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THE EFFECTS OF OBESITY AND GENDER ON SELECTION OF THERAPIST  
AND EXPECTATIONS ABOUT THE THERAPEUTIC PROCESS

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A Thesis  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Arts  
in  
Psychology

---

by

John Anthony Carville

June 1994

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John Anthony Carville


June 1994

Approved by:

  
Gloria Cowan, Chair, Psychology

6/9/94  
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## ABSTRACT

The purpose of this study was to determine the effects of a therapist's weight and gender on the evaluations of the therapist, selection of the therapist, and expectations about the therapeutic process. It was expected that obese therapists would be evaluated less favorably and selected less often than nonobese therapists. Further, it was expected that the female obese therapist would be evaluated least favorably and selected least often and receive the least favorable evaluations associated with the therapeutic process. Obesity alone affected only physical evaluations of the stimulus person (SP). Obesity and gender interactions among the combined sample were found on overall evaluations on the Person Perception Inventory (PPI) and on the physical subscale of the PPI. As expected, nonobese female SPs were rated more favorably than obese female SPs; however, obese male SPs received higher evaluations than nonobese male SPs. The main effect of obesity was significant only among therapists on the physical scale of the PPI and interactions of obesity and gender on overall PPI, the physical PPI subscale, and the personality PPI subscale were significant only among non-therapists. These interactions were significant only among female but not male subjects and among overweight but not among average/underweight subjects. Implications for therapists and non-therapists regarding the stigmatization of obesity



and its potential effects on the therapeutic relationship are discussed.

## ACKNOWLEDGEMENTS

First, I wish to thank Dr. Gloria Cowan who has been both a mentor and an inspiration to me. The commitment, passion, and integrity by which she pursues the truth in her chosen field of inquiry are exemplary personal characteristics to which I aspire. Her sense of fairness and willingness to help her students are qualities--among others--I have also come to appreciate. Gloria's steadfast direction and persistence as my thesis Chair have seen me through this arduous process. Thank you Gloria, for your patience, understanding, and encouragement all along the way.

I also wish to thank Dr. Geraldine Stahly, who's conceptual input and participation in the completion of this thesis are greatly appreciated. Also, I would like to thank Dr. Yu-Chin Chien, who's attention to detail and patient efforts to assist me in understanding and reporting of the methodology of this thesis is also greatly appreciated. Her clear thinking has been a source of great help to me, as has been her tireless help to many students. Thank you both for your help and guidance in the completion of this thesis.

I would also like to thank Frances "Bud" Kling, M. A. (1929-1992). I met and knew Mr. Kling as a Professor of Sociology at Crafton Hills Community College. He was a man of deep conviction about a great many things, but this was particularly so regarding the insidious affects of prejudice

and discrimination in America. Bud was passionately committed to the ideals of equality for all and he was the first college instructor among many to follow to open my mind and my "sociological eye" to the defacto and dejure reality of prejudice and discrimination. I am pleased to say Bud successfully imparted some of this passion to me and for that, and for his exceptional teaching, I will not forget him. Thanks Bud.

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## INTRODUCTION

Stereotypical perceptions and beliefs considering body size and appearance are well documented (Harris, Harris, & Bochner, 1982; Harris & Smith, 1983; Johnson, 1990; Ryckman, Robbins, Kaczor, & Gold, 1989). The existence of widespread stigmatization associated with obesity<sup>1</sup> has been observed within many cultures and across virtually all age groups (Harris et al., 1982). In a study examining the impact of being overweight, female, and wearing glasses, Harris and his collaborators (1982) suggested that both adults and children in a number of cultures consistently rank photographs of obese people as among the most disliked of the physically handicapped. As expected, Harris and his collaborators (1982) found that obese persons were rated more negatively--when compared to nonobese persons--on a variety of perceptual dimensions, including: activity, intelligence, physical attractiveness, popularity, and success.

In a later study, Harris and Smith (1983) examined the relationship between age, sex, ethnicity, and weight. They found, among other findings, that thin stimulus figures were generally viewed more positively (i.e., smarter, better looking, having more friends, etc.) than obese figures. This trend held for both sexes, and all age and ethnic groups examined in this study (1983). Thus, the extent of negative stigmatization toward the obese appears to be



pervasive, and has been indicted in many social and occupational settings (Ryckman et al., 1989).

Within Western culture a person's bodily appearance may serve as a cue that activates widely shared stereotypes (Agell & Rothblum, 1991). Some researchers have gone as far as to suggest that concern with being overweight is limited to affluent Western nations (Rothblum, 1990). In the United States for example, weight control and physical appearance have long been a major concern of people across all social and economic strata. This concern can be attested to via the rapid growth of industries and commercial interests devoted to the exploitation of America's obsession with weight loss and gain, and body appearance in general.

As an aside, but nonetheless relevant, there has been some inquiry into the role of mass media in the United States as a potentially mitigating factor in promoting an unrealistically thin standard of bodily attractiveness, especially for women (Silverstein, Perdue, Peterson, & Kelly, 1986). For instance, Silverstein and his collaborators (1986) analyzed the findings of several studies in attempting to find correlations between the increase in eating disorders (e.g., anorexia nervosa, bulimia, etc.) among American women and the role of the media in portraying women as thinner than in previous years and thinner than the average contemporary American women actually is. Silverstein and his collaborators (1986)

demonstrated that the current standard of attractiveness portrayed on television and in magazines is slimmer for women than for men and that the recent standard for women portrayed in magazines and in movies is slimmer than it was in the past. These findings highlight the apparent connection between mass media portrayals and the seemingly meteoric rise of eating disorders among American women.

To even the most casual observer the importance of body size and appearance would appear to be a permanent and salient component of the American zeitgeist. One only has to turn on one's television for an hour--any hour of any day--to test the validity of this notion. Thus, it is not merely a question of what an individual's body size or condition truly is. Rather, it is what is perceived and how an individual may be evaluated--based on their physical appearance--and how these perceptions and evaluations may influence the judgments and subsequent decisions others make about that person that is being questioned here. This is an integral and central concern of the present study. In light of this, and of further importance, are questions addressing if, how, and to what degree others respond to a person based on body size and whether responses vary when body size and gender interact.

Moreover, it is also the nature of the stereotypes associated with being an obese person--man or woman--that is being examined. Specifically, do these stereotypes

negatively affect evaluations about the obese such that they are less favorably evaluated and responded to? These questions derive from the assumption that negative perceptions and beliefs about the obese are ostensibly ubiquitous and unrelenting forces within the social fabric of many cultures (especially Western cultures) and across all age groups. These forces, it is believed, negatively affect a significant portion of the general population; namely the obese. Said forces, in the form of stigmatization and negative stereotypes, can have debilitating effects on the obese person (Allon, 1982). It has been shown that negative evaluations and the subsequent behavioral responses of others toward an obese person contribute to lower self-esteem and affect mood negatively in an obese person; especially women. Thus, the motivational ideas that underlie these questions and concerns find their impetus in the notion that prejudicial attitudes explain discriminatory acts, and that the obesity/gender relationship articulates this mechanism well.

The stigma of obesity is particularly relevant for women within the United States (Agell & Rothblum, 1991; Tiggemann & Rothblum, 1988). Research has indicated that women are more concerned with their weight (Millman, 1980; Rosen & Gross, 1987) and more likely to perceive themselves as overweight (Wooley, Wooley, & Dyrenforth, 1979) than are men. One implication that might be derived from this

assertion is that women as a group experience greater personal and social pressure to devote significant amounts of time, energy, and money to acquiring the ideal body-size, shape, and/or physique; and more so than do men.

Consequently, such pressure could, in turn, lead to the restricted allocation of resources (monetary and otherwise) to pursuits such as education and training that would further the personal and professional interests of women.

Also, several studies have shown that obese women are more likely than obese men to be subjected to negative stereotyping and discrimination (Benson, Severs, Tatgenhorst & Loddengaard, 1980; Canning & Mayer, 1966; Harris et al., 1982; Worsley, 1979). In this light, some feminist literature has ardently addressed the deleterious effects of the stigma of obesity in women. One resulting implication is that obesity is perceived in the culture as more of a women's problem [emphasis added] than a man's problem, and that this is due in part to myths society perpetuates, such as: obesity is more prevalent among women than men (Rothblum, 1990), or that women can never be too thin (Wooley et al., 1979).

When discussing obesity in women, some researchers and authors see the stigma of obesity as part of a larger social ingredient characterized as misogynist oppression towards women in general (Brown 1989; Barron & Lear, 1989; Rothblum, 1990; Wooley et al., 1979). Obesity in women--whether

defacto or perceived--and the accompanying negative stereotypes fuel unfavorable evaluations of women, and, hence, work to suppress the social and economic progress of women. Therefore, understanding the nature of these stereotypes and their impact on evaluations and attitudes is important because such stereotypes have the potential to be employed as discriminatory gauges by which individuals who do not have the "right kind" [emphasis in original] of physique are evaluated (Canning & Mayer, 1966).

