PRETHERAPY RELIGIOUS VALUE INFORMATION: ITS INFLUENCE
ON STATED PERCEPTIONS OF AND WILLINGNESS
TO SEE A COUNSELOR

DISSERTATION

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By

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This study sought to determine the influence of pretherapy religious value information upon potential clients' (a) perceptions of a counselor, (b) willingness to see a counselor and (c) confidence of counselor helpfulness. Two hundred and ten undergraduate college students volunteered for the study. Subjects were randomly assigned to one of three treatment groups and given varying amounts and types of written information about a counselor. Group 1 received just the counselor's credentials. Group 2 received the same information plus statements about the counselor's beliefs about counseling and his therapeutic approach. Group 3 received the same information as group 2 plus a statement of the counselor's religious values. Subjects then viewed a short video tape of the counselor in a counseling session. Results of statistical treatment of dependent variables indicated that subjects' perceptions of the counselor, willingness to see the counselor, and confidence of counselor helpfulness were not influenced by the written information, including the statement of religious values that the subjects received before viewing
the video tape of the counselor. Implications and recommendations for further research are discussed.
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CHAPTER I
INTRODUCTION

In recent years, clients' rights in counseling have received considerable attention with a focus on clients' rights to be informed about the counselor and the counseling process. (Gill, 1982; Hare-Mustin, Maracek, Kaplan & Liss-Levinson, 1979; Lewis, 1985; Manthei, 1983; Witmer, 1978). Berger (1982) and Van Hoose & Kottler (1978) have both suggested a clients' bill of rights emphasizing the client's right to information prior to therapy that will allow an "informed choice" regarding a counselor and counseling.

Although such pretherapy information may be communicated in various ways, several writers have suggested a professional disclosure statement as one way to insure clients' rights for important information about a counselor and counseling. (Gill, 1982; Gross, 1977; Winborn, 1977; Witmer, 1978). A professional disclosure statement as suggested by the American Personnel and Guidance Association (APGA)(1980) would include

The counselor's name, business address and telephone number, philosophy of counseling, formal education and training, competency areas.
continuing education, fee schedule, and the name, address and telephone number of the state government agency regulating the practice of counseling. (p. 28)

Similarly, other techniques such as role induction as proposed by Alexander (1984) and others and the participatory model suggested by Coyne and Widiger (1978) emphasize providing pretherapy and initial session information to clients about the counselor and the counseling process.

While several authors have encouraged pretherapy disclosure (Corey, Corey, & Caianan, 1984; Gill, 1982; Manthei, 1983), others have gone a step further and stated that such information is an ethical necessity (Bergin, 1980; Hare-Mustin, et al., 1979; Lewis, 1985; Redlich & Mollica, 1976). Despite the call for professional disclosure, there is still considerable debate on the issue. Such procedures appear to some as unnecessary (Schneider, 1985), as harming the formation of facilitative counseling relationships (Wolberg, 1967), as limiting a counselor's effectiveness and control (Rawlings & Carter, 1977), as potentially causing confusion as well as harming the public image of the counseling profession (Sue, 1977), as possibly setting up prejudical responses which are, in essence, resistances to therapy (Haugen & Edwards, 1976), and as possibly being a cause for a client feeling that the counselor does not want him or her as a client (Hare-Mustin et al., 1979).
Adding to the controversy is the idea of professional disclosure of personal philosophical and/or religious values. While there has been considerable encouragement to disclose in areas listed in the APGA guidelines above, (Gill, 1982; Gross, 1977; Manthei, 1983; Witmer, 1978), this researcher found that the call for disclosing explicit philosophical or religious values was minimal in the literature. Despite the fact that after years of claiming neutrality of values in counseling, it is widely accepted now that value free therapy is a myth (Lewis & Walsh, 1980) and that counselor values do have a definite relation to counseling outcome (Bergin, 1980; Lewis, 1985; Lowe, 1976; Williamson, 1958). Strupp (1980) maintained that counselors have been educated to keep silent about their own personal values. He stated that such a position is unrealistic and perhaps even harmful. According to a related point of view, counselors must make a decision about whether or not to disclose personal values or to allow them to operate covertly (Lewis & Walsh, 1980).

Another widely accepted statement about counseling is that of the centrality of the counselor-client relationship to counseling outcome (Goldstein, 1971; Kell & Mueller, 1966). There are, of course, many variables which effect that relationship. One that has received considerable attention in recent years is the variable of the client's
initial perception or impression of the counselor. Initial impressions in counseling have been found to be very important. For example, such impressions may influence a client's decision to continue treatment (Atkinson & Carskadden, 1975; Gass, 1982).

There are also many contextual factors which can influence a client's initial perceptions of a counselor. These factors might include age, gender, attire, office environment, physical attractiveness, nonverbal behavior, verbal behavior, and introductions. Once counseling has begun, actual rather than inferred counselor characteristics would seem likely to form the basis of a client's impressions. However, the initial perception of the counselor may determine whether the relationship lasts long enough for other factors to become salient (Boulware & Holmes, 1970).

Research in the area of communication of counselor values to the client appears to be in its infancy. Many questions remain. What is the relationship between pretherapy information in general and clients' initial perceptions, preferences, and expectations? More specifically, what is the relationship between pretherapy information that contains a statement of philosophical or religious values and clients' initial perceptions, preferences, and expectations? Does explicit value
communication reduce or enhance the expectation of a counselor's helpfulness? How does pretherapy value disclosure influence facilitation of counseling relationships?

Statement of the problem

Does the presentation of information about a counselor, especially counselor religious values, prior to therapy influence prospective clients' (a) initial perceptions of a counselor, (b) willingness to receive counseling from a counselor, and (c) confidence of counselor helpfulness. The present study was carried out in an attempt to answer this question.

Hypotheses

The following null hypotheses were formulated for the present study.

1. Provision of varying amounts and types of pretherapy information will yield no significant differences in subjects' stated perception of a counselor as measured by a total score on the Counselor Rating Form (CRF) (Barak & Lacrosse, 1975).

2. Provision of varying amounts and types of pretherapy information will yield no significant differences in subjects' stated perception of a counselor's (a) attractiveness (b) expertness and (c) trustworthiness as each is measured by the CRF.
3. Provision of varying amounts and types of pretherapy information will yield no significant differences in subjects' stated willingness to receive counseling from a counselor.

4. Provision of varying amounts and types of pretherapy information will yield no significant differences in subjects' stated confidence of counselor helpfulness for a number of specified problem areas.

Significance of the Study

Several writers and researchers have voiced the need for research in the area of the relationship between pretherapy communication of counselor values and counseling process and outcome. (Haugin & Edwards, 1976; Lewis, 1985; Lewis, et al., 1983; Strupp 1980). The seemingly small amount of research that has been carried out to date has failed to establish a definite positive relationship. However, as noted earlier in this manuscript, the call for pretherapy value information on an ethical, legal and social basis is strong. This investigation will add considerably to the scant body of knowledge in this important area. Specifically, this study will assist counselors in determining if a relationship exists between pretherapy value information and clients' perceptions and expectations. This may aid them in making decisions about whether or not to provide such information. There is also the possibility
of discerning implications for future ethical decisions or standards from this study as well as the possibility of generating future studies in the area of ethics in counseling. Results from this study will be applicable to the area of clients' rights, especially related to the right to choose a counselor. Related to this, further knowledge will be added to the area of matching counselors with clients along the lines of similarity of values. Finally, this investigation will provide valuable information pertaining to the integration of religion and psychology in the counseling process.

Definition of Terms

Pretherapy information: any information about the counselor and/or the counseling process given to a client prior to the first counseling session.

Values: a value is "an idea on which people act or a principle by which they judge how to act" (Williamson, 1958, p.524). Rokeach (1968) distinguishes between a value and an attitude or belief. He considers values to be determinates of attitudes, beliefs and behavior.

Initial perceptions: a prospective client's first impressions, either positive or negative, of a counselor based upon whatever information the person has.
Limitations

Aspects of this study may be effected by the following limitations.

