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The Competency of Counselors Committing Ethical Violations

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The Effects of Likeability and Attractiveness on Perceptions of the Competency of Counselors Committing Ethical Violations

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ABSTRACT

This study explored the effects of three counselor factors (likeability, physical attractiveness, and ethical behavior) on the ratings of the counselor’s Expertness, attractiveness, and Trustworthiness by participants who read stimulus materials depicting a counseling session. This 2 X 2 X 2 analogue design employed the Counselor Rating Form – Short Form (Corrigan & Schmidt, 1983) to capture participants’ perceptions of the counselor from one of eight possible combinations of likeable/unlikeable, physically attractive/physically less-attractive, and ethical/unethical behavior.

Eighty one advanced graduate counseling students from a Midwestern university were randomly assigned to one of the eight conditions. Participants read a counselor biography, viewed a photograph, and read a transcript of a counseling session before rating the counselor using the CRF-S.

Multivariate analyses and follow-up univariate analyses yielded significantly higher ratings for the likeable counselor \((p < .001)\), for the physically attractive counselor \((p < .05)\), and for the ethical counselor \((p < .001)\). There were no significant interactions among the three independent variables in the multivariate analysis. Univariate analyses revealed that the likeable counselor was rated as significantly more Expert, Attractive, and Trustworthy; analyses for physical attractiveness revealed that the physically attractive counselor was rated significantly more Attractive; and results also showed that the counselor who behaved ethically was rated significantly higher on Expert and Trustworthy subscale items. The limitations of this study, as well as suggestions for further research, are discussed.
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CHAPTER I

Introduction

Ethical behavior is the cornerstone of most professions, and because of its importance, it is a focus of much scholarly research, writing, and debate. Most professions that serve the public in some capacity fall under the watchful eye of regulatory bodies, government agencies, or professional associations in an effort to protect consumers from harm. For example, business professionals are expected to follow ethical guidelines established by organizations created to protect the financial interests of the public. Unethical behavior on the part of members of the business community can have disastrous fiscal consequences for individuals, communities, and entire economies. In medicine, consumers are patients, and the behavior of practitioners affects consumers’ physical health. Since unethical behavior and negligence in medicine can have fatal consequences, physicians and medical professionals are under intense scrutiny and are expected to adhere to the strictest of ethical standards. In the field of mental health, consumers are clients who come to counseling often at their most vulnerable time, seeking help, guidance, and support as they attempt to navigate the psychological and emotional problems with which they struggle.

The field of counseling, as in the medical field and business community, has adopted a set of standards for the ethical behavior of those serving client populations. The American Counseling Association Code of Ethics (2005) (hereafter referred to as the Code) serves as a guide to the ethical principles set forth in the counseling profession, and provides the standards which counselors are expected to follow in their daily practice of counseling. As the first standard in the Code reads, counselors are expected to “respect the dignity and promote the
welfare of clients” (ACA, 2005, A.1.a.). This standard sets the stage for the entire *Code*, which outlines the American Counseling Association’s expectations for the behavior of its members.

In a perfect world, the existence of codes of ethics, laws, and professional guidelines would not be necessary, for there would be no breaches of ethics or broken laws. Sadly, however, this is not the case. All counselors graduating from accredited counseling programs have taken a course in ethics, and to renew licenses in many states, counselors are required to document continuing education in ethics (ACA, 2005). Nonetheless, even when counselors are trained in and knowledgeable about ethical behavior and ethical decision-making, there is ample evidence of license suspensions, revocations, and malpractice suits in the mental health profession. Clearly, not everyone follows the ethical guidelines set forth by the counseling profession. Whether deliberate or not, counselors breach their ethics. From misrepresenting credentials, engaging in questionable billing practices, or having sexual relations with clients, counselors cross ethical lines in different ways, with varying effects on the clients they serve. Some ethical violations do not harm clients; in fact, some could make an argument that certain ethical violations do not affect clients negatively in the least, or even benefit them in some way. It is important to note that many ethical violations are harmless, while others can have a profound impact on the lives of clients (i.e. breaching confidentiality or engaging in a sexual relationship). Regardless of the effects, motivations for and impact of ethical violations can be complicated to understand.

The reality of counseling is that clients come because they need someone to trust, and many clients take a leap of faith that their counselors will be ethical in their work with them. Clients trust that counselors will use their education, personal character, and good judgment in
working with them. Most clients are not privy to the same knowledge about ethical behavior that counselors are, so they expect that their counselors will act with appropriate professional guidelines and boundaries as they establish and build the therapeutic relationship.

So, when counselors engage in unethical behavior or decision-making with their clients, how will clients know? Some ethical violations (e.g., administrative violations like tardiness in completing paperwork) are far-removed from the client, and some could argue that the client suffers little direct effect as a result; other violations, however, can have grave implications for the mental and emotional well-being of clients. In other words, some ethical violations are seemingly impossible to overlook.

Common factors suggest that approximately 30% of client change and counseling success can be attributed to the therapeutic relationship (Hubble et al., 1999). The relationship is clearly an important factor when considering client outcomes in counseling. It is conceivable, given the importance of the therapeutic relationship and the social influence of counselors, that clients are influenced by their counselors in decisions about the counselors’ behavior, and what, if any, actions to take when counselors behave unethically. A part of what creates positive therapeutic relationships and establishes the potential influence of counselors is a combination of the counselor’s personality, physical attractiveness, and the manner in which the client is treated interpersonally. In a word, the likeability of the counselor is critical to the formation of a solid therapeutic relationship.

Statement of the Problem

The likeability of the counselor is crucial for creating strong therapeutic relationships; in addition, a counselor’s attractiveness, both interpersonally and physically, influences the degree
to which clients perceive counselors in positive ways. But likeability and attractiveness can be a double-edged sword in that they can cloud clients’ perceptions of their counselors’ competence and ethical behavior. When a counselor is ethical and likeable, the outcome of counseling can be fruitful for the client: the client is involved in a therapeutic relationship with a counselor s/he likes, and can trust. But, when the counselor is unethical and likeable, the outcome of counseling might be potentially harmful for the client if that client has placed trust in a counselor who commits certain ethical violations (e.g., by breaching confidentiality or by committing boundary violations).

This study examines how a counselor’s likeability (i.e., personality and behavioral characteristics such as warmth, kindness, sociability, and respect) and physical attractiveness (as illustrated by a photograph) will impact the perceptions of competence when the counselor engages in either ethical or unethical behavior with a client (i.e., unethical behavior such as a breach of confidentiality and misrepresentation of credentials). These perceptions will be measured by self-reported ratings of the counselor following reading a biographical statement about the counselor, viewing a photograph of the counselor, and reading a transcript of a counseling session.

**Rationale and Significance of the Study**

The purpose of this study is to examine how observers react to ethical violations made by counselors who vary according to personal likeability and physical attractiveness. This study seeks to explore the questions: (a) How does counselor likeability influence observer ratings of counselors when they behave unethically and (b) How does physical attractiveness affect observer ratings of counselors when they behave unethically?
Given the problems outlined above, this study can add to our understanding of how counselors’ personalities and physical appearance impact others’ thoughts, feelings, and decision-making in the therapeutic setting, especially when counselors commit ethical violations. Currently, there are no studies that examine the influence of these characteristics on the perceptions of counselors who perform unethical acts. Thus, this study will fill a gap in the research literature. The findings could have implications for how we train and evaluate counselors in supervision as well as how we monitor our own ethical decision-making with clients, in light of our own personality types and need to be liked by others. For counselors who have a high need to be liked or who understand the influence their physical appearance could have on clients, it could be helpful to raise awareness of the impact these characteristics could have on the therapeutic relationship and on clients’ thinking, feeling, and behaviors.

**Hypotheses**

The likeable, physically attractive, and ethical counselor will be rated highest on subscales Expertness, Trustworthiness, and Attractiveness on the Counselor Rating Form – Short Form (Corrigan & Schmidt, 1983) and that the unlikeable, physically less-attractive, and unethical will be rated lower on the subscales (manipulation checks). Furthermore, the likeable, physically attractive counselor who behaves unethically will be rated higher than the unlikeable, physically less-attractive counselor who behaves ethically (main hypothesis of interest).
Definitions

With respect to specific terminology used in the remainder of this paper, therapy and counseling are used interchangeably, consistent with common use in psychology and counseling literature. Likewise, the terms counselor and therapist have identical meaning for the purposes of this study.

The following are operational definitions of terms used throughout the remainder of this paper:

1. **Likeable**: Having a set of pre-defined characteristics (e.g., warmth, kindness, respectfulness, friendliness) that increase a person’s likelihood of being liked by others.

2. **Un-likeable**: Having a set of personal characteristics (e.g., coldness, aloofness, unfriendliness, disrespect or arrogance) that decreases a person’s likelihood of being liked by others.

3. **Physically attractive**: Having physical characteristics that are deemed pleasing or attractive by most others; rated high on physical attractiveness scales.

4. **Physically less-attractive**: Having physical characteristics that are deemed unpleasing or less attractive by most others; rated lower on physical attractiveness scales.

5. **Ethical behavior**: Counselor behavior that meets ethical guidelines of the American Counseling Association Code of Ethics (2005); In this study, ethical behavior consists of honoring confidentiality and working within the boundaries of one’s own competency.

6. **Unethical behavior**: Counselor behavior that does not meet ethical guidelines of the American Counseling Association Code of Ethics (2005); In this study, unethical behavior
consists of breaching confidentiality, working outside the boundaries of one’s own competency, and misrepresenting one’s own credentials.

7. **Expert:** A subscale on the Counselor Rating Form – Short Form (Corrigan & Schmidt, 1983), with the following items: Skillful, Expert, Experienced, and Prepared.

8. **Attractive:** A subscale on the Counselor Rating Form – Short Form (Corrigan & Schmidt, 1983) with the following items: Friendly, Warm, Sociable, and Likeable.

9. **Trustworthy:** A subscale on the Counselor Rating Form – Short Form (Corrigan & Schmidt, 1983) with the following items: Honest, Trustworthy, Reliable, and Sincere.

10. **Competent:** For the purposes of this study, competency will focus on the Expertness and Trustworthiness subscales of the Counselor Rating Form – Short Form (Corrigan & Schmidt, 1983).
CHAPTER II

Review of the Literature

This chapter explores scholarship pertinent to the study of likeability, physical attractiveness, and ethical behavior in counseling. The chapter begins with an examination of common factors research, narrowing to counselor factors (including personality and physical characteristics) that affect the therapeutic relationship, as well as Social Influence Theory and ethical violations in counseling.

Common Factors in Counseling

Rationale for common factors research. In building a case for conducting the above-described study, it is necessary to first review the rationale for the study of the therapeutic relationship. Because many researchers have placed so much emphasis on the study of evidence-based practice in counseling and psychotherapy in the past few decades, it seems prudent to present an argument for conducting a study that focuses on the therapeutic relationship, and more specifically, on therapist or counselor variables that impact this relationship.

In his significant meta-analysis of psychotherapy, Wampold (2001) affirmed that there are over 250 different approaches to counseling and psychotherapy, and thousands of research publications dedicated to reporting outcomes of studies conducted to help us understand what specifically works with clients in therapy. According to Garfield and Bergin (1994), theoretical techniques have surpassed 400 in number. With so many competing theoretical orientations, it is no surprise that each has sought to be crowned most effective. As Hubble, Duncan, and Miller (1999) explained of the various approaches, most claim to have the best approach to understanding human behavior and treating abnormalities. Over the last few decades, researchers
from every theoretical orientation – from Psychoanalytic to Time-Limited – have been on a quest for evidence (hence the term *Evidence-Based Practice*) that their approach is the right approach.

Strangely, long before this conflict began, Saul Rosenzweig, a contemporary of B.F. Skinner and Jerome Frank, wrote a ground-breaking and now oft-cited article in which he introduced the concept of common factors. Due in part to Rosenzweig’s interest in history and the historical roots of all forms of healing, he began to see common themes that cut across all approaches to mental and emotional healing. In his conversation with Duncan in 2002, Rosenzweig, then 93, remembered:

But the common factors came out of my awareness that there was such a variety of methods trying to reach the mind and doing mental tricks of various kinds – like the evil eye, the royal touch, the revolving chair, and so on and so forth. All seemed to have more in common, implicitly, than not. All those precursors to psychotherapy from the panorama bear a resemblance to each other and later forms of healing like psychotherapy. (Duncan, 2002, p. 16).

According to Rosenzweig (1936), every theoretical approach can boast some successes, and therefore there must be some commonalities responsible for positive outcomes in therapy. One of the most important commonalities across theoretical orientations, or common factors, is the relationship between therapist and client. In recounting the discussion about common factors with Rosenzweig, Duncan (2002) reflected that subsequent scholars furthered Rosenzweig’s contention that all therapeutic modalities have some merit, and that there are elements common to the divergent approaches, especially with respect to the relationship and interpersonal characteristics of the therapist.
Jerome Frank carried the idea of common factors into his own work. Frank and Frank (1991), in *Persuasion in Healing*, expanded Rosenzweig’s basic idea into an expansive work about the common variables that impact therapeutic outcomes. Frank and Frank (1991) contended that there are four features shared by all theoretical orientations: a therapeutic relationship, therapeutic setting, an explanation for the client’s distress, and a procedure for treatment. These features transcend the specific theoretical context of the therapeutic encounter. Like Rosenzweig, Frank and Frank placed great emphasis on the quality of the relationship between therapist and client to determine the outcomes, both positive and negative, of therapy.

