

AN ABSTRACT OF THE THESIS OF

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Title: Effects of Therapist Title on Perceived Competence

Abstract approved:

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A study on how perceptions of a therapist's competence is affected by the therapist's title of address was conducted. The subjects were 204 college students (97 males and 107 females) who watched a brief videotaped segment of an interchange between a therapist and his male client. Each of four groups of subjects (consisting of both males and females) saw a copy of the same tape, but with a different label on the screen. The first group saw a tape with the therapist titled as "Doctor"; the therapist in the second group's tape was titled "Mister"; and the therapist in the third group was identified by name only. The tape shown to the fourth group had no label on the screen. After viewing the tape, they rated the therapist on 11 Likert-type scales. Ratings were compared between the four groups and between male and female subjects. Analysis of the variance

on each of the 11 characteristics showed no significant effects for the therapist's title. There was a significant effect for subject gender on 9 of the 11 items, with males giving higher ratings than females in every instance. These results showed that the therapist's title had no bearing on ratings of his competence, but that males rated him higher on several qualities than did females.

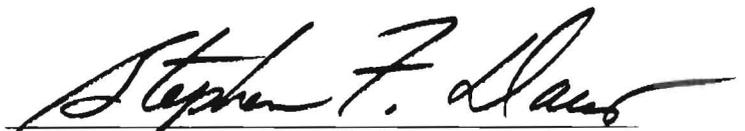
EFFECTS OF THERAPIST TITLE ON
PERCEIVED COMPETENCE

A Thesis
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CHAPTER 1

INTRODUCTION

Psychotherapy has been defined as ". . . an interpersonal process designed to bring about modifications of feelings, cognitions, attitudes, and behavior which have proven troublesome to the person seeking help from a trained professional" (Strupp, 1978, p. 3). The field of psychotherapy has been characterized as a myriad of competing theories and methodologies. Most of these methods of psychotherapy have been based upon metapsychological theories of personality and psychopathology, or upon clinical "intuition." Until relatively recent years, the process of psychotherapy has managed to escape the more rigorous scrutiny of experimental study. This lack of unbiased, scientific examination has resulted in the aforementioned theories competing for acceptance. The end result of all this has been a marked lack of knowledge regarding what exactly constitutes effective psychotherapy. Some, most notably Eysenck (1952, 1965), have come to the conclusion that psychotherapy is entirely ineffective and no better than no treatment. Others, for example, Bandura (1961), have attempted to reformulate psychotherapy as a learning process, based upon experimental evidence from the learning laboratories. Frank (1959, 1973) studied the elements common to all psychotherapies and other

forms of healing, and reached the conclusion that effective therapy is a process of social influence. The healer or therapist, according to Frank, exerts his influence by creating an atmosphere of trust and faith resulting primarily from the healer's credibility as one who can help.

Other researchers have, in accordance with Frank, looked at psychotherapy as a social phenomenon. Strong (1978) stated: "Psychotherapy can be viewed as a branch of applied social psychology. Psychotherapy is a setting for interpersonal influence, an area of study in social psychology" (p. 101). Goldstein (1966) stated that by extrapolating certain principles from social psychology, we can increase our understanding of the therapeutic process and thereby increase therapeutic effectiveness. In a similar vein, Beutler, Johnson, Neville, Elkins, and Jobe (1975) stated that, "Since psychotherapy seems to parallel in many respects the process of interpersonal persuasion, it seems appropriate to determine if psychotherapy outcome can be facilitated through a manipulation of variables found to increase interpersonal influence in the laboratory" (p. 90). Bergin (1962) made note of the close connection between the social psychology concept of attitude change and the clinical process of therapeutic personality change. Various concepts from the field of social psychology have been used to illuminate the process of psychotherapy: impression-formation theory (Greenberg, 1969); balance theory (Patton, 1969; Sprafkin, 1970); communication and opinion-change (Strong, 1968); and

attribution theory (Strong, 1978). The concept most often cited seems to be that of cognitive dissonance (Aronson, Turner & Carlsmith, 1963; Bergin, 1962; Bochner & Insko, 1966; Guttman & Haase, 1972; Strong, 1978; Strong & Schmidt, 1970a). Bergin (1962) defined cognitive dissonance as follows:

The theory assumes that individuals strive to maintain consistency among their cognitions and that the existence of nonfitting cognitive elements produces tension which a person tries to reduce. A dissonance-producing situation common to both persuasion and interpretation is one in which a communicator presents a view contrary to the one held by the communicatee. In this event, the person is confronted with a need to reduce the dissonance produced by the presence of two contrary cognitions. A prediction of how he will choose to reduce the resultant state of dissonance will be in part a function of the credibility of the communicator, in part of the degree of discrepancy between the communicator and communicatee's positions, and in part of personal involvement with the communication content.

