

THERAPIST PHYSICAL ATTRACTIVENESS: AN UNEXPLORED INFLUENCE ON CLIENT DISCLOSURE

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Existing research indicates that clients perceive facially attractive therapists as more competent, trustworthy, genuine, and effective than less attractive therapists. No studies exist to help explain how the therapist's attractiveness influences a client's self-disclosure. Participants (n = 241) were randomly assigned to one of eight experimental groups to test the interaction of the therapist's attractiveness, client's gender, the nature of presenting problem, and the client's comfort with disclosing in a hypothetical couple therapy scenario. Analysis of variance procedures established that most participants reported feeling more comfortable disclosing a benign (communication) problem than a potentially embarrassing (sexual) problem, and more comfortable disclosing problems to an attractive than to a less attractive female therapist. Therapists are encouraged to understand the power attractiveness may have in their own and their clients' lives.

Although many have studied the therapeutic relationship, few have examined the role of physical attractiveness in therapy. More specifically, no one has considered the influence of the therapist's attractiveness on a client's self-disclosure. The literature is replete with examples concluding that facially attractive people fare better in life and social situations than facially unattractive people (Berscheid & Walster, 1974; Burns & Farina, 1989; Dion, 1986; Langlois, 1986; Patzer, 1985). This has created a physical attractiveness stereotype suggesting that what is beautiful is good. Psychotherapy research affirms this stereotype. Research participants typically rate attractive therapists as more knowledgeable, expert, and caring than unattractive therapists (Kunin & Rodin, 1982; Zlotlow & Allen, 1981). The current study investigates how a female therapist's facial attractiveness affects a client's comfort with self-disclosure of either high- or low-risk material.

LITERATURE REVIEW

Counselors with high levels of attractiveness receive higher ratings of competency and effectiveness than less attractive counselors (Zlotlow & Allen, 1981). Positive correlations

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exist between a therapist's attractiveness and a client's perception of improvement in therapy, counselor competence, and counselor likeability (Shapiro, Struening, Barten, & Shapiro, 1973; Shapiro, Struening, Shapiro, & Barten, 1976). Therapist attractiveness may have an even greater influence on the client's expectations of effective therapy than the therapist's skill level (Vargas & Borkowski, 1982). Although clients might consider other variables, such as gender or use of a specific technique, to be important determinants of a therapist's effectiveness, attractiveness has greater influence on clients' favorable perception of a therapist's personal and professional characteristics (Cash & Kehr, 1978; Paradise, Cohl, & Zweig, 1980).

Our culture values the attractiveness of women over the attractiveness of men (Jackson, 1992). We seem to place a high value on facial attractiveness when making decisions that affect women's lives, such as hiring, firing, helping, and dating (Jackson, 1992; Patzer, 1985). Because the majority of couples therapists are women (Doherty & Simmons, 1996), it seems particularly relevant to conduct research on the influence of attractiveness in couple therapy. Existing research suggests that, when given the choice to interact with an attractive or unattractive person in therapy, people usually select, and presumably feel more comfortable with, the more attractive therapist (Zlotlow & Allen, 1981). However, it is not yet clear whether the attractiveness of the therapist affects how clients behave in therapy and, more specifically, their comfort with disclosing sensitive information.

People differ on their willingness to self-disclose based largely on topic, the disclosure recipient, and the gender of the discloser (Daher & Banikiotes, 1976; Derlega, Durham, Gockel, & Sholis, 1981; Snell, Belk, & Hawkins, 1986; Tardy, 1988). Derlega et al. (1981) suggest that men are more comfortable disclosing topics that accentuate their masculinity (i.e., aggressiveness, sexual prowess). According to this hypothesis, men would be less inclined to discuss deficits in these masculine areas, especially when talking to women. Women tend to be more comfortable disclosing topics that more closely resemble aspects of female socialization (i.e., emotionality, sensitivity) (Derlega et al. 1981). They would therefore be more inclined to discuss intimate details about their emotional lives with women than would men. One of the main objectives of this project is to see how self-disclosure differs for men and women based on the topic, the attractiveness of the target person, and the gender of the discloser. Because individuals have different levels of willingness to disclose personal information, willingness to disclose is controlled in this study.

This paper reports the findings of a research project designed to answer the following question: Regardless of an individual's general willingness to self-disclose, how do the type of presenting problem, the attractiveness of a female therapist, the client's gender, and the interactions among these variables affect the client's comfort with self-disclosing? Based on the literature reviewed, it is expected that clients will feel more comfortable disclosing less intimate information and to a more attractive therapist.

METHODS

Sample

Undergraduate students in introductory psychology classes ($n = 241$) voluntarily participated in the research project. They ranged in age from 18 to 56, with a mean age of 21.01 years ($SD = 5.33$). Persons identifying themselves as white accounted for the major-

ity of the sample (79%) while 8% were black, 6% Hispanic, 4% Asian, and 3% reported belonging to other ethnic or cultural groups.

