

THE EFFECTS OF CLIENT PHYSICAL AND VOCAL
ATTRACTIVENESS ON SELECTED CLINICAL
JUDGMENTS BY COUNSELORS-IN-TRAINING

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Scope and Method of Study: The purpose of this study was to investigate the effects of client physical and vocal attractiveness on counselors-in-training and how this might relate to a professionals' selected clinical judgments. Participants in the study were 60 graduate students at a public university located in the southwestern region of the United States. Participants were required to be enrolled in a graduate-level counseling psychology program or other similar helping-profession program. Each participant completed an Informed Consent Form, Modified Simulated Client Vignette Questionnaire, and Demographic Questionnaire. Analysis of Variance (ANOVA) were used to test each of four null hypotheses.

Findings and Conclusions: Aspects of a simulated client's physical and vocal attractiveness were found to be significantly associated with counselors-in-training judgments regarding client impairment, prognosis for a recovery as well as counselor's interest in working with the client. These results were obtained using a series of 2 X 2 ANOVA and descriptive statistics. However, the results should be interpreted with caution, in that, the statistical analysis was associated with low statistical power.

ADVISOR'S APPROVAL: _____

John Kovacs

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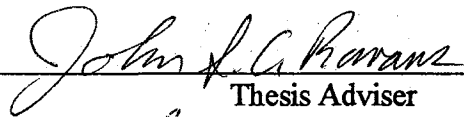
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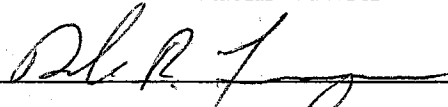
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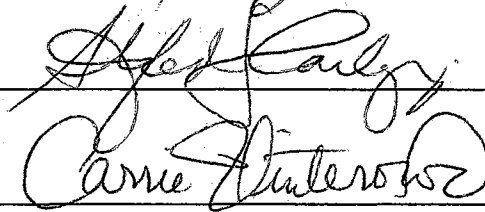
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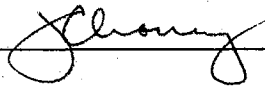
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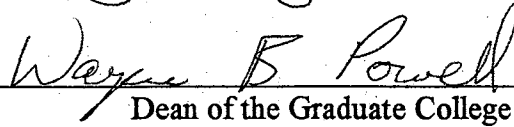
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TABLE OF CONTENTS

Chapter	Page
I. INTRODUCTION	1
Statement of the Problem	9
Significance of the Study	10
Definition of Relevant Terms.	10
Research Hypotheses	11
Research Objectives	12
Assumptions of the Study	12
Organization of the Study	13
II. LITERATURE REVIEW	14
In the Eye of the Beholder	14
Selected Determinants of Attractiveness	14
Gender Differences in Judging Physical Attractiveness	16
An Overview	16
Females	17
Males	19
In Search of the Ideal	20
Effects of Age on Attractiveness	22
Impact of Attractiveness on Social Behaviors	23
Subtle Benefits and Liabilities.	24
Career Development	26
Interview and Selection Decisions	26
Success and Promotion.	28
Earning Potential	30
Academicians and Counselors	33
Factors in Interpersonal Attraction	35
Matching Hypothesis	36
Effects of Attractiveness on Mental Illness	41
Vocal Attractiveness	44
Summary	46

Chapter	Page
III. METHODS	48
Participants	48
Instrumentation	49
The Original SCVQ	49
The Modified SCVQ.	51
Reliability	51
Validity	52
Ethical Considerations	52
Procedure	52
Research Design/Data Analysis	57
IV. RESULTS.	58
Hypothesis 1	64
Hypothesis 2	68
Hypothesis 3	71
Hypothesis 4	74
Summary	79
V. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS.	83
Summary	83
Limitations of the Study	84
Conclusions	87
Recommendations for Research	96
Recommendations for Professionals	98
REFERENCES	99
APPENDIXES	108
Appendix A - Modified Young Simulated Client Questionnaire	109
Appendix B - Written Script # 1 (Major Depressive Disorder)	115
Appendix C - Written Script # 2 (Paranoid Personality Disorder)	119
Appendix D - Volunteer Solicitation Form	123
Appendix E - Informed Consent Form	125
Appendix F - Institutional Review Board Form	127

LIST OF TABLES

Table	Page
1. Demographic Profile-Respondent Age/Gender	59
2. Group Mean Averages: Years of Professional Experience. Semesters of Practicum Experience; Hours of Graduate Training	60
3. Paired Samples Statistics-Major Depressive Disorder; Paranoid Personality Disorder	63
4. Experimental/Control Group Cell Means and Standard Deviations-Impairment	65
5. Between-subjects ANOVA Summary Table of Counselor's Responses Regarding the Client's Severity of Impairment- Major Depressive Disorder	66
6. Between-subjects ANOVA Summary Table of Counselor's Responses Regarding the Client's Severity of Impairment- Paranoid Personality Disorder	67
7. Experimental/Control Group Cell Means and Standard Deviations-Prognosis	69
8. Between-subjects ANOVA Summary Table of Counselor's Responses Regarding the Prognosis for the Client's Illness- Major Depressive Disorder	69
9. Between-subjects ANOVA Summary Table of Counselor's Responses Regarding the Prognosis for the Client's Illness- Paranoid Personality Disorder	72
10. Experimental/Control Group Cell Means and Standard Deviations-Psychotherapy	73
11. Between-subjects ANOVA Summary Table of Counselor's Responses Regarding Psychotherapy as a Treatment Option- Major Depressive Disorder	73

Table	Page
12. Between-subjects ANOVA Summary Table of Counselor's Responses Regarding Psychotherapy as a Treatment Option-Paranoid Personality Disorder	74
13. Experimental/Control Group Cell Means and Standard Deviations-Interest	75
14. Between-subjects ANOVA Summary Table of Counselor's Responses Regarding Interest in Working with the Client-Major Depressive Disorder	76
15. Between-subjects ANOVA Summary Table of Counselor's Responses Regarding Interest in Working with the Client-Paranoid Personality Disorder	77
16. Gender Data: Group Means and "t" Values	79

LIST OF FIGURES

Figure	Page
1. Interaction between client physical attractiveness and vocal attractiveness-impairment.	68
2. Interaction between client physical attractiveness and vocal attractiveness-prognosis.	70

CHAPTER I

INTRODUCTION

Are physically attractive individuals really any different other than being attractive, from countless individuals who happen to be less physically endowed? Do "beautiful people" possess unique attributes or command special talents that seem to be lacking in average men or women? Are the "best looking" given more social privileges? Or attain the highest ranks in business and industry? How important is a "beautiful" voice? What role, if any, does beauty or a lack thereof play in the diagnosis and/or prognosis of mental illness? While these types of questions seem so relevant in our modern world, their origins are probably as old as mankind.

Throughout untold centuries, civilized men and women have alternately revered and reviled their more attractive peers and leaders. Ancient Greek and Roman classics elevated beauty to divine proportions with such deities as Venus-the goddess of love then just as quickly exhort the perils of beauty with the tragic tale of Narcissus. Our histories are rife with handsome young leaders such as Alexander the Great, whose charm and power captured a nation as well as much of the known world. Yet, beauty as lovely as Delilah can also capture a mighty Samson's heart. Nevertheless, in spite of these notorious pitfalls, physical attractiveness has remained a constant positive force throughout eons of time and into the common era.

Recently, the influential mediums of television and motion pictures have given physical attractiveness a new worldwide forum. From the earliest images of a dashing Charles Lindbergh taking to the skies to our current plethora of attractive icons; physically attractive individuals seem to hold a social advantage. On a similar theme, recording artists have used their voices to also attain global attention and "star" treatment.

As civilized beings, we may well question: what role will we allow attractiveness to hold in our modern society? Moreover, why does this phenomenon even occur? Scores of academicians and scientists have sought to understand this phenomenon as well as many other questions concerning the roles of physical and vocal attractiveness. While these investigations are not yet conclusive, many results do actually lend support to the concept of a stereotype based on an individual's physical and/or vocal attractiveness.

In their seminal investigation of stereotyping, Dion, Berscheid, and Walster (1972) found that attractive young adults were rated more positively on a variety of personal attributes across several domains. For example, physically attractive individuals were considered to have a more socially desirable personality, regardless of their gender. Dion, et al. were able to summarize their major findings in a well-known phrase that states "what is beautiful is good." In a similar analysis, Guise, Pollans, and Turkat (1982) found that physically attractive individuals were perceived as being more socially skilled than less attractive individuals. Subsequently, other researchers have sought to replicate and expound on the "what is beautiful is good" stereotype as well as the positive or negative effects of physical attractiveness in social settings.

Given the above data, a physically attractive individual might be expected to be more

at ease in some social situations. Consistent with this expectation, Reis, Nezlek, and Wheeler (1980) reported that physical attractiveness was positively related to the quantity of social interaction with the opposite sex for males. However, this same attribute was also rated negatively for social interactions with other males and had no significant pattern for females. Regardless of gender, satisfaction, especially with opposite-sex interactions, increased over time and was positively correlated with attractiveness.

Krebs and Adinolfi (1975) were able to test the relationship between physical attractiveness and social contact between members of the opposite sex in a natural dating world as well as members of the same sex in a real-life setting. These researchers discovered that, in general, the more physically attractive subjects were mentioned as socially desirable dormmates and accepted by their same-sex peers. In addition, based on the sum of high school dates, a positive relationship between physical attractiveness and dating was also found for female subjects, but not for males. This unexpected result was, however, contrary to previous studies and was considered to be an artifact of the specific measurement used for this investigation.

These discrepant findings point to another important consideration, namely, the effects of gender on the physical attractiveness stereotype. Larose, Tracy, and McKelvie (1993) compared the ratings of physical attractiveness across genders to determine what differences were present. One hundred university undergraduates (50 women, 50 men) were asked to rate the facial attractiveness of 12 black-and-white photographs on a five point scale. As predicted, attractive photographs received higher scores on the attractiveness scale and were rated as being more attractive than unattractive ones. Women as well, were rated as more attractive than male subjects. In a similar study, male

judges were asked to rate the physical attractiveness of young women using a 1-10 scale. Attractiveness was determined to be not solely related to individual tastes, in that, approximately 25 per cent of the variance in assessments could be explained by common opinions shared by the male judges. Further, no correlation was found to exist between the women's features rated as most attractive and the morphological features of the observers (Strzalko & Kaszycka, 1991).

In a comprehensive review of the relevant literature, Feingold (1990) provided more evidence in support of gender differences in the effects of attractiveness. This recent comparison used a meta-analysis technique and was conducted across five research paradigms. A mate selection questionnaire paradigm suggested that men valued attractiveness more than women when considering others as dates, mates, or romantic partners. Using a content analysis of personal ads; one of every three male advertisers sought attractiveness compared to only one in seven female advertisers. A correlational paradigm between physical attractiveness and popularity noted a positive relationship for opposite-sex popularity for both sexes. However, the correlation for romantic popularity was stronger for women than it was for men. In the dyadic interaction (i.e. blind date or partner-rated attractiveness) correlational paradigm, there was a correlation between physical attractiveness and liking for both sexes but the correlation was larger for women. The fifth research paradigm, bogus stranger attractiveness-similarity experimental paradigm, also lent support to the physical attractiveness stereotype. This meta-analysis found that a higher physical attractiveness rating of an opposite-sex stranger resulted in a greater chance of liking a stranger for subjects of both sexes.

Although gender differences do exert an effect on individual appraisals of physical attractiveness, cross-cultural factors have also been shown to contribute to this process. Zebrowitz, Montepare, and Lee (1993) explored the relationships that exist between physical attractiveness and individual impressions of other ethnic groups. Caucasian students from the United States, Afro-American students from the United States, as well as Korean students residing in Korea rated faces of Caucasian, Afro-American, and Korean men. In most experimental conditions, subjects were asked to rate faces of only one ethnic group-either their own group or another. Based upon seven-point scales, there was a high intraethnic reliability of judgments concerning the physical attractiveness of the subjects. With the exception of Afro-American subjects' rating of the attractiveness of Caucasian faces, cross-ethnic judgments were similar to within-ethnic judgments. Regardless of ethnic group, the most attractive men of all ethnic groups were perceived as being more honest. Across target groups, mean attractiveness ratings did not differ for Caucasian and Afro-American perceivers, whereas the Korean perceivers rated Afro-American targets as less attractive than Caucasian subjects. However, Zebrowitz et al. suggested that this ethnic difference may be the result of the Korean perceivers being less familiar with Black targets than Caucasian targets.

Just as gender and ethnic identity can influence one's decisions concerning physical attractiveness, other factors can also affect judgments of beauty. We are more than "just a pretty face." What roles do the human body or voice play in the determination of overall attractiveness? Alicke, Smith, and Klotz (1986) found, as expected, that "facial attractiveness significantly influenced ratings of sociability, intelligence, and morality, in decreasing order of magnitude." However, when face and body attractiveness were

manipulated, both components independently influenced judgments of overall attractiveness. As the ratings of the subjects' bodies increased in their level of physical attractiveness, there was also an increase in the overall attractiveness scores.

Yet, although beauty may be admired from afar, some interpersonal relationships may require a "closer" commitment. Therefore, more personal factors may be used to determine someone's level of physical attractiveness and appeal. For example, Zuckerman, Miyake, and Hodgins (1991) explored the combined role of vocal and physical attractiveness and their implications for interpersonal perception. Even when the judges were asked to ignore the second condition, the mixed (face and voice) condition was shown to have a greater positive effect on attractiveness ratings than pure (face only) conditions.

In the previously cited investigation, Zuckerman et al. sought to provide additional evidence in support for the concept of a vocal attractiveness stereotype. In an earlier exploration of physical and vocal attractiveness, Zuckerman and Driver (1989) did find a small additive effect between these two attractiveness variables. Specifically, a modest positive correlation ($r = .16$) was discovered to exist within this relationship. In part, the data also indicated that senders with more attractive voices were rated more favorably in both the voice and face plus voice conditions. To paraphrase the theme of Dion's et al. (1972) attractiveness stereotype "what sounds beautiful is good."

Yet, although most individuals would not deny that physical and vocal attractiveness may share limited social benefits; research studies have also uncovered a more serious downside to some aspects of attractiveness. Negative ramifications have for instance,

been associated with physical attractiveness in the procurement of professional services as well as in some clinical evaluations. For example, in an investigation of the first impressions of patients, Nordholm (1980) verified the existence of a "beautiful is good" stereotype among health professionals. Physically attractive patients were judged to be "more friendly, less complaining, less aggressive, more likely to improve, more intelligent, more responsible, more pleasant, more trusting, having more insight into their condition, more approachable, more cooperative, and more motivated."

However, Hadjistavropoulos, Ross, and Von Baeyer (1990) noted that physical attractiveness and nonverbal expressions of pain were also found to influence physicians' ratings of pain. These assessments of pain were based upon photographs of eight female university students who were featured in four experimental attractiveness/pain conditions. The results of the investigation indicated that the postgraduate medical residents ($n = 60$) perceived the physically attractive patients as more healthy and experiencing less pain than when they were made to appear less attractive. Patients in the attractive condition were, moreover, viewed as being less in need of help, given a better prognosis without treatment, and they received less sympathy and concern from the medical residents. Based upon the evidence, Hadjistavropoulos et al. concluded "attractive patients are stereotyped by physicians as healthier than unattractive patients, and their pain is rated as less severe and less deserving of concern." These results would tend to confirm that in some rare situations attractiveness may be a disadvantage. However, with regard to some mentally ill patients, the limited number of relevant studies have suggested just the opposite effect for attractiveness.

For example, in a early investigation on the role of physical attractiveness in mental

illness, Farina, Fisher, Sherman, Smith, Groh, and Mermin (1977) explored the extent and consequences of physical attractiveness using hospitalized patients at a state-supported mental institution. In the first of a two-part investigation, hospitalized female patients ($n = 23$) who were free of organic damage and not mentally deficient were rated on physical attractiveness against two non-hospital samples. The results indicated that the hospitalized group was rated as less physically attractive than either a group of female employees of a university library/faculty club ($n = 30$) or a group of women shopping at a discount store ($n = 29$). Further, in the second part of the investigation, results indicated that physically unattractive patients also tended to have fewer outside visitors and were considered to be less pleasant individuals when judged by members of the hospital staff. Overall, Farina et al. concluded that "the mentally ill are relatively unattractive people, and for both patients and controls, the less attractive individuals are the more poorly adjusted ones."

Yet, a review of these clinical findings does indicate some potential problems in the research design of this important investigation. For instance, the raters used to obtain attractiveness scores were either familiar with the status of the hospitalized patients or were graduate students enrolled in the first authors' psychopathology class (who rated the target photographs while actually visiting the mental institution). In a similar vein, the authors selected an experimental group that consisted of long-term ($X = 5.6$ years) residents of a state-supported mental institution with limited facilities for personal grooming. Although Farina et al. did note the potential negative effects of poor grooming on attractiveness ratings, these seriously disturbed inpatients would not be

representative of most clients seen for services by counselors or other helping professionals. Therefore, the current investigation sought to explore the effects of both physical and vocal attractiveness on selected clinical ratings by counselors using a less extreme stimulus. It was felt that a more moderate target would be closer to the average client that is actually seen in many counseling settings based upon personal experiences as well as in consultation with other helping professionals.

Statement of Problem

These aforementioned studies would tend to suggest that a possible link may exist between physical and vocal attractiveness, especially with regard to the more intimate interpersonal relationships. As such, any significant correlation between these elements of attractiveness may have potential ramifications for certain human interactions that involve a subjective appraisal of others. In particular, the diagnosis, prognosis, and treatment of clients by trained counselors or other related mental health professionals may be influenced by these variables.

The purpose of this study was to investigate the effects of client physical and vocal attractiveness on counselors and how this might relate to professionals' decisions about the mental health of attractive/unattractive persons. Specifically, this study sought to address the following question: Does the relative physical and vocal attractiveness of a client influence perceptions of severity of client problems, appropriate treatment options, and client prognosis for less extreme mental health related difficulties?

Significance of the Study

If the needs of clients are to be adequately addressed, it is important to understand potential factors that may affect the clinical judgments of professionals who are potential service providers. Lashley (1989) notes that "long before learning the role of therapist, clinicians have cultivated individual personalities which incorporate various attitudes and values. Since therapists' personhood intricately intertwines with the therapeutic process, it seems important to examine attitudes that may influence clinical practices" (p. 11).