1. The use of an analogue design may restrict generalization of results to actual clients.

2. The use of undergraduate subjects will restrict generalization to other age groups.

3. The use of volunteer subjects may result in selection bias.

4. The psychometric inadequacies of self report instruments to accurately represent actual subject perceptions are possible.

5. Because the investigation is concerned with initial perceptions and expectations, generalization should be limited to the initial phase of the counseling process.

6. Because each item in the instrument being used to test hypothesis 4 is a single item measure, internal consistency cannot be established.

Assumptions

The assumption was made that subjects understood and responded truthfully to the instruments being used in this study. A further assumption was that the subjects chosen were representative of the general student population.
REFERENCES


CHAPTER II
SYNTHESIS OF RELATED LITERATURE

The primary focus of this literature review is in the area of initial perceptions and expectations of a client as related to pretherapy value information. However, related to this issue is the area of initial perceptions and expectations as related to pretherapy information in general. To facilitate discussion, the latter topic will be considered first.

Pretherapy Information (General)

Central to this investigation is the idea of clients' perceptions. Strong (1968) stated that it is the client's perception of certain desirable counselor attributes that determines the counselor's ability to influence the client. Given information about a counselor, the client draws certain inferences about the counselor. It is these inferences of the client, not the information itself or even reality, that determine the counselor's potential impact (Corrigan, Dell, Lewis, & Schmidt, 1980). LaCrosse (1980) suggested that every counseling approach assumes a critical relationship between perception of the counselor by the
client and counseling success. His own investigation using the Counselor Rating Form (CRF) and Goal Attainment Scaling (GAS) resulted in support for a positive relationship between initial perceptions of a counselor and immediate postcounseling outcomes.

Much research has been done in the area of clients' perceptions of counselors. Among some of the factors affecting clients' perception of a counselor are: gender of the counselor and client (Boulware & Holmes, 1970), professional attire (Huddleston, 1985; Kerr & Dell, 1976), office decor (Bloom, Weigel, & Truatt, 1977), physical attractiveness (Carter, 1978), seating arrangement (Gass, 1982), non-verbal behavior (Fretz, Corn, Tuemmler, & Bellet, 1979), racial similarity (Atkinson, Maruyama, & Matsumi, 1978), the presence of degrees or certificates in the interview room (Heppner & Pew, 1977), status of the counselor (McKee & Smouse, 1983), and use of jargon (Barak, Patkin, & Dell, 1982).

Frank (1973) suggested that information presented to clients prior to counseling could help prepare them for counseling and eliminate misconceptions that might otherwise hamper the counseling process. Several investigators have concluded from their research that clients receiving pretherapy information demonstrated more improvement on process and outcome measures than those who did not receive
such information (Berger, 1978; Davidshofer & Richardson, 1981; Sobel & O'Brien, 1979).

Pretherapy information can take several forms, such as literature, audiotapes, videotapes, photographs and slides. One type of pretherapy information that has been studied is "role induction" (Alexander 1984). This process involves using interviews, films, video and audio tapes, and pamphlets to teach prospective clients about client behaviors that are deemed important to counseling outcome. LaTorre (1977) reviewed studies in this area and concluded that, despite obvious research weaknesses, role induction procedures enhance counseling process and outcome. Berger (1978) also reviewed studies that investigated "role induction". He found that such instructions did have a positive effect on problem solving behavior and on client interest in counseling.

Alexander (1984) in reviewing role induction studies as a part of his investigation of a video tape role induction technique stated that sixty percent of the studies employing role induction procedures reported positive effects on dependent variables. However, in his own study, hypotheses concerning the positive impact of videotape role induction were not confirmed. Holliday (1979) and Turkat (1978/1979) found that role induction techniques had little long term effect. A role induction document used by Smith (1983) was
determined to be useful in improving therapy attendance and in conveying some kinds of positive expectations in clients. At the same time, however, it was concluded that the document seemed to have destroyed some of the mystery associated with therapy perhaps leading to a view of counseling as a tedious process. Wilson (1984) concluded from his research using a videotaped role induction procedure that, although the procedure appeared to be effective in reducing the dropout rate in the experimental group, over the control group, there was no significant change in clients' attitudes or expectations.

Studies have been conducted concerning relationships of introductions of counselors as a form of pretherapy information to clients' perceptions of counselors. Typically in these studies, counselors viewed on videotapes, heard on audiotapes or seen in brief interviews are introduced to subjects as either experienced or inexperienced or as either having high status or low status (e.g. a Ph.D. versus a practicum student). The subjects then rate the counselor in terms of perceived expertness. Results have been mixed. For example, Binderman, Fretz, Scott, and Abrams (1972) found no differences in perceived credibility. However, Atkinson and Carskadden (1975) did find significant differences in counselor ratings.
Research has also been conducted on interrelationships between prospective client receipt of pretherapy information and choice of counselors. In such studies, typically, prospective clients receive varying types and amounts of information that allows them to choose between counselors. Hartlage and Sperr (1980) and Netzki (1982) found that clients have definite preferences regarding a counselor or a counseling approach. Greenbert, Goldstein and Gable (1971) in their study of client preferences determined that both normal high school students and disturbed adolescents who were given information prior to counseling were able to assess potential counselors according to their own preferences or needs. Similar positive results with volunteer clients were reported by Devine and Fernald (1973) and Gordon (1976).

A recent study by Wyatt (1985) of client preferences is relevant to this investigation because of the similarity of several elements. The researcher studied the effects of a counselor's announced religious values upon a subject's selection of a counselor. Five different descriptions (similar to professional disclosure statements) were utilized to depict the qualifications and/or religious value orientations of a counselor. Results indicated that although subjects did see themselves as less similar to the counselor who was described as an agnostic, they were not
significantly less willing to see such a counselor or less confident in his ability to help with their problems. It was concluded by the researcher that (a) subjects did not believe religious values to be an important part of counseling, (b) differences in religious values did not affect subjects preferences for a counselor and (c) subjects seemed to evaluate the counselor's value orientation as a more or less separate issue from the counselor's professional ability. The suggestion was made that different value orientations between counselor and client may have little or even beneficial effects on the counseling process.

A lack of a significant positive relationship between client choice based upon pretherapy information and outcome has been demonstrated in other studies as well (Brown, 1977/1978; Manthei, Vitals, & Ivey, 1982). Such mixed results indicate that the relationship between client choice and positive counseling outcome remains to be demonstrated. However, there are suggestions from a review of the research on client choice that pretherapy information about counselors may enhance a client's initial perceptions of a counselor (Manthei, 1983).

In recent years the professional disclosure statement has been suggested as a means of dispensing information about a counselor to a client (Gross, 1977; Witmer, 1978;
Gill, 1982). However, only one study could be located by this investigator on the relationship between a professional disclosure statement and a client's initial perceptions and expectations. In that particular study, Studwell (1984) used the Expectations About Counseling Form (EAC) (Tinsley, Workman, & Kass, 1980) to measure the effect of a professional disclosure statement on the clients' expectations about counseling. The researcher gave pretherapy information in the form of a written professional disclosure statement to students who were seeking counseling at a university counseling center. The information included statements about the center's services, philosophy of counseling and the counselors. Forty-one students without previous counseling experience participated in the study. The staff of the center and advanced trainees were the counselors. The treatment group (22 students) received the disclosure statement prior to their first session. The control group (19 students) received no information. Following the initial interview all the subjects and counselors completed the EAC. Results revealed no significant differences on the EAC scale between the treatment, control and counselor groups.

Pretherapy Value Information

Early studies done by Rokeach and his colleagues are related to this investigation. They determined that
differences in belief on important issues are more powerful determinants of prejudice or discrimination than differences in race or ethnic membership (Rokeach, Smith, & Evans, 1960; Rokeach & Rothman, 1965). A later study by Rokeach (1968) confirmed this idea when similarity of belief was determined to be a more frequent basis than race for choosing a working partner or someone to have coffee with.

