared in two of the univariate analyses. Subjects rating the high status counselor perceived him as being more expert ( $\bar{X} = 5.84$  vs  $\bar{X} = 5.31$ ) than those rating the low status counselor,  $F(1,72) = 9.22$ ,  $p = .003$ . They also perceived him as being more trustworthy ( $\bar{X} = 5.90$  vs  $\bar{X} = 5.59$ ),  $F(1,72) = 3.79$ ,  $p = .05$ .

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Insert Table 2 about here

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Further inspection of the MANOVA revealed no other significant  $F$  values but the counselor status and weight interaction approached the level of significance,  $F(3,70) = 2.25$ ,  $p = .08$ . Although not significant this interaction expressed a rather strong trend so the significant corresponding univariate interactions of status and weight were examined using Tukey's multiple comparison  $t$  tests (Fryer, 1966) of all cell means.

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Insert Table 3 about here

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At the univariate level there were significant interaction effects for status and weight for two of the three dependent variables: expertness,  $F(1,72) = 6.43$ ,  $p = .013$ , and trustworthiness,  $F(1,72) = 5.11$ ,  $p = .027$ . Inspection of cell means for the expertness dimension reveals first, significant differences between the normal weight high status condition and the overweight low status condition ( $\bar{X} = 5.72$  vs  $\bar{X} = 4.99$ ) such that the high status normal weight counselor was perceived as having significantly more expertness than the low status overweight counselor,  $t(1,76) = 5.86$ ,  $p < .05$ . Secondly, the overweight high status counselor was perceived as having significantly more expertness ( $\bar{X} = 5.97$  vs  $\bar{X} = 5.63$ ) than the normal weight low status counselor,  $t(1,76) = 2.748$ ,  $p < .05$ . Thirdly, the overweight high status counselor was perceived as having significantly more expertness ( $\bar{X} = 5.97$  vs  $\bar{X} = 4.99$ ) than the overweight low status counselor  $t(1,76) = 7.784$ ,  $p < .05$ . Finally, the normal weight low status counselor was perceived as having more expertness ( $\bar{X} = 5.63$  vs  $\bar{X} = 4.99$ ) than the overweight low status counselor,  $t(1,76) = 5.125$ ,  $p < .05$ .

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Insert Table 4 about here

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Inspection of the cell means for the trustworthiness dependent variable reveals similar differences. First, the normal weight low status counselor was perceived as having more trustworthiness ( $\bar{X} = 5.88$  vs  $\bar{X} = 5.30$ ) than the overweight low status counselor,  $t(1,76) = 5.13$ ,  $p < .05$ . Secondly, the normal weight high status counselor was perceived as having more trustworthiness ( $\bar{X} = 5.83$  vs  $\bar{X} = 5.30$ ) than the overweight low status counselor,  $t(1,76) = 4.69$ ,  $p < .05$ . Finally, the overweight high



status counselor was perceived as having more trustworthiness ( $\bar{X} = 5.97$  vs  $\bar{X} = 5.30$ ) than the overweight low status counselor,  $t(1,76) = 5.97$ ,  $p < .05$ .

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Insert Table 5 about here

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## DISCUSSION

The results of the present experimental study found support for the hypothesis that individuals requesting services from a university counseling center would rate high status counselors higher than low status counselors on two of the social influence dimensions of the CRF. High status counselors were perceived as having more expertness and trustworthiness than low status counselors, but not more attractiveness, thus supporting the positive effects of high status. The MANOVA revealed no other differences that reached the level of significance. An interesting trend in the direction predicted was found in the interaction between counselor status and counselor weight. Again, the trend was found on only the CRF dimensions of expertness and trustworthiness.

The finding of a significant difference due to counselor status on perceived counselor expertness and trustworthiness supports previous research that has shown that when status is manipulated via introductions, differential perceptions of counselor expertness are obtained (Brooks, 1974; Claiborn & Schmidt, 1977; Greenberg, 1969; Hartley, 1969; Price & Iverson, 1969; Spiegel, 1976; Strong & Schmidt, 1970). According to the social influence model, this status effect would suggest support for high status counselors being perceived as being a more valid source of assertions (Hovland, Janis, & Kelly, 1953) than low status

counselors and therefore, being more likely to be influential in the opinion change process of counseling.

Higher perceptions of expertness and trustworthiness in the high status condition and the lack of differential attractiveness effects also supports the findings of Corrigan (1978). Corrigan investigated the perceived importance of expertness, attractiveness, and trustworthiness for students seeking help from either a friend or from a mental health professional. He found that students rated expertness and trustworthiness as more important attributes for a mental health counselor and attractiveness and trustworthiness as more important for a friend from whom they would seek help. Trustworthiness, which has been defined as the counselor's reputation for honesty, social role, sincerity and openness, and lack of motivation for personal gain (Strong, 1968), was an important attribute for both friends and mental health counselors, but expertness was judged to be more important for mental health counselors. Attractiveness, which has been defined as the client's liking for, compatibility with, and similarity to a counselor (Strong, 1968) was judged to be a less salient attribute for counselors.

Beyond the significant main effect for status, the ability for statistical inference by the present study is limited. Therefore, discussion of results from univariate and multiple comparison analyses are included only as descriptive of possible trends in the present data. Other limitations of the present study include the age and setting of the subjects, the use of only initial impressions, the use of only male counselors, and the use of an analogue methodology.

Considering counselor weight as a physical attractiveness variable (with facial attractiveness controlled across conditions) where

normal weight counselors represent a more attractive condition than the overweight counselor, the present study failed to support the findings of previous studies (Carter, 1978; Cash et al., 1975; Cash & Kehr, 1978; Cash & Salzback, 1978; Lewis & Walsh, 1978) where physical attractiveness affected initial perceptions. This is especially interesting given the rather strong negative perceptions of overweight individuals that have been demonstrated in previous research (Dejong, 1980; Felker, 1972; Lerner, 1969; Lerner & Korn, 1972; Maddox et al., 1968; Staffieri, 1967; Tobias & Gordon, 1980; Weiss, 1980). One could speculate that being overweight, although negative in other settings and with other populations, is possibly not an important factor for actual clients requesting counseling services.

Another possible explanation concerns the trend found between counselor status and counselor weight. Previous studies have suggested that status possibly has the effect of masking the negative effects of unattractive counselor roles (Patton, 1969; Schmidt & Strong, 1971; Sell, 1974; Strong & Dixon, 1971). It should be emphasized that attractiveness as used in these studies does not refer to physical attractiveness but rather to reputational information about the counselor, counselor nonverbal behavior, and counselor self-disclosure. These cues could more easily be referred to as attraction since they deal with the person's liking for, compatibility with, and similarity to another individual. In the above studies the counselor was introduced as expert and the attraction variables were manipulated. No differences due to attraction were found when counselors were presented as expert. Although not significant, the interaction trend found in the present study could possibly suggest that high status tends to mask any negative effects due to being over-

weight. Further study is needed to understand any possible effects due to counselor weight.

The main implication of this study suggests that high status introductions affect client perceptions of counselor expertness and trustworthiness. While counselor weight and client gender produced nonsignificant results the trend toward significance for the interaction between counselor status and counselor weight suggest that when evidential, reputational, and behavioral cues of status are at a minimum, weight may become a more important factor. Other settings, client populations and the use of female counselors are possible avenues for further research.