Procedure

Participants were told that the researcher wished to discover more about how people communicate and what influences a person's ability to self-disclose in therapy. Participants then completed a questionnaire. Two pictures of women, previously rated for attractiveness and found to be significantly different from one another in a pilot study ($t [df\ 1, 39] = 11.24; p < 0.001$), were used as stimuli to represent an attractive and an unattractive therapist. Additionally, two presenting problems were used as stimulus scenarios. One reflected a couple struggling with communication problems and the other, a couple struggling with sexual problems. The problem scenarios were previously rated in the pilot study as being significantly different from one another ($t [df\ 1, 39] = 7.83; p < 0.001$). The communication problem evoked minimal discomfort ($M = 5.25; SD = 1.34$) while the sexual problem evoked more discomfort in those individuals who believed they might have to disclose information ($M = 3.4; SD = 1.52$). Discomfort was rated on a seven-point Likert-type scale, in which 1 represented "very uncomfortable disclosing" and 7 represented "very comfortable disclosing."

The first page of the questionnaire contained the following information: one of the two presenting problem scenarios; one of the two therapist pictures; the therapist biographical sketch (same for both therapist pictures), indicating expertise, experience, and education); and the main experimental question, "How comfortable would you be disclosing this problem to this couple therapist?" The second and third pages contained various demographic questions and Chelune's (1976) Self-Disclosure Situations Survey (SDSS), which provides a measure of one's general willingness to self-disclose.

The SDSS is a 20-item instrument in which respondents rate, on a six-point scale, the degree to which they would be willing to self-disclose in each of 20 situations. Possible scores range from 20 to 120, with higher scores indicating more willingness to self-disclose. Tardy's (1988) review of self-disclosure measures suggests that the SDSS is an appropriate instrument to measure a person's general willingness to self-disclose. Spearman-Brown reliability coefficients for three different samples were 0.88, 0.89, and 0.80. The instrument also received a test-retest reliability score of 0.75 (Chelune, 1976). For this study ($n = 241$) the reliability alpha score was 0.87.

Design

The experimental variables were the attractiveness of the therapist, the nature of the presenting problem (either a communication problem, which is presumably easy to disclose, or a sexual problem, which is presumably more difficult to disclose), and participant gender. Participants were randomly assigned to one of four male or four female experimental groups: (1) a group given the stimuli of an attractive therapist and a communication problem; (2) a group given an attractive therapist and a sexual problem; (3) a group given an unattractive therapist and a communication problem; and (4) a group given an unattractive therapist and a sexual problem. To control for therapist education and experience, the same biographical sketch was attached to each stimulus picture.

Table 1
Men's and Women's Comfort with Disclosing a Communication Problem or Sexual Problem to an Attractive or Unattractive Therapist

Client's gender	Presenting problem ¹	Therapist's attractiveness ²	Client's mean comfort level ³	Standard deviation
Male	Communication	Attractive	5.03	1.30
Female	Communication	Attractive	5.64	1.42
Male	Communication	Unattractive	4.45	1.24
Female	Communication	Unattractive	4.87	1.57
Male	Sexual	Attractive	4.13	1.26
Female	Sexual	Attractive	4.43	1.33
Male	Sexual	Unattractive	3.84	1.64
Female	Sexual	Unattractive	3.59	1.18

¹ Communication problem: $F(df\ 1, 237) = 31.83, p < 0.001$.

² Therapist's attractiveness: $F(df\ 1, 237) = 12.71, p < 0.001$.

³ Higher scores represent greater comfort with disclosing.

RESULTS

Data were analyzed in a 2 x 2 x 2 (communication problem or sexual problem x attractive or unattractive therapist x participant gender) ANCOVA. Participants' general willingness to disclose was the covariate and comfort with self-disclosing was the dependent variable. Participants' general willingness to disclose was controlled for by using the total scores on the SDSS (Chelune, 1976).

Analysis of covariance revealed no significant interaction effects among the three independent factors and no significant two way interactions. Table 1 compares different experimental groups' comfort with disclosing.

Regardless of an individual's general willingness to self-disclose, the nature of the presenting problem and the degree of the therapist attractiveness affected participants' comfort with self-disclosing in the hypothetical couples therapy situation. Participants reported feeling more comfortable disclosing a communication problem than a sexual problem. They also reported feeling more comfortable disclosing to an attractive female therapist than to an unattractive female therapist.

While the type of presenting problem had the biggest effect on participants' comfort with disclosing ($\eta^2 [df\ 1, 239] = 0.10; p < 0.001$), therapist attractiveness had a somewhat smaller, yet statistically significant, influence ($\eta^2 (df\ 1, 239) = 0.04; p < 0.002$). Participants' gender did not significantly influence their self-disclosure.