(p. 424)

Strong (1968) added that:

Five means of reducing dissonance can be drawn from the theory: (a) The individual can change his opinion to that of the communicator; (b) he can discredit the communicator and thus reduce the importance or cognitive

weight of the communicator's assertions; (c) he can devalue the importance of the issues which reduces the cognitive weights of both positions, and thus the absolute amount of dissonance created by their incompatibility; (d) he can attempt to change the communicator's opinion and, if successful, eliminate the discrepancy; and (e) he can seek to add cognitions consonant with his opinion and thus reduce the cognitive weight of the communication. (p. 216)

He went on to say that:

The avenue of dissonance reduction used by the recipient of a discrepant communication depends on the circumstances of the influence attempt. If the communicator cannot be discredited, if issue importance cannot be devaluated, if counterpersuasion cannot be exerted, and if social support cannot be found, the recipient's cognitive change is a direct function of the cognitive change advocated by the communicator. (p. 216)

Generalizing this concept to the psychotherapy process, one begins with an individual patient who is presented with a piece of information (e.g., an interpretation) by the therapist which is in conflict with the patient's existing cognitive framework. This creates a state of tension (i.e., cognitive dissonance) which must be resolved. If the patient cannot discredit the therapist, or devalue the interpretation, or change the therapist's mind, or find support from others, then he has no recourse but to change his cognitive

framework to accept the therapist's explanation. This process would explain how insight and personality change are achieved. Patients in therapy are not likely to find social support for their cognitions, nor are they likely to attempt to dissuade the therapist directly (although they may attempt an indirect form of dissuasion). A patient may try to reduce the importance of the issue being dealt with (or simply leave therapy). Or she or he may attempt to discredit the therapist, which will be unsuccessful if the therapist is seen as being a credible source. Thus, one can see that the credibility of the therapist is an important factor in effective psychotherapy. Hovland and Weis (1951) have pointed out the importance of source credibility in attitude change. Hovland, Janis and Kelley (1953) defined communicator credibility as being composed of the following two components: ". . . (1) The extent to which a communicator is perceived to be a source of valid assertions (his 'expertness') and (2) the degree of confidence in the communicator's interest to communicate the assertions he considers most valid (his 'trustworthiness')" (p. 21). Most sources tend to give more importance to the former component of credibility, in some cases implying that the concept of expertness subsumes other qualities. For example, Bergin (1962) found that expertness makes a counselor more influential, and Atkinson and Carskaddon (1975) as well as Greenberg (1969) found that expertness made counselors more attractive to clients. Some researchers (Patton, 1969; Schmidt & Strong, 1971; Strong &

Dixon, 1971; Strong & Schmidt, 1970a, 1970b) found that expertness offsets the effects of undesirable counselor behavior. As Spiegel (1976) summed up, "This suggests that expert credentials create a perceptual set within which a counselor's actions are viewed, permitting considerable latitude within role behavior" (p. 436).

Strong and Dixon (1971) defined counselor expertness as ". . . the client's belief that the counselor possesses information and means of interpreting information which allows the client to obtain valid conclusions about and to deal effectively with his problems" (p. 562). Strong (1968) stated that perceived expertness is influenced by ". . . (a) objective evidence of specialized training such as diplomas, certificates, and titles; (b) behavioral evidence of expertness such as rational and knowledgeable arguments and confidence in presentation; and (c) reputation as an expert" (p. 216). This corresponds with Corrigan, Dell, Lewis, and Schmidt's (1980) evidential, behavioral, and reputational aspects of expertness. There have been very few literature reviews on therapist credibility as an interpersonal influence factor (Corrigan et al., 1980; Heppner & Dixon, 1981; Strong, 1968, 1978). Each of these reviews point out the paucity of research data on the subject. When one looks at the literature regarding any one of the above cues to expertness alone, the research is even more scarce. There have been studies involving degrees and certificates on office walls (e.g., Heppner & Pew, 1977); the therapist's

attire (e.g., Jackson & Pepinsky, 1972); office furnishings (e.g., Amira & Abramowitz, 1979); and therapist behavior (e.g., Ben-Sira, 1982; Schmidt & Strong, 1970). Tanner (1981), in a literature review on the effects of therapist demographic variables on client satisfaction, cited several studies dealing with the age, sex, and race of the therapist. Summing up the overall results of this research, Heppner and Dixon (1981) stated that, "In short, it seems that characteristics of, or characteristics associated with, counselors (i.e., attire, room furnishings, sex, race) do not consistently affect client perceptions of counselor expertness" (p. 543).

Some studies have dealt with the prestige, status, position, title, or reputation of the therapist on his perceived expertness or credibility. Greenberg (1969) pointed out the importance of pre-session information concerning the therapist's attributes. Beutler et al. (1975) asked a group of psychiatric patients to rate six therapists on their credibility. He later found that the credibility ratings had no significant effect on how effective the therapists were in inducing attitude change in the same group of subjects. Aronson et al. (1963) had a group of female undergraduate students read a poem and then rate its literary quality. They then heard a discrepant opinion by either an "expert in poetry" or a "student," after which they again rated the poem. It was found that the highly credible source was more successful in inducing opinion change at all levels of discrepancy than the less credible