Another implication of the present study results from the methodological issue of using the MANOVA. Since the MANOVA was designed to control the probability of a Type I error experimentwise at the alpha level set by the researcher, a certain percentage of effects found to be significant by univariate procedures are eliminated (Leary & Altmaier, 1980). Such was the case in the present study. Results from past social influence studies that have failed to control for Type I error by using the MANOVA when appropriate are difficult to compare with the present results. Without the overall protection against committing at least one Type I error afforded by using the MANOVA, at least some significant results from past studies may simply be the result of chance variability. Further use of MANOVA procedures when appropriate seems a logical way to deal with this issue.

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Table 1  
Multivariate Analyses of Variance on the  
Weight, Status, and Sex Measures

Source	df	F Value	p value
Weight (W)	(3,70)	.89	.4505
Status (St)	(3,70)	3.31	.0248*
Sex (S)	(3,70)	.26	.8554
W x St	(3,70)	2.25	.0885
W x S	(3,70)	1.44	.2367
St x S	(3,70)	.80	.5024
W x St x S	(3,70)	.16	.9200

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\* $p < .05$

Seven Multivariate Analyses utilized Wilks' Criterion

Table 2  
 Univariate Analyses of Variance on CRF: Weight (Normal, Overweight)  
 x Status (Hi, Lo) x Sex (Male, Female)

Source	df	<u>F Values</u>		
		Expertness	Attractiveness	Trustworthiness
Weight (W)	1	1.17	.22	1.89
Status (St)	1	9.22**	1.26	3.79*
Sex (S)	1	.29	.14	.65
W x St	1	6.43**	2.21	5.11*
W x S	1	1.12	3.59	.83
St x S	1	.29	.07	.30
W x St x S	1	.40	.09	.08
error	72	.6125 (MS)	.67 (MS)	.52 (MS)

\* $p < .05$

\*\* $p < .01$

Table 3

Cell Means and Standard Deviations of the CRF dimensions presented by  
Counselor Weight, Counselor Status, and Subject Gender

Weight	Status	Sex	<u>Trustworthiness</u>		<u>Expertness</u>		<u>Attractiveness</u>	
			Mean	S.D.	Mean	S.D.	Mean	S.D.
Overweight	High	Male	6.05	.38	6.02	.62	5.57	.42
		Female	5.90	.65	5.92	.57	5.18	.83
	Low	Male	5.24	.70	5.03	.61	4.98	.46
		Female	5.36	.84	4.96	.87	4.81	.97
Normal Weight	High	Male	5.72	.84	5.47	1.00	4.97	1.18
		Female	5.95	.62	5.96	.54	5.40	.67
	Low	Male	5.72	.59	5.59	.97	5.05	.94
		Female	6.04	.95	5.67	.90	5.46	.81

Table 4  
 Tukey's t test of Differences Between Mean  
 Expertness Ratings for Status x Weight

Levels	HS/NW	HS/OW	LS/NW	LS/OW
HS/NW ( $\bar{X}$ = 5.72)	-	2.021	.728	5.858*
NS/OW ( $\bar{X}$ = 5.97)	-	-	2.748*	7.874*
LS/NW ( $\bar{X}$ = 5.63)	-	-	-	5.125*
LS/OW ( $\bar{X}$ = 4.996)	-	-	-	-

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\*p < .05

Table 5  
 Tukey's t test of Differences Between Mean  
 Trustworthiness Ratings for Status x Weight

Levels	HS/NW	HS/OW	LS/NW	LS/OW
HS/NW ( $\bar{X}$ = 5.83)	-	1.283	.443	4.69*
HS/OW ( $\bar{X}$ = 5.97)	-	-	.84	5.973*
LS/NW ( $\bar{X}$ = 5.88)	-	-	-	5.133*
LS/OW	-	-	-	-

\* $p < .05$

APPENDIX A  
PROSPECTUS



## PROSPECTUS

## I. INTRODUCTION

A. Objectives

The objectives of this proposed study are to investigate the effects of two different levels of counselor body size, two different levels of counselor status, and client gender on clients' perceptions of a counselor's expertness, attractiveness, and trustworthiness (Counselor Rating Form, CRF).

B. Background

Counseling, like other interpersonal relationships, can be said to involve both indirect and direct attempts by one person (the counselor) to influence the thoughts and/or actions of another (the client). Because of this, the factors which enhance or decrease the counselor's ability to influence a client toward change have been an important and productive research issue (Corrigan, Dell, Lewis, & Schmidt, 1980). Drawing from the general area of interpersonal influence process, Strong (1968) has conceptualized a useful two stage model for studying and understanding the ability of the counselor to influence a client. Reviewing Strong's model is helpful in understanding the interpersonal influence research to date.

Strong's (1968) two stage model was derived from opinion-change research and organized around the theory of cognitive dissonance proposed by Festinger (1957). According to Festinger dissonance is an uncomfortable psychological tension resulting from inconsistency among cognitive

elements that arise from four basic sources: logical inconsistency, incongruence with cultural standards, overlap between ostensible nonoverlapping concepts, or contradictions of prior experiences. When dissonance develops the individual initiates action to resolve the uncomfortable psychological tension and return to a comfortable state called consonance. To reduce dissonance three avenues are available: for a change to occur in a cognitive element about the dissonance inducing event, a change in a cognitive element about the environment, or the addition of a new cognitive element.

From this cognitive dissonance theory Strong suggested that through communication the counselor presents opinions or ideas that are different from those of the client and these produce dissonance in the client. The degree of dissonance created is a function of the perceived discrepancy between the communication of counselor and client. Therefore, the greater the discrepancy the greater the dissonance. The client then tries to reduce dissonance by one of five means: 1) change in the direction advocated by the counselor, 2) discredit the counselor, 3) discredit the issue, 4) change the counselor's opinion, 5) or seek others who agree with them. To insure that dissonance is reduced by option one, change in the direction advocated by the counselor, Strong suggested that the other four options must be controlled.

To control these four options, Strong suggested that certain counselor characteristics must be perceived by the client. Mainly, that the counselor must be perceived as a credible and valid source of assertions and as attractive and trustworthy. Strong's review of the opinion-change research revealed that cues for expertness could be obtained by the client from objective evidence about the counselor such as diplomas and

and certificates, from behavioral evidence, both verbal and nonverbal, and from reputational evidence. Attractiveness cues could be obtained from perceived similarity and compatibility and that trustworthiness cues could be obtained from the counselor's reputation for honesty, his/her social role, his/her sincerity and openness, and his/her perceived lack of motivation for personal gain.

Accepting the fact that it is beneficial for a client to perceive the counselor as being expert, attractive, and trustworthy so that the counselor will have optimal influence power, Strong outlined his two stage model for counseling. During stage one of the model the counselor attempts to enhance the above mentioned characteristics and to increase the client's involvement in counseling. How successful the counselor is during stage one in enhancing these characteristics determines his/her success in moving into stage two of the model, influencing the client to change in the direction advocated by the counselor. If the counselor is successful in enhancing his/her perceived expertness, attractiveness, and trustworthiness plus involving the client in counseling s/he will increase the possibility that dissonance will be reduced by the client changing in the direction advocated by the counselor and decrease the possibility that dissonance will be reduced by discrediting the counselor or discrediting the issue.

