THE EFFECTS OF PROFANITY ON PERCEPTIONS OF
COUNSELOR CREDIBILITY AND
CLIENT SATISFACTION

DISSERTATION

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By

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The purpose of this study was to examine the effects of counselor profanity on subjects' perceptions of counselor credibility and client satisfaction. Subjects were 40 male and 40 female Caucasian undergraduate students (ages $M = 21.6$, $SD = 3.96$). Two male Caucasian undergraduate students role-played counselors and one male Caucasian graduate student acted as client for all conditions. Each counselor made four video tapes for the profanity manipulation. The conditions were counselor-initiated, client-initiated, and counselor-only profanity, and a nonprofanity condition. Subjects rated counselors using the Rating Scale of Counselor Effectiveness (RSCE), the Counseling Effectiveness Rating Scale (CERS), and a modified form of the CERS (M-CERS) developed for this study. A demographic questionnaire was developed for the present study. Subjects were stratified on the basis of sex and randomly assigned to individually view one of eight videotaped vignettes of an established counselor-client relationship. Thus, a $4 \times 2 \times 2$ (profanity condition $\times$ counselor $\times$ subject sex) multifactorial design was used.
It was hypothesized that counselors in the client-initiated profanity condition would be perceived more positively than all others, and counselors in the counselor-initiated profanity condition would be perceived more positively than counselors in the counselor-only profanity and nonprofanity conditions. The third hypothesis was that subjects' perceptions would not vary in relation to differences in subject demographic and personal characteristics. Two of the 11 dependent measures yielded significant effects for conditions. Conditions did not interact with counselor, or subject-sex, or counselor-and-subject sex. The subjects tended to give higher therapeutic ratings to counselors in either client-initiated or counselor-initiated profanity conditions than to counselors in the nonprofanity conditions. None of the demographic or personal variables produced a detectable bias. It was concluded that, with college-age clients, use of profanity is likely to have beneficial effects.
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THE EFFECTS OF PROFANITY ON PERCEPTIONS OF
COUNSELOR CREDIBILITY AND
CLIENT SATISFACTION

Although regarded as taboo in polite usage, profanity is so frequently used as to be almost uniform. It is used in nearly every medium and in all but a very few settings. The usage of profanity and obscene language has permeated the bastions of propriety. Ex-Vice-President Nelson Rockefeller made most of the United States aware of the widespread use of profanity and obscenity when he was shown on national newscasts and depicted in newspapers nationwide using a nonverbal hand gesture which has a generally accepted obscene meaning. His use of obscenity also illustrates its use by persons of even the highest socio-economic status group.

Only recently have the effects of profanity in counseling been experimentally researched. This may explain why such articles are referenced by the American Psychological Association (1974) under the terms "obscenity" and "nonstandard English." The term "nonstandard English" is so broad that it should not be considered euphemistic when applied to profanity. "Obscenity" seems
much more appropriate, although somewhat inadequate. It is often defined as being designed to incite lewd and prurient thought or action (Hinsie & Campbell, 1970), but this is not the most frequent use of this language. Definitions emphasizing other aspects of obscenity, such as shock, may be more appropriate with regard to this study.

The term profanity has many definitions; properly, it refers to language characterized by irreverence for God (Stein, 1969). However, defining it as being common or vulgar is the more appropriate in regard to this investigation. The profane and obscene words to be studied are "hell," "damn," "shit," and "fuck." Montagu (1967) and Farb (1974) may be referred to for detailed etymologies, meanings, and usages of the particular words, as well as for extensive bibliographies concerning these.

The frequent use of profane and obscene language in counseling has been made notable by such therapists as Arbuckle (1976), Ellis (1962), Perls (1969), and others. The provocative therapy approach of Farrelly and Brandsma (1974) seems to have made profanity and obscenity an integral part of the therapeutic process. These therapists report facilitative rather than detrimental effects. However, little empirical research has been done on the effect of profanity on counseling process measures.
Papers on obscene words date from the early days of psychoanalysis (Freud, 1905; Ferenczi, 1911). Other research (Bergler, 1936; Feldman, 1955; Sapir, 1960; Stone, 1954) investigated obscenity further, but studies were sparse and mainly theoretical. However, Feldman should be credited as among the first to study specifically "the use of obscene words in the therapeutic relationship." He concluded that the specific interpersonal context and timing of the use of any obscene words are important variables in eliciting affect that may be therapeutic.

Hartogs (1967), a psychoanalytically trained psychiatrist, dealt directly with the use of the profanity and obscenity used herein. He stated that "the revelatory four-letter words" (p. 123) must be offered by the patient of his own accord, and if the therapist encourages the client to say "dirty things," obscene words will come too easily and without a therapeutically relieving emotional discharge. He added that, ideally, obscenities have diagnostic value at the phase of therapy where rapport has been established. Carkhuff (1967) believes that unorthodox communication by the counselor frequently has a facilitative impact on the client. In his teaching guide (Carkhuff, 1969), each counselor response containing a four-letter word was rated above 3.0, the minimum facilitative level, indicating it had a therapeutic impact on the client.
As suggested above (e.g., Feldman, 1955; Hartogs, 1967), theoretical armchair opinions abound (Gordon, 1975; Kirkpatrick, 1975; Zunin, 1972). Polansky (1971) adds that verbal shock of profanity should not be routinely avoided since its use might lead the client to talking more freely. Although Tessler (1975) agrees that profanity may affect reaction to the initial interview, it may have little effect on subsequent sessions. Ruesch stated, on the other hand, that if the counselor behaves like an actor in the interaction, the client will easily be turned off. Although there is little disagreement in this regard, there is little empirical evidence regarding the effect of client-initiated profanity in counseling. Profanity may become acceptable as counseling progresses, since counselor and client become more similar in their language patterns and since connotative meanings change (Sprafkin, 1970). As Egan (1975) notes, "the helper is most effective when his language is in tune with the language of the client" (p. 85).

There is little, if any, disagreement regarding the client's use of profanity and obscene language. The counselor accepts the client's language, including slang, profanity, and obscenity (Ruesch, 1973). Sullivan (1954) warned against the possibly untoward effects of showing emotion in response to the client's language.
Rothwell's (1971) study of verbal obscenity categorized obscene words into four groups: copulative terms (i.e., "fuck"), excretory terms (i.e., "shit"), terms related to human genitals (i.e., "cunt" and "cock"), and terms of sexual irregularities (i.e., "bastard"). He added that terms such as "hell" and "damn" are not usually considered indecent. He found that there are three circumstances that significantly alter the effects of verbal obscenity: who employs the obscenity, where it is employed, and how the indecent terms are used. An example he gave of the import of the context of the indecent terms was the difference between calling someone a bastard, and the statement, "The poor bastard never had a chance" (p. 240), which expresses admiration, affection, and even empathy. He concluded that despite all the negative criticism, verbal obscenity is successful in creating attention, in discrediting an adversary, in provoking violence (or action or behavior change), in fostering identification, and in providing catharsis. Kirkpatrick (1975) concurred that profanity may be used to establish interpersonal identification.

In the past decade there has been an increase in the number of empirical studies dealing with general use of profanity and obscene language. Lewinsohn, Berquist, and Brelje (1972), using students in introductory psychology
classes, found that "threatening" words elicited significantly large galvanic skin responses, longer response latencies, and more word-association signs of disturbance. The list of threatening words did not contain the specific words investigated herein, but did contain words dealing with the human anatomy, specifically sexual words (e.g., "penis"), and thus may have been perceived as obscene. Also, the indices of disturbance were implicitly viewed as negative in their study.

A study by Baudhuin (1973) indicated that his college student subjects from communications classes responded most favorably to religious profanities (e.g., "God," "Jesus," and "Christ"), followed closely by "hell" and "damn," that sexual words (e.g., "fuck") generally received the most negative ratings, and excretory words (e.g., "shit") fall in between. However, it is interesting to note that the religious profanity "Goddamn" rated more negatively than "fuck" and only "cunt" and "motherfucker" were rated more negatively than "Goddamn." The work of Baudhuin may be interpreted as somewhat supportive of the findings of Rothwell and Lewinsohn, Berquist, and Brelje.

Foote and Woodward (1973) reported their study of students from introductory psychology classes found that all subjects generally used obscenity freely; the males outproduced females in quantity used.
In a study on the effects of profane language in persuasive messages, Bostrom, Basehart, and Rossiter (1973) used predominantly freshmen in communications courses and found no significant difference between persuasive communication using profanity and the same communication without such profanity. However, greater persuasiveness was found when profanity was used by a female rather than a male communicator. Finally, it was found that profanity generally has an effect detrimental to the perceived credibility of the communicator, specifically on a competence dimension rating. Nevertheless, the use of religious profanity resulted in perceptions of significantly more credibility on their safety dimension (composed of the following scales: kind-cruel, admirable-contemptible, honest-dishonest, and just-unjust), than when excretory or sexual profanity was used. There was no significant difference shown between a profanity group and a control group on this dimension.

Carrel (1976) used students from introductory speech communications courses and attempted to clarify the question of the effect of verbal obscenity on perceived credibility in a setting other than counseling. Viewer's ratings of a speaker using an obscenity seem to be partly determined by context. In a formal context, obscenity resulted in favorable judgements of a speaker; in an informal context,
obscenity resulted in less favorable judgements of the speaker. One problem in generalizing these results to the present topic is that there is little agreement as to whether counseling is a formal or informal setting.

