

Therapeutic Attraction as a Function of Therapist Attire and Office Furnishings

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Eighty-two undergraduates viewed a simulated therapy segment presented on one of four videotapes identical except for contextual formality. Checks confirmed the validity of the four conditions created by varying the traditionalism of the therapist's attire and office. Ratings of attraction were independent of therapist attire, reinforcing findings of interview analogues that did not include a manipulation check or a professional therapist. Subjects' impressions were also largely unaffected by the office arrangements, reaffirming one analogue outcome and clarifying a discrepant finding from a possibly unrepresentative analogue. The data refute formulations that assign therapist accoutrements a major role in priming nonspecific psychotherapeutic effects.

Whether or not the patient perceives the therapeutic ambiance as confirming his or her preconception of "proper" treatment is thought to be critical to the establishment of an effective working alliance. However, the strength of empirical findings regarding the importance of such nonspecific ingredients in the psychotherapeutic equation as the therapist's attire and office arrangements has lacked the conviction of prevailing professional opinion.

Manipulation of counselors' attire failed to affect students' perceptions of their experience in two interview analogues. Stillman and Resnick (1972) found no difference in attraction or disclosure on the basis of variation in male dress, and Kerr and Dell (1976) obtained none in attraction or expertness according to female dress. Unfortunately, these otherwise neatly executed investigations employed inexperienced student confederates as counselors, and neither study incorporated a check on the validity of the experimental manipulation, detracting from the cogency of the counterintuitive outcome.

The only studies of the impact of the therapist's room adornments have yielded inconsistent results. Kerr and Dell (1976) turned up no main effects of professionalism-casualness alone or in combination with dress formality.

However, Bloom, Weigel, and Trautt (1977) reported that the therapist was fantasied as more qualified in the professional office but as more safe in the humanistic office. The Bloom et al. data are provocative but difficult to interpret in light of the unrepresentativeness of the treatment analogue. Rather than participate in a simulated initial interview or observe a videotaped session, a subject was seated in the office and asked to imagine what the therapist might be like. Such a procedure maximizes the full projective power of the office-as-stimulus but dictates that impressions be formed in the absence of the therapist, whose personal qualities might temper the meaning of the decor.

Thus, positive as well as negative findings on the role of therapist dress and office professionalism on impressions of psychotherapy are constrained by certain methodological features of prior research. This report, based on a clinical analogue that employed checks to ascertain that the stimulus conditions were perceived as intended and a confederate who was a genuine and plausibly presented therapist, was prepared to clarify some of the unresolved issues.

Method

Thirty-five male and 47 female undergraduates viewed one of four 5-minute videotaped segments of a simulated initial therapy session. The segments were identical except for the crossed factors of formality of attire (tie and jacket vs. open-collar sport shirt) and office

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(diplomas and dignified photoportraits vs. a peasant wall rug and sensitivity posters).

Two male associates, a 37-year-old advanced psychiatric resident and a 24-year-old graduate student, learned the roles of therapist and patient from a script adapted from an actual therapy session. The interview was staged for videotaping in the same room four separate times. The patient sat offscreen right with only the therapist in view. No differences among the tapes were found for clinical psychology graduate students' preratings of the therapist's empathy, competence, directiveness, posture, eye contact, gestures, and audio and video realism.

Subjects' opinions of the therapist's performance were assessed along six 6-point bipolar scales: understanding, competence, appropriateness for a close friend experiencing psychological problems, appropriateness for one's own treatment, degree to which expectations about psychotherapy were confirmed, and favorableness of attitude toward the therapist. These measures were followed by the two checks on the effectiveness of the experimentally induced dress and office conditions.

Results

Subjects who viewed either of the videotapes in which the therapist was presumably formally attired did in fact perceive him to be more so than did subjects who viewed either of the videotapes in which he was presumably casually attired, $F(1, 74) = 83.13$, $p < .001$. Likewise, subjects in the traditional room conditions perceived their ambiance to be more formal than did subjects in the humanistic room conditions, $F(1, 74) = 22.92$, $p < .001$.

A main effect of room formality was obtained for competence, the therapist being regarded as more so when he interviewed in the formally furnished rather than the informally furnished room, $F(1, 74) = 3.64$, $p \approx .05$. There were no other main effects of room formality and none for dress formality.

A Dress Formality \times Room Formality interaction was found for the favorableness of subjects' attitude toward the therapist, $F(1, 74) = 3.70$, $p \approx .05$, and also approached significance for the rating of his level of understanding, $F(1, 74) = 2.90$, $p < .09$. Application of Duncan's procedure revealed that subjects' attitude toward the therapist was more positive when he was casually dressed in the formal room than in any other condition. The form of both interactions suggests that subjects preferred either

combination of formality and informality in the therapeutic setting over "purely informal" or "purely formal" dress-and-office arrangements. No other Attire \times Setting interactions were found.

Discussion

The present data clarify previous findings on the impact of dress and office professionalism on psychotherapeutic attraction. Formality of therapist attire failed to produce any main effects, enhancing the compellingness of the likewise null outcomes of prior investigations that had included neither manipulation checks nor genuine psychotherapists (Kerr & Dell, 1976; Stillman & Resnick, 1972). Keeping in mind the fairly homogeneous populations and clinical situations sampled to date, the formality of the therapist's dress may be a less important factor in the formation of impressions about treatment than many observers have surmised.

The absence of consistent main effects for professionalism of the therapeutic setting, despite confirmation of the effectiveness of the experimental manipulation and use of a mature therapist, strengthens an earlier result (Kerr & Dell, 1976) and helps to illuminate another (Bloom et al., 1977). The convergence of our predominantly negative data with those of Kerr and Dell, whose subjects were similarly exposed to a therapist figure, and divergence from the mixed findings for setting per se of Bloom et al. suggest that the latter may have been an artifact of an analogue procedure that unrealistically maximized the stimulation of fantasies about a therapist never actually seen. This formulation is consistent with Kerr and Dell's (1976) evidence that interviewer role contributes to therapeutic impressions.

Isolating Bloom et al.'s (1977) analogue in this manner also prompts a resolution of the seeming incompatibility between their findings that more credibility was attributed to a male-designated office with a humanistic backdrop and ours that more competence was ascribed to the male therapist in the traditional office. Since the preratings indicated that our therapist was satisfactorily empathic, this quality may have tempered any tendency on the part of subjects to regard his formal office as cold and in fact may have transformed their impressions from austerity to mature sensitivity. The qualities manifested in the performance of our male therapist may thus have contributed to impressions of him similar to those activated by Bloom et

al.'s female-therapist cues, which likewise elicited more favorable reactions in the traditional setting.

Consistent with other data from Bloom et al., aspects of the present data fail to establish subject variables such as sex or authoritarianism as moderators of therapist attire or setting effects. Future research would benefit from more systematic attention to subject and therapist mediators, continued incorporation of checks on the validity of experimental procedures to enable distinction to be made between methodological insufficiency and true null results, and an upgrading of the realism of the analogues in terms of therapist credibility and subject motivation for therapy.

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