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Religious Values, Sexist Language, and Perceptions of a Therapist

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ABSTRACT

This study investigated the effects of emphasizing religious values above clinical skills and the effects of sexist language on therapist perception. One hundred fifteen adults in a continuing education program completed a questionnaire after reading one of four possible quotes allegedly from a psychotherapist. Those quotes emphasizing religious values over clinical skills produced higher ratings of likability, trustworthiness, and approachability in the therapist. However, there was an interaction effect with those who were nonreligious preferring the therapist who valued clinical skills above religious values. No significant effects were found between groups reading quotes with and without sexist language. Implications of the findings are discussed.

The religious values of clients and therapists are likely to affect the quality and outcome of psychotherapy (Peteet, 1981; Sacks, 1985; Stovich, 1985). Since psychologists tend to be less theistic than the general public and sometimes lack sophistication in understanding religious thought, Bergin (1980) suggested that religious values of clients need more consideration among psychotherapists. A similar argument can be found in the psychiatric literature (Larson, Pattison, Blazer, Omran, & Kaplan, 1986).

It has previously been established that nonreligious therapists tend to view religious clients as more responsible for the cause of their problems than nonreligious clients (Houts & Graham, 1986), but it is less clear how religious values of therapists affect their perception among religious and nonreligious clients. This is an important relationship to understand since 79 percent of respondents in a recent survey believed religious values were important to discuss in therapy and over half of the respondents preferred to seek therapy at a pastoral counseling center (Quackenbos, Privette, & Klentz, 1985). Participants for the survey were obtained from general phonebook listings.

Hans Strupp, a leading researcher of psychotherapy outcome, has suggested that it may be too broad to ask if psychotherapy works. It may be more significant to ask which kind of psychotherapy works with which therapist and which patient. Strupp is interested in the match between therapist and client (see Strupp, 1978). This emphasis on client-therapist matching can also be applied to issues of religious values (McMinn, 1984; McMinn & Lebold, 1989). The present study was based on the hypothesis that those with religious values would prefer therapists who described their therapy in explicitly religious terms and those who are nonreligious would prefer therapists who avoided religious terms in describing their therapy.

A second variable in the current study was the use of sexist language. Psychologists have been concerned about subtly transmitting sexism through sexist language for over a decade. The American Psychological Association (APA) adopted guidelines for nonsexist language in 1977 and all APA journals have required non-

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sexist language for submitted manuscripts since 1982.

It is not clear how sexist language use affects the credibility of the speaker. Salter, Weider-Hatfield, and Rubin (1983) found that using a generic "she" pronoun negatively affects speaker credibility, especially of male speakers. However, it is uncommon for speakers to use generic female pronouns.

This study investigated the effects sexist language and religious values have in perceiving a potential therapist's trustworthiness, likability, and approachability. It is hypothesized that sexist language would negatively influence and that religious values would positively influence perceptions of a therapist, especially among those who consider themselves to be religious.

METHOD

Participants

Participants were 115 students (55 males, 57 females, and 3 who did not specify sex) in a continuing education program at a liberal arts college in the Pacific Northwest. Although the college is a Christian college, students for the continuing education program are drawn from diverse metropolitan areas and religious conviction is not a prerequisite for admission. Despite the religious diversity, 73 of 115 participants rated themselves a 6 or 7 on a 7-point Likert scale of religious commitment, indicating that most participants saw themselves as very committed to religious principles. On a similar rating of commitment to Christian principles, 72 of 115 rated themselves at a 6 or 7. The sample had a diversity of age, ranging from 22 to 60 years with a mean age of 38.3 years. All participants had a minimum of two years college credit before being admitted to the continuing education program.

Design

Participants were given a quotation to read, allegedly from a psychotherapist. There were four versions of the quotation randomly distributed to the participants, two emphasizing the importance of religious sensitivity over clinical skills and two emphasizing clinical skills over religious sensitivity. One of the religious sensitivity passages and one of the clinical skills passage used sexist language, implying therapists are male. The other two passages avoided sexist language.

After reading the quotation, participants rated the trustworthiness of the therapist, how much they liked the therapist, and how likely they would be to go to the therapist with a personal problem on 7-point Likert scales. These ratings were the dependent variables.

The stated religious values of the therapist, the use of sexist language, and the sex of respondents were used as independent variables in a 2 x 2 x 2 Analysis of Variance (ANOVA). The number of participants in each cell of the design ranged from 11 to 17.