source. In a similar study, Bochner and Insko (1966) found that subjects were more likely to agree with a scientific essay by "Sir John Eccles, Nobel Prize-winning physiologist" than with the same essay by "Mr. Harry J. Olsen, director of the Fort Worth YMCA." Also, the former figure was rated by subjects as being significantly more credible. Strong and Dixon (1971) studied the combined effects of expertness and attractiveness on influence power and on subject rating of various qualities. In this study, expertness was manipulated by the presence or absence of the title "Dr." on a desk nameplate. The results showed no significant effects for either expertness or attractiveness on any of the dependent measures. Schmidt and Strong (1971) compared an attractive with an unattractive "psychologist" and found no significant difference in their ability to influence subjects, and that the influence power of both was high. They attributed this to the fact that both were introduced as "PhD psychologist," and that their expertness offset any effects due to the level of attractiveness. Patton (1969), in a similar study, reached the same conclusion. Strong and Schmidt (1970b) found that a "psychologist," whether rated as trustworthy or untrustworthy, was influential with subjects. Atkinson and Carskaddon (1975) studied the effects of a prestigious introduction in combination with the use of psychological jargon on credibility as perceived by three different groups of subjects (students, outpatient psychiatric clients, and drug addicts in a prison treatment program). They used the

concept of credibility as defined by Strong and Dixon (1971, p. 562),:

. . . broadened to include an expectation by the client or potential client that the counselor possesses the knowledge of psychology, therapeutic skill, comprehension of the client's problem, and willingness to help the client that is needed for the client to deal effectively with his problems. (p. 181)

Two levels of introduction prestige were given. The high-prestige introduction was as follows:

The therapist that you will observe working with a client is a highly regarded counseling psychologist. Since receiving his PhD four years ago, he has been in private practice and has been doing consultation. He recently published his fifth major article and is currently completing his first book. (p. 181)

The low-prestige introduction read:

The therapist that you will observe working with a client is a first-year graduate student training to be a counselor. He received his BA in psychology four years ago, and although he has never worked as a professional counselor before, he has taught school for three years. (p. 181)

The results indicated that counselors who used more psychological jargon were perceived as being more knowledgeable, and that those with the prestigious introduction were seen

as someone the subjects would see for counseling. The authors stated that:

Individuals perceive a counselor as a more credible source of assistance if he is introduced as a highly prestigious professional and if he uses a preponderance of highly abstract, professional jargon than if the counselor is assigned a low level of expertness and employs easy-to-understand layman's language. (p. 184)

Further, "People are more likely to perceive a counselor as someone they would see for help if the counselor is described as an expert rather than if he is described as a novice" (p. 184). However, there were some differences between subject populations, in that the outpatient clinic patients gave consistently higher ratings to the high-prestige counselor than did the other two groups. Sprafkin (1970) examined whether or not subjects changed their definitions of psychological terms and their self-ratings of their own confidence to use such terms appropriately after contact with a "counselor." The counselor-confederate was given one or two introductions, differing in levels of prestige (similar to those used by Atkinson & Carskaddon, 1975). Each of the counselors gave definitions of the terms identical to, or different from, the subject's. The study revealed no significant effects for the level of expertness on either of the dependent variables. However, it should be noted that the counselor's behavior varied with the manipulation of expertness. Brooks (1974) looked at the effects of

interviewer status in combination with the sex of the interviewer and the subject's sex on the subject's self-disclosure and their evaluation of the interview. Interviewer status was manipulated by varying the introduction (similar to Atkinson & Carskaddon, 1975; Sprafkin, 1970); the receptionist's opinion of the interviewer; and the decor and location of the office. Although several significant interactions were found, there were no significant effects for any one of the independent variables. The experiment did show that male subjects disclosed more to high-status interviewers, whereas female subjects disclosed more to low-status interviewers. The author hypothesized that this suggests that females may view status as irrelevant. Spiegel (1976) studied the effects of counselor expertness, counselor similarity, and type of client problem on subjects' ratings of counselor competence. The author stated that, "In the low-expertness condition, the counselor was described as having minimal training and virtually no experience, whereas in the high-expertness condition he was described as having experience" (p. 438). However, the four descriptions yielded by the two levels each of counselor expertness and counselor similarity varied in the use of titles, occupation, etc. A significant main effect was found for the level of expertness for both male and female subjects. Merluzzi, Banikiotes, and Missbach (1978) examined the subjects' ratings of counselor expertness, attractiveness, and trustworthiness. The counselors varied on three factors: sex, amount of self-disclosure,

and expertness. The expertness variable was manipulated by introductions very similar to those used by Atkinson and Carskaddon (1975); Sprafkin (1970); and Brooks (1974). The results showed that "expert" counselors were rated significantly higher on expertness than were "nonexperts." Also, both expert and nonexpert counselors who were high on self-disclosure were rated more attractive than non-disclosing experts. Female experts were seen as the most expert of all, and female nonexperts were seen as the least expert. Hokenson (1973) looked at the effects of counselor attractiveness and expertness on attitude change in subjects. The level of expertness was varied by the use of two introductions. The expert was introduced as "a PhD counseling psychologist," whereas the nonexpert was introduced as "a psychological aide in training." The author found no significant effect for the level of expertness. Bernstein and Figioli (1983) had male and female subjects listen to an audiotaped introduction followed by an audiotaped counseling session, and then rate the counselor on four characteristics: attractiveness, expertness, trustworthiness, and confidence. Male and female counselors were used, who were either high or low in credibility (as manipulated by descriptions of their personal characteristics, not by title or position). The high-credibility counselors were rated significantly higher on all four characteristics, with no difference for counselor sex. There were some differences for subjects' sex, however. There were no subject sex differences on