It is commonly accepted that counselors do communicate values to their clients (Beutler, 1971; Good, 1975; Hlasny & McCarrey, 1980; Pepinsky & Karst, 1964; Welkowitz, Cohen, & Ortmeyer, 1967). As a result of the potential impact of counselors' values on clients, questions concerning the effect of disclosing personal values to clients prior to therapy has been raised. Researchers have sought to investigate this issue. However, such research appears quite limited.

Studies concerning counselor/client value similarity have been conducted (Beutler, 1971; Beutler, Jobe, & Elkins, 1974; Beutler, Pollack, & Jobe, 1978; Welkowitz, et al., 1967). These studies demonstrated that initial value similarity between a counselor and client does effect counseling process and outcome. Especially important to outcome are initial client/counselor value similarity of religious values (Beutler, et al., 1974; Rosenthal, 1955; Welkowitz, et al., 1967).
More specifically, several studies have demonstrated that clients' perceptions are related to values. Researchers report that similarity of attitudes and values has a positive relationship to clients' perception of the counselor and that dissimilarity has a negative relationship (Beutler, et al., 1978; Hlasny & McCarrey, 1980). At the same time, there is some indication that initial value similarity between a counselor and client could actually produce negative counseling outcome. Although while initial value similarity may produce a close relationship, this relationship may not provide maximum therapeutic benefit. (Beutler, 1979; Welkowitz, et al., 1967).

Lewis and Walsh (1980) conducted a study on explicit value disclosure in the initial therapy session and its impact on clients' perception of a counselor. Although the study did not concern pretherapy information, it relates to the current investigation because it investigates the impact of explicit value communication on clients' perceptions and expectations of the counselor.

One hundred and fifty female undergraduates were divided into four treatment groups and one control group with 30 subjects per group. Within each group, 15 subjects had expressed "pro" attitudes toward premarital sex and 15 had expressed "con" attitudes on a preexperimental attitude survey. Subjects then listened to a 15 minute counseling
session in which the counselor was either explicit or implicit about her values concerning premarital sex and was either "pro" or "con" premarital sex. The counselor in the control group made no explicit or implicit value statements. Results indicated that there were no significant differences in subjects' perceptions of explicit versus implicit counselors as measured by the Counselor Rating Form. However, similarity of values did influence subjects' perceptions of the counselor and willingness to see the counselor. Subjects were significantly more willing to see those counselors who expressed values similar to those of the subjects. For example, subjects rated the explicit counselor as more attractive and trustworthy when they agreed with her values than when they did not. Also, subjects reported more confidence in a counselor's helpfulness in the area of sexual problems when their values were similar. Other problem areas were not affected. The results led the researchers to suggest that explicit value communication concerning premarital sex does not have a derogatory effect on the counseling process.

Haugen and Edwards (1976) sought to determine whether labeling a taped counselor in terms of the counselor's religious values (Christian versus non-Christian) and interpersonal style (warm or cold) had any relation to religious clients' perceptions of a counselor. Secondly,
the researchers sought to determine which factor, religious values or interpersonal style, would be greater in terms of attraction to a counselor. The following hypotheses were formulated:

That religious subjects would be more attracted, receptive, persuaded and willing to meet (a) a counselor labeled Christian than one labeled non-Christian, (b) a counselor labeled warm than one labeled cold, (c) a counselor labeled Christian-cold than one labeled non-Christian-warm.

Subjects for the study were 71 male and female Christian evangelical undergraduate students. Subjects' evangelical orientation was insured before treatment. Random assignment was made into five groups (four treatment and one control). The treatment groups were given different information concerning a counselor's religious orientation and warmth. The four treatment groups were structured in the following manner: (a) non-Christian-warm; (b) non-Christian-cold; (c) Christian-warm; and (d) Christian-cold. The control group was given no information about the counselor's religious values or interpersonal style. Each subject listened to the same tape of a simulated therapy session. After listening to the tape, subjects rated the counselor using scales to measure the dependent variables of attraction, receptivity, personality, and willingness to meet.
Results did not support any of the three hypotheses, although group means were in the direction of each. The only significant finding was that the control group showed more "persuasibility" than the Christian-cold or non-Christian-cold groups. This result led the authors to suggest that providing certain information such as religious values may hinder the counseling relationship by creating biases that are resistances to therapy.

Seif (1981) with Catholic high school students and Long (1978) with Catholic and non-Catholic young adults conducted studies similar to Haugen and Edwards (1976). In each study, subjects were given information about the counselor. The counselor was described as similar to or different from the participants' religious orientation. Students in the Seif (1981) study viewed a video tape of the counselor while those in the Long (1978) study participated in a structured interview. Afterwards the counselor was rated by the subjects. Results were also similar to Haugen and Edwards (1976). The experience of the participants with the counselor was the primary factor in their ratings and not the information given beforehand. These findings suggest that religious values may be more important to religious clients in selecting a counselor than in continuing with a counselor once counseling has begun.
The effect of pretherapy value information was further studied by Lewis, Davis, and Lesmeister (1983). The researchers studied the effect of communicating a feminist therapist's values on self identified feminist clients. The dependent variables were (a) clients' perceptions of value similarity with the counselor, (b) confidence in the ability of the counselor to help in 18 specific personal problem areas and (c) willingness to see the therapist.

Female undergraduates were equally and randomly assigned to three groups. There were 36 women in the study, twelve in each group. All the subjects had expressed pro-feminist attitudes on the Attitudes Toward Women Scale (AWS) (Spence, Helmrich, & Stapp, 1972). Each group received differing amounts of pretherapy information about the counselor's values and methods. In the "traditional" condition subjects were given an actual counselor's advertisement from a telephone book. The psychologist was advertised as a licensed clinical psychologist who did marriage and individual counseling. In the "feminist label" condition, subjects read an identical advertisement with the addition of the words "feminist therapist". The "explicit feminist" condition received the telephone advertisement and a brief description based upon Rawlings and Carter's (1977) criteria for the values and assumptions of the feminist counselor.
Results indicated that the subjects saw themselves as most similar to the "feminist label" counselor, and least similar to the "explicit feminist" counselor. Therefore, the pretherapy information did effect perceptions of similarity. Secondly, several counseling outcome expectancies regarding problem areas were affected by the amount of pretherapy information. Subjects consistently placed more confidence in the "feminist label" counselor's ability to help and the least amount of confidence in the "explicit feminist" counselor. Finally, the impact of pretherapy value information can be seen in the fact that subjects were equally willing to see the "traditional" and "feminist label" counselors but were significantly less willing to see the "explicit feminist" counselor.

The researchers concluded that although providing pretherapy information about procedures, goals and possible effects of therapy may be ethically sound, the results of this study imply that explicit value disclosure may be disadvantageous to the counselor. Such frank disclosure may not conform to client expectations. The potential client may question the counselor's potential helpfulness and thus a loss of clientele is possible. The authors call for further research in this area to help counselors resolve this dilemma.
An extension of the research by Lewis, et al. (1983) was conducted by Schneider (in press). The three conditions of "traditional," "feminist label" and "explicit feminist" remained the same. A fourth "explicit traditional" condition was added. Participation of males as well as females was another addition. An attempt was made as well to control for women's attitudes toward women which, according to the investigator, generally tend to be more liberal than men's. Finally, an attempt was made to control for women's attitude toward seeking therapy which, according to Schneider (in press), in general is more favorable than men's.

One hundred and four undergraduate students took part in the study (52 women and 52 men). Subjects were randomly and equally assigned according to sex to one of four treatment groups, yielding eight groups of 13 people each. Prior to treatment each subject completed the Attitude Toward Women Scale (Spence, Helmrich, & Stapp, 1973) to determine subjects' feminist orientations and the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPH) (Fisher & Turner, 1970) which measured subjects' willingness to consult a counselor. Subjects were given one of four different types of information about a female therapist. The three conditions of Lewis, et al. (1983) were replicated. The additional "explicit traditional" condition
was the same information as the "traditional" condition plus a brief statement of the counselor's values and assumptions.