Further elaboration of the influence process in counseling is outlined by Strong and Matross (1973). They identify a theoretical rationale for the change process and five methods the counselor can use to effect change in clients. They describe the change process in counseling as a function of "systematic causality" (Lewin, 1936). From this view, change occurs because of immediate interacting factors or forces operating on the

individual, not because of past events or behaviors (historical causality) or underlying growth processes that need to be unfettered (teleological causality). The main interacting factors or forces in the counseling setting are the client's perception of his/her needs and the counselor's ability to meet these needs. The client's perception of the counselor as an adequate individual to help with his/her needs reside in what Strong and Matross (1973) call the counselor's power. The five counselor power bases that they mention are expert, referent, legitimate, informational, and ecological.

The expert power base develops from the client's perception that the counselor has certain knowledge and skills that will help them meet their needs. The referent power base develops from the client's perception that the counselor shares similar values, opinions, and experiences. The legitimate power base develops from the client's perception that the counselor is a socially legitimate person to help them with personal and/or career concerns. The informational power base develops from the client's perception that the counselor is presenting credible and useful information verbally and through books, articles, tests, and other objective sources. The ecological power base develops from the client's involvement with certain environmental situations that can be influential. Counselors are most likely to employ the first three power bases and, as Corrigan et al. (1980) note, these three are roughly equivalent to the expert, attractive, and trustworthy variables mentioned by Strong (1968).

Since Strong (1968) introduced this model of counseling as an interpersonal influence process there has been a myriad of research surrounding the issue of social influence. Recent reviews of the interpersonal influence process in counseling (Heppner & Dixon, 1981; Corrigan et

al, 1980) reveal that there has been a focus on three main categories of cues by which perceived counselor expertness, attractiveness, and trustworthiness has been studied. These are evidential cues, reputational cues, and behavioral cues. Evidential cues include nonbehavioral characteristics of the counselor such as how s/he looks and what s/he wears, as well as office location, decor, and furnishings. Reputational cues include information made known about the counselor's professional or social background. Behavioral cues include the counselor's verbal and nonverbal behaviors.

Cues that have been found to enhance the counselor's perceived expertness have generally included objective evidence of training, counselor verbal and nonverbal behaviors and indications of prestige (Heppner & Dixon, 1981). These include the presence of degrees and certificates (Heppner & Pew, 1977; Siegel & Sell, 1978), highly credible or status introductions (Hartley, 1969; Price & Iverson, 1969), use of psychological jargon (Atkinson & Carskadden, 1975), use of interpretive statements as opposed to restatements (Claiborn, 1979), and nonverbal behaviors such as being attentive, interested, confident, organized, leaning forward, nodding, and direct eye contact (Dell & Schmidt, 1976; Schmidt & Strong, 1970; Siegel & Sell, 1978). While these cues can enhance the perceived expertness of the counselor it has also been supported that combining these cues increase the counselor's perceived expertness (Heppner & Dixon, 1978).

Cues that have been shown to enhance the counselor's perceived attractiveness have been verbal labels, certain counselor characteristics such as age, sex, and certain verbal and nonverbal behaviors (Heppner & Dixon, 1981). Nonverbal behaviors that have been shown to enhance per-

ceived counselor attractiveness include smiles, eye contact, positive head nods and body lean (Claiborn, 1979; Fretz, Corn, Tuemmlu, & Bellet, 1979; LaCrosse, 1975). Verbal behaviors such as counselor self-disclosures of similar experiences, feelings and attitudes have also been shown to encrease perceived counselor attractiveness (Hoffman-Groff, 1977; Strong & Schmidt, 1971). Other studies (Carter, 1978, Lewis & Walsh, 1978) have shown that physical attractiveness of the counselor effects the perception of counselor attractiveness but that it is inter-related to counselor sex. Both studies suggest that physical attractiveness was a more important factor for female counselors and clients in that female clients rated physically attractive counselors more favorably. Overall, Strong and Dixon (1971) found support for certain cues that enhance perceived counselor attractiveness but they suggest that attractiveness is probably more important and influential when the counselor lacks credibility.

The physical attractiveness variable is probably a more important training issue because it is during training that beginning counselors are less credible and influential. This would be especially true for counselors in practicum or intern positions. It is during this time that many of the evidential, reputational, and behavioral cues of expertness, attractiveness, and trustworthiness are at a minimum. Therefore, it can probably be safely assumed that the beginning counselor in training has less interpersonal influence and that any discrediting characteristics may have a more negative impact on the client than otherwise might be expected if more credible cues were present.

Since Strong's (1968) original article on the interpersonal influence process in counseling, there has been considerable evidence to

suggest that there are certain cues that can enhance the counselor's ability to influence the client toward change (Heppner & Dixon, 1981; Corrigan et al, 1980). It has been helpful to conceptualize this influence process within a cognitive dissonance framework and to understand those characteristics that help to reduce dissonance so as to encourage compliance with counselor suggestions and directions. An important but yet unanswered question posed by Corrigan et al, (1980) is not what cues enhance perceptions of the counselor, but rather, what cues detract from the positive attributions made by the client about a counselor's perceived expertness, attractiveness, and trustworthiness. As they suggest, it may be more fruitful to explore these areas so that counselors may learn what characteristics and behaviors detract from their ability to influence their clients. One specific and immediately obvious counselor characteristic that has received little attention in the counseling literature but which may detract from the counselor's ability to influence clients is that of counselor body size/weight. Several areas that are important to review in looking at this question include: 1) physical attractiveness, 2) body type, 3) the stigma associated with obesity, 4) and research methodology.

#### 1. Physical Attractiveness

It has generally been accepted from earliest times that physical attractiveness is a desired and positive personal attribute that enhances the individual in his/her daily interactions. Dion, Bersheid, and Walster (1972) have even suggested that there is probably a physical attractiveness stereotype. Using photographs of men and women that varied along the physical attractiveness variable, they found that subjects rated the more attractive people as possessing more "socially desirable"

personality traits. These desirable personality traits included being more sexually warm and responsive, sensitive, kind, interesting, strong, poised, modest, sociable, outgoing, nurturant, and as having better character. Subjects rated the more attractive individuals as having the desirable personality traits regardless of their sex.

Whether a stereotype exists or not, it goes without question that "our physical appearance is the one personal characteristic which is obvious and accessible to others in almost all social interactions" (Berscheid & Walster, 1974). We cannot not communicate (Watzelick, 1967) and our physical appearance can be the source of either positive or negative attributions made toward us by others. Indeed, the first impression others may form of us may well come from our physical appearance, and this impression may set the expectations for further interactions

In another physical attractiveness study, Miller (1970) used photographs of individuals who had been previously rated to be of either high, medium, or low physical attractiveness. Subjects were asked to record their impressions of the photographed individuals using the Jackson and Minton (1963) Adjective Preference Scale. This scale consists of 17 different dimensions such as passive versus active and rigid versus flexible. Of the 17 dimensions Miller found significant effects for physical attractiveness on 15 of the dimensions for both male and female subjects. Miller concluded that highly attractive individuals are associated with desirable or positive adjectives while unattractive individuals are associated with undesirable or negative adjectives. In addition, Miller found an interaction effect between sex of the stimulus person and sex of subject, usually in the direction of sex-role stereotypy. For example, females were rated more submissive than males re-



ardless of physical attractiveness level or sex of rater.