In a closely related area of research, Mulac (1976) studied the effects of obscene language on three dimensions of listener attitude. He found that speakers who used 12 obscene phrases during five-minute persuasive speeches were rated lower in the dimensions of socio-intellectual status and aesthetic quality (e.g., pleasing-displeasing, beautiful-ugly) than speakers who did not use obscene phrases. Another interesting finding which may prove relevant to the present study was that non-students (mean age 43.6) rated speakers using obscenities significantly lower on aesthetic quality than did student listeners (mean age 20.3). This may obviously have more to do with age than student status.

Verbal communication is the main technique used by the opinion changers in influencing their audiences, and is also the counselor's main means of influencing the client (Strong, 1968). Patterson (1966) stated that verbal interaction is generally acknowledged as the vital component in counseling. Lazarus (1971) believes that the counselor's command of language, vocalizations, vocal cues and voice qualities establish some of the perceptions that often affect the entire process of counseling.
The investigation of psychological jargon and perceived counselor credibility by Atkinson and Carskaddon (1975) more closely approaches the topic of the present study. They used subjects from three population sources. The subjects were all Caucasian volunteers and were from introductory psychology classes, a county mental health center, or a drug abuse program at a federal correctional institution. They found that the counselor's knowledge of psychology was rated higher when he used abstract, psychological jargon rather than concrete, laymen's terms. Subjects were more apt to rate the counselor as someone they would see for counseling if the counselor was given a high-prestige introduction rather than a low-prestige introduction. They also found that not all populations were equally impressed by jargon or prestige. Shertzer and Stone (1974) have pointed out that counselors are often criticized for their overreliance on "psychologese" in their communication with others, and that the use of such terminology might cause misunderstanding and negative reactions.

Many facets of verbal interaction have been studied, but only recently have a few researchers examined the effects of profanity on the counseling process. Fischer and Apostal (1975) summarized the research involving the relationship of vocal cues to affect and personality.
Scher (1975) examined the counselor's and client's verbal activity without looking at content, and Hargreaves (1959) investigated content. Pittinger, Hockett, and Danehy (1960) have studied the effects of sighs, slurs, coughs, and drawls. Moreover, Starkweather (1959) investigated rate of talking, judging of affect, and recognition. Finally, Matarazzo and Wiens (1972) investigated interrupting behavior, utterance time, and latency intervals.

Heubusch and Horan (1977) performed the earliest empirical study on the effects of profanity in counseling that was found in the literature. They obtained client ratings of counselor effectiveness and client satisfaction of counselors in role-played initial interviews which either contained the four specific words used herein, or which were free of profanity. Clients were recovering alcoholics (mean age 38.5). The researchers found that male counselors who used "nonstandard English" (p. 456) were judged to be less effective and satisfying. However, they stated that younger clients may not be similarly displeased. Considering Mulac's (1976) findings, age may be a significant variable related to the use of profanity in counseling.

Heubusch and Horan also stated that counselor profanity may have a less deleterious effect if used in response to more intense levels of client affect. As mentioned
previously, use of profanity may: aid in breaking down the client's defenses (Feldman, 1955), facilitate the production of intense emotion (Ferenczi, 1950), and provide a type of catharsis (Rothwell, 1971).

The counselors in Heubusch and Horan's study were to "casually and passively" (p. 456) introduce four profane words which "were not to be used in any manner which could be construed as intimidating" (p. 457). However, their example ("Some clients take longer to get their shit together") implies that the counselor is somewhat judgmental of clients and thus may have been perceived as threatening to the clients. The role-playing of the interactions (Horan, 1976) is another factor which may have had a confounding effect on the results, as it was not possible to control for whether the client or the counselor initiated the profanity, nor for the timing of the profane phrases used. Also, the sample of "recovering alcoholics" may be somewhat biased and thus less likely to be generalizable to other populations. Despite these few flaws, their study formed a base for further research.

In a more recent analogue study, Paradise, Cohl, and Zweig (1980) studied the effects of counselor profanity and physical attractiveness on perceptions of counselor behavior. The subjects were undergraduate volunteers (mean age 21.1, SD 3.6) from introductory psychology
classes. To control for possible contamination by extraneous variables they carefully developed and independently rated videotaped vignettes of an initial interview. One female and one male doctoral student in counseling served as counselors. A female graduate student served as client for all conditions.

Their results indicated that counselors using profanity were rated less favorably across all measures. The measures related to the clients' impressions of counselor professional and personal attributes, and their satisfaction. Also, when profanity was used, the female counselor was rated more positively than the male counselor.

Although the study was generally well designed, the use of only one male and one female counselor may have confounded the sex differences found. The use of a female client for all conditions may have confounded the results by having the male use profanity in a cross-sex interaction.

In a recently published study in this area, Wiley and Locke (1982) used an analogue methodology to investigate the differential effects of nonprofanity, client-initiated profanity, and counselor-initiated profanity conditions. Subjects were undergraduate introductory psychology students (mean age 19.4) and advanced graduate students (mean age 25.8) in a counselor education program. Two
male students in a doctoral program in human-resource psychology simulated a counselor-client dyad in three counseling sessions on video tape, one vignette for each of the conditions mentioned above. The undergraduate students and the graduate students viewed one of the three video tapes in separate group sessions. The subjects tended to give higher therapeutic ratings to both client-initiated and counselor-initiated profanity sessions than to the session with nonprofanity.

As the researchers noted, the graduate students consistently gave more negative ratings across all concepts. The undergraduate students gave higher therapeutic ratings on the counselor-initiated profanity condition on all but one measure, on which the client-initiated profanity condition was rated higher. The graduate students gave higher therapeutic ratings on the client-initiated profanity condition on all measures. It seems noteworthy that the difference in ratings between undergraduate and graduate student subjects is consonant with Heubusch and Horan's (1977) proposal that younger clients may not be as displeased with profanity.

An analysis of the abbreviated transcripts of the sessions in Wiley (1980) reveals possible contaminating factors which may have affected the results. The three vignettes were similar, but they were more like three
phases of an initial interview. The nonprofanity was at the beginning of the interview, followed by the client-initiated profanity condition. These first two conditions seem to end abruptly, after one of the client's lines, but the counselor-initiated profane language condition ends with a closing remark by the counselor, as at the end of a session.

Another factor which may have predisposed the counselor-initiated condition to higher ratings than the client-initiated profanity condition is the fact that in the client-initiated condition the counselor immediately followed the client's profanity statements by repeating the phrases, somewhat mechanically. As stated earlier, Ruesch (1973) warns of the effects of the counselor behaving like an actor in the interaction.

The group viewing of the video tapes may have provided additional sources for contamination of the results. Also, the use of only one client and one counselor limits the generalizability of these results.

The various methodological problems found in the review of these three studies, and their somewhat conflicting results, left it unclear as to what effect profanity has on perceptions of counselor behavior. Although it has been proposed that the age of the client may affect
subjects' perceptions, this and other client variables have not been studied systematically.

Theory, clinical literature, and available research findings regarding profanity seemed to indicate that it is a commonly used part of verbal interactions, even in the counseling setting; that it is intertwined with other attitudes, feelings, and behavioral implications, and that a variety of demographic, personal, and other influencing variables are involved. This area of research is relatively new and many of the available findings on basic questions were in conflict.

Purpose

The purpose of this study is to clarify and extend the research on the effects of profanity in counseling by examining with counseling analogue methodology the effect of counselor profanity on student subjects' perceived counselor effectiveness and satisfaction with the counselor. Client satisfaction appears to include the confident acceptance of the counselor as dependable, true, and as someone whom clients would be willing to see again or to whom they would be willing to refer friends or relatives if they had problems to discuss.

A major question under consideration is that, within a sample of undergraduate students, the systematic varying of the level of profanity will affect perceptions of
counselor credibility and client satisfaction. Varying the level of profanity was accomplished by manipulating whether profanity was used and by whom. Four conditions were used. One condition involved the use of no profanity whatsoever and was called the nonprofanity condition. Another condition involved the client initiating the use of profanity by using the four words of this study once and then the counselor reflected the profanity by using the same words once also. This condition was referred to as the client-initiated profanity condition. A third condition involved the counselor initiating the use of the four profane/obscene words and the client reflecting these, the counselor-initiated profanity condition. Finally, another condition involved the use of these four words by the counselor only, and was called the counselor-only profanity condition.

Hypotheses

There were three hypotheses. Specifically, it was hypothesized that counselors in the client-initiated profanity condition are perceived more positively than those in all of the other conditions. Secondly, it was hypothesized that counselors in the counselor-initiated profanity condition are perceived more positively than those in the counselor-only profanity and nonprofanity conditions. The third hypothesis was that subjects'
perceptions of counselor credibility and client satisfaction for the different profanity conditions varies in relation to differences in subject demographic and personal characteristics.

**Method**

**Subjects**

The subjects (40 females and 40 males) were Caucasian undergraduate volunteers from introductory level psychology classes at North Texas State University. The subjects, representative of urban and suburban areas primarily within Texas (78.7%), ranged in age from 18 to 35 years ($M = 21.6$, $SD = 3.9$). A large majority of the student subjects were single (88%). Sophomores comprised 33% of the subjects, with juniors representing another 25%. The students were predominantly Protestant (64%), including 29% indicating the Baptist denomination specifically. Another 24% of the sample consisted of Roman Catholics. Religious services were attended at least once a week by 27% of the sample and once or twice per month by an additional 20% of the sample. Most of the students responded that their parents' occupational level was either professional (45%) or white collar middle-class (28%). Another 22% indicated blue collar middle-class parents. Subjects received standard departmental extra credit points for their participation.
Subjects were stratified on sex and randomly assigned to view one of two male counselors in one of four conditions, with five male and five female subjects per cell. The subjects were not told that they were participating in a study on the effects of profanity, but received the impression that they were participating in an evaluative study of counseling.