Furthermore, although the literature on client-therapist relationships attempts to describe a few of the client variables in psychotherapy such as age, gender, or social class, the information is not complete (Garfield, 1986). Research studies on the effects of physical and/or vocal attractiveness on therapists' attitudes or clinical judgments remain fairly rare in the professional literature. Therefore, the current study attempted to provide new data which might have important educational or professional implications. For example, through a better understanding of the extent and nature of these attractiveness factors on the clinical judgments of counselors/mental health professionals, potential biases in client diagnosis and treatment may be reduced or eliminated.

Definition of Relevant Terms

The relevant terms for the current investigation are defined as follows:

Attractiveness: A seven-point Likert-type rating based upon physical and vocal characteristics of a target individual. These ratings were obtained from members of a pilot group (n = 20). For the purposes of this current study, ratings varied from 1

(very unattractive) to 7 (very attractive).

Counselors-in-training: Individuals who are currently involved in a master's or doctoral level clinical/counseling psychology program or similar graduate counseling-related program. For the sake of compactness as well as improved readability, the general term "counselor" was used throughout the current investigation instead of the longer, more explicit expression "counselor-in-training".

Prognosis: A prediction, especially of the course and outcome of a disease/illness (Webster's II New Riverside Dictionary, 1985). This term is operationalized for the present investigation by scores on Section II, item 2 of the Modified Simulated Client Vignette Questionnaire (SCVQ). On a seven point Likert-type scale, responses will range from 1 (i.e. likely to decline) to 7 (i.e. complete recovery).

Severity-of-Impairment: The degree to which the current clinical condition of a client is likely to diminish the quality of his/her life experiences. In the present investigation, this term is operationalized by scores on Section II, Item 1 of the Modified Simulated Client Vignette Questionnaire. On a seven point Likert-type scale, responses will range from 1 (i.e. little impairment) to 7 (i.e. severe impairment).

Research Hypotheses

In order to examine the relationship between client attractiveness and selected clinical judgments by counselors, the following null hypotheses were tested:

1. Ho: Counselors' clinical judgments concerning the severity of the client's illness are not related to the client's physical and/or vocal attractiveness.

2. Ho: Counselors' clinical judgments concerning the prognosis for the client's illness are not related to the client's physical and/or vocal attractiveness.
3. Ho: Counselors' clinical judgments concerning the recommendation for psychotherapy as an appropriate treatment option are not related to the client's physical and/or vocal attractiveness.
4. Ho: Counselors' interest in working with a client are not related to the client's physical and/or vocal attractiveness.

Research Objectives

In the current investigation, the following research objective was also addressed using data obtained from the primary research questionnaire:

1. To determine salient factors that influence counselors' clinical judgments concerning attractive/unattractive clients.

Assumptions of the Study

The following assumptions were made for the present study:

1. Students drawn from the counseling related masters-level programs and doctoral-level counseling-related programs have a similar knowledge base.
2. Participants would carefully read and properly follow the directions of the instrument.
3. Participants would complete the questionnaire accurately and honestly.
4. The testing environment was conducive to accurate testing.

5. The physical and vocal attractiveness ratings obtained from the undergraduate students would be in the same general range as attractiveness ratings derived from a more mature graduate student sample.

Organization of the Study

Chapter I includes a brief introduction to the study, statement of problem, significance of the study, definition of relevant terms, research hypotheses, research objectives, assumptions of the study, and limitations of the study. Chapter II reviews the literature concerning the area of interest. Chapter III presents the methods and procedures used in this investigation including the sample selection, research design, and data analysis. Chapter IV provides the results of the investigation with a statistical description of the research hypotheses. Chapter V presents the summary, conclusions, and recommendations drawn from the investigation.

CHAPTER II

REVIEW OF THE LITERATURE

This chapter contains a review of the literature pertinent to the present study. This review was subdivided into six major headings dealing with various aspects of physical and/or vocal attractiveness. The major sections included: in the eye of the beholder (i.e. selected determinants of attractiveness), gender differences in judging physical attractiveness, effects of age on attractiveness, impact of attractiveness on social behaviors, factors in interpersonal attraction, as well as vocal attractiveness.

In the Eye of the Beholder

As is often the case, beauty is in the eye of the beholder. What may be ultimately beautiful to one person might well be an eyesore to another individual. This observation is especially true when one is dealing with the subjective evaluations of beauty that are involved in interpersonal human relationships. But, whereas individual tastes do have an influence, some studies do identify specific nuances that contribute to physical attractiveness as well as their respective roles in various interpersonal unions.

Selected Determinants of Attractiveness

Using a quasi-experimental design, Cunningham (1986) sought to measure the specific physical facial features of women that were considered to be the most attractive for males. Measurements of the relative size of 24 facial features in an international

sample of photographs of female subjects revealed several neonate features that were positively correlated with attractiveness ratings. Specifically, a smaller chin, smaller overall nose size, greater distance between eyes, higher and wider eyes were considered to be most attractive based on the male raters. The width of the nose at the nostrils was also rated as a positive feature for physical attractiveness. However, this later feature was attributable to the correlation between the nose width and the smile width. Other maturity features that were rated as attractive included such as, prominent cheekbones and narrower cheeks. Expressive facial features that were associated with higher ratings were higher eyebrows, larger smile, and dilated pupils.

Given that gender differences do occur in the judgment of physical attractiveness, what male physical features would be most desired by female raters? In an effort to provide some answers to that research question, Cunningham, Barbee, and Pike (1990) surveyed 100 undergraduate women. The female judges rated "as more attractive those men who possessed the neonate features of large eyes and a small nose area, the mature features of prominent cheekbones and a large chin, the expressive feature of a large smile, and the grooming feature of high-status clothing" (p. 61). Although hair color was not associated with higher attractiveness ratings, there was a positive relationship noted between medium-length scalp hair and ratings. On most variables, the ideal man was not an average man with several of the desirable facial features, but rather, one who possessed features such as large eye height and width combined with a mature large chin. Cunningham et al. proposed that "the ideal man conveyed both cuteness and ruggedness and may have elicited female responses of both nurturant affection and respect."

While specific neonate features are important as determinants of physical attractiveness, there are some studies that suggest that one's facial expression is also important in attractiveness ratings. Using target photos of young females posing in either happy, neutral or sad expressions, Meuser, Grau, Sussman, and Rosen (1984), were able to conclude that "you're only as pretty as you feel" (p. 469). When rated on a 10-point Likert scale, target persons were judged to be less attractive when seen with a sad expression rather than a more favorable neutral or happy expression. In a similar investigation, Otta, Lira, Delevati, Cesar, and Pires (1993), found that smiling produced more positive evaluations of stimulus persons by a sample of Brazilian students. In contrast, head tilting led to some negative evaluations on several traits such as happiness, reliability, and beauty. McGinley, Blau, and Takai (1984) reported that smiling subjects were also considered "most interpersonally attractive" when rated by either Japanese or American university students.

Gender Differences in Judging Physical Attractiveness

An Overview

When judging the physical attractiveness of opposite-sex individuals, in general, men and women pay attention to similar aspects of a person's face and body. However, some gender differences have been noted in the judgment of opposite-sex attractiveness. For example, Franzoi and Herzog (1987) reported that "regarding female attractiveness, although women do not consider sex drive, sex organs, and sex activities as important components in judging a woman's attractiveness, men disagree, and place more

importance on these sexually related body parts" (p. 29). Although men and women agree that important determinants of a man's attractiveness were the appearance of the buttocks, eyes, legs, and health, their relative importance was more for women than men. In addition, women felt that body scent and physical stamina were also important aspects of a man's attractiveness. Franzoi and Herzog related that "people tend to judge women's attractiveness in terms of weight issues" (p. 30).

Negative social judgments concerning a woman's weight may be responsible for greater concerns about body weight for women than for men. Pliner, Chaiken, and Flett (1990) reported that female subjects expressed a greater concern than males about body weight, eating, and physical attractiveness. These concerns and gender differences were apparent for all age ranges, namely, from age 10 to 79 years.

These studies underscore the research of Brown, Cash, and Noles (1986) which conclude "both facial and bodily attractiveness served as significant predictors of both static and dynamic overall attractiveness" (p. 313). This latter investigation reported that neither predictor (i.e. body or facial attractiveness) was more powerful than the other in the determination of overall attractiveness. Further, Brown et al. noted that grooming was also positively related to higher observer ratings of overall attractiveness. This important finding implies that the proper enhancement of one's appearance through the use of cosmetics, hairstyling, or clothing, may lead to more favorable assessments of physical attractiveness.

Females

Facial cosmetics, as typically used by women, can have a positive effect on both the

the social perception of a woman's physical attractiveness as well as the woman's own self-perceptions. Investigations have indicated that male peers are more likely to rate photographs of women wearing their everyday cosmetics as being more attractive than women who did not wear their cosmetics. In contrast, female peers were equally favorable whether the target subjects were wearing makeup or not. However, when asked to rate their own physical attractiveness to others, women did tend to overestimate their own physical attractiveness with cosmetics and underestimate it when not wearing cosmetics (Cash, Dawson, Bowen, & Galumbeck, 1988).

In a similar study, individual differences in cosmetic use among college women was compared as well as the quantitative and qualitative aspects of cosmetic use. Cash, Rissi, and Chapman (1985) found that, with respect to quantity, women who were high users of cosmetics were less external concerning their causal explanations for achievement success. As mentioned in this investigation, a possible link existed between the use of cosmetics and a desire to achieve an attractive appearance. In other words, the use of cosmetics may indicate one's taking pride in their own appearance and producing feelings of accomplishment with aesthetic self-enhancement. With regard to the pattern cosmetic use, subjects that were more situational users were also more internal in locus of control for affiliative outcomes. Cash et al. stated "situational cosmetics use may reflect the user's selectivity-increasing use in situations in which she perceives that looking good may affect social outcomes and decreasing use when an attractive or well-groomed appearance is perceived to be irrelevant or even inappropriate" (p. 255). Therefore, cosmetic use would depend on the woman's beliefs regarding her ability to control social outcomes through

changes in her physical attractiveness.

In addition to cosmetic use, some women's choice in hair coloring may also be influenced through continuous exposure to physically attractive models in the print media. Rich and Cash (1993), in an archival study, examined the representation of hair colors for cover models and centerfolds in selected print media over the last four decades. Redheads were found to consistently be featured the least in all magazines while brunettes were represented numerically more often than blondes or redheads. However, this result is consistent with their majority status in American society. In contrast, when compared to the lower base rates for blonds in a normative sample, blonde models were disproportionately featured more often in each of the magazines. Rich et al. suggested "this image delivers a message to society that blonde is a prominent ideal of feminine beauty" (p. 121).

Males

With regard to males and physical attractiveness, the issue is not usually the color of a man's hair, but rather the presence or absence of hair. This condition may pertain to either a man's scalp or face. In an effort to investigate the potential liabilities of male pattern baldness on social impression formation, Cash (1990) explored the initial impressions of men by both genders. When matched for actual age, ethnic group, and other physical attributes; nonbalding control men fared better in the ratings of physical attractiveness than their balding counterparts. Specifically, balding men were perceived as being less physically, personally, and socially desirable. Cash et al. noted that "strangers expected to like them less and were less interested in getting to know them" (p. 164).

Another interesting point of this investigation concerned the effect of balding on the social misperception of age. The data showed that age-matched balding and nonbalding men were thought to differ in their ages by about 5 years. There was an overestimation of the age of balding subjects, especially when the men were under 35 years of age. In contrast, nonbalding men were considered to be younger than their actual age, particularly for those men who were over 35 years old. The overall effect of balding may act as an agent to "age" a young man, while the retention of hair might help older men retain a more youthful appearance. However, this investigation did discover one bias for balding young men, in that, older women judged these men to be a little more mature and successful.

Even though the loss of scalp hair might be viewed as a potential liability in the assessment of physical attractiveness for males, facial hair can actually have the opposite effect on impression formation. Reed and Blunk (1990) investigated the influence of facial hair on the perceptions of personnel managers when interviewing a job applicant. Male and female managers were asked to judge ink sketches of prospective employees with each one drawn with three facial hair dimensions—bearded, moustached, or clean shaven. In the facial hair condition, beards or moustaches were well-trimmed to maintain a conservative image. From the results, men with either beards or moustaches were rated higher than clean shaven men on social/physical attractiveness as well as personality.

In Search of the Ideal

In a recent exploration of body-image ideals, Jacobi and Cash (1994) discovered

striking differences between what men and women considered to be the ideal self as well as the perceived ideal held by members of the opposite sex. These data indicated that most men liked their own eye color and hair color but aspired to be heavier, more muscular and taller. These personal aspirations were in keeping with male assumptions that most women preferred a tall, blue-eyed, more mesomorphic man. Personal body image ideals for women were significantly thinner, lighter, and taller than they reported being". Although the women preferred their own eye color and natural hair color, they did express a desire for longer hair, larger breasts, and more muscular definition. In contrast to the women's ideals, men were felt to desire a woman having long blonde hair, large breasts, and a thin build. These perceived body types actually more represent extreme and gender-stereotypic images of beauty and did not find support in this investigation. Jacobi et al. concluded that, in fact, "most men do not personally prefer the very thin, blonde, blue-eyed, large-busted image of many female fashion models" (p. 393). In keeping with this theme, most women did not adore tall, muscle-bound men. Rather, most men and women prefer opposite-gender individuals who are more average in appearance when compared to the extreme "super model" stereotypes.

In a similar investigation of attractiveness ideals in body builds, Salusso-Deonier, Markee, and Pedersen (1993) reported that "there was a strong tendency for subjects to select medium sizes for both men and women's body types as their first choice and small sizes as their second choice" (p. 1165). When the height stereotypes of women and men were examined, Jackson and Ervin (1992) found that short women were perceived as being less physically attractive than women who were either tall or of average height. With regard to men, the findings suggested that being short was more of a liability than

being tall was an asset.

Gender differences have also been noted when subjects were asked to assess their own levels of attractiveness. Rand and Hall (1983) discovered that, when compared to their male counterparts, female subjects were significantly more accurate in their ability to judge their own attractiveness as seen by others. A possible explanation for this discrepancy may lie in the differential significance of physical appearance in the lives of men and women. Although "looking good" can be an asset for either gender, for women in our society, physical attractiveness seems to be more than a pleasant bonus. Appearance is, to some extent, "a major concern throughout their lives."

Effects of Age on Attractiveness

Just as attractiveness has a differential effect depending on one's gender, an individual's age also plays an important part in the assessment of physical attractiveness. In the judgment of many people, the "best looks" are reserved for the young. In an effort to explore this widely-held assumption, McLellan and McKelvie (1993) asked men and women to rate the physical attractiveness of individuals from similar age and gender categories. The data was able to confirmed this popular assumption, namely, that ratings of facial attractiveness systematically decline with age, particularly for women's faces. Further, McLellan et al. reported that "not only did raters over 50 agree with younger ones that faces over 50 were less attractive, they also agreed that women's faces were more affected by age than those of men" (p. 140). In a related investigation, Mathes, Brennan, Haugen, and Rice (1985) found a negative relationship between age and ratings

of physical attractiveness when judged by American individuals of the opposite gender. These findings were, however, true only for photographs of women but not for men.

The detrimental effects of age on ratings of physical attractiveness have not been confined solely to research studies that relied on American judges. For example, in his exploration of perceiving age and attractiveness in facial photographs, Henss (1991) used male and female judges who resided in Germany. Although the results were mixed concerning male targets, there was a negative relationship between age and attractiveness for female facial photographs. Another important finding of this investigation concerned the ability of subjects to estimate the age of adult men and woman on the basis of photographs. Although some individual differences were noted, the data was able to "convincingly demonstrate that there is high agreement in estimates of other people's age" (p. 941). In light of the evidence, this ability to estimate a person's age may have negative repercussions if used in association with assessments of physical attractiveness, especially for older women.

Impact of Attractiveness on Social Behaviors

As previously mentioned, one of the most widely-held conclusions from research on physical attractiveness is that, in people's perceptions of others, what is beautiful is good. The various philosophies of the physical attractiveness stereotype maintain that attractive individuals have more favorable personality traits (Dion et al., 1972); greater perceived friendliness (Brown et al., 1986); as well as a host of other desirable characteristics. Yet, while the "average magnitude of the beauty-is-good effect was moderate", Eagly, Ashmore, Makhijani, and Longo (1990) found that differences in social competence

accounted for the most variance between attractive and unattractive individuals.

Moreover, while it usually "pays to look good" in public; at times beauty can also be a beast.

Subtle Benefits and Liabilities

In their comprehensive study of the role of physical attractiveness as a predictor of marital and socio-economic status, Udry and Eckland (1984) noted a significant positive relationship between a woman's attractiveness in high school and her adult household income. This relationship was "clear and nearly linear: the more attractive the female, the higher the household income, with the highest category having an income about one-third higher than the lowest." For this investigation, household income was considered to be a proxy for husband's income. When these factors were assessed for males' attractiveness; no relationship was found for either personal income or household income. Based upon the large sample (n = 1346) used for this research, the least attractive males also had the most education as well as higher occupational status scores. Udry and Eckland suggested, as a possible explanation, that "exceptionally homely men are socially handicapped in high school, which leads them to concentrate on educational achievement" (p. 53).

Within the context of social evaluations, Light, Hollander, and Kayra-Stuart (1981) noted that highly attractive individuals were perceived as being more typical in appearance than less attractive counterparts. In short, the attractive subjects were considered to be more similar to each other, in that, these attractive-group members shared more facial features in common with each other. This unexpected result indicates that a negative

correlation exists between physical attractiveness and memorability. Therefore, contrary to popular belief, attractive people were actually harder to remember. Without a doubt, a potential liability for beauty with regard to the many social interactions that can be associated with interpersonal attraction.

As a status cue, Kalick (1988) discovered that ratings of physical attractiveness resulted in a mixed verdict. Most of the attractive photos were matched with the high status descriptions but the levels were less for achieved (i.e. earned) status than for ascribed (i.e. inherited) status. Kalick stated "photo attractiveness accounted for only 7% of the variance of mean scores on the earn scale, as compared with 69% of the variance on the inherit scale" (p. 483). The implications of these results is important in that more subjects associated attractiveness with an inherited station in life rather than an earned station in life. In other words, more subjects felt that attractive individuals inherited their wealth whereas less attractive persons had to actually work for their money and status.

Regardless of a person's status, attractive people are considered to have another type of "goodness", namely, social desirability. When compared to physically unattractive individuals, highly attractive as well as moderately attractive persons were given higher ratings for attributed social desirability. Further, these socially desirable traits were significantly higher for female targets over their male counterparts (Gillen, 1981). A partial explanation for this social grace may be explained from the data obtained from an earlier investigation on "radiating beauty". In their classic experiment, Sigall and Landy (1973) discovered that male subjects believed that their own social standings would increase while in the company of an attractive female. Sigall and Landry confirmed these

assumptions as well as their hypothesis that individuals are, indeed, judged more favorably by others when associated with an attractive partner. Nevertheless, this important information also brings to mind another contemporary issue, namely, the role of one's physical attractiveness in the job market.