An interaction effect was also found between physical attractiveness level of the stimulus person and sex of the stimulus person. Miller found different effects for the sex of the stimulus person at each of the three levels of physical attractiveness. At the high physical attractiveness level Miller found significant differences between the sexes on seven variables, at the moderate level he found 20 significant differences and at the low attractiveness level he found 18 significant differences between male and female photographs. Miller concluded from this study that: 1) physical attractiveness stereotype is the strongest at the higher levels of attractiveness and 2) the person's sex, behavior, and other factors become more influential to impression formation as physical attractiveness decreases.

An interaction between level of physical attractiveness and sex of the stimulus person has also been found by Byrne, London, and Reeves (1968). In their study they found evidence for a sex-specific stereotype. For example, using male stimuli they found that subjects attributed less intelligence and morality as physical attractiveness decreased but using female stimuli they found subjects attributed more intelligence and morality as physical attractiveness decreased. These studies support the contention that what is beautiful or attractive is good and that individuals tend to attribute more positive characteristics to the more physically attractive individual.

## 2. Body type and social influence

Concerned with understanding human personality from a broad dynamic perspective consisting of cognitive, affective, physiological, and morphological components, Sheldon (1954, 1963) developed a schema

for classifying human physiques from variance in human morphology (morphology is the study of form and structure of an organism). Sheldon photographed back, front, and side views of 4000 college age men and established a quantification system called somatotypes that consisted of three basic components. These components are: 1) Endomorphy, a physique dominated by soft roundness and massive digestive viscera which is derived mainly from the endodermal embryonic layer in which there is a concentration of mass, a tendency to put fat on easily, and a polypoly nature. 2) Mesomorphy, a physique dominated by muscle, bone and connective tissue derived from the mesodermal embryonic layer in which there is a tendency toward muscular strength. 3) Ectomorphy, a physique dominated by linearity and fragility with tissue derived mainly from ectodermal embryonic layer.

Using this quantification system researchers have found support for the idea that stereotypes based on physiques exist and are measurable (Kiker & Miller, 1967; Miller & Stewart, 1968; Sleet, 1969). Lerner (1969) investigated the relationship between body build and behavior. Using photographs of somatotypes subjects were asked to indicate which somatotype best fit each of three behavioral descriptions. He found a stereotype associated with each somatotype. Mesomorphs were attributed more friends, as assuming more leadership and not smoking. Endomorphs were attributed less athletic ability and the tendency to drink and eat more. Ectomorphs were seen as eating less, smoking more and more likely to have a nervous breakdown.

Lerner and Korn (1972) studied three different age groups of young males as to their preference for certain physiques. Using an adjective checklist to describe each somatotype they found that all sub-

jects regardless of age had a more favorable view of the mesomorph and that the endomorph received the least favorable evaluations. Using overweight, underweight, and normal weight male college students, Dibiase and Hjelle (1968) found that mesomorphs were perceived by all subjects as more active, energetic, and dominant as opposed to endomorphs and ectomorphs who were perceived as more withdrawn, shy and dependent. All these studies support the idea that body type can be an influence on how and what individuals attribute to others and that endomorphic physiques are more negatively evaluated.

Several studies have examined the effects of physical attractiveness on client perceptions of both professional and peer counselors (Carter, 1978; Cash, Begley, McGown, & Wiese, 1975; Cash & Kehr, 1978; Cash & Salzback, 1978; Lewis & Walsh, 1978). These studies have generally ignored body size or type characteristics of the counselor. If body size is dealt with it is generally included with other characteristics that have been judged either attractive or unattractive. This has usually resulted in clouding the issue of the positive or negative impact of the counselor's body size on the interpersonal influence process in counseling. This is unfortunate since other research has suggested that body size can have a considerable influence on the perceptions made by an individual. In reviewing physical attractiveness, Berscheid and Walster (1974) suggest that the investigation of body size such as quantified by Sheldon (1954, 1963) might be a profitable area for accounting for attractiveness variance.

An example of research on the impact of physical attractive variable has been done by Cash, Begley, McCown, and Weise (1975). Their results suggest that a professional's physical attractiveness may exert

substantial and perhaps critical influence on the development of the therapeutic relationship and even its outcome. Cash et al. manipulated counselor physical attractiveness or unattractiveness and then had subjects indicate their impressions of the counselor on 12 traits and also on how much they thought the counselor would be helpful on 15 different personal problems. Both female and male subjects perceived the attractive counselor as more intelligent, friendly, assertive, trustworthy, competent, warm, and likeable. In addition they had a more favorable outcome expectancy for eight of the 15 problems.

While this study suggests that physical attractiveness is an important variable in the counseling interaction, at least initially, it is unclear what part counselor body size played in the subject's perceptions. Within the study counselors were videotaped in two conditions. Under the attractive condition the counselor exhibited his natural mesomorphic physique, was tanned, had a clear complexion and had moderate-length and stylish hair (dry look). Under the unattractive condition, the same individual was cosmetically altered to present an endomorphic physique (spare tire) with shadows under his eyes, a mole on his nose and with less stylish hair (wet look). It can clearly be seen that these conditions do not represent the typical counselor even if s/he is overweight and that the other characteristics besides counselor body size greatly influenced the overall perception made by the subject. A similar methodology used by Lewis and Walsh (1978) investigated the impact of physical attractiveness on the perception of female counselor. Similar results were reported.

A more recent and realistic study of counselor body size has demonstrated the negative influence that excessive weight can have on

client perceptions of the counselor (Wiggins, 1980). Using Carkhuff's rating scale for communication, Wiggins pretested four overweight and four normal weight counselors during a 20 minute counseling session. All the counselors averaged 3.1 to 3.8 according to Carkhuff's scale. He then had four male and four female graduate students in counseling role play a "canned" concern to each of the eight counselors. After each session the students rated each counselor on a 5-point Likert scale covering four areas. Results indicated that the evaluators perceived overweight males and females as less competent than normal weight male and female counselors in all four areas covered. The four areas were: 1) perceived cognitive effectiveness, 2) affective ability, 3) leadership qualities, 4) and overall level of global effectiveness. Wiggins concluded that the overweight counselor may have an additional burden not shared by his/her normal weight peers.

### 3. Stigma associated with obesity

Stigma has been defined by Goffman (1963) as any attribute that is deeply discrediting to its possessor. In the case of obesity, studies appear to support the idea that obese people are often times stigmatized and discredited. For instance it has been generally found that the obese are discredited by receiving more negative evaluations than normal weight individuals and are more likely to be rejected (Felker, 1972; Lerner, 1969; Lerner & Korn, 1972; Maddox, Black, & Liederman, 1968; Staffieri, 1967). In addition they are more likely to be held responsible for their physical condition than someone who has a different physical aberration.

Weiss (1980) conducted a study to determine if more negative evaluations are attributed to the obese because of the perception that

their condition is self-inflicted. Using drawings of men and women with one of three conditions (normal or obese, spinal curvature, or wheelchair bound) combined with a story indicating whether the condition was self-inflicted Weiss found that the obese were more negatively rated because they were perceived as having a handicap that was self-inflicted.