therapist's attractiveness and persuasiveness. The subjects listened to a taped segment of a therapy session and were asked to imagine themselves in the place of the patient. The results showed that subjects preferred "warm" over "cold" therapists, and "experienced" over "inexperienced" ones. However, they were not persuaded more easily by "experienced" therapists. Also, "warm," rather than "cold" therapists were seen as more attractive, regardless of the experience level. Subjects were more willing to see a "warm" as opposed to a "cold" therapist, but there was no difference in this regard between "experienced" and "inexperienced" therapists. The author pointed out that, since the subjects were college students rather than actual psychotherapy patients, the experience dimension may have carried less importance. He added that actual therapy patients may have rated the experience factor as more important. He concluded by hypothesizing that the traits of a therapist may be more important than his role or his title.

A relatively few studies have dealt with the therapist's title. Simon (1973) studied the effects of the therapist's title, age, and sex on subjects' preferences. The subjects (college students) were presented with two hypothetical situations. In the first, they were asked to rank-order a list of therapists in terms of whom they would consult for a personal problem. Six therapists were listed: a "behavioral consultant," a "psychiatrist," an "emotional counselor," a "psychoanalyst," a "psychologist," and a "social worker." It

was discovered that, generally, "psychologist" and "psychiatrist" were the most preferred, whereas "social worker" was the least preferred. It should be noted that all of the therapists were assumed to be equal in training and all were highly recommended. (The second part of the study looked at the sex and age of the therapist. It was found that male therapists were preferred over females, and that 40 year-olds were preferred over 55 and 25 year-olds). Trautt and Bloom (1982) did an experiment involving the sex and title of the therapist and fee level. Two fee levels were used: high (\$40) and low (\$15). Three therapist titles were used: "psychiatrist," "clinical psychologist," and "counselor." After reading the written description of the therapist, the subjects were asked to rate the therapist on several qualities. On all of the dependent measures, the "psychiatrist" was rated higher than the "counselor," who was in turn rated higher than the "clinical psychologist." Post-hoc tests revealed that the difference between "psychiatrist" and "counselor" and between "counselor" and "clinical psychologist" were not significant, whereas the difference between "psychiatrist" and "clinical psychologist" was significant. The female therapists were rated higher than males; and low-fee therapists were preferred to those with a high fee. The authors pointed out that all three title groups were introduced as "Doctor," and that this may have diluted the magnitude of the differences. Scheid (1976) did a study which attempted to isolate the behavior and the status of the

counselor to determine if counselor behavior or counselor status is more potent in influencing subjects' perceptions. The counselors, in a videotaped segment of a session, displayed either a low or a high level of facilitative core conditions. They were also given either a high- or a low-status introduction, or no introduction. The high-status introduction described the counselor as a PhD psychologist with several years of experience. The low-status introduction identified the counselor by name only and described him as having no experience. The subjects then evaluated the counselors on several scales. The high-status counselors were seen as more competent and were more comfortable, but not significantly different from the low-status counselors on warmth, counseling climate, client satisfaction, or general counselor appeal. The counselor exhibiting the higher level of core conditions was rated more positively on all characteristics. There were no significant interactions between the two independent factors. The author pointed out that the scales measuring counselor competence and counselor comfort were composed of items concerning the subjects' perceptions of the counselor's confidence, professional expertise and experience, effectiveness, and general level of competence. The other scales dealt with perceptions of personal-affective qualities of the counselor, the client's comfort level, the client's trust in the counselor, and whether or not the counselor was a nice person. The author summarized as follows:

The counselor can be perceived as competent, effective, and expert (Schmidt & Strong, 1970) without being perceived as warm, personable, making the client comfortable, or even eliciting trust. Introductory status has significant effects upon the former, while subjects seem to attend very little to introduction when assessing the latter. Thus, even in the face of clearly perceived nonfacilitative or destructive counselor behavior, subjects rate the counselor high on expertness or competence if he has been given a high-status introduction. . . . Second, subjects seem unwilling to be swayed by status of the counselor when the perceptions in question have to do with the counselor's personal-affective qualities, how comfortable subjects would be with the counselor, or how much they trust the counselor. (pp. 506-507)

Strong, Hendel, and Bratton (1971) had a group of college students fill out questionnaires to describe their conceptions of three role titles: "counselor," "advisor," and "psychiatrist." They found only one significant difference between "counselor" and "advisor:" "counselor" was rated as less poised and less impulsive than "advisor." There were many significant differences between "advisor" and "psychiatrist" and between "counselor" and "psychiatrist." "Counselor" was described as being more friendly, and both "counselor" and "advisor" were described as more polite, than "psychiatrist." A "psychiatrist" was seen to be more