Additionally, when addressing obesity in women as a neglected feminist topic, some authors have suggested that in Western society, "...females are never too thin to feel fat" (Wooley et al., 1979, p. 81). This clearly offers support to the view that women in particular experience this pressure in a very real, day-to-day sense. In this instance, Wooley and her collaborators (1979) postulate a political connection between the thin ideal and the consequent mass starvation [emphasis in original] of American women. Wooley and her colleagues (1979) liken the social pressure to be thin, and the subsequent starvation strategies employed by many women to attain and maintain thinness, as akin to the traditional practices of lip-stretching, foot-binding, and other forms of female mutilation observed in various cultures. Accordingly, one could easily observe that women worldwide have been historically, and are presently, the recipients of

inequitable pressure to conform to the physical ideal.

Examining whether obese persons report more employment discrimination and employment related victimization than nonobese persons, Rothblum, Brand, Miller, and Oetjen (1990), found that women consistently reported more personal attempts to conceal their weight and experienced lower self-confidence because of weight than did men. In a recent study, Cocker, Cornwell, and Major (1993) examined the relationship between the stigma of overweight and subsequent affective experiences (i.e., self-esteem and mood) and found that overweight women tended to suffer more negative mood than other groups they were compared to (e.g., ethnic or sexual-orientation). It is suggested these experiences, attitudes, and beliefs are firmly embedded social ideals and pressures within the culture related to physical attractiveness.

An example of how obesity can influence employment related decisions can be seen in a case that recently came before the California Supreme Court wherein an obese woman was claiming she was illegally denied a job as a clerk at a Santa Cruz health food store because of her weight (Hager, 1992). The attorney for the plaintiff asserted that, "The employer simply made assumptions about her weight and her ability to work, and that is prohibited by law ..., this was a perceived handicap ..." (Hager, 1992, p. 23). The plaintiff, Toni Cassista, is five-feet-four-inches tall and



weighs 305 pounds. Provisions in California State Fair Employment statutes forbid employers to deny jobs on the basis of physical handicaps. Ms. Cassista, however, was not to be the benefactor of this protection. The Supreme Court severely limited the rights of overweight people to sue for job discrimination, ruling against the 305-pound women ("Three-hundred-and-five-pound women," 1993).

The findings of many studies, such as those cited above, the Cassista case and other recent court rulings, bolster the opinion that women who are obese are viewed and treated differently than men who are obese. Women may thus shoulder greater amounts of prejudice and discriminatory responses from individuals and from society. While there does exist some research suggesting this to be the case, there is little empirical data to substantiate this notion. Hence, there remains much to be studied and learned about the apparent discrepancy between how obese men and obese women are treated. It remains a widely held belief that a man, even though he meets the same criteria for being obese, is generally thought of as less unattractive than an obese women. In other words, he is simply big ... while she is fat.

Other studies addressing gender differences in social consequences, negative stereotypes, and physical attributions associated with being obese, uphold the idea that there does exist greater personal distress and

sacrifice for obese women than for obese men. As such, a gender based discrimination appears to hold regardless of social or occupational setting (Fallon & Rozin, 1985; Harris, Harris, & Bochner, 1982; Harris & Smith, 1982; Rothblum et al., 1990; Tiggemann & Rothblum, 1988). Adding to the social-relational mix, Fallon and Rozin (1985) suggested both men and women err in estimating what the opposite sex finds attractive. For example, in their study, men thought women preferred a heavier stature in men than females actually reported they liked, and women tended to think men preferred women thinner than men actually reported they liked. This finding further highlights the notion that gender differences related to obesity may have something to do with a lack of understanding as well as with personally and socially engendered ideals.

A substantial body of literature indicates that a person's build has a marked influence on how she or he is evaluated. For instance, Benson et al. (1980) investigated the effects of a picture attached to a resume of someone who was either obese or nonobese and who was ostensibly seeking career guidance in the public health field. Based on the nature of the responses and return rates of the questionnaires, researchers concluded that the obese person faced greater discrimination for employment. Comments on the questionnaires returned where the person was depicted as obese were more negative than for the questionnaires



returned in the nonobese condition. Also, fewer questionnaires were returned when the stimulus person was obese. Clearly, these findings suggest a negative, unfavorable bias toward the obese figure and preference for the nonobese figure.

There appears to be a consensus among many researchers that obese persons are perceived and evaluated less favorably than persons with normal body-builds. For example, the obese receive less favorable personality attributions (Agell & Rothblum, 1991; Jasper & Klassen, 1990; Wells & Siegel, 1961), receive less favorable behavioral attributions (Lerner & Korn, 1972), and are chosen considerably less often as having preferred body builds (Staffieri, 1967). Thus, an unwavering opinion emerges that negative stereotypes exist and can result in unfavorable evaluations and discrimination not only on the basis of a person's race, creed, and sex (Karris, 1977; McGrew, 1977), but also according to differences in their body size (Benson et al., 1980). In fact, some researchers have suggested that the overweight (particularly women), "... may be the most frequently and severely stigmatized group in this country" (Crocker et al., 1993, p. 68).

Research focusing on the stigma attached to being obese has demonstrated that most groups in Western culture have strong negative attitudes toward the obese (Agell & Rothblum, 1991). For example, adolescents tend to rate

photographs of obese figures more negatively than photographs of slimmer figures (Worsley, 1979). Adults rate the obese more lonely, mean, self-indulgent, unhappy, and lacking in self-discipline when compared to the nonobese (Harris & Smith, 1983; Tiggemann & Rothblum, 1988). In one study, admission committees to elite colleges were found to be less likely to admit obese applicants (Canning & Mayer, 1966; 1967). This finding was cited as particularly true when the applicant was obese and female.

Furthermore, discrimination toward the obese by physicians, medical students, public health administrators, nutritionists, and others has been documented (see Agell & Rothblum, 1991 for review). Even discrimination toward obese renters (Karris, 1977) has been documented. Interestingly, there is evidence to suggest that people who are themselves obese also hold negative attitudes toward obesity in others (Wooley et al., 1979). Harris and Smith (1983) found this view to be consistent among obese children who rated themselves positively with the same rating scales by which they had rated obese figures negatively. Thus, the stigma of obesity and negative stereotypes toward the obese can be regarded as robust and pervasive attitudes resident within Western culture.

Research has been undertaken focusing on the degree to which stereotypes related to body size and appearance affect relationships within career environs (Dickey-Bryant,

Lautenschlager, & Mendoza, 1986; Larkin & Pines, 1979; Morrow, 1990). Generally, obese employees are often times negatively stereotyped as lazy or as doing sloppy work (Larkin & Pines, 1979). Concomitant to these stereotypes, significant discrimination has been found to take place based on body size and appearance within a simulated work setting (1979). Furthermore, employees who are described as obese are rated more negatively by fellow employees than are workers who are not obese (Kennedy & Homant, 1984; Larkin & Pines, 1979; Rothblum, Miller, & Garbutt, 1988). Thus, in employment related situations, the relationship between obesity, negative stereotypes, and employment opportunities is notable. These attitudes result in at least the potential to influence--if not curtail entirely--employment and advancement opportunities for the obese.

In sum, the foregoing discussion indicates first, the widespread nature of negative stereotyping toward obese persons within Western society. Second, stigmatization and the accompanying discrimination toward the obese are also part of the American social fabric and are manifested in individuals, groups, and occupational settings. Third, a relationship between obesity and gender is apparent, with the greatest potential for the deleterious affects associated with obesity being weathered by and directed at women. At the least, such negative stereotyping is prejudicial, at its worst it can be discriminatory and

destructive.

One of the questions central to the present study is whether psychotherapists share similar perceptions and attitudes about the obese as does the general public? Researchers investigating stereotyping among psychotherapists have found that many members of the mental health profession do tend to hold negative stereotypes similar to those held by the general population on a variety of issues (Agell & Rothblum, 1991). For example, mental health professionals have been found to prefer clients who fit the young, attractive, verbal, intelligent, and successful profile (YAVIS), while showing less interest in treating clients who do not fit this description (Agell & Rothblum, 1991). This infers that prejudicial, stereotypical attitudes and perhaps discriminatory behaviors within the mental health profession are not uncommon and work both preferentially and exclusively on the basis of physical, personality, and socioeconomic status. Since mental health professionals come from the general population, this should not be totally unexpected. Nonetheless, little in the way of empirical inquiry has been undertaken investigating the reality and nature of such stereotyping among psychotherapists.

Research has been undertaken examining attitudes among psychotherapists on a variety of issues, such as: sexual orientation (Garfinkle & Morin, 1978), gender (Broverman,

Broverman, Clarkson, Rosenkrantz, & Vogel, 1970), and socioeconomic status (Sutton, 1983). Results of these investigations have shown that psychotherapists are not exempt from holding many of the same negative stereotypes about their clients as those held by the general public; including negative views of the obese. Thus, psychotherapists do appear to share and reflect many of the commonly held stereotypes of the culture in which they reside. However, research examining psychotherapists, as a group, and their attitudes toward the obese, is lacking. A few notable exceptions, however, have addressed this issue.