A recent study by Dejong (1980) illustrates the stigma attached to the obese. Examining the extent to which people are derogated because of their obese appearance, Dejong asked high school girls to look at photographs of both obese and normal weight peers. With each photograph was written information about the girl. Dejong found that unless the obese person had an excuse for her obesity she was given a less positive evaluation and was not as well liked as the normal weight girls. Dejong notes that this is probably indicative of the often extremely negative attitudes and attributions directed toward the obese. He suggests that this is because people attribute personal responsibility to the obese for their physical condition. In addition, such attributions as gluttony, laziness, and less self discipline are also given to the obese. This adds credence to the notion that obesity is a physical stigma that is likely to discredit its possessor.

In another article dealing with the social consequences of obesity, Tobias and Gordon (1980) point out that people become stigmatized because of certain characteristics, such as obesity, that set them apart from others. This negative stereotype allows others to attribute negative traits to the obese and to possibly treat them differently than the non-obese. They point out that even health care professionals tend to view overweight patients as having an "emotional sickness".

These studies suggest that being overweight or obese may attach

a stigma to the possessor that is likely to be discrediting. In addition, these studies also suggest that more negative personality traits and characteristics are attributed to the overweight and that they are likely to be treated differently.

#### 4. Research methodology

Acknowledging that all research is a trade off between internal and external validity issues (bubble hypothesis) Gelso (1979) has described a system for categorizing types of research based on the degree of control of the independent variable(s) and the setting in which the research takes place. The control of the independent variable has two levels consisting of either high control (manipulative) or low control (non-manipulative), both addressing the issue of internal validity. The setting in which the research takes place also has two levels, laboratory or field setting, both addressing the issue of external validity. This system results in four categories of research that are helpful in conceptualizing the degree of rigor and/or relevance desired in any piece of research. The following is a brief description of each category.

##### a. Experimental analogue (high control, laboratory setting).

This type of research is a simulation of counseling that permits precise control of variables in controlled setting that may not be possible in a real situation because of ethical reasons. Gelso points out that it is important in this type of research to stay as close to the natural phenomena in which the researcher is interested. This type of research is good in helping to answer specific questions about counseling process, factors influencing process, and counseling outcome by inference. Five types of analogue studies are:

1. audio visual: Counselor behavior is the dependent variable.
  2. audio visual: Client behavior is the dependent variable.
  3. quasi-counseling interview: Counselor behavior is the dependent variable.
  4. quasi-counseling interview: Client behavior is the dependent variable.
  5. Experimental interview not resembling counseling in which an issue relevant to counseling is manipulated in a non-counseling setting.
- b. Experimental field study (high control, field setting).

This type of research is conducted in a natural setting, actual treatment is involved, and clients are assigned randomly to two or more groups. This allows the researcher to maintain control of the exposure of the independent variable.

- c. Correlational analogue (low control, laboratory setting).

This type of research is also a simulation of counseling but the researcher does not maintain control over who is exposed to the different levels of the independent variables. Subjects are not necessarily assigned randomly assigned to two or more treatments and the ability to generate causal inferences is restricted but does allow the researcher to make precise observations in a controlled setting in which the independent variable is not fully controlled.

e. Correlational field (low control, field setting). This type of research takes place in a natural setting in which actual treatment occurs while the researcher maintains control of the exposure of the subject's treatment. The researcher loses the ability to randomly assign subjects to treatment.



In addition to the categorization system proposed by Gelso, certain boundary conditions for counseling research have been suggested by Strong (1971). These conditions are: 1) counseling is a conversation among persons, 2) status differences exist between participants and constrain the conversation, 3) the duration of counseling varies, 4) many clients are motivated to change, 5) and many clients are psychologically distressed and are heavily invested in the behaviors they seek to change. Strong suggests that research that meet these conditions may be applied to counseling while those that do not may have implications for counseling.

### C. Rationale

Following from the research in interpersonal influence process in counseling, physical attractiveness, body type and the stigma associated with obesity, the proposed study is a logical extension of the continued testing of the cognitive dissonance theory upon which the interpersonal influence process of counseling has been based (Strong, 1968). If dissonance is produced in clients when the counselor communicates opinions or ideas that are different from those of the client, it is important to know not only those characteristics that enhance counselor influence power, but also those characteristics that discredit the counselor and thus diminish his/her ability to influence the client toward change. Furthermore, it has been shown that excessive body size has detrimental or negative affects upon its possessor in other settings (Kiker & Miller, 1967; Lerner, 1969; Miller & Stewart, 1968; Sleet, 1969). Whether these effects are present in the counseling situation is largely unexplored. Therefore, a study examining counselor body size and its interaction with other counselor characteristics that have been

shown to affect counselor influence power is important in further understanding the counseling process.

From a training viewpoint it is important in that it provides valuable information that can be utilized with trainees in understanding their impact on clients. Awareness of these factors gives the trainee the ability to change or modify behaviors that are likely to discredit them as appropriate and valid sources of professional help.

## II. SPECIFIC AIMS AND HYPOTHESES

### A. Aims

The specific aims of this study are 1) to develop a precounseling instruction audio tape explaining to clients what to expect from counseling, 2) to develop a high (Ph.D. level Counseling Psychologist) status and low (counselor trainee) status description, 3) to develop two stimulus photographs of individuals depicting a normal weight (mesomorphic physique) and overweight (endomorphie physique) counselor, 4) to provide adequate internal control of variables to detect variance associated with the independent variables, 5) and to assess the effects of the independent variables on the client's perception of counselor expertness, attractiveness, and trustworthiness as measured by the Counselor Rating Form (CRF).

### B. Hypotheses

The primary hypotheses of this study are: 1) That a population of individuals requesting services from a university counseling center when ask to rate a normal weight counselor will differ from a similar population of individuals who are ask to rate an overweight counselor on the three variables of expertness, attractiveness, and trustworthiness. 2) That a population of individuals requesting services from a univer-

sity counseling center when ask to rate a low status counselor will differ from a similar population of individuals ask to rate a high status counselor on the three variables of expertness, attractiveness, and trustworthiness. 3) That a population of males requesting services from a university counseling center will differ from a similar population of females when rating counselors on the three variables of expertness, attractiveness, and trustworthiness.

### III. METHOD

#### A. Type of Research

The present research is combination of the experimental analogue and the experimental field study as described Gelso (1979). The research is conducted in a natural setting with actual clients who receive a prescribed treatment (precounseling instructions tape). The researcher maintains high control over the exposure of the independent variables (counselor status x counselor weight x client gender) and the subjects are randomly assigned to two or more groups.

In addition, it would appear that the present research meets at a minimum, boundary conditions two, four, and five described by Strong (1971). Status of the counselor is emphasized and client motivation and psychological distress can be inferred from the client's request for services. Because of the use of the audio-visual precounseling instruction presentation, the normal conversation that occurs between the client and therapist does not take place during the experimental manipulation. But information is conveyed via the client expressing a need for counseling and the counselor conveying information to the client via the audio-visual presentation. So in a broad sense conversation has occurred. Condition three is not met since the experimental manipulation

occurs before the actual intake session.