Within the competitive world of business and industry, most successful companies share a concern about their public images. This salient factor may, therefore, help to explain some of the premiums that have been placed on physical attractiveness in the workplace. Nevertheless, these potential benefits for attractive workers might actually come at the expense of a less-attractive applicant or employee. Crow and Payne (1990) presented an argument which suggests that individuals "considered physically unattractive will suffer adversely in some employment-related decisional contexts-decisions that may prevent them from achieving the good life" (p. 869). These researchers caution that, under the broad guidelines of the Americans with Disabilities Act of 1990, an unattractive person may qualify as having a physical disability. As such, this sweeping action could change the face of American business and represent a new liability for beauty.

Career Development

Interview and Selection Decisions.

What advantages, if any, might a physically attractive man or woman possess when placed in the role of a job applicant? In an effort to better understand this question, Gilmore, Beehr, and Love (1986) queried 120 undergraduate students as well as 105 professional employment interviewers. As expected, a direct relationship was found to

exist between the physical attractiveness of an applicant and the interview decisions. Gilmore et al. noted that "attractive applicants were perceived as having a more appropriate personality for the job, were expected to perform better than their less attractive counterparts, and were likely to be hired" (p. 107). Although this important relationship was consistent across all raters, student raters were less harsh in their evaluations than recruiters, especially when rating male applicants. In short, recruiters assigned lower ratings to male applicants while rating female applicants more positively than the male applicants.

In an exploratory investigation, Rynes and Gerhart (1990) reported that practicing recruiters preferred to select applicants on the basis of "fit". Even though a precise definition of fit remains elusive, some recruiters cite "lists of generic, apple-pie attributes such as leadership, analytical abilities, motivation, warmth, enthusiasm, goal orientation, and the like" (p. 28). When the effects of general employability were held constant, interpersonal skills, goal orientation, and physical attractiveness were also found to have contributed to assessments of fit. In contrast, objective qualifications such as extracurricular offices, grade point average and years of experience, did not contribute to fit.

Jackson (1983) sought, moreover, to examine the influence of attractiveness on judgments of occupational suitability. Using a field-experiment design with personnel consultants, several hypotheses were tested on the influence of gender, physical attractiveness, and gender role on perceptions of a target's suitability for gender-linked and gender-neutral occupations. As predicted, for the masculine occupations, masculine and

androgynous persons were preferred over feminine persons. Feminine and androgynous persons were, however, preferred for the feminine occupations as well as the gender-neutral occupations. A subjects' physical attractiveness was discovered to influence the ratings for both gender-neutral and gender-linked occupations. In a related area, physical attractiveness was also found to influence starting salary recommendations across all occupations. Jackson explained "it may be that attractive applicants are seen as having more occupational alternatives (as well as social alternatives) and a higher starting salary is therefore necessary to attract them to employment" (p. 41).

Success and Promotion.

Given the information that a person's physical attractiveness may offer a positive advantage in getting a job, another question might come to one's mind. Specifically, does a person's physical attractiveness continue to represent an advantage in their success and promotion within an organization? Heilman and Stopeck (1985) do, in fact, lend some support for a relationship between attractiveness and corporate success. However, these investigators caution that different causal attributions were found to exist for males and females. When asked to judge the rate of ascent of an assistant vice president of a midsized corporation to the senior ranks; 113 working men and women drew opposite conclusions based upon a target's gender. These subjects felt that a physically attractive male managers' success was more strongly attributed to ability when compared to the success of a less attractive male. Likewise, the attractive managers were considered to be more capable individuals as well as more masculine than unattractive males. In contrast, attractive women managers "were consistently judged to be less capable than were

unattractive women managers" (p. 386). The success of an attractive woman manager was attributed less to ability and more to reasons other than their skill and/or talent. In a similar investigation with male graduates of a military service academy, Dickey-Bryant, Lautenschlager, Mendoza, and Abrahams (1986) found continued support for physical attractiveness as a determinant of occupational success. Assessing actual success measures (e.g. standing for course, cumulative grade point average), a significant correlation was obtained between attractiveness and targets who were still on active military duty.

In an attempt to explain the pro-male bias in employment studies, Morrow (1990) suggests that the preferences for males may be tied to the preponderance of managerial jobs used in these investigations (although sexism might also account for these effects). The argument is presented that this pro-male bias is a cohort artifact that will disappear with increasing numbers of women represented in decision-making positions as well as with the declining emphasis on gender in the recommendations of current employment decision makers. Morrow contend that "the preference for males might be a finding that will not transcend into the future" (p. 48).

For example, in a recent investigation on managerial promotion decisions, Morrow, McElroy, Stamper, and Wilson (1990) found no significant differences based on a candidate's gender. The physical attractiveness of candidates did, nevertheless, significantly affect recommendations for promotion and expected future success. It should be noted, these attractiveness effects were able to explain only 2% of the variance in rater recommendation for promotion and 1% of the variance in rater expectation of

future success. Morrow et al. warned that "even small effects, however, may be critical, particularly when decision makers are presented with numerous qualified applicants and a limited number of positions or promotions" (p. 735). Using a relatively privileged sample of graduates from an elite all-male university, Sparacino (1980) lent support to the opinion that, for males, the occupational benefits of attractiveness were rather subtle. With regard to educational and occupational success, attractive individuals do not seem to have a distinct advantage over their less attractive counterparts.

Yet, when 180 undergraduate volunteers were surveyed, highly attractive persons were "perceived" to be more likely to be successful in a high prestige, stereotypic occupation (i.e., Mayor) than a person of low physical attractiveness. Likewise, a person rated as high in physical attractiveness was also considered more likely to succeed in a high prestige, gender-neutral occupation (i.e. television newscaster) when compared to a person of low attractiveness (Croxton, Van Rensselaer, Dutton, & Ellis, 1989).

Earning Potential.

Although physically attractive individuals are perceived as being more likely to succeed, the empirical data actually paints a mixed picture (Croxton, et al., 1989; Heilman et al., 1985; Sparacino et al., 1980). Nevertheless, the question arises, what economic benefits are associated with a person's physical attractiveness rating? Using a large sample (n = 737), Frieze, Olson, and Russell (1991) were able to compare ratings of physical attractiveness and income for men and women in management. The subjects were employed MBA (i.e. Master of Business Administration) graduates with reportable income data. As hypothesized, physically attractive males had larger annual starting

salaries than less attractive peers. Based upon a 5-point scale, an annual preliminary salary increase of \$1100 was noted for each unit increase in a man's attractiveness rating. The effects of facial attractiveness on salaries over time was also found to be significant for males. As an MBA student, each unit increase in a male's average attractiveness rating was associated with a \$2600 rise in their post-MBA annual salary. Although most of the effects for later salary increases could be traced to the impact of starting salaries; attractive men continued to receive higher salaries over time. On the negative side, a male MBA who was more than 20% overweight could expect a reduction of over \$2000 in their inflation-adjusted starting salary.

When the regression results were applied to female MBAs, no significant effects between their average attractiveness ratings and women's inflation-adjusted starting salaries were discovered. However, a significant positive effect for attractiveness was noted on women's later salaries. Based on a 5-point scale, each unit increase in a woman's attractiveness rating (as an MBA student) was associated with a rise of more than \$2100 per year. These important findings tend to indicate that, for women, facial attractiveness had little effect on their starting salary, but a powerful effect on their later salaries (Frieze et al., 1991).

In a related investigation, Roszell, Kennedy, and Grabb (1989) sought to explore the relationship between physical attractiveness and income attainment among Canadians. The comprehensive sample involved 1062 respondents that were part of a national study of social change in Canada. A weak but statistically positive relationship was found to exist between income and a subject's physical attractiveness. In short, the individuals who

were judged by the interviewers as being more physically attractive also tended to have attained higher levels of income. This positive influence was noted to exist more for men than women and only reached significant levels for male respondents. The attractiveness component was, likewise, most evident in occupations that were restricted to men. Traditional feminine-type jobs as well as gender-neutral positions did not have an appreciable effect on income attainment. In the interaction of physical attractiveness and age, no relationship was found among the young but rather was more prominent in the income levels for middle-aged and older members of the labor force. Overall, there was little economic benefit from greater physical attractiveness noted for the young or for women employed in female-dominated positions. A possible explanation for this finding may lie in the fact that, for these specific groups, attractiveness is a more commonly occurring attribute. As such, Roszell et al. suggested "among those where attractiveness was a more scarce resource, its market value was more readily apparent and more directly realized" (p. 556).

An individual's earning potential may also have a positive influence on ratings of initial attraction between the members of opposite gender. Sprecher (1989), in an experimental study, explored the relative importance of physical attractiveness, earning potential, and expressiveness. The data confirmed that, for either gender, subjects expressed a greater attraction for a physically attractive person rather than a physically unattractive person. As hypothesized, higher earning potential and expressiveness had significant effects on the initial attraction for the stimulus person. Although a potential date's personality was also described as being an important factor, physical attractiveness and earning potential were considered important aspects of initial attraction. However, the relative importance of

physical attractiveness was greater for males, whereas, a potential date's earning potential had a higher value for the female judges. This important disclosure, therefore, lends some support to a hypothesis that attractiveness ratings may be influenced by other non-physical attributes. For example, an interaction may occur between an individual's perceived level of physical attractiveness and their chosen profession

Academicians and Counselors.

For the purpose of illustration, two professions, academician and counselor, have been chosen to help highlight some of the factors associated with one's physical attractiveness and their occupation. With regard to the role of physical attractiveness and academicians, Romano and Bordieri (1989) surveyed 60 junior and senior students enrolled in a suburban high school. While listening to a 15-minute audiotape that described typical first-time experiences for college freshmen; the subjects were asked to rate an alleged college professor based upon a black and white facial photograph. All stimulus photographs were of a Caucasian individual between 36 and 45 years of age, that varied according to gender as well as level of physical attractiveness. Independent of physical attractiveness, female professors were rated more favorably than their male counterparts. Further, Romano and Bordieri reported that "attractive professors were (a) seen as better teachers, (b) perceived as more likely to be asked for additional assistance, (c) more likely to be recommended to other students, and (d) less likely to be blamed if a student received a failing grade than unattractive professors" (p. 1099).

In a recent evaluation on the impact of physical attractiveness, gender, and

intelligence on the perception of peer counselors, Abramowitz and O'Grady (1990) noted that significant interactions did occur between each of these independent variables. The investigation was designed to query 80 undergraduate students on their individual assessments of bogus applicants for a peer counselor position. The hypothetical position was described as a semiprofessional helper responsible for career planning services, study skills training, as well as providing assistance in adjustment to life on campus. The results indicated, for all applicants, higher levels of intelligence were rated as more favorable than lower levels of intelligence. However, at the lower levels of intelligence, an applicant's higher attractiveness was considered to be relative asset for men but a relative liability for women. When the applicants were simultaneously evaluated for gender and attractiveness, a positive interaction was found. The data indicated that both high and low attractive women received moderate to high evaluations while only attractive men received a corresponding high evaluation. Abramowitz and O'Grady concluded "the most preferred applicants for a peer counselor position were women of higher attractiveness and intelligence and that unattractive male applicants, regardless of their level of intelligence, were least preferred" (p. 322).

Green, Cunningham, and Yanico (1986) sought to explore impressions of a female counselor based upon the counselor's physical attractiveness and ethnic group. The female volunteers used for the investigation were recruited from a variety of classes and consisted of 40 Afro-American and 40 Caucasian undergraduate students enrolled at a large midwestern university. The subjects were asked to make their evaluations of the female counselors based upon photographic slides as well as a purported audiotape of the counselor. The results indicated that, regardless of subject or counselor ethnic group, the

subjects' ratings were higher for the attractive counselors rather than less attractive counselors. In addition, Afro-American subjects also viewed attractive counselors as being more helpful when compared to less attractive individuals. Green et al. suggested that "particularly when impressions of the counselor (as opposed to confidence in her ability to help with problems) are considered, counselor attractiveness is an important determinant of favorability of subjects' first impressions and outweighs the influence of race of client and counselor" (p. 351). This important finding, once more, highlights some of the potential social benefits that have been associated with physical attractiveness. However, these glowing results should not always be taken to represent an ultimate truth about attractiveness.

Factors in Interpersonal Attraction

The essential components that have been ascribed to intimate relationships are, necessarily, as varied as the individuals who are involved in these interpersonal unions. Irrespective of their avenue or nature; individual differences are paramount. Further, no single theory has been able to explain all of the nuances that are involved in these interpersonal attractions. Likewise, the professional literature does little to describe specific attractiveness factors associated with most client-therapist relationships or any potential effects on clinical judgments. The matching hypothesis is offered, alternatively, to provide some recent studies and insights concerning the role of physical attractiveness within more intimate human behaviors.

Matching Hypothesis

With regard to courtship and human mate selection, the matching hypothesis asserts that men and women who are similar in attractiveness levels will be drawn to one another as romantic partners. Given this broad definition, Kalick and Hamilton (1986) noted that "beautiful women, and handsome men, may appear to enjoy an advantage, but in the end we all seek our own level of attractiveness, and everyone winds up with an equal chance of coming away with a good match" (p. 673). These authors were swift to add that, in reality, the matching hypothesis may also encompass at least three separate propositions. The first, as well as the strongest form of the matching hypothesis, would suggest that an individual actually prefers to find a partner who is similar to their own attractiveness level. The second form of the matching hypothesis proposed that, while individuals might prefer to have a highly attractive partner, various social factors will cause most people to reduce their sights and actually choose a partner who is nearer to their own attractiveness level. The third, and weakest form of the hypothesis, merely suggests that matching does occur in the selection of a prospective partner. Further, the third proposition is also neutral concerning an individual's perception of matching with regard to their own decision-making processes.

In an early test of the matching hypothesis, Berscheid, Dion, Walster, and Walster (1971) sought to explore the relationship between physical attractiveness and dating choice. In the first of two independent studies, the matching hypothesis was tested "under conditions designed to emphasize or de-emphasize the possibility of rejection by the object of dating choice" (p. 175). In both experimental conditions, the subjects were informed

that their name had been randomly selected to participate in a study of computer matched dating. In the low probability of rejection condition, subjects merely agreed to attend a computer dance with their assigned partner. In the high probability of rejection condition, subjects were given the option of meeting their assigned dates prior to the dance and could change their minds about attending the dance. However, they were informed that while 50% of the previous students did reject their dates, another date could not be reassigned due to scheduling difficulties. The results indicated that physically attractive subjects significantly chose more physically attractive dates as well as more popular dates than did the unattractive subjects. However, in contrast to expectations, these social choices were made regardless of whether the probability of rejection had been heightened or minimized. The second part of their investigation provided additional support for the matching hypothesis, in that, attractive subjects chose more attractive dates than did unattractive subjects.

Folkes (1982) predicted that a couples' similarity in physical attractiveness was related to the formation of dating relationships. Using an uncommon subject pool (i.e. members of a private dating service), 67 couples were invited to participate in the investigation. After the members of each dyad were matched on physical attractiveness, age, and occupational status; a five-level behavioral index served as a measurement of relationship formation. The results indicated that similarity in physical attractiveness accounted for 11% of the variance and was significantly related to a couples' attempts at going out on a date. However, similarities in occupational status and age were not found to be determinants of relationship progress. Therefore, Folkes concluded "at this point in relationship development, matching effects do not occur across all attributes" (p. 636).

In a similar investigation, Wong, McCreary, Bowden, and Jenner (1991) used a computer dating scenario to test the matching hypothesis as well as to explore the role of compensatory assets on dating preference. Specifically, in what manner did a subject's perceptions of wealth and intelligence interact with physical attractiveness in the selection of a potential date. The results indicated a moderate level of support for the matching hypothesis, in that, physically attractive males were more likely to ask a physically attractive female for a date. In contrast, Wong et al. noted that "the likelihood that the physically unattractive male would ask the physically unattractive female for a date was not significantly greater than the likelihood that he would ask the physically attractive female" (p. 29). The research data was mixed, as well, regarding the role of compensatory factors in the dating process. Intelligence was found to act as a non-compensatory (i.e. cannot be transferred) asset in dating couples. Wealth, as a compensatory (i.e. can be transferred to another person) asset, did not find significant support as an alternative for lack of physical attractiveness. These important findings would suggest, therefore, that an unattractive person may actually hold a relative social advantage with a higher level of intelligence than with money.

Although the matching hypothesis has received a moderate level of support, there are many romantic relationships in which one of the members could be considered more attractive than the other member. Feingold (1981) sought to explore this aspect of the matching hypothesis as well as other nonphysical attributes that could account for romantic couples who were mismatched on physical attractiveness. For the purpose of investigation, a couple was considered to be mismatched on attractiveness when the

judges' ratings for differences in attractiveness were one standard deviation or more.

Using this criteria, 13 couples were deemed to have a more attractive male member, whereas, 12 other couples were found to have a female member rated as better looking by the judges. The results indicated that, as expected, "women who had better looking partners had better senses of humor and were lower in neuroticism than women who had partners less attractive than themselves" (p. 247). However, these results were not found to exist for men. One possible explanation for these gender differences may, ultimately, lie in the inadequacy of equity to explain the complicated dynamics of human sexual attraction.

Given the empirical data, a plausible case can be made for matching as well as mismatching for most romantic relationships. McKillip and Riedel (1983) continued this theme in their exploration of matching on physical attractiveness at various stages of a relationship and across a wide range of naturalistic settings. As such, their investigation attempted to explore not only the type of relationship (i.e., romantic versus nonromantic) but also the duration of the matching effect. The examiners for this investigation consisted of 23 teams, with each team divided into two raters and one interviewer. Throughout the data collection, rater and interviewer roles were rotated among team members. In brief, the procedure required the interviewer to approach a target couple for an interview while the two team observers, independently and unobtrusively, each rated the physical attractiveness of one or both members of the couple. Observations and interviews were recorded in naturalistic settings such as shopping centers, bars, student union facilities, or while couples were standing in line for theatrical performances. McKillip and Riedel discovered that "correlations between ratings of couples by observers revealed evidence of

matching for male friends and for opposite gender friends, dating, and committed couples" (p. 328). However, there was no evidence for matching on physical attractiveness between female friends. This latter finding suggests, for some college women, status characteristics such as physical attractiveness may not be an important factor in interpersonal contacts with female peers.

