

The Effects of a Client's Stated Sexual Preference on Clinical
Judgment: An Analog Study.

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One of the most difficult tasks for clinical psychologists is to assimilate and organize information about their clients. From the mass of information typically available about any given client, the psychologist tries to develop an understanding of the client and the client's situation. On the basis of this combined process of observation and judgment, decisions are made which affect the client's treatment. It is therefore crucial that these judgments about the client be as accurate as possible. Any systematic bias in judgment that is not shown to be valid is a potential source of error. Previous research such as that of the Chapmans on illusory correlations has indicated that people's preconceptions about how behaviors are related can affect the accuracy of observations and thereby lead to faulty inferences (Chapman & Chapman, 1967, 1969). This research has shown that untrained individuals may share a common set of biases. The finding of relevance to psychology is that even well trained professionals report observations that appear to reflect the same biases as untrained individuals.

There is currently a great deal of controversy concerning the extent to which a therapist's values regarding what constitutes appropriate, socially acceptable behavior will affect their behavior in clinical contexts. In the area of sex role stereotyping, for example,

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some widely publicized research has suggested that a clinician's judgments about the level of a client's disturbance depends on how much that behavior deviates from conventional sex role stereotypes (Broverman, Broverman, Clarkson, Rosenkrantz, & Vogel, 1970; Report of the Task Force on Sex Bias and Sex-role Stereotyping in Psychotherapeutic Practice, 1975) However, other investigators, such as Stricker (1977), have questioned the importance of any such differences which might exist. The aspect of clients' behavior which was examined in the present study was their sexual preferences. Within this culture there have been and continue to be strong and widely held negative attitudes toward homosexual behavior. The Anita Bryant campaigns, the Moral Majority, the incidence of physical assaults on homosexuals, and the recent controversy over removing homosexuality from our diagnostic manual are all testimony to the strength of peoples' feelings about the importance of sexual orientation. In addition, clinical reports of psychotherapy with homosexual clients suggest that there are inadequacies in the therapist's response to homosexual clients and that these inadequacies stem from the therapist's attitudes toward and/or naivete regarding homosexuality (Clark, 1977; Davison, 1976; Neuhring, Feint, & Tyler, 1974; Riddle & Sang, 1978). The clients' sexual preference seemed to be an area which might well affect therapists' attitudes and behavior toward the client in a clinical setting.

In the present study, we examined how the judgments of male and female raters were affected by the stated sexual preference of male and female pseudoclients. Clark (1977) and Riddle and Sang (1978) have suggested that even though negative attitudes toward homosexuality may

be overtly denied, they may still be present and affect the behavior of the therapist in subtle ways that are either non-productive or even destructive to the homosexual client. There are a variety of ways in which the client's sexual preferences might affect others reactions to them, and these effects would likely differ from subject to subject. Therefore, we chose to study differences in response not by asking our subjects how they felt about homosexuality, but instead by having them evaluate a pseudoclient along dimensions which would be relevant in a psychotherapy setting. Recent literature suggests that a measure of general attitudes is a better predictor of general behavior than a measure of specific attitudes (Ajzen & Fishbein, 1980). For the purposes of this study, the psychotherapy setting was viewed as a general setting which allows for a wide range of productive and non-productive behaviors from the therapist. We therefore analyzed each subject's response to the pseudoclient in terms of a single score summed across the items of a questionnaire prepared for this study. It was predicted that when the expressed sexual preference of the client was either homosexual or bisexual, the client would receive more overall negative ratings from the subjects. Both male and female subjects were used in the study since it has been found that there are differences in male and female attitudes toward homosexual and heterosexual clients (Garfinkle & Morin, 1978).

Method

Subjects

Subjects were 193 students who participated in the study as part of an Introductory Psychology course requirement. Sixteen subjects were

dropped prior to analysis because of equipment or experimenter error. This left 177 subjects (88 males and 89 females).

Procedure

Subjects were tested in small groups (1 to 7 people). The subjects were told that they would be viewing a videotape of a segment of a clinical interview. They were told that the people on the tape were actors who were reenacting what the client had said, since playing the tape of a real client would be unethical. Each subject was given a face sheet for the pseudoclient and a background sheet detailing information which was presumably gathered earlier in an intake session. After reading the background sheets and viewing the videotape, each subject filled out a subject biographical data questionnaire and another brief questionnaire which requested ratings based on the videotape.