B. Subject Selection

The subjects for this study will be students requesting services at the Personal Counseling Service at Texas A&M University. Participation in this study will be voluntary and students will be informed that services at the PCS are not contingent on their participation in the study. Confidentiality for the study will be explained to each student. Only those students who are requesting services through the normal intake procedure will be used. Students seen on an emergency basis will be excluded from the study.

A total of 80 subjects will be used in the study. Male subjects ( $n = 40$ ) will be assigned to one of four treatment conditions using a random assignment procedure. Female subjects ( $n = 40$ ) will be similarly assigned to one of four treatments yielding a  $2 \times 2 \times 2$  experimental design.

C. Independent Variables

The independent variables in this study will be subject gender, counselor status, and counselor body size. Counselor status and body size will be presented to subjects by a written description of either a Ph.D. Counseling Psychologist or a counselor trainee placed below a black and white photograph of either a normal weight or overweight individual.

1. Counselor Status

The following two levels of counselor status will be utilized in the study.

a. High Status: The counselor in the above photograph is a Ph.D. licensed Counseling Psychologist who has extensive experience working with college students at a major university counseling service. He

has prepared the following precounseling audio tape describing what to expect from counseling.

b. Low Status: The person in the above photograph is a counselor trainee who is learning to work with college students at a small community college counseling service. He has prepared the following precounseling audio tape describing what to expect from counseling.

## 2. Counselor Body Size

The following two levels of counselor body size will be utilized in the study.

a. Normal Weight Individual: This individual will be mesomorphic in appearance. That is they will have an obvious slim, muscular physique. In addition, the individual will be between zero and five pounds of the recommended weight according to standard weight charts for his sex, age, body build, and height.

b. Overweight Individual: This individual will be endomorphic in appearance. That is they will have an obvious soft, round, fat physique. In addition, this individual will be between 30 and 50 pounds over the recommended weight according to standard weight charts for his sex, age, body build, and height.

## 3. Presentation of Counselor Status and Body Size

To control for the overall facial attractiveness of the males in the stimulus photographs, the head of the individual with the mesomorphic physique will be photographically double exposed onto the body of the overweight individual. This will result in the same head on both the normal and overweight individuals pictured in the photographs. Differences in clothing of the male stimulus individuals will be controlled by having both males wear dark slacks and white shirts. Appendix B con-

tains the resulting four stimulus combinations which are 1) high status/normal weight, 2) high status/overweight, 3) low status/normal weight, 4) and low status/overweight.

D. Dependent Variables and Client Descriptive Information

The expertness, attractiveness and trustworthiness scales of the Counselor Rating Form (CRF) will serve as the dependent variables for this study. The CRF was developed (Barak & LaCrosse, 1975; LaCrosse & Barak, 1976) to measure the dimensions of perceived counselor expertness, attractiveness, and trustworthiness as described by Strong (1968). It consists of 12 seven point bipolar items for each of the three dimensions that are randomly ordered giving a total of 36 items. The score for each dimension ranges from a minimum of 12 to a maximum of 84. Corrected reliability coefficients using the Spearman-Brown formula has been reported to be .874 for expertness, .850 for attractiveness, and .908 for trustworthiness (Barak & LaCrosse, 1975; LaCrosse & Barak, 1976). It has been shown to reliably measure the social influence variables of expertness, attractiveness, and trustworthiness (LaCrosse, 1980) and to be a valid instrument for assessing perceptions of counselor behavior from multiple sources (Barak & LaCrosse, 1977) and to be able to indicate that a client's initial ratings of counselors on the three dimensions are significantly related to counseling outcome (LaCrosse, 1980). Appendix C contains the CRF, the scoring criteria, and the items for each of the three separate scales of expertness, attractiveness, and trustworthiness.

In addition to the dependent variables, the intake counselor will fill out the Client Information Sheet (Appendix D ) for each subject. This sheet provides information about the subject's level of functioning,

weight, presenting problem, age previous counseling, and academic progress.

E. Procedure

Students requesting services at the Texas A&M University Personal Counseling Service will be asked to arrive approximately 15 minutes before their scheduled intake session. After filling out the routine agency form for new clients, the individuals will be given a packet of materials and asked to participate in a study on student impressions. The packet will contain 1) an Agreement to Participate (Appendix E) which will explain the voluntary nature of their participation and their right to confidentiality, 2) instructions for the study (Appendix F), 3) one of the four stimulus combinations (Appendix B), 4) and the Counselor Rating Form. If they agree to participate in the study they will be seated at a table in the waiting room containing a cassette tape recorder, precounseling audio tape explaining what to expect from counseling (Appendix G), and headphones. The audio tape message was adapted from Schlessman (1980) and Winborn (1977). After reading over the instructions, looking at the stimulus photograph, and listening to the precounseling audio tape, the subject will fill out the CRF as to their impressions of the counselor pictured in the stimulus photograph. After finishing the CRF the subject will return all materials to the receptionist who will direct them to their intake counselor.

F. Experimental Design and Proposed Analysis

The experimental design for this study is a 2 x 2 x 2 factorial organization (Kirk, 1968) consisting of counselor status (high vs low), counselor weight (normal vs overweight), and subject gender. Using 80 subjects (cell size = 10) with alpha set at .05, the design yields a

power coefficient of .90 for a difference of 1.5 sigma.

The expertness, attractiveness, and trustworthiness scales of the CRF will serve as the dependent variables. CRF scores will be analyzed using a multivariate analysis of variance (MANOVA) to assess the effects due to the independent variables of client gender, counselor status, and counselor weight. If significant differences are found univariate and appropriate individual comparison analyses will be conducted.

The MANOVA was chosen as a means for controlling Type I error (i.e., rejecting the null hypothesis when it is true). Using three separate univariate analyses of variance would yield seven  $F$  values (sex, weight, status, sex x weight, sex x status, weight x status, sex x weight x status) for each criterion variable giving a total set of 21 tests. One is likely to obtain one result significant in the 21 tests due to chance alone ( $p = .66$ ). In addition, it has been found that the three variables of the CRF are quite likely correlated (LaCrosse, 1977). The MANOVA represents a way to take this possible correlation into account and has the capacity to detect effects which are not apparent when the variables are examined singly.

#### IV. Institutional Review Board

A summary of this research proposal will be sent to the office of Research Administration at the Norman campus for review of the project's purpose, subject population, procedures, potential risks to subjects, and potential benefits to subjects and society as well as a copy of the CRF and the Agreement to Participate. A proposed starting date of March 1, 1982 will be requested.