For example, Agell and Rothblum (1991) have investigated the relationship between obesity in clients and subsequent judgments by therapists. Among other findings, their study demonstrated that psychologists are influenced to some degree by a client's weight (1991). Specifically, obese clients were rated more negatively on appearance scales than nonobese clients.

Irvin Yalom, a practicing psychiatrist and professor at Stanford University, writing in his book, Love's Executioner (1989), discussed countertransference issues he encountered upon entering into a therapeutic relationship with a grossly obese women. Yalom's candid disclosure, "I've always been repelled by fat women" (p. 87), elucidates for the reader the notion that psychotherapists--at least this one--possess the potential for prejudicial attitudes and negative

stereotypes similar to those held by the general public. Yalom does not dodge responsibility for his sorry feelings [emphasis in original] toward obese women, and points to personal history as the genesis for his negative attributions. He is also justified in pointing to cultural reinforcers of such attitudes as significant factors in maintaining his negative opinions and feelings about an obese person.

In addition, Laura Brown (1989), writing from a feminist perspective and addressing what she refers to as "fat-oppressive" attitudes that are held by some feminist therapists toward obese clients, again demonstrates for us the widespread nature of negative stereotyping of the obese among mental health professionals. Brown states that fat-oppression, which can be defined as the fear and hatred of fat people (and fat women in particular), and the accompanying presence of oppressive and discriminatory practices aimed at fat people, has become one of the few acceptable [emphasis in original] prejudices yet held by otherwise progressive and aware persons (i.e., feminist psychotherapists). Brown submits that fat-oppressive attitudes and subsequent discrimination have no place in psychotherapy. To her credit, Brown has called for changes among her colleagues in both attitude and behavior in this regard.

In sum, while there has been some research examining

negative stereotypes that are held by psychotherapists when discussing obesity in clients, research investigating whether or not psychotherapists hold these same negative stereotypes when the obesity is in the therapist is absent.

Accordingly, one purpose of the present study was to focus specifically on therapists' attitudes toward an obese therapist, and to compare these attitudes to those of the general public. This comparison is important for several reasons. First, given the evidence that psychotherapists do hold some negative stereotypes similar to the general public (Agell & Rothblum, 1991), research focusing on obesity in a therapist has the potential to add to this literature. Second, focusing on attitudes toward obesity in a psychotherapist could provide information about whether or not clients transfer generally held negative stereotypes onto the client/therapist relationship. If this is the case, how might this then affect the relationship between therapist and client? Lastly, given the high number of times treatment for obesity is sought in therapy (Strunkard, 1980; Strunkard & Mahoney, 1976), important information for psychotherapists could be gathered regarding client perceptions and expectations about therapy when obesity is present in the therapist, not only when the client is obese.

The purpose of the present study overall was to build on past research addressing many of the widely held negative stereotypes within American society toward the obese. To do



this, the present study examined the effects of obesity and gender on subjects' general perceptions and attitudes about a hypothetical psychotherapist. Perceptions were evaluated on the basis of decisions made regarding (a) ratings of the therapist made on a person perception inventory (b) selection of therapist and (c) expectations about the therapeutic process. The present study also compared attitudes among two samples or groups of subjects: practicing psychotherapists and non-therapist undergraduate students. Additionally, attention was given to group membership (as a therapist or non-therapist subject) and subject characteristics to see if these factors affected perceptions.

It was hypothesized that:

1) Obesity would affect decisions about selection of a therapist and expectations about the therapeutic process.

It was predicted that when a psychotherapist (described in a vignette) was depicted as obese, she and he would receive less favorable perception ratings and would be selected less often as a therapist, and the subsequent expectations about the therapeutic process would also be less favorable than when the therapists was depicted as nonobese.

2) Obesity and gender would interact so as to affect decisions about selection of a therapist and expectations about the therapeutic process. Compared to other conditions (i.e., nonobese male, obese male, and nonobese female) it



was predicted that when the psychotherapist was obese and was a woman, she would receive the most unfavorable perception ratings, would be selected least often as a potential therapist, and would show the least favorable expectations about the therapeutic process.

3) It was also expected that the predictions made in 1) and 2) above would hold true in both populations being examined in this study; namely, practicing psychotherapists and non-psychotherapist undergraduate students.

Also examined were subject characteristics (i.e., sex and height-to-weight ratio) to see whether being similar to the stimulus person in the vignette in gender or weight had an effect on any of the dependent measures.

## METHOD

### Design

A between-subjects 2 x 2 x 2 factorial design was used to test the proposed hypotheses. The independent variables were (a) body condition (obese or nonobese) (b) gender of the therapist as described in a vignette (male or female) and (c) the subject population (therapist or non-therapist). Body condition and gender of the therapist were manipulated variables and the subject population variable was a measured or subject variable. The dependent variables were (a) perceptions about the therapist (b) selection of the therapist for personal therapy and (c) expectations about the therapeutic process.

### Subjects

One-hundred-eighty-three subjects (129 females and 54 males) were acquired from two sources on a voluntary basis. There were (a) 104 undergraduate psychology students from a small university in southern California (71 females and 33 males) and (b) 79 graduate students from the same university who were participating in Counseling Internships in the southern California area and were actually doing therapy (58 females and 21 males). Subjects ranged in age from 19 to 64 years. All subjects were treated in accordance with the ethical standards of the American Psychological Association (APA).

## Measures

The measures used in this study included a set of four fictional vignettes describing a psychotherapist, a person perception inventory (PPI), two choice measures, a demographic questionnaire, and a question which was used to determine the effectiveness of the obesity manipulation.

The Fictional Vignettes (see Appendices B:1-4). Gender and weight (obese and nonobese) conditions were varied such that in the obese condition the woman was described as being five-feet-five-inches tall and weighing 191 pounds<sup>2</sup> (see Appendix B-1), and the man was described as being five-feet-nine-inches tall and weighing 221 pounds (see Appendix B-2). In the nonobese condition the woman was described as being five-feet-five-inches tall and weighing 127 pounds (see Appendix B-3), and the man was described as being five-feet-nine-inches tall and weighing 148 pounds (see Appendix B-4). Thus, of the four vignettes, two depicted female therapists described as either obese or nonobese and two depicted male therapists described as either obese or nonobese.

Person Perception Inventory (PPI) (see Appendix C). This questionnaire contained 18 items and asked subjects to rate the therapist described in the vignette using a seven-point semantic differential style scale (ranging from negative (1) to positive (7)) on attributes. The perception inventory was adapted from Agell and Rothblum (1991).

There were three subscales within the PPI containing

personality attributes, physical appearance, and social attractiveness items. The first subscale consisted of nine personality items which included: lacks confidence/confident; sad/happy; dependent/independent; angry/calm; stupid/smart; weak-willed/strong-willed; dull/lively; bored/interested; shy/outgoing. The second subscale consisted of six physical appearance items which included: poor appearance/good appearance; not cuddly/cuddly; weak/strong; sexually unattractive/sexually attractive; lazy/energetic; unhealthy/healthy. The third subscale consisted of three social attractiveness items which included: poor social-mixer/good social-mixer; self-conscious/not self-conscious; few friends/many friends. The total score of the three subscales was used to determine the subject's overall perceptions of the stimulus person (i.e., therapist; SP) in the vignette.

Choice Measures (see Appendix D). Using a Likert scale ranging from one to five points: "Very Unlikely" (1) to "Very Likely" (5), subjects were asked if they would (a) be inclined to select the therapist described in the vignette for personal therapy and (b) what their expectations would be for the therapeutic process with this therapist: "Not Very High" (1) to "Very High" (5).

Obesity Check Item. (see Appendix E; item B2). A manipulation check item was used in order to determine whether subjects would be able to accurately detect and

recall the height/weight description of the therapist in the vignette. Subjects were asked to check a space corresponding to what they recalled about how the psychotherapist was depicted; that is, overweight, underweight, normal weight, or don't recall.

Demographic Questionnaire (see Appendix F). This questionnaire requested information indicating subjects' gender, ethnic origin, marital status, age, current height to weight ratio (HWR), and whether the subject was, or was not, a practicing therapist. Information about subjects' sex, weight, and occupation were examined in order to see whether or not being similar to the therapist (SP) in any of these ways affected a subject's responses on the body condition alone, or body condition with gender experimental conditions.

### Procedure

Surveys were distributed by the experimenter to 104 undergraduate students enrolled in various psychology classes at a small university in southern California. The directions were explained and a participant consent form (see Appendix A) was included in the survey. Undergraduate students were told they would receive extra credit for filling out and returning the survey. Surveys were collected by the experimenter and a debriefing statement (see Appendix G) was distributed at that time.

Surveys were also distributed and collected by the

experimenter and an assistant to 79 graduate students enrolled in classes at the same university and doing therapy at internship sites in the southern California area.

Debriefing statements were either distributed in person or were placed in the mail boxes of those who participated. No extra credit was offered the graduate students. Overall, a total of 268 surveys were distributed.

Of the 268 surveys distributed, 191 (77%) were returned, eight were deemed unusable, resulting in 183 (68%) usable surveys in the analysis from the total sample surveyed.