Few theories, ideas, and concepts are universally accepted by scholars, especially when it comes to research in mental health. In this respect, the idea of common factors is no different. It should be noted that common factors, as a primary factor responsible for treatment outcome, is widely debated among scholars in the psychological fields, especially in marriage and family therapy, which has paved the way in common factors research. Sexton et al. (2004) argued that common factors are ill-defined and thus difficult to measure or research. Furthermore, Sexton and Ridley (2004) purported that “the lack of conceptual clarity in the common factors perspective makes it difficult to systematically study, systematically practice, or use the potentially valuable contribution of common factors in developing additional clinical approaches” (p. 161). Much of the debate about common factors by marriage and family Therapy scholars centers on the role of common factors as agencies of client change; this study focuses on one component of common factors, specifically therapist characteristics and their impact on client perceptions of competency. Regardless of the debate as to how influential common factors are to the outcome of therapy, as Blow et al. (2007) succinctly put it: “Models either come alive
or die with the therapist” (p. 308). Therefore, it’s reasonable to conclude: “we need to study therapists” (p. 312). In his meta-analysis of the effectiveness of theoretical orientations and variance of outcomes, Wampold (2001) made several recommendations based on emerging understanding of common factors, including the recommendation that scholars study personal qualities of therapists.

*Common factors and counseling outcomes.* As Rosenzweig (1936) understood them to mean, common factors are those elements in therapy that are common to all approaches; simply put, common factors are the common denominators of the counseling experience – those elements necessary to affect a positive therapeutic outcome. Lambert (1994) studied the variance of therapy outcomes in an effort to understand and account for discrepancies in results when the same methods are employed. He found that at least 30% of the variance in counseling outcomes can be attributed to factors that are common to all theoretical orientations. According to Wampold (2001), at least 70% of therapeutic effects that contribute to client outcome are due to common factors – or are general effects. In addition, Lambert (1994) differentiated between narrow and broad common factors, defining narrow common factors as those variables that are common across different therapeutic modalities (e.g., changing the way people think about their lives, or helping people change specific behaviors). Hubble et al. (1999) defined the broad factors as those variables related to the client, the therapist, the relationship, and the expectations that client has about his/her treatment. Hubble et al. (1999) separated these broad factors that contribute to therapeutic change and outcomes into four categories: Client intrapsychic factors and factors within the client’s life (said to account for 40% of change), therapeutic relationship factors (30%), the model/technique used by the counselor (15%), and expectancy or placebo
(15%). Whereas Wampold (2001) argued that extra-therapeutic factors account for 30% of the variance of therapeutic change and outcome, Miller et al. (1997) determined that extra-therapeutic factors account for 40% of the variance of therapeutic outcome.

Regardless of the percentage of variance attributed to common factors in measuring influences of counseling outcomes, scholars who study these common elements agree that they influence the client, and therefore the client’s ability to change. One particular subset of common factors, the therapeutic relationship, and more specifically, the therapeutic alliance, will be a focus of the present study of counselor likeability and attractiveness.

The therapeutic alliance. Based on the review of literature on the topic of the therapeutic relationship and therapeutic alliance, it has become evident that the terms are often used interchangeably. As Hubble et al. (1999) summarized, the alliance is considered the positive, collaborative component of the therapeutic relationship, which is based in reality and not on client transference from past relationships (Luborsky, 1986). For the purposes of this literature review, it will not be necessary to provide a lengthy discussion of the therapeutic relationship and therapeutic alliance per se; however, it will be helpful to place the counselor and client in a context in order to understand the counselor’s influence on the client’s perceptions.

The therapeutic context. There has been a dramatic shift in how the counseling relationship has been conceptualized over the past century. Horvath and Luborsky (1993) gave a brief history of the evolution of thought related to the therapeutic alliance and the therapeutic relationship, beginning with Freud. As the authors noted, Freud’s earlier writings (1912, 1913) defined the therapeutic relationship in terms of positive transference towards the therapist, suggesting Freud believed that any relationship that exists between the client and the therapist is
based upon the client’s past relationships and projects onto the therapist (Horvath & Luborsky, 1993). In his later writings, Freud modified his original ideas about the possibility of a real relationship between a client and his/her therapist:

[T]he implication of this later perspective is that, although the interpretation of the client’s projections or unresolved prior experiences is central to therapy, the ability of the intact portion of the client’s conscious, reality-based self to develop a covenant with the “real” therapist makes it possible to undertake the task of healing. (p. 561)

Following Freud’s later writings, Zetzel (1956) and Greenson (1965) made further clarifications between transference, the working alliance, and what has been coined the “real relationship.” Zetzel (1956) differentiated between transference and the “non-neurotic component of the client-therapist relationship (the alliance), [which] permits the client to step back and use the therapist’s interpretations to better distinguish between remnants of past relationships and the real association between himself or herself and the therapist” (Horvath & Luborsky, 1993, p. 561). Greenson (1965) coined the term “real relationship,” which “is characterized by the therapist’s decency, openness, and basically humane and friendly approach to patients” (as cited in Frieswyk et al., 1986, p. 33). To further this idea of a therapeutic relationship rooted in reality, Bowlby (1988) addressed the therapeutic relationship in the context of his work on attachment; therefore, “the object-relationists propose that the client, as part of the therapy process, develops the capacity to form a positive, need-gratifying relationship with the therapist. This attachment is qualitatively different from those based on early childhood experiences and thus represents a new class of events” (p. 562). Zetzel (1956) likened the therapeutic alliance to the relationship between mother and child and argued that in order for any
real growth to happen for clients, they need to be nurtured in a safe, supportive therapeutic relationship.

Rogers (1951) completely broke from traditional psychoanalytic approaches, emphasizing the power differential in the therapeutic relationship and transference/countertransference, to one that was more collaborative, facilitative, based in reality, and focused on unconditional acceptance by the counselor of the client. In building the counseling relationship, Rogers (1951) emphasized the expression of empathy, genuineness of the therapist, and unconditional positive regard. In describing the ideal therapeutic relationship, Rogers cited Fiedler’s (1950) study of eight therapists from different theoretical orientations to determine the characteristics of ideal therapeutic relationships:

The results hold much of interest. All correlations were strongly positive, ranging from .43 to .84, indicating that all the therapists and even the nontherapists tended to describe the ideal relationship in similar terms . . . [and] the fact that even laymen can describe the ideal therapeutic relationship in terms which correlate highly with those of the Experts suggests that the best therapeutic relationship may be related to good interpersonal relationships in general. (p. 53)

Rogers listed the characteristics cited in this study, which exemplified his core elements of therapeutic relationships: Empathy, genuineness, and unconditional positive regard.

Rogers (1961) spoke of the power of the therapeutic relationship to facilitate becoming authentic for the client. Rogers explained that clients move closer to their own authenticity when they experience feeling in the therapeutic relationship. He stated that
in our daily lives there are a thousand and one reasons for not letting ourselves experience our attitudes fully, reasons from our past and from the present, reasons that reside in the social situation. It seems too dangerous, too potentially damaging, to experience them freely and fully. But in the safety and freedom of the therapeutic relationship, they can be experienced fully, clear to the limit of what they are. (p. 111)

So in a sense, the therapeutic relationship is not only about the relationship between the client and the counselor, but also about the client’s relationship with him or herself. Authenticity is a state of being that emerges from the process of building the therapeutic relationship.

The therapeutic context, for the purposes of this study, consists of a safe relationship in which the core facilitative conditions, empathy, genuineness, and unconditional positive regard, exist.

Impact of alliance on counseling outcomes. The therapeutic alliance, within the framework of common factors, has also been the focus of outcomes research over the past few decades. Bordin (1979) was pivotal in advancing research and analysis of the therapeutic alliance, and more specifically, of counselor and client variables that contribute to a positive therapeutic alliance. In addition, Bordin studied the alliance across theoretical orientations and determined that the therapeutic alliance is an important factor when determining therapeutic outcome. Following Bordin’s analysis of the therapeutic alliance, Luborsky et al. (1980) embarked on a significant research project, the Penn Psychotherapy Project, which concluded that the only real predictor of positive outcome is the treatment alliance. The Menninger Treatment Interventions Project (Horowitz et al., 1984) further fine-tuned our understanding of the impact of the therapeutic alliance on counseling outcomes, specifically with borderline
clients. Horowitz et al. (1984) concluded that a major factor in client outcome is how the client perceives the therapeutic alliance.

To summarize, numerous studies have pointed to significant determinants of therapeutic outcomes. In order to build positive therapeutic alliances, it is necessary for the counselor and the client to unite for a common purpose, which is to overcome client struggles and meet therapeutic goals. It is to this uniting, or how counselor and client connect, that I now turn the attention of this review.

Counselor Factors and Client Perceptions

Beutler et al. (2004) pointed out that little attention has been paid to counselor variables in the last 20 years, due in part to studying the effectiveness of specific theoretical approaches. Indeed, the majority of studies sampled in this review are somewhat dated. In recent years, researchers have turned their attention to studies about specific theoretical modalities or techniques and their associated outcomes. With the exception of the common factors “movement,” much scholarship has focused on evidence-based practice, or specific theoretical approaches and their efficacy in treatment (Hubble et al., 1999).

This review begins with a discussion of common factors in counseling, and then focuses on the therapeutic alliance. In order to understand how counselors and clients connect and collaborate in counseling, it is necessary to address and deconstruct the influence a counselor has on his/her clients, the clients’ perceptions of the counselor, and the implications of this dynamic.

Counselor personality characteristics: Likeability. Beutler et al. (2004) examined therapist variables and their impact on the therapeutic relationship, client perceptions, and therapeutic change. The researchers categorized therapist variables into four groups: Observable
states, observable traits, inferred traits, and inferred states. Two of these categories, observable traits (specifically physical attractiveness) and inferred traits (specifically likeable or unlikeable personality), will be the focus of this study.

Likeability is thought to be a construct including several personality traits combined. The Reysen Likeability Scale (2005) asks respondents to rate qualities such as friendliness, likeability, similarity to respondent, warmth, approachability, physical attractiveness, and knowledgeable, as well as actions the respondent would like to take with the person being rated, such as asking the person for advice, wanting the person for a friend, coworker, and roommate. The scale measures the above using a seven-point Likert scale, from strongly agree to strongly disagree.

In the qualitative study examining the construct of counselor likeability, Flaum (2007) found two levels of likeability: general likeability and counselor likeability. According to Flaum (2007), qualities that contribute to general likeability are respect for self and others and character traits such as honesty, integrity, trustworthiness, authenticity, and responsibility. According to the two participants in this study who were practicing counselors and counselor educators, likeability characteristics specific to the counselor (in addition to the character virtues listed above) included the creation of a safe, comfortable space in which to conduct sessions (i.e., positive first impression of the office environment), the maintaining of healthy boundaries in the relationship, and maintaining a balance between challenge and support (Flaum, 2007). Strong and Matross (1973) also commented on how a counselor’s office can add to a client’s perception of expertness.

Rogers (1961) deemed authenticity, or congruency, of the counselor as one of the three conditions that aid in the growth of the client. The second core condition to facilitate
psychological change, according to Rogers, is unconditional positive regard for the client. The third condition is empathic understanding and a communication of that understanding to the client. In outlining the core conditions highlighted above, Rogers did not use the term “likeability”; however, when gleaning the characteristics of likeability from rating scales and Flaum’s (2007) qualitative study, Rogers’ (1961) core conditions are there.

In a qualitative study in which three marriage and family therapy model developers were interviewed, Davis and Piercy (2007) cited the following as therapist variables that contribute to a positive therapeutic alliance and therapeutic relationship: the ability to establish rapport; patience; caring yet firm and boundaried; and having cultural/religious sensitivity.

Likeability as a factor in the evaluation of professional competence was examined by Delucchi and Pelowski (2000). In their study of the effects of personal characteristics of teachers on student evaluation of teaching performance, the authors found a relationship between likeability and the perceived competence of professors. More specifically, likeability of the instructor was the strongest predictor of the ratings of teaching ability, winning out over perceived learning of the student, teaching instruction, knowledge of the instructor, and goals set in curriculum. These findings suggest that when evaluating the effectiveness or competence of helpers (in this case, teachers), students determine likeability to be an important factor in their evaluation process.

The focus of likeability up to this point has been on its impact on the perceptions of others. Perhaps just as important to the topic of interest in this study is how one’s own likeability is understood and used in relationship with others. Mills and Abeles (1965) examined counselors’ need for affiliation with and nurturance for their clients. The researchers tested four
hypotheses. They predicted that a positive relationship exists between a counselor’s need to nurture clients and the counselor’s liking for clients, that a counselor’s need for affiliation with clients would correlate positively with a liking for clients, and that these needs for nurturance and affiliation would relate with the counselors’ approaches to dependency and hostility. When a high need for nurturance of others and affiliation was present, beginning counselors approached dependency and hostility in less effective ways than when these needs were not present in the same degree. One would wonder, based on the outcomes of this study, how a high need for nurturing others and a high need to be liked themselves might impact their judgment when faced with situations in which they are called to make ethical decisions.

*Counselor physical characteristics: Attractiveness.* Strong (1968) discussed attractiveness in terms of being similar to or having a liking for another, in other words, interpersonal attractiveness. Vargas and Borkowski (1983) differentiated between the attractiveness defined by Strong and physical attractiveness, but noted that “nevertheless, physical attractiveness is an obvious evidential cue that has been shown to affect interpersonal attraction and performance evaluation in social settings” (p. 146). Because physical attractiveness is a factor in interpersonal attractiveness, which in turn is a factor in a counselor’s social influence, it will be a variable of interest in this dissertation study.

Cash et al. (1975) asked whether observations and expectations of counselors are affected by the counselors’ physical attractiveness, or whether role status in effect insulates them from the physically attractive stereotype. In the Cash et al. (1975) study, a 2 X 2 X 2 design (male versus female, attractive versus unattractive, experimental versus control), participants viewed (36 male
and 36 female undergraduate students) videotapes of a male actor portraying the various conditions. In their discussion of their results, Cash et al. (1975) summarized that:

Relative to a physically less-attractive counselor, an attractive counselor was perceived generally more favorably and, in particular, was attributed to greater intelligence, competence, assertiveness, friendliness, Trustworthiness, warmth, and likeability. Considering in a broader empirical context, these results suggest that a professional’s physical attractiveness may exert substantial and perhaps critical influence on the development of the therapeutic relationship and its outcome (p. 277).