In a meta-analysis using previous research studies, Feingold (1988) confirmed that matching on physical attractiveness did not occur between female friends. In contrast, there were several studies that found statistical support for matching between male friends. When the data was analyzed with regard to the specific type of couple; higher interpartner correlations for attractiveness were found for romantic couples ($r = .39$) than for pairs of friends ($r = .18$). A similar trend in the data was, likewise, noted for courtship status versus interpartner correlations for attractiveness. Feingold stated "although the difference was not significant, the interpartner correlation for attractiveness was indeed higher for the committed couples ($r = .44$) than for the other three groups of couples combined ($r = .37$)" (p. 232).

While these figures do suggest a trend for committed couples; the findings could invite another question. Namely, does matching for physical attractiveness continue throughout the course of a marriage? In an early attempt to provide an answer to this important question, Price and Vandenburg (1979) gathered data on attractiveness similarity using two samples of married couples, including couples who had been married for several years. As the results of the investigation indicated that spouses were about the same age, the effect of age was partialled out of the spouse correlations for attractiveness.

As such, independent of age, the correlations between spouses for physical attractiveness were found to be .30 ($p < .05$) and .25 ($p < .05$), respectively. Price and Vandenburg reported "it is not possible to assign more importance to physical attractiveness in marriage than in dating, but it is of interest that matching does occur and appears to be maintained well into middle age" (p. 399). In light of these results, matching for physical attractiveness may be considered a fairly stable phenomenon that can actually exist within and across generations.

As previously suggested, one reasonable explanation for these strong effects may, in fact, lie in a matching hypothesis which suggests that many individuals actively seek potential partners based upon similar levels of attractiveness. While a matching condition might offer one plausible explanation, Aron (1988) proposed at least three other possible explanations for these positive correlations. First, longer-term couples may become more similar after spending time together due to the effects of imitation in social contexts. Second, in initial dating situations, some people may choose to employ an impression-management strategy. For example, an individual may actively modify their own attractiveness in the anticipation of meetings with highly attractive others. Third, the matching process may also be influenced by various socially-structured constraints on the potential partners to whom a person is exposed. The matching hypothesis should not, therefore, be considered the best and/or only alternative to explain the many complex facets associated with physical attractiveness.

Effects of Attractiveness on Mental Illness

To date, only a few studies have sought to explore the role of physical attractiveness

on mental illness or its effects on various client-therapist relationships. In an investigation of physical attractiveness and self-perception of mental disorder, Burns and Farina (1987) discovered that among female undergraduate students ($n = 280$) attractiveness influenced self-perceptions of maladjustment. In brief, results indicated a small correlation ($r = .12$) between attractiveness and various aspects of adjustment such as social competence or perceived risk of mental disorder. However, it should be noted that this investigation used a non-clinical population and dealt with perceived rather than actual mental illness.

In contrast, Farina et al. (1977) investigated the effects of physical attractiveness on mental illness using a clinical sample that consisted of female patients in a state-supported mental institution. As previously cited, these authors concluded that "homelier patients were less socially responsive in a standardized interview procedure, had more severe diagnoses, were hospitalized for longer periods, and received fewer visitors from the community" (p. 510).

Given the important nature of these results, Napoleon, Chassin, and Young (1980) sought to replicate and extend these findings using a similar sample of psychiatric inpatients. Specifically, a group of male and female inpatients ($n = 28$) at a state mental hospital were compared on physical attractiveness with control subjects that were divided into low-, middle-, and high-income groups. Income was based on family annual income with low = less than \$10,000, middle = \$10,000-20,000 and high = more than \$20,000. When the photographs of individual group members were rated for attractiveness by undergraduate volunteers ($n = 10$), a significant effect ($p < .001$) was found for socioeconomic status. The data indicated that low-income control subjects were rated as

less attractive than either middle-income or high-income controls. Middle- and high-income control groups were not significantly different in levels of attentiveness. Likewise, hospitalized patients were rated as significantly less attractive than either middle-income controls ($p < .05$) or high-income controls ($p < .005$) but not significantly different in attractiveness with low-income controls. As a possible explanation for these results, Napoleon et al. suggested that "negative social influences on unattractive people result in a variety of bad outcomes, including both mental illness and low socioeconomic status" (p. 252). In an effort to counter the potential negative effects of institutionalization on ratings of attractiveness; patients' photographs were also taken from their high school yearbooks and compared with the picture of a nearest same-gender peer on the page. As hypothesized, a comparison revealed that the current hospitalized patients were rated as less attractive than their peers even while enrolled in high school.

If the effects of physical attractiveness are associated with negative consequences in a state mental hospital: What is the role of attractiveness in the readjustment of discharged psychiatric patients? In an effort to answer that important question, Farina, Burns, Austad, Bugglin, and Fisher (1986) surveyed 22 male as well as 27 female inpatients from a public psychiatric hospital. After a six-month follow-up period, the data showed that "patients who were more physically attractive stayed out of the hospital longer than the less attractive ones" (p. 139). In addition, attractive female patients were also seen as being better adjusted based upon a community informant such as a friend or relative.

Vocal Attractiveness

As suggested, no single theory has been unable to solely explain the complex nature of attractiveness and its role within intimate human relationships. This inability of any one theory to solve the many riddles of interpersonal attraction may lie in the intricate nature of the subject matter. As previously mentioned, "we are more than just a pretty face." As such, what roles do other variables such as speaking patterns or vocal attractiveness play in the total scheme of attractiveness.

For example, Campbell, Kleim, and Olson (1986) found, that more physically attractive subjects spoke for a shorter duration than less attractive subjects when asked to respond to an ambiguous question. Campbell et al. suggested this response style was possibly due to a higher level of confidence and less a need to justify their opinions. No statistically significant relationships were discovered between physical attractiveness and volume of speech, global assertiveness, or self-reported assertiveness. One possible explanation for these findings may lie in the positive correlation between assertiveness and internal locus of control. Specifically, internally controlled subjects tend to speak more frequently than externally controlled individuals. Recent studies have suggested that physically attractive females tend to be more externally oriented on locus of control than less attractive subjects. In contrast, physically attractive androgynous males were more assertive in order of speaking than less physically attractive males (Campbell, Olson, and Kleim, 1989).

Raines, Hechtman, and Rosenthal (1990) found that facial and vocal affect also had an influence on perceptions of physical attractiveness. In brief, the data indicated that

"while dominant affects were rated as relatively more attractive than were submissive affects when displayed in the face, submissive affects were rated as relatively more attractive than dominant affects when displayed in the voice" (p. 1558). As a determinant of overall attractiveness, these researchers discovered that the facial attractiveness was a strong predictor of overall attractiveness for both genders while only for females did rating of the body act as a predictor of overall attractiveness. Using a multi-channel approach (i.e. face, voice, body), the data seemed to indicate that, in contrast, the voice was not a significant predictor of overall attractiveness regardless of gender. Raines et al. state that "while the judges were sensitive to differences in vocal affect when presented without visual information, they seem to have attended to those differences to a lesser degree when they were combined with visual information" (p. 265).

In a separate investigation, Zuckerman, Hodgins, and Miyake (1990) used same-gender roommates (n = 110) to explore the relationship between physical and vocal attractiveness using a multi-channel (visual-auditory) approach. The data indicated strong support for the concept of a vocal attractiveness stereotype with higher levels of vocal attractiveness being associated with more favorable personality ratings. For example, an attractive voice indicated to judges a lack of tension and the presence of confidence but did not indicate whether or not the individual was good natured. The effects of vocal and physical attractiveness were, likewise, most pronounced for senders who were attractive on both channels. This investigation also confirmed that the influence of attractiveness, either physical or vocal, was less in a full channel (visual-auditory) condition than in a single channel (visual or auditory) condition. These results suggest that "it seems as if the full channel forced judges to divide their attention between the auditory and visual inputs,

thus weakening the effects of attractiveness that were obtained from each input alone" (p. 110). As such, Zuckerman et al. caution that investigations of physical attractiveness which attempt to examine reactions to slides or photos may not provide results that can be generalized to situations in which senders have vocal input available.

Summary

This chapter included a review of the literature pertinent to this investigation. While beauty is often in the eye of the beholder, selected determinants of attractiveness were identified for both genders. For example, males tend to prefer women with neonate features such as high cheekbones, large smile, and small chin whereas females often prefer males with large eyes, large chin, and small nose area. Similarly, smiling faces were also noted as a positive feature when rated by various members of multicultural groups.

A major section was devoted to gender differences in judging physical attractiveness. The review of studies did indicate that some gender differences do occur with regard to specific areas of the face and body. For females, the use of facial cosmetics was discussed as well as studies related to choice of hair color. In contrast, baldness and facial hair were mentioned as issues of attractiveness for men. The detrimental effects of ageing on physical attractiveness was reported for both genders but was noted as having a more negative impact for women.

The chapter also included specific studies that highlight the impact of attractiveness on social behaviors. Although subtle benefits were noted in some social relationships as well as occupational settings, potential liabilities of attractiveness were also summarized.

For example, physicians' ratings of pain were considered less severe for attractive patients. With regard to patients in state-supported mental hospitals, lower attractiveness ratings were associated with longer stays in the facility, fewer outside visitors, and more frequent readmissions after discharge from the institutions. The final sections of the chapter dealt with factors in interpersonal attraction (i.e., matching hypothesis) and vocal attractiveness.

It is apparent upon review of the relevant literature that aspects of physical and vocal attractiveness do exert their respective effects throughout many types of interpersonal relationships. Research has indicated that more physically attractive subjects tend to speak for a shorter duration than less attractive subjects when asked to respond to an ambiguous question (suggestive of higher levels of confidence among attractive individuals). Further, whereas the effects of a persons' voice can play a part in overall attractiveness, the literature usually shows that facial features are rated as more important than voice in ratings of overall attractiveness. Yet, an attractiveness stereotype has been suggested for both components of attractiveness-physical and vocal.

To date, there has been very little research on the role of these attractiveness factors among helping professionals such as counselors. Therefore, the present study attempted to investigate the effects of client physical and vocal attractiveness on selected clinical judgments by counselors.

CHAPTER III

METHODS

The methods and procedures used for this study are presented in this chapter. Specifically, this chapter explains the selection of subjects, the instrumentation, the procedures used, the research design, and the statistical analysis of the data that were used for this investigation.

Participants

The participants for this study were comprised of one group of student volunteers. The group included 60 graduate students solicited from the counseling psychology program, clinical psychology program, community counseling program, or other similar helping-profession program at a state-supported university located in the southwestern United States. The total sample ($n = 60$) was equally divided into five groups with approximately 12 subjects per cell. Each cell was also stratified by gender with a ratio of approximately seven females to five males.

Prior to the actual investigation, a separate group of undergraduate volunteers ($N = 20$) were recruited to act as raters for the visual/auditory stimulus that would be used in the course of the current study. Otherwise, these aforementioned raters were not involved in any part of the investigation or counted as respondents.

Instrumentation

Simulated Client Vignette Questionnaire (Original Version)

The questionnaire that was administered for this investigation is a three page paper and pencil type survey. The Simulated Client Vignette Questionnaire (SCVQ) was developed by Schwartz (1980) and consists of three sections. The original version of the Simulated Client Vignette Questionnaire was designed to assess the effects of client age on selected clinical judgments by mental health professionals. The first section involves a series of eight vignettes that describe an initial interview of a client in a psychologist's office. In each case, the vignette contains a brief description of the simulated client with symptoms of various DSM III disorders. In addition, there are two forms of each vignette with identical descriptions of the identified client except for the clients' age (i.e., age 32 or age 68). The instrument is designed so that subjects will receive all eight vignettes which are equally divided between young- and older-age cases.

The second section of the instrument consists of a series of five questions that call for clinical judgments based upon the simulated client data in each vignette. The items include:

1. **Severity of Impairment:** This item inquires "How severely impaired is this client/patient?" Responses are recorded on a seven point Likert-type scale where 1 equals "little impairment" and 7 equals "severe impairment."
2. **Prognosis:** This item inquires "How favorable is the prognosis for this client/patient?" Responses are recorded on a seven point, Likert-type scale where 1

equals "likely to decline" and 7 equals "complete recovery."

3. Interest: This item inquires "How interested would you be in working with this client/patient?" Responses are recorded on a seven point Likert-type scale where 1 equals "interested" and 7 equals "not interested."

4. Appropriateness for Case Management Options: On a seven point Likert-type scale (1 = "appropriate"; 7 = "not appropriate"), respondents are asked to circle the appropriate number indicating decisions concerning case management options for this client. Choices include:

- a. Outpatient medical care from a physician.
- b. Outpatient therapy from a community mental health center.
- c. Inpatient care in a hospital or other institution.
- d. Outpatient supportive services from a social service agency.

5. On this item, therapists are asked to provide information concerning the elements which most influenced previous responses. Specifically, the item inquires "Which specific factors in the client influenced you when answering the previous questions? List important words in the summary".

The third section of the SCVQ consists of a demographic questionnaire. This section provides information on respondent's age, gender, professional specialty, as well as experience in working with various age groups of clients. This information will be used, in part, to develop a profile of the respondent population.

Test-retest reliability, as addressed by Schwartz (1980) in a pilot study, was assessed using a Pearson-product moment correlation coefficient. The reported range was .12 to .99. In her research, Schwartz did not address validity for the SCVQ.

Modified Simulated Client Vignette Questionnaire

For the purposes of this investigation, the SCVQ designed by Schwartz (1980), was modified to include only one of the original eight vignettes. This modified approach is based upon similar procedures that were developed and used by Hine-Lynch (1987) and Lashley (1989). As such, the vignettes used in this current investigation described two female clients who, respectively, exhibited signs/symptoms of a Major Depressive Disorder as well as a Paranoid Personality Disorder. (See Appendix A). Section I and III of the questionnaire remained the same as Lashley's modified version with a few minor alterations. For example, Section I would include an additional female client vignette having a clinical diagnosis of Paranoid Personality Disorder while Section III would omit two age-group questions.

Reliability

Prior to her investigation, Hine-Lynch (1987) conducted a pilot study to establish test-retest reliability for the section of the modified instrument that dealt with depression. The reliability figures were based upon the individual responses of ten students who were solicited from either the doctoral level Clinical/Counseling Psychology or master's level Community Counseling programs. After a one week time period, the test-retest reliability estimates for individual items ranged from .13 to .89.

Validity

Validity of the SCVQ instrument was not addressed in the study by Schwartz (1980).

As such, Hine-Lynch (1987) used a three-member panel of experts in the field to establish face validity for the SCVQ instrument. In a similar investigation, Lashley (1989) used an appropriate four-member panel to also establish face validity for the instrument. In both examinations, all respective panel members agreed that the instrument was face valid.

Ethical Considerations

The subjects involved in this investigation were volunteers and were verbally notified at the time of the SCVQ administration that their participation in the study is not mandatory. All subjects were required to sign an informed consent form and were free to withdraw from the study at any point. All data was anonymous and confidential with a coding procedure being used for identification purposes. Initial debriefing was performed immediately upon receipt of the instruments. Follow-up debriefing consisted of an abstract mailing to each supervisor/professor of the students or professional counselors involved in the study. This mailing included possible reasons for the outcome as well as recommendations for future research.

Procedure

Photograph/Audiotape Preparation

In keeping with the protocol of the investigation, four audiotapes were prepared as well as four individual 4 X 5 color photographs. As with most previous research studies

that involve physical and/or vocal attractiveness, the current study also selected women as targets. This gender selection allowed more opportunities to compare/contrast any current findings with these aforementioned studies. Prior to the actual investigation, a series of photographs of young women were obtained from several popular catalogs, fashion magazines, and make-up guides (e.g. Victoria's Secret, Cosmopolitan). Each photograph (N= 37) was a color image of a woman (i.e. full face and upper shoulders) shot against a plain/unobtrusive background. The subjects were White females in their low- to mid-twenties in age. The photographs were chosen to represent a wide range of physical attractiveness based upon the subjective judgment of the principle investigator. These color photographs were each reviewed by the dissertation adviser for their appropriateness in the current investigation. Subsequently, ten photographs were selected which sought to represent a range of physically attractive/unattractive individuals but with no single photograph considered by the investigators to being extreme in either attractive or unattractive features.

For the initial audiotape section of the investigation, ten White females were asked to thrice repeat a phrase that was chosen by the principal investigator to represent an emotionally-neutral statement. Specifically, the selected phrase was "I see you've come back, you've been gone a long time." With regard to the aforementioned females, each individual was instructed by the principle investigator to use normal tone of voice without any false accent or other artificial intonation or inflection. As above, the ten audiotape segments were also reviewed by the dissertation advisor for relative voice quality.

Twenty undergraduate students were recruited to rate the aforementioned photographs on a 7-point Likert-type scale for physical attractiveness. Likewise, the same

students were asked to rate the audiotape segments for vocal attractiveness on a 7-point Likert-type scale. Most of the undergraduate volunteers were evaluated during their regularly scheduled Psychology class and received extra course credit for their participation.

Subsequently, the respective 7-point Likert-type ratings for physical attractiveness and vocal attractiveness obtained from the 20 undergraduate students were compiled and analyzed. These Likert-type scales each had a range of ratings that varied from 1 (less attractive) to 4 (neutral) to 7 (more attractive). The two photographs that received the lowest mean averages (2.25; 2.40) as well as the two photographs that received the highest mean averages (5.85; 6.15) were selected by the principle investigator to be used as part of the current investigation. These respective pairs of photographs represented targets that were rated as less physically attractive and more physically attractive. Further, the two voice segments that received the lowest mean averages (2.05; 1.65) as well as the two voice segments that received the highest mean averages (4.50; 4.10) were selected by the principle investigator to be used as part of the current investigation. These respective pairs of voice segments represented targets that were rated as less vocally attractive and neutral on vocal attractiveness.

A written script was prepared by the principal investigator to portray a simulated initial intake session between a counselor and a client presenting with a diagnosis of Major Depressive Disorder (Appendix B). These depressive-type symptoms were drawn from a list of clinical features associated with a Major Depressive Disorder in the Diagnostic and Statistical Manual of Mental Disorders [DSM- IV] (American Psychiatric Association,

1994). Further, these purported symptoms included all nine of the possible clinical symptoms that would constitute a DSM-IV diagnosis of Major Depressive Disorder, Recurrent. In addition, a separate written script was prepared by the principal investigator that sought to simulate an initial intake session between a counselor and a client presenting with a diagnosis of Paranoid Personality Disorder (Appendix C). These paranoid-type symptoms were derived from a list of clinical features associated with a Paranoid Personality Disorder in the DSM-IV. The two written scripts were reviewed and modified by the dissertation adviser for clinical accuracy.