One-hundred-and-nine surveys went to graduate and post-graduate students in Masters programs who either were presently, or had been in the past, interns practicing as psychotherapists. Of these 109 surveys, 80 (73%) were returned, one was deemed unusable, resulting in 79 (72%) usable surveys for analysis for this group of subjects.

One-hundred-fifty-nine surveys went to undergraduate psychology students. Of these 159 surveys, 111 (77%) were returned, seven were deemed unusable, resulting in 104 (65%) usable surveys for analysis for this group of subjects.

### Analysis

An alpha level of  $p=.05$ . was used to conclude significance. Analysis of Variance (ANOVA) and subsequent T-tests were conducted to test the proposed hypotheses.



## RESULTS

### Manipulation Check

All of the 183 surveys used in the analysis included an item (see Appendix E; B2) asking the subject to recall the weight of the stimulus person (i.e., therapist; SP). Overall, the manipulated weight variable was accurately recalled by 148 (81%) of the respondents.

When the therapist (SP) was a female, 170 (93%) of the respondents correctly recalled her weight. No female therapist was ever recalled as being underweight, whether in the obese or nonobese condition.

When the therapist was a male, 127 (70%) of the respondents correctly recalled his weight. However, unlike the female therapist condition, 26 (14%) of the male SPs in the nonobese condition were recalled as being underweight and 30 (16%) of the male SPs in the obese condition were recalled as being normal weight.

Internal analyses selecting only those respondents who had correctly recalled the SP's weight did not modify the results on the entire sample. Thus, a conservative approach (Aronson, Brewer, & Carlsmith; 1985) was taken in including all of the respondents in the data set.

Table 1 presents the means, standard deviations, and possible ranges for all the dependent variables in the study across conditions.

Table 1

Means, Standard Deviations, and Possible Score Ranges of  
Dependent Variables

Variable	Means	SDs	Possible Score
			Ranges
Selection of Therapist	3.78	.88	1-5
Expectations/Process	3.76	.77	1-5
PPI (overall)	101.04	12.38	18-126
Physical (PPI subscale)	31.66	5.29	6-42
Social (PPI subscale)	17.36	2.42	3-21
Personality (PPI subscale)	52.03	6.70	9-63

Effects of Obesity (Body Condition)

There was a significant main effect for obesity on the physical appearance subscale of the Person Perception Inventory,  $F(1,175) = 6.81, p=.01$ . Although the means indicated a positive evaluation in either body condition (obese or nonobese), respondents gave less favorable evaluations to the SP in the obese condition ( $M = 30.58$ ) than to the SP in the nonobese condition ( $M = 32.59$ ), as predicted. Aside from this, there were no main effects for obesity on any of the other subscales of the Person Perception Inventory (PPI), or on the two choice measures.



### Effects of Obesity (Body Condition) and Gender

There was a significant obesity by gender interaction on overall evaluations of the SP on the Person Perception Inventory,  $F(1,175) = 4.73, p=.031$ . Although all four of the means indicated a positive evaluation, as can be seen in Table 2, of the four SP combinations presented (i.e., obese female, nonobese female; obese male, nonobese male), the obese female condition received the least favorable evaluations. This was a disordinal or crossed interaction with the nonobese female therapist rated higher than the obese female and the obese male therapist rated higher than the nonobese male. However, only in the female therapist condition was there a significant difference between body conditions (i.e., obese vs. nonobese) on overall PPI evaluations,  $t(86) = 2.03, p=.046$ .

Table 2

Means and Standard Deviations of the Overall PPI: Body Condition (Obesity vs. Nonobesity) by Gender

Gender of the SP	Body Condition of the SP			
	Obese		Nonobese	
	Mean	SD	Mean	SD
Female	98.36	10.74	103.46	12.64
Male	102.77	14.61	99.63	11.00

There was also a significant obesity by gender interaction on the physical appearance subscale of the Person Perception Inventory,  $F(1,175) = 6.01, p=.015$ . Although the means indicated a positive evaluation in all conditions, as can be seen in Table 3, only in the female therapist condition was there a significantly less favorable evaluation of the obese therapist when compared to the nonobese therapist,  $t(86) = 3.89, p=.000$ .

There were no significant interactions of obesity and gender found on the social attractiveness or personality attributes subscales of the PPI, or on the selection of therapist or expectations about the therapeutic process choice measures.

Table 3

Means and Standard Deviations of the Physical Appearance Subscale of the PPI: Body Condition (Obesity vs. Nonobesity) by Gender

Gender of the SP	Body Condition of the SP			
	Obese		Nonobese	
	Mean	SD	Mean	SD
Female	29.36	4.83	33.37	4.84
Male	31.77	5.93	31.90	4.93

Therapist vs. Non-therapist Subjects

Main Effects of Obesity (Body Condition). A significant main effect for obesity was found on the physical appearance subscale of the Person Perception Inventory,  $F(1,75) = 10.56, p=.002$ , within the group of psychotherapist subjects. In general, psychotherapist subjects gave nonobese therapists (SPs) higher evaluations ( $M = 32.29$ ) than obese therapists ( $M = 28.82$ ). On all other measures, no obesity main effects were found for the group of practicing psychotherapists. No main effects for obesity were found on any of the dependent measures for the group of non-therapist student subjects.

### Interactions of Obesity (Body Condition) and Gender.

No interactions between obesity and gender were found on the Person Perception Inventory, its subscales, or either of the choice measures for psychotherapist subjects.

However, significant interactions were found on the total PPI and two of the PPI subscales for non-therapist subjects.

A significant obesity by gender interaction was found on overall evaluations on the Person Perception Inventory,  $F(1,100) = 8.06, p=.005$ . Although the means indicated a positive evaluation in all conditions, as can be seen in Table 4, only in the male therapist (SP) condition did obesity make a difference,  $t(53) = 2.49, p=.016$ . This was a disordinal or crossed interaction, with nonobese female therapists rated higher than obese female therapists, and obese male therapists rated higher than the nonobese male therapists.

Table 4

Means and Standard Deviations of the PPI: Body Condition (Obesity vs. Nonobesity) by Gender: The Group of Non-therapists

Gender of the SP	Body Condition of the SP			
	Obese		Nonobese	
	Mean	SD	Mean	SD
Female	100.14	12.06	105.44	11.83
Male	107.16	12.62	98.90	11.94

There was also a significant obesity by gender interaction on the physical appearance subscale of the Person Perception Inventory,  $F(1,100) = 7.03, p=.009$ , for the group of non-therapists. Although all means indicated a positive evaluation, as can be seen in Table 5, this was a disordinal or crossed interaction where a comparison of means indicated that the nonobese female therapist received significantly higher evaluations than the obese female therapist,  $t(47) = 2.72, p=.009$ .

Table 5

Means and Standard Deviations of the Physical Appearance Subscale of the PPI: Body Condition (Obesity vs. Nonobesity) by Gender: The Group of Non-therapists

Gender of the SP	Body Condition of the SP			
	Obese		Nonobese	
	Mean	SD	Mean	SD
Female	30.36	5.04	34.11	4.59
Male	33.44	5.94	31.63	5.54

There was also a significant obesity by gender interaction on the personality attributes subscale of the Person Perception Inventory,  $F(1,100) = 5.45, p=.022$ , for the group of non-therapists. Although the means indicated a positive evaluation in all conditions, as can be seen in Table 6, this was a disordinal or crossed interaction with only obese male therapists receiving significantly higher evaluations than the nonobese male therapists,  $t(53) = 2.92, p=.005$ . Interactions between body condition and gender for the social attractiveness subscale of the PPI and the two choice measures were not significant.

Table 6

Means and Standard Deviations of the Personality Attributes Subscale of the PPI: Body Condition (Obesity vs. Nonobesity) by Gender: The Group of Non-therapists

Gender of the SP	Body Condition of the SP			
	Obese		Nonobese	
	Mean	SD	Mean	SD
Female	52.00	8.26	53.63	7.29
Male	55.32	5.94	50.67	5.86

Between-Groups Differences (Therapists vs. Non-therapists). Several differences were observed comparing practicing psychotherapists with non-therapist students.

Main Effects of Group. A group main effect was observed on the Person Perception Inventory,  $F(1,175) = 5.35, p=.022$ . In general, non-therapists rated the SP higher ( $M = 102.85$ ) than therapists ( $M = 98.66$ ). A group main effect was also observed on the physical appearance subscale of the Person Perception Inventory,  $F(1,175) = 5.43, p=.021$ . Non-therapists rated the SP higher ( $M = 32.44$ ) than therapists ( $M = 30.62$ ). There was a significant main effect for group on the selection of therapist measure,



$F(1,175) = 10.60, p=.001$ . As a group, therapists were less likely ( $M = 3.54$ ) to select the therapist for therapy than non-therapists ( $M = 3.95$ ), regardless of either body condition or gender of the therapist (SP) in the vignette. Group main effects were also observed on the expectations about the therapeutic process measure,  $F(1,175) = 6.95, p=.009$ . Non-therapists responded more positively ( $M = 3.88$ ) than therapists ( $M = 3.59$ ).