knowledgeable, thorough, and orderly than "counselor," and more inquisitive, intellectual, analytic, persistent, studious, and decisive than both "counselor" and "advisor." The "counselor" and "advisor" were rated higher on warmth than "psychiatrist," and the "advisor" was thought to be more noncritical than "psychiatrist." The "psychiatrist" was seen as more dominant, cynical, and unreasonable than "counselor," and more retiring, anxious, and depressed than "advisor." The "psychiatrist" was perceived as more persevering, intense, critical, stubborn, humorless, cold, vain, and rejecting than both "advisor" and "counselor." Subjects stated that they would be more likely to consult an "advisor" or "counselor" for school/work problems, and would be more likely to consult a "psychiatrist" for personal problems, especially those of a more serious nature. For self-development or fulfillment issues, subjects were equally likely to consult any of the three. Gelso and Karl (1974), in a similar study, compared the titles "high school counselor," "college counselor," "counseling psychologist," "advisor," "psychiatrist," and "clinical psychologist." Many differences were found among the three counseling specialities and each of the latter three titles. These differences were similar to those found in the Strong et al. (1971) study. However, there was little difference between "counseling psychologist" and the latter three. Also, in contradiction to the Strong et al. (1971) study, none of the three counseling specialities was rated higher on warmth than "psychiatrist." There

were no significant sex differences in the subjects' ratings. Binderman, Fretz, Scott, and Abrams (1972) studied the effects of the counselor's title on subjects' responses to test results. College students took an objective personality test and a self-concept scale. Each subject then met with one of two counselors who interpreted the test results to the subject. The interpretation given to the subjects was discrepant from their own self-ratings. The two counselors varied on their level of credibility. One counselor introduced himself as a PhD counselor in a counseling center, whereas the other introduced himself as a psychology practicum student in a counseling center. After meeting with the counselor, each subject completed another self-report scale. The results, although not significant, indicated that the first counselor was seen as more credible than the second. For those receiving negative feedback, only the discrepancy level had a significant effect on the second self-rating. For those receiving positive feedback, both discrepancy level and level of credibility had significant effects, with those in the high-credibility/medium discrepancy condition showing the greatest change. Claiborn and Schmidt (1977) looked at the counselor's power base (expertness level) and status and how they affect subjects' perceptions. All subjects, counselors, and clients in the experiment were female. The subjects, after reading a description of the counselor, watched a videotaped segment of a counseling session with a counselor and her client.

The counselor descriptions varied on level of expertness and status level. The expert description said that the counselor had extensive experience and a reputation as an expert. The inexpert description said that the counselor had no experience and was very similar to the client. The high-status description referred to the counselor as "Dr. (last name)," a PhD psychologist and ". . . a consultant doing postdoctoral work in counseling . . ." The low-status description stated that the counselor was an undergraduate doing volunteer work, and referred to her by first and last name with no title. After viewing the tape, the subjects rated the counselor's expertness, attractiveness, and power. The results showed that the expert counselor was rated higher on expertness, and that the low-status expert was rated higher than the high-status expert. There were no significant effects for either factor, or combination of factors, on perceived attractiveness or power. Guttman and Haase (1972) examined the effects of title, along with other factors, on subjects' perceptions. The subjects, male college freshmen, took a vocational aptitude test and then saw a counselor who interpreted the tests. After the session, each subject completed a counselor evaluation instrument. Two counselors were used, differing on level of expertness. The high-expert counselor was introduced as ". . . Dr. Dave Smith, a member of our staff . . . ," and the session took place in the high-prestige office. The low-expert counselor was introduced as ". . . Dave Smith, a graduate student in

counseling in training here with our staff.," and the session was held in a small, barren office. There was no significant difference between the two on counselor effectiveness. The results indicated that the subjects reported learning more and being helped more by the non-expert. However, later testing showed that they actually remembered more from the expert. The authors summarized the findings by saying that:

In general, those criteria that seem to relate to the qualitative judgment of the interview by the client (client satisfaction variables) tend to favor the non-expert counselor. Evaluations of the interview on the basis of the more quantitative dimensions (transfer of information) tend to favor the expert counselor.

(p. 176)

It should be pointed out that two factors, title and office style, contributed to the expertness variable. Heppner and Dixon (1981) summarized the research on therapist title as follows:

In short, it seems there is considerable evidence that certain stimuli, such as titles, diplomas, awards, and prestigious introductions, do cue a client's perceptions of counselor expertness, but the function of these client perceptions is not convincingly supported in terms of affecting a counselor's ability to change a client's opinion. (p. 543)

The purpose of the present study is to examine the effects of the therapist's title of address alone on his credibility as perceived by subjects. As one looks at the literature, one sees that the data on this topic are sparse. Most of the few studies that have examined therapist title have done so in combination with other factors, such as therapist sex, office decor, fee level, etc. Also, many of the studies on therapist title have used occupational titles (e.g., "psychiatrist," "psychologist," "counselor") rather than titles of address ("Dr.," "Mrs.," first name, etc.). When titles of address have been studied, they were used along with other information in the description or introduction of the therapist (e.g., amount of experience, reputation, degree, etc.). As of this writing, no published experiment has been done on the effects of title of address alone, with no other information nor in combination with any other therapist variables. This issue has importance in the practice of psychotherapy. First of all, the title of address carries certain implications regarding the person's training and abilities. Atkinson and Carskaddon (1975) stated that, "The author's subjective observation in the mental health setting was that any therapist who can be called "Doctor" (MD, PhD, EdD, etc.) is greatly respected since he usually directs the activities of other mental health workers and often can prescribe drugs" (p. 185). Also, "Doctor" implies professional training and expertise, whereas "Mister" or "Miss" may not necessarily. This is

important in light of a growing trend to use nonprofessional personnel to carry out certain tasks. As Spiegel (1976) pointed out, this policy may or may not be desirable, depending upon the clientele, the situation or setting, and the types of problems presented. In a psychotherapy situation, the use of "Doctors" may be preferred. Some studies allude to this stance. For example, Binderman et al. (1972) stated that:

. . . past and present findings suggest that the assignment of test interpretation to personnel with less than a PhD counselor status will result in less change in clients' self-concept at precisely the point where most change might be desired--when test results and self-concept are highly discrepant. (p. 403)

Furthermore, some doctoral level professionals, in an attempt to be less formal and more approachable or comfort-producing, may prefer to be addressed by first name or as "Mister." Some non-doctoral professionals may prefer being on a first-name basis for the same reason. This is in contrast to the advice of Gelso and Karl (1974), who stated that, "The results indicate that professional personnel at counseling centers would do well to inform their publics that they are counseling psychologists or clinical psychologists when appropriate" (p. 247). Likewise, Trautt and Bloom (1982) stated that, ". . . the term 'doctor' may be useful in increasing the therapist's credibility, regardless of the specific professional title used" (p. 278). From the social

psychology, literature on persuasion and attitude change, which is applicable to the process of psychotherapy, we know that source (therapist) credibility is an important factor.

CHAPTER 2

METHOD

Subjects

The subjects for the study were students in Introductory Psychology classes at Emporia State University, most of whom were given extra credit for participating. All of the Spring, 1985 classes, numbering 12, were used. The total enrollment for the 12 classes was 272 (137 males and 135 females). On the days that the experiment was conducted, a total of 207 subjects were present. Out of this group, three were eliminated because their returned questionnaires did not include the subjects' age and sex. Two of the returned questionnaires lacked the subjects' age; therefore, the mean age for their respective groups was assigned to them. The final sample consisted of 204 subjects, 97 males and 107 females. The mean age for the total sample was 20.17 years (20.32 for males and 20.03 for females).

Apparatus

A questionnaire was developed to measure the subjects' ratings, or perceptions, of the therapist. The instrument consisted of eleven 7-point Likert-type scales. Each item addressed a quality of the therapist. The qualities measured were, in order: Formality, Ability to Help,

Trustworthiness, Warmth, Genuineness, Understanding, and Concern. The last three items asked the subject how comfortable he or she would feel with the therapist, how willing he or she would be to follow the therapist's advice, and how likely he or she would be to consult this therapist if the need arose. The above characteristics were chosen on the basis of a survey of the existing literature. A copy of the questionnaire is in Appendix.

A videotape used in the experiment was produced in the Instructional Media Center's studio at Emporia State University. The actors in the taped session were both males. The "therapist" was a practicing clinical psychologist in his mid-thirties; the "client" was a 25 year-old graduate student in clinical psychology. No script was used. The two participants were instructed to spontaneously enact a "therapy" session. The "therapist" essentially just responded to the "client's" verbalizations by asking further questions or by making neutral affirmations. The entire session lasted 18 minutes. After the session was taped, three copies of the tape were made in the studio. Each of the three copies was made with a caption placed at the bottom of the screen. One copy read "Dr. Timothy Sippola and Client"; a second read "Mr. Timothy Sippola and "Client"; and the third read "Timothy Sippola and Client." (The real name of the "therapist" was used so that, in the event of his being recognized, no deception would be involved.) The videotape was in color and was shown on a 19-inch TV screen.

Procedure

The four experimental conditions were randomly assigned to the 12 classes, yielding three classes per condition. A number between 1 and 12 was arbitrarily assigned to each class. Using a table of random numbers, the first three class numbers appearing in the table were assigned to one condition (Group 1), the next three to another condition (Group 2), and so on. Group 1 was assigned the "Doctor" tape; Group 2 the "Mister" tape; Group 3 the name-only tape; and Group 4 the no-caption tape. The composition of the four groups by age, gender, and sample size is shown in Table 1.

Insert Table 1 about here

The experiment was conducted by showing the assigned tape to each of the 12 classes individually, over a three day period. In the experiment, the following instructions were read to each class:

You are going to participate in the evaluation of a psychotherapist's performance. You will see a brief segment of a therapy session with this therapist.

After viewing the tape, you will be asked to complete a short questionnaire.

The subjects were then shown the first five minutes of the tape. (This segment was chosen by the thesis committee as showing an optimum of interaction and being easiest to

Table 1

Group Composition by Sex, Age, and Number

Group	Sex	<u>n</u>	Mean Age
1 ("Dr.")	male	26	21.50
	female	19	18.89
	combined	45	20.40
2 ("Mr.")	male	24	19.21
	female	25	19.48
	combined	49	19.35
3 (name only)	male	19	20.74
	female	31	20.42
	combined	50	20.54
4 (no caption)	male	28	19.89
	female	32	20.75
	combined	60	20.35
Total		204	20.17

present). After the videotape segment was presented, the TV screen was turned off and the questionnaires were distributed. Upon receiving the questionnaires, the subjects were instructed to put their age and sex on the first page. Then the following instructions were read:

This questionnaire consists of eleven items. Each item concerns itself with one aspect of the therapist's performance. The possible responses for each item range from 1 to 7, or from low to high. You are to rate the therapist on each item by circling the approximate number. Respond to each item according to your impressions of the therapist's performance.

