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ABSTRACT

Theorists and therapists have become increasingly attentive to the role of interpersonal behaviors that facilitate or hinder the ability of the counselor to exert influence over the client during counseling. A study was conducted to examine the impact of a counselor's preference that clients not smoke, client stress levels, client sex, and counselor sex on dimensions of perceived therapist credibility and client self-disclosure tendencies. Using Lustman, Sowa, and O'Hara's (1984) distress inventory, 97 male and 97 female undergraduates were identified who experienced high or low levels of stress. Participants were individually taken to the office of a male or female therapist where "Thank you for not smoking" notices were conspicuous or absent. Subjects were asked to describe their impressions of the therapist from seeing the office and hearing a description of the counseling situation. The results revealed that the "No smoking" request had no influence on the subjects' impressions and that low stress subjects were more willing to self-disclose. Subjects reported feeling that female therapists were more qualified, but high stress subjects felt less safe with female therapists than with male therapists. Males generally felt safer with therapists than females did. (Implications for practitioners and for research are discussed.) (Author/NB)

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Pursuing Therapeugenic Consequences of Restricting
Client Smoking During Counseling

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Abstract

This study examined the impact of counselor's preference that clients not smoke, client stress levels, client sex, and counselor sex on dimensions of perceived therapist credibility and client self-disclosure tendencies. Using Lustman, Sowa, and O'Hara's (1984) distress inventory, 97 males and 97 females were identified who experienced high or low levels of stress. Individually, participants were (a) taken to the office of a male or female therapist where "Thank you for not smoking" notices were conspicuous or absent and (b) asked to describe their impression of the therapist. The "no smoking" request had no influence, but low stress subjects were more willing to self-disclose. Subjects felt female therapists were more qualified, but high stress subjects felt less safe with female therapists. Males generally felt more safe with therapists than females did. Implications for practitioners and research were discussed.

Pursuing Therapeugenic Consequences of Restricting Client Smoking During Counseling

Theorists and therapists have become increasingly attentive to the role of interpersonal behaviors that facilitate or hinder the ability of one person (counselor) to exert influence over another person (client) during counseling (Corrigan, Dell, Lewis, & Schmidt, 1980; Janis, 1983; Heppner & Dixon, 1981; Strong, 1968, 1978). Bloom, Weigel, and Trautt (1977) used the term *therapeugenic* to describe characteristics that occur in counseling that: (a) are nonspecific to any particular therapeutic technique, (b) increase or decrease the likelihood that counseling will be effective, and (c) differ from placebo factors in that they are neither inert nor incidental to the counseling. These characteristics can be associated with any or all of four factors: the counselor, the client, the client-counselor relationship, and the physical environment.

Client responses to counselors and the counseling process have been shown to vary as a function of the physical environment in which counseling takes place, such as, the therapist's and client's seating configurations (e.g., White, 1953; Widgery & Stackpole, 1972), seating angles and distances (e.g., Kerr & Dell, 1976; Lassen, 1973), and formalities of office furnishings (e.g., Amira & Abramowitz, 1979; Bloom, et al., 1977; Heppner & Pew, 1977; Kerr & Dell, 1976).

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Given the potential for health hazards, smoking behavior has received increased attention in interpersonal interchanges. Psychiatrists are known to smoke while conducting therapy interviews (Tamerlin & Eisinger, 1972) and several research endeavors have focused on assessing the impact that counselors who smoke during counseling sessions have on clients (Schneider, 1984, 1985; Stewart-Bussey, 1985; Stewart-Bussey & Schneider, 1986). It has also become commonplace to communicate non-smoking preferences prior to interpersonal interactions by posting a brief "Thank you for not smoking" sign in a conspicuous place. Theoretically there is no agreement about the wisdom of exhibiting such a rule in counseling. Such a notice would not seem any more of a constraint on the counseling process than a therapist setting certain generally used ground rules (e.g., not allowing the client to damage office furnishings). On the other hand, the therapist's alerting the client to the counselor's desire for the client to not smoke might be inappropriate on a number of grounds. A counselor's no-smoking maxim might be perceived as an imposition of the therapist's values and potentially undermine the client's perception of the therapist's unconditional positive regard (Rogers, 1959).

The empirical literature suggests that nervous tension, discomfort, and restlessness are factors underlying individuals' urges to smoke (e.g., Best & Hakstian, 1978) and clients beginning psychotherapy are likely to experience similar feelings. A therapist who exhibits indications constraining a

client's behavior (e.g., displaying a no smoking notice) may simply intensify the client's discomfort. Given the paucity of literature dealing with the impact of smoking during counseling, this analogue explored the potential therapeutic effects associated with counselor smoking preferences in conjunction with counselor sex, client sex, and client stress levels.