Results pertinent to the present investigation are presented. Women subjects perceived the "feminist label" therapist as less trustworthy than the other three therapists. There were no other significant differences in subjects' perceptions. This led the researcher to conclude that the notion of enhanced client perceptions as a result of disclosing explicit values prior to therapy may be a figment. In general, subjects were less optimistic about receiving help from the "explicit feminist" therapist. This study, along with Lewis, et al. (1983), indicates that pretherapy value information does relate to clients' perception of a counselor.

A study concerning the effectiveness of pretherapy value information in increasing client awareness of counselor influence and the effects of such information on perceptions of a counselor was conducted by Lewis (1985). Based upon subjects' scores on an attitude survey, 96 female undergraduates were placed into "pro" or "con" premarital sexual intercourse groups. The subjects received one of two types of pretherapy information. In the "minimal information" condition subjects read about the counselor's experience, work history and reputation. The above information plus a description of the counselor's personal
values were given to subjects in the "value information" condition. The counselor was described as a very committed Christian whose beliefs, values and standards were based upon the Bible and its moral code.

Subjects then listened to one of two audio tapes. On the "influence" tape the counselor sought, at four different points in the interview, to influence the client not to engage in sexual intercourse. On the "no influence" tape these attempts to influence were replaced by neutral reflective statements. After listening to the tapes, the subjects completed instruments to measure (a) recognition of therapist values, (b) identification of therapist values, (c) willingness to see the therapist, (d) degree to which the subjects were persuaded by the therapist and (e) perceptions of the counselor on the Counselor Rating Form.

Results indicated that those subjects receiving pretherapy information were significantly more likely to identify the therapist's values. Recognition of counselor influence was also significantly related to pretherapy information. Regardless of their own values ("pro" or "con" premarital sex), subjects receiving "minimal information" who heard the "influential" tape were most willing to see the counselor. There were no significant differences in the groups' perceptions of the counselor's expertness or
attractiveness. But subjects in the "minimal information" condition who heard the "influence" tape viewed the counselor as significantly more trustworthy than did the "value information" group who heard the same tape. Finally, subjects who were "con" before listening to the tape remained "con" in their attitude toward pre-marital sex regardless of treatment. But there were differences seen in the "pro" group. Those listening to the "no influence" tape remained "pro" significantly more than those listening to the "influence" tape. This was concluded to be an indication of persuasion by the therapists. The researcher suggested that pretherapy value information may provide a safeguard against the use of covert counselor influence in the area of moral values.
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CHAPTER III
PROCEDURES

Research Design

This investigation tested the effects of communication of counselor values through a professional disclosure statement upon subjects' perception of and willingness to see a counselor and expectations of helpfulness for a number of concerns. In order to accomplish this task, a post test only factorial experimental design represented by Table I was utilized (Campbell & Stanley, 1972).

TABLE I
POST TEST ONLY FACTORAL DESIGN

<table>
<thead>
<tr>
<th>R</th>
<th>X</th>
<th>O</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>R</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>R</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

R = Random Assignment
X = Treatment
O = Measurement
Subjects and Collection of Data

Two hundred and ten volunteer undergraduate subjects from a medium size southwestern public university were selected for the study. To insure representation of the general student population, subjects were chosen from classes of general studies undergraduate core courses. The experimenter sought science and social science faculty members who were willing to cooperate in the study by allowing intact classes to participate and by allowing a portion of their class time to be used to conduct the study. Sufficient numbers of participants were obtained from classes in the departments of biology and sociology. In each class of potential subjects, all students were given an information sheet which was also read to them by the experimenter (see Appendix A). The sheet contained a brief explanation of what the subjects would be doing, informed them that the study was voluntary, gave assurances of confidentiality and presented brief instructions.

Those volunteering to participate were given a consent form (see Appendix B) which they signed and handed in. Each participant was then given an envelope containing the information about the counselor and the response forms. The packets had been pre-arranged into three groups using a table of random numbers so that each subject would be assigned to one of three groups. Group 1 received
information similar to that which is found in a telephone book yellow pages advertisement. The counselor was described as: a licensed professional counselor with a Ph.D. who does individual, group, career and marriage and family counseling (see Appendix C). Group 2 received a partial professional disclosure statement adapted from an AACD sample statement (McFadden, 1983) (see Appendix D). Group 3 received the group 2 professional disclosure statement plus the statement: "I am a committed Christian who holds a set of beliefs, values and standards which are based upon the Bible. I believe that spiritual values are often central issues to be considered in counseling" (see Appendix E). This statement is similar to a combination of statements used by Lewis (1985) and Wyatt (1985) in their respective studies of related topics.

All subjects then viewed the same three minute video tape of a counselor doing counseling with a client (see script in Appendix F). On the video tape, there were no statements regarding values, and the focus was on the feelings of the client. In producing the video tape, an attempt was made to not demonstrate any particular approach to counseling. Professional actors from a community drama club were employed to act out the counseling session. The video was produced and directed by a professional in the field of radio, television and film.
After viewing the video tape, subjects were asked to fill out instruments designed to measure: (a) perceptions of the counselor, (b) willingness to receive counseling from the counselor and (c) confidence in the counselor's ability to help in specific problem areas. Finally, subjects were asked two questions as a manipulation check:

1. The counselor is a licensed counselor. (agree disagree). An answer of disagree by any subject indicated a need to discard that particular subject's data.

2. The counselor labeled himself as a committed Christian. (agree disagree). An answer of disagree by any member of group 3 indicated a need to discard that particular subject's data. The average time necessary to complete the study was 20 minutes. An additional five minutes was taken in three classes to obtain voluntary feedback from the subjects, to answer questions and to explain the study to the class.

A total of 259 students took part in the study. As indicated in Table II, of that number 34 were dropped because of the manipulation check. An additional 15 subjects were randomly deleted in order to have three equal groups of 70 each.

Upon completion of all forms, to insure proper matching of subjects and groups, each subject was instructed to replace the forms and the counselor information sheet back in the envelope.
### TABLE II

**DELETIONS MADE IN EACH GROUP**

<table>
<thead>
<tr>
<th>GROUP</th>
<th>TOTAL RESPONSES</th>
<th>MANIPULATION DELETIONS</th>
<th>RANDOM DELETIONS</th>
<th>FINAL TOTAL IN EACH GROUP</th>
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<tbody>
<tr>
<td>1</td>
<td>88</td>
<td>6</td>
<td>12</td>
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<tr>
<td>2</td>
<td>86</td>
<td>15</td>
<td>1</td>
<td>70</td>
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<tr>
<td>3</td>
<td>85</td>
<td>13</td>
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<td>70</td>
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<tr>
<td>Total</td>
<td>259</td>
<td>34</td>
<td>15</td>
<td>210</td>
</tr>
</tbody>
</table>

**Instrumentation**

To assess subjects' perceptions of the counselor, the *Counselor Rating Form* (CRF) (see Appendix G) was used (Barak & LaCrosse, 1975). The CRF is composed of 36 seven-point items anchored by bipolar adjectives, 12 each on the three dimensions of expertness, attractiveness and trustworthiness. Scores on each dimension range from a minimum of 12 to a maximum of 84. The reliability of the instrument has been reported as being between .84 and .90 for the three scales. (LaCrosse & Barak, 1976). To assess validity, LaCrosse (1980) evaluated the instrument in a study of relationships between initial perceptions of counselors and post counseling outcomes. Validity of the CRF as a tool for measuring the perceptions of clients was supported by results that indicated a moderately high
correlation ($r=.63, \ p<.0001$) between initial perceptions of the counselor as measured by the CRF and postcounseling scores as measured by Goal Attainment Scaling (GAS).

A single item, seven-point scale (willing-unwilling) was utilized to assess subjects' willingness to receive counseling from the counselor (see Appendix H). Barak and Dell (1977) developed and validated a referral questionnaire to be used with the CRF. The questionnaire used this same (willingness-unwillingness) scale but included several specific problem areas. To avoid overlap with the list of 20 problem areas to be utilized in this investigation, the specific areas listed by Barak and Dell (1977) were deleted. Lewis et al. (1983) used a single item willingness scale in their study of pretherapy value information referred to earlier in this manuscript.