When the questionnaires were completed, they were collected and the subjects were thanked for their participation.

After all 12 classes, or experimental sessions, were completed, the scores were compiled by group and by sex. The raw data were then entered into a computer program for unequal group sizes and analyzed by a 2 x 4 (subject gender x therapist title) analysis of variance for each of the 11 questionnaire items.

CHAPTER 3

RESULTS

The independent variables in the present study were subject gender and therapist title. The dependent measure was the rating given by subjects on each of the 11 questionnaire items. The data were analyzed by a 2 x 4 (subject gender x therapist title) ANOVA for unequal group sizes. One ANOVA was performed for each of the 11 questionnaire items. Results indicated that there were no significant effects for therapist title, nor for the interaction of subject gender and therapist title, on any of the 11 therapist characteristics. However, there were significant effects for subject gender on 9 of the 11 items, with male subjects consistently giving higher ratings. The mean ratings and standard deviations for each item by gender are shown in Table 2.

Insert Table 2 about here

On Item 1 (Formality), there was no significant effect for therapist title, $F(3,196) = 1.511, p > .05$, for subject gender, $F(1,196) = 3.576, p > .05$, or for the interaction, $F(3,196) = 1.079, p > .05$.

Table 2

Mean Ratings and Standard Deviation for Each Item
by Subject Gender

Item #	Male*		Female**	
	Mean Score	<u>S.D.</u>	Mean Score	<u>S.D.</u>
1	3.87	1.22	3.51	1.30
2	4.20	1.25	3.86	1.22
3	5.00	1.20	4.57	1.57
4	4.82	1.34	4.65	1.24
5	4.31	1.31	3.65	1.37
6	4.61	1.16	4.04	1.31
7	4.82	1.21	4.24	1.25
8	4.79	1.17	4.46	1.21
9	3.84	1.59	3.16	1.59
10	4.33	1.41	3.76	1.36
11	3.52	1.47	3.05	1.60

* $\underline{n} = 97.$ ** $\underline{n} = 107.$

On Item 2 (Ability to Help), there was no significant effect for therapist title, $F(3,196) = 1.010$, $p > .05$, or for the interaction, $F(3,196) = 1.023$, $p > .05$. There was a significant effect for subject gender, $F(1,196) = 3.779$, $p < .05$.

On Item 3 (Willingness to Help), there was no significant effect for therapist title, $F(3,196) = 1.318$, $p > .05$, or for the interaction, $F(3,196) = .345$, $p > .05$. There was a significant effect for subject gender, $F(1,196) = 5.321$, $p < .02$.

On Item 4 (Trustworthiness), there was no significant effect for therapist title, $F(3,196) = .970$, $p > .05$, for subject gender, $F(1,196) = .765$, $p > .05$, or for the interaction, $F(3,196) = .187$, $p > .05$.

On Item 5 (Warmth), there was no significant effect for therapist title, $F(3,196) = .067$, $p > .05$, or for the interaction, $F(3,196) = .670$, $p > .05$. There was a significant effect for subject gender, $F(1,196) = 11.602$, $p < .001$.

On Item 6 (Genuineness), there was no significant difference for therapist title, $F(3,196) = .336$, $p > .05$, or for the interaction, $F(3,196) = .278$, $p > .05$. There was a significant effect for subject gender, $F(1,196) = 10.280$, $p < .001$.

On Item 7 (Understanding), there was no significant effect for therapist title, $F(3,196) = .657$, $p > .05$, or for the interaction, $F(3,196) = 1.155$, $p > .05$. There was

a significant effect for subject gender, $F(1,196) = 10.968$, $p < .001$.

On Item 8 (Concern), there was no significant effect for therapist title, $F(3,196) = .525$, $p > .05$, or for the interaction, $F(3,196) = .229$, $p > .05$. There was a significant effect for subject gender, $F(1,196) = 3.727$, $p < .05$.

On Item 9 (Comfort), there was no significant effect for therapist title, $F(3,196) = 1.235$, $p > .05$, or for the interaction, $F(3,196) = .660$, $p > .05$. There was a significant effect for subject gender, $F(1,196) = 9.090$, $p < .003$.

On Item 10 (Willingness of Subject to Follow Therapist's Advice), there was no significant effect for therapist title, $F(3,196) = 1.247$, $p > .05$, or for the interaction, $F(3,196) = .242$, $p > .05$. There was a significant effect for subject gender, $F(1,196) = 8.234$, $p < .004$.

On Item 11 (Likelihood of Subject to Consult Therapist), there was no significant effect for therapist title, $F(3,196) = 2.013$, $p > .05$, or for the interaction, $F(3,196) = .075$, $p > .05$. There was a significant effect for subject gender, $F(1,196) = 4.505$, $p < .03$.