Counselors. The counselors were two Caucasian male graduate students, ages 27 and 35, in a doctoral program in clinical psychology at NTSU. Both counselors had been in a doctoral program at least three years and had completed a doctoral practicum in counseling. Prior to participation in the taping of the vignettes, the counselors had practiced in role-play training sessions. The counselors were not informed as to the hypotheses of the study. But, they no doubt deduced the main variable.

Client. The client was also a Caucasian male graduate student, age 29, in a doctoral program in psychology at NTSU. He role-played the client in all conditions and for both counselors. He also practiced in several role-play training sessions.

Conditions. The two counselors each simulated four counseling sessions on video tape. The eight 10-minute video tape vignettes depicted a counselor-client interaction focused on the client's interpersonal problems.
The vignettes were carefully developed to experimentally counter-balance and control for possible contamination by extraneous variables. A standard script was followed for each taped condition.

Each counselor made four video tapes for the profanity manipulation. In the counselor-initiated profanity conditions, the counselors adhered to the standard script, but included the following four words, used once each in predetermined phrases: "hell," "damn," "shit," and "fuck." These words were not used vituperatively nor used as expletives. They were spoken in a nonthreatening manner and reflected the content expressed by the client (e.g., "I can see this is damn difficult for you"). In these conditions the client used the same profane or obscene word immediately following the counselor's, but it appeared in a different phrasing (e.g., "That's a hell-of-a burden you have" and "From then on we get high as hell" (The full text can be found in Appendix A)). The counselor-only profanity conditions involved basically the same script as the counselor-initiated profanity conditions except the client did not use any of the four words of the study, nor did he use any other profanity or obscenity (see Appendix B).

In the client-initiated profanity conditions, the client introduced the four words, again using them only
once. Then the counselor repeated them, always immediately following the client and reflecting the content and affect expressed by the client (see Appendix C). In the non-profanity control conditions, the standard script was followed without the four profane words used in some of the profanity conditions (e.g., "I don't really..." as opposed to "I don't give-a-fuck..."; see Appendix D).

**Apparatus and Instruments.** Ampex video cassette CT30 video tapes were recorded and played using a Panasonic Omnivision II VHS video recorder/player (model #NV-1000A). The videotaped vignettes were played on a Panasonic Quintrix II Solid State 10" color television set (model #CT117).

A standard informed consent statement was modified to allow the subjects' continued participation in the study to signify their consent (see Appendix A). The text of the statement as well as the modified procedure was approved by the North Texas State University Institutional Review Board for the Protection of Human Subjects.

An instruction sheet was presented to each subject clarifying the manner in which to mark seven-point bipolar scales (see Appendix F). The relative meaning of each of the seven points of the scales were explained on the instruction sheet.
The Rating Scale of Counselor Effectiveness (RSCE; Ivey, 1971; see Appendix G) consists of 25 items rated on a seven-point bipolar scale which yields a summed total score. The RSCE is a measure of counselor credibility developed to evaluate microcounseling training programs.

The Counseling Effectiveness Rating Scale (CERS; Atkinson & Carskaddon, 1975; see Appendix H) is a 15-item inventory designed to provide a means of rating perceived counselor credibility. The CERS consists of five subscales each rated on three, seven-point bipolar scales. The five subscales are: "the counselor's comprehension of the client's ability to help the client;" "the counselor's knowledge of psychology;" "the counselor's willingness to help the client;" and "the counselor on the video tape is someone I would go to see if I had a problem to discuss."

A modified form of the CERS (M-CERS) was developed to have the subject rate the counselor on the video tape with respect to how the subject would feel about the counselor (see Appendix I). Also, the final item was modified to question the subject's willingness to refer a relative or close friend to that counselor if that person had a problem to discuss. The CERS subscale, "the counselor on the video tape is someone I would go to see if I had a problem to discuss" and the M-CERS subscale, "the counselor on the video tape is someone I would refer a relative or
close friend to see if she/he had a problem to discuss" were intended to be measures of client satisfaction.

A demographic questionnaire was developed for the present study (see Appendix J), including items concerning population of hometown, parent's occupational level, religious preference, and frequency of church attendance. The questionnaire also asked about the subject's counseling history and expectations about entering counseling. Further, the last two items deal with rank-ordering of the four words of this study with respect to how offensive they were perceived to be and how frequently they were used by the individual.

Procedure. The undergraduate subjects were told that they would be involved in a study evaluating counseling, if they chose to participate. Subjects were informed of the procedure to be followed and that they were free to choose not to go on with the study at any time. They were read an informed consent statement and told that their continued participation would be taken as their having given consent to be a subject and to use their responses in the statistical analysis. The students were informed that the videotaped vignette would be an example in an established counselor-client relationship. The subjects were advised to attend specifically to the counselor's behavior since they would be asked to rate the counselor following the viewing.
The participants were then stratified on the basis of sex and randomly assigned to one of the eight conditions. Then they individually viewed one of the eight videotaped vignettes. Immediately after viewing one of the vignettes, subjects were given the two rating scales (CERS and RSCE) in counter-balanced order. When these scales were completed, the subjects were administered the modified form of the CERS. Finally, they completed the demographic questionnaire which ended with questions concerning the frequency with which they use profanity and the situations in which they use it. Following the experiment, subjects were informally debriefed as to the purpose of the study and questioned to assure that they were not adversely affected by the profanity. They were advised that they were eligible for counseling at the North Texas State University Counseling and Testing Center, should they feel the need for such counseling.

Analysis

Initially, a three-factor factorial design was used. The factors were the four profanity conditions, the two counselors, and the sexes of the subjects. Thus, a 4 X 2 X 2 MANOVA was applied to each of the 11 dependent measures (calculated by means of the SPSS program on file at the North Texas State University Computer Center). It was hypothesized that the counselors would have no
significant effect, and a 4 X 2 MANOVA would be carried out if such were found. A stepwise multiple regression was carried out to empirically analyze whether any of the demographic or personal variables of the subjects affected their perceptions of counselor credibility and client satisfaction.

Results

As expected, the preliminary analysis of variance failed to reveal significant effect for therapists, so conditions were then collapsed across therapists. Then, analysis of variance was applied using a 2 X 4 MANOVA (sex-of-subject by conditions) on the RSCE and each of the subscales of the CERS and the modified CERS (M-CERS). The results of these analyses were significant on only two of these 11 dependent measures. The two measures are the CERS subscale, "The counselor on the video tape is someone I would go to see if I had a problem to discuss," and the M-CERS subscale, "The counselor's ability to help me." The Newman-Keuls Test was used to assist in deciding where significant differences existed.

The first hypothesis predicted that counselors in the client-initiated profanity condition would be perceived more positively than in all of the other conditions. Results were significant on the M-CERS subscale, "The counselor's ability to help me." A summary of the analysis of variance
is presented in Table 1, which shows significant effects for conditions, but no significant effects for sex of subject, nor for condition-and-sex interaction. The mean rating scores for each of the conditions are shown in Table 2, and were collapsed across counselor and client-sex. Thus the condition effects described below apply equally to both counselors and to both subject sexes, and indicate a significant negative rating for the nonprofanity condition, which had the most positive group mean rating.

With regard to both the first and second hypotheses, Table 3 provides the summary analysis of variance for the

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Square</th>
<th>DF</th>
<th>Mean Squares</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition</td>
<td>111.437</td>
<td>3</td>
<td>37.146</td>
<td>2.993</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Sex of Subject</td>
<td>19.012</td>
<td>1</td>
<td>19.012</td>
<td>1.532</td>
<td></td>
</tr>
<tr>
<td>Condition X Sex</td>
<td>27.737</td>
<td>3</td>
<td>9.246</td>
<td>0.745</td>
<td></td>
</tr>
<tr>
<td>(Interaction)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Error</td>
<td>893.692</td>
<td>72</td>
<td>12.412</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1051.880</td>
<td>79</td>
<td>13.315</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 2
Mean Rating Scores on "The Counselor's Ability to Help Me"

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Non-Profanity</th>
<th>Counselor-Initiated</th>
<th>Counselor-Only Profanity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M  n</td>
<td>M  n</td>
<td>M  n</td>
<td></td>
</tr>
<tr>
<td>Condition</td>
<td>11.15 20</td>
<td>8.25 20</td>
<td>8.80 20</td>
<td>10.45 20</td>
</tr>
<tr>
<td>Totals</td>
<td>9.66 20</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Means with the same letter are not significantly different at the .05 level. Higher mean scores indicate a more negative rating.