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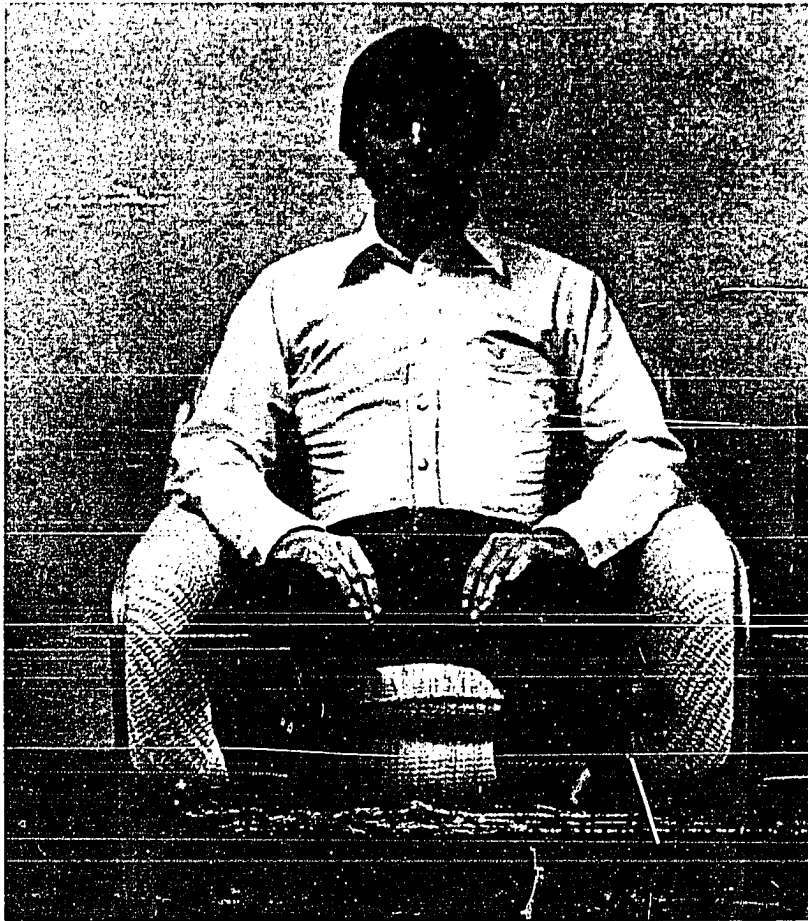
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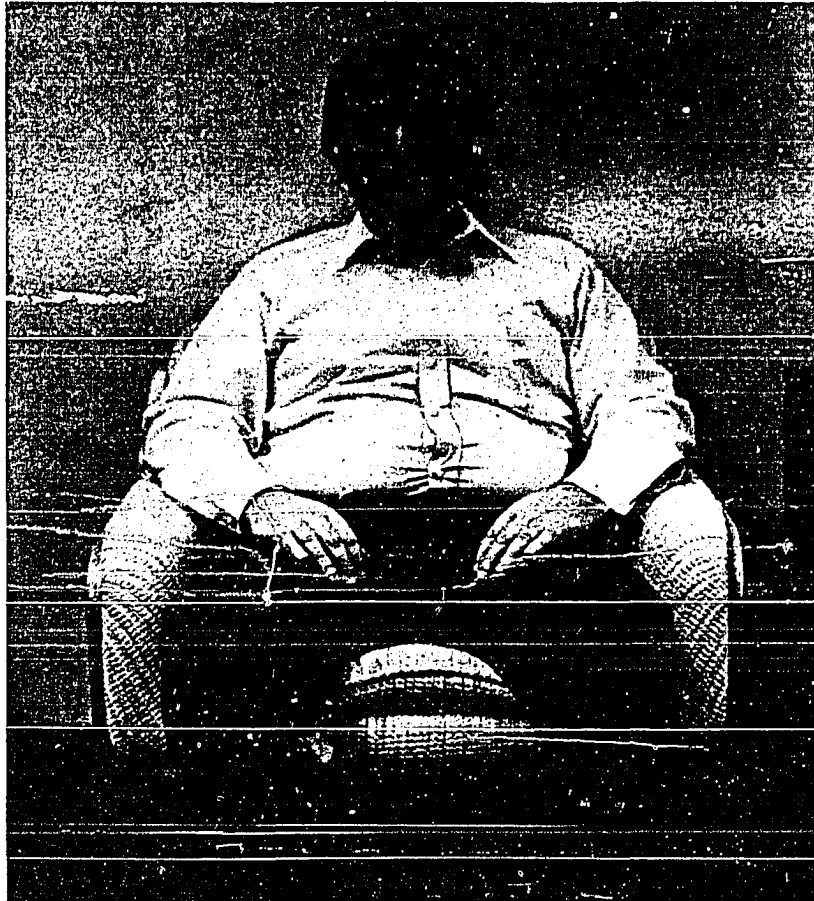
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APPENDIX B  
STIMULUS CONDITIONS OF COUNSELOR  
WEIGHT AND STATUS



The counselor in the above photograph is a Ph.D. licensed Counseling Psychologist who has extensive experience working with college students at a major university counseling service. He has prepared the following pre-counseling audio tape describing what to expect from counseling. After you have listened to the tape please fill out the Counselor Rating Form on the following pages so as to accurately describe your impressions of the Counseling Psychologist pictured above.

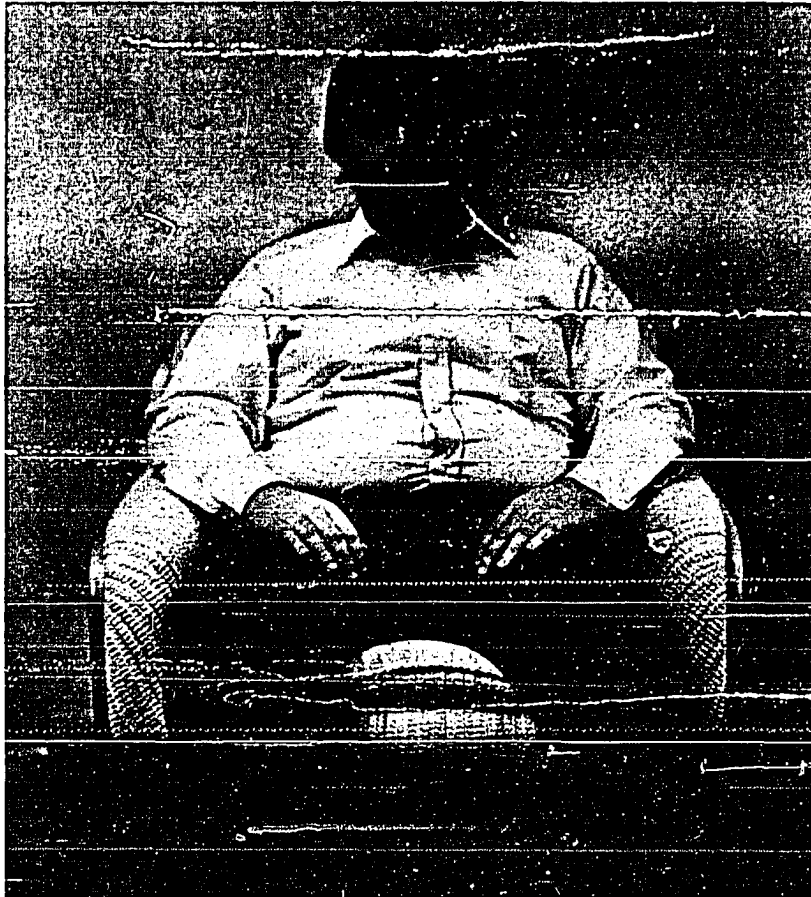


The counselor in the above photograph is a Ph.D. licensed Counseling Psychologist who has extensive experience working with college students at a major university counseling service. He has prepared the following pre-counseling audio tape describing what to expect from counseling. After you have listened to the tape please fill out the Counselor Rating Form on the following pages so as to accurately describe your impressions of the Counseling Psychologist pictured above.