In another analysis of factors that influence the prognosis in psychotherapy, Shapiro et al. (1973) “found that the most important prognostic correlates for both therapist and client were their respective evaluations of one another as likeable, competent, and physically attractive individuals” (Cash et al., 1975, p. 277).

Vargas and Borkowski (1983) noted one problem with the Cash et al. (1975) study with respect to the unattractive condition. Because the videos were taped using the same actor who was “made” to look unattractive or attractive, they failed to produce a valid unattractive condition. To address the problems with validity described in the Cash et al. study (1975), Vargas and Borkowski (1983) used photographs instead of video, and conducted a pilot study to determine the most and least attractive photos. Thirty participants (18 male and 12 female) rated the photos using a Likert scale where 1 was considered very unattractive and 10 was considered very attractive. The chosen photos were used in the study to depict either the attractive or unattractive conditions. Results yielded high ratings for the attractive counselor on perceived effectiveness versus the unattractive counselor in both experiments, as well as high on future
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expectancies scores. In fact, “physical attractiveness of the counselor accounted for over 50% of the variance in all dependent measures” (Vargas & Borkowski, 1983, p. 154). About the results of their own study and many others like them, Vargas and Borkowski (1983) commented, “although we may wish it otherwise, physical attractiveness appears to be one of the attributes of a counselor that builds the power base and influences Stage I of the therapeutic process” (p. 147).

Lewis and Walsh (1978) replicated the Cash et al. (1975) study using a female counselor instead of a male counselor with an unattractive and attractive condition. Participants rated the counselor on 12 traits and expectancy that the counselor will be helpful to the client. Results of this study showed that compared to the unattractive counselor, the attractive counselor was given higher ratings by female participants on competence, professionalism, assertiveness, interest/relaxation, and helpfulness with clinical problems (Lewis & Walsh, 1978). The attractiveness manipulation did not work for the male participants in either the attractive or the unattractive conditions.

Larrance and Zuckerman (1981) studied the relationship between facial attractiveness, the likeability of a person determined by qualities of the voice and the ability to communicate emotion through non-verbal behavior. Results from this study showed that people rated as more attractive physically and more likeable verbally were more accurate senders of pleasantness and less accurate senders of unpleasantness. In other words, people rated higher in facial attractiveness and vocal likeability were also rated as superior senders when compared with unattractive, un-likeable people, which reinforces the contention that the attractive person is more persuasive than is the less attractive counterpart.
Cash and Salzbach (1978) studied the effects of personal or demographic self-disclosure on perceptions of unattractive counselors to determine if this intervention could in fact eliminate the typical effects of attractiveness. In their literature review, the authors reminded readers of some of the effects of attractiveness: specifically that “attractive people are perceived as being more socially and sexually desirable, more persuasive, and have superior work performance, as compared to physically less-attractive peers” (Cash & Salzbach, 1978). With respect to the counselor-client relationship, Cash and Salzbach (1978) reviewed correlational research that has shown significance between perceptions of counselor attractiveness and perceptions of client-rated attractiveness and clients’ judgments of improvement, counselor likeability, and counselor competence (Shapiro, Struening, Shapiro, & Barten, 1976). In their attempt to explore how personal self-disclosure can eliminate the positive impact of attractiveness in the therapeutic relationship, Cash and Salzbach (1978) conducted a 3 X 3 factorial design study (attractive, unattractive, and neutral male counselor; three levels of self-disclosure). Results showed a complete elimination of the effects of attractiveness on measures of all facilitative conditions, including empathy, positive regard, and genuineness, with the exception of trustworthiness (Cash & Salzbach, 1978). This is one example of a study in which counselor behavior, in this case self-disclosure, eliminates the impact of attractiveness on specific measures.

In this proposed study of the effects of likeability and attractiveness on the perceptions of counselors who commit ethical violations, it was interesting to discover if the opposite effect of the Cash and Salzbach (1978) study would appear: in other words, would the unethical behavior of attractive and likeable counselors decrease ratings of variables such as competence, expertness, and trustworthiness. As Cash and Salzbach (1978) warned about attractive
counselors: “further concern must be raised: For if a counselor’s attractiveness enables him to ‘hook’ clients on the helping relationship, the attractive counselor who lacks ethical, conceptual, or technical competencies in psychological assessment and intervention may be in a relative position to cause clients harm” (p. 290). Cash and Salzbach seemed to believe that attractiveness has the potential to eliminate the effects of unethical counselor behavior on the ratings of observers.

**Social Influence Theory**

Strong and Matross (1973) explained that social influence is derived from several factors related to client dependence, including the match between client needs and counselor resources, and the relationship between the strength of that dependence and the perceived resourcefulness of the counselor. Furthermore, this social power is determined by the client’s *perceptions* of the counselor’s resources (such as expertness, competency), rather than by the counselor’s actual abilities. As Hackman and Claiborn (1982) explained, the “perceptions of counselor credibility enhance the counselor’s social power because the components of credibility – perceived expertness and trustworthiness – provide the client with information about the validity and reliability of the counselor’s message” (p. 224).

Counselors influence clients using three primary factors: expertness, trustworthiness, and attractiveness (Strong, 1968). A counselor’s expertness is primarily influenced by tangible evidence of expertness, including diplomas and licenses hanging on the wall; behavioral evidence, such as confidence in using knowledgeable arguments; and reputation as an Expert in his/her field. With respect to the impact that a counselor’s expertness has on his/her client’s opinions, Strong asserted that the “greater the communicator’s perceived expertness, the more
discrepant his communications can be without generating derogation” (p. 218). In other words, when a counselor is perceived as an Expert by her clients, she can share thoughts and opinions with her clients that do not match theirs, and these counselor communications are more likely to be accepted without significant argument. In another study of the impact of counselor expertness, McCarthy and Frieze (1999) found that the counselor’s use of Expert influence, as opposed to coercive influence, correlated with client perceptions of counseling success. Ritter et al. (2002) found expertness to be the most significant factor (as measured by the Counselor Rating Form, Barak & Lacrosse, 1975) in counseling outcome three months following termination of treatment of alcohol-dependent clients.

The second factor that contributes to a counselors’ influence of clients’ opinions and behaviors is Trustworthiness. Strong (1968) defined Trustworthiness as being comprised of honesty, the social role of counselor, sincerity and openness, and perceived selflessness. Strong cited a study (Kelman & Hovland, 1953) in which Trustworthiness appears to be a stronger factor than expertness when measuring social influence. Based on this study, Strong (1968) determined that “perceived untrustworthiness can obviate the influence of expertness; perceived Trustworthiness can compensate for ambiguous expertness” (p. 219). Strong and Schmidt (1970) asserted that counselor Trustworthiness has two functions in counseling, including creating an atmosphere that is conducive to client openness and sharing of sensitive material, and the counselor’s ability to influence client thinking. In their study of client perceptions of Trustworthiness, Strong and Schmidt (1970) set up Trustworthy and Untrustworthy conditions, in which the Untrustworthy interviewer behaved in ways that inhibited his ability to create trust with his clients. Of these behaviors, two stood out as being pertinent to the design of this study:
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an inability to keep secrets and dishonesty. A surprising finding from the Strong and Schmidt (1970) study was that the participants perceived many “Untrustworthy” behaviors as “Trustworthy” in that participants interpreted breaches of confidentiality as self-disclosure statements meant to establish rapport. Additionally, when counselors behaved in ways that seemed counter to responsible counselor behavior, participants seemed to give them “the benefit of the doubt”.

The third factor that impacts a counselor’s social influence on clients is attractiveness, which is typically defined as liking, being similar to, or compatible with, another person (Strong, 1968). Strong cited several studies that focus on levels of Interpersonal attractiveness and their differing effects on the influence of others (Berscheid, 1966; Byrne, 1961; Back, 1951; Sapolsky, 1960) and summarized that “the influence recipient’s liking for the communicator, his perceived compatibility with the communicator, and his perceived similarity significantly increase the communicator’s ability to influence him” (Strong, 1968, p. 219). Additionally, Hackman and Claiborn (1982) found that when a counselor who is similar to his client (or has a strong interpersonal attraction with the client) presents a discrepant opinion, he is more influential than when a dissimilar counselor presents a discrepant opinion; however, a client’s confidence in the new opinion was shown to be no greater than with the previous opinion.

Social influence is further strengthened when interpersonal attraction is present (Schmidt & Strong, 1971; Strong & Matross, 1973, Vargas & Borkowski, 1983). Interpersonal attraction, or people liking each other, leads to the assumption of similarity, and also increases a client’s ability to accept more and more influence of the counselor (Strong & Matross, 1973). Strong and Dixon (1971) studied the relationship between expertness and Interpersonal attractiveness, and
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postulated that Expertness and Attractiveness combine to create a counselor’s influence, and that Expertness has a masking effect on the influence of Attractiveness. With Expertness, Attractiveness does nothing to the influencing power of the counselor, and without Expertness, Attractiveness does affect the influencing power of the counselor. One interesting finding of this study involved the perceptions of participants about being influenced. In the unattractive/expert condition, participants were more aware that they were being influenced by the counselor than in the attractive/Expert condition. In addition, in a similar study conducted by Schmidt and Strong (1971), participants stated that they would rather see another interviewer in the unattractive counselor condition, and reported more involvement in the session with the attractive interviewer. Both studies (Schmidt & Strong, 1971; Strong & Dixon, 1971) showed expertness being a more potent factor than interpersonal attractiveness in the short-term, but in the long-term, unattractiveness can be a contributor to resistance and/or lack of involvement by the client.

According to Strong et al., three factors are significant in the counselor’s ability to influence the perceptions, thinking, and behavior of clients: expertness, Trustworthiness, and attractiveness. When all are present, a counselor’s social influence is high; when varying degrees of each factor are present, the effects on social influence vary. The social influence of the counselor, however, cannot be understood by counselor factors alone; the perceptions of the client must be considered to further understand how this dynamic exists. Barak and LaCrosse’s (1975) Counselor Rating Form, which is used in this study of counselor likeability and attractiveness, was developed as a measure of Strong’s (1968) constructs of Expertness, Trustworthiness, and Attractiveness.
The halo effect. Thorndike (1920) defined the halo effect as "an extension of an overall impression of a person (or one particular outstanding trait) to influence the total judgment of that person. The effect is to evaluate an individual high on many traits because of a belief that the individual is high on one trait" (p. 471). One example is rating a person high on intelligence due to the halo created by his/her physical attractiveness (Feeley, 2002). In his review of studies of the halo effect, or halo error, Feeley (2002) stated that halo errors are to be expected in all studies about people being rated by other people. Given the impact of the social influence of counselors on clients’ perceptions, the halo effect may influence client ratings of counselor qualities and competency. Feeley (2002) reminded readers that in the best case scenario, the halo error raises the significance of already significant findings, but it can also lead to Type I errors as well.

Feeley (2002) examined how physical attractiveness can affect a rater’s score on another quality, such as intelligence. In a study that explored perceptions of participants’ personalities using the Big-5 dimensions of personality, Wade et al. (2003) examined weight, another physical quality, as a variable of interest. The results showed that all other qualities being equal, normal-weight Caucasian female participants scored significantly higher on the social desirability factors of personality than the overweight Caucasian female participants (Wade et al., 2003). Again, qualities related to physical appearance are shown to affect the perceptions of personality or ability.

Given the discussion of social influence and the halo effect, it is evident that a client’s perception of a counselor’s Expertness, Trustworthiness, or Attractiveness (interpersonal or physical) can affect a client’s judgment or overall perception of the counselor. Grigg and
Goodstein (1957), regarding their use of clients as judges of counseling performance, found that “clients who report favorable attitudes toward counseling outcome also report favorably on feelings while undergoing counseling. This finding may be contaminated by clients’ ‘halo’ of the counseling experience as totally good if they feel happy about the outcome” (Grigg & Goodstein, 1957, p. 36). The authors summarized that when obtaining objective feedback of a counselor’s behavior, often the opinion of clients cannot be totally trusted; therefore, eliciting feedback from observers of a counseling interaction, instead of from the clients themselves, is one way of eliminating the halo error in evaluating the counselor.

**Measures of Client Perceptions**

*The counselor rating form.* Barak and LaCrosse (1975) developed the Counselor Rating Form (CRF) to measure Strong’s (1968) social influence factors, or power bases, Expertness, Trustworthiness, and Attractiveness. As explained by Corrigan and Schmidt (1983), the Counselor Rating Form measured the three power bases using twelve adjectives on a seven-point bipolar scale (total of 36 adjectives). The developers reported split-half reliabilities of .850 for attractiveness, .874 for expertness, and .908 for Trustworthiness (Barak & LaCrosse, 1976). Many subsequent studies of the reliability and validity of the CRF have been conducted, and have yielded similar positive results (Atkinson & Wampold, 1982; Barak & Dell, 1977; LaCrosse, 1980; LaCrosse & Barak, 1976). Although Corrigan and Schmidt (1983) discuss some problems in validating the CRF due to potential problems with the validation studies (e.g., analogue designs, college student samples), they note that validation of this measure yields good outcomes as related to other measures of social influence.
Corrigan and Schmidt (1983) designed a shortened version of the Counselor Rating Form, entitled the Counselor Rating Form-Short Form (CRF-S). In this version, the original 36 adjectives that describe the three social influence dimensions were shortened to twelve (four adjectives for each dimension). The structure of the CRF-S remained the same (i.e., 7-point bipolar scales). In addition to shortening the rating scale, negative adjectives were dropped (Corrigan & Schmidt, 1983). The developers replicated Barak and LaCrosse’s (1975) original validation study and found reliabilities to be higher than expected (Corrigan & Schmidt, 1983). For the 4-item scales, $r$’s were similar across conditions: Attractiveness, .850; Expertness, .874; Trustworthiness, .908 (Barak & LaCrosse, 1976; Corrigan & Schmidt, 1983). In addition to the Corrigan and Schmidt (1983) study, Kokotovic and Tracey (1987) conducted a validation study of the CRF-S in relation to premature termination of clients and found all scales to be related.