A list of 20 problem areas (Schneider, in press) was used to determine subjects' reported confidence of the counselor's helpfulness in each of the 20 areas (see Appendix I). Schneider's (in press) list was derived from two previous studies. Originally, a 15 item list was used in research by Cash, Begley, McCown and Weise (1975) and by Cash and Kehr (1978). The areas of concern on the list were selected because of their relevance to college populations. Lewis et al. (1983) expanded the list to 18 areas of concern in their study, and Schneider (in press) added 2 areas to
bring the total to 20. Despite the use of this list in published studies, the researcher recognizes the limitation that the reliability of this instrument has not been established. Schneider's (in press) list utilized a six-point rating scale (1 = no confidence and 6 = confidence) for each concern. For the present study, 6 = a high degree of confidence. Prior to conducting the experiment, a pilot study was conducted with undergraduate counseling students to determine administration time parameters, clarity of instructions, and related factors. The pilot study also allowed the experimenter to gain experience in conducting the study before actually collecting data.

Testing of Hypotheses

The first three hypotheses were tested by using analysis of variance procedures. The independent variable in each hypothesis was the amount and type of pretherapy information. In hypothesis 1, the dependent variable was the subject's perception of the counselor as measured by a total score on the CRF. The dependent variables in hypothesis 2 were the subject's perceptions of the counselor's (a) attractiveness, (b) expertness, and (c) trustworthiness as each is measured by the CRF. Consequently, three analyses of variance were carried out; one each for expertness, attractiveness and trustworthiness.
In hypothesis 3, the dependent variable was the subject's willingness to receive counseling from the counselor. Hypothesis 4 was tested using multiple analyses of variance procedures. The dependent variable was the subject's confidence of helpfulness for each of 20 problem areas (see Appendix I).
REFERENCES


CHAPTER IV
RESULTS

This chapter presents results of the data analysis concerning each hypothesis. In this study the investigator examined the influence of various types and amounts of pretherapy information upon subjects' (a) perceptions of a counselor, (b) confidence in the counselor's helpfulness and (c) willingness to see the counselor. Of specific interest to the investigator was the potential influence of a pre-therapy statement of religious values.

Two hundred and ten undergraduates from a medium size southwestern university were randomly assigned to one of three groups. Each group was given different information about the counselor. After reading this information, the subjects viewed the same video tape of the counselor in a counseling session. Subjects then completed the Counselor Rating Form (CRF) to determine their perceptions of the counselor. The total CRF score was considered as well as scales within the CRF for expertness, trustworthiness and attractiveness. A single item "willingness to see" scale was used to determine subjects' willingness to receive counseling from the counselor. Finally, a list of 20
problem areas was used to assess subjects' confidence in the ability of the counselor to help them in those 20 areas.

Four hypotheses, stated in null form, were tested. A level of significance of .05 was established by the researcher as the criterion for retaining or rejecting each hypothesis. All four were retained. The null was not rejected.

Hypothesis 1 stated that provision of varying amounts and types of pretherapy information would yield no significant differences in subjects' stated perception of a counselor as measured by a total score on the CRF. This hypothesis was tested using an analysis of variance procedure on the total score of the CRF. As shown in Table III results indicated an F value of 1.548 which is not significant at the .05 level. Because this result indicated no significant differences among the three groups at the .05 level, the null hypothesis was retained.

**TABLE III**  
ANOVA FOR TOTAL CRF

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>D.F.</th>
<th>SUM OF SQUARES</th>
<th>MEAN SQUARES</th>
<th>F RATIO</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>BETWEEN GROUPS</td>
<td>2</td>
<td>3248.3143</td>
<td>1624.1571</td>
<td>1.5480</td>
<td>NS</td>
</tr>
<tr>
<td>WITHIN GROUPS</td>
<td>207</td>
<td>217183.2857</td>
<td>1049.1946</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>209</td>
<td>220431.6000</td>
<td></td>
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</table>
Hypothesis 2 stated that provision of varying amounts and types of pretherapy information would yield no significant differences in subjects' stated perception of a counselor's (a) expertness (b) trustworthiness and (c) attractiveness as each is measured by the CRF. This hypothesis was also tested using an analysis of variance procedure for each scale of the CRF. As indicated by Tables IV, V and VI, there were no significant differences among the three groups on any of the scales for expertness, trustworthiness and attractiveness. Therefore, the null hypothesis was retained.

For the expertness scale of the CRF, results indicated by Table IV reveal an F value of .768 which is not significant at the .05 level.

TABLE IV
ANOVA FOR EXPERTNESS

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>D.F.</th>
<th>SUM OF SQUARES</th>
<th>MEAN SQUARES</th>
<th>F RATIO</th>
<th>P</th>
</tr>
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<tbody>
<tr>
<td>BETWEEN GROUPS</td>
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<td>255.8000</td>
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<td>.7680</td>
<td>NS</td>
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<tr>
<td>WITHIN GROUPS</td>
<td>207</td>
<td>34472.7000</td>
<td>166.5348</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>207</td>
<td>34728.5000</td>
<td></td>
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</table>
Results shown in Table V for the trustworthiness scale of the CRF indicate an F value of 1.426 which is not significant at the .05 level.

TABLE V
ANOVA FOR TRUSTWORTHINESS

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>D.F.</th>
<th>SUM OF SQUARES</th>
<th>MEAN SQUARES</th>
<th>F RATIO</th>
<th>P</th>
</tr>
</thead>
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<tr>
<td>BETWEEN GROUPS</td>
<td>2</td>
<td>362.4000</td>
<td>181.2000</td>
<td>1.4259</td>
<td>NS</td>
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<tr>
<td>WITHIN GROUPS</td>
<td>207</td>
<td>26304.4571</td>
<td>127.0747</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
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<td>26666.8571</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table VI shows the results of analysis of variance of the attractiveness scale of the CRF. An F value of 2.202 was obtained which is not significant at the .05 level.

TABLE VI
ANOVA FOR ATTRACTIVENESS

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>D.F.</th>
<th>SUM OF SQUARES</th>
<th>MEAN SQUARES</th>
<th>F RATIO</th>
<th>P</th>
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<td>BETWEEN GROUPS</td>
<td>2</td>
<td>409.6571</td>
<td>245.3286</td>
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<td>WITHIN GROUPS</td>
<td>207</td>
<td>23066.3000</td>
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<td>TOTAL</td>
<td>209</td>
<td>23556.9571</td>
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</table>
Hypothesis 3 stated that provision of varying amounts and types of pretherapy information would yield no significant differences in subjects' stated willingness to receive counseling from a counselor. This hypothesis was tested using a single item "willingness to see" scale. As revealed by Table VII, an analysis of variance procedure resulted in an F value of 1.594 which indicated that there were no significant differences among the three groups. The null hypothesis was, therefore, retained.

**TABLE VII**

ANOVA FOR WILLINGNESS TO SEE

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>D.F.</th>
<th>SUM OF SQUARES</th>
<th>MEAN SQUARES</th>
<th>F RATIO</th>
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<td>10.0095</td>
<td>5.0048</td>
<td>1.5938</td>
<td>NS</td>
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<td>WITHIN GROUPS</td>
<td>207</td>
<td>650.0143</td>
<td>3.142</td>
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<td>TOTAL</td>
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<td>660.0238</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Hypothesis 4 stated that provision of varying amounts and types of pretherapy information would yield no significant differences in subjects' stated confidence of counselor helpfulness for a number of specified problem areas. This hypothesis was tested using a multiple analysis of variance procedure. The results of the Wilks test indicated that
there were no significant differences among the three groups. The null hypothesis was therefore retained.

In summary, results of statistical treatment of the data collected in this study revealed no significant differences among the three groups at the .05 level of significance. As a result, each of the four null hypotheses designed for this study was retained.
Summary

This investigation was undertaken to examine whether a counselor's disclosure of religious values has an influence upon potential clients' stated perception of the counselor, willingness to see the counselor and confidence of counselor helpfulness.