The person in the above photograph is a counselor trainee who is learning to work with college students at a small community college counseling service. He has prepared the following precounseling audio tape describing what to expect from counseling. After you have listened to the tape please fill out the Counselor Rating form on the following pages so as to accurately describe your impression of the counselor trainee pictured above.





The person in the above photograph is a counselor trainee who is learning to work with college students at a small community college counseling service. He has prepared the following precounseling audio tape describing what to expect from counseling. After you have listened to the tape please fill out the Counselor Rating form on the following pages so as to accurately describe your impression of the counselor trainee pictured above.

APPENDIX C  
COUNSELOR RATING FORM

**PLEASE NOTE:**

Copyrighted materials in this document have not been filmed at the request of the author. They are available for consultation, however, in the author's university library.

These consist of pages:

64-67

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APPENDIX D  
CLIENT INFORMATION SHEET

## CLIENT INFORMATION SHEET

I. Level of Functioning Scale\* (Circle one)

- 0 - No information
- 1 - Grossly Impaired: Gross impairment in virtually all areas of functioning.
- 2 - Very Poor: Marked impairment in both social relations and occupational functioning.
- 3 - Poor: Marked impairment in either social relations or occupational functioning, or moderate impairment in both.
- 4 - Fair: Moderate impairment in either social relations or occupational functioning, or some impairment in both.
- 5 - Good: No more than slight impairment in either social or occupational functioning.
- 6 - Very Good: Better than average functioning in social relations, occupational functioning, and use of leisure time.
- 7 - Superior: Unusually effective functioning in social relations, occupational functioning, and use of leisure time.

II. Client Weight (Circle one)

- 1. ☐ Underweight (More than 10 pounds)
- 2. ☐ Normal (Within 10 pounds of recommended weight)
- 3. ☐ Overweight (10 - 20 pounds)
- 4. ☐ Excessively overweight (More than 20 pounds)

III. Presenting Problem (Circle all appropriate)

Career      Personal/Social      Couple/Marriage

Explain: \_\_\_\_\_

IV. Other Information

Age \_\_\_\_\_ Academic Progress \_\_\_\_\_ Previous Counseling \_\_\_\_\_?

\*Adapted from the Diagnostic and Statistical Manual of Mental Disorders, (Third Edition).

APPENDIX E  
AGREEMENT TO PARTICIPATE

( ) \_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Witness

APPENDIX F  
INSTRUCTIONS



## INSTRUCTIONS

Previous research has shown that individuals can form accurate impressions of others just by knowing a little information about that individual. In addition, it has been shown that a person's initial impression of another can have an important impact on further interactions. On the following page is a photograph of a counselor from another university and a short description of the individual. Look at the photograph, read the brief description of the individual and then listen to the pre-counseling tape he has prepared. After you have listened to the audio tape fill out the Counselor Rating Form so as to accurately describe your impressions of the individual pictured in the photograph. As you fill out the Counselor Rating Form it is alright to go back to the photograph. When you finish the Counselor Rating Form please return all materials to the receptionist.

Remember, your candid and honest impression is needed. Thank you for your participation.

APPENDIX G  
PRECOUNSELING SCRIPT

## PRECOUNSELING AUDIO SCRIPT

In the next few minutes I would like to talk generally about counseling and what you can expect from working with a counselor. It is important that you understand what is going on in counseling so that you can devote your time to working on your concerns. First, what is counseling? Counseling is a process whereby you may learn to make better decisions, improve personal skills, develop increased confidence in your abilities, and acquire a keener awareness and appreciation of your needs and those of other people. You may have some behavior you wish to change. You may have career concerns. You may want to improve communication with a special person, establish more meaningful relationships, or better cope with feelings of depression or anxiety. Whatever is of personal concern to you may be explored in counseling.

There are several connected stages in the counseling process. Generally, people begin by discussing what brought them here. You may decide to talk about several different topics, or concentrate on one area which is bothering you. During your initial session, your counselor will attempt to understand your world as you experience it. As you begin to explore your world, you may be asked to clarify certain statements, to get a better idea of how you perceive different things. As you and your counselor talk, the nature of your problems will hopefully become clearer to you both. For example, how often you experience difficulties, how severe they are, and what situations or people they are associated with, as well as how long you have had these problems. In addition, your counselor will help you identify your strengths and the resources you use to cope with and resolve problems.

Once you have decided what you want to work on with your coun-

selor, you will begin to explore certain areas in depth. During this stage your counselor will help you focus on the relationships among seemingly isolated parts of yourself, to make sense of your different attitudes and behaviors. You will also begin to develop realistic goals of how you would like to act.

The next stage of counseling is the translation of these goals into a series of steps through which you change how you act and feel. These steps are based on a thorough exploration of your feelings, attitudes, and abilities. Your counselor will then help you develop or improve the skills you need to reach your goals. As you begin to incorporate these new strategies for living, you should gain a better ability to translate your goals into action. Your increasing understanding of yourself, and the development of new skills should decrease the strains which caused you to enter counseling. At this point you will discuss termination with your counselor, and how to maintain the gains you have made.

To summarize the counseling process, it consists of three stages. The first stage is a general survey of feelings, thoughts, and behaviors. The second stage is a deeper exploration of different aspects of yourself and how these fit with each other to make you a unique person. The third stage is the development of concrete goals and the mastery of skills to reach these goals.

Depending on the reason you came to counseling you may experience negative feelings as you are working in counseling. If you do it is easy to become discouraged, to feel that counseling is hopeless, or to blame your counselor for not giving you what you need. If you experience negative feelings it is useful to tell your counselor about them.

The main point is to be aware that there can be difficult periods but these may be a necessary part of the counseling process for you.

Counseling is governed by a professional code of ethics. Confidentiality, to the limits provided by the law and judicial decisions, is respected. The most obvious exception to confidentiality is in cases of imminent physical harm and danger to you or to others. Also, because of confidentiality, no record of your use of counseling is kept in placement files, academic records, or on your official transcript.

You may want to know how many counseling sessions will be needed and how long each session will last. Usually, your counselor will spend 45 minutes a week discussing your concerns. It is difficult to predict how many sessions will be needed, as this varies with each person and the type of concern. Usually, because of the great demand by students for counseling, services are of limited duration. This means from one to several sessions over one semester. If counseling for more than one semester is needed we serve as a referral source to help you find appropriate counseling of a more long term nature.

Group counseling is also an option. This is where you interact with other students and a counselor to gain insight into yourself and others as you explore your concerns together. Sometimes group counseling is recommended over individual counseling for certain concerns.

In counseling your personal commitment is crucial for success. The most important things you as a student can do in counseling are to talk freely about your concerns, make a commitment to change, and to be an active participant both in and out of your counseling sessions. If for some reason you can not attend a scheduled counseling session it is important to notify the secretary. If you decide to terminate counseling

you also need to inform your counselor.

You may have questions about counseling or about this study that have not been answered. Please feel free to ask your intake counselor or any of the staff. (Pause for 5 seconds) Please turn to the Counselor Rating Form and fill it out as to your impression of the counselor pictured in the photograph. When you finish please return all materials to the secretary. Remember, your impressions of the counselor pictured is confidential and are not shared with others. Thank you for your participation.