Although the CRF-S has yielded reliable and valid results, there have been questions raised as to its global validity, regarding settings in which the measure can be used (Ponterotto & Furlong, 1985; Tracey et al., 1988). Tracey et al. (1988) discussed two orders of factors that are actually measured using the CRF-S and urged future researchers to use multivariate techniques when using the CRF-S in order to examine the second-order factors (p. 334).

*Studies using the counselor rating form.* The CRF-S has been used for numerous studies spanning the last three decades. In fact, most of the studies focusing on perceptions of Strong’s (1968) social influence dimensions gleaned in this review used the CRF-S as a measure of counselors’ perceived effectiveness, credibility, attractiveness, Trustworthiness, or expertness.

With respect to counselor-client attraction (client perceived similarity), Lee et al. (1980) used the CRF in a study measuring the differing effects of counselor gender on perceived
creditibility and found no difference in perceived credibility based on the gender of the counselor (for either gender of the client). In their study of the effects of disability status on disabled participants’ perceptions of counselor Attraction and Expertness, Strohmer and Biggs (1983) found no main effect for the disability status of the counselor and perceived Attraction or Expertness, but did find a significant main effect for counselor attending behavior and the perceptions of Attraction and Expertness of both disabled and non-disabled clients. In studying the effects of sexual preference similarity on perceptions of homosexual male clients’ perceptions of male counselors’ credibility and Attractiveness, Atkinson et al. (1981) found that counselors who verbalized a sexual preference for men were viewed as more Expert and more Attractive than counselors who verbalized a sexual preference for women or who did not verbalize a preference. These are but a few studies that seek to address the question of whether perceived similarity or Attractiveness affects the perception of credibility or Expertness. From these few studies it is evident that this depends largely on the group or characteristic being studied.

In her influential study of Expertness, similarity, and perceived counselor competence, Spiegel (1976) used the CRF to explore how the perceptions of counselor Expertness and Attractiveness influence perceptions of counselor competence. In her discussion of counselor Expertness, Spiegel (1976) speculated that

Expert credentials create a perceptual set within which a counselor’s actions are viewed, permitting considerable latitude within role behavior. Only when a counselor behaves in an extremely attractive or unattractive manner, has attributed expertness been demonstrated to have virtually no effect (p. 436).
Spiegel (1976) used several conditions of various combinations (high/low Expert, high/low attitudinal similarity) and found that the high Expert conditions yielded the highest ratings of counselor Expertness and credibility, regardless of attitudinal similarity or gender of the counselor or client. Spiegel (1976) summarized that Expertness was more effective than Attractiveness in fostering perceptions of high counselor competence, regardless of the client’s presenting problem. Angle and Goodyear (1984) found the same to be true of Expertness: In their study manipulating the expertness of the counselor, they found that introductions signifying Expertness, and not gender, had a significant impact on client perceptions of the counselor with respect to Trustworthiness and Attractiveness as well. Thus, Expertness and counselor competence correlate highly, and Expertness impacts the perceptions of the subscales Trustworthy and Attractive as well.

A myriad of studies have used the Counselor Rating Form and Counselor Rating Form – Short Form as instruments to measure the perceptions of Expertness, Trustworthiness, Attractiveness, and overall credibility of counselors. Topics included the study of the effects of self-disclosing versus self-involving statements (McCarthy, 1982; McCarthy & Betz, 1978); similarity of counselors as a factor influencing the perceptions of deaf clients (Freeman & Conoley, 1986); the effects of ethnic, sex, and attitude similarity on the perceptions of counselor credibility (Atkinson, Ponce, & Martinez, 1984; Sladen, 1982); and the effects of counselor weight on client perceptions of Expertness, Attractiveness, and Trustworthiness (McKee & Smouse, 1983) are just a few examples of studies that have sought to measure some variable, either personality trait, attitude, behavior, or physical trait, as it affects the perceptions of the factors of social influence.
Given the validity and reliability studies conducted on the Counselor Rating Form – Short Form (Corrigan & Schmidt, 1983), as well as its widespread use in measuring the Strong’s (1968) social influence variables, it seems appropriate to use this instrument in the present study of the effects of likeability and attractiveness on the perceptions of counselor competence when the counselor commits ethical violations.

Thus far in this review, a rationale for common factors and the study of relationship and alliance variables has been presented, as well as the dynamic between counselor variables (characteristics and behaviors) and client perceptions (social influence and halo effect). In addition, several studies have been presented to show the breadth of research conducted in an effort to understand how counselor variables impact client perceptions. This study seeks to move this body of research to the next step, in that it intends to address the question, how are counselors who have many positive qualities (specifically likeable personalities and physical attractiveness) perceived when they commit an ethical violation.

Ethical Behavior in Counseling

Professional code of ethics. Thus far in this review, a rationale for common factors and the study of relationship and alliance variables have been presented, as well as the dynamic between counselor variables (characteristics and behaviors) and client perceptions (social influence and halo effect). In addition, several studies have been presented to show the breadth of research conducted in an effort to understand how counselor variables impact client perceptions. This study seeks to move this body of research to the next step, in that it intends to address the question: how are counselors who have many positive qualities (specifically likeable personalities and physical attractiveness) perceived when they commit an ethical violation? The
remainder of this review will provide the relevant ethical code to be addressed in this study (i.e., the specific ethical violations used in this experiment), as well as a short review of scholarship on ethical violations in counseling and healthcare.

According to clients, counselors foster Trustworthiness and build confidence in part by their adherence to the Codes of Ethics adopted by their professional organizations (American Counseling Association, 2005). The American Counseling Association (ACA) has adopted an ethical code or guidelines which members of the profession are expected to follow. Codes of Ethics are based on guiding principles or virtues, such as those described by Kitchener (1984). Ideals such as beneficence, justice, autonomy, and non-maleficence build the foundation of such guiding values for counselor behavior. Indeed, the preamble of the ACA Code of ethics reads:

Professional values are an important way of living out an ethical commitment. Values inform principles. Inherently held values that guide our behaviors or exceed prescribed behaviors are deeply ingrained in the counselor and developed out of personal dedication, rather than the mandatory requirement of an external organization (ACA, 2005).

As the preamble suggests, counselors, by the nature of their role as professional helpers, are expected to hold these values or virtues, not because they are mandatory, but because they are “deeply ingrained” within them (ACA, 2005).

The Code provides guidelines regarding specific counselor behaviors. With respect to the ethical violations enacted by the counselor in this study, the following are relevant: B.1.c. Respect for Confidentiality; C.4.d. Implying Doctoral-Level Competence (ACA, 2004). In the proposed study, the counselor in all conditions will commit two ethical violations: The first being a breach of client confidentiality by discussing the treatment of a close friend of the client,
and the second being the misrepresentation of educational level when failing to correct the client who calls the counselor “Doctor.” The Code instructs counselors to protect the confidentiality of their clients, unless specific issues arise; in addition, counselors are expected to be clear about their level of education, and not allow themselves to be called “Doctor” when they either do not possess a doctoral degree or do not possess a doctoral degree in a counseling related field (ACA, 2005, B.1.c. & C.4.d.). Although no study was found that focused on misrepresentation of credentials and the perceptions of counselors, Merluzzi and Brischetto (1983) studied the effects of a breach of confidentiality on the perceived Trustworthiness of counselors. Breaches of confidentiality significantly lowered ratings of counselor Trustworthiness, as well as ratings of Expertness and Attractiveness, using the Counselor Rating Form (Barak & LaCrosse, 1975) as a measure (Merluzzi & Brischetto, 1983).

Rationale for unethical behavior. Despite codes of ethics and guidelines for acceptable professional behavior, some professionals in all fields of work and study behave unethically. Schwebel (1955) was one of the first to study the unethical behavior of psychologists, and differentiated between the terms “unethical practice” and “unethical behavior”:

Practice refers to an act but not to the motivation of the practitioner. Behavior, on the other hand, refers to the motivation and the underlying values of the person. Thus, an unethical practice is an act by a psychologist that is not in accord with the accepted standards of ethical practice; unethical behavior occurs only when conflicting personal interests of the psychologist lead to unethical practice (Schwebel, 1955, p. 123).

Schwebel (1955) discussed several motivations for unethical practice, including promoting personal self-interest, the need for self-enhancement, the need to maintain one’s status in
position, and inadequate training and/or education. Schwebel argued that unethical practice due to inadequate training or ignorance should not be labeled unethical. Currently, ethical standards are a required part of most curricula in counselor education programs (CACREP, 2001).

Schwebel’s analysis for behaving or practicing unethically probably does hold relevance today. For despite the Code and other guidelines for professional behavior, counselors are human, and human beings are fallible and sometimes have motivations for behaving badly, in the case of the most serious ethical violations.

For instance, Hegarty and Sims (1978) studied extrinsic rewards as reinforcement for behaving unethically. When unethical behavior was rewarded, ethical behavior was lower than in condition that was not rewarded. In addition, those who scored higher on extraversion also scored higher on measures of unethical decision-making. In addition, the authors surmised that “the results lend support to the notion that many individuals can be conditioned (i.e., can ‘learn’) to behave unethically under appropriate contingencies” (Hegarty & Sims, 1978, 456).

In addition to reinforcement for unethical behavior, some counselors may behave unethically due to their own logic in decision making. Buckley et al. (1998) provided two examples of such decision making strategies. If operating under Deterrence Theory, a counselor’s behavior is directly influenced by his/her perceptions of the probability of getting caught. In addition, if the counselor works in an environment in which a certain unethical behavior is common, s/he could be using the ‘Everybody else does it’ mentality, common in these types of breaches. Clearly, the rationale for unethical practice or behavior can be complex and multi-factored, but the above provide a few categories of motivations for counselors who behave in unethical ways that are harmful to clients.
Summary

This review provides a summary of literature pertinent to the proposed topic to be addressed in this study. The question, why study counselor behavior, is addressed by the rationale for common factors research as well as research about the therapeutic alliance, both bodies of research are directly tied to therapeutic outcomes. To understand how alliances and relationships are built and influenced in the therapeutic context, counselor factors and client factors interactions provides additional insight. In gleaning literature on social influence theory, halo effect, counselor factors of likeability and physical attractiveness and studies using the Counselor Rating Form, the review concludes that counselor likeability and physical attractiveness promote perceptions of Expertness, Trustworthiness, and Attractiveness. In turn, these subscales of the CRF (Barak & Lacrosse, 1975), specifically Expertness and Trustworthiness, affect a counselor’s ability to influence the client’s decisions and behaviors (Strong, 1968).

Research supports that counselor likeability and physical attractiveness influence clients’ perceptions of the counselor’s Expertness and Trustworthiness, and therefore, client outcomes in therapy. When counselors are likeable, physically attractive, professionally competent, and ethical in their work, they have the power to build solid therapeutic relationships and alliances. They garner social influence that directly impacts clients’ decisions, behaviors, and overall improvement; now I will turn my attention to how counselors who are likeable, physically attractive, and unethical are rated on expertness, attractiveness, and trustworthiness, using the CRF-S (Corrigan & Schmidt, 1983).
CHAPTER III

Method

This chapter provides rationale and a description of the research methodology I employed in this study, including: (a) participants, (b) stimulus material, (c) instruments, (d) procedure, and (e) data analyses.

For this study, I employed a randomized, eight group analogue design. There were three independent variables each with two levels: (a) the likeability of the counselor (high likeability or low likeability), (b) the attractiveness of the counselor (high attractiveness or low attractiveness), and (c) the ethical behavior of the counselor (ethical or unethical). In addition, there were three dependent variables; all derived from the Counselor Rating Form subscales: (a) Expertness, (b) Attractiveness, and (c) Trustworthiness

Participants

The participants for this study were recruited from graduate counseling classes at two Midwestern university campuses (n=81). There were no dual relationships between the researcher and the students who participated in this study, in that the researcher does not teach any of the classes in which the participants are students. Participants were recruited by the researcher contacting the instructors of the courses being taught during the semester of data collection and asking for permission to visit those classes to collect the data (i.e., to gain consent, give instructions, provide stimulus materials, and collect the responses).

With respect to gender, the sample was representative of the population (graduate counseling students). The sample consisted of 17% men (n=14) and 83% women (n=67). Race was representative for the Midwest with respect to Caucasian and African-American groups,
with 83% Caucasian (n=67), 15% African-American (n=12), and less so for other minorities, with 1% Asian-American (n=1), and 1% Other (n=1). No other minority groups were represented in this sample. The average age represented in this sample was 34.5 years, ranging from 21 to 60 years of age. Regarding years of experience, the sample mean was less than three years (M=2.86, SD=5.06).

Four graduate counseling courses served as the setting for data collection: Treatment of Mental and Emotional Disorders, Career Counseling, Marriage and Family Therapy, and Human Development across the Lifespan. I introduced myself and explained that I was studying counselor/client interaction. I reiterated that participation in the study was voluntary and had no bearing on the students’ grades for the class. I then gave instructions for participation, which entailed reading and signing an informed consent form and then reading the stimulus materials and answering the questions that followed.

Stimulus Material

Biographical sketch. I gave participants a short biographical sketch of the counselor in this study, along with a picture of the counselor. I asked the participants to read the biographical sketch of the fictitious counselor before reading a short transcript of a counseling session.