CERS subscale, "The counselor on video tape is someone I would go to see if I had a problem to discuss." As above, it shows significant effects for conditions but no significant effects for sex-of-subject, nor for condition-by-sex-of-subject interaction. The mean rating scores for each of the conditions are shown in Table 4. The results of the Newman-Keuls test revealed a significant negative mean rating for the nonprofanity condition in comparison with the counselor-initiated profanity condition. Thus, on the two dependent variables in which significant main effects were found for conditions, the nonprofanity condition was rated most negative on both scales.
Table 3
Summary of Analysis of Variance
"The Counselor on Video Tape is Someone I Would Go to See if I Had a Problem to Discuss"

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>DF</th>
<th>Mean Squares</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition</td>
<td>156.15</td>
<td>3</td>
<td>52.05</td>
<td>2.751</td>
<td>&lt; .05</td>
</tr>
<tr>
<td>Sex of Subject</td>
<td>18.05</td>
<td>1</td>
<td>18.05</td>
<td>0.954</td>
<td></td>
</tr>
<tr>
<td>Condition X Sex</td>
<td>67.35</td>
<td>3</td>
<td>22.45</td>
<td>1.186</td>
<td></td>
</tr>
<tr>
<td>(Interaction)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Error</td>
<td>1362.392</td>
<td>72</td>
<td>18.922</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1603.942</td>
<td>79</td>
<td>20.303</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Although not with statistical reliability, the group mean on seven of the other nine dependent measures were in the hypothesized direction. That is, they showed the least favorable ratings for counselors in the nonprofanity condition. For the other two dependent measures with statistically insignificant results, the counselors in the counselor-only profanity condition tended to be rated least favorably. On all nine of these dependent measures with insignificant results, the counselors in the counselor-initiated profanity condition were rated most favorably on seven of the measures, and the counselors in the client-initiated profanity condition were rated most favorably on the other two measures.
Table 4
Mean Rating Scores on "The Counselor on Video Tape is Someone I Would Go to See if I Had a Problem to Discuss"

<table>
<thead>
<tr>
<th>CONDITIONS</th>
<th>Client- Profanity</th>
<th>Counselor- Initiated Profanity</th>
<th>Counselor- Only Profanity</th>
<th>Profanity Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M  n</td>
<td>M  n</td>
<td>M  n</td>
<td>M  n</td>
</tr>
<tr>
<td>Totals</td>
<td>13.50 20</td>
<td>11.70 20</td>
<td>9.60 20</td>
<td>12.10 20</td>
</tr>
<tr>
<td></td>
<td>A</td>
<td>AB</td>
<td>B</td>
<td>AB</td>
</tr>
</tbody>
</table>

Note: Means with the same letter are not significantly different at the .05 level. Higher mean scores indicate a more negative rating.

With regard to the third hypothesis, the results of a stepwise multiple regression showed that none of the demographic or personal variables were indicated to be significant predictors of perceptions of counselor credibility and client satisfaction. That is, the demographic variables in these data fall short of showing systematic effects upon the subjects' perceptions.

The results of the demographic questionnaire indicate that the majority of subjects (62%) responded that they had never received personal or family counseling. However, 49% agreed somewhat, or strongly agreed, that they would
seek professional counseling if faced with a personal problem.

Table 5

Frequency of Responses to Demographic Item in Which Situations Do You Use Profanity?

<table>
<thead>
<tr>
<th>Response</th>
<th>Absolute Frequency</th>
<th>Relative Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. never</td>
<td>2</td>
<td>2.5</td>
</tr>
<tr>
<td>2. only when alone</td>
<td>7</td>
<td>8.7</td>
</tr>
<tr>
<td>3. only with others of the same sex and age</td>
<td>14</td>
<td>17.5</td>
</tr>
<tr>
<td>4. only with others of the same sex</td>
<td>9</td>
<td>11.2</td>
</tr>
<tr>
<td>5. in mixed company of the same age</td>
<td>28</td>
<td>35.0</td>
</tr>
<tr>
<td>6. in mixed company</td>
<td>17</td>
<td>21.2</td>
</tr>
<tr>
<td>7. in front of children</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8. regardless, with anyone</td>
<td>3</td>
<td>3.7</td>
</tr>
</tbody>
</table>

A slight majority of subjects (51%) responded that they occasionally use profanity. Another 25% indicated that they used profanity frequently, while 19% indicated that they rarely used it. The smallest groups were those who claimed that they never used profanity (2.5%) and those who report that they use profanity in almost all conversations (2.5%).
The situations in which the subjects reported that they use profanity are listed in Table 5, showing the frequency of responses in each category. The two items most frequently responded to were: "In mixed company of the same age" (35%) and "In mixed company" (21%).

Table 6

Relative Frequencies of Responses to Rank Order the Offensiveness of "Hell," "Damn," "Shit," and "Fuck"

<table>
<thead>
<tr>
<th>Order of Ranking</th>
<th>Percentage of Sample (N = 80)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hell</td>
</tr>
<tr>
<td>1st</td>
<td>20.0</td>
</tr>
<tr>
<td>2nd</td>
<td>30.0</td>
</tr>
<tr>
<td>3rd</td>
<td>36.2</td>
</tr>
<tr>
<td>4th</td>
<td>13.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>R A T I N G S C O R E S</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>2.4 2.1 1.9 3.6</td>
</tr>
<tr>
<td>SD</td>
<td>1.0 0.9 1.0 0.8</td>
</tr>
</tbody>
</table>

The situations in which the subjects reported that they use profanity are listed in Table 5, showing the frequency of responses in each category. The two items most frequently responded to were: "In mixed company of the same age" (35%) and "In mixed company" (21%).
The rank ordering of the frequency with which subjects use the words "hell," "damn," "shit," and "fuck" may be noted in Table 6. From this data it appears that most of the subjects reported using the word "shit" most frequently, then "damn" and "hell," respectively. "Fuck" is reportedly used most infrequently (79%).

The relative frequencies of the rank order of offensiveness of the words "hell," "damn," "shit," and "fuck" as rated by the subjects are listed in Table 7. Apparently, most subjects tended to perceive the word "fuck" as most offensive (69%). The word "hell" seems to have been viewed as least offensive, with the words "damn" and "shit" more offensive respectively.

Table 7

<table>
<thead>
<tr>
<th>Order of Ranking</th>
<th>Hell</th>
<th>Damn</th>
<th>Shit</th>
<th>Fuck</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>13.7</td>
<td>7.5</td>
<td>10.0</td>
<td>68.8</td>
</tr>
<tr>
<td>2nd</td>
<td>18.8</td>
<td>22.5</td>
<td>51.2</td>
<td>6.3</td>
</tr>
<tr>
<td>3rd</td>
<td>28.7</td>
<td>47.5</td>
<td>21.2</td>
<td>2.5</td>
</tr>
<tr>
<td>4th</td>
<td>38.7</td>
<td>22.5</td>
<td>17.5</td>
<td>22.5</td>
</tr>
</tbody>
</table>

R: 2.9        A: 2.8        T: 2.5        I: 1.8
N: 1.1        G: 0.9        S: 0.9        C: 1.3
O: 1.8        R: 1.0        E: 0.9        S: 1.3
Discussion

The first hypothesis predicted that, within a sample of undergraduate students, counselors using profanity in the client-initiated profanity condition would be rated more positively than in all of the other conditions. This hypothesis was supported on one measure and an opposite finding was made on another.

The second hypothesis predicted that the counselors would be perceived more positively in the counselor-initiated profanity condition than in the counselor-only and nonprofanity conditions, and this was supported with respect to the two dependent variables which had statistically significant effects. On the two dependent measures which reflected main effects due to conditions, the subjects found counselors who used profanity more credible and more satisfying than those who used no profanity.

The third hypothesis was the expectation that subjects' perceptions of counselor credibility and client satisfaction for different profanity conditions would not vary in relation to differences in subject demographic and personal characteristics. This received the weak heuristic support available from expecting a failure to find some effect. That is, none of the demographic or personal variables produced any detectable bias in counselor ratings. However, some demographic or personal variables surely have effect,
but it is likely to be slight when compared to other effects.

The number of subjects who responded that they would seek professional counseling if they were faced with a personal problem was greater than one would expect. It is unlikely this confounds the data. If the subjects' openness to counseling was true, it would be likely that the sample is a better analogue of a client population than a sample that indicated that they would not be as likely to seek counseling.

Videotaping of the counseling interactions was used to help control for extraneous variables such as differences in content, context, and client-counselor interaction, over the four conditions. Profanity was used in three of the different conditions in varying contexts.

The preliminary analysis, which revealed no significant effect for the two counselors, produced results as was predicted. It is consistent with the findings of Heubusch and Horan (1972), which showed no significant therapist effects. The use of two counselors in this study tends to increase the generalizability of the results since this controlled somewhat for the effects being an artifact of characteristics of the counselor. With regard to this, Wiley and Locke's (1982) use of only one counselor-client dyad across conditions may have tended to make their
findings of significant effects on all six of their dependent measures somewhat suspect.

Paradise, Cohl, and Zweig (1980) did find significant effects for counselors' sex by profanity-condition interactions but their study used one male and one female counselor with a female client. They failed to note that the male counselor, who was rated less favorably than the female counselor, was using profanity in a cross-sex situation, in that a female served as a role-playing client for all experimental conditions.

To be able to distinguish whether male versus female counselors are viewed differently when using profanity, a study would need to control for the sex of the client as well as the sex of the counselor. Such a study is recommended for future research to clarify this question.

With regard to whether the subjects would go to see the counselor if they had a problem to discuss, the results of this study indicated that subjects were most likely to go to counselors in the counselor-initiated profanity condition and least likely to go to counselors in the nonprofanity condition. This finding conflicts with the findings of Paradise, Cohl, and Zweig (1980), who found that their subjects were less likely to return for future sessions and less likely to recommend a friend to the counselor when their counselors used "nonstandard language."
Heubusch and Horan (1977) reported on the CERS as an overall score; therefore, they did not report specifically on this subscale of the CERS. However, their findings that clients rated the counselors using "nonstandard English" as considerably less effective may be interpreted as indicating that subjects were less likely to go see a counselor using profanity than a counselor who does not use profanity. The negative effects found for the profanity conditions in these two previous studies may be partially due to their being examples of initial interviews instead of an established client-counselor relationship. This study suggested an established relationship. This explanation is supported by the theoretical positions of Tessler (1975) and Sprafkin (1970). Furthermore, the deleterious effects of profanity found by Heubusch and Horan are likely to have been effected by the age \( M = 38.5 \) of their subjects and the fact that their sample was of recovering alcoholics. These subjects, through some reaction formation-like process, may have been critical of the use of profanity.