Method

Subjects

To assess and identify subjects' stress levels, 842 undergraduate psychology students completed a Student Survey. From this subject pool, 97 males and 97 females met either high or low stress criteria (See below). These subjects also responded positively to the final Survey item querying whether or not they would be interested in further research participation in order to earn additional research credit.

Pre-experimental Stress Appraisal

The Student Survey consisted of a number of questionnaires. Lustman, Sowa, and O'Hara's (1984) Psychological Distress Inventory (PDI) was embedded in the Survey. The PDI assesses the degree of respondents' reactions to life events along four dimensions: depression, anxiety, somatic discomfort and stress. The PDI was chosen over other life change scales since the PDI items: (a) are specific to college students, (b) focus solely on events likely to be viewed negatively, (c) are relatively free of social desirability biases, and (d) are not confounded by age,

sex, or geographic location. Internal reliabilities for the scales range from .72 to .83 while retest reliabilities (6 week interval) range from .61 to .73. Lustman et al. (1984) also provided discriminatory validity for the PDI.

Median values were obtained from the 842 Student Survey subject pool. Low stress males and females consisted of those subjects who scored below the median values on all four subscales (depression, anxiety, somatic discomfort, stress). High stress males and females scored above the obtained median values on all four subscales.

Post-experimental Measures

Therapist credibility (TC) questionnaire. Eighteen 7-point semantic differentials were used to assess three factor analytically derived dimensions of credibility reported by Berlo, Lemet, and Mertz (1970). These scales assessing perceived safety, qualification, and dynamism of the counselor have shown discriminatory ability in studies of the impact of formality of office decor (Bloom et al., 1977; Widgery & Stackpole, 1972). Each of the dimensions has a possible score ranging from 7 to 49 with lower scores indicative of greater safety, qualification, and dynamism respectively.

Self-disclosure scale (SDS). Jourard's (1964) SDS assesses the extent to which an individual is willing to make him/herself known to another (target) person. The SDS consists of 60 items grouped into six categories of ten items each: Attitudes and Opinions, Tastes and Interests, Work (or studies), Money,

Personality, and Body. Respondents rate the extent to which they have made themselves known to the designated target person by rating each item on a scale where: 0 = I would lie to the counselor about this aspect of myself, 1 = I would tell the counselor nothing concerning this aspect of myself, 2 = I would talk to the counselor in general terms about this aspect, and 3 = I would be completely open with the counselor about this aspect of myself. Scores range from 0 to 30 for each category and 0 to 180 for total score with higher scores indicative of greater disclosure proclivities. In the present study, subjects completed the SDS in reference to the fictional Dr. Arnold (or Ann) Wilks (See below).

Procedure

Identified high and low stress males and females were contacted over the phone by a female experimenter who inquired whether the participant was still interested in volunteering for further research. Consenting participants were scheduled and upon their arrival were met individually by a female experimenter who administered an initial brief, demographic questionnaire. Each participant was then instructed that the purpose of the present study was to investigate impressions people have about psychotherapists.

Each subject was then taken to an office on another floor of the Psychology Building. Half of the participants were led to believe the office belonged to a male (Dr. Arnold Wilks) or

female (Dr. Ann Wilks) psychotherapist. Subjects proceeded the experimenter down the hallway so that the participant arrived at Dr. Wilks' office door ahead of the experimenter.

For half of the subjects, a 5 X 5 inch printed card (available from the American Cancer Society) reading "Thank you for not smoking" hung on Dr. Wilks' office door. The experimenter instructed the subject to open Dr. Wilks' door and directed the participant to sit in the client's chair at the front corner of the office desk. On the front corner of the desk between the client's and the therapist's chairs another "Thank you for not smoking" sign was situated along side of the therapist's name plate. The rest of the office furnishings' included a sofa and matching sitting chair on one side of the room, a credenza with several professional books behind the therapist's desk chair, and three framed certificates (diploma, license, and National Register certificate) hanging above the credenza. For the other half of the subjects, neither of the no smoking signs were present.