I presented two biographical sketches in this study: one describing a counselor with high likeability, which included elements taken from research cited in the literature review as well as findings from the qualitative segment of the pilot study of this project, and the other sketch describing a counselor with low likeability, which included the absence of the elements included in the high likeability description, and the addition of elements such as cold, aloof, socially awkward, and arrogant. (See Appendix B for the biographical sketches). I included specific
elements of likeability in the biographical sketch of the counselor with High likeability: warmth, empathic communication habits, strong support system of friends, family, and co-workers, friendliness, good sense of humor, and positive character (Flaum, 2007; Strong, 1968; Rogers, 1951). For the biographical sketch depicting low likeability, the qualities I depicted were the opposite of those qualities listed above.

Photographs. I initially chose six photographs, three to represent the physically attractive condition and three of the physically less-attractive condition (as in Vargas & Borkowski, 1983). I took all photographs from the Getty Images website (which is a collection on royalty-free photographs) of an anonymous woman thought to be in her mid-thirties. I then asked fifteen acquaintances to rate the six photographs on a scale of 1 to 5, with 1 being very physically unattractive and 5 being very physically attractive. The photo rated highest on attractiveness (\(M=4.8\)) was chosen for the high physically attractive condition, and the photo rated lowest (\(M=1.4\)) was chosen for the low physically less-attractive condition.

I gave four possible combinations of the biographical sketch to participants in this study: a counselor with high attractiveness and high likeability; a counselor with high attractiveness and low likeability; a counselor with low attractiveness and low likeability; and a counselor with low attractiveness and low likeability. I inserted the photograph for each sketch on the page just above the biographical sketch of the counselor (see Appendix A).

Transcript. I presented a transcript of a fictitious counseling session between the counselor in this study and a male client. Participants read the transcript following their review of the biographical sketch. I developed two versions of the transcript: one of the counselor
demonstrating ethical behavior and one of the counselor demonstrating unethical behavior. The transcripts were nearly identical in length.

With respect to the ethical violations enacted by the counselor in this study, the following are relevant: B.1.c. Respect for Confidentiality; C.4.d. Impling Doctoral-Level Competence (ACA, 2004). The counselor in the ethical half of the conditions committed two Ethical violations: The first being a breach of client confidentiality by discussing the treatment of another client, and the second being the misrepresentation of educational level when failing to correct the client who calls the counselor “Doctor.” The Code instructs counselors to protect the confidentiality of their clients, unless specific issues arise; in addition, counselors are expected to be clear about their level of education, and not allow themselves to be called “Doctor” when they either do not possess a doctoral degree or do not possess a doctoral degree in a counseling related field (ACA, 2005, B.1.c. & C.4.d.).

The counselor in the ethical condition responded appropriately to the client when he addressed her as “Doctor”, in that she corrected him given she is a counselor with a Master’s degree. The counselor in the unethical condition responded unethically, in that she does not correct her client, and even insinuated through her business card that she has more education than she actually has. Furthermore, the counselor in the unethical condition breached the confidentiality of another client and stepped outside the bounds of her own competence when discussing medication issues. All other elements of the transcript are identical (see Appendix C).

**Instruments**

The primary instrument of measurement in this study is the Counselor Rating Form – Short Form (Corrigan & Schmidt, 1983), which required participants to rate the counselor on the
three subscales of the CRF-S – Expertness, Trustworthiness, and Attractiveness. The participants placed an “X” on a 7-point continuum ranging from “not very” to “very”. The participants completed the CRF-S immediately following their reading of the counselor biographical statement and transcript.

Because the CRF-S does not include items for physically attractive, ethical, and professionally effective, which are items the researcher sought to measure, they were included at the end of the CRF-S (see Appendix E). I placed these items on the 7-point continuum, where participants were asked to place an “X” on the point at which they believed the counselor performed/demonstrated.

Procedure

I coordinated with instructors in the above-mentioned courses regarding setting up times to visit the classes to distribute materials and gather data. I visited these four classes at the beginning, and the entire process took approximately 20 minutes.

After a short introduction by the course instructor, I introduced myself and explained that I was collecting data for my dissertation study. The instructor was not present while I discussed the study with students, so that s/he would have no knowledge of which students chose to participate and which declined. I explained that the students’ involvement was voluntary and would not have any bearing on their grade for this class. I then explained that I am studying the effects of certain counselor characteristics on the perceptions of observers, and that the participants would be reading a short biographical sketch of a counselor that includes a photo of the counselor, and will be reading a transcript of a counseling session. I then explained that the
participants would be asked to complete a rating scale and answer a few demographic questions following reading the transcript of the session.

Next, I distributed a consent form for participants to read and sign (see Appendix). In order to ensure randomization in the treatment conditions, I organized the survey packets to ensure that every participant would have an equal chance of receiving any one of the eight treatment conditions: the counselor with high attractiveness, high likeability, and ethical behavior; the counselor with high attractiveness, low likeability, and ethical behavior; the counselor with low attractiveness, low likeability, and ethical behavior; the counselor with low attractiveness, low likeability, and ethical behavior; the counselor with high attractiveness, high likeability, and unethical behavior; the counselor with high attractiveness, low likeability, and unethical behavior; the counselor with low attractiveness, low likeability, and unethical behavior; the counselor with low attractiveness, low likeability, and unethical behavior; and the counselor with low attractiveness, low likeability, and unethical behavior.

I gave the participants approximately 20 minutes to read the biographical sketch, view the photograph, read the transcript, and answer the questions.

Data Analyses

In order to determine relationships among the constructs attempted in the stimulus material (likeable, physically attractive, ethical), I conducted correlations to determine the relationships between the independent variables likeable, physically attractive, and ethical behavior, and the three dependent variables, subscales of the CRF-S. I conducted Multivariate Analysis of Variance (MANOVA) tests to explore relationships between the three independent variables (likeable, physically attractive, ethical behavior) and three dependent variables (subscales Expert, Attractive, and Trustworthy). I chose MANOVA tests to understand the
multiple, simultaneous relationships among these variables. I considered MANOVA tests to be appropriate for this factorial, between-participants design, considering that the dependent variables have no linear dependency. In addition, I chose MANOVA over running several ANOVAs to decrease the possibility of Type I error. I used the statistical package SPSS 15.0 (2006) in this analysis. For significant effects, I performed further testing (ANOVA for significant findings; I did not perform post hoc tests due to failure to meet criteria of three groups/levels or more for the independent variables).
CHAPTER IV

Results

This chapter presents a description of the participants in the sample, an analysis of the data, and a report of the findings.

Participant Demographics

The participants in this study consisted of 81 graduate counseling students enrolled in beginning and advanced counseling courses. Table 1 illustrates the mean age and years of experience a counseling related field of the participants in this sample. Regarding the gender of participants, 17% of the sample was male (n=14) and 83% of the sample (n=67) was female, which approximates the proportion for the general counselor population. Table 2 illustrates the frequencies for gender, race, and courses taken for the overall sample.

The actual N for age was originally 78 participants due to three participants’ leaving the question for age blank. I substituted the mean for these three cases, given the missing cases accounted for less than 5% of the overall sample.

Results of Multivariate Tests

I analyzed the data with multivariate analysis of variance (MANOVA). The independent variables in this analysis included: likeable and unlikeable; physically attractive and physically less-attractive; and ethical and unethical. The three dependent variables, subscales of the Counselor Rating Form – Short Form (Corrigan & Schmidt, 1983), were Expertness, Attractiveness, and Trustworthiness.
Table 1

*Mean Age and Years of Experience for the Overall Sample*

<table>
<thead>
<tr>
<th></th>
<th>M</th>
<th>SD</th>
<th>Min Value</th>
<th>Max Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>34.52</td>
<td>10.144</td>
<td>21</td>
<td>60</td>
</tr>
<tr>
<td>Years of Experience</td>
<td>2.86</td>
<td>5.057</td>
<td>0</td>
<td>25</td>
</tr>
</tbody>
</table>
Table 2

*Frequencies for Sex, Race, and Courses Taken for the Overall Sample*

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>14</td>
<td>17.0</td>
</tr>
<tr>
<td>Female</td>
<td>67</td>
<td>83.0</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>67</td>
<td>83.0</td>
</tr>
<tr>
<td>African-American</td>
<td>12</td>
<td>15.0</td>
</tr>
<tr>
<td>Asian-American</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>Courses Taken</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theories and Techniques</td>
<td>59</td>
<td>73.0</td>
</tr>
<tr>
<td>Practicum</td>
<td>30</td>
<td>37.0</td>
</tr>
<tr>
<td>Counseling Skills</td>
<td>38</td>
<td>47.0</td>
</tr>
<tr>
<td>Multicultural Issues</td>
<td>63</td>
<td>78.0</td>
</tr>
<tr>
<td>Legal and Ethical Issues</td>
<td>59</td>
<td>73.0</td>
</tr>
</tbody>
</table>
Table 3 contains all means and standard errors for each treatment condition combination for the dependent variables in the three fully crossed conditions. The lowest mean score for the Expert measure was taken from the unlikeable, less-attractive, and unethical condition at $M = 13.200$, $SE = 1.342$, and the highest mean score for the Expert measure was taken from the likeable, less-attractive, and ethical condition at $M = 22.091$, $SE = 1.279$.

The results of the $2 \times 2 \times 2$ multivariate analysis of variance (MANOVA) are shown in Table 4. This table lists the main effects and interaction effects for the three independent variables, likeable, physically attractive, and ethical behavior.

There were significant main effects for all three independent variables. At an alpha set at .05, tests on main effects yielded significant $F$ ratios for ethical, $F (3, 71) = 10.893$, $p < .001$, partial eta squared $= .315$; likeable, $F (3, 71) = 20.297$, $p < .001$, partial eta squared $= .462$; and attractive, $F (3, 71) = 3.839$, $p < .05$, partial eta squared $= .140$. The Box’s M was not significant, indicating equality of covariance matrices; therefore Pillai’s Trace was used.

I performed tests of Homogeneity of Error Variance (Levene’s Test) for Equality of Error Variances for Expertness, $F (7, 73) = 2.442$, $p = .026$; attractiveness, $F (7, 73) = .264$, $p = .966$; and Trustworthiness, $F (7, 73) = .561$, $p = .785$. For Attractiveness and Trustworthiness, the tests were not statistically significant, indicating equality of variance across the groups on each dependent measure; for Expertness, the test was significant, indicating inequality or heterogeneity of variance across groups. This indicates that caution should be used in interpreting the results for the Expertness univariate test (ANOVA), since the distributions across groups are likely not the same. I chose to continue with univariate tests despite this result, and
without transforming the data. Because transformed data are essentially logarithmic, they serve no practical purpose for interpretation and discussion.

After finding significant results for the main effects in the multivariate analysis of variance (MANOVA), I conducted univariate analysis of variance (ANOVA) tests on the significant main effects for each dependent variable to provide more information regarding the source of the significant findings. Table 4 illustrates the univariate analysis of variance (ANOVA) for likeability, one of the independent variables and sources of multivariate significance. Table 5 contains ANOVA results for physically attractive, Table 6 contains univariate results for physically attractive, and Table 7 for ethical behavior. Notice that all results were significant except for physically attractive (for two of the three dependent variables – Attractiveness being significant) and ethical behavior (on the Attractiveness subscale).

Research Questions

Null hypothesis. The null hypothesis states that there is no difference in the means across groups for likeability, physically attractive, and ethical in the measures of dependent variables Expertness, Attractiveness, and Trustworthiness.

Hypothesis 1. I expected that likeable would be rated higher on all dependent variables than unlikeable across all conditions. This hypothesis was supported; therefore, the manipulation check for likeable worked.

Hypothesis 2. I expected that physically attractive would be rated higher on all dependent variables than physically less-attractive across all conditions. This hypothesis was partially supported. According to the multivariate results for this main effect, this manipulation check worked.
Table 3

*Means and Standard Errors for Each Treatment Condition Combination for all CRF-S Subscales*

<table>
<thead>
<tr>
<th>L A E</th>
<th>Expertness</th>
<th>Attractiveness</th>
<th>Trustworthiness</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 0 0</td>
<td>M 13.200</td>
<td>12.400</td>
<td>13.600</td>
</tr>
<tr>
<td></td>
<td>SE 1.342</td>
<td>1.232</td>
<td>1.241</td>
</tr>
<tr>
<td>0 1 0</td>
<td>M 16.000</td>
<td>15.375</td>
<td>16.000</td>
</tr>
<tr>
<td></td>
<td>SE 1.500</td>
<td>1.378</td>
<td>1.387</td>
</tr>
<tr>
<td>1 0 0</td>
<td>M 18.545</td>
<td>19.727</td>
<td>18.273</td>
</tr>
<tr>
<td></td>
<td>SE 1.279</td>
<td>1.175</td>
<td>1.183</td>
</tr>
<tr>
<td>1 1 0</td>
<td>M 18.750</td>
<td>22.833</td>
<td>18.417</td>
</tr>
<tr>
<td></td>
<td>SE 1.225</td>
<td>1.125</td>
<td>1.133</td>
</tr>
<tr>
<td>0 0 1</td>
<td>M 17.900</td>
<td>14.300</td>
<td>18.500</td>
</tr>
<tr>
<td></td>
<td>SE 1.342</td>
<td>1.232</td>
<td>1.241</td>
</tr>
<tr>
<td>0 1 1</td>
<td>M 20.818</td>
<td>19.909</td>
<td>21.455</td>
</tr>
<tr>
<td></td>
<td>SE 1.279</td>
<td>1.175</td>
<td>1.183</td>
</tr>
<tr>
<td>1 0 1</td>
<td>M 22.091</td>
<td>23.364</td>
<td>23.364</td>
</tr>
<tr>
<td></td>
<td>SE 1.279</td>
<td>1.175</td>
<td>1.183</td>
</tr>
<tr>
<td>1 1 1</td>
<td>M 22.000</td>
<td>23.125</td>
<td>22.875</td>
</tr>
<tr>
<td></td>
<td>SE 1.500</td>
<td>1.378</td>
<td>1.387</td>
</tr>
</tbody>
</table>

*Note:* Maximum score for each subscale is 28

0 = characteristic set NOT present in this condition.