#### Effects of Subject Characteristics

Subject characteristics were analyzed to see if being similar to the SP in gender or height-to-weight ratio (HWR) affected any of the dependent measures.

Sex of Subject. When sex of subject was treated as an independent variable, there was a significant obesity by gender of the SP by sex of subject interaction on the selection of therapist measure,  $F(1,167) = 3.96, p=.048$ . Whereas female subjects responded similarly to all conditions, as can be seen in Table 7, the obese female therapist (SP) was significantly more likely than the obese male therapist (SP) to be selected as a therapist by male subjects,  $t(52) = 2.07, p=.043$ .



Table 7

Means and Standard Deviations of Selection of Therapist:  
Body Condition (Obesity vs. Nonobesity) by Gender of SP  
Within the Group of Male Subjects

Gender of the SP	Body Condition of the SP			
	Obese		Nonobese	
	Mean	SD	Mean	SD
Female	4.11	.78	3.73	.47
Male	3.23	1.01	3.57	.75

When separate analyses were performed (i.e., separating subjects by their sex), aside from the above interaction, no other significant main effects for obesity or interactions between obesity with gender were found on any of the dependent measures within the group of male subjects. It should be noted that the sample size for male subjects ( $N = 54$ ) was much smaller than for the female subjects ( $M = 129$ ).

Similar to the sample as a whole, a significant main effect for obesity was found on the physical appearance subscale of the PPI,  $F(1,125) = 10.23$ ,  $p = .002$ , within the group of female subjects. The obese therapist was rated less favorably ( $M = 33.41$ ) than the nonobese therapist ( $M =$

30.73) by female subjects. Two significant interactions between obesity and gender in the female sample were similar to interactions observed in the sample as a whole: overall PPI,  $F(1,125) = 7.69$ ,  $p=.006$ ; physical appearance subscale of the PPI,  $F(1,125) = 8.73$ ,  $p=.004$ . Table 8 and 9 present these interaction means.

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Table 8  
Means and Standard Deviations of the PPI: Body Condition (Obesity vs. Nonobesity) by Gender Within the Group of Female Subjects

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Gender of the SP	Body Condition of the SP			
	Obese		Nonobese	
	Mean	SD	Mean	SD
Female	97.00	9.53	105.80	12.41
Male	104.57	13.24	102.19	9.95

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Table 9

Means and Standard Deviations of the Physical Appearance Subscale of the PPI: Body Condition (Obesity vs. Nonobesity) by Gender Within the Group of Female Subjects

Gender of the SP	Body Condition of the SP			
	Obese		Nonobese	
	Mean	SD	Mean	SD
Female	28.73	4.26	32.93	5.30
Male	33.77	4.89	33.00	4.63

An additional interaction was found within the group of female subjects that was not present in the sample as a whole. A significant obesity by gender interaction was found on the personality subscale of the PPI,  $F(1,125) = 4.99, p=.027$ . As can be seen in Table 10, this was a disordinal interaction with nonobese female therapists receiving significantly higher evaluations than the obese female therapist,  $t(61) = 2.16, p=.035$ , within the group of female subjects.

Table 10

Means and Standard Deviations of the Personality Attributes Subscale of the PPI: Body Condition (Obesity vs. Nonobesity) by Gender Within the Group of Female Subjects

Gender of the SP	Body Condition of the SP			
	Obese		Nonobese	
	Mean	SD	Mean	SD
Female	51.06	6.45	54.43	5.88
Male	53.37	7.44	51.74	5.24

Height to Weight Ratio of Subject (HWR). Subjects were asked to indicate on the demographic questionnaire their height to weight ratio as either average, overweight or underweight. When the HWR of the subject was treated as an independent variable, collapsing across average and underweight subjects, there were no significant obesity by gender by HWR interactions. However, when analyses were performed within the average/underweight group there was a significant main effect for obesity on the physical appearance subscale of the PPI,  $F(1,136) = 5.88, p=.017$ . The nonobese therapist was rated more favorably ( $M = 32.59$ ) than the obese therapist ( $M = 30.46$ ), regardless of the

gender of the therapist, by the average/underweight respondents. There were no other significant main effects or interactions on any of the dependent measures for the group of average/underweight respondents.

There was a significant obesity by gender interaction on the PPI,  $F(1,39) = 5.16$ ,  $p = .029$ , within the group of overweight respondents ( $N = 43$ ). As can be seen in Table 11, this was a disordinal interaction in which nonobese female therapists received higher ratings than obese female therapists and obese male therapists received higher ratings than nonobese male therapists. None of the means differed significantly from each other.

Table 11

Means and Standard Deviations of the PPI: Body Condition (Obesity vs. Nonobesity) by Gender Within the Group of Overweight Respondents

Gender of the SP	Body Condition of the SP			
	Obese		Nonobese	
	Mean	SD	Mean	SD
Female	96.50	12.39	106.58	11.16
Male	106.50	7.37	98.76	13.00

There was also a significant obesity by gender interaction on the physical appearance subscale of the PPI,  $F(1,39) = 4.22, p=.047$ , within the group of overweight respondents. Although all means indicated a positive evaluation, as can be seen in Table 12, this was a disordinal interaction where only nonobese female therapists received significantly higher ratings than obese female therapists,  $t(16) = 2.41, p=.029$ . Obese male therapists received higher ratings than nonobese male therapists, however, the difference was not significant.

Table 12

Means and Standard Deviations of the Physical Appearance Subscale of the PPI: Body Condition (Obesity vs. Nonobesity) by Gender Within the Group of Overweight Respondents

Gender of the SP	Body Condition of the SP			
	Obese		Nonobese	
	Mean	SD	Mean	SD
Female	29.00	4.52	34.50	4.60
Male	32.75	4.13	31.24	6.09

There was a significant obesity by gender interaction on the personality attributes subscale of the PPI,  $F(1,39) = 4.26$ ,  $p=.046$ , within the group of overweight respondents. As can be seen in Table 13, this was a disordinal interaction in which nonobese female therapists received higher ratings than obese female therapists and obese male therapists received higher ratings than nonobese male therapists. None of the means differed significantly from each other.

Table 13

Means and Standard Deviations of the Personality Attributes  
Subscale of the PPI: Body Condition (Obesity vs. Nonobesity)  
by Gender Within the Group of Overweight Respondents

Gender of the SP	Body Condition of the SP			
	Obese		Nonobese	
	Mean	SD	Mean	SD
Female	50.50	8.41	54.92	5.52
Male	54.75	3.85	50.65	6.80

Selection of therapist and expectations about the therapeutic process measures and the social attractiveness subscale of the PPI were unaffected by obesity alone or the interaction of obesity and gender within the group of overweight respondents.



## DISCUSSION

The results of the study provide limited support for hypothesis 1 that obesity alone would affect evaluations of a therapist. Specifically, subjects did respond less favorably to an obese therapist (SP) compared to a nonobese therapist; but only significantly when rating physical appearance. This finding is consistent with literature suggesting that obese persons are more negatively stereotyped and less favorably evaluated when compared to nonobese persons (Agell & Rothblum, 1991; Harris et al., 1982; Harris & Smith, 1983). However, the less favorable evaluations of physical appearance did not generalize to personal and social evaluations of the SP.

Hypothesis 1 also stated that obesity alone would affect choices related to selection of therapist and expectations about the therapeutic process; that is, responses to an obese therapist would result in fewer selections of that therapist and result in lower expectations regarding the therapeutic process when the therapist was obese, regardless of gender. This prediction was not supported by the data. While obesity was seen as an unfavorable attribute (i.e., physical characteristic), decisions about selection of therapist and/or expectations about the therapeutic process were unaffected by the body condition of the therapist (SP) alone. The lack of impact these unfavorable evaluations had on the choice measures

suggest that is not an important enough factor in itself, in the decision making process. Thus, obesity alone in a therapist is given attention, or noticed, but not in a major or deterministic manner.

Hypothesis 2 predicted that obesity and gender would interact and affect evaluations and selection of therapist and expectations about the therapeutic process. Specifically, obese female therapists would be the least favorably evaluated, selected least often, and incur lower expectations regarding the therapeutic process. When the therapist (SP) was a female, nonobese therapists were given higher ratings on the PPI and on the physical appearance subscale of the PPI than were obese therapists. Subjects in general, appeared to like, or showed a preference for, nonobese females more than obese females. This trend was significant but held only when female SPs were compared to other female SPs. As seen here and elsewhere, the female SP's physical body condition is receiving significant attention (Agell & Rothblum, 1991; Tiggemann & Rothblum, 1988). The less favorable evaluations also support what some have suggested are discriminatory responses toward an obese female in particular (Benson et al., 1980; Canning & Mayer, 1966; Crocker et al., 1993; Harris et al., 1982; Worsley, 1979). Again, this was expected, and among non-therapist subjects in particular, at least partially supported hypothesis 2.