The experimenter then read the following instructions, adapted from Blcom et al. (1977):

The individual whose office you are now in is a practicing psychologist. His (Her) name is Dr. Arnold (Ann) Wilks, and what he (she) does is help people with their problems. Typically, an individual will make an appointment and come in to see Dr. Wilks about a problem which has grown too big--a problem which they feel they no longer can handle by

themselves. The individual with the problem sits in the same chair you are sitting in now. Dr. Wilks sits in the chair behind the desk. What we would like you to do now is to imagine that you are in this room to talk with Dr. Wilks about a problem you are having. Spend a couple of minutes thinking about what he (she) would be like. What sort of therapist would work in an office such as the one you are now in? Stay in your seat but look around. What sort of picture do you get of the therapist? Imagine that he (she) is sitting in his (her) chair; what sort of picture do you get of him (her)? We would like you to spend a few minutes looking around and thinking about Dr. Wilks. After you have thought carefully about him (her), we would like you to fill out the Therapist Impressions Questionnaire (i.e., the TC) and the Openness Questionnaire (i.e., the SDS). Fill them out as you imagine what Dr. Wilks is like. There are no right or wrong answers.

After reading the instructions, handing the TC and SDS to the participant, and informing the subject that the experimenter would wait in the room across the hall for the participant to return the completed questionnaires, the experimenter left the subject alone in the office.

The final design completely crossed four variables: subject stress level (high vs. low), subject sex (male vs. female), therapist sex (male vs. female), and the no smoking sign (present

vs. absent). The two dependent variables consisted of the TC and SDS.

Results

Since the dimensions of the TC were empirically derived as orthogonal, a separate 2 X 2 X 2 X 2 analysis of variance (ANOVA) was performed on each dimension. Table 1 summarizes the findings of these ANOVAs for the safety, qualification, and dynamism factors. For the safety dimension a main effect for client sex ($p < .05$) and interaction between therapist sex and client stress level ($p < .01$) occurred. Males ($M = 14.69$; $SD = 4.86$) felt more safe about the therapist than females ($M = 16.41$; $SD = 5.00$). Table 2 presents the therapist sex by client stress level interaction. For male therapists, high and low stress subjects reported similar degrees of safe feelings. However, low stress subjects felt more safe than high stress participants when the therapist was female.

The only significant difference on the TC qualification factor occurred for therapist sex. Subjects rated the female therapist more qualified than the male therapist, respectively, $M_s = 12.61$ ($SD = 5.27$) and 14.27 ($SD = 5.64$). No differences were observed on the TC dynamism dimension.

Since independence of the six SDS categories is less certain, a 2 X 2 X 2 X 2 multivariate analysis (MANOVA) using Wilks' Lambda criterion was performed on the subjects' SDS scores (see Table 3). Univariate analyses were used to follow up significant MANOVA findings. Client stress level and client sex

interacted in the SDS MANOVA ($p < .05$). Univariate analysis revealed this interaction was significant for the Tastes and Interests SDS aspect only ($p < .01$). Table 4 shows that at high levels of stress females disclosed more than males but that at low stress levels males were more ready than females to discuss tastes and interests.

The SDS MANOVA also indicated main effects for client sex ($p < .05$) and for client stress levels ($p < .05$). For client sex only the univariate test for the SDS Body aspect reached significance ($p < .05$). Males ($M = 26.87$; $SD = 4.31$) were more ready to reveal aspects about their bodies than females, ($M = 24.74$; $SD = 4.92$). For client stress levels the univariate tests for three SDS dimensions (Attitudes and Opinions, Work or Studies, and Money) attained significance ($p < .05$) (see Table 5). For these three aspects, low stress subjects were more willing to self-disclose than high stress subjects.

Finally, SDS scores were summed across the six categories and a $2 \times 2 \times 2 \times 2$ ANOVA was performed on the resulting total scores. A main effect for client stress level and an interaction between therapist sex and client sex resulted. Low stress subjects ($M = 156.72$; $SD = 20.33$) obtained higher SDS total scores than high stress subjects ($M = 149.02$; $SD = 22.92$). For the client sex by therapist sex interaction for SDS total scores, no differences occurred between male and female subjects for

female therapists. However, males disclosed more than females when the therapist was male (see table 6).

Discussion

This study explored possible facilitating or interfering effects of counselors' expressed preference that prospective clients refrain from smoking during counseling. The effects of such a preference on perceived counselor credibility and client self-disclosure tendencies were varied in conjunction with therapists' sex, client stress levels, and client sex.

Interestingly, counselor's predilection that potential clients refrain from smoking influenced none of the dependent variables. Presumably, such a request is not perceived as an imposition of the service-provider's values on or by the clients, at least not in the way the present request was communicated. Thus therapists seemingly need not be meticulously concerned that, prior to initial intake, requests that clients not smoke would jeopardize therapists' credibility or clients' willingness to self-disclose.