The four female subjects who had provided the initial voice samples that had been selected for the investigation were contacted and each was asked to read the two written scripts. As in the previous condition, the four women were asked to read the script in their own normal tone of voice without any artificial intonation or other alteration in their normal voice. Based upon the previous rating of vocal attractiveness-four scripts were recorded. The audiotape procedure was as follows: The simulated client was escorted to a therapy room located in a university-based Psychological Services Center. She was seated in an armchair throughout the taping session. The simulated client's voice (i.e., vocally attractive/vocally unattractive) was recorded using a portable cassette recorder with condenser microphone and manual volume control.

During the course of the three-minute audiotape sessions, two pre-determined, simulated clients each described nine specific depressive-type symptoms (e.g., fatigue; indecisiveness) in keeping with the Section I summary of the SCVQ and DSM-IV. One simulated client described these specific symptoms using her attractive voice while the other simulated client described these identical symptoms using her own relatively

unattractive voice. In contrast, the second pair of voice models (i.e., simulated clients) each verbally described seven specific paranoid-type symptoms such as pervasive distrust and suspiciousness of others. As before, one simulated client described these paranoid-type symptoms using an attractive voice whereas the second simulated client described these same symptoms using an unattractive voice.

Clinical Judgments/Attractiveness Ratings

Subjects within each group were randomly assigned to one of the five stimulus conditions. These research conditions included: a physically attractive plus attractive voice group, a physically unattractive plus attractive voice group, a physically attractive plus unattractive voice group, a physically unattractive plus unattractive voice group as well as a written script only group that would act as a control. Further, each stimulus group was exposed to both diagnostic criteria-Major Depressive Disorder and Paranoid Personality Disorder. Each subject received a packet containing a modified SCVQ instrument-sections I, II, and III. The members of each stimulus group were asked to view their respective color photographs while simultaneously listening to the audiotape interview. Research packets were completed individually or in small groups with no time limit for completing the packet. University conference rooms or classrooms were used for the administration of all materials. Upon the completion and surrender of the packet, subjects were informed verbally that results of this investigation would be made available to them when the study is concluded.

Research Design/Data Analysis

The research design consisted of a set of four experimental cells and one control cell with 12 subjects/cell. Only the experimental cells were included in the analysis. These experimental/control cells were stratified by gender with approximately five males and seven females per cell. The independent variable was the simulated client's attractiveness. For purposes of statistical analysis, the simulated client's attractiveness was divided into two separate components, namely, physical attractiveness (i.e. positive; negative) and vocal attractiveness (i.e. positive; negative). These aforementioned attractiveness components provided a repeating series of four specific attractiveness combinations such as physically attractive/vocal attractive or physically unattractive/vocal unattractive.

The four dependent variables consisted of the respondent's clinical judgments regarding client impairment, prognosis for recovery, recommendations of psychotherapy as an appropriate treatment option, and counselor's interest in working with the client. These dependent variables were measured using a modified version of the Simulated Client Vignette Questionnaire (i.e. SCVQ). In addition, each of the sixty respondents were required to make their respective clinical judgments based upon exposure to two separate simulated client vignettes (i.e. Major Depressive Disorder; Paranoid Personality Disorder).

The statistical analysis for this current investigation used a set of eight 2 X 2 between-subjects analyses of variance (ANOVA) as well as other descriptive statistics. The data was analyzed using a SPSS-PC computer statistical package. The alpha level for each analysis was set at .05.

CHAPTER IV

RESULTS OF THE STUDY

The statistical analysis of the hypotheses, as well as other supplemental unhypothesized results are presented in this chapter. The major purpose of this investigation was to determine if selected clinical judgments by counselors are effected by aspects of a client's physical and vocal attractiveness. Specifically, this study was designed to determine whether or not the aforementioned attributes of a client would significantly alter the professional judgment of a counselor with regard to a client's level of impairment, prognosis for recovery, and appropriateness for psychotherapy. In addition, the counselor's interest in working with the client was also assessed as a part of this current investigation.

DEMOGRAPHIC PROFILE

The total number of respondents used in this study was 60 graduate students. These subjects were randomly divided into one of four experimental or one control condition with each cell containing 12 members. Each experimental/control condition was stratified by gender with approximately 5 male subjects and 7 female subjects per cell. Group 1 was designated as an experimental group, in that, the cell contained an Attractive Voice/Unattractive Photograph condition. Group 2 was identified as an experimental group using an Attractive Voice/Attractive Photograph condition. Group 3 was an experimental group utilizing an Unattractive Voice/Unattractive Photograph condition,

approximately 1.9.

With regard to academic classification, the number of reported hours of graduate education varied dramatically from a high of 120.0 hours for some doctoral-level students to other incoming graduate students with no graduate-level academic credit hours. As illustrated in Table 2, while there was a wide variation in the reported number of graduate hours per respondent, this variation was distributed between each of the experimental/control groups. However, it should be noted that the total number of graduate hours may also represent coursework that has little or no bearing on clinical judgments by counselors.

Table 2

Group Mean Averages: Years of Professional Experience; Semesters of Practicum Experience; Hours of Graduate Education.

Group	Yrs Prof Exp	Sem Prac Exp	Hrs Grad Educ
Group 1	3.0	1.1	41.4
Group 2	3.2	1.2	36.9
Group 3	3.5	3.0	53.5
Group 4	2.3	3.2	63.4
Group 5	1.9	1.1	36.7

Most of the respondents (i.e. 58 percent) indicated a professional speciality in Counseling Psychology. Other specialities that had a substantial number of representatives included both Community Counseling with 20 percent of the overall sample and

Counseling and Student Personnel with 12 percent of the overall sample. The remaining six respondents indicated their professional specialty in either Clinical Psychology or Social Work.

While each participant was required to be a current graduate student, there was some variation in their previous level of academic training. Based upon the reported data, almost one half of the subjects (i.e. 48 percent) held either a Bachelor of Science or a Bachelor of Art degree. Further, 50 percent of the other participants reported having already earned a Master's degree of Science, Art, or Education. A single respondent noted having previously earned a Ph.D. in Philosophy/Religion. Where specified, a disproportionate number of respondents (i.e. 60 percent) indicated that their highest previously-earned degree had an academic major in either Psychology or Community Counseling. Other less-represented academic majors were in the fields of Education, Sociology, English, Spanish, Social Science, or Art.

As mental-health practitioners, the overall sample reported a broad choice of theoretical orientations. The most popular orientations were eclectic or a dual-modality orientation. Fully 40 percent of the entire sample selected one of these two theoretical orientations. Specifically, the popular orientations were, in order of absolute preference: eclectic; cognitive-behavioral; humanistic-existential; psychodynamic; and existential.

Numerical data that was obtained during the course of the current investigation was analyzed using a SPSS-PC statistics program. This analysis involved a series of eight separate analyses of variance (ANOVA) as well as other descriptive-type statistics. The dependent variables were (a) severity of the client's impairment, (b) prognosis for recovery, (c) appropriateness of psychotherapy as a potential treatment option, and

(d) interest of the counselor in working with the client. The independent variable was the client's attractiveness.

As established by the protocol for the current investigation, each respondent was exposed to two separate vignettes (Major Depressive Disorder; Paranoid Personality Disorder) within their assigned experimental or control condition. Therefore, the 60 participants provided a set of five responses to the vignette that dealt with a simulated client having a major depressive disorder as well as a second response set dealing with a simulated client who was presented as having a paranoid personality disorder. When the sample was examined across diagnostic groups, some obvious differences were found between the two aforementioned vignettes.

As reported in Table 3, the group mean ratings for severity of client's impairment indicated that regardless of client diagnosis, most respondents considered the respective simulated clients to be in the "moderate" to "severe" impairment range. However, it should be noted that the clients having presented with a diagnosis of Paranoid Personality Disorder were found to be significantly more severely impaired than the clients presenting with a diagnosis of Major Depressive Disorder. In a similar manner, while both simulated clients were given a prognosis in the "no change likely" range-the Major Depressive Disorder client was found to have a statistically significant better prognosis for recovery. With regard to the appropriateness of psychotherapy as a treatment option-both diagnostic categories were found to be in the "very appropriate" to "moderately appropriate" range. The clinical data indicated a very slight non-significant advantage for the group members having presented with a diagnosis of Major Depressive

Disorder. In the present investigation, while the counselors expressed an interest in working with either simulated client-the respondents expressed a significantly stronger interest in working with the Major Depressive Disorder client than the Paranoid Personality Disorder client.

Table 3

Paired Samples Statistics-Major Depressive Disorder; Paranoid Personality Disorder.

Group	N	Mean	Std. Deviation	t	sig.
Impairment-Depressive	60	4.7167	.9037	-9.673	.000
Impairment-Paranoid	60	5.9000	.9863		
Prognosis-Depressive	60	5.5000	.8925	7.958	.000
Prognosis-Paranoid	60	4.0167	1.3960		
Psychotherapy-Depressive	60	2.0833	1.2661	-1.659	.103
Psychotherapy-Paranoid	60	2.4333	1.4305		
Interest-Depressive	60	2.6000	1.5205	-4.665	.000
Interest-Paranoid	60	3.7333	1.7743		

Clinical ratings were made on a Likert-type scale of 1 to 7. Impairment: ratings varied from 1 (little impairment) to 7 (severe impairment); Prognosis: ratings varied from 1 (likely to decline) to 7 (complete recovery); Psychotherapy: ratings varied from 1 (very appropriate) to 7 (not appropriate at all); Interest: ratings varied from 1 (interested) to 7 (not interested).

While the data did show a consistent trend by counselors to rate the depressed client in a more favorable light, there were some notable differences in ratings within each of the respective clinical samples. Specifically, the standard deviations over the entire

sample varied from .8925 to a high of 1.7743. This finding would tend to indicate that while most respondents did show a preference for the Major Depressive Disorder as a group-there were individual differences within each group as to the degree of preference for or against the client's diagnosis.

Another point of interest for the current investigation-the 12 respondents in each control group (i.e. written script only-no photograph or voice) also reported values in the same range as other subjects who were assigned to the corresponding experimental cell. These results would tend to suggest that some respondents may not have been overly influenced by either the physical and/or vocal attractiveness of any simulated client when asked to make their clinical judgments about the two vignettes. In an effort to assess only those differences that might be attributed to a client's attractiveness-the "SCRIPT only" subjects were removed prior to any further statistical analysis.

Based on the assumption of independence among the dependent variables, eight separate analyses were used to test the hypotheses in this study. These aforementioned analyses consisted of two separate 2 X 2 Analysis of Variance for each of the four hypotheses (i.e. one ANOVA for the Major Depressive Disorder; one ANOVA for the Paranoid Personality Disorder). An alpha level of .05 was used to evaluate the F ratios calculated to test the four hypotheses. The hypotheses are divided into four groups with each section dealing with a distinct dependent variable to be addressed separately in the following section.

Hypotheses One

The first hypothesis postulated that the counselor's perception of the severity of the client's impairment is not related to the client's physical or vocal attractiveness.

Two 2 X 2 analysis of variance (ANOVA) were performed to analyze the counselor's clinical rating of the severity of the client's impairment as a function of the client's physical and/or vocal attractiveness. Based upon an overall group mean of 4.72, most respondents rated the simulated Major Depressive Disorder client as being in the "moderate" impairment range (see Table 4).

Table 4

Experimental/Control Group Cell Means and Standard Deviations-Impairment.

Group		Mean	Std. Deviation	N
IMP1	AV/UP	4.9167	.9962	12
	AV/AP	4.6667	.9847	12
	UV/UP	4.5833	.5149	12
	UV/AP	4.7500	1.0553	12
	SCRIPT	4.6667	.9847	12
IMP2	AV/UP	6.1667	.8348	12
	AV/AP	5.4167	.9003	12
	UV/UP	5.6667	1.2309	12
	UV/AP	6.5000	.6742	12
	SCRIPT	5.7500	.9653	12

Clinical ratings were made on a Likert-type scale of 1 to 7. Impairment: IMP-ratings varied from 1 (little impairment) to 7 (severe impairment); SCRIPT: Control Group-written script only (no physical/vocal component). UV-Unattractive Voice; AV-Attractive Voice; AP-Attractive Physical; UP-Unattractive Physical. Subset "1":-Major Depressive Disorder; Subset "2"-Paranoid Personality Disorder.

Results of the between-subjects ANOVA, as summarized in Table 5 indicated no significant differences ($p > .05$) among the between-subjects means. However, it should be cautioned that the observed power for this analysis was very low ($<.121$) and may not have been of sufficient strength to detect a true difference in the between-subject means.

Table 5

Between-subjects ANOVA summary table of counselors responses regarding the client's severity of impairment-major depressive disorder.

Source	SS	df	MS	F	sig.
Visual	2.083E-02	1	2.083E-02	.025	.875
Vocal	.188	1	.188	.224	.638
Visual x Vocal	.521	1	.521	.624	.434
Error	36.750	44	.835		

Based upon an overall group mean of 5.93, most respondents rated the simulated Paranoid Personality Disorder client as being near the midpoint of the "moderate" to "severe" impairment range. Results of the between-subjects ANOVA, as summarized in Table 6 do indicate a significant difference [$F(1,44) = 8.651, p < .05$] for the Visual X Vocal interaction. The observed power for the interaction was .820. The null hypothesis was rejected.

A graphical representation of this interaction seems to illustrate that for a physically attractive client with an unattractive voice-a change from vocal unattractive to vocal attractive is associated with a decrease (i.e. - 0.9) in the impairment mean scores (See Figure 1). Conversely, the same figure reveals that for a physically unattractive client-as vocal attractiveness changes from vocal unattractive to vocal attractive there is a positive increase (i.e. + 0.5) in the client's impairment ratings.

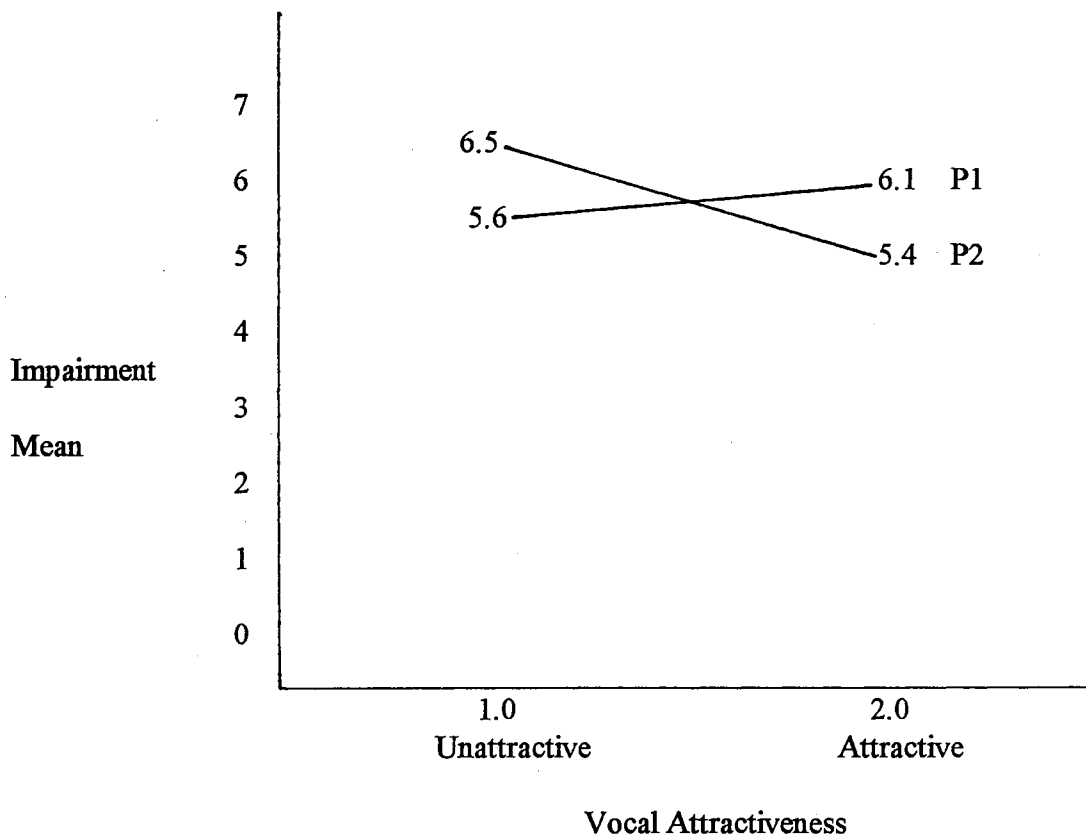
Table 6

Between-subjects ANOVA summary table of counselors responses regarding the client's severity of impairment-paranoid personality disorder.

Source	SS	df	MS	F	sig.
Visual	2.083E-02	1	2.083E-02	.024	.878
Vocal	1.121	1	1.021	1.174	.284
Visual x Vocal	7.521	1	7.521	8.651	.005*
Error	38.250	44	.869		

* ($p < .05$)

It would seem that if an attractive client presents with diagnostic signs/symptoms of a Paranoid Personality Disorder; as vocal attractiveness increases- counselors may reduce their ratings of the client's impairment. On the other hand, a physically/vocally unattractive client may elicit a worse impairment rating as a consequence of sending mixed physical/vocal attractiveness cues. It should be cautioned, however, that the observed power values for the Visual only as well as the Vocal only simple main effects were very low ($< .185$) and may not have been of sufficient strength to detect a true difference in these between-subject means. With the above caution regarding low power noted, no sound statistical evidence was shown to exist that counselors in this sample would alter their impairment ratings for either of the aforementioned clients based upon the client's physical and/or vocal attractiveness.



P1 = Unattractive Physical, P2 = Attractive Physical.

Figure 1. Interaction between client physical attractiveness and vocal attractiveness.

Hypothesis Two

Hypothesis 2 stated that there is no significant relationship between the client's physical and/or vocal attractiveness and counselor's clinical judgment regarding the client's prognosis for recovery. Two 2 X 2 analysis of variance were performed to analyze the counselor's clinical rating of the prognosis for the client as a function of the client's physical/vocal attractiveness. Based upon an overall group mean of 5.43, most respondents rated the simulated Major Depressive Disorder client as being near the midpoint of the "no change likely" to "complete recovery" range with regard to prognosis (See Table 7). Results of the between-subjects ANOVA, as summarized in Table 8 do indicate a significant difference [$F(1,44) = 5.716, p < .05$] among the between-subjects

means for the Visual X Vocal interaction. The null hypothesis was rejected.

Table 7

Experimental/Control Group Cell Means and Standard Deviations-Prognosis.