This was not the case when female therapists were compared to male therapists, however, or when obese males were compared to nonobese males. Instead, the data indicated a disordinal or crossed interaction in several places in the analyses, wherein obese males received higher ratings when compared to nonobese males. For the male SPs, this is a reversal of the data and trend seen for female SPs and was unexpected. The value of obesity appeared to be more attractive in males than nonobesity, and thus, less unfavorable of a characteristic in males than females. This interaction was the most recurrent and robust finding in the study.

There could be many possible factors influencing this interaction. For instance, it may be that being male and obese is not as easily detected as being female and obese. Or perhaps being male and obese are viewed favorably; at least in the scenario presented. Males, as some have suggested (see Wooley et al., 1979 for review), more so than females, may be allowed greater variation from the ideal in their height to weight ratio. Or, perhaps female body characteristics are simply paid more attention, or are held to a higher standard, than are male body characteristics, whether being evaluated or not. Many of these ideas are consistent with past literature (Jasper & Klassen, 1990; Gortmaker, Must, Perrin, Sobol, & Dietz, 1993; Rothblum et al., 1990; Tiggemann & Rothblum, 1988) addressing biased

stereotyping and subsequent discrimination of obese women when they are compared to men who are obese.

Another explanation could be that perhaps the male SP body conditions are also being paid attention, but in a different, or opposite, way than females. It may be, for instance, that there are certain feminine traits (e.g., nurturing, caring, soft, approachable, etc.) associated with the role of a therapist and that the larger obese male SP embodies stereotypically some of these traits while the smaller nonobese male SP does not. What could be occurring here is a case where the nonobese male SP is being unfavorably responded to because at 148 pounds he is represented and perceived as too thin.

It should be noted that results of the manipulation check showed that when the therapist (SP) was male and obese, a significant number of respondents failed to recall the body condition of the SP as obese. Also, when the male SP was in the nonobese condition some saw him as underweight. Only in these conditions did the manipulation check fail significantly. Conversely, female SP's weight (obese or nonobese) were recalled correctly more often. These findings are similar to findings cited by past research which suggests that women are treated differently than men regarding body condition (Fallon & Rozin, 1985; Harris, Harris, & Bochner, 1982; Harris & Smith, 1982). And again, this supports the notion that obese males are not

being perceived as obese as easily as are obese women. At least in the present study, there is a different standard for weight in women vs. men. Consequently, obese males are not as apt to be unfavorably evaluated and discriminated against as are obese females.

Hypothesis 3 predicted that regardless of whether a subject was a therapist or a non-therapist student, they would show similar patterns of responses on all dependent measures. There were some similarities and differences seen between the two sample groups, and thus hypothesis 3 received limited support. Because the literature is devoid of any such comparison (i.e., examining attitudinal and evaluative differences between psychotherapists and the general public), the impetus behind the findings that did emerge in the present study can only be surmised.

Therapists as a group did respond unfavorably to the obese SP's body condition alone, but only significantly on physical appearance. Also, regardless of stimulus condition, therapists as a group tended to be less likely than non-therapists to select the therapist depicted in vignette for personal therapy. Overall, therapist subjects just did not respond as decisively as non-therapist student subjects. Perhaps the therapist sample was simply more sophisticated regarding the survey process than were non-therapist subjects. Therapist subjects may also have been more aware of gender biases in research and thus could have



been reluctant to respond as definitively or as explicitly as their non-therapist counterparts. Or maybe therapists simply did not wish to make these kinds of important choices given the limited amount of information they had.

Therapists should be more aware of the many dimensions that are related to therapist effectiveness, whereas students generally know less about therapy and the therapeutic process.

Non-therapists as a group, generally, indicated more positive feelings associated with expectations related to therapy and a psychotherapist--regardless of the body condition on the SP--than the therapist sample. It is speculated this may simply be a case of the general public possessing high opinions (i.e., idealizing) and/or positive feelings about a psychotherapist and psychotherapy in general, regardless of a therapist's weight. When body condition and gender interacted, significant group effects did emerge among non-therapist student subjects. In fact, as suggested above, it was this group of subjects that contributed the most significant data and discriminatory responses to the aforementioned disordinal interaction. For example, non-therapist student subjects gave obese male SPs higher ratings overall on the PPI and the personality subscale of the PPI when compared to nonobese male SPs; but not when compared to female SPs. Thus, the non-therapist sample more closely reflected findings from the overall

analysis and what the literature reports are the attitudes toward obesity among the general population (Harris, Harris, & Bochner, 1982; Harris & Smith, 1983; Johnson, 1990; Ryckman, Robbins, Kaczor, & Gold, 1989).

Exactly why these and other group differences arose is unknown, and some conjecture for this has already been offered. However, it is suggested further that perhaps the non-therapist students may have been less invested/interested in the outcome of this kind of inquiry than were the therapist subjects. It does follow that a psychotherapist reading about another psychotherapist is apt to pay close attention, and perhaps more so than a non-therapist, to the content of the vignettes. This could then influence the less discriminatory responses of the therapist subjects for the reasons cited above. The fact that differences did emerge, however, is important enough to encourage further inquiry into group factors.

When certain subject characteristics were looked at, some interesting results were observed. Sex of subject for example, was examined to see whether being the same sex as the SP in the vignette would have any effect on evaluations and subsequent choices. In all but the following situation, it did not, and findings generally reflected the sample as a whole. Interestingly, male subjects significantly selected the obese female therapist over all other conditions presented. This is the only occurrence of a positive

response to an obese female and the basis for it can only be surmised. It could be that male subjects, while showing a preference for females in the nonobese condition on overall traits, actually preferred an obese female therapist over a nonobese female therapist. Whether the role of the SP (as a therapist) had any effect on this finding is unknown.

Within the group of female subjects compared to male subjects, findings more closely reflected those of the entire sample; particularly regarding the obese female SP. For example, female subjects did find obesity a less favorable attribute on overall evaluations, physical evaluations, and on personality attributes in obese female SPs than nonobese female SPs. Selection of therapist and expectations about the therapeutic process were unaffected within the group of female subjects. However, as was pointed out above, female subjects comprised more than two-thirds of the sample. As such, their numerical dominance alone may have accounted for the greater statistical significance. Also, females may be more sensitive to issues of weight (Millman, 1980; Rosen & Gross, 1987). They are the ones in particular who are continually and inequitably bombarded with cultural messages about weight and attractiveness (Silverstein, Perdue, Peterson, & Kelly, 1986).

Along this same line of reasoning, a similar to me factor was evaluated for the height to weight ratio (HWR) of



the subjects to see if a respondent's self-described body condition (average weight, overweight, or underweight) would have any effect on the dependent measures. What ensued were more examples of the previously mentioned disordinal interaction, but only significantly so for those subjects who responded as overweight on the demographic questionnaire. Among these respondents the same disordinal pattern appeared where nonobese female therapists and obese male therapists received higher ratings (compared to their respective opposites) on overall evaluations on the PPI and on the physical appearance and personality attributes subscales of the PPI. This finding is not inconsistent with some past findings, especially when discussing female stimulus persons (Agell & Rothblum, 1991; Crocker et al., 1993). Some literature has noted that obese subjects are just as likely to respond unfavorably to obese stimulus figures--or to rate themselves positively with the same measures they rated obese figures negatively--as are nonobese subjects (Allon, 1982; Crandall & Biernat, 1990; Harris & Smith, 1983; Wooley et al., 1990). The present study found this to be particularly true for overweight respondents. Perhaps the cues offered in the vignettes specific to weight were especially noticeable to overweight subjects in this study. It should be noted that further analyses found this trend to be unaffected by either group membership (i.e., therapist or non-therapist subject) or by

sex of subject. Overweight respondents were equally distributed between male and female, therapist and non-therapist subjects. Intuitively, one would expect that women and overweight subjects would be more accepting of obese female therapists than men and normal weighted individuals, but instead, these two groups showed the greatest effects.

Limitations of the present study begin with the survey itself and focus on the amount of information provided about the therapist (SP) in the vignette, operationalizing obesity, and the difficulty associated with asking subjects to make such an important decision regarding personal therapy based solely on the information provided. First, the vignettes may not have contained enough information to adequately facilitate subjects' decision making processes. Subjects may simply have needed more information to make the evaluations and choices being asked of them. There are always questions associated with stimulus information in survey. For instance, how much information is enough to adequately inform the subject and how much is too much? Also, how does one convey that information? And finally, what kind of information is useful and what is superfluous, or worse, distracting and resulting in unnecessary background noise? There have been other techniques used to deal with this ever present dilemma. For example, photographs of the stimulus persons (SPs) may have yielded

more significant results by engaging subjects more compellingly or by making more vivid the stimulus depictions.

There is precedence for using photographs of stimulus persons. For example, Canning and Mayer (1966) used photographs of stimulus figures successfully when surreptitiously applying for admittance to institutions of higher education while evaluating the affects of factors such as obesity. Benson and his collaborators (1980) also used photographs attached to resumes of job applicants in the public health sector and found this procedure helpful in yielding significant results. Agell and Rothblum (1991) mentioned the deficiency of not including a photograph of the SP in surveys and having to rely solely upon the subjects' ability to picture the stimulus figures. A caveat associated with including a photograph can be offered, however. Doing so has the potential for adding extraneous variables such as, ethnicity, style of clothing, hair style, and/or hair color etc. of the SP, to the manipulation. This could have a distracting effect on what is being targeted, not to mention the many extraneous variables associated with using different individuals as stimulus figures.

