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ABSTRACT
            Although attitudes toward people who have sought
psychological counseling have been characterized as negative and
stigmatizing, research suggests the public holds no prejudice toward
the mentally ill. To examine whether the apparent decrease in
negative attitudes toward people involved in psychological treatment
is more superficial than real, two experiments were performed. In the
first, 144 undergraduates (68 male; 76 female) recorded their
impressions of a target person, who was or was not depicted as a
counseling client. Involvement was manipulated by leading some
subjects to believe that they would not meet the target person (low
involvement) and by informing other subjects that they would have a
getting acquainted conversation with the target (high involvement).
Results showed that negative attitudes toward the counseling client
increased as involvement increased. In the second experiment, 24
undergraduates (12 males; 12 females) were presented words as primes
("client", "student", and "house"). Each prime was twice paired with
16 test words. Results showed that subjects strongly associated
socially desirable characteristics with nonclients and socially
undesirable traits with clients. The findings support the hypothesis
that people harbor negative attitudes toward counseling clients, yet
do not readily express these sentiments. (KGB)

ATTITUDES TOWARD COUNSELING CLIENTS:
SUBTLE STIGMATIZATION?

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(1) Title of Paper: Attitudes Toward Counseling Clients: Subtle Stigmatization?

(2) Topical Session Preference: Social Psychology, Person Perception, Attitudes, Counseling.

(3) Problem or Major Purpose: Attitudes toward the mentally ill have been characterized as negative and stigmatizing (e. g., Sarbin & Mancuso, 1970). Moreover, related negative attitudes exist toward people who have not been hospitalized but who have merely sought psychological counseling (Parish & Kappes, 1979). Utilizing survey data, however, Crocetti, Spiro, and Siassi (1974) argue that the public is currently more enlightened toward mental health treatment and holds no significant prejudice toward the mentally ill.

The present research was designed to examine whether the apparent decrease in negative attitudes, reported by Crocetti et al. (1974), toward people involved in psychological treatment is more superficial than real. Due to changing norms, people simply may have learned that certain feelings and beliefs should not be expressed openly. Research on racial attitudes demonstrates that, because people value egalitarianism, they typically appear to be less prejudiced on attitude surveys than they actually are (see Gaertner & Dovidio, 1981). Racial prejudice is more likely to be manifested in situations that are more personally involving (Dovidio & Gaertner, 1983) and on measures that are less obtrusive (Crosby, Bromley, & Saxe, 1980) than on attitude surveys.

We hypothesize that people are currently complying with social norms that dictate that people should not be prejudiced against persons with psychological problems, but that people have not fully internalized these accepting values. Two experiments were performed. In Study One, degree of involvement with a target person, who was or was not depicted as a counseling client, was varied.

It was predicted that negative attitudes toward the counseling client would be more evident in the more involving situation. In Study Two, a non-reactive, reaction time procedure was used (see Gaertner & McLaughlin, 1983). It was predicted that negative sentiments toward counseling clients would appear more strongly on this measure than on the non-involving survey condition in Study One.

(4) Subjects: Sixty-eight male and 76 female undergraduates participated in Study One. Twelve males and 12 females were subjects in Study Two.

.(5) Procedure: In Study One, subjects were asked to give their impressions of a male or female target person based on brief background information (e. g., Extra-curricular activities, future plans). In the "non-client" conditions, this was all the information the subject received; in the "client" conditions, subjects were also informed that the person "was going for counseling for psychological problems." Involvement was manipulated by leading some subjects to believe that they would not meet the target person (low involvement) and by informing other subjects that they would have a getting acquainted conversation with the target (high involvement). Subjects recorded their impressions on 41 6-point bipolar scales, a modified version of Snyder, Tanke, and Berscheid's (1977) Impression Formation Questionnaire (IFQ).

Study Two used a modified version of Rosch's (1975) priming procedure. Stimuli consisted of words presented as primes ("client," "student," and the control prime, "house") and tests. To begin the study, subjects were asked to think about the typical student going for counseling ("client"), the typical student ("student"), and the typical house. Each prime was twice paired with 16 test words. Eight of these test words describe people, and eight do not. Four

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of the person-descriptive test words were the anchors of two items that showed significant differences (p's .05) as a function of client status in both the non-involving and involving conditions of Study One (i. e., secure, insecure; sad, happy). The other four person-descriptive words were anchors of two items that did not show significant differences in the non-involving situation but did in the involving situation (i. e., cold, warm; awkward, poised).