PRO1	AV/UP	5.7500	.6216	12
	AV/AP	5.3333	.8876	12
	UV/UP	4.9167	.9962	12
	UV/AP	5.7500	1.0553	12
	SCRIPT	5.7500	.6216	12
PRO2	AV/UP	4.4167	1.3790	12
	AV/AP	3.8333	1.4668	12
	UV/UP	3.3333	1.6143	12
	UV/AP	4.2500	.8660	12
	SCRIPT	4.2500	1.4848	12

Clinical ratings were made on a Likert-type scale of 1 to 7. Prognosis: PRO-ratings varied from 1 (likely to decline) to 7 (complete recovery); SCRIPT: Control Group-written script only (no physical/vocal component). UV-Unattractive Voice; AV-Attractive Voice; AP-Attractive Physical; UP-Unattractive Physical. Subset "1":-Major Depressive Disorder; Subset "2"-Paranoid Personality Disorder.

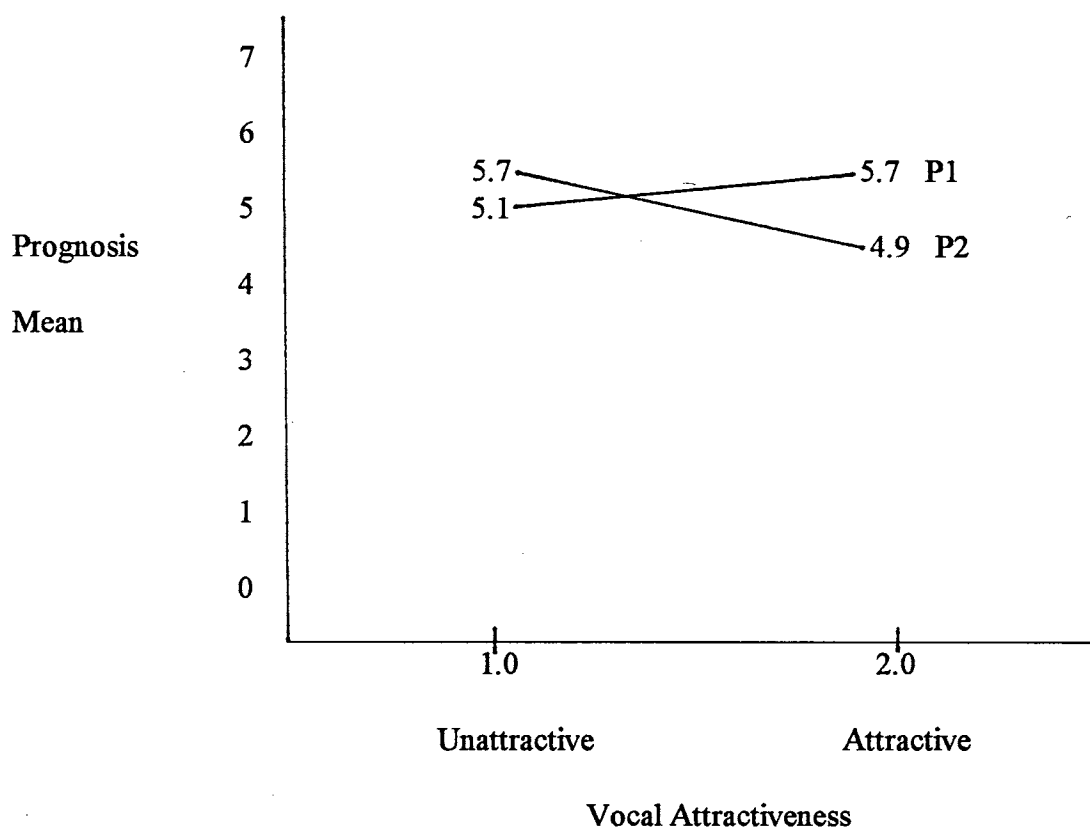
Table 8

Between-Subjects ANOVA summary table of counselor's responses regarding the prognosis for the client's illness-major depressive disorder.

Source	SS	df	MS	F	sig.
Visual	.521	1	.521	.635	.430
Vocal	.521	1	.521	.635	.430
Visual x Vocal	4.688	1	4.688	5.716	.021*
Error	36.083	44	.820		

* (p < .05)

A graphical representation of this interaction seems to illustrate that for a physically unattractive client with an unattractive voice-increasing vocal attractiveness is associated with an increase (i.e. + 0.8) in the prognosis mean scores (See Figure 2). Conversely, the same figure reveals that for a physically attractive client-as vocal attractiveness increases there is a decrease (i.e. - 0.4) in the client's impairment ratings. An important point to remember is that as the client's impairment ratings increase, the clinical judgment of counselors are moving from "likely to decline" to "complete recovery".



P1 = Physical Unattractive, P2 = Physical Attractive.

Figure 2. Interaction between client physical attractiveness and vocal attractiveness.

It would seem that if an unattractive client presents with diagnostic signs/symptoms of a

Major Depressive Disorder; as vocal attractiveness increases-counselors may increase their ratings for the client's prognosis. On the other hand, a physically/vocally attractive client may elicit a worse prognosis rating as a consequence of sending mixed physical/vocal attractiveness cues. However, while the null hypothesis was rejected, the observed power values for the Visual X Vocal interaction, Visual only simple main effect, and Vocal only simple main effect were very low ($<.647$). Due to this low observed power for this analysis, there may not have been of sufficient strength to detect a true difference in these between-subject means. With the above cautions regarding low power noted, no solid empirical evidence was shown to exist that counselors in this sample would alter their prognosis for a Major Depressive Disorder client based upon some aspect of the simulated client's physical and/or vocal attractiveness.

Based upon an overall group mean of 3.95, most respondents rated the simulated Paranoid Personality client as being near the "no change likely" range with regard to prognosis. Results of the between-subjects ANOVA, as summarized in Table 9 indicated no significant ($p > .05$) differences among the between-subjects means. It should be cautioned that the observed power for this analysis was very low ($<.463$) and may not have been of sufficient strength to detect a true difference in the between-subject means.

Hypothesis Three

Hypothesis 3 postulated that the counselor's perception of the appropriateness of psychotherapy as a treatment option is not related to the client's physical and vocal attractiveness.

Two separate 2 X 2 analysis of variance were performed to analyze the counselor's clinical rating of the appropriateness of psychotherapy as a function of the

Table 9

Between-Subjects ANOVA summary table of counselor's responses regarding the prognosis for the client's illness-paranoid personality disorder.

Source	SS	df	MS	F	sig.
Visual	.333	1	.333	.180	.673
Vocal	1.333	1	1.333	.720	.401
Visual x Vocal	6.750	1	6.750	3.644	.063
Error	81.500	44	1.852		

client's physical and vocal attractiveness. Based upon an overall group mean of 2.10, most respondents rated the simulated Major Depressive Disorder client as being near the midpoint of the "very appropriate" to "moderately appropriate" range for psychotherapy as a treatment option (See Table 10).

Results of the between-subjects ANOVA, as summarized in Table 11 indicated no significant ($p > .05$) differences among the between-subjects means. However, it should be cautioned that the observed power for this analysis was very low ($< .114$) and may not have been of sufficient strength to detect a true difference in the between-subject means. Based upon an overall group mean of 2.45, most respondents rated the simulated Paranoid Personality Disorder client as being near the midpoint of the "very appropriate" to "moderately appropriate" range for psychotherapy as a treatment option. Results of the

Table 10

Experimental/Control Group Cell Means and Standard Deviations-Psychotherapy.

PSY1	AV/UP	2.0000	1.4771	12
	AV/AP	2.3333	1.4975	12
	UV/UP	2.1667	1.2673	12
	UV/AP	1.9167	1.0836	12
	SCRIPT	2.0000	1.1282	12
PSY2	AV/UP	2.0833	1.3790	12
	AV/AP	2.9167	1.4434	12
	UV/UP	2.4167	1.1645	12
	UV/AP	2.4167	1.5050	12
	SCRIPT	2.3333	1.7233	12

Clinical ratings were made on a Likert-type scale of 1 to 7. Psychotherapy: PSY-ratings varied from 1 (very appropriate) to 7 (not appropriate at all); SCRIPT: Control Group-written script only (no physical/vocal component). UV-Unattractive Voice; AV-Attractive Voice; AP-Attractive Physical; UP-Unattractive Physical. Subset "1":-Major Depressive Disorder; Subset "2"-Paranoid Personality Disorder.

Table 11

Between-subjects ANOVA summary table of counselor's responses regarding psychotherapy as an appropriate treatment option-major depressive disorder.

Source	SS	df	MS	F	sig.
Visual	2.083E-02	1	2.083E-02	.012	.915
Vocal	.187	1	.187	.104	.748
Visual x Vocal	1.021	1	1.021	.567	.456
Error	79.250	44	1.801		

between-subjects ANOVA, as summarized in Table 12 indicated no significant ($p > .05$) differences among the between-subjects means. The null hypothesis was not rejected. However, it should be cautioned that the observed power for this analysis was very low ($<.176$) and may not have been of sufficient strength to detect a true difference in the between-subject means.

Table 12

Between-subjects ANOVA summary table of counselor's responses regarding psychotherapy as an appropriate treatment option-paranoid personality disorder.

Source	SS	df	MS	F	sig.
Visual	2.083	1	2.083	1.096	.301
Vocal	8.333E-02	1	8.333E-02	.044	.835
Visual x Vocal	2.083	1	2.083	1.096	.301
Error	83.667	44	1.902		

Hypothesis Four

Hypothesis 4 stated that there is no significant relationship between the client's physical and/or vocal attractiveness and a counselor's interest in working with the client.

Two separate 2 X 2 analysis of variance were performed to analyze the counselor's clinical rating of the counselor's interest in working with the client as a function of the client's level of physical and vocal attractiveness. Based upon an overall group mean of 2.56, most respondents rated the simulated Major Depressive Disorder client as being near

the midpoint of the "interested" to "neutral" range with regard to interest in working with the client (See Table 13).

Table 13

Experimental/Control Group Cell Means and Standard Deviations-Interest.

INT1	AV/UP	1.7500	.7538	12
	AV/AP	2.8333	1.4668	12
	UV/UP	2.5833	1.4434	12
	UV/AP	3.0833	1.4434	12
	SCRIPT	2.7500	2.0944	12
INT2	AV/UP	2.6667	1.3707	12
	AV/AP	3.5833	1.9752	12
	UV/UP	3.6667	2.0597	12
	UV/AP	4.5000	1.7838	12
	SCRIPT	4.2500	1.2154	12

Clinical ratings were made on a Likert-type scale of 1 to 7. Interest: INT-ratings varied from 1 (interested) to 7 (not interested). SCRIPT: Control Group-written script only (no physical/vocal component). UV-Unattractive Voice; AV-Attractive Voice; AP-Attractive Physical; UP-Unattractive Physical. Subset "1":-Major Depressive Disorder; Subset "2"-Paranoid Personality Disorder.

Results of the between-subjects ANOVA, as summarized in Table 14 did indicate a significant difference [$F(1,44) = 4.369, p < .05$] for the Visual main effect. The observed power for this interaction was .534. The null hypothesis was rejected.

An examination of simple main effects for either a physically attractive client or a physically unattractive client indicates that as vocal attractiveness increases-there is also a greater expressed interest by counselors in working with the client. However, it should be cautioned that the observed power values for the Visual X Vocal interaction as well as the Vocal only main effects were very low ($<.288$) and may not have been of sufficient strength to detect a true difference in these between-subject means. With the above

Table 14

Between-subjects ANOVA summary table of counselor's responses regarding interest in working with the client-major depressive disorder.

Source	SS	df	MS	F	sig.
Visual	7.521	1	7.521	4.369	.042*
Vocal	3.521	1	3.521	2.045	.160
Visual x Vocal	1.021	1	1.021	.593	.445
Error	75.750	44	1.722		

* ($p < .05$)

cautions regarding low power noted, no solid empirical evidence was shown to suggest that counselors in this sample would alter their interest ratings for a Major Depressive Disorder client based upon the client's physical and/or vocal attractiveness.

Based upon an overall group mean of 3.60, most respondents rated the simulated Paranoid Personality client as being near the "neutral" range with regard to interest in working with the client. Results of the between-subjects ANOVA, as summarized in Table 15 indicated no significant differences ($p > .05$) among the between-subjects means. It should be cautioned that the observed power for this analysis was very low (<.432) and may not have been of sufficient strength to detect a true difference in the between-subject means. Again, it should be emphasized that a statistical analysis with low power may not have sufficient strength to provide a true picture of the various main effects and/or interactions. Significant differences should be interpreted with caution.

Table 15

Between-subjects ANOVA summary table of counselor's responses regarding interest in working with the client-paranoid personality disorder.

Source	SS	df	MS	F	sig.
Visual	9.188	1	9.188	2.783	.102
Vocal	11.021	1	11.021	3.338	.074
Visual x Vocal	2.083E-02	1	2.083E-02	.006	.937
Error	145.250	44	3.301		

Supplemental Unhypothesized Results

A section on the answer sheet also provided space for individual responses. These individual remarks were included in an effort to assess the most salient factors that influenced a respondent's answers to the questionnaire. An examination of these results reveal a common theme in many of the individual responses. With regard to simulated client # 1 (i.e. Major Depressive Disorder), 53 percent of the overall sample indicated that some aspect of the client's symptomatology was most influential on their clinical judgments. Specifically, these subjects noted that the client's depressive cognitions, thoughts of death and/or tone of voice were deemed as the most important factors in their negative evaluations of the client. Conversely, fewer respondents chose to focus on the more positive aspects of the client's interview data such as willingness to talk and/or change.

Regarding the simulated client # 2 (i.e. Paranoid Personality Disorder), some aspect of the client's paranoia or defensiveness was most often cited as the single most important factor in the participant's clinical judgments. Fully 43 percent of the overall sample chose to identify this single personal characteristic as being the most critical factor in their evaluation. The next most-cited factors were related to the client's "attitude, motivation, or tone of voice". However, it should be noted that irrespective of clinical diagnosis, tone of voice was used in a manner that was often unrelated or contrary to the previously rated levels of vocal attractiveness. While some aspect of the client's tone of voice was noted as an important clinical feature by a minority of the respondents; no aspect of a client's physical attractiveness was noted (either positive or negative) throughout the entire data set for the current investigation.

These aforementioned hypothesized and unhypothesized results were based upon information obtained from a sample that contained both male and female respondents. In an effort to determine whether a gender bias may be present in the current study, response sets were divided according to respondent's gender. Subsequently, this data was collated and analyzed using a series of "t" tests. As noted in Table 16, most paired group means were similar in value and were statistically non-significant. As such, a gender bias was felt to not be present in the current investigation. Given that no gender differences were noted in any of the dependent variables, there were no subsequent analyses regarding gender differences in the vignettes. Further, with regard to the undergraduate volunteers who acted as raters, an examination of potential gender bias for attractiveness was not possible due to the anonymous nature of the ratings forms.

Table 16

Gender data-group means, standard deviation, and "t" values.

Variable	Mean	SD	t-value	2-tail sig
Impairment-Male	5.5500	1.037	.94	.352
Impairment-Female	5.3750	1.170		
Prognosis-Male	4.4750	1.502	.00	1.000
Prognosis-Female	4.4750	1.552		
Interest-Male	3.4500	1.839	.71	.480
Interest-Female	3.2000	1.870		
Psychotherapy-Male	2.2750	1.320	-.08	.936
Psychotherapy-Female	2.3000	1.381		

Summary

Presented in this chapter were the results of this current investigation, consisting of data from the Simulated Client Vignette Questionnaire (SCVQ) as well as additional information obtained from a demographic questionnaire designed specifically for the purposes of the study. Four hypotheses were tested using a 2 X 2 between-subjects analysis of variance design. In each of the aforementioned hypotheses, two ANOVAs were utilized in an effort to test the hypotheses under two separate diagnostic vignettes (i.e. Major Depressive Disorder; Paranoid Personality Disorder).

The first hypothesis stated that there was no significant relationship between a counselor's perception of the severity of the client's impairment and the client's level of physical and/or vocal attractiveness. Group means indicated that most respondents felt

that the respective clients were in the "moderate" to "severe" range of impairment. No statistically significant results were detected for the Major Depressive Disorder client when tested using a 2 X 2 ANOVA. However, due to low power, the results may not have offered an indication of the true main effects or interaction. With regard to the Paranoid Personality Disorder client, a statistically significant difference was noted among the between-subject means for the Visual X Vocal interaction. While the null hypothesis was rejected-the statistical power of the analysis was low.

Hypothesis two stated that there was no significant relationship between the client's physical and/or vocal attractiveness and the counselor's clinical judgment regarding the client's prognosis for recovery. As a group, the respondents rated the two simulated clients as being in the "no change likely" to "complete recovery" range with regard to prognosis. In the 2 X 2 ANOVA for the Major Depressive Disorder client-a significant difference was detected among the between-subjects means for the Visual X Vocal interaction. The null hypothesis was rejected. However, the statistical analysis for the interaction did have low power. In a similar manner, the other main effects as well as the main effects and interaction term for the second client were also noted as having low power values. As such, the statistical analysis may not have represented a true picture of the effects of client physical and/or vocal attractiveness on prognosis.

The third hypothesis stated that the counselor's perception of the appropriateness of psychotherapy as a treatment option is not related to the client's physical and vocal attractiveness. Most respondents rated the simulated Major Depressive Disorder client and the Paranoid Personality Disorder client as being near the midpoint of the "very

appropriate" to "moderately appropriate" range for psychotherapy as a treatment option. Statistical analysis of the data for both respective clients was unable to detect any significant differences among the between-subject means. The null hypothesis was not rejected. However, it should be noted that the power for the analysis was very low and may have not been sufficiently strong to detect any true differences.

The fourth hypothesis stated that there was no significant relationship between the client's physical and/or vocal attractiveness and a counselor's interest in working with the client. Most respondents rated the simulated Major Depressive Disorder client as being near the midpoint of the "interested" to "neutral" range with regard to interest in working with the client. In a similar fashion, the respondents were "neutral" in any interest in working with the Paranoid Personality Disorder client. Results of the 2 X 2 analysis indicated a significant difference in the between-subject means for Visual main effect for the Major Depressive Disorder client but none for the Paranoid Personality Disorder client. While the null hypothesis was rejected, there was a problem with low power values throughout the statistical analysis regarding a counselor's interest in working with the client. As such, these findings may not represent a true picture of the effects of client attractiveness on counselor's interest in working with the client but rather just an artifact of low power.

Further, supplemental analysis of the data revealed several additional findings that were not hypothesized. When respondents were asked to report which factors were most salient in their clinical ratings-several diagnostic-specific themes were noted. With regard to simulated client # 1, most respondents indicated that some aspect of the depressive symptomology was most important in their evaluations. Likewise, in the second vignette,

most respondents identified the client's paranoia/defensiveness as a most important factor. In an effort to assess for potential gender bias in this investigation, a series of separate analyses were also conducted. No evidence for gender bias was found.