DISCUSSION

Participants in this study predicted that they would feel less comfortable disclosing material that is of a sexual nature than disclosing material that is more benign, such as a

communication problem. This finding concurs with other research suggesting people more freely disclose some types of information than others (Daher & Banikiotes, 1976; Tardy, 1988). The results also concur with the findings of other research on the role of attractiveness in psychotherapy. Attractive therapists are more often the beneficiaries of desirable perceptions and behaviors than are unattractive therapists (Cash & Kehr, 1978; Paradise, Cohl, & Zweig, 1980; Shapiro, Struening, Barten, & Shapiro, 1973; Shapiro, Struening, Shapiro, & Barten, 1976; Vargas & Borkowski, 1982; Zlotlow & Allen, 1981). Much like earlier attractiveness research, this study indicates that the physical attractiveness stereotype, or the belief that what is beautiful is good, still has influence, even though it has become politically correct to deemphasize physical attributes when judging others.

The absence of statistically significant gender differences is of particular interest. Both male and female respondents allowed the presenting problem and the therapist's attractiveness to influence their comfort with disclosing to a female therapist. It remains to be seen whether participants would attend to a male therapist's attractiveness in the same way.

Self-Disclosure and Therapist Attractiveness

Common sense suggests that self-disclosure is an important component of the therapeutic relationship. Client self-disclosures make up much of the content of couple therapy. Often, initial disclosures set the tone for the session and contribute to the development of the therapeutic relationship.

Researchers hypothesize that, much like other relationships, therapeutic "relationships that will become close can be distinguished from those that will not at a very early point in their development, sometimes within the first hour" (Derlega, Hendrick, Winstead, & Berg, 1991, p. 108; Berg & Clark, 1986). The main supposition of this rapid process theory of relationship development is that individuals reference cognitive schemata when making decisions about relationships. People can tell, very early, whether they want the relationship to be a close one. If an individual desires a close relationship, then he or she self-discloses more often and the content is of a more intimate nature than if the individual does not desire a close relationship.

Characteristics of the therapeutic relationship—such as lack of disclosure reciprocity, the need for clients to quickly divulge their problems in the limited time available, and the inherent power imbalance between therapist and client—lend support to applying the rapid development theory of relationships to the therapeutic relationship. Clients quickly make decisions about the therapist's potential effectiveness, based on cognitive schemata. Clients must decide if they are comfortable risking a disclosure or willing to risk disclosing to the therapist.

Therapist-client fit seems crucial to successful therapy. Because clients may judge the effectiveness of the therapist rather quickly, based in part on limited information, clinicians need to know that, in addition to presenting problem, therapists' personal characteristics, such as attractiveness, affect clients' comfort with disclosing.

Attractiveness is an easily assessed therapist characteristic and may contribute to the client's disclosure decision-making process. We do not yet know to what extent the initial impression formed at meeting a therapist affects the later therapeutic relationship or the relative influence of therapist attractiveness on this impression. However, existing literature indicates that a client's perception of the therapist's effectiveness, competence, and trust-

worthiness is related to the client's first impression of the therapist and that this impression is partially based on the therapist's attractiveness (Kunin & Rodin, 1982; Zlotlow & Allen, 1981). These initial impressions are made from information that is visually accessed and assessed. Easily visible personal characteristics (gender, skin color, age, attractiveness) and the meanings attached to them contribute to the initial judgments a client makes about a therapist's abilities and competency. Understanding that levels of attractiveness elicit spontaneous positive or negative judgment is important information.

Implications for Couple Therapy

The results do not indicate an unwillingness to disclose, merely a difference in degree of comfort with disclosing. Would it be helpful to provide the less attractive therapist with the skills or techniques necessary to mediate the effect of this unattractiveness on the client's comfort with disclosing? Perhaps so. There probably are ways to mediate the effects of those therapist personal attributes that influence a client's comfort with self-disclosure. But is that the right thing to do? This question leads to a much larger discussion.

We assume that we live in a society in which every individual is bestowed with equal rights, opportunities, and privileges by law and common courtesy. Many would argue that the gender, skin color, age, or even degree of attractiveness of a therapist does not determine whether he or she delivers good therapy. However, we have not yet rid ourselves of the prejudices that influence our thoughts and actions. It is therefore important to expose these prejudices and discuss them so that individuals can be more informed about how such thoughts influence behavior. Researchers have demonstrated that the social effects of attractiveness benefit some and disadvantage others. An awareness of this reality may help therapists to begin to talk about the role of attractiveness both in their own and in their clients' lives.

CONCLUSION

There are several limitations to this study. A sample of college students were asked to respond to a hypothetical situation involving a committed partner and a relational problem. Furthermore, only one dependent measure recorded participants' reactions. These factors make it hard to generalize the results to actual therapy situations with married individuals. Therefore, it is difficult to conclude that actual clients would react as research participants did to the therapist's attractiveness.

However, this study, combined with the volumes of literature dedicated to highlighting the effects of attractiveness in interpersonal relationships, should be enough for researchers and clinicians to understand that attractiveness could play a part in therapy. Because research on the influence of attractiveness on the success of therapy is still limited, we do not yet fully understand its role in the development and maintenance of the therapeutic relationship. Researchers should begin to consider this variable when conducting clinical research. Furthermore, clinicians are encouraged to write about and discuss more openly their reactions to clients' attractiveness as well as clients' reactions to therapists' attractiveness.

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