The study was a 2 x 2 x 4 x 2 design with the factors being sex of the client, taped clinical situation, stated sexual preference of the client, and sex of the subject.

Four videotapes were prepared in a 2 X 2 design with the factors being the sex of the pseudoclient and the clinical situation portrayed. Both pseudoclients worked from identical scripts. Each of the four tapes contained two brief client-therapist interactions. The scripts for the interactions were prepared so that they would be equally applicable for either a male or female client. They represented brief discussions of issues which are common to most clients (e.g. loneliness, work-related problems, getting along with people). The same therapist interviewed both the female and the male pseudoclient. The

same actor and actress appeared in both of the clinical situations. Both client actors followed the prepared scripts verbatim even including things like emphasis and tone. Two different taped situations were used to increase the generalizability of this study.

The four conditions of stated sexual preference of the client were 1) exclusively heterosexual, 2) exclusively homosexual, 3) bisexual, and 4) no information given. The conditions were manipulated in a single sentence in a background sheet given to each subject immediately before they viewed the videotape. The first slide shows the background sheet for the female client in the heterosexual condition. The independent variable is manipulated in the second sentence of the third paragraph.

Insert slide 1 about here

Subjects were assigned to one of the four sexual preference conditions on a predetermined semi-random basis. Since the primary manipulation was accomplished by changing a single sentence on the background sheets, we were able to test subjects in groups where different subjects were in different sexual preference conditions. This procedure reduced the likelihood of unwanted experimenter expectations differentially affecting subjects in the different conditions.

The questionnaire given to each subject immediately after viewing the videotape asked the subject to rate the client and the therapist on a variety of dimensions relevant to therapy. The questions about the therapists were included to obscure our primary interest in how each

subject felt about the client. The clients were rated on their awareness of their problems, their ability to relate to others, their desirability as a client, the likely responsiveness of their problems to therapy, their effectiveness in dealing with stress, the desirability of supportive versus directive treatment, their likeableness as a client, the seriousness of their problems, their need for therapy and the likely length of therapy. The dependent measure for this study was an unweighted sum of 11 client rating items which were judged by the two senior authors to be clearly judgmental in that the client was rated as more seriously disturbed, less likely to benefit from therapy, or less likeable as a person. Keying on these items was adjusted so that a high score represented negative feelings toward the client. The coefficient alpha for this 11 item scale was .54. We chose this approach of sampling a wide range of perceptions of the client and the client's situation for two reasons. First, we felt that this would provide a more sensitive measure of the subtle bias reported by Clark (1977) and Riddle and Sang (1978) than we could get by directly asking the subjects if they felt differently about homosexual and bisexual clients than about other clients. Secondly, it was thought that a total score which resulted from a variety of specific ratings would be more reliable and have a stronger relationship to actual therapist attitudes in a therapy setting than would the individual scores from each specific question.

Results

The total "negative feelings" score was analyzed in a 2 x 2 x 4 x 2 ANOVA for unequal Ns. There was no main effect for stated sexual preference of the client, although there was an interaction between

stated sexual preference and sex of the client, $F(3, 145) = 3.94, p < .01$. As can be seen in this slide, males were seen in a more negative light than females in the "exclusively heterosexual" and "exclusively homosexual" conditions, but not in the "bisexual" or "no mention" conditions. We probed these differences with a Newman-Keuls test. The only significant differences were between the male homosexual pseudoclient and the female heterosexual and female homosexual pseudoclients. The only other significant effect was that the male client was perceived more negatively than the female client, $F(1, 145) = 5.05, p < .05$.

Insert slide 2 about here

A second interaction, sex of client by sex of subject, approached significance, $F(1, 145) = 2.76, p < .10$. Males showed more negative feelings toward the male client while females displayed similar feelings toward both clients. Most of the difference in male therapist ratings between male and female clients can be attributed to a very negative rating of the male homosexual client.

Insert slide 3 about here

Separate analyses were performed on each of the individual items in the client rating questionnaire. Although occasional significant differences were found, there was no consistent pattern of results. Of

interest here is the fact that no significant differences were found on the items that requested a direct rating of the person's feelings about the client.