Summarizing the above results, there were no significant effects for therapist title, nor for the interaction of subject sex and therapist title, on the subjects' ratings of any of the 11 therapist qualities. There was a significant effect for subject gender on ratings of nine therapist qualities: Warmth ($p < .001$), Genuineness ($p < .001$),

Understanding ($p < .001$), Comfort ($p < .003$), Willingness of Subject to Follow Therapist's Advice ($p < .004$), Willingness to Help ($p < .02$), Likelihood of Subject to Consult Therapist ($p < .03$), Concern ($p < .05$), and Ability to Help ($p < .05$). On all of the above characteristics, male subjects gave higher ratings than female subjects. On two of the characteristics, there were no significant effects for subject gender: Formality ($p > .05$) and Trustworthiness ($p > .05$).

CHAPTER 4
DISCUSSION

The data from the present study indicate that the therapist's title of address had no substantial effect on how subjects evaluated his abilities. The subjects' gender, on the other hand, was significant in the ratings of all but two therapist characteristics, with males giving higher ratings than females.

Regarding the therapist's title, the present results were somewhat surprising. Based on theories from social psychology and on previous research, it was expected that there would be differences in how the therapist was perceived by dint of his title. More specifically, it was expected that the therapist labelled as "Dr." would be seen as more formal, capable, and more understanding of people and their problems. The therapist labelled by name only was expected to be perceived as higher in personal warmth and as more comfort producing. None of these expected results materialized. The reasons for the absence of any effect for therapist title are not clear. Perhaps the best possible explanation comes from the study by Atkinson and Carskaddon (1975). They examined the effects of introduction (high or low in level of prestige) and use of psychological jargon on perceptions of credibility. Three groups of subjects were

used: college students, patients in an outpatient psychiatric clinic, and prison inmates in a drug rehabilitation program. The results across subject groups showed that the therapists given a prestigious introduction were rated as more likely to be consulted for treatment, and that the therapists using psychological jargon were rated as more knowledgeable. When they examined results between groups, however, some differences arose. The psychiatric outpatients gave consistently higher ratings for the high-prestige therapist than did the students and prisoners. In their discussion of the results, the authors hypothesized that students and prison inmates tend to be distrustful of authority figures. Therefore, they would be less likely to ascribe positive qualities to someone high in status or prestige. Outpatients in a mental health center, on the other hand, would tend to prefer a therapist with more prestigious qualifications, seeing such a therapist as more capable of helping them. Generalizing to the present study, the subjects, all college students, may have been unaffected by the therapist's title because of a general distrust of authority. Speculating further, one may assume that the subjects in this study (as well as the students in the Atkinson and Carskaddon, 1975 study) were not suffering from emotional problems. They were not seeking therapy, thus the therapist (or his title) was of no real consequence to them.

There were not any expected differences for subject sex, but males rated the therapist higher than did females on 9

of the 11 characteristics. On two qualities, formality and trustworthiness, there were no differences between male and female ratings. This finding is more difficult to explain because there is no conclusive information from previous literature. One can speculate that males gave higher ratings because the therapist was also a male. It must be kept in mind, however, that the ratings from both males and females tended to be in the middle of the scale (see Table 2), and that the differences were in every case less than one full point. Although there are statistically significant differences, they are probably of little practical significance.

In summary, it must be added that, although the recent findings did not fit expectations, neither did they contradict existing literature. Previous research in this area has been sparse, and results have been inconsistent or not conclusive. The complexity and subjectivity of the material involved is another factor to be considered. There are innumerable possibilities for further research in this area. Several changes could be made in further applications of the present study. For example, varying the age and sex of the therapist may yield important information. Perhaps most importantly, varying the age or the population of the subjects used may be of significance.

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APPENDIX

Therapist Rating Scale

Please respond to the following questions by circling the appropriate response.

1. How formal do you see the therapist?

Very Informal							Very Formal
1	2	3	4	5	6	7	

2. How would you rate the therapist's ability to help someone?

Not At All Capable							Very Capable
1	2	3	4	5	6	7	

3. How would you rate the therapist's willingness to help someone?

Very Unwilling							Very Willing
1	2	3	4	5	6	7	

4. How well could you trust the therapist to keep your discussions with him confidential?

Completely Untrustworthy							Completely Trustworthy
1	2	3	4	5	6	7	

5. How would you rate the therapist's personal warmth?

Very Cold							Very Warm
1	2	3	4	5	6	7	

6. How would you rate the therapist's genuineness, or sincerity?

Not At All Genuine							Very Genuine
1	2	3	4	5	6	7	

7. How would you rate the therapist's understanding of people and their problems?

Not At All Understanding							Very Understanding
1	2	3	4	5	6	7	

8. How much concern for people do you feel the therapist has?

Not At All Concerned							Very Concerned
1	2	3	4	5	6	7	

9. How comfortable would you feel with this therapist?

Very Uncomfortable							Very Comfortable
1	2	3	4	5	6	7	

10. How willing would you be to follow this therapist's advice?

Very Unwilling							Very Willing
1	2	3	4	5	6	7	

11. How likely would you be to consult this therapist if you felt a need to?

Very Unlikely							Very Likely
1	2	3	4	5	6	7	