A total of 210 volunteer subjects was randomly assigned to one of three groups with 70 in each group. Participants were undergraduates from a medium size southwestern university. Subjects were each given information about a counselor. There were three different sets of information. Group 1 had information similar to what might be found in the yellow pages of a telephone directory. Group 2 had the same information plus a statement of the counselor's philosophical base and therapeutic approach. Group 3 had the same information as Group 2 with the addition of a statement of religious orientation. The statement used described the counselor as a Christian.
After reading about the counselor, subjects viewed the same three minute video and completed forms designed to assess their perceptions of the counselor, their willingness to see the counselor and their confidence of counselor helpfulness with 20 different problem areas.

Four null hypotheses were developed for the study. In order to test these hypotheses, analysis of variance procedures were performed on hypotheses 1-3 and a multiple analysis of variance was carried out on hypothesis 4.

Findings

Hypothesis 1 stated that provision of varying amounts and types of pretherapy information would yield no significant differences in subjects' stated perception of a counselor as measured by a total score on the CRF. Results of statistical treatment of the data indicated that a statement of religious values did not have a significant influence on subjects' perceptions of the counselor as measured by a total CRF score.

Hypothesis 2 stated that provision of varying amounts and types of pretherapy information would yield no significant differences in subjects' stated perception of a counselor's attractiveness, expertness and trustworthiness as each is measured by the CRF. Results of statistical treatment of the data indicated that subjects' perception of the counselors attractiveness, expertness and trustworthiness as
measured by the CRF was not significantly influenced by a statement of religious values.

Hypothesis 3 stated that provision of varying amounts and types of pretherapy information would yield no significant differences in subjects' stated willingness to receive counseling from a counselor. Results of statistical treatment of the data indicated that subjects were not more or less willing to see a counselor who made a statement of religious values. The statement made no apparent difference to the subjects.

Hypothesis 4 stated that provision of varying amounts and types of pretherapy information would yield no significant differences in subjects' stated confidence of counselor helpfulness for a number of specified problem areas. Results of statistical treatment of the data indicated that a statement of religious values did not significantly influence subjects' confidence in the ability of the counselor to help them with 20 different problems.

Discussion and Implications

Does the presentation of information about a counselor, especially counselor religious values, prior to therapy influence prospective clients' (a) initial perceptions of a counselor, (b) willingness to receive counseling from a counselor and (c) confidence of counselor helpfulness? This study was carried out in an attempt to answer this question.
Findings from the present study suggest that pretherapy information does not influence prospective clients' stated perception of confidence in or willingness to see a counselor. The counselor in this study was viewed as equally attractive, expert, and trustworthy, regardless of the information presented before viewing the video tape. It appears that for this respondent undergraduate student population, knowing the philosophical base, therapeutic approach, or religious values of the counselor did not significantly affect the way the counselor was viewed. The same holds true for subjects' stated confidence in the ability of the counselor to help them with twenty problem areas and their willingness to see the counselor.

These findings are, for the most part, consistent with other research in similar areas. Schneider (in press) obtained similar results in his study which was similar to the present study, differing primarily in its focus on feminist values rather than religious values. As a result of the present study, this researcher tends to agree with Schneider's statement that, "The notion that professing specific values will enhance clients' perceptions of counselor attributes important to the social influence process may, for the most part, be a figment (p. 13)."

Although not dealing with pretherapy information, Lewis and Walsh (1980) found that there were no significant
differences as measured by the CRF, in clients' perceptions of counselors who made explicit value statements in therapy and those who did not. Lewis (1985) also found no significant difference in subjects' perceptions of the counselor's attractiveness and expertness using the CRF in her study of pretherapy announcement of religious values. She did, however, find a significant difference on the trustworthiness scale of the CRF. However, it was the subjects who received less information about the counselor who rated the counselor as more trustworthy.

As to subjects' confidence in the counselor's ability to help them, subjects seemed to be unconcerned about what the counselor believed about counseling, his approach to counseling or his religious values. It appears that subjects tended to separate the counselor's competency from those factors. This finding is consistent with Wyatt's (1985) study on similarity of values. In his study, students noted a discrepancy between their own values and those of a counselor who was labeled an agnostic, but this difference in values did not effect their confidence in that counselor. It seems that subjects in Wyatt's (1985) study and the present study did not consider the religious values/orientation of the counselor to be an important factor in the counseling process. Wyatt (1985) did not consider specific problem areas as did the present study.
He commented that religious values could possibly make a difference in specific problem areas. However, the present study did not support his suggestion. Subjects did not indicate significant differences in their confidence in the counselor's ability to help in the 20 problem areas used in the present study.

Although not dealing specifically with disclosure of religious values, Studwell (1984) also found that a professional disclosure statement failed to produce significant differences in potential clients' expectations about counseling, including expectations of counselor helpfulness. Wilson's (1984) study in the area of role induction procedures, which is one form of presenting pretherapy information, was consistent with the findings of the present study as well. The role induction failed to produce significant changes in client expectations.

The lack of significant between group differences in terms of stated willingness to see the counselor was also consistent with Wyatt's (1985) findings. In both studies, subjects indicated no preference for a counselor expressing religious values. This finding is also consistent with results of a study by Lewis, et al. (1983) who found that subjects were equally willing to see counselors labeled as "traditional" and "feminist" but were less willing to see a counselor who stated explicit feminist values. It is
possible that the religious values statement used in the present study compares with statements of the "traditional" and "feminist" labels in the study by Lewis, et al. (1983). A more explicit statement of religious values similar to the "explicit feminist" value statement in the Lewis, et al. (1983) study might also have yielded similar results.

Counselor values are communicated to clients during the course of counseling (Buetler, 1971; Good, 1975; Hlasney & McCarrey, 1980; Welkowitz, et al., 1967). For this reason, the ethics of disclosure of values must be considered. However, determining the best means of disclosing these values without creating negative expectations and unrealistic perceptions which could harm the facilitation of an effective counseling relationship is not an easy matter.

The above cited research findings and the proposal for the present study suggest that although a case can be built upon ethical grounds for pretherapy disclosure of values as a means of "consumer protection," it has not been demonstrated that potential clients' perceptions of the counselor, confidence of counselor helpfulness, or willingness to see the counselor are enhanced by such disclosure. Moreover, it appears that the more explicit the disclosure of values, including religious values, the less likely the initial perceptions and expectations of a potential client will be favorable. As Haugen and Edwards
(1976) maintained, it seems that such disclosure can actually create biases that are resistances to therapy. One clear implication is that if the value disclosure does not conform to the potential client's particular definition of that value, then the potential client is actually influenced in a negative way in terms of building an initial counselor/client relationship. Lewis et al. (1983) suggest that explicit value disclosure which does not conform to client expectations can actually result in loss of clientele.

Findings of the present study imply that the "consumer" in this college population is not concerned about the disclosure of the counselor's religious values. Consequently, such disclosure with this population seems to be less than an ethical imperative. However, if a counselor believes that pretherapy disclosure of religious values is an ethical necessity, perhaps a simple statement such as the one used in the present study, rather than a detailed disclosure statement, best strikes a balance between meeting ethical imperatives and facilitating the initial counselor/client relationship. As Schneider (in press) cautions, "Therapists espousing detailed social values in their announcements might consider that sometimes 'saying less is saying more'" (p. 14).
It is interesting to note here that for each ANOVA, the order of the means was always the same. As indicated by Table VIII, group 2 (those who received the disclosure statement) had the lowest means while group 3 (those who received the disclosure statement plus the religious values statement) had the highest means.

TABLE VIII
GROUP MEANS

<table>
<thead>
<tr>
<th></th>
<th>Grp 2</th>
<th>Grp 1</th>
<th>Grp 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
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<td>176.9000</td>
<td>180.6286</td>
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<td>EXPERT</td>
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<td>60.6571</td>
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<td>TRUST</td>
<td>59.5429</td>
<td>61.6000</td>
<td>62.7143</td>
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<td>ATTRACT</td>
<td>53.1543</td>
<td>55.4714</td>
<td>57.2571</td>
</tr>
<tr>
<td>WILLING</td>
<td>3.2571</td>
<td>3.3429</td>
<td>3.7571</td>
</tr>
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</table>

This consistency of order implies that the disclosure of religious values used in this study did not have a negative influence upon potential clients' perceptions of or willingness to see the counselor and perhaps had a positive influence, though not to a statistically significant degree.