Procedure

Participants were randomly given one of four passages to read. The paragraphs for the therapist emphasizing religious sensitivity were:

> **Religious sensitivity, sexist [nonsexist] language.** "I believe personal values are more important for effective psychotherapy than professional skills. A psychotherapist's religious values need to be an issue because good psychotherapy depends on [his/omitted] meeting deep spiritual needs rather than [his/omitted] applying a specific treatment to a specific disorder. Many religious clients come to therapy looking for a therapist with cer-

tain credentials. They would do better to look for a spiritually-sensitive [man/therapist] who will help them discover deep inner needs. If a person wants help, [he/he or she] should seek help from a caring person with religious convictions."

The paragraphs for the therapist emphasizing clinical skills were:

> **Clinical skills, sexist [nonsexist] language.** "I believe professional skills are more important for effective psychotherapy than personal values. A psychotherapist's religious values do not need to be an issue because good psychotherapy depends on [his/omitted] applying a specific treatment to a specific disorder rather than [his/omitted] healing deep spiritual needs. Many religious clients come to therapy looking for a religious therapist. They would do better to look for a [man/therapist] with excellent professional training and outstanding credentials. If a person wants help, [he/he or she] should seek help from a competent professional."

The participants were informed about the purpose of the study after completing their questionnaires.

RESULTS

All three dependent variables showed main effects for the religious values factor. Those therapists who valued religious values above clinical skills were rated as more likable, $F(1, 102) = 11.07$, $p < .01$; more trustworthy, $F(1, 103) = 3.89$, $p = .05$; and more likely to be seen for a personal problem, $F(1, 104) = 6.47$, $p < .05$.

Neither the sex of respondent nor the use of sexist language resulted in statistically significant differences on the dependent variables. There were no interactions between sex of respondent, religious values of therapist, and use of sexist language.

Those who rated themselves as 6 or 7 on the question about religious commitment were considered religiously more committed. Those who rated themselves 1 through 5 on the question were considered religiously less committed. Religious commitment and religious values of the therapist were used in a 2 x 2 ANOVA with the same dependent variables. There were no main effects for religious commitment or religious values of the therapist on either the trustworthiness or the likelihood of visiting the therapist. There was a main effect with therapists emphasizing religious values being rated as more likable than those emphasizing clinical skills, $F(1, 109) = 6.78$, $p < .05$. There were also interaction effects with religiously more committed participants preferring therapists who emphasized religious values and religiously less committed participants preferring therapists who emphasized clinical skills on the variables of trustworthiness, $F(1, 110) = 8.97$, $p < .01$; likelihood of visiting the therapist with a personal problem, $F(1, 111) = 9.00$, $p < .01$; and likability of the therapist $F(1, 109) = 8.07$, $p < .01$.

DISCUSSION

It appears that participants in this sample found therapists who valued religious commitment to be more likable, approachable, and trustworthy than those emphasizing clinical skills. This is consistent with the findings of Quackenbos, Privette, and Klentz (1985) who found that their respondents preferred counselors with reli-

gious persuasion. Bergin (1980) may have been correct in suggesting the general public is concerned about finding psychologists and counselors who have an understanding of and appreciation for religious issues. Because the college from which the students were drawn is recognized as an evangelical Christian college, it is likely that the participant pool consisted of a more religious sample than would otherwise be the case.

Another potential problem is that participants were not given an option to rate a therapist who believed that religious values and clinical skills are equally important. In practice, most religious counselors probably also believe clinical skills are important. It seems reasonable, albeit speculative, that a therapist emphasizing both religious values and clinical skills would be rated as even more credible than therapists who emphasize the importance of religious values relative to clinical skills or vice versa.

Another limitation is that this was an analogue study, using students rather than actual clients. Thus, caution is warranted in generalizing these results to counseling practice.

Despite the main effect with those emphasizing religious values being rated as more credible, this also appears to be related to the religious values of the respondents. Those with religious commitments preferred the emphasis on religious values and those with less religious commitment preferred the emphasis on clinical skills. This finding supports the need to focus on issues of client-therapist matching. If expectations of success affect outcome, then it may be especially important for those clients with religious values to have access to therapists with similar values.

In addition to the credibility effects of religious values, this study investigated the role of sexist language in establishing credibility of a therapist. No significant results were found. Putting the religious values and sexist language variables together in the same design was an exploratory gesture and they appear to have separate influences, since no interaction effects were found.

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