The finding in the present study that subjects were more likely to go to counselors in the counselor-initiated profanity condition and least likely in the nonprofanity condition may be viewed as somewhat consonant with Wiley and Locke's (1980) results. They found subjects' ratings, on this same subscale, as being least likely to go see
counselors in their nonprofanity condition and more likely to go see counselors in their client-initiated and counselor-initiated profanity conditions. Their client-initiated profanity condition was rated most positively. Although their study found counselors in the client-initiated profanity condition receiving the most favorable ratings, and the present study found the ratings most favorable for the counselor-initiated profanity condition counselors, these findings may be more consonant than the first. In Wiley and Locke's study, students rated the client-initiated profanity condition most favorably on three measures and the counselor-initiated profanity condition most favorably on the other three measures of their study. Similarly, in the present study the counselors in the client-initiated profanity condition were rated most favorably on one of the two measures which yielded significant effects, and the counselors in the counselor-initiated profanity condition were rated most favorably on the other measure. Thus, it seems that the counselor is viewed more favorably when using profanity, whether it is client-initiated or counselor-initiated, as long as the counselor and client both use profanity. The significantly negative perceptions of counselors in the nonprofanity condition may be partially due to the population sampled, that is, college students. They may have viewed the nonprofanity condition as less like real life since neither
the counselor nor the client used profanity. This is supported somewhat by the fact that most of the subjects reported occasionally or frequently using profanity, with a small percentage who use profanity in almost all conversations.

Counselors using profanity in client-initiated or counselor-initiated profanity conditions were likely to be viewed as more credible and produce greater client satisfaction than counselors who do not use profanity. This is in agreement with Carkhuff's (1967) assumption that unorthodox communication by the counselor frequently has a facilitative impact upon the client. This is probably true as long as both counselor and client use profanity. Counselors who fail to reflect or initiate profanity may be inhibiting the client, for they are not using the client's language. Counselor use of the client's language is widely recognized as an effective procedure in counseling (Egan, 1975).

The second hypothesis predicted that counselors in the counselor-initiated profanity condition would be perceived more positively than in the counselor-only and nonprofanity conditions. The findings of the present study supported this hypothesis and are partially explicable by the factors just discussed.
It seems noteworthy that, of the nine dependent measures of the present study which had insignificant results, the counselors in the counselor-initiated profanity condition were rated most favorably on seven of the measures, and the counselors in the client-initiated profanity condition were rated most favorably on the other two measures. Although some researchers may negate the effects found in the present study since only two of the 11 dependent variables were significant, an alternate hypothesis would be that, though the effect of counselors' use of profanity may be slight, the difference it does make tends to favor counselor use of profanity. The colinearity of the various dependent measures also would have had a role in producing the lack of systematic findings for these nine variables. Any overlap in these nine with the two would have been attributed to the two. The differences found on the nonsignificant measures also tend to support the counselors' use of profanity.

Further, the findings of the present study showing more positive ratings for counselors in the counselor-initiated profanity condition than in the client-initiated profanity condition, and exemplified by the responses to the M-CERS subscale rating "the counselor's ability to help me" (Table 4), are corroborated by the similar findings of Wiley and Locke (1980). These findings are consistent
with Feldman's (1955) conclusion that the specific interpersonal context and timing of the use of obscene words by the counselor are important variables in eliciting affect that may be therapeutic. Rothwell's (1971) conclusion that verbal obscenity is successful in fostering identification, with which Kirkpatrick (1975) concurred, is also in agreement with these findings. Additionally, Polansky (1971) suggests that verbal shock should not routinely be avoided since the use of profanity might lead the client to talking more freely. Thus, the counselor initiation of profanity, especially when followed by client use of profanity is likely to be viewed as highly therapeutic. Further, the client's use of profanity following the counselor-initiated use of profanity, may be perceived as reflecting the counselor's ability to influence the client's language, thereby suggesting that the counselor is effective.

Feldman (1955) also stressed the importance of profanity use in counseling to break down defenses. With regard to this and the importance of context and timing, the counselor use of profanity, even when the client does not use it, may be therapeutic. It is suggested that counselors are aware of this and determine how to respond accordingly. This is exemplified by the frequent use of profane and obscene language by therapists such as Ellis (1962), Perls (1969), and Farrelly (Farrelly & Brandsma, 1974).
With regard to the third hypothesis, it is surprising that subject characteristics did not produce significant moderating effects. The lack of significant sex (of-subject) differences may be due to the counselor and client both being male. The age of the subject also had no significant moderating effect. This may be due to the relatively narrow age range of the sample (18 to 35). Older adults may be affected differently by the use of profanity by the counselor. The lack of religious affiliation effects may be partly due to the college setting. College students often experiment with their independence from parental mores and behave somewhat differently away from as opposed to at home. After they are working on their own and are not as involved with their adolescent rebellion, they may be more likely to incorporate into their new lifestyle the mores with which they were raised. Thus, their attitudes toward the use of profanity may change. Therefore, client and setting variables are likely to have potentially moderating effects on perceptions of a counselor who uses profanity, even though such effects were not found in this study.

Finally, it is interesting to note that the results of the last two items of the demographic questionnaire indicate that, of the four profane/obscene words examined in this study, the subjects tend to use the work "shit"
most frequently. Yet, they tend to rate the word "shit" as the second most offensive, with the word "fuck" in the distinct position as the most offensive of the four. Their rank ordering of the offensiveness of these words corresponds to the relative order found by Baudhuim (1973).

Limitations

There are many variables in any counseling relationship which affect perceptions of counselors' credibility and client satisfaction. It may be theorized that use of profanity is not solely responsible for the differences found in subjects' ratings.

The counselors and client in all of the videotaped conditions were portrayed by Caucasian males. The subjects were all Caucasian as well. Thus, this procedure controlled for race. Therefore, the effects of race of counselor, client, and/or subject was not examined in this study and may or may not affect the results, other variables being the same. Further, the sex and age of counselor were not systematically examined. Pointing out these results may be specious due to the population sampled. Great care should be taken in interpreting the significance of these results since only two of the 11 dependent variables were significant.

As with most analogue studies, the sample drawn from a population of students in introductory level psychology
classes in a state university in Texas may affect the generalizability to the population of clients, but it is likely that the results may be generalizable to clients of the same age range and education levels. Another shortcoming of analogue research and probably a factor in this study is the failure to duplicate the features of the clinical problem being studied. That is, profanity used with a client, or by a client, is likely to be perceived differently than when a subject views such an interaction. A subject viewing such an interaction may perceive the use of profanity with that other person quite differently than if profanity were used with her/himself.

Conclusions

From these results, and with these limitations in mind, it is concluded that the use of profanity is not detrimental to perceptions of counselor credibility and client satisfaction. Further, it is likely that with a college-age client, use of profanity may have beneficial effects.

As one aspect of verbal interaction, profanity should be an option available to the counselor to establish identification between client and counselor, and to avoid limiting the ability of the counselor to use the client's language. As with any other technique available to counselors, the use of profanity should be weighed with
regard to various factors in each counseling relationship, specifically.

**Recommendations**

The addition of a condition in which the client uses profanity and the counselor does not use it may provide further valuable information. It would be interesting to determine how the counselors in the new condition would compare with subject's ratings of the counselors in the counselor-only profanity condition.

A study using male and female counselors with male and female clients in each of the videotaped conditions is recommended to experimentally study the effects of counselor sex, client sex, and counselor sex by client sex interactions. The effects of varying counselor and client race should also be examined with respect to profanity. Samples stratified with respect to age, and covering a wide range of ages, are also recommended since this has not been systematically examined within a single study. Further, stratifying counselors with respect to age may also provide valuable information. Finally, the use of the CERS and RSCE in future research in this area may prove valuable by providing continuity and comparability of results.
Appendix A

Counselor-Initiated Profanity Condition Transcript

Counselor (Co): Well, Jan. How've other things been going?

Client (Cl): Okay, I guess.

Co: Well, that doesn't sound very thrilling. (Pause). What did you do this week?

Cl: I did remember to keep track of everything you said. (Pause). I told my girlfriend I was seeing someone about my problems, and she was glad about that, but we still ended up getting in a gigantic argument when I mentioned I had missed another class. She always gets mad when I skip a class. She thinks I'll end up dropping the class, just because I dropped a couple last semester. Remember (?), (Co. nodded yes), she's workin' and livin' in Dallas and wants me to get thru school as fast as possible so we can get married (sigh). (Pause).

Co: That's a hell-of-a-burden you have. You've mentioned having to please your parents and your girlfriend concerning your school work, and you try to show your friend that you can keep up with them in drinkin' and smokin'. (Pause). So, how much and when did you drink and smoke this past week?

Cl: Last Tuesday, after leaving here, I did go to the library for a couple of hours. Then, I went back to the apartment to watch MASH. My roommate, John, and I often drink a beer and smoke a joint while watching it. From then on we get high as hell.

Co: So, you often quit studying for the day by about 4:30, and you proceed to get shit-faced. (Pause). (Cl. nods).

Cl: Yeah, pretty shit-faced, except for the night before an exam or when a paper is due or somethin', then I may pull a late-nighter, and no drinkin' or smokin'.

Co: (Grin) I remember trying to pull those last minute cram sessions my first year in undergraduate school; it didn't do much for my grades either. (Pause). How much would you say you consume on an average night?
CI: Hmm, Oh, (Pause). Maybe a six pack, and about 3 or 4 joints. Of course, on weekends that goes up... not much studying done on weekends. (Grin).

Co: Yeah, (pause). Well, with that estimate of a six-pack and a few joints a night, that gives us a sort of baseline to work with. (Pause). You came in wanting to get some help with your school and girlfriend problems (pause) but everything you've told me these past weeks has kept centering around the smoking and drinking (Pause 20").

CI: Yeah, I guess it has. I never did that much in high school, but of course I was living with my parents then. I never thought about how much I've been drinking, but it sure seems to add up. (Pause).