1 = characteristic set present in this condition.
Table 4

Multivariate Tests of the 2 x 2 x 2 (likeability x physically attractive x ethical) Design

with Expertness, Attractiveness, and Trustworthiness as Dependent Variables

<table>
<thead>
<tr>
<th>Source of Variance</th>
<th>d.f.</th>
<th>Multivariate F</th>
<th>p&lt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likeable (L)</td>
<td>3, 71</td>
<td>20.297</td>
<td>.001</td>
</tr>
<tr>
<td>Physically attractive (A)</td>
<td>3, 71</td>
<td>3.839</td>
<td>.013</td>
</tr>
<tr>
<td>Ethical (E)</td>
<td>3, 71</td>
<td>10.893</td>
<td>.001</td>
</tr>
<tr>
<td>L x A</td>
<td>3, 71</td>
<td>1.049</td>
<td>.377</td>
</tr>
<tr>
<td>L x E</td>
<td>3, 71</td>
<td>.494</td>
<td>.688</td>
</tr>
<tr>
<td>A x E</td>
<td>3, 71</td>
<td>.021</td>
<td>.996</td>
</tr>
<tr>
<td>L x A x E</td>
<td>3, 71</td>
<td>1.331</td>
<td>.271</td>
</tr>
</tbody>
</table>
Table 5

**Multivariate and Univariate Tests of Likeability as Source of Variance**

Multivariate test

\[ F = 20.297, \text{d.f.} = 3,71, p < .001 \]

<table>
<thead>
<tr>
<th>Dependent Variables</th>
<th>MS</th>
<th>Standard Error</th>
<th>df</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expert</td>
<td>189.634</td>
<td>.54779</td>
<td>1.79</td>
<td>8.537</td>
<td>.005</td>
</tr>
<tr>
<td>Attractive</td>
<td>880.587</td>
<td>.60945</td>
<td>1.79</td>
<td>45.578</td>
<td>.001</td>
</tr>
<tr>
<td>Trustworthy</td>
<td>177.144</td>
<td>.54081</td>
<td>1.79</td>
<td>8.145</td>
<td>.006</td>
</tr>
</tbody>
</table>
Table 6

*Multivariate and Univariate Tests of Physically Attractive as Source of Variance*

<table>
<thead>
<tr>
<th>Dependent Variables</th>
<th>MS</th>
<th>Standard Error</th>
<th>df</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expert</td>
<td>38.975</td>
<td>.54779</td>
<td>1.79</td>
<td>1.616</td>
<td>.207</td>
</tr>
<tr>
<td>Attractive</td>
<td>169.554</td>
<td>.60945</td>
<td>1.79</td>
<td>5.987</td>
<td>.017</td>
</tr>
<tr>
<td>Trustworthy</td>
<td>26.497</td>
<td>.54081</td>
<td>1.79</td>
<td>1.120</td>
<td>.293</td>
</tr>
</tbody>
</table>

Multivariate test

\[ F = 3.839, \text{d.f.} = 3, 71, p < .013 \]
Table 7

*Multivariate and Univariate Tests of Ethical Behavior as Source of Variance*

---

**Multivariate test**

\[ F = 3.839, \text{d.f.} = 3,71, p < .001 \]

---

**Univariate tests**

<table>
<thead>
<tr>
<th>Dependent Variables</th>
<th>MS</th>
<th>Standard Error</th>
<th>df</th>
<th>F</th>
<th>p&lt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expert</td>
<td>303.255</td>
<td>.54779</td>
<td>1,79</td>
<td>14.597</td>
<td>.001</td>
</tr>
<tr>
<td>Attractive</td>
<td>89.289</td>
<td>.60945</td>
<td>1,79</td>
<td>3.044</td>
<td>.085</td>
</tr>
<tr>
<td>Trustworthy</td>
<td>465.186</td>
<td>.54081</td>
<td>1,79</td>
<td>25.699</td>
<td>.001</td>
</tr>
</tbody>
</table>
Hypothesis 3. I expected that ethical would be rated higher on all dependent variables than unethical across all conditions. That hypothesis was supported. According to the multivariate results for this main effect, this manipulation check worked.

Hypothesis 4. I expected the likeable, physically attractive, and unethical condition would be rated higher than the unlikeable, physically less-attractive, ethical condition across all CRF-S subscales. That hypothesis was not supported by the tests of multivariate analysis of variance. There was no significance in the interactions of the three independent variables.

Correlations

I obtained Pearson correlations for the CRF-S items and treatment conditions (see Table 8). Notice the several moderate correlations between the likeable treatment conditions and the ratings on the CRF-S, specifically for likeable, sociable, warm, and friendly. The attractive condition yielded lower correlation coefficients overall, however there was one strong positive correlation, which was physically attractive. The ethical condition yielded several moderate positive correlations, the highest being with trustworthy, ethical, and professionally effective. Another correlation of interest includes the slightly negative correlation between likeable and physically attractive: the only negative correlation in the data.

With respect to the demographic variables and CRF-S items, I found little to no significance, except for the independent variable Sex and the physically attractive score on the CRF-S. This correlation was significant at the .05 level at \( r = .223 \).

I performed an independent samples \( t \) test on the variable Sex and CRF-S rating of physically attractive. The independent samples \( t \) test indicated that 14 males had a mean of
Table 8

Pearson Correlations for Treatment Conditions and CRF-S Items

<table>
<thead>
<tr>
<th>CRF-S Items</th>
<th>Treatment Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>likeable</td>
</tr>
<tr>
<td>Expert</td>
<td>.317**</td>
</tr>
<tr>
<td>Skillful</td>
<td>.303**</td>
</tr>
<tr>
<td>Experienced</td>
<td>.254*</td>
</tr>
<tr>
<td>Prepared</td>
<td>.201</td>
</tr>
<tr>
<td>Likeable</td>
<td>.589**</td>
</tr>
<tr>
<td>Sociable</td>
<td>.550**</td>
</tr>
<tr>
<td>Warm</td>
<td>.525**</td>
</tr>
<tr>
<td>Friendly</td>
<td>.494**</td>
</tr>
<tr>
<td>Reliable</td>
<td>.223*</td>
</tr>
<tr>
<td>Trustworthy</td>
<td>.135</td>
</tr>
<tr>
<td>Honest</td>
<td>.355**</td>
</tr>
<tr>
<td>Sincere</td>
<td>.353**</td>
</tr>
<tr>
<td>Physically attractive</td>
<td>-.010</td>
</tr>
<tr>
<td>Ethical</td>
<td>.230*</td>
</tr>
<tr>
<td>Professionally Effective</td>
<td>.155</td>
</tr>
</tbody>
</table>

Note: * Correlation is significant at the .05 level (2-tailed)

**Correlation is significant at the .01 level (2-tailed)
3.2143 and the 67 females had a mean of 4.3881, which was significant at the .05 alpha level ($p=.045$).

**Summary**

The results of the multivariate analysis supported Hypothesis 1, as the main effect of likeability was significant and the subsequent univariate analyses showed significantly higher scores for Expertness, Attractiveness, and Trustworthiness on the CRF-S. Therefore, the manipulation check for likeability was successful.

The results of the multivariate analysis partially supported Hypothesis 2, which predicted that participants would rate the physically attractive condition higher on the CRF-S subscales of Expertness, Attractiveness, and Trustworthiness. The multivariate analysis yielded significance for the main effect of physically attractive, but subsequent univariate analyses yielded significance for Attractiveness, but did not yield significant results for Expertness and Trustworthiness. Thus, the manipulation check for physically attractive was showed that the condition was successful.

The results of the multivariate tests supported Hypothesis 3, as the main effect of the manipulation on the variable of ethical behavior was significant, and the ancillary univariate analyses yielded significance across two of the three subscales of the CRF-S (i.e., differences on Attractiveness were not significant).

The results of the multivariate tests did not support Hypothesis 4, in that none of the interactions yielded significance. Although the likeable, physically attractive, and unethical condition mean was higher than the unlikeable, physically less-attractive, ethical condition mean,
this difference was not statistically significant. Therefore, the null hypothesis was not rejected for this study.
CHAPTER V

Summary, Discussion, and Limitations/Recommendations

Summary

The literature review presented a rationale for the study of counselor characteristics and perceptions of observers. Duncan et al. (1999) explored common factors in counseling, which include counselor characteristics and the therapeutic relationship. Rogers (1951) determined the core facilitative conditions for creating a safe, trusting therapeutic environment, and Strong (1968) studied the social influence of counselors, concluding that there are three factors that combine to facilitate influence: Expertness, Attractiveness, and Trustworthiness. Barak and Lacrosse (1975) created the Counselor Rating Form to measure the three factors of counselor social influence, and Corrigan and Schmidt (1983) adopted a shorter version, the Counselor Rating Form – Short Form.

I designed this study to explore the effects of counselor likeability and physical attractiveness on perceptions of competency in ethical and unethical conditions, as measured by the Counselor Rating Form – Short Form (Corrigan & Schmidt, 1983) subscales of Expertness, Attractiveness, and Trustworthiness. I operationalized likeability by applying my definition, “having a set of pre-defined characteristics (e.g., warmth, kindness, respectfulness, friendliness) that increase a person’s likelihood of being liked by others” to the stimulus materials to create a likeable and unlikeable condition. In addition, I added physically attractive, or “having physical characteristics that are deemed pleasing or attractive by most others; rated high on physical attractiveness scales” to the conditions, to create physically attractive and physically unattractive conditions. I completed the conditions by adding the behavioral component of ethical, which I operationalized by a transcript that included ethical and unethical counselor behaviors.
I created stimulus materials that I felt would be realistic and relevant for the counseling profession, in that the materials would include information that a real-world client could access. The counselor biographical statement included information that could be observed from a client, or information that would likely be present in a counselor profile. Furthermore, I included a photograph and business card to create a more realistic counselor scenario, and to operationalize the likeable, physically attractive, and ethical behavior conditions.

The counselor biographical statement included elements of likeability gleaned from the scholarly literature and qualitative interviews. These characteristics included warmth, friendliness, humility, firm boundaries, and respectfulness. The biographical statement for the unlikeable condition portrayed a counselor who was unfriendly, cold/aloof, socially awkward, isolative, and arrogant. I operationalized these characteristics in the counselor’s biography, including career path, in the client’s perceptions of the counselor, and in the counselor’s business card.

To operationalize the construct physically attractive, I chose to pick photographs from a website of royalty-free clip art and photographs; I chose six pictures of anonymous Caucasian women who looked to be in their mid-thirties. I then showed the photographs to 15 people and asked them to rate the pictures on Physical attractiveness. I then chose the photograph rated the highest and the one rated the lowest to represent both conditions. I included the photographs in the biographical statement, thus creating materials that looked somewhat like a counselor’s webpage.

In order to control for voice and non-verbal elements of likeability and counselor behavior, I determined that a transcript was preferable to a videotape or audiotape to present the
study counseling session. I sought to simplify the constructs of likeability and physically attractive for the purposes of this initial study, and knew that adding voice and mannerisms would complicate the analysis and interpretation. The transcript was my primary vehicle through which the ethical and unethical constructs were operationalized. I chose ethical violations involving a breach in confidentiality, misrepresentation of credentials, and operating outside of competence for the unethical condition. For the ethical condition, the counselor responded appropriately to the same situations as presented in the unethical condition. As such, the transcripts were identical except for those key responses.

Participants rated the counselor’s characteristics and behavior in session by completing the Counselor Rating Form – Short Form (Corrigan & Schmidt, 1983). In addition to the 12 items on this questionnaire, I added three items to the end of the CRF-S: physically attractive, ethical, and professionally effective. For the purposes of analysis, I grouped the 12 items into the subscales according to Barak and Lacrosse (1975), and thus created the three dependent variables: Expertness, Attractiveness, and Trustworthiness.

The study sample included 81 graduate counseling students, the majority of whom were advanced students who were currently in their clinical internships. Because of their more advanced standing in their programs, many of the participants had taken most of their coursework, and were thus more sophisticated than the average client seeking counseling services. Despite this sophistication, I expected participants to rate the likeable, physically attractive, and ethical counselor higher on all subscales of the CRF-S than the unlikeable, physically less-attractive, and unethical counselor. In addition, I expected the likeable and physically attractive counselor who behaved unethically to be rated higher than the unlikeable,
physically less-attractive counselor who behaved ethically. In other words, I expected likeability to erase or minimize the negative impact of unethical behavior. The participants were randomly assigned one of eight conditions, in that the stimulus material packets were randomized and then distributed to them. Participants read the stimulus materials and transcript, and then completed the CRF-S.

I analyzed the data with a 2 X 2 X 2 multivariate analysis of variance (MANOVA), using the independent variables likeable, physically attractive, and ethical, and the dependent variables Expertness, Attractiveness, and Trustworthiness, the subscales of the CRF-S. The results of the multivariate analysis showed significant differences in the perceptions of the counselor between the two levels of likeable, physically attractive, and ethical (i.e., the main effects were significant and the manipulation checks were successful). Subsequent univariate analyses showed that the significant differences applied to all three dependent variables for likeable, only to the Attractiveness subscale for physically attractive, and to two of dependent variables for ethical behavior (differences on Attractiveness did not reach significance). Although there were no significant interactions in the multivariate analyses, these data could be interpreted as showing a pattern among the three independent variables. Figure 1 shows the interaction among likeable and physically attractive in the unethical condition, as they apply to Expertness, and Figure 2 shows the interaction among likeable and physically attractive in the ethical condition.