Discussion

The present study suggests that the sexuality of the client may indeed affect and color the perception of other information about the client. However, the effect is not simple and straight forward, but rather interacts with the sex of the client and possibly even the sex of the observer. The importance of both the sex of the client and the sex of the observer must be emphasized. There may be a double standard in this area as well; perhaps deviations from a strict heterosexual orientation are more permissible for women than for men.

A puzzling finding here is the large difference found between male and female homosexual pseudoclients on our negative feelings measure while no difference was found between our bisexual male and female pseudoclients. Apparently, bisexuality is viewed much differently than homosexuality. Unfortunately, very few researchers have even looked at perceptions of bisexuality. This lack of information is particularly significant since bisexuality is reportedly more frequent than exclusive homosexuality.

An interesting finding that we had not anticipated was that males were much more affected by the sex of the client in their evaluations than were females. Since our male and female pseudoclients used identical scripts for the videotapes and the background sheets were also identical (except for gender changes), we expected that the two clients

would be rated similarly. Our male client was generally rated as more severely disturbed, but most of this effect came from the pronounced differential rating of the male subjects. Female subjects generally rated the male and female pseudoclients as equally disturbed, while the male subjects rated the male pseudoclient as much more disturbed than the female pseudoclient. At first this surprised us because we had taken great pains in the preparation of the scripts and the background sheets to avoid sex role stereotypes. But on closer inspection, a possible contributing factor emerged. The scripts called for the pseudoclients to express feelings of inadequacy in the area of work, sexuality, and general interpersonal relations. It seems likely that the expression of such feelings are stereotypically more acceptable in women than in men and that the male raters in this study were more sensitive to violations of this stereotype than the female raters or the clinical psychologists who prepared the original scripts.

Two limitations in the present study should be noted. First of all, the effect of the observer's feelings about the client on possible behavior toward the client was not assessed in this study. That particular question might best be answered using actual therapists as subjects. Secondly, the consistently more negative ratings for the male pseudoclient in this study may not be a function of the sex of the client per se, since only one male and only one female played the client roles. The variable of sex of the client is perfectly confounded with who played the clients. The response of our raters may be idiosyncratic to these particular actors.

It is important to remember when studying a social issue such as one's feelings towards homosexuals or bisexuals that any bias one may feel is likely to express itself in subtle and complex ways. The complexity of human interaction makes it difficult to standardize conditions for observation of potential bias without creating a setting that is so remote it becomes impossible to generalize from the results. It is also very difficult to adequately sample the specific types of interactions that might illicit a biased reaction.

The analog nature of this study addresses these issues. The use of videotapes of pseudoclients allowed for standardization of the taped presentations and a relatively simple manipulation of both client sex and sexual preference. By using undergraduate students as subjects, we were able to test a large group of people in a short time. This allowed us to use the complex factorial design which highlighted the importance of the variable of gender as well as stated sexual preference in forming one's biases. A second advantage is that undergraduate students are considerably more naive than either psychotherapists or clinical graduate students. Even with a between subjects design, it would be difficult to disguise the purpose of this study from most professionals. Furthermore, the work of Chapman and Chapman (1967, 1969) on the effects of illusory correlations on assessment suggests that any tendency to distort observations uncovered in a study using naive subjects has to at least be considered as a potential threat to the accuracy of observations of even well trained professionals. Although one must be careful in generalizing from this study to therapeutic settings, the study does suggest the need for further investigation. The interactions

between the stated sexual preference of the client and the sex of the client and between the sex of the client and the sex of the rater should be investigated by future research. If these findings replicate, it would be useful to explore the mediating factors.

Finally, the fact that the individual items on our dependent measure did not provide coherent evidence of differential response based on stated sexual preference but that the sum of these items did, suggests that future research in the area should utilize a dependent measure composed of a number of specific items which are pooled rather than just look at the effects within each individual item.