Co: Does that mean you want to work on cutting back on the amount you do? (Pause).

CI: That'd make sense. (Pause).

Co: O.K., (Pause) but what about your friends and roommate who may continue to drink and smoke a lot? (Pause). Won't that be like saying you can't drink and smoke as much as them and still make it in school?

CI: I don't really care about what my friends think I should be able to drink and smoke. I need to get thru school. (Pause).

Co: Good, cause I can help you work on your problems, but YOU have to do the work. It's always your decision. (Pause). I'm not going to be a substitute parent or girlfriend. I care, but I know that it is YOU who have to care the most. If you don't give-a-fuck, then no one can make you change. (Pause).

CI: I'm beginning to realize that, and I do give-a-fuck. I'm willing to work but I still need help.

Co: (Pause). Well, how much do you think you should, no not should, but want to cut down? And, another important aspect to look at is when do you think it would be o.k. to smoke and drink? (Pause). I'm a MASH fan, too, but I don't usually start drinking at that time, nor keep on like you seem to.

CI: Yeah, I've been pretty stupid by doing that. Maybe I could start a little later.
Co: Well, I wouldn't say you're stupid, but I'd agree that it's pretty damn hard to study after you've been drinking and smoking. (Pause). Now, do you think you could set a time that you could wait to start to drink? Also, how about setting a limit on the number of beers and joints you have, nothing drastic to start with. But, let's just say 5 beers in an evening, you could probably do that, and you would be saving some money.

CI: Yeah, I can drink a damn lot less, and smoke less, too, especially if I don't start 'til later. (Pause).

Co: Well, what time, you should set a time. The more specific we get the easier it is to keep track of whether or not your sticking to it. In fact, we can make this a contract. That sometimes works better. Now, this is just an agreement that you want to follow, since you can always just tell me you're keeping to it, and really getting drunk every night. Well, (pause) what do you think, be as specific as possible.

CI: Well, I guess I shouldn't start to smoke or drink before, uhm . . . 7 or 8. Let's say 7, cuz I'm usually ready to quit by then anyway. And, I can just drink at most 5 beers a night. Of course weekends don't count, right?

Co: That's fine, it is really up to you. (Pause). I'm just here to help. What about joints?

CI: Hmm . . . (Pause) well, I can say I'll only smoke 3 joints, and only with my roommate or another friend.

Co: O.K. . . fine, let's leave it at that, as long as you know specifically what limits you have set. Let's see if you can do that for a couple of weeks, and maybe then renegotiate for either more or less. Now, something I'd like you to think about is the added time you will have sober for studying. Let's see if your study time picks up this week, and next week we can talk about that and your other problems, or whatever comes up this week with all these changes. (Pause).

CI: Yeah, I'm glad you got me to be specific, although it was sort of hard. (Pause). Now I'll just have to stick to it.

Co: Well, that reminds me that sometimes when I get clients to set limits, they come back and tell me all
sorts of reasons why they weren't able to stick to their contract. You wouldn't believe some of the stories I've heard. (Pause). It's like they think it's hurting me, when, invariably, it is only hurting themselves. So, let's think of any excuses now, so we can get those out of the way...like, it was your roommate's birthday, or your girlfriend broke up with you, so you had to get drunk. Can you think of any good excuses?

Cl: No, and I think I get your point (Pause). I think I can stick to the limits.

Co: Good, so do I. (Pause). Well, let's leave it at that for now, O.K.? If there's nothing else pressing you, I'll see you next week. Hope you have a good day.

Cl: Thanks, and see you next week.
Appendix B

Counselor-Only Profanity Condition Transcript

Counselor (Co): Well, Jan. How've other things been going this week?

Client (Cl): Okay, I guess.

Co: Well, that doesn't sound very thrilling. (Pause). What did you do this week?

Cl: I did remember to keep track of everything you said. (Pause). I told my girlfriend I was seeing someone about my problems, and she was glad about that, but we still ended up getting in a gigantic argument when I mentioned I had missed another class. She always gets mad when I skip a class. She thinks I'll end up dropping the class, just because I dropped a couple last semester. Remember (?), (Co. nodded yes). She's workin' and livin' in Dallas and wants me to get thru school as fast as possible so we can get married (sigh). (Pause).

Co: That's a hell-of-a-burden you have. You've mentioned having to please your parents and your girlfriend concerning your school work, and you try to show your friends that you can keep up with them in drinkin' and smokin'. (Pause). So, how much and when did you drink and smoke this past week?

Cl: Last Tuesday, after leaving here, I did go to the library for a couple of hours. Then, I went back to the apartment to watch MASH. My roommate, John, and I often drink a beer and smoke a joint while watching it. From then on we get really high. (Pause).

Co: So, you often quit studying for the day by about 4:30, and you proceed to get shit-faced (Pause, Cl. nods).

Cl: Yeah, pretty much, except for the night before an exam or when a paper is due or somethin' then I may pull a late-nighter, and no drinkin' or smokin' or anything.

Co: (Grin) I remember trying to pull those last minute cram sessions my first year in undergraduate school; it didn't do much for my grades either. (Pause). How much would you say you consume on an average night?
CI: Hmm, Oh, (Pause). Maybe a six pack, and about 3 or 4 joints. Of course, on weekends that goes up . . . not much studying done on weekends. (Grin.)

Co: Yeah, (pause). Well, with that estimate of a six-pack and a few joints a night, that gives us a sort of baseline to work with (Pause). You came in wanting to get some help with your school and girlfriend problems (Pause) but everything you've told me these past weeks has kept centering around the smoking and drinking (Pause 20")

CI: Yeah, I guess it has. I never did that much in high school, but of course, I was living with my parents then. I never thought about how much I've been drinking, but it sure seems to add up. (Pause).

Co: Does that mean you want to work on cutting back on the amount you do? (Pause).

CI: That'd make sense. (Pause).

Co: O.K., (Pause) but what about your friends and roommate who may continue to drink and smoke a lot? (Pause). Won't that be like saying you can't drink and smoke as much as them and still make it is school?

CI: I don't really care about what my friends think I should be able to drink and smoke. (Pause). I need to get thru school. (Pause).

Co: Good, cause I can help you work on your problems, but YOU have to do the work. It's always your decision. (Pause). I'm not going to be a substitute parent or girlfriend. I care, but I know that it is YOU who have to care the most. If you don't give-a-fuck, then no one can make you change (Pause).

CI: I'm beginning to realize that, I'm willing to work but I still need help.

Co: (Pause). Well, how much do you think you should, no not should, but want to cut down? And, another important aspect to look at is when do you think it would be o.k. to smoke and drink? (Pause). I'm a MASH fan, too, but I don't usually start drinking at that time, nor keep on like you seem to.

CI: Yeah, I've been pretty stupid by doing that. Maybe I could start a little later.
Co: Well, I wouldn't say you're stupid, but I'd agree that it's pretty damn hard to study after you've been drinking and smoking. (Pause). Now, do you think you could set a time that you could wait to start to drink? Also, how about setting a limit on the number of beers and joints you have, nothing drastic to start with. But, let's just say 5 beers in an evening, you could probably do that, and you would be saving some money.

Cl: Yeah, I can drink less, and smoke less, too, especially if I don't start 'til later. (Pause).

Co: Well, what time, you should set a time. The more specific we get the easier it is to keep track of whether or not your sticking to it. In fact, we can make this a contract. That sometimes works better. Now, this is just an agreement that you want to follow, since you can always just tell me you're keeping to it, and really getting drunk every night. Well, (pause) what do you think, be as specific as possible.

Cl: Well, I guess I shouldn't start to smoke or drink before, uhmm . . . 6 or 8. Let's say 7, cuz I'm usually ready to quit by then anyway. And, I can just drink at most 5 beers a night. Of course weekends don't count, right?

Co: That's fine, it is really up to you. (Pause). I'm just here to help. What about joints?

Cl: Hmm . . . (Pause). Well, I can say I'll only smoke 3 joints, and only with my roommate or another friend.

Co: O.K., , , fine, let's leave it at that, as long as you know specifically what limits you have set. Let's see if you can do that for a couple of weeks, and may be then renegotiate for either more or less. Now, something I'd like you to think about is the added time you will have sober for studying. Let's see if your study time picks up this week, and next week we can talk about that and your other problems, or whatever comes up this week with all these changes. (Pause).

Cl: Yeah, I'm glad you got me to be specific, although it was sort of hard. (Pause). Now I'll just have to stick to it.

Co: Well, that reminds me that sometimes when I get clients to set limits, they come back and tell me all sorts of
reasons why they weren't able to stick to their contract. You wouldn't believe some of the stories I've heard. (Pause). It's like they think it's hurting me, when, invariably, it is only hurting themselves. So, let's think of any excuses now, so we can get those out of the way . . . like, it was your roommate's birthday, or your girlfriend broke up with you, so you had to get drunk. Can you think of any good excuses?

Cl: No, and I think I get your point. (Pause). I think I can stick to the limits.

Co: Good, so do I. (Pause). Well, let's leave it at that for now, O.K.? If there's nothing else pressing you, I'll see you next week. Hope you have a good day.

Cl: Thanks, and see you next week.
Appendix C

Client-Initiated Profanity Condition Transcript

Counselor (Co): Well, Jan. How've other things been going this week?

Client (Cl): Okay, I guess.

Co: Well, that doesn't sound very thrilling. (Pause). What did you do this week?

Cl: I did remember to keep track of everything you said. (Pause). I told my girlfriend I was seeing someone about my problems, and she was glad about that, but we still ended up getting in a hell of an argument when I mentioned I had missed another class. She always gets mad when I skip a class. She thinks I'll end up dropping the class, just because I dropped a couple last semester. Remember (?), (Co. nods yes) she's workin' and livin' in Dallas and wants me to get thru school as fast as possible so we can get married (sigh). (Pause).