I pay special attention to the Expertness and Trustworthiness subscales, given that the items included within are closely tied to my definition of counselor competency. Although the multivariate analysis did not yield significant results with respect to the interaction effects, a pattern did exist in the data (see Figure 1). With respect to the Expertness subscale, the
Unlikeable, physically less-attractive counselor was rated lowest when she was unethical and highest when she was likeable (the mean ratings for physically attractive and physically less-attractive were close, with the physically less-attractive and likeable condition yielding the slightly higher mean score). In addition, in this sample likeability diminished the negative impact of physically less-attractive when the counselor was unethical. This was also the case in the ethical condition. Figure 2 illustrates the ethical condition. Notice how likeability erased the effect of physically less-attractive in the ethical condition, and converged with the physically attractive/likeable condition to yield a grand mean that is higher than the unlikeable condition. Again, the multivariate tests did not yield significant results for the interactions of the three independent variables, but in this sample, likeability did appear to have an impact on the ratings of the counselor with respect to Expertness. Not only did characteristics of likeability appear to negate the impact of physically less-attractive, but when coupled with physically attractive, neutralized the impact of unethical. In this sample, the likeable, physically attractive counselor who behaved unethically received a slightly higher mean score than the unlikeable, physically less-attractive counselor who behaved ethically.
Figure 1

Estimated Marginal Means of Expert_Comp

at counselor ethical = No

counselor attractive
- No
- Yes

Figure 2

Estimated Marginal Means of Expert_Comp

at counselor ethical = Yes

counselor attractive
- No
- Yes
Pearson correlations illustrated the relationship between the likeable, physically attractive, and ethical conditions. The correlation between the likeable condition and likeable on the CRF-S was high \( (r = .589) \); correlations were also moderate to high for Friendly \( (r = .494) \), Warm \( (r = .525) \), and Sociable \( (r = .550) \), which are items in the Attractiveness subscale. The correlation between the physically attractive condition and physically attractive on the addendum to the CRF-S was high \( (r = .830) \). And the correlation between the ethical condition and ethical on the CRF-S addendum was high \( (r = .630) \) and moderate for Professionally Effective \( (r = .511) \). These relationships, like the manipulation checks, demonstrate the validity of the conditions likeable, physically attractive, and ethical behavior.

Regarding the demographic variables, the only correlation of significance was that between gender and the physical attractiveness rating \( (r = .223) \). A subsequent univariate test showed that females rated the counselor as more physically attractive than males \( (p=.045) \). This finding is consistent with the Lewis and Walsh (1978) study of the physical attractiveness of a female counselor, in which women rated the female counselor as being more attractive than men did.

The manipulation checks were supported: The results supported Hypothesis 1, in that participants rated the likeable counselor higher on all CRF-S subscales than the unlikeable counselor; Hypothesis 2 was supported by the significant results of the main effect physically attractive, but subsequent univariate analysis showed the significance to be limited to the subscale of Attractiveness. Results of the multivariate analysis supported Hypothesis 3, as the main effect ethical behavior was significant across Expertness and Trustworthiness but not on Attractiveness measures. Hypothesis 4, or the main hypothesis in this study, which predicted that
the likeable, physically attractive, and unethical counselor would be rated higher on the CRF-S subscales than the unlikeable, physically less-attractive, and ethical counselor was not supported by the multivariate analysis, in that the interactions of the three independent variables were not found to be significant.

Discussion

Study Sample. The ideal design of this study would include a sample of counseling clients in order to gain their perceptions of the counselor in a counseling relationship. Because this study used an analogue design, I had to create counselors and counseling scenarios that were as realistic as possible.

The counselor biographical statements contained elements of likeability that can be generalized to a counselor population. Characteristics such as warmth, friendliness, empathic nature, honesty, and sincerity are expected elements of a competent counselor’s personality, and characteristics I observe in colleagues and students. In sum, I tried to create counselor personalities that were realistic and believable. In addition, I created a format (i.e., biographical statement and statement of the client’s observation of the counselor) that provided information about the counselor in a believable and realistic way. In other words, I did not want to include information about the counselor’s personality that could not be learned or observed by a client.

Regarding the counseling session transcript, I chose a general problem that counselors often encounter in a counseling session, depression. Knowing that clients who are experiencing depression often take medication and are likely to ask their counselors questions about medication, I chose this scenario for the counseling transcript. I tried to avoid manipulating the session transcript in ways that would render it unrealistic.
Despite my efforts to create a realistic counselor and counseling scenario, I would caution the reader when making generalizations from the study to the field of counseling. Not only because of the analogue nature of this study, but also because the participants were advanced graduate counseling students, rather than counseling clients.

Although it is possible that some of the participants had been or currently are in counseling themselves, they do possess knowledge that leads to a higher level of sophistication for this sample. In other words, they are more knowledgeable about counseling and counselors than the average client. Had the participants been in the very beginning of their programs, I could argue that they were close to the general population. This particular sample was comprised primarily of advanced counseling students, which makes them more sophisticated than a general client population, but possibly less sophisticated than a sample of licensed counselors.

Despite the sophistication of this sample, it is unclear how the advanced knowledge of the participants affected the results. Given that there was significance in the multivariate analyses for the main effects, it would be interesting to see the results for a sample of counseling clients. The results of this study do not give clues to how a sample of counseling clients may respond, but do raise the question. Regardless, it is important to note the difficulty in generalizing from a sample of counseling students to a sample of counseling clients. The results could also be an indication of how we judge people, and that some sets of characteristics, such as likeability or physical attractiveness, impact people’s perceptions and evaluations of others no matter what their level of sophistication.

Validity Evidence for Stimulus Materials. Since the correlations between the variables I operationalized in the study (e.g., likeability, physical attractiveness, and ethical behavior) and
the corresponding ratings of items on the CRF-S addendum (e.g., likeable, physically attractive, and ethical) were moderate to high, I am comfortable asserting that the stimulus materials were valid in their construction. The first three hypotheses predicted that the independent variables would yield significant differences among the groups; the results affirmed that counselor likeability, physical attractiveness, and ethical behavior, when considered independently, did impact the ratings of the counselor in the eight conditions. The significant findings for the three main effects confirm the success of these manipulations.

**Effects of Likeability, Physical Attractiveness, and Ethical Behavior.** When the counselor was perceived as being likeable, she was rated higher on all subscales of the CRF-S than when she was perceived as being unlikeable. Likewise, when the counselor was perceived as being physically attractive, she was rated higher on the subscales of the CRF-S. When the counselor was perceived as ethical, she was rated higher on the CRF-S subscales of Expertness and Trustworthiness than when she was behaving unethically. These results confirm that the manipulations were accurate portrayals of the conditions likeable, physically attractive, and ethical.

For this sample, the multivariate tests yielded no significant differences between the eight combinations of likeable, physically attractive, and ethical.

**Additional Patterns.** Given that the structure of the Counselor Rating Form – Short Form (Corrigan & Schmidt, 1983) is a 7-point Likert Scale, a combined score for a subscale that equals 16.00 would be considered on the positive side of the continuum. The mean scores for all three subscales in all eight conditions when considering each independent variable in univariate analysis are above 16.00. However, when gleaning results of the summary statistics of the
various interactions of likeable, physically attractive, and ethical, several means fall on the negative side of the continuum. For example, when considering the interactions of all three independent variables, the mean rating for the Expert subscale in the unlikeable, physically less-attractive, and unethical was the lowest at $M = 13.200$, which falls on the negative side of the continuum.

One consistent pattern in the data was the effect of likeability on the evaluations of Expertness, Attractiveness, and Trustworthiness. When likeability was present, the mean evaluation ratings rose. When the counselor was unethical and likeability was present, the mean evaluation scores rose from the negative side of the CRF-S continuum to the positive side. The implications of this result could pose significant danger to clients, as Cash and Salzbach (1978) warned. Just as scholars in the past found likeability and Physical attractiveness to be powerful tools of social influence, this study is consistent with that finding, and goes a step beyond by showing a pattern of social influence despite unethical behavior.

Physical attractiveness showed a less consistent pattern. One surprising finding was that physically less-attractive was in some conditions rated higher than physically attractive when likeability was also present. This is quite different from previous studies that focused only on physical attractiveness (Cash et al., 1975; Lewis & Walsh, 1978), in that in these studies, the physically attractive conditions were rated the highest on the CRF-S, especially when rated by women. This was not the case in the present study. For example, in the Trustworthy rating when the counselor was also ethical, the physically less-attractive counselor was rated higher than the physically attractive counselor when likeability was also present; this was also the case in the Expertness and attractiveness ratings. This suggests that a likeable, physically less-attractive, and
ethical counselor may be slightly preferred, or at least perceived as being more Expert, attractive, and Trustworthy, than her more attractive counterpart. It is important to remember that these differences, while present, were not significant in the multivariate analysis.

**Limitations and Recommendations**

The ability to generalize results in this study is in many ways directly proportional to the limitations of the study design, sample, and validity of the constructs used. The following section provides a discussion of the limitations of the current study, followed by recommendations for future research.

**Limitations of Sample.** The convenience sample surveyed in this study consisted of graduate counseling students from a Midwestern, private university. The research questions focus on the perceptions of clients, not of graduate counseling students. Due to the difficulties inherent in sampling the client population (e.g., ethical – avoiding harm; logistical – IRB approval and sampling procedures; and therapeutic – effects on the relationship), the researcher chose to sample graduate counseling students in various stages in their academic programs. It is unclear as to how this sample’s knowledge of counseling-related issues affects the results of this study, and it would be interesting to collect data from a sample that was more diverse regarding counseling experience or education (i.e., include beginning student). This conclusion, however, is mere conjecture at this point.

The sample obtained in this study is also limited in its representation of gender, racial, and ethnic diversity, reflecting mostly Caucasian women in their early thirties with a high level of education. In order to get a more complete picture of the effects of likeability and physical attractiveness on perceptions of clients in general, it would be necessary to include more
diversity in future samples. In addition, the women in this study rated the counselor as being more physically attractive in both conditions, and there was no significant difference among race in the sample. Given these findings, it would be interesting to collect data from a larger, more diverse sample to determine any additional relationships between gender, race, and attractiveness ratings.

*Limitations of Stimulus Materials.* For future studies related to likeability, physical attractiveness, and the effects of these constructs on perceptions of various dependent variables, it would be advisable to expand the sample size and to do a power analysis before beginning to determine the necessary target $N$.

I created the stimulus material using loosely-defined constructs that are subjective in nature (i.e., likeability and physical attractiveness). I defined likeability using findings of previous research (Flaum, 2007; Strong, 1968); however, in the case of Strong (1968), the personality characteristics were identified in relation to social influence, and not in terms of their general likeability. In the case of Flaum (2007), general likeability and counselor likeability were explored in a qualitative analysis, but with an $N$ of two. I would advise that more work is needed in defining the construct of likeability, and that expanding a qualitative project might be one way in which to accomplish this.

It is also important to note that the independent variables likeability and physical attractiveness can also be considered subsets of the dependent variable Attractive on the CRF (Barak & Lacrosse, 1975), which can complicate analysis and weaken the results. In Strong’s (1968) discussion of the primary factors of social influence, Attractiveness (meaning
interpersonal), includes many characteristics that created the variables likeable and physically attractive.

The physical attractiveness construct was limited in that the photographs were of Caucasian women thought to be in their thirties. Diversity in race, ethnicity, age, and gender was not explored with respect to the stimulus material. I would suggest that further research could also focus on male counselors, as well as counselors of diverse racial backgrounds. Studies that examined the impact of counselor dress, first names, accents, and indicators of SES on likeability and physical attractiveness would also be valuable.

Regarding the transcript of the counseling session, I determined the ethical violations to illustrate, based on the effects of counselor credentials on perceived Expertness (Strong, 1968). This is one of many ethical violations that could have been illustrated in the study. In addition, the use of breach of confidentiality, while a blatant breach to the trained eye (i.e., the advanced graduate counseling student), is not necessarily perceived as being problematic for the average client. The use of this ethical violation could have possibly skewed the results of perceived Expertness and lessened the ability to generalize results to a population of clients. Further research could use different combinations of ethical violations, from the most minor to most severe, in studying the impact that these violations might have on the social influence of the counselor, using the CRF-S as a rating.

Additional Limitations. A set of factors that has been largely, if not completely, overlooked in this study is the self-perceptions of clients or participants and how these perceptions affect ratings of the counselor. Understanding how clients view themselves with respect to personality characteristics (including their own likeability) and their level of physical
attractiveness would provide additional information to researchers who seek to understand the relationship between clients’ self-perceptions and the ratings of their counselors. A rating of a client’s self-esteem and self-perceptions would be interesting to include in such studies, as it would help researchers explore the relationship between a client’s self-perception and that of his/her counselor. It would also be beneficial to compare clients’ perceptions of the counselor with the counselor’s self-perceptions, in order to determine to what degree these ratings correlate. These studies could answer such questions as, “Do clients’ self-perceptions of their likeability and physical attractiveness affect how they perceive counselors who are more/less likeable or physically attractive?” By answering such a question, we may better understand who/what is likeable to whom, and how that impacts the social influence of counselors. A study such as this would also aid in our understanding of transference within the therapeutic relationship, as they relate to the client’s or counselor’s likeability or physical attractiveness.

Another issue I did not address in the current study is how the counselor’s need to be liked impacts his/her motivations and behavior in the therapeutic setting. If likeable people have a high need to be liked, then their likeability could be used as a tool of social influence, and as such they could receive reinforcement for their likeable qualities. Possible dangers for likeable counselors who also have a high need to be liked by their clients could include the potential to withhold therapeutic interventions that would cause clients to not “like” them, to transgress boundaries to maintain likeability, or to engage in non-therapeutic self-disclosure, to name a few.