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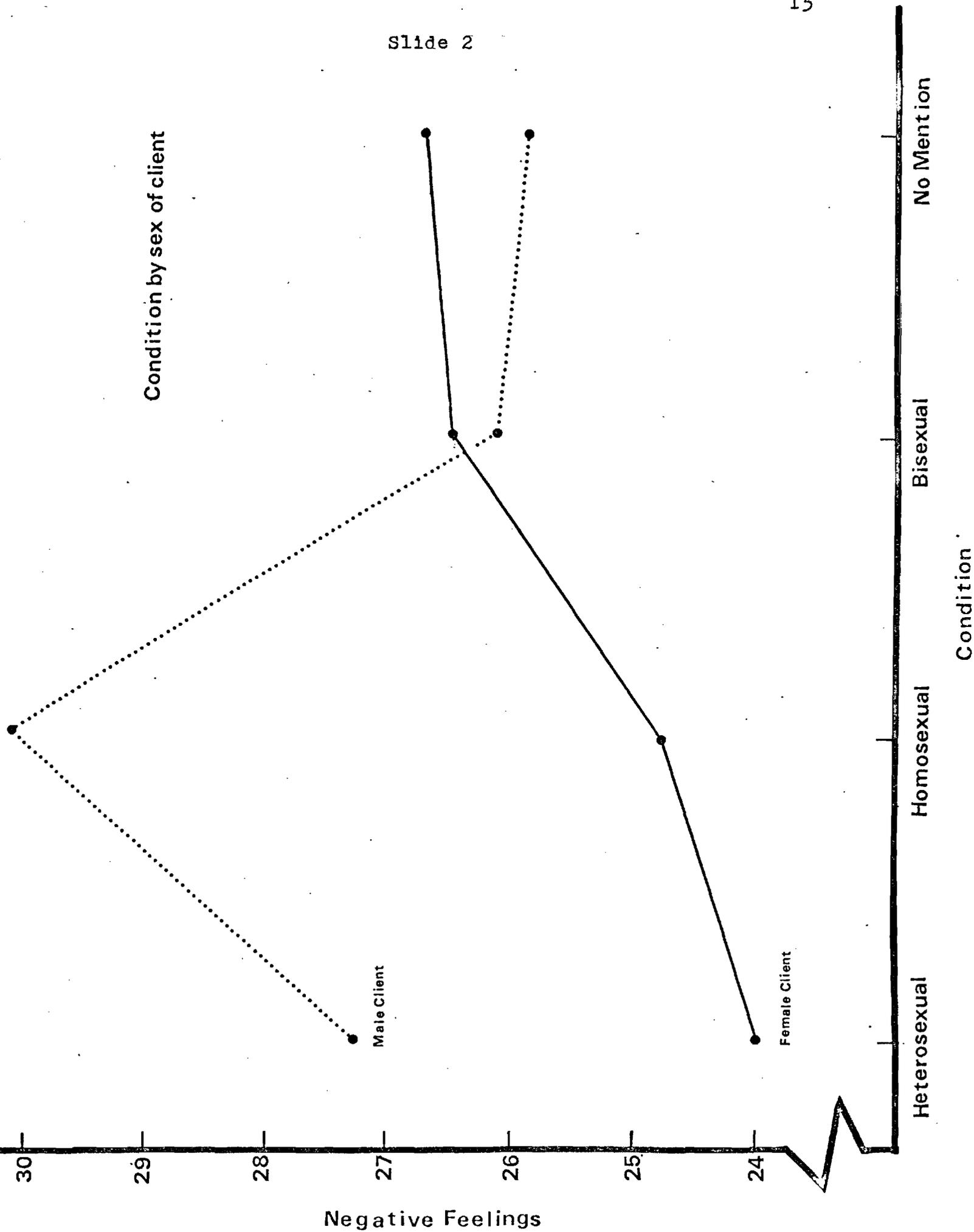
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Slide 2