A factor that may have contributed to the non-significant findings in this study is the possibility that the video
tape of the counselor became the primary focus of the participants and, therefore, the importance of what was read about the counselor was diminished. This idea is alluded to by Worthington (1986) commenting on studies similar to the present design. In these studies by Haugen and Edwards (1976), Seif (1981) and Long (1978), participants were given pretherapy information, then listened to an audio tape, viewed a video tape or interacted with a counselor. Subjects then rated the counselor. Results of all three studies indicated that "The experience of the participants with the counselor overshadowed any precounseling verbal descriptions of what the counselor was like" (p. 426). The fact that 34 subjects in the present study were eliminated on the basis of the manipulation check is a possible indication that a similar phenomenon was at work in the present study.

Further support for the possibility that the video tape "overshadowed" the pretherapy information presented is implied by subjects' voluntary feedback. Informal voluntary comments about the study were obtained by the experimenter in three of the classes of subjects. Of the 13 subjects who provided voluntary feedback, 10 made comments concerning the video tape of the counselor. Two subjects made statements that were related to the instruments used to gather data. Only one subject commented on the written information given
prior to the showing of the video tape. It is possible that different results would have been obtained had the pretherapy information been presented by the counselor on the video tape.

Recommendations for Further Research

Strupp (1980) maintained that with respect to the area of values in counseling, there are very few clear facts because it is such a difficult area to research. He maintained that although little progress has been made in this area, it is "...of the utmost importance" (p. 397). This researcher would agree with Strupp's assessment.

Regarding further research related to the present study, it would be a logical next step to correlate pretherapy information and dependent variables according to subject religiosity. This could be done through a replication of the present study with an addition of a valid measure of subject religiosity such as one used by Glock and Stark (1965) which according to Larson, Pattison, Blazer, Omran, and Kaplan (1986) is the most well-known and widely used research categorization of religion. Other more recent measures include Spilka, Shaver and Kirkpatrick (1985) and Spilka, Hood and Gorsuch (1985). A variation would be to match subjects according to the degree of religiosity and then to give them different amounts and types of pretherapy information. This might provide more detailed information
regarding the influence of subjects' religiosity on their perceptions of the counselor, willingness to see the counselor and confidence of counselor helpfulness.

Also, a study with actual clients could produce different results. It is quite possible that the religious values of a counselor would be an important factor for people who have actually gotten to a point of seeking professional help.

A similar study with actual clients from a non-college student population would also be interesting. College students may yet be in the process of developing a set of religious values whereas those older than the average college student may be more settled in their religious values.

Because of the difficulty of doing such a study as the present one with actual clients, a variation might be to have subjects select a particular problem that they have had or are having from a list of typical problems, then mark whether or not they believe the counselor could help or could have helped them with their respective problems.

Refining the present study by using a more explicit statement of religious values such as the "explicit feminist" statement of Lewis, et al. (1983) may produce different results. A similar study could also be conducted using a female counselor to see if results would be the same.
To test the possibility that the video tape diminished the importance of the written pretherapy information, an interesting variation of the present design would be to use a video taped disclosure statement by the counselor immediately preceding the viewing of the video taped counseling session. This would alter the design only slightly and would allow for control of possible media power.

In summary, further research is needed in this area of disclosure of religious values to determine the generalizability of the results of this study and to determine the role that pretherapy disclosure of religious values, as well as disclosure in general, plays upon the counseling relationship. Further research could also aid counselors in determining effective and ethical ways in which to communicate values to their clients.
REFERENCES


APPENDIX A

CONSENT FORM
Consent Form

Consent to Act as a Subject for Research and Investigation

1. I hereby agree to participate in the study conducted by William A. Burnett associated with his investigation of perceptions of counselors. I understand that I will be asked to read some information about a counselor, view a video tape of a counselor and then complete a questionnaire.

2. I have been informed that my participation in this investigation is completely voluntary. I have further been informed that there will be no attempt to determine my identity from my responses or to disclose any information about any individual participant.

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(Subject’s Signature)

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(Date)
APPENDIX B

INSTRUCTIONS GIVEN TO EACH CLASS OF SUBJECTS
My name is Bill Burnett. I am a doctoral student in Counselor Education collecting data for my dissertation and am seeking your participation.

If you agree to participate in this research you will:

1. be given some information about a counselor,
2. view a video of this counselor in a counseling session,
3. be asked to fill out some forms concerning your impressions of the counselor.

This study is voluntary and there will be no attempt to determine your identity from your responses or to disclose any information about any participant.

As a participant in this study, I ask that you:

1. answer all questions sincerely and truthfully,
2. answer all forms in the exact order in which they are arranged,
3. do not ask any questions, make any comments or talk among yourselves once you have received your packet of materials.

It is very important that you imagine YOURSELF as a prospective client who is considering going to the counselor that you read about and see on the video tape, and answer the the questions accordingly.
APPENDIX C

INFORMATION GIVEN TO GROUP 1
Milton H. Counts, Ph.D.

Certified Mental Health Counselor

Licensed Professional Counselor

Individual, Group, Career and

Marriage and Family Counseling
APPENDIX D

INFORMATION GIVEN TO GROUP 2
Milton H. Counts, Ph.D.
333 Maple Street
Littletown, Alabama 36501
(205) 555-5347

STATEMENT OF PROFESSIONAL DISCLOSURE

Ph.D., Counseling--Alabama State University, 1981
M.A., Psychology--Alabama State University, 1973
B.S., Psychology--Kentucky State University, 1972

Certified Mental Health Counselor, 1980
Licensed Professional Counselor, 1980

Philosophical Base

I lean toward a cognitive approach to counseling. This means that the way we feel and the way we behave are directly related to how and what we are thinking. I view counseling as a process by which I facilitate my clients in exploration, clarification, and identification of their needs and help them make changes in their behavior that will result in the attainment of life satisfaction and self-acceptance.

Therapeutic Approach

I use an eclectic therapeutic approach. This means that I utilize many different techniques in responding to the needs of my clients. In individual counseling, this translates into helping persons focus their awareness on strengths rather than liabilities. Clients are encouraged to accept responsibility for initiating and maintaining change in their lives as those changes are identified through the counseling process. In marriage counseling, I focus on developing a healthy interdependence. This is accomplished by using techniques that help to develop self-awareness as well as improving the communication skills of both partners. I view group counseling as an adjunct to individual counseling rather than as a substitute for it. In all cases, I stress the effect of thinking on behavior and emotions and the need to develop control over this function for fuller personal growth.
APPENDIX E

INFORMATION GIVEN TO GROUP 3
Milton H Counts, Ph.D.
33 Maple Street
Littletown, Alabama  36501
(205) 555-5347

STATEMENT OF PROFESSIONAL DISCLOSURE

Ph.D., Counseling--Alabama State University, 1981
M.A., Psychology--Alabama State University, 1973
B.S., Psychology--Kentucky State University, 1972

Philosophical Base

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Religious Orientation

I am a committed Christian who holds a set of beliefs, values and standards which are based upon the Bible. I believe that spiritual values are often central issues to be considered in counseling.

Therapeutic Approach

I use an eclectic therapeutic approach. This means that I utilize many different techniques in responding to the needs of my clients. In individual counseling, this translates into helping persons focus their awareness on strengths rather than liabilities. Clients are encouraged to accept responsibility for initiating and maintaining change in their lives as those changes are identified through the counseling process. In marriage counseling, I focus on developing a healthy interdependence. This is accomplished by using techniques that help to develop self awareness as well as improving the communication skills of both partners. I view group counseling as an adjunct to individual counseling rather than as a substitute for it. In all cases, I stress the effect of thinking on behavior and emotions and the need to develop control over this function for fuller personal growth.
APPENDIX F

VIDEO TAPE SCRIPT FOR COUNSELING ANALOGUE
Counselor: Karen, you say that this sick feeling comes over you every so often and you can't sleep or eat for a period of time. Try to think back to the last time that you experienced this feeling. When was it?