With the exception of the "psychotherapy as a treatment option" group, each of the relevant paired group means was found to be statistically significant when examined using a "t" test. Specifically, there was a noted tendency for counselors to judge the Major Depressive Disorder client in a more favorable light than the Paranoid Personality Disorder client.

CHAPTER V

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

Summary

The purpose of this study was to investigate the effect of client's physical and vocal attractiveness among counselors and how these client attributes might influence a professionals' decision about the mental health of simulated attractive/unattractive clients. Specifically, this study was designed to investigate the influence of client's physical and/or vocal attractiveness on selected clinical judgments through the use of case vignettes. The clinical judgments that were examined in the current investigation included the severity of the client's impairment, the prognosis for the client's illness, and the recommendation of psychotherapy as an appropriate treatment option. In addition, the counselor's interest in working with the client was also assessed as part of the current study.

Participants for this current investigation consisted of 60 students enrolled in psychology and counseling-related programs at a state-supported university in the southwestern United States. Graduate students, both male ($N = 26$) and female ($N = 34$) were sampled in the study. Data analyzed in this study consisted of scores from the Simulated Client Vignette Questionnaire (SCVQ) as well as additional information from a demographic data questionnaire designed specifically for the purposes of this investigation. The questionnaires were self-report instruments administered individually and in groups, in university conference rooms or classrooms. Subjects were randomly

assigned to one of five client attractiveness groups and presented with the appropriate experimental conditions and materials. All respective client symptoms and characteristics were the same, with the exception of client's level of physical and vocal attractiveness.

An examination of the demographic information revealed that the age of the respondents varied from a low of 22 to a high of 50 with the overall average age for the entire sample being approximately 30 years old. These subjects had an average of three years of professional experience as well as an overall approximate average of two semesters of practicum experience. Further, most respondents had between 40-60 hours of graduate education prior to the current study. Therefore, limitations of the study are: a) findings should be generalized with caution to professionals in the field, in that, this sample included only students in psychology and counseling-related programs; b) only volunteer graduate students were sampled, as such, the inherent differences between randomly selected subjects and volunteers must be considered as a possible intervening factor in the outcome of the investigation; c) the study included only simulated clients, which may not provide an accurate reflection of the counselor's response and subsequent clinical ratings in an actual counseling situation; d) the case vignettes described symptoms of major depressive disorder or paranoid personality disorder and may not be generalizable to clients with other types of problems; e) the case vignettes also included only young Caucasian females and may not be generalizable to older female clients, male clients, or clients who have a different ethnic identity; f) respondents varied dramatically on their level of training, consequently, those with little or no formal training in counseling may not have possessed the same expertise in making an accurate diagnosis and/or prognosis.

In order to investigate the study's four hypotheses, eight separate 2 X 2

analyses of variance (ANOVA) were utilized as well as other descriptive statistics. In brief, each respondent was exposed to two separate vignettes (i.e. Major Depressive Disorder; Paranoid Personality Disorder) within their assigned experimental or control condition. The 60 participants were asked to provide a set of five responses to each of the aforementioned vignettes and complete a demographic questionnaire. The statistical analyses sought to examine the relationship between each of the four dependent variables and the independent variable of client attractiveness.

With the exception of the "psychotherapy as a treatment option" group, a statistically significant trend was found among the counselors to rate the Major Depressive Disorder client in a more favorable light over the Paranoid Personality Disorder client, irrespective of the dependent variable. Further, when the data sets for the five subgroups that comprised each of the dependent variable conditions were examined-another important trend was evident. Specifically, each of the SCRIPT only (i.e. no attractiveness component) control groups were noted as having scores in the same general range as the respective experimental cells. These control scores were removed from any further investigation, in that, they did not markedly vary from the experimental cell scores. Subsequently, the four experimental cells were examined to ascertain what, if any, variance might be attributed to the client's physical and/or vocal attractiveness.

The first hypothesis stated that there is no significant relationship between client's physical and/or vocal attractiveness and the counselor's perception of the severity of the client's impairment. Results of the first 2 X 2 ANOVA failed to indicate any significant differences among between-subjects means for the Major Depressive Disorder client at

a .05 level of significance. With regard to the Paranoid Personality Disorder client, a statistically significant difference among the between-subjects means for the Visual X Vocal interaction was detected. While the null hypothesis was rejected; the outcome may have been an artifact of the research design. Specifically, the observed power was low for all reported main effects and/or interactions.

Hypothesis two stated that there was no significant relationship between the client's physical and/or vocal attractiveness and counselor's clinical judgment regarding the client's prognosis of recovery. For purposes of the current investigation, prognosis was considered to be a prediction of the course and outcome of the client's presenting problems. This term was operationalized by scores on the modified Simulated Client Vignette Questionnaire. These responses varied from "likely to decline" to "complete recovery". The initial 2 X 2 ANOVA did indicate a significant difference among the between-subjects means at the Visual X Vocal interaction for the Major Depressive Disorder client. As such, the null hypothesis was rejected. With regard to the Paranoid Personality Disorder client, no statistically significant differences were found. While the null hypothesis was rejected; the outcome may not have offered a true indication of the various main effects and/or interactions. Again, the observed power was low for all reported main effects and/or interactions.

Hypothesis three stated that the counselor's perception of the appropriateness of psychotherapy as a treatment option is not related to the client's physical and/or vocal attractiveness. Using a set of two between-subjects ANOVA (i.e. Major Depressive Disorder; Paranoid Personality Disorder) to analyze the data, no significant differences among the means was detected at a .05 level of significance. The null hypothesis was not

rejected. Due to the low observed power in this analysis, there may not have been sufficient strength to detect a true difference in these between-subject means.

Hypothesis four stated that there was no significant relationship between the client's physical and/or vocal attractiveness and a counselor's interest in working with the client. Regarding the Major Depressive Disorder client, a statistically significant difference among the between-subjects means for the Visual main effect was found. Therefore, the null hypothesis was rejected. When data concerning the Paranoid Personality Disorder client was examined; no statistically significant differences were found. While the null hypothesis was rejected; the outcome may have once again reflected the low power of the research design. The observed power was low for all reported main effects and/or interactions including the aforementioned statistically significant Visual only main effect.

Conclusions

From the outset, results of the current investigation present both a tantalizing glimpse into the effects of client physical/vocal attractiveness as well as a potential ethical dilemma. In brief, while three of four null hypotheses could be rejected on the basis of their statistical analyses, inherent problems associated with low power question whether or not these aforementioned rejections actually present a true picture. It is the view of this investigator that any interpretations and conclusions must adhere to the higher ethical standards for research and should present the most accurate picture. Given these guidelines-the conclusions of this investigation are offered.

A review of the descriptive statistics indicated that most of the variance in the data

did not, in fact, seem to be due to aspects of the client's physical and/or vocal attractiveness. When the mean of any "SCRIPT only" control group was compared against respective group means of the four experimental cells that comprised a given dependent variable group-the numerical values were always in the same general range. It should be recalled that "SCRIPT only" control subjects did not receive any stimulus that pertained to a simulated client's physical and/or vocal attractiveness.

A closer examination of the actual scores revealed that "SCRIPT only" control scores were very similar to the other four scores that represented a variable subgroup. This important result would tend to suggest that the most salient factors that counselors used in making their clinical judgments were not associated with the client's physical and/or vocal attractiveness. A possible explanation for this result may lie in the specific factors that were cited by the respondents as being most important regarding their clinical ratings. As previously noted in the results, with regard to simulated client # 1 (i.e. Major Depressive Disorder) over 50 percent of the respondents cited some aspect of the client's symptomatology as being most responsible for their clinical judgments. Generally, these reported symptoms were a reiteration of the client's own verbal report and included such items as depressive cognitions, thoughts of death and/or negative tone of voice. Likewise, 43 percent of the respondents cited paranoia/defensiveness in the simulated client # 2 (i.e. Paranoid Personality Disorder) verbal report as being the single most important factor in their clinical ratings. While a few respondents did elect to focus on some positive aspect of the client's report such as willingness to talk and/or change; client attractiveness was never mentioned.

When appropriate paired samples were examined using a "t" test-another trend was evident in the current investigation. It was found that, irrespective of the dependent variable, counselors rated the Major Depressive Disorder client in a more favorable light than the Paranoid Personality Disorder client. The current investigation seems to lend some statistical support for a general effect of the client's presenting symptoms on selected clinical judgments by counselors. The Paranoid Personality Disorder client was found to be significantly more impaired as well as having a significantly worse prognosis for recovery than the client who presented with symptoms of a Major Depressive Disorder. Further, these counselors expressed significantly less interest in working with the Paranoid Personality Disorder client while also deeming psychotherapy to be a less viable treatment option for this personality disorder. It should, of course, be emphasized that these aforementioned ratings were based solely on two clinical diagnoses and may not have been a valid reflection for other clients and/or other clinical issues.

While a general trend was noted to exist based upon a client's diagnosis, this was not the case when the group means for client's combined physical and vocal attractiveness were examined. For example, a physically attractive client who also possessed an attractive voice might be expected to receive the best ratings across any of the four dependent variables. Conversely, a physically unattractive client having an unattractive voice might be considered the most likely candidate to receive the lowest overall scores when rated by the counselors. A consistent trend for client attractiveness was, however, not found to be the case regardless of the respective client's level of combined physical and vocal attractiveness or dependent variable.

The aforementioned trends and/or other inconsistent data sets may reflect a real

possibility that most counselors in the current investigation did not place a major focus on aspects of the client's attractiveness when making their selected clinical judgments. In other words, it would appear from the empirical evidence that has been presented, that the relative attractiveness or unattractiveness a client may possess is less important than the presenting clinical issues and/or symptoms. Given the seemingly benign nature of client' attractiveness, it may also be speculated that a client's level of physical and/or vocal attractiveness acts as an irrelevant variable or is ,at best, a rather transient factor that may be expected to diminish after only a few sessions. It should be cautioned, however, that for other types of clients and/or clinical issues-client attractiveness may be more (or less) of an important factor with regard to counselors as they are called upon to make similar judgments. A case in point-even in the current investigation, although the research design was plagued by issues of low power, statistically significant differences were noted to exist.

Results of the first set of 2 X 2 analysis of variance were able to identify a single statistically significant difference with regard to a counselor's perception of the severity of the client's impairment. Specifically, the noted significant difference occurred with the Visual X Vocal interaction. The statistical power of the analysis in question (i.e. .820) represented the single highest power value for any main effect and/or interaction in the current investigation. It may be speculated that if the relevant Visual and/or Vocal main effects had also possessed similar power values, a valid case could have been made for a counselor's perception of the severity of a client's impairment being altered by a client's physical and vocal attractiveness.

Nonetheless, the current finding was consistent with an earlier research study (Farina et al., 1977) which suggested that less-attractive female inpatients residing in a state-supported mental facility were judged to be more severely impaired than their more-attractive peers. However, in the current investigation, only the Visual X Vocal interaction was statistically significant whereas the separate Visual only and Vocal only main effects were not found to be statistically significant around the issue of impairment. One viable explanation being that this singular clinical finding may have been a result of low statistical power, thereby, not possessing sufficient strength to detect any potential differences.

An alternative conclusion might involve the relative non-extreme attractiveness (or unattractiveness) of the women who were chosen to act as attractiveness models for the current investigation. In the previously mentioned study, the female subjects who acted as attractiveness models were all long-term wards of a state mental institution without access or benefit of most beauty aids. As such, these woman might have been judged in a harsher manner on attractiveness than under less extreme conditions. The present research study, in contrast, used a non-extreme visual and/or audio stimulus presented within a less harsh environment.

It might be surmised that such germane distinctions in research design may act to enhance or reduce cues that may be more evident with extreme subjects and/or environment. As such, the current investigators sought to make a conscientious effort to use more mainstream women as well as testing environment to reduce potential attractiveness bias in the sample. A repercussion for using a more benign model may, however, involve a shift by respondents in their primary focus away from attractiveness

cues and more toward the actual nuances of the client's clinical symptoms.

Hypothesis two stated that there was no significant relationship between the client's physical and/or vocal attractiveness and a counselor's clinical judgment regarding the client's prognosis for recovery. When the hypothesis was tested using a set of two 2 X 2 analysis of variance-a single statistically significant difference was identified with regard to a counselor's perception of the client's prognosis. As was the case with the previously mentioned hypothesis-the one statistically significant difference occurred with the Visual X Vocal interaction. Again, the issue of low statistical power would prevent an outright rejection of the null hypothesis without giving rise to concerns regarding the possible presentation of a false picture of the main effects and/or interactions. Based on the statistical data, a tentative conclusion may be to cautiously suggest that a client's physical and vocal attractiveness might have a significant relationship to a counselor's clinical judgment concerning the prognosis for the client's illness. An alternative conclusion may be that these results represent the fact that counselors were accurately perceiving that life events and/or prognosis of illness is generally better for more attractive people.

The results of the current study are, nonetheless, consistent with earlier findings and lend empirical support to the premise that client attractiveness can influence a counselor's judgment regarding the prognosis for the client's illness. In their investigation, (Farina et al., 1986) found that less attractive patients were given a poorer prognosis for recovery than more attractive patients when judged by mental health professionals.

Hypothesis three postulated that the counselor's perception of the appropriateness of

psychotherapy as a treatment option was not related to aspects of a client's physical and vocal attractiveness. Based upon group means in the present study, most respondents considered the simulated clients to be at least in the "moderately appropriate" range for psychotherapy as a viable treatment option. Further, this pro-psychotherapy bias was evident for either simulated clients, though client # 1 presented with a DSM-IV axis I diagnosis (i.e. Major Depressive Disorder) whereas client # 2 presented with a DSM-IV axis II diagnosis (i.e. Paranoid Personality Disorder).

Therefore, after using a set of two between-subjects ANOVA (i.e. Major Depressive Disorder; Paranoid Personality Disorder) to analyze the data-no significant differences were detected at a .05 level of significance. The null hypothesis was not rejected. However, it should be noted that due to the very low observed power in this analysis, there may not have been sufficient statistical strength to detect a true difference in these between-subject means. With regard to the analysis in question, the power was too low (i.e. $<.176$) to even warrant any concrete interpretation. As such, any subsequent conclusions would not be based on any definitive data but rather on erroneous information and/or conjecture.

A comparison of these statistically non-significant findings with any previous investigations is not possible, in that, no earlier studies were found that dealt with the issue of client attractiveness as a factor in the appropriateness of psychotherapy as a treatment option. However, as noted by Lashley (1989), an important consideration in the interpretation of statistically non-significant results is the statistical power of the analysis. A statistical analysis having lower power may indicate no effect or if there actually was a significant effect, the design was not sensitive enough to detect it.

The fourth and final hypothesis stated that a counselor's interest in working with a client is unrelated to the attractiveness of the client. However, based solely upon empirical evidence collected in the current study, this null hypothesis could actually be rejected. Regarding the Major Depressive Disorder client, a statistically significant difference among the between-subjects means for the VISUAL main effect was found. When data concerning the Paranoid Personality Disorder client was examined-no statistically significant differences were found. As reported in the preceding statistical analyses, the on-going concern involving aspects of low statistical power were also found to exist in the current analysis and may account for these inconsistent results.

An exploration of previous studies was unable to locate any research that compared aspects of client attractiveness with counselor interest in working with clients. Nevertheless, a comparison of the respective group means for simulated client # 1 (i.e. Major Depressive Disorder) and simulated client # 2 (i.e. Paranoid Personality Disorder) in the current study did indicate that most respondents expressed at least some interest in working with these clients. It should be noted that the relative interest in working with the client is somewhat greater for the simulated client presenting with a Major Depressive Disorder rather than the simulated client presenting with a diagnosis of Paranoid Personality Disorder. This latter finding may be a reflection of the diagnosis, in that, a client with a paranoid personality disorder might be more confrontational and defensive toward the counselor. In the present study, the simulated client presenting with the paranoid personality disorder was, in fact, more aggressive and mistrusting toward the counselor.

Another potential explanation of these findings may lie with the respondents who took part in the current investigation. All respondents were graduate students enrolled in counseling or counseling-type studies such as psychology or social work. As previously reported in the current investigation, most participants held that psychotherapy was a viable treatment option across both of the aforementioned clinical diagnoses. It may be speculated, therefore, that such a pro-psychotherapy "people-person" might also have a greater general interest in working with clients. As such, the relative social effects of a client's attractiveness (or lack of attractiveness) might be somewhat minimized.

In summary, one of the major conclusions of this investigation was to lend empirical support for the suggestion that aspects of a client's physical and/or vocal attractiveness act in a relatively benign or transient factor. Similarly, a client's presenting clinical issues and/or symptoms also appear to hold a greater influence on counselors than client attractiveness as they contemplate the client's level of impairment, prognosis for recovery, viability of psychotherapy as a treatment option, or express a desire in working with a client.

With regard to the residual effects of client attractiveness, the current investigation was able to provide some inconclusive evidence to suggest that certain clinical judgments by counselors may be weakly influenced by aspects of a client's physical /vocal attractiveness. The aforementioned data did indicate that, based on a client's combined physical and vocal attractiveness, a counselor may alter their clinical judgments regarding the severity of a client's impairment for a client who presents with clinical issues and/or symptoms of a Paranoid Personality Disorder. In a similar vein, counselor's may alter their prognosis for a client's recovery if the client presents with clinical issues and/or symptoms

of a Major Depressive Disorder. Counselors may also be willing to alter their interest in working with a client presenting with a Major Depressive Disorder based upon the physical attractiveness of the client.

Due to inherent problems of low statistical power that plagued the current investigation, these final conclusions are offered as a matter of conjecture without a statistically solid empirical base. Therefore, these conclusions can represent one possible opinion but not necessarily a total delineation of the various nuances of a client's physical and/or vocal attractiveness on selected clinical judgments by counselors.

Recommendations for Research

Given the considerable obstacles presented by low statistical power in the current investigation, future researchers may wish to explore alternative research designs that will provide sufficient statistical power for any analyses. In part, this exercise may include the use of fewer experimental cells or a greater number of subjects per cell.

Future researchers may want to consider using a greater number of subjects. These participants could be selected from a pool that would represent more than one state university or geographical region. A more diverse sample would provide a larger data base that, in turn, might allow greater generalizability of any significant findings.

Future research may wish to include simulated client vignettes that describe male as well as female targets in an effort to assess possible differences in clinical judgment that are due to client gender. In a similar manner, future researchers may seek to explore potential differences associated with ethnic identification. This assessment might be possible through the use of appropriate vignettes and/or targets that represent clients from

other ethnic groups. These aforementioned investigations would be in a position to provide valuable information toward a better understanding of these multicultural factors on clinical judgment by counselors.