Condition by sex of client



Negative Feelings

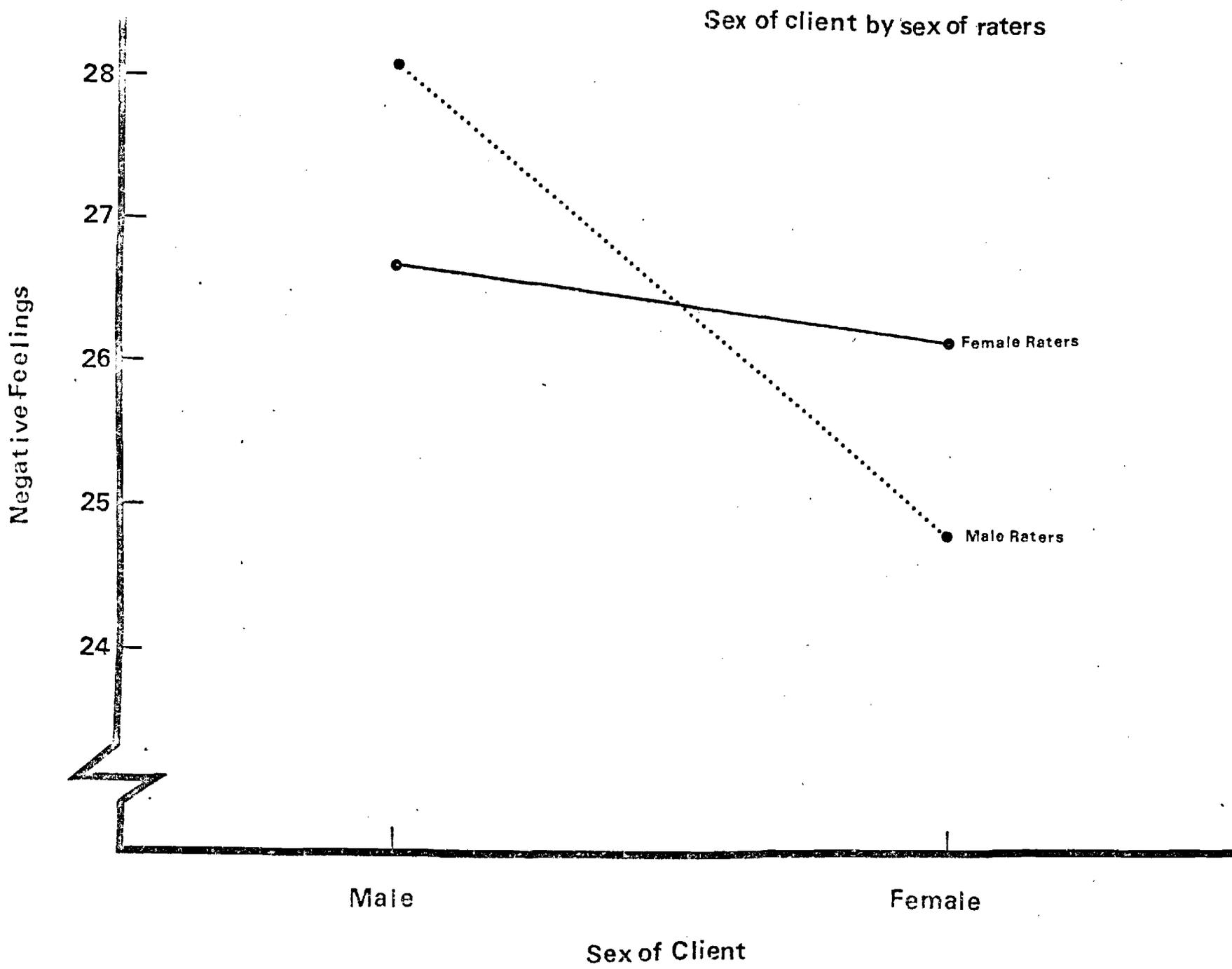
Heterosexual

Homosexual

Bisexual

No Mention

Condition



SFA

Slide 1

Summary of the first part of the intake

Michele began by saying that "things are so bad and so tense at home that I can't take it anymore." She feels that her parents treat her like a kid. Constant arguments with her parents leaves the client feeling isolated and alone. The client feels isolated, not only from her parents, but from the rest of the family as well. It was not clear what factors lead to the client's feeling of isolation from her siblings.

Michele reports feeling isolated in other situations as well. She feels that her relationships at work are superficial. Although she works for a large firm, she actually knows very few fellow employees, and works closely with only one other employee. Most of the client's high school and college friends have either moved away or are married and have families. The client reports feeling uneasy whenever she gets together with these old friends because she feels that they have drifted so far apart.

Michele is not sexually active at this time, although she has been in the past. Her sexual relationships have been exclusively heterosexual in nature. She finds it very difficult to even consider starting any serious relationship at this time, since she doesn't feel she could get close enough to anyone until she has a better sense of who she is.

The client doesn't know when this feeling of isolation first started bothering her. She has only been clearly aware of it for the last 3 months. However, she reports that she has felt that "something was missing" for at least the last couple of years. The client did say that she knew that her problem would not be easy to solve, but that she was willing to work hard to find a solution. Throughout the early part of the interview, Michele was very candid and willing to talk about her feelings.