The stimulus material used in this study was designed to closely resemble a counselor’s webpage, which is a common method of self-promotion and marketing of services for private practice counselors. A transcript was used to provide the details of the counseling session instead
of an audiotape or videotape, in an attempt to limit the scope of the present study. Although the transcript helped the researcher control for voice and non-verbal behaviors, these factors are important for the assessment and rating of likeability and physical attractiveness. In other words, they provide a three-dimensional representation of these constructs, as opposed to a one-dimensional representation achieved with the transcript. For future research, it would be valuable to use different methods to capture a snapshot of a session, including audiotapes to provide a sample of the counselor’s vocal qualities and/or a videotape to provide an additional visual display of counselor non-verbal behaviors.

*Future Research on Counselor Ethical Violations.* The recommendations to this point have centered on the constructs of likeability and physical attractiveness, with no mention of ethical behavior and ethical violations. Further research should be conducted to deepen our understanding of the counselor who commits ethical violations and malpractice. At this point, we know little about the people who engage in unscrupulous behaviors while in the role of the counselor, and it would likely expand our awareness of the characteristics and motivations of unethical practitioners. Counselors who commit serious, damaging ethical violations remain largely in the shadows of our profession. Qualitative research that explores the characteristics of sanctioned counselors, in addition to motivations and cognitions of counselors who commit ethical violations, would be helpful as we begin to understand this phenomenon. Hearing counselors’ stories with respect to their thinking and motivation when engaging in unethical behaviors, as well as how they were “caught” and sanctioned, could expand our understanding of acts that are at this point misunderstood.
On the other side of the serious ethical violation is the counseling client. In order to get a fuller picture of the impact of ethical violations, researchers could interview former clients of counselors who committed harmful ethical violations. Counseling clients could share insight into how their former counselors established therapeutic relationships and established trust, as well as the impact of violations, and possible breaches of trust, on the emotional and psychological well-being of these clients.

Studies that examine the various degrees of ethical violations, from administrative violations to the most serious violations, and the personal characteristics of those who commit them, could also add to the general body of literature on the subject of counselor ethics. In addition, by exploring the relationships between certain personality or physical characteristics and ethical decision making, we would deepen our understanding and strengthen our approaches to educating future counselors.

Studies on how likeability and physical attractiveness impact social influence should not be limited to the therapeutic setting. Many of the ideas for further research discussed above could also be conducted in the supervisory and classroom contexts. Researchers could gain a more in-depth understanding of how supervisors are influenced by their supervisees’ likeable personalities (or unlikeable personalities) and perceptions of physical attractiveness when evaluating supervisees’ performance in their clinical training, as well as how students rate their professors and vice-versa. Such research, which expands beyond the scope of this study, could broaden our understanding of how likeability and physical attractiveness impact the perceptions of others, especially in settings of evaluation.
References


APPENDIX A

Photographs of attractive and unattractive
APPENDIX B

“Likeable Counselor Bio Template”

Molly Phillips is a professional counselor and recent graduate of a nearby counseling program. In addition to her master’s degree in counseling, Molly also has a master’s degree in mechanical engineering. She made a mid-career move to counseling after working 10 years as a mechanical engineer at a large corporation. She decided to make the switch to counseling after she was transferred to a new department in which she was required to work isolated from others. Molly had always enjoyed her work up until that point, mostly because she worked with a close-knit group of people. When Molly decided to leave her position as a researcher and enter a counseling program, her friends and family felt it was a perfect fit. Molly enjoys working with all populations in community mental health, and says that she looks forward to very opportunity to help others.

In her spare time, Molly enjoys volunteering in a literacy program, teaching swimming to young children, and hiking with her two dogs.

The client in this study, Eric R., recently met the counselor at a workshop she gave to a group of salespeople and managers at the company where he works. He was immediately impressed by her warmth, friendliness, and intelligence and she seemed to have an ease and flexibility about her. Eric knew that he needed to talk with someone about his relationship issues, and felt that this counselor would be a good match.
Molly Phillips is a professional counselor and recent graduate of a nearby counseling program. In addition to her master’s degree in counseling, Molly also has a master’s degree in mechanical engineering. She made a mid-career move to counseling after working 10 years as a mechanical engineer at a large corporation. She decided to make the switch to counseling after she was laid off from her job. She was happy as an engineer and found her work to be quite rewarding, especially because she was able to work independently of others.

In her spare time, Molly enjoys playing video games, doing crossword puzzles, and participating in internet chat rooms.

The client in this study, Eric R., recently met the counselor at a workshop she gave to a group of salespeople and managers at the company where he works. Although Molly did not seem to be very warm or empathic (or very friendly, considering she did not circulate around the room and talk to participants in the workshop), Eric was impressed by her level of knowledge. He knew that he needed to talk with someone about his relationship issues, and felt that this counselor is intelligent and has the Expertise to talk with him.
Effects of likeability 95

APPENDIX C
Transcript

CO: Hi, Eric. Glad to see you again. How was the drive in?
CL: Fine...good, I guess. It’s good to see you, too, Dr. Phillips.

Ethical:
CO: Oh, please call me Molly, Eric. I’m not “Doctor”.

Unethical: (no acknowledgement of the salutation)
CO: What’s been going on this week?
CL: Well, I went to see my doctor as you suggested, and she put me on Lexapro for the depression...especially after I gave her the laundry list of symptoms. She said I’d be an excellent candidate for the medication. She also told me there shouldn’t be any side effects...that I wouldn’t get drowsy, gain a ton of weight...or totally lose my sex drive. Well, you know how much trouble I’ve been having with my wife Jill, right?

CO: Yes, you talked about your relationship concerns in our first session last week.
CL: Well...umm...let’s just say that this isn’t doing much for my relationship...

CO: This?

CL: Yea, the loss of libido...it was tough before when I hardly had any libido, but now...my sex drive it totally gone...and Jill’s even less happy than before, if that’s even possible.

CO: It sounds like you’re concerned that the medication may be affecting your sex drive?
CL: Yea, you could definitely say that. I made it pretty clear to my doctor that I didn’t want to do anything that would affect my libido...and that my depression...you know, my low energy, lack of drive to really do anything, has been a problem for awhile. And now, what little drive I did have is now gone...so now I’m thinking I’m going to just stop taking the stuff.

Ethical:
CO: Ok, Eric. You sound pretty frustrated with the medication right now, but I’m wondering if we could explore this a little before you make a decision?

Unethical:
CO: Ok, Eric. You sound pretty frustrated with the medication right now, but I don’t think it’s the Lexapro that’s affecting your libido. The client I just had last session is a physician and has been taking Lexapro for a few years...
CL: You mean the younger guy who just left the office?
CO: Yes. Anyway, he has done quite a bit of research on antidepressants and says that within this class of drugs, Lexapro is neutral as far as sexual side effects.

CL: Ok...

CO: So, has anything changed in your life in the past week...new developments...stressors?

CL: Stressors?

CO: Yes, anything that you have been feeling particularly stressed or anxious about?

CL: Well...I guess I did get a new project at work, and it’s been stressing me out a little...

CO: A little?

CL: Ok, a lot. I can’t stand this project manager. He’s so scatterbrained and demanding...and because of this, he’s been keeping me at work really late the past few nights...all last week, really. Last night I didn’t get home till almost 11. And I’m not at work doing stuff that really matters...it’s mostly piddly stuff...you know, busy work. I’m a wreck and am feeling pretty exhausted. This project manager – John – well, he used to be under me in the organization, and then he transferred to a different office and jumped the fast train to a promotion.

CO: And how was your relationship with him when YOU were HIS manager?

CL: (snickers a little) Well...let’s just say we didn’t go out for beers after work. He really seemed to have a chip on his shoulder – you know, one of these guys who thinks he’s better than everybody else, you know?

CO: So you saw him as someone who thought he was better than you. How did you react to that?

CL: Well, I’d do things to keep him humble.

CO: Humble?

CL: You know, like piddly administrative stuff...stuff he thought he was above doing...

CO: Hmmmm...

CL: (laughs again). Ohhh. Ok. I think I see your point.

CO: Good...but that’s another issue...one we can get back to...but first I want to address the medication issue with you, Eric. So let’s see if I understand this. You started taking the
medication last week, AND you got a new project at work, which has been a significant source of stress for you...

CL: Yea...

CO: AND, in our first session last week you said that work is the only stable, CALM thing in your life right now...

CL: Yea...(sighs – long exhale)

CO: Seems like a significant change to me...and something that certainly could affect energy level, motivation, libido...

CL: Alright, Doc...I think I get your point...

Ethical:
CO: Well, I’m NOT the doc...I guess my point is...you need to work WITH your doctor about the medication...including whether or not you should stop taking it. Now, let’s get back to issue of this new stressor...

Unethical:
CO: Good. Now, let’s get back to the issue of this new stressor...
APPENDIX D
Counselor/Client Interaction: A Study

Dear Student Participant:

Thank you for agreeing to participate in this short study examining counselor/client interaction based on a 7-minute audiotape of a counseling session. Please read the description of the counselor before listening to the audiotape.

After listening to the tape, please complete the survey and rate the counselor using the Counselor Rating Form – Short Form (CRF-S).

Please note that your participation is entirely voluntary and has no bearing on your grade for this or any other class. Your answers will be kept confidential and no identifying information will be used.

Participant Survey

Please check one:

Gender: ______ Male    ______ Female

Race: ______ Caucasian    ______ African-American    ______ Hispanic
       ______ Asian-American    ______ Other (please specify)_____________________

Age: ______

Years of experience in a counseling-related field:_______

Please put a check beside the classes that you have already completed or are currently taking:

_____ Theories and Techniques of Counseling    _____ Multicultural Counseling
_____ Pre-Practicum    _____ Legal and Ethical Issues
_____ Advanced Counseling Skills
APPENDIX E

Counselor Rating Form (Short Form)

Please take a moment to rate the counselor portrayed in the short description and session transcript. Place an “X” on a point on the continuum that you feel best represents the counselor in this scenario.

1. SINCERE
   not very 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10. RELIABLE
not very ______________:________:________:________: very

11. PREPARED
not very ______________:________:________:________: very

12. FRIENDLY
not very ______________:________:________:________: very

13. PHYSICALLY ATTRACTIVE
not very ______________:________:________:________: very

14. ETHICAL
not very ______________:________:________:________: very

15. PROFESSIONALLY EFFECTIVE
not very ______________:________:________:________: very

Modified from Barak and Lacrosse (1975).

Please write any additional comments about the counselor, client or counseling session here:

What, if anything, do you feel the counselor did particularly well?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What, if anything, do you feel the counselor should do differently?

______________________________________________________________________________
______________________________________________________________________________
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APPENDIX F

INFORMED CONSENT FORM

Consent to Participate in a Research Study (Survey)
University of Cincinnati
College of Education, Criminal Justice, and Human Services
Division of Human Services

The Effects of Likeability and Attractiveness on the Perception of the Competency of Counselors Committing Ethical Violations

Investigator

Michelle Flaum, MS.Ed, Principal Investigator
University of Cincinnati
(937) 545-7392
bowmannc@email.uc.edu

Geof Yager, Faculty Advisor
University of Cincinnati
(513) 556-3347
geof.yager@uc.edu

What is the reason for this study?
Before you agree to participate in this study, we want you to know the reason for the study. We would also like you to know exactly what to expect if you decide to participate. Being a part of this study is entirely your choice. You are free to stop at any time. There are no penalties. Feel free to ask questions about anything you do not understand.

The purpose of this study is to examine the role that likeability (a combination of personal traits that contribute to how others perceive us) plays in how others perceive counselor ethical violations. More specifically, we are interested in finding out if there is a relationship between (a) a counselor’s likeability and (b) the perceptions of the counselor’s effectiveness as rated by counseling students and professional counselors.

Michelle Flaum at the University of Cincinnati will be conducting this study. Approximately 100 students will be surveyed for this study.

What will happen?
First, the researcher will give you a short paragraph to read, and then you will be asked to listen to an audiotape (7 minutes in length) of a counseling session. Then, you will answer some demographic questions and complete a short rating scale instrument. No identifying information
will be used on this survey, such as your name or student ID. The surveys will be numbered, and all of your answers will be coded using that number.

**How long will this take?**
The survey should take no more than 10-15 minutes of your time to complete.

**Will anything bad happen to me?**
We do not think anything bad will happen to you. *You have the right to stop reading or answering questions without any penalty.* You may share any concerns that you have with Michelle Bowman at (937)545-7392 or bowmanmc@email.uc.edu, or Geof Yager at (513) 556-3347 or geof.yager@uc.edu.

**What will I gain?**
You will not benefit directly from this study. But your feedback will help the researcher in her work in understanding this topic in greater detail.

**Is this study confidential?**
Your name will not be attached to this survey or the results in any way.

**Will I receive anything?**
No, you will not be compensated for your time.

**Can I quit at anytime?**
Being a part of this study is entirely your choice. If you take part, you may choose to stop at any time. There are no penalties for quitting.

**Who do I call if I have questions?**
Please call Michelle Flaum at (937) 545-7392 or bowmanmc@email.uc.edu, or Geof Yager at (513) 556-3347 or geof.yager@uc.edu if you have any questions about this study. If you have any questions about your rights or giving your permission, you may call the University of Cincinnati’s Institutional Review Board for Social and Behavioral Sciences at (513) 558-5784.

**Signature**
I have read this permission form, which explains the reason and details of this study. I have had time to review the information. I have been encouraged to ask questions and have received answers to my questions. If I do not participate or if I quit, I will not be treated any differently and I will not lose any rights. Being a part of this study is entirely up to me. I hereby consent to be a part of this study. I have received (or I will receive) a copy of this form for my records.

__________________________________________
Signature of Participant

__________________________________________
Signature and Title of Person Obtaining Consent

Date

Date