Co: That's a hell-of-a-burden you have. You've mentioned having to please your parents and your girlfriend concerning your school work, and you try to show your friends that you can keep up with them in drinkin' and smokin'. (Pause). So, how much and when did you drink and smoke this past week?

Cl: Last Tuesday, after leaving here, I did go to the library for a couple of hours. Then, I went back to the apartment to watch MASH. My roommate, John, and I often drink a beer and smoke a joint while watching it, from then on we really get shit-faced.

Co: So, you often quit studying for the day by about 4:30, and you proceed to get shit-faced. (Pause). (Cl. nods). Which I guess is stoned or drunk or both, is that right?

Cl: Yeah, pretty much, except for the night before an exam or when a paper is due or somethin' then I may pull a late-nighter, and no drinkin' or smokin'.

Co: (Grin) I remember trying to pull those last minute cram sessions my first year in undergraduate school; it didn't do much for my grades either. (Pause). How much would you say you consume on an average night?
CI: Hmm, Oh, (Pause). Maybe a six pack, and about 3 or 4 joints. Of course, on weekends that goes up . . . not much studying done on weekends. (Grin).

Co: Yeah, (pause) Well, with that estimate of a six-pack and a few joints a night, that gives us a sort of baseline to work with (pause). You came in wanting to get some help with your school and girlfriend problems (pause) but everything you've told me these past weeks has kept centering around the smoking and drinking. (Pause 20")

CI: Yeah, I guess it has. I never did that much in high school, but of course I was living with my parents then. I never thought about how much I've been drinking, but it sure seems to add up. (Pause).

Co: Does that mean you want to work on cutting back on the amount you do? (Pause).

CI: That'd make sense. (Pause).

Co: O.K., (pause), but what about your friends and roommate who may continue to drink and smoke a lot? (Pause). Won't that be like saying you can't drink and smoke as much as them and still make it in school?

CI: I don't give-a-fuck about what my friends think I should be able to drink and smoke. (Pause). I need to get thru school. (Pause).

Co: Good, cause I can help you work on your problems, but YOU have to do the work. It's always your decision. (Pause). I'm not going to be a substitute parent or girlfriend. I care, but I know that it is YOU who have to care the most. If you don't give-a-fuck, then no one can make you change. (Pause).

CI: I'm beginning to realize that. I'm willing to work but I still need help.

Co: (Pause). Well, how much do you think you should, not should, but want to cut down? And, another important aspect to look at is when do you think it would be o.k. to smoke and drink. (Pause). I'm a MASH fan, too, but I don't usually start drinking at that time, nor keep on like you seem to.

CI: Yeah, I've been pretty stupid by doing that. Maybe I could start a little later.
Co: Well, I wouldn't say you're stupid, but I'd agree that it's pretty hard to study after you've been drinking and smoking. (Pause). Now, do you think you could set a time that you could wait to start to drink? Also, how about setting a limit on the number of beers and joints you have, nothing drastic to start with. But, let's just say 5 beers in an evening, you could probably do that, and you would be saving some money.

CI: Yeah, I can drink less, and smoke less, too, especially if I don't start 'til later. (Pause).

Co: Well, what time, you should set a time. The more specific we get the easier it is to keep track of whether or not your sticking to it. In fact, we can make this a contract. That sometimes works better. Now, this is just an agreement that you want to follow, since you can always just tell me you're keeping to it, and really getting drunk every night. Well, (pause) wait do you think, be as specific as possible.

CI: Well, I guess I shouldn't start to smoke or drink before, uhm . . . 7 or 8. Let's say 7, cuz I'm usually ready to quit by then anyway. And, I can just drink at most 5 beers a night. Of course weekends don't count, right?

Co: That's fine, it is really up to you. (Pause). I'm just here to help. What about joints?

CI: Hmm. . . (Pause) well, I can say I'll only smoke 3 joints, and only with my roommate or another friend.

Co: O.K., fine, let's leave it at that, as long as you know specifically what limits you have set. Let's see if you can do that for a couple of weeks, and maybe then renegotiate for either more or less. Now, something I'd like you to think about is the added time you will have sober for studying. Let's see if your study time picks up this week, and next week we can talk about that and your other problems, or whatever comes up this week with all these changes. (Pause).

CI: Yeah, I'm glad you got me to be specific, although it was sort of hard. (Pause). Now, I'll just have to stick to it.

Co: Well, that reminds me that sometimes when I get clients to set limits, they come back and tell me all sorts of reasons why they weren't able to stick to their contract.
You wouldn't believe some of the stories I've heard. (Pause). It's like they think it's hurting me, when, invariably, it is only hurting themselves. So, let's think of any excuses now, so we can get those out of the way . . . like, it was your roommate's birthday, or your girlfriend broke up with you, so you had to get drunk. Can you think of any good excuses?

Cl: No, and I think I get your point. (Pause). I think I can stick to the limits.

Co: Good, so do I. (Pause). Well, let's leave it at that for now, O.K.? If there's nothing else pressing you, I'll see you next week. Hope you have a good day.

Cl: Thanks, and see you next week.
Appendix D

Nonprofanity Condition Transcript

Counselor (Co): Well, Jan. How've other things been going this week?

Client (Cl): Okay, I guess.

Co: Well, that doesn't sound very thrilling. (Pause). What did you do this week?

Cl: I did remember to keep track of everything you said. (Pause). I told my girlfriend I was seeing someone about my problems, and she was glad about that, but we still ended up getting in a gigantic argument when I mentioned I had missed another class. She always gets mad when I skip a class. She thinks I'll end up dropping the class, just because I dropped a couple last semester. Remember (?), (Co. nods yes) she's workin' and livin' in Dallas and wants me to get thru school as fast as possible so we can get married (sigh). (Pause).

Co: That's a pretty big burden you have. You've mentioned having to please your parents and girlfriend concerning your school work, and you try to show your friends that you can keep up with them in drinkin' and smokin'. (Pause). So, how much and when did you drink and smoke this past week?

Cl: Last Tuesday, after leaving here, I did go to the library for a couple of hours. Then, I went back to the apartment to watch MASH. My roommate, John, and I often drink a beer and smoke a joint while watching it. From then on we get really high. (Pause).

Co: So, you often quit studying for the day by about 4:30, and you proceed to get really high. (Pause) (Cl. nods).

Cl: Yeah, pretty much, except for the night before an exam or when a paper is due or somethin then I may pull a late-nighter, and no drinkin' or smokin'.

Co: (Grin). I remember trying to pull those last minute cram sessions my first year in undergraduate school; it didn't do much for my grades either. (Pause). How much would you say you consume on an average night?

Cl: Hmm, oh, (pause). Maybe a six pack, and about 3 or 4
joints. Of course, on weekends that goes up... not much studying done on weekends. (Grin).

Co: Yeah, (pause). Well, with that estimate of a six pack and a few joints a night, that gives us a sort of baseline to work with. (Pause). You came in wanting to get some help with your school and girlfriend problems (pause) but everything you've told me these past weeks has kept centering around the smoking and drinking. (Pause 20").

Cl: Yeah, I guess it has. I never did that much in high school, but of course I was living with my parents then. I never thought about how much I've been drinking, but it sure seems to add up. (Pause).

Co: Does that mean you want to work on cutting back on the amount you do? (Pause).

Cl: That'd make sense, I guess. (Pause).

Co: O.K., (Pause) but what about your friends and roommate who may continue to drink and smoke a lot? (Pause). Won't that be like saying you can't drink and smoke as much as them and still be able to make it in school?

Cl: I don't really care about what my friends think I should be able to drink and smoke. (Pause). I need to get thru school. (Pause).

Co: Good, cause I can help you work on your problems, (pause) but YOU have to do the work. It's always your decision. (Pause). I'm not going to be a substitute parent or girlfriend. I care, but I know that it is YOU who have to care the most. If you don't really care, then no one can make you change. (Pause 10").

Cl: I'm beginning to realize that. (Pause). I'm willing to work but I still need help.

Co: (Pause). Well, how much do you think you should, no not should, but want to cut down? And, another important aspect to look at is when do you think it would be o.k. to smoke and drink? (Pause). I'm a MASH fan, too, but I don't usually start drinking at that time, nor keep on like you seem to.

Cl: Yeah, I've been pretty stupid by doing that. Maybe I could start a little later.
Co: Well, I wouldn't say you're stupid, but I'd agree that it's pretty hard to study after you've been drinking and smoking. (Pause). Now, do you think you could set a time that you could wait to start to drink? Also, how about setting a limit on the number of beers and joints you have, nothing drastic to start with. But, let's just say 5 beers in an evening, you could probably do that, and you would be saving some money.

Cl: Yeah, I can drink less, and smoke less, too, especially if I don't start 'til later. (Pause).

Co: Well, what time, you should set a time. The more specific we get the easier it is to keep track of whether or not you're sticking to it. In fact, we can make this a contract. That sometimes works better. Now, this is just an agreement that you want to follow, since you can always just tell me you're keeping to it, and really getting drunk every night. Well, (pause) what do you think, be as specific as possible.

Cl: Well, I guess I shouldn't start to smoke or drink before, uhm . . . 7 or 8. Let's say 7, cuz I'm usually ready to quit by then anyway. And, I can just drink at most 5 beers a night. Of course weekends don't count, right?

Co: That's fine, it is really up to you. (Pause). I'm just here to help. What about joints?

Cl: Hmm. . . (pause) well, I can say I'll only smoke 3 joints, and only with my roommate or another friend.