Furthermore, using simple numerical descriptors seemed to offer an acceptable balance between impact and control of the stimulus figures. Using photographs may have increased impact; however, a degree of control may also have been lost

in light of the increased visual stimuli. Hence, this issue remains unresolved. In the future, a researcher could avail themselves of the use of computer technology by using computer-generated images of the same person at different weights.

This discussion points to an important factor in the present study, namely, efforts related to attempting to operationalize obesity, which was problematic from the outset. Obesity to one person may not be obesity to another. While there are clinical definitions for and parameters describing obesity (Grilo & Pogue-Geile, 1991; Harris, Harris, & Bochner, 1982; Metropolitan Life Insurance Co., 1983), the general public is not likely to have ready access to this information. Thus, the perception of obesity can be a highly individualized and personal experience. Consequently, when simple numerical descriptors are employed in portraying obesity (as in the present study), subjects are called upon to imagine what stimulus figures look like; regardless of their body condition. When the subject is left to their own imaginations in this manner, the result could be the unwanted affect of diluting the experimental treatment of obesity.

Rothblum and her collaborators (1990) suggested that there may be some critical level of obesity required for significant discrimination to occur. In their study, stimulus figures who were 33% above average weight,

according to the Metropolitan Life height and weight tables (1983), received responses on dependent measures similar to those of the average weight figures. Not much discrimination occurred at the 33% level. Subjects who evaluated stimulus figures who were 100% above average weight for height, however, did show significant discrimination responses. In the present study it was found that, despite a 50% increase over normal weight, as stated above, obese male stimulus figures were less likely than the females to be recalled as obese on the manipulation check.

Steps were taken to insure that male and female SPs were given equal increases in weight related to height (50% each). In retrospect, the weight given in vignette for the obese male SPs (221 pounds) was not high enough and therefore not salient enough to be an effective manipulation in this study. Also, it is suggested that perhaps the weight given to the nonobese male SPs (148 pounds) may have been too low. Thus, in the male SP condition, we may be seeing an occurrence of what Rothblum et al. (1990) referred to as critical level. While some discrimination did occur, at the 50% increase used in the present study it is not entirely clear as to what is causing the discrimination to take place. This again points to the difficulties associated with operationalizing obesity in a uniform manner. Future research focusing on the relationship between obesity, gender, and subsequent evaluations and

choices should pay careful attention to how obesity is operationalized.

Finally, asking subjects to make such an important decision as choosing a therapist for personal therapy may not have been reasonable given the aforementioned flaws inherent in the vignette procedure. Even if hypothetical, there can be little doubt this is a meaningful and consequential decision, whether one is a practicing therapist or a non-therapist student.

Further research examining the differences between ratings associated with being female, obese or nonobese, and a therapist would be interesting. Why did the total sample prefer nonobese women over obese women--in general; but not so much so as to affect selection? Also, the robust and ubiquitous occurrence of a disordinal interaction as seen in the reversal of the value of obesity in male SPs leaves many unanswered questions and deserves further inquiry. Was this a case of inadequate manipulation? Or are males simply paid less attention to--physically--than are females? Can males get away with greater variation in their HWR's, or was 221 pounds simply not as noticeable in the obese male condition as was 191 pounds in the obese female condition? And finally, the findings regarding male subjects and their preference for the obese female therapist would likewise be of interest to investigate further. If it turns out to be the case that males in particular prefer a female therapist



to be obese, ascertaining the reasons behind these preferences would be worthwhile.

In conclusion, the present study did show that obesity is perceived and evaluated unfavorably in the sample as a whole. As such, it is suggested that weight does play a role in the evaluation of a therapist; and, this may be especially true for the female therapist. However, this study did not find any support for the notion that such unfavorable physical evaluations generalize to social or personality judgements; nor do they affect selection of a therapist or expectations about the therapeutic process. Weight alone, or interacting with gender, did not play an important role in selecting a therapist. Perhaps, as some have suggested, weight is just one of many factors involved in the selection and expectation process and not as important a factor as some have proposed. Maybe selection and expectations are affected more by the relationship between therapist and client and weight is just one part of that dimension. Whatever the case, it is suggested the obese or nonobese therapist should not overly encumber themselves with the weight issue. Whether client or therapist, weight appears not to be a major factor in determining the establishment of and expectations related to the therapeutic relationship. The present study does not suggest otherwise.

The many issues and concerns surrounding the

relationship between obesity, gender, and subsequent evaluations and discriminatory behavior toward the obese continues to be important to us all. This is especially true for women in Western culture. In a recent study, Crocker and her collaborators (1993) examined affective consequences and the stigma of being overweight. In their research the authors cited a recent documentary, The Famine Within (Maslin, 1991), which addressed American women's collective obsession with body weight. The documentary brought to the fore the notion that, "... many American women fear being fat more [emphasis added] than they fear death" (1991). Certainly this is not the case for all Americans. Nonetheless, the fact that so many take this concern very seriously further illustrates the value of such research and the endeavor to access greater understanding related to the stigma of obesity. In light of the large percentage of women who either are overweight, or perceive themselves to be overweight, and the negative social and personal consequences of being so in this culture, some researchers have suggested the obese (especially women) may be the most frequently and most severely stigmatized group in this country (Crocker et al., 1993).

For those in the mental health profession, any effort directed at understanding the many factors associated with obesity, gender, and negative stigmatizations and unfavorable evaluations as has been detailed here remains a



worthwhile pursuit in all respects. Whether therapist or client, empathic understanding and communication continue to be key ingredients in successful therapeutic intervention. Moreover, they remain key ingredients for successful human understanding and relating for us all.

## Appendix A

### Person Perception Study

#### Participant Consent

My name is John Carville and I am a graduate student in Psychology at CSU, San Bernardino. In today's fast-paced society, people are often times called upon to make important choices without the benefit of either an adequate amount of time or enough information. The purpose of the present study is to investigate individual perceptive and decision making tendencies when given a limited amount of time and information with which to make an important decision.

The accompanying survey contains a short vignette and some follow-up questions asking you to respond to what you have read. Responding to this survey will take about 10-15 minutes. All participants and their responses are ensured complete anonymity. If you find any of the questions, or the survey in general, disturbing in any way, you are free to discontinue answering at any time--without penalty. The results of this study will be available to any interested participants.

1. The survey has been explained to me. I understand the explanation and what my participation will involve.
2. I understand I am free to discontinue my participation in this study at any time, and without penalty.
3. I understand that my responses will remain anonymous, but that group results of the study will be made available to me at my request.
4. I understand that, at my request, I can receive additional explanation of this study after my participation is completed.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Appendix B-1

Person Perception Study

This questionnaire has three parts. First you will be asked to read a short vignette describing a psychotherapist. READ THIS CAREFULLY. Second you will be asked to evaluate that person on a scale which will provide you an opportunity to register your perceptions about them. Last, you will be asked to make an important decision about that person based on how you have perceived them.

---

After you have CAREFULLY READ the following vignette, please turn the page and answer the questions as instructed.

VIGNETTE

Jennifer is a 36 year old licensed Psychotherapist. She is 5'5" tall and weighs 191 pounds, has brown hair and brown eyes. Jennifer enjoys being a psychotherapist, and uses Humanistic and Family Systems therapeutic models and continues to maintain an individual and family practice. Jennifer is involved in community organizations and events, and thus has opportunity to interact with a wide range of friends and colleagues. Recreationally, Jennifer participates in activities that allow her time with her family. Jennifer is thought of by others generally as a good friend and competent professional.

IMPORTANT:

FOR THE REMAINDER OF THE SURVEY, DO NOT RETURN TO THE VIGNETTE ONCE YOU HAVE TURNED THE PAGE.

Turn the page and begin.

## Appendix B-2

### Person Perception Study

This questionnaire has three parts. First you will be asked to read a short vignette describing a psychotherapist. READ THIS CAREFULLY. Second, you will be asked to evaluate that person on a scale which will provide you an opportunity to register your perceptions about them. Last, you will be asked to make an important decision about that person based on how you have perceived them.

---

After you have CAREFULLY READ the following vignette, please turn the page and answer the questions as instructed.

#### VIGNETTE

Ken is a 36 year old licensed Psychotherapist. He is 5'9" tall and weighs 221 pounds, has brown hair and brown eyes. Ken enjoys being a psychotherapist, and uses Humanistic and Family Systems therapeutic models and continues to maintain an individual and family practice. Ken is involved in community organizations and events, and thus has opportunity to interact with a wide range of friends and colleagues. Recreationally, Ken participates in activities that allow him time with his family. Ken is thought of by others generally as a good friend and a competent professional.

#### IMPORTANT:

FOR THE REMAINDER OF THE SURVEY, DO NOT RETURN TO THE VIGNETTE ONCE YOU HAVE TURNED THE PAGE.

Turn the page and begin.