Evidence emerging from the study underscored the importance of stress associated with negatively perceived life change events. Curiously, high stressed potential clients were less willing to disclose about themselves. High stressed females also felt less safe than males in the presence of a female therapist. Perhaps above some threshold level of stress associated with life changes, clients' anxiety cripples their ability to reveal themselves to a therapist and to feel safe in the presence of

certain types of therapists (i.e., female). Since the PDI (Lustman et al., 1984) is a promising diagnostic instrument for the college student population, this finding has particular implications for service providers in university and college counseling centers.

Sex plays a key role in clients' feeling safe in the presence of therapists and in revealing information about one's physical presence. Possibly females experience more difficulty entrusting their sense of well-being to others. Similarly, females may harbor greater fear of negative evaluation by others concerning personal physical attributes. Thus women may encounter more resistance in discussing such concerns even with a therapist. The therapist sex by client sex interaction for SDS total scores suggests that such an interpretation might be particularly germane in situations involving male therapists since client sex was not meaningful when the therapist was female. Since subjects also felt female therapists were more qualified, gender differences on the part of both potential clients and therapists might deserve more consideration in assignment of clients to counselors. Further investigation will be needed to determine what factors or previous experiences might account for these client sex and therapist sex differences. Determination of the extent to which such sex differences are subject to modification over the course of therapy also seems desirable. If such differences are intractable, then therapists

would seem responsible to judiciously weigh the impact of these differences before committing themselves to long-term therapy relationships with their clients.

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Table 1

ANOVA F Values for TC Factors

	Factor		
	Safety	Qualification	Dynamism
Therapist sex (A)	.966	4.328*	2.838
"No Smoking" sign (B)	.148	3.398	.429
Client stress level (C)	3.148	.117	.791
Client sex (D)	6.102*	.044	.503
A X B	.203	.005	.434
A X C	7.511**	3.056	2.886
A X D	1.221	.038	.195
B X C	2.594	2.127	.001
B X D	1.074	.000	.138
C X D	.091	.868	.257
A X B X C	.059	.002	.254
A X B X D	.046	.015	.482
A X C X D	.786	.326	.550
B X C X D	.085	.005	.016
A X B X C X D	.342	.379	.054

*p < .05, **p < .01.

Table 2

Therapist Sex by Client Stress Level Interaction for Safety

Therapist Sex		Client Stress	
		High	Low
Male	<u>M</u>	15.54	16.24
	<u>SD</u>	4.93	4.53
Female	<u>M</u>	16.78	13.60
	<u>SD</u>	5.84	4.03

Table 3

MANOVA Results for SDS Dimensions

	^a F	p
Therapist sex (A)	.745	.614
"No Smoking" sign (B)	.801	.570
Client stress level (C)	2.212	.044
Client sex (D)	2.580	.003
A X B	.891	.502
A X C	1.898	.084
A X D	1.914	.081
B X C	.524	.789
B X D	2.024	.065
C X D	2.432	.028
A X B X C	.772	.593
A X B X D	1.633	.141
A X C X D	.241	.962
B X C X D	.452	.842
A X B X C X D	.769	.596

^a

df = 6, 171

Table 4

Client Sex and Client Stress Level Interaction for SDS Tastes and Interests

Client Sex		Stress Level	
		High	Low
Male	<u>M</u>	26.61	28.70
	<u>SD</u>	4.01	1.98
Female	<u>M</u>	27.62	26.96
	<u>SD</u>	3.25	4.17

Table 5

SDS Dimension Scores by Subject Stress Levels

SDS Dimension		Stress Level	
		High	Low
Attitudes and Opinions	<u>M</u>	25.64	26.80*
	<u>SD</u>	3.22	3.37
Tastes and Interests	<u>M</u>	27.11	27.82
	<u>SD</u>	3.71	3.38
Work or Studies	<u>M</u>	26.04	27.22*
	<u>SD</u>	4.42	3.34
Money	<u>M</u>	21.64	24.05*
	<u>SD</u>	6.89	6.09
Personality	<u>M</u>	24.30	24.71
	<u>SD</u>	5.44	4.44
Body	<u>M</u>	25.27	26.34
	<u>SD</u>	5.06	4.34

*p < .05

Table 6

Client Sex by Therapist Sex for SDS Total Scores

Client		Therapist	
		Male	Female
Male	<u>M</u>	158.64	153.19
	<u>SD</u>	21.29	21.59
Female	<u>M</u>	147.41	154.33
	<u>SD</u>	21.86	21.29