Co: O.K., fine, let's leave it at that, as long as you know specifically what limits you have set. Let's see if you can do that for a couple of weeks, and maybe then renegotiate for either more or less. Now, something I'd like you to think about is the added time you will have sober for studying. Let's see if your study time picks up this week, and next week we can talk about that and your other problems, or whatever comes up this week with all these changes. (Pause).

Cl: Yeah, I'm glad you got me to be specific, although it was sort of hard. (Pause). Now I'll just have to stick to it.

Co: Well, that reminds me that sometimes when I get clients to set limits, they come back and tell me all sorts of reasons why they weren't able to stick to their contract. You wouldn't believe some of the stories
I've heard. (Pause). It's like they think it's hurting me, when, invariably, it is only hurting themselves. So, let's think of any excuses now, so we can get those out of the way. ... like, it was your roommate's birthday, or your girlfriend broke up with you, so you had to get drunk. Can you think of any good excuses?

Cl: No, and I think I get your point. (Pause). I think I can stick to the limits.

Co: Good, so do I. (Pause). Well, let's leave it at that for now, O.K.? If there's nothing else pressing you, I'll see you next week. Hope you have a good day.

Cl: Thanks, and see you next week.
Appendix E
Informed Consent for Subjects

In this experiment you will be asked to view a 10-minute video tape of a counselor-client interaction, and then to fill out three questionnaires about the counselor. Additionally, you will fill out a demographic questionnaire about yourselves.

You do not have to answer any of the questions. You may choose not to go on with this research study at any time. If you choose not to go on please tell the experimenter. We thank you for considering to serve as subjects.

Your should not write your name or any identifying information on the questionnaires. All of your answers will be kept completely anonymous so no one will know what answers are yours.

It will take about 30-45 minutes to answer these questionnaires and view the video tape. If you would like a summary of what we find when this study is finished, you may give your name and address, on a separate sheet of paper, to the researcher. We cannot give you information about your particular results, since we will not know which responses are yours.

We will forward information about your participation to the instructor of one of your undergraduate psychology classes if you want us to do so. If so, you should fill out a separate "extra credit" form.

If you have any questions feel free to ask; we will try our best to answer them.

If you continue with this study we will take it that you are giving your consent to be a subject and your permission to use your answers in our statistical analysis.
Appendix F

Instructions

The following inventories measure the meanings of certain concepts by having you judge them against a series of descriptive scales. Please make your judgments on the basis of what these concepts mean to you. On the following pages you will find several concepts to be judged and beneath each concept a set of series. You are to rate the concept on each of these scales in order.

If you feel that the concept is very closely related to one end of the scales, you should circle the number as follows.

\[
\begin{array}{cccccc}
\text{fair} & 1 & 2 & 3 & 4 & 5 & 6 & 7 & \text{unfair} \\
\text{fair} & 1 & 2 & 3 & 4 & 5 & 6 & 7 & \text{unfair}
\end{array}
\]

If you feel that the concept is quite closely related to one end of the scale (but not extremely), circle the number as follows.

\[
\begin{array}{cccccc}
\text{strong} & 1 & 2 & 3 & 4 & 5 & 6 & 7 & \text{weak} \\
\text{strong} & 1 & 2 & 3 & 4 & 5 & 6 & 7 & \text{weak}
\end{array}
\]

If the concept seems only slightly related to one side as opposed to the other side (but is not really neutral), circle the number as follows.

\[
\begin{array}{cccccc}
\text{active} & 1 & 2 & 3 & 4 & 5 & 6 & 7 & \text{passive} \\
\text{active} & 1 & 2 & 3 & 4 & 5 & 6 & 7 & \text{passive}
\end{array}
\]

The direction toward which you circle depends upon which of the two ends of the scale seem most characteristic of the concept.

If you consider the concept to be neutral, both sides of the scale equally associated with the concept, or if the scale is completely irrelevant, unrelated to the concept, circle the number (4) in the middle.

\[
\begin{array}{cccccc}
\text{safe} & 1 & 2 & 3 & 4 & 5 & 6 & 7 & \text{dangerous} \\
\end{array}
\]

1. CIRCLE A NUMBER FOR EVERY SCALE—DO NOT OMIT ANY

2. PUT ONLY ONE CIRCLE ON A SINGLE SCALE
3. DRAW CIRCLES AROUND THE NUMBERS

Do not let how you rate one concept affect how you rate another. Make each item a separate and independent judgment. Work fairly rapidly. It is your first impressions, the immediate feelings about the items that we want.

Please feel free to ask the experimenter any questions, if you do not understand these instructions.
### Appendix G

**Rating Scale of Counselor Effectiveness**

Answer the following with respect to the counselor in the video tape you have seen.

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Appendix H

Counseling Effectiveness Rating Scale

Answer the following with respect to the video tape you have just seen.

The Counselor's Comprehension of the Client's Problem

good 1 2 3 4 5 6 7 bad
worthless 1 2 3 4 5 6 7 valuable
meaningful 1 2 3 4 5 6 7 meaningless

The Counselor's Ability to Help the Client

bad 1 2 3 4 5 6 7 good
valuable 1 2 3 4 5 6 7 worthless
meaningless 1 2 3 4 5 6 7 meaningful

The Counselor's Knowledge of Psychology

good 1 2 3 4 5 6 7 bad
worthless 1 2 3 4 5 6 7 valuable
meaningful 1 2 3 4 5 6 7 meaningless

The Counselor's Willingness to Help the Client

bad 1 2 3 4 5 6 7 good
valuable 1 2 3 4 5 6 7 worthless
meaningless 1 2 3 4 5 6 7 meaningful

The Counselor is Someone I Would go to See If I Had a Problem to Discuss

good 1 2 3 4 5 6 7 bad
worthless 1 2 3 4 5 6 7 valuable
meaningful 1 2 3 4 5 6 7 meaningless
Appendix I

Pretend you had a personal problem and had sought counseling. Answer the following with respect to the counselor on the video tape you have just seen.

<table>
<thead>
<tr>
<th>The Counselor's Comprehension of my Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>good</td>
</tr>
<tr>
<td>worthless</td>
</tr>
<tr>
<td>meaningful</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>The Counselor's Ability to Help Me</th>
</tr>
</thead>
<tbody>
<tr>
<td>bad</td>
</tr>
<tr>
<td>valuable</td>
</tr>
<tr>
<td>meaningless</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>The Counselor's Knowledge of Psychology</th>
</tr>
</thead>
<tbody>
<tr>
<td>good</td>
</tr>
<tr>
<td>worthless</td>
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<tr>
<td>meaningful</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>The Counselor's Willingness to Help Me</th>
</tr>
</thead>
<tbody>
<tr>
<td>bad</td>
</tr>
<tr>
<td>valuable</td>
</tr>
<tr>
<td>meaningless</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>The Counselor is Someone I Would Refer a Relative or Close Friend to See if S/He Had a Problem to Discuss</th>
</tr>
</thead>
<tbody>
<tr>
<td>good</td>
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<tr>
<td>worthless</td>
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<tr>
<td>meaningful</td>
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</tbody>
</table>
Appendix J

Demographic Questionnaire

On the multiple choice items, please circle the number of your choice. Do not omit any items. Circle only one number for each item.

A. Age:  

B. Sex:  1. female  2. male  

C. Marital Status:  
1. single  2. married  3. separated  
4. divorced  5. widowed  

D. Class:  
1. freshman  2. sophomore  3. junior  
4. senior  5. other  

E. Location of hometown:  
1. East of the Mississippi River  
2. West of the Mississippi River, other than the following  
3. Oklahoma, Arizona, or New Mexico  
4. Texas  

F. Population of hometown:  
1. less than 1,000  5. 75,000 to 200,000  
2. 1,000-10,000  6. 200,000 to 500,000  
3. 10,000 to 25,000  7. 500,000 to 1 million  
4. 25,000 to 75,000  8. more than 1 million  

G. Religious preference:  
1. Jewish  5. Mormon  
3. Protestant  7. Atheism  
4. Baptist  8. None  
9. Other:  

H. How often do you attend religious services?  
1. 1 or more times per week  5. less than once a year  
2. once or twice a month  6. never  
3. 3-11 times per week  
4. once or twice a year
I. Parent's or primary support provider's occupation level:

1. professional or corporation executive
2. white collar middle-class (e.g., store managers, sales persons, office workers)
3. blue collar middle-class (e.g., skilled laborers, mechanics, technicians, armed forces personnel, farm owners)
4. laborers (e.g., dock workers, assemblers, farm hands)
5. underclass, generally not regularly employed

J. Have you ever received personal or family counseling?
   1. Yes  2. No

K. If I were faced with a personal problem I would seek professional counseling.

L. How often do you use profanity?
   1. never
   2. rarely, only when I hit my thumb
   3. occasionally, in some but not many conversations
   4. frequently, in many but not all conversations
   5. in almost all conversations
   6. habitually, in all conversations

M. In which situations do you use profanity?
   1. never
   2. only when alone
   3. only with others of the same sex and age
   4. only with others of the same sex
5. in mixed company of the same age
6. in mixed company
7. in front of children
8. regardless, with anyone

N. Rank order (1 through 4) of the following four words as to how frequently you use each of them (1 equals the most frequently used; put one number beside each of the words, and use each number only once).

___ hell ___ damn ___ shit ___ fuck

O. Rank order (as above) the following four words as to how offensive or strong they are (1 equals the most offensive).

___ hell ___ damn ___ shit ___ fuck
References


Polansky, N. A. *Ego psychology and communication.*

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Sapir, E. *Culture, language, and personality.*


Zunin, L.  *Contact, the first four minutes.*  New York: Ballantine Books, 1972.