Appendix B-3

Person Perception Study

This questionnaire has three parts. First you will be asked to read a short vignette describing a psychotherapist. READ THIS CAREFULLY. Second, you will be asked to evaluate that person on a scale which will provide you an opportunity to register your perceptions about them. Last, you will be asked to make an important decision about that person based on how you have perceived them.

---

After you have CAREFULLY READ the following vignette, please turn the page and answer the questions as instructed.

VIGNETTE

Jennifer is a 36 year old licensed Psychotherapist. She is 5'5" tall and weighs 127 pounds, has brown hair and brown eyes. Jennifer enjoys being a psychotherapist, and uses Humanistic and Family Systems models and continues to maintain an individual and family practice. Jennifer is involved in community organizations and events and thus has opportunity to interact with a wide range of friends and colleagues. Recreationally, Jennifer participates in activities that allow her time with family. Jennifer is thought of by others generally as a good friend and competent professional.

IMPORTANT:

FOR THE REMAINDER OF THE SURVEY, DO NOT RETURN TO THE VIGNETTE ONCE YOU HAVE TURNED THE PAGE.

Turn the page and begin.

## Appendix B-4

### Person Perception Study

This questionnaire has three parts. First you will be asked to read a short vignette describing a psychotherapist. READ THIS CAREFULLY. Second, you will be asked to evaluate that person on a scale which will provide you an opportunity to register your perceptions about them. Last, you will be asked to make an important decision about that person based on how you have perceived them.

---

After you have CAREFULLY READ the following vignette, please turn the page and answer the questions as instructed.

#### VIGNETTE

Ken is a 36 year old licensed Psychotherapist. He is 5'9" tall and weighs 148 pounds, has brown hair and brown eyes. Ken enjoys being a psychotherapist, and uses Humanistic and Family Systems therapeutic models and continues to maintain an individual and family practice. Ken is involved in community organizations and events, and thus has opportunity to interact with a wide range of friends and colleagues. Recreationally, Ken participates in activities that allow him time with his family. Ken is thought of by others generally as a good friend and a competent professional.

#### IMPORTANT:

FOR THE REMAINDER OF THE SURVEY, DO NOT RETURN TO THE VIGNETTE ONCE YOU HAVE TURNED THE PAGE.

Turn the page and begin.

## Appendix C

### Person Perception Inventory

Please give your perceptions of the therapist described above on the following scale by circling the number that best reflects how you feel.

PLEASE...DO NOT RETURN TO THE VIGNETTE.

---

P1)	poor appearance	1	2	3	4	5	6	7	good appearance
P2)	not cuddly	1	2	3	4	5	6	7	cuddly
P3)	poor social-mixer	1	2	3	4	5	6	7	good social-mixer
P4)	weak	1	2	3	4	5	6	7	strong
P5)	sexually unattractive	1	2	3	4	5	6	7	sexually attractive
P6)	self- conscious	1	2	3	4	5	6	7	not self-conscious
P7)	lazy	1	2	3	4	5	6	7	energetic
P8)	lacks confidence	1	2	3	4	5	6	7	confident
P9)	sad	1	2	3	4	5	6	7	happy
P10)	few friends	1	2	3	4	5	6	7	many friends
P11)	dependent	1	2	3	4	5	6	7	independent
P12)	angry	1	2	3	4	5	6	7	calm
P13)	unhealthy	1	2	3	4	5	6	7	healthy



- P14)      stupid      1    2    3    4    5    6    7      smart
- P15) weak-willed    1    2    3    4    5    6    7    strong-willed
- P16)      dull          1    2    3    4    5    6    7      lively
- P17)      bored          1    2    3    4    5    6    7      interested
- P18)      shy             1    2    3    4    5    6    7      outgoing

Turn to the next page please.

Appendix D

Attitude Survey

Please answer the following questions by circling the number under the statement that best reflects how you feel.

PLEASE...DO NOT RETURN TO THE VIGNETTE.

---

Making a decision based on the information provided:

A1) I would be inclined to select this therapist for personal therapy:

Very Unlikely	Somewhat Less likely	Unsure	Somewhat More likely	Very Likely
1	2	3	4	5

A2) My expectations about the therapeutic process with this therapist would be:

Not Very High	Less High	Unsure	More High	Very High
1	2	3	4	5

Turn to the next page please.

Appendix E

Perception Check

Please answer the following questions by checking the appropriate space.

PLEASE...DO NOT RETURN TO THE VIGNETTE.

---

To the best of your recollection:

B1) The therapist used which type of therapeutic approach?

- (1) Psychoanalysis \_\_\_\_\_
- (2) Humanistic/Family Systems \_\_\_\_\_
- (3) Cognitive Behavioral \_\_\_\_\_
- (4) Don't recall \_\_\_\_\_

B2) The description of the therapist's weight/height ratio gave you the impression they were:

- (1) Underweight \_\_\_\_\_
- (2) Overweight \_\_\_\_\_
- (3) Normal weight \_\_\_\_\_
- (4) Don't recall \_\_\_\_\_

B3) The lifestyle of the therapist was generally:

- (1) Active \_\_\_\_\_
- (2) Inactive \_\_\_\_\_
- (3) Moderately active \_\_\_\_\_
- (4) Don't recall \_\_\_\_\_

Turn to the next page please.

## Appendix F

### Background Information

In order to better understand people's attitudes and perceptions about others, I need to know a few basic things about you. Remember, all your answers are anonymous. If any question makes you feel uncomfortable, please leave it blank and go to the next one. Please check the appropriate space.

- D1) Sex \_\_\_\_\_ Female (1)  
          \_\_\_\_\_ Male (2)
- D2) Age \_\_\_\_\_
- D3) Ethnic background  
(1) Afro-American \_\_\_\_\_  
(2) Hispanic \_\_\_\_\_  
(3) White \_\_\_\_\_  
(4) Asian \_\_\_\_\_  
(5) Other \_\_\_\_\_
- D4) Marital status  
(1) Single \_\_\_\_\_  
(2) Married \_\_\_\_\_  
(3) Divorced \_\_\_\_\_  
(4) Separated \_\_\_\_\_  
(5) Widowed \_\_\_\_\_
- D5) Are you presently or have you ever been a practicing therapist/psychotherapist  
(1) Yes \_\_\_\_\_ (2) No \_\_\_\_\_
- D6) Would you describe your weight to height ratio as  
(1) Average \_\_\_\_\_ (3) Underweight \_\_\_\_\_  
(2) Overweight \_\_\_\_\_
- D7) Level of education  
(1) Undergraduate student \_\_\_\_\_  
(2) First year graduate student \_\_\_\_\_  
(3) Second year graduate student \_\_\_\_\_  
(4) Third year, or longer, graduate student \_\_\_\_\_  
(5) Post graduate with: MA/S \_\_\_\_\_ PhD \_\_\_\_\_
- D8) Is your training in  
(1) Psychology \_\_\_\_\_  
(2) Social Work \_\_\_\_\_  
(3) Other \_\_\_\_\_

## Appendix G

### Person Perception Study

#### Debriefing Statement

Thank you for taking time to complete this survey. Today, as in other times, the manner by which we as individuals perceive and make decisions about other people is a complex process. Often times, attitudes and stereotypes play an important role in evaluating other people. Some we are conscious of, while others we may not be aware of at all.

The purpose of the present study is to determine the effect of significant information, specifically gender and body-size, on decisions we make about people within the context of a written vignette. Body-size, in this instance, refers to the weight/height ratio of the fictitious psychotherapist you read about. Additionally, and of central importance to the present study, was the gender and weight combinations of the psychotherapist.

You received one of four vignettes that were represented across all the surveys distributed. Some depicted the therapist as female and weighing either 127 or 191 pounds; while other vignettes depicted the therapist as male and weighing either 148 or 221 pounds. Other than this, the vignettes did not vary.

Putting the data from all the survey items together, I expect to find a relationship between a person's body-size and how they are perceived and subsequently evaluated by others. Also, I expect to find that gender and body-size interact in such a way as to result in stereotypes similar to those held by the general population.

If filling out this survey made you feel at all uncomfortable, or you want to find out the results of the study, please feel free to contact me, John Carville, at (909) 795-6800, or through the Psychology Department at California State University, San Bernardino (909) 880-5070.

Once again, thank you for your time and effort in assisting me.

#### FOOTNOTES

<sup>1</sup>In the literature, obesity is considered to be a surplus of body fat that is generally diagnosed in individuals who are 20% or more over their ideal body weight for height (Grilo & Pogue-Geile, 1991; Harris, Harris, & Bochner, 1982; Metropolitan Life Insurance Co., 1983; Statistical Abstract of the United States, 1992). This same definition applies to references to obesity in the present study.

<sup>2</sup>The weights are 50% increases for the median heights taken from the Metropolitan Height and Weight Tables for Men and Women (1983), and as such, exceed the conventional 20% over ideal body weight for height used in the literature to define obesity (Grilo & Pogue-Geile, 1991; Harris, Harris, & Bochner, 1982; Metropolitan Life Insurance Co., 1983; Statistical Abstract of the United States, 1992).

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