As the domestic population continues to age, the effects of attractiveness as a part of the overall aging process could also be a topic for future investigation. These studies may wish to include older aged individuals as well as younger individuals to act as simulated clients. Likewise, future research may be directed at other presenting problems in an effort to assess possible differences in clinical judgment that is due to the nature of the problem.

In an effort to more accurately portray a true counseling situation, the use of color videotapes may be considered by future researchers. This type of approach would create a more realistic format than the current standard use of written scripts, color photographs, and audiotapes. Further, a videotape format could be used to divide aspects of client attractiveness into separate physical components versus vocal components in order to assess main effects as well as interaction effects of attractiveness.

Future researchers may also wish to consider studies that include respondents who are currently identified as professionals in the field. This type of research design might allow an assessment of potential differences that exist between experienced professionals and graduate students. Future studies could be expanded to include other health care professionals such as psychiatrists or psychiatric nurses. These investigations may provide additional information concerning various training models and their roles in the formation of clinical judgments.

Future researchers may also wish to consider the elimination of any respondents who have not received a minimum of one year of graduate-level training in focus areas that deal with client-counselor interactions.

Recommendations for Professionals

Based upon the empirical evidence in this current investigation as well as inherent problems of low statistical power that have been highlighted throughout the study, some tentative recommendations for professionals are offered. From an exploration of the individual subgroups and group means, aspects of a client's attractiveness should not be a major concern for professionals in making selected clinical judgments. However, with the exception of the "psychotherapy as a treatment option" group, each of the relevant paired group means was found to be statistically significant when examined using a "t" test. Specifically, there was a noted tendency for counselors to judge the Major Depressive Disorder client in a more favorable light than the Paranoid Personality Disorder client. Given the inconclusive nature of most remaining statistical data, any further recommendations for professionals is baseless.

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APPENDIXES

APPENDIX A
MODIFIED SIMULATED YOUNG CLIENT QUESTIONNAIRE

This questionnaire contains three sections. Section I includes a transcript/summary of two separate client/patient interviews. Section II includes questions and spaces for you to answer them. Section III includes questions on demographics.

Section I A - Client/Patient # 1

This summary describes an initial client/patient interview. The setting is the office of a psychotherapist. Please read the summary paragraph as well as the following written transcript for client/patient # 1. Afterward, answer each of the questions found in Section II- A. Even if you feel you would prefer to have more information, please answer fully.

Mrs. Jones

Mrs. Jones, a 25 year old homemaker, sat throughout the interview in a slumped position. When entering and leaving the office she maintained a slouched posture and walked slowly. During the interview she responded hesitantly to most questions and spoke in a low-pitched tone of voice; sometimes she did not respond at all. Mrs. Jones indicated that her husband arranged today's appointment. She reported that she "putters around the house" but generally feels unable to contribute to family activities. She feels she is a bother to those around her but also indicated that she dislikes being alone. She pointed out that sometimes she feels anxious and has difficulty making decisions. In addition, she sometimes cries for no apparent reason.

**AFTER READING THE ENTIRE WRITTEN TRANSCRIPT FOR
CLIENT/PATIENT # 1, PLEASE TURN PAGE TO ANSWER QUESTIONS
RELATED TO CLIENT/PATIENT # 1.**

SECTION II-B**Client/Patient # 1**

Please record your answer by *circling* the appropriate number below each question.

1. How severely impaired (i.e. unsound) is this client/patient? Circle the number on the line below which best indicates the severity of the impairment.

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____
 little moderate severe
 impairment impairment impairment

2. How favorable is the prognosis (i.e. prediction) for this client/patient? Circle the number on the line below which best indicates the prognosis.

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____
 likely to no change complete
 decline likely recovery

3. How interested would you be in working with this client/patient? Circle the number on the line below which best indicates your level of interest.

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____
 interested neutral not
 interested

4. How appropriate is psychotherapy as a treatment option for this individual?

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____
 Very Moderately Not at all
 Appropriate Appropriate Appropriate

5. Which specific factors concerning client/patient # 1 most influenced you when answering the previous questions? Please list the most important factors:

Section I B - Client/Patient # 2

This summary describes an initial client/patient interview. The setting is the office of a psychotherapist. Please read the summary paragraph as well as the following written transcript for **client/patient # 2**. Afterward, answer each of the questions found in **Section II-B**. Even if you feel you would prefer to have more information, please answer fully.

Mrs. Smith

Mrs. Smith, a 23 year old homemaker, sat in an upright, tense manner throughout the interview. During the interview she responded reluctantly to most questions and maintained a suspicious nature toward the therapist. She offered little spontaneous information, was wide-eyed and carefully tracked all movements in the room. Mrs. Smith tried to read between the lines of the interviewer's questions, felt criticized, and imagined that the therapist was siding with others "who were against her". She reported that she was a loner as a child and felt that other children would form groups and be mean to her. Currently, she is distant and demanding with her family. She prefers not to have people visit her house and becomes restless when her husband is away visiting others.

**AFTER READING THE ENTIRE WRITTEN TRANSCRIPT FOR
CLIENT/PATIENT # 2, PLEASE TURN PAGE TO ANSWER QUESTIONS
RELATED TO CLIENT/PATIENT # 2.**

SECTION II-B

Client/Patient # 2

Please record your answer by *circling* the appropriate number below each question.

1. How severely impaired (i.e. unsound) is this client/patient? Circle the number on the line below which best indicates the severity of the impairment.

1 _____	2 _____	3 _____	4 _____	5 _____	6 _____	7 _____
little impairment			moderate impairment			severe impairment

2. How favorable is the prognosis (i.e. prediction) for this client/patient? Circle the number on the line below which best indicates the prognosis.

1 _____	2 _____	3 _____	4 _____	5 _____	6 _____	7 _____
likely to decline			no change likely			complete recovery

3. How interested would you be in working with this client/patient? Circle the number on the line below which best indicates your level of interest.

1 _____	2 _____	3 _____	4 _____	5 _____	6 _____	7 _____
interested			neutral			not interested

4. How appropriate is psychotherapy as a treatment option for this individual?

1 _____	2 _____	3 _____	4 _____	5 _____	6 _____	7 _____
Very Appropriate			Moderately Appropriate			Not at all Appropriate

5. Which specific factors concerning client/patient # 2 most influenced you when answering the previous questions? Please list the most important factors:

SECTION III
DEMOGRAPHIC INFORMATION

1. Gender _____
2. Age _____

3. Years of professional experience _____
Semesters of practicum experience _____
Number of graduate hours completed _____

4. Professional Speciality (Clinical/Counseling Psychology, Social Work, etc.)

5. Highest degree held and major _____

6. Theoretical Orientation _____

APPENDIX B

WRITTEN SCRIPT # 1 - MAJOR DEPRESSIVE DISORDER

TRANSCRIPT - CLIENT/PATIENT # 1

PSYCHOTHERAPIST: Since this is our first meeting, it might help if you just briefly tell me something about your background.

CLIENT: Well, let's see. I am 25 years old. I have been married for five years and I have one child who is almost three years old. I don't have a job, so I just kind of putter around the house. Other than that, I don't really do much as far as cleaning house or whatever. I am not sure what is going on. Sometimes, I even start crying for no reason. Well, anyway, my husband thought it might be a good idea if I came to see you. So he made me an appointment.

PSYCHOTHERAPIST: I would like to thank you for the background information. It is helpful. You mentioned that sometimes you cry for no apparent reason. At this time, do you have any other issues that are a concern for you?

CLIENT: Oh yes! I just wonder where I need to begin, there seem to be a lot of things. First, I feel sad all the time. It is getting to where I don't even feel like getting out of bed. Everything in my life just seems to be so depressing.

PSYCHOTHERAPIST: When you say that everything in your life seems depressing, what do you mean by depressing?

CLIENT: Like I said before-I feel sad. Kind of a blah feeling. I feel empty and I don't like to do things. Nothing seems to be fun. I'm just not interested in doing fun things anymore. I feel this way all of the time, you know, like an every day kind of thing. I think that it has actually been getting worse over the last year. At least, it feels that way to me.

PSYCHOTHERAPIST: Has this overall lack of interest effected other areas of your daily life? For example, how has your appetite been lately?

CLIENT: Not that good. I have lost my appetite for a lot of things that I use to like to eat. I don't even like to eat chocolate or other snacks anymore. Believe it or not, I have lost 13 pounds and I am not even on a diet.

PSYCHOTHERAPIST: You mentioned that your appetite is off, how about your sleep?

CLIENT: That's off too. I have been having some trouble getting to sleep right away. In the past I would just doze off. Now, I keep tossing and turning. I seem to have stuff on my mind that keeps me awake. I try not to think about it, but that doesn't help much. Finally, when I do get to sleep, it is time to wake up and I just want to stay in bed. I feel really tired. I don't seem to have any energy.

PSYCHOTHERAPIST: You mentioned that you had trouble sleeping because you had things on your mind. Can you recall some of these intrusive thoughts that have been keeping you from getting to sleep?

CLIENT: Well, it seems like I have a lot of things weighing down on my mind. I think about people- my family. I have been worried about them-like I have been letting them down. I start to feel guilty or even kind of worthless. But, I still don't seem to have the energy or desire to do anything with either my husband or with my own child. It starts to weigh down more on my mind at night and then I can't get to sleep.

PSYCHOTHERAPIST: Are you able to concentrate or think any better during the course of the day?

CLIENT: Not really. I just can't keep my mind on anything. It is getting harder for me to make any decisions.

PSYCHOTHERAPIST: Have you had any other thoughts-of hurting yourself or even killing yourself?

CLIENT: No, not about killing myself. But, I have been thinking about death. I have thoughts about my grandmother who died as well as a friend that was killed in an auto accident about three years ago. I feel sad even when I think about them now.

PSYCHOTHERAPIST: Are these thoughts of death something new or have you had these thoughts in the past?

CLIENT: The recurring thoughts of death have been happening more lately. But, the depressing kind of thoughts have been going on for about the last seven years.

PSYCHOTHERAPIST: Did anything happen seven years ago to start the depressing thoughts?

CLIENT: No. Nothing that I can think of right at the moment. They just seem to be getting more lately. But I do feel better now after talking with you.

APPENDIX C

WRITTEN SCRIPT # 2 - PARANOID PERSONALITY DISORDER

TRANSCRIPT - CLIENT/PATIENT # 2

PSYCHOTHERAPIST: Since this is our first meeting, it might help if you just briefly tell me something about your background.

CLIENT: That is really nobody's business. Why do you want to know anything about me?

PSYCHOTHERAPIST: Well, it gives me a chance to know you better as well as to explore any issues that may be a concern for you.

CLIENT: First of all, I did not make this appointment to see you. My husband and other family members believe that this is the best thing for me to do. Frankly, I don't agree with them. Perhaps, its not the best thing for me. After all, who are you anyway?

PSYCHOTHERAPIST: I guess that is a fair question. In brief, I am a psychotherapist who has extensive formal training in helping clients, such as yourself, learn to understand as well as to deal with their emotional problems or other related issues. Many clients have reported feeling much better . . .

CLIENT: So, that's what this is all about. You are just going to use me as a marketing tool to try to sell your services to others and get more clients and more money.

PSYCHOTHERAPIST: No. Actually, anything that we might discuss is held in strict confidence.

CLIENT: Oh, really? Then what was that bit about warning other people. Remember, the informed consent form that you insisted that I had to sign before you would even talk to me.

PSYCHOTHERAPIST: I do appreciate that you took the time to carefully read the informed consent form. However, the section of the form to which you are referring deals specifically with a client who poses a threat to themselves or to other identified persons. Do you feel that this description may apply to you?

CLIENT: I'm not going to say one way or another. But, I want to make sure that you will not be discussing anything about my life with other people including my husband or members of his family. I'm sure that any one of them would like to learn something about me in order to get back at me or try to hurt me in some way.

PSYCHOTHERAPIST: Are there some issues concerning your extended family that are a concern for you or that you would like to discuss?

CLIENT: No. Why? Did either my husband or one of his clan want us to talk about the black sheep of the family? I already know that is what each one of them considers me-a black sheep. After all, I don't see any one of them making an appointment to see you.

PSYCHOTHERAPIST: Am I right to assume that your family life is not very pleasant for you at this time.

CLIENT: No comment!

PSYCHOTHERAPIST: Sometimes, it helps to get a new perspective on a problem or issue from someone who is not considered a part of the pre-existing system.

CLIENT: So, what you are trying to imply is that my perspective is wrong. Why do you think that I need your help anyway? I am doing just fine on my own without having you or anyone else criticize me.

PSYCHOTHERAPIST: It may be that others care about you.

CLIENT: Sure! How would you explain the fact that half of our relatives didn't even come to our wedding? Not that it really matters, I will never go to any of their weddings, graduations, or whatever.

PSYCHOTHERAPIST: There seems to be a lot of hurt in what you are describing.

CLIENT: It doesn't count what I think or say. You can't trust anyone-anywhere. In one way or another-everyone is out to get you.

PSYCHOTHERAPIST: For example?

CLIENT: Well, even when I was a child, the other children in the neighborhood would call me names like bookworm. So, I decided that I wouldn't play with them or help with their classroom assignments. Even today, people are still calling me names-behind my back. You can't trust anyone.

PSYCHOTHERAPIST: Anyone? What about your own husband?

CLIENT: Especially him. He always has some kind of alibi concerning where he has been or what he was doing. Soon, that is going to change. I am now looking on his suits as well as searching his pockets for evidence. One way or another-everyone wants to hurt me.

APPENDIX D
VOLUNTEER SOLICITATION FORM

OUTLINE-ORAL SOLICITATION

As master's-level counseling students, you are each invited to participate in an on-going research study that is being conducted within the department of Applied Behavioral Studies. This study is part of a dissertation that will seek to investigate certain aspects related to diagnostic procedure. As participants, you would only be asked to view a couple of color photographs of simulated clients as well as listen to two short audiotape excerpts from a factitious clinical interview. Afterward, you would complete a short, confidential questionnaire. This is not a test and there are no right or wrong answers. The entire time would probably take less than twenty minutes. This graduate study would also give you some personal experience with the type of research that is currently being pursued in the ABSED program. If you think that you may be interested in being a part of this study, just write your name and telephone number on one of the index cards that are now being passed around the room. Thank you.

APPENDIX E
INFORMED CONSENT FORM

INFORMED CONSENT FORM

I, _____, hereby authorize or direct Bill Croswell, or associates or assistant of his choosing, to perform the following treatment or procedure:

Read a brief written transcript of an initial psychotherapy session for each of two simulated clients. The duration of a subject's participation is approximately fifteen minutes. All records will remain confidential. This study has minimal risks to the subjects but will benefit society in the further understanding of the role of certain client attributes and their effects on clinical diagnosis.

The purpose of the procedure is to obtain data to test hypotheses regarding the relative importance of the aforementioned topic as well as other related topics.

I understand that participation is voluntary, that there is no penalty for refusal to participate, and that I am free to withdraw my consent and participation in this project at any time without penalty after notifying the project director.

I may contact the principal investigator Bill Croswell at: 400 Squires Blvd., Stillwater, OK, 74075; 405-377-8427. I may also contact the Institutional Review Board. The IRB contact is: Jennifer Moore, IRB, 305 Whitehurst, Stillwater, OK, 74078; 405-744-5700.

I have read and fully understand the consent form. I sign it freely and voluntarily. A copy has been given to me.

Date: _____ Time: _____ (a.m./p.m.)

Signed _____
(Signature of Subject)

I certify that I have personally explained all elements of this form to the subject or his/her representative before requesting the subject or his/her representative to sign it.

Signed _____
(Project director or his/her authorized representative)

APPENDIX F
INSTITUTIONAL REVIEW BOARD FORM

OKLAHOMA STATE UNIVERSITY
INSTITUTIONAL REVIEW BOARD
HUMAN SUBJECTS REVIEW

Date: 04-16-96

IRB#: ED-96-110

Proposal Title: THE EFFECTS OF CLIENT PHYSICAL AND VOCAL
ATTRACTIVENESS IN SELECTED CLINICAL JUDGMENTS BY COUNSELORS

Principal Investigator(s): John Romans, Bill Crowell

Reviewed and Processed as: Exempt

Approval Status Recommended by Reviewer(s): Approved

ALL APPROVALS MAY BE SUBJECT TO REVIEW BY FULL INSTITUTIONAL REVIEW BOARD
AT NEXT MEETING.
APPROVAL STATUS PERIOD VALID FOR ONE CALENDAR YEAR AFTER WHICH A
CONTINUATION OR RENEWAL REQUEST IS REQUIRED TO BE SUBMITTED FOR BOARD
APPROVAL.
ANY MODIFICATIONS TO APPROVED PROJECT MUST ALSO BE SUBMITTED FOR
APPROVAL.


Comments, Modifications/Conditions for Approval or Reasons for Deferral or Disapproval
are as follows:

Comments:

Please include the address and phone number of the principal investigator and the phone
number and address of the IRB contact in the informed consent form. The IRB contact is:
Jennifer Moore, IRB, 305 Whitehurst, Stillwater, OK, 74078; 405-744-5700.

Thank you.

Signature:


Chair of Institutional Review Board

Date: April 23, 1996

2

VITA

Billy Jack Croswell

Candidate for the Degree of

Doctor of Philosophy

**Thesis: THE EFFECTS OF CLIENT PHYSICAL AND VOCAL ATTRACTIVENESS
ON SELECTED CLINICAL JUDGMENTS BY COUNSELORS-IN-
TRAINING**

Major Field: Applied Behavioral Studies

Biographical:

Personal Data: Born in Bastrop, Louisiana, on February 18, 1955, the son of Billy and Helga Croswell.

Education: Graduated from Warren Central High School, Vicksburg, Mississippi in May, 1973; received Bachelor of Science degree in Medical Technology from Northeast Louisiana University, Monroe, Louisiana in August, 1979; received Master of Science degree in Clinical Psychology in December, 1992 from Northwestern State University of Louisiana; completed requirements for the Doctor of Philosophy degree at Oklahoma State University in December, 1997.

Professional Experience: Psychology Technician, Overton Brooks VA Medical Center, Shreveport, Louisiana, December, 1991 to July, 1993; Staff Psychotherapist, Edwin Fair Community Mental Health Center, Stillwater, Oklahoma, September, 1993 to August, 1994; Associate Therapist, Psychological Services Center, Stillwater, Oklahoma, August, 1994 to May, 1995; Pre-doctoral Intern, University of Wyoming Counseling Center, Laramie, Wyoming, August, 1996 to August, 1997.

Professional Memberships: American Psychological Association-Student Affiliate.