Each subject received 96 trials, a random arrangement of primes and test words. On a particular trial, a subject saw the prime (e. g., "student") for two seconds) and the screen was then blank for 500 milliseconds. Next the test word (e. g., "warm") appeared and stayed on until the subject hit a response key. Subjects were told to respond as quickly and accurately as possible whether the characteristic could ever be true of the group ("yes" key) or if it were always false ("no" key). Dependent measure were the mean reaction time for each set of prime-test pairings.

(6) Results or Findings: Factor analysis of the IFQ revealed five factors: Openness, Security, Character, Sociability, and Competence. The means of the items that loaded on each factor were computed, and these scores were used in subsequent analyses. Multivariate analysis of variance revealed a main effect for Client Status, $F_m(5,136) = 6.34$, p .01. As shown in Table 1, clients were viewed less favorably than non-clients. The predicted Involvement x Client Status interaction was obtained, $F_m(5,136) = 2.52$, p = .03 (see Table 1). Planned multivariate comparisons revealed that bias against counseling clients, compared to non-clients, was not statistically significant in the low involvement condition (p = .12), but was highly significant in the high involvement condition (p .001).

In Study Two, it was hypothesized that subjects would more strongly associate socially desirable characteristics with non-clients and socially undesirable traits with clients. When reaction times across the four socially desirable traits (secure, warm, poised, happy) and across the four socially undesirable characteristics (insecure, cold, awkward, sad) were analyzed, the predicted interaction was obtained, $F(1,16) = 24.60$, p   .001. Subjects responded faster to socially desirable traits following the "student" prime than following the "client" prime, 801 vs. 1122 msec., whereas they responded faster to socially undesirable characteristics after the "client" prime than after the "student" prime, 991 vs. 1042 msec. As presented in Table 2, the analyses of each trait pair showed significant interactions (all p's   .05)..

(7) Implications and Conclusions: The results of Study One and Study Two support the hypothesis that people harbor negative attitudes toward counseling clients, yet they do not readily express these sentiments. Specifically, Study One demonstrated that as involvement increases, bias against clients increases. Study Two showed that socially undesirable characteristics are more strongly associated with and socially desirable traits are less strongly associated with clients than with non-clients. It is important to note that the bias appeared on the reaction time measure even on the two scale items that did not demonstrate bias on the low involving questionnaire in Study One.

Our results are generally consistent with Kelman's (1961) model of social attitudes. Kelman proposes that people often comply with norms of nondiscrimination, even though they have not internalized unprejudiced values. Consequently, studies such as those done by Crocetti et al. (1974) that use surveys may actually be measuring compliance with norms of non-discrimination rather than actual internalized attitudes. Our results have practical, as well

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as theoretical, implications. Phillips (1963) proposed that, due to the threat of public stigma, many persons may not seek the psychological help that they need. Therefore, mental health care professionals need accurate assessments' of public attitudes towards clients to ensure that their services are fully utilized. Our findings suggest that this stigma is real, but often subtle.

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Table 1

Subjects Impressions of Target as a Function of Involvement and Whether or Not the Target was Described as a Counseling Client.

	Openness	Security	Character	Sociability	Competence
Low Involvement					
Client	3.79	4.01	4.44	4.18	4.41
Non-Client	4.02	4.24	4.31	4.41	4.62
High Involvement					
Client	3.52	3.57	4.13	3.61	3.97
Non-Client	4.04	4.10	4.44	4.30	4.30

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Table 2

Mean Reaction Times in Milliseconds to Socially Desirable and
Undesirable Traits Following "Client" and "Student" Primes.

	Student	Client	Prime x Characteristic Interaction
secure-insecure	892 1039	1144 881	$F(1,23)=15.75$ p .001
happy-sad	745 909	1152 971	$F(1,24)=11.76$ p=.002
poised-awkward	823 1123	1163 940	$F(1,23)=24.21$ p .001
warm-cold	745 1098	1027 1174	$F(1,23)=6.25$ p=.02

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