Karen: The last time it happened was last Thursday night.

Counselor: What was going on last Thursday night?

Karen: Nothing much - well, except I'd planned a big dinner for Todd, and he called and said that he couldn't make it because he had to study.

Counselor: So you'd planned to have Todd over for a meal but he calls and cancels out - says that he has to study. Can you think of anything else that happened that evening?

Karen: No, not really.

Counselor: Can you remember - was it before, after or during the phone call that you started feeling sick?

Karen: It seems like it was after or maybe during - I'm not sure.

Counselor: During or after - ok - Can you describe the feeling a little more specifically?

Karen: What do you mean? I don't know ah, what you mean?

Counselor: Well, just what was the feeling like? You said that you started feeling sick. What do you mean by sick?

Karen: Sorta nauseated - sort of an empty feeling in the pit of my stomach. Yeah, that's it, an empty feeling kind of like you feel when you hear about someone you know dying. Aw, I don't know - it's really hard to describe.

Counselor: Let's go back to that phone call last Thursday night, ok?

Karen: Uh huh.

Counselor: I'd like for you to close your eyes - just relax - think back to that night - The phone rings and it's Todd: "Hey listen honey, I can't make it tonight - I've got a big test tomorrow - I've just got to study. Karen, what are you feeling right now?

Karen: The same thing.
Counselor: As what?

Karen: As I did last Thursday night.

Counselor: Can you put a label on that feeling for me, Karen?

Karen: It's just that old empty feeling.

Counselor: But I'm still not sure what you feel, Karen. Are you feeling angry?

Karen (sobbing): No, I don't think so. I don't think I'm angry. It's more of an anxious feeling.

Counselor: An anxious feeling, like you're afraid of something?

Karen: Uh huh.

Counselor: What are you afraid of, Karen?

Karen: I don't know.

Counselor: Karen, if you were taping your thoughts on a tape recorder last Thursday night when you were talking to Todd, what would that tape say, do you think? What were you saying to yourself as you listened to Todd?

Karen: I don't know for sure, but I was probably saying something like, "I wonder what's wrong. Have I done something wrong?"

Counselor: So you were possibly thinking that Todd wasn't shooting straight with you, that he really didn't have to study but just didn't want to come over and this caused you to worry that something was wrong, that perhaps you had done something to upset him. Perhaps you were thinking that Todd seemed to be pulling away and this caused you to feel anxious.
APPENDIX G

COUNSELOR RATING FORM
COUNSELOR RATING FORM

Listed below are several scales which contain word pairs at either end of the scale and seven spaces between the pairs. Please rate the counselor you just saw on each of the scales.

If you feel that the counselor very closely resembles the word at one end of the scale, place a check mark as follows:

fair __:__:_X:___:__: unfair

OR

fair X:___:__:_X:__: unfair

If you think that one end of the scale quite closely describes the counselor then make your check mark as follows:

rough ___:X:___:_X:___: smooth

OR

rough ___:_X:___:__:_X:___ smooth

If you feel that one end of the scale only slightly describes the counselor, then check the scale as follows:

active ___:__:X:___:_X:__ passive

OR

active ___:_X:___:__:X:__ passive

If both sides of the scale seem equally associated with your impression of the counselor or if the scale is irrelevant, then place a check mark in the middle space:

hard ___:_X:___:___:_X:___ soft

Your first impression is the best answer.

PLEASE NOTE: PLACE CHECK MARKS IN THE MIDDLE OF THE SPACES
<table>
<thead>
<tr>
<th>Agreeable</th>
<th>Unagreeable</th>
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<tr>
<td>Analytic</td>
<td>Diffuse</td>
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<td>Friendly</td>
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<tr>
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<td>Dishonest</td>
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informed __:__:__:__:__:__:__ ignorant
insightful __:__:__:__:__:__:__ insightless
stupid __:__:__:__:__:__:__ intelligent
unlikeable __:__:__:__:__:__:__ likeable
logical __:__:__:__:__:__:__ illogical
open __:__:__:__:__:__:__ closed
prepared __:__:__:__:__:__:__ unprepared
unreliable __:__:__:__:__:__:__ reliable
disrespectful __:__:__:__:__:__:__ respectful
irresponsible __:__:__:__:__:__:__ responsible
selfless __:__:__:__:__:__:__ selfish
sincere __:__:__:__:__:__:__ insincere
skillful __:__:__:__:__:__:__ unskillful
sociable __:__:__:__:__:__:__ unsociable
deceitful __:__:__:__:__:__:__ straightforward
trustworthy __:__:__:__:__:__:__ untrustworthy
genuine __:__:__:__:__:__:__ phony
warm __:__:__:__:__:__:__ cold
APPENDIX H

WILLINGNESS TO SEE SCALE
If you desired counseling for **YOURSELF**, how willing would you be to receive counseling from the counselor you read about and viewed on the video tape?

Unwilling 1 2 3 4 5 6 7 Willing
APPENDIX I

CONFIDENCE OF COUNSELOR HELPFULNESS SCALE
Rate the counselor that you read about and saw in the video according to your confidence in his ability to help YOU in the following problem areas.

1 = no confidence (in his helpfulness)
6 = high degree of confidence (in his helpfulness)

<table>
<thead>
<tr>
<th>Problem area</th>
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<tbody>
<tr>
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<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>alcohol problem</td>
<td>1 2 3 4 5 6</td>
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<tr>
<td>shyness</td>
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<tr>
<td>sexual functioning</td>
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<tr>
<td>depression</td>
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<tr>
<td>conflicts with parents</td>
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<tr>
<td>difficulties in dating</td>
<td>1 2 3 4 5 6</td>
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<tr>
<td>choosing a career</td>
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<tr>
<td>having trouble sleeping</td>
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<td>test anxiety</td>
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<td>having trouble studying</td>
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<td>lack of assertiveness</td>
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<tr>
<td>homosexuality/lesbianism</td>
<td>1 2 3 4 5 6</td>
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<tr>
<td>unwanted pregnancy</td>
<td>1 2 3 4 5 6</td>
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<tr>
<td>religious conflict</td>
<td>1 2 3 4 5 6</td>
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<tr>
<td>losing grip on reality</td>
<td>1 2 3 4 5 6</td>
</tr>
</tbody>
</table>
APPENDIX J

REQUEST FOR PERMISSION TO USE THE COUNSELOR RATING FORM
October 28, 1985

Dr. Michael B. LaCrosse
Skyview Medical Center
109 N. 15th
Norfolk, NE 68701

Dear Dr. LaCrosse:

I am a doctoral graduate student at North Texas State University, currently seeking to organize my dissertation research. My study involves investigation into the relationship between pretherapy value information and initial perceptions of a counselor.

I would like to use the Counselor Rating Form and the Referral Questionaire in my study and am hereby requesting your permission to do so.

Thanks for your assistance. I am looking forward to your reply. Feel free to call me collect if I need to clarify my request in any way. My phone number is; 817-382-7421.

Sincerely,

William A. Burnett
712 Thomas
Denton, TX 76201
APPENDIX K

PERMISSION TO USE THE COUNSELOR RATING FORM
November 25, 1985

William A. Burnett
712 Thomas
Denton, Tx. 76201

Dear Mr. Burnett:

I have received your letter requesting a copy of the Counselor Rating Form. Enclosed is a copy of the Counselor Rating Form and scoring instructions.

You are hereby granted permission to make necessary copies for your research. No alterations without permission, however, are permissible.

If you have any questions, please let me know.

Sincerely,

Michael B. LaCrosse, Ph.D.
Clinical Psychologist
Director

MBL/ss
BIBLIOGRAPHY

Books


Articles


Spence, J. T., & Helmreich, R. L. (1972). The attitudes toward women scale: An objective instrument to measure attitudes toward the rights and roles of women in contemporary society. *JSAS Catalog of Selected Documents in Psychology, 2*, 66.


Unpublished Documents


