

Effects of Clients' Obesity and Gender on the Therapy Judgments of Psychologists

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This study investigated whether psychologists who practice therapy stereotype obese clients negatively. A sample ($N = 282$) of APA Division 29 (Psychotherapy) members responded to a case history that depicted a client as either obese or nonobese, and as either male or female. Psychologists rated obese clients as more physically unattractive and more embarrassed than nonobese clients, but also as softer and kinder than nonobese clients. There were no significant effects for weight on therapy recommendations, although female clients were viewed as more motivated and as less severely impaired. Implications for obese clients are discussed.

Researchers on the stigma of obesity have found that most groups of people in Western cultures have strong negative attitudes about the obese. Children dislike figure drawings of obese children more than they do drawings of children with physical disabilities (Richardson, 1970, 1971). Adolescents rate obese figures more negatively than slim figures (Worsley, 1979). Adults rate the obese as more lonely, mean, self-indulgent, unhappy, and lacking in self-discipline, compared with the non-obese (Harris & Smith, 1983; Tiggemann & Rothblum, 1988). Admission committees of elite colleges are less likely to admit obese applicants (Canning & Mayer, 1966, 1967) and the obese experience discrimination in employment-related situations (Larkin & Pines, 1979; Rothblum, Miller, & Garbutt, 1988). Physicians rate the obese as awkward, weak-willed, and ugly (Maddox & Liederman, 1969), and medical students rate videotaped patients with padding to make them appear obese as more defensive, cold, nervous, incompetent, insincere, depressed, and unflikable than they do the identical patients without padding (Breyspraak, McGee, Conger, Whatly, & Moore, 1977). Public health administrators (Benson, Severs, Tatgenhorst, & Loddengaard, 1980), nutritionists (Maiman, Wang, Becker, Finlay, & Simonson, 1979), and even landlords (Karris, 1977) have been found to discriminate against the obese.

The stigma of obesity is particularly apparent for women, who are more concerned with their own weight than are men (Rosen & Gross, 1987; Tiggemann & Rothblum, 1988) and obese women are more likely than are obese men to be the objects of bias and discrimination from others (Benson et al.,

1980; Canning & Mayer, 1966; Harris, Harris, & Bochner, 1982; Worsley, 1979).

Studies of stereotyping by psychotherapists have found that members of the mental health professions hold negative stereotypes similar to those held by the general public. Sutton (1983) examined the effect of socioeconomic status (SES) on the clinical judgments of psychologists. A random sample of 900 clinical psychologists was sent case material about events leading to a middle-aged man's admission to a hospital emergency room. Consistent with the *YAVIS phenomenon* (i.e., mental health professionals' preference for clients who are young, attractive, verbal, intelligent, and successful), results indicated that clinicians expressed less interest in treating the man, more negative treatment recommendations, and a less favorable prognosis when he was described as low-SES than when he was depicted as middle- or high-SES.

Psychotherapists' attitudes toward gay men have also been surveyed. Clinicians described gay male clients as less healthy than they did identical case studies of heterosexual clients (Garfinkle & Morin, 1978). Similarly, Davison and Wilson (1973) found that behavior therapists viewed gay men as "less good, more tense, less dominant, less masculine, less rational, and more passive" (p. 695) than they viewed heterosexual male clients.

A number of studies have focused on therapists' stereotypes of female and male clients. The much publicized research of Broverman, Broverman, Clarkson, Rosenkrantz, and Vogel (1970) demonstrated that therapists had a number of stereotypes about clients based on their gender. For example, therapists regarded female clients as more submissive, excitable, and conceited than men, and male clients as more aggressive and independent than women. The methodology of Broverman et al.'s study has been used in more recent years, with inconsistent results. Surveys of therapists have shown that women receive more therapy sessions and more antidepressant medication than do men (Stein, Del Gaudio, & Ansley, 1976) and a survey of clients found that women report episodes of therapists' fostering of traditional sex roles and devaluation of women (Sesan, 1988). Concern about negative gender stereotyping prompted the American Psychological Association (APA, 1975) to ap-

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point a task force to investigate gender bias toward women and resulted in policy statements (APA, 1978) to protect the rights of women who might be affected by gender bias in psychotherapy.

There has been no research on psychologists' attitudes toward obesity, even though psychotherapy has gained recognition as a treatment for obesity (Stunkard, 1980; Stunkard & Mahoney, 1976). Obesity is generally defined as a weight of 20% or more above the ideal weights of standardized height and weight tables (Metropolitan Life Insurance Company, 1983), and 40% or more above these ideal weights is often considered severe obesity (Van Italie, 1985). According to this definition, 24% of women and 14% of men in the United States are obese (U.S. Department of Health, Education, & Welfare, 1979), and obesity is more prevalent with increased age and decreased SES. In addition to obese individuals, large numbers of nonobese people, mostly women, view themselves as overweight and seek treatment to lose weight (Rothblum, 1990). Thus, psychologists are likely to be exposed to many obese clients in their therapy practice, as well as to numerous nonobese clients who are concerned about their weight.

The purpose of the present study was to investigate whether psychologists who practice therapy negatively stereotype obese clients. It was predicted that clients' obesity, particularly that of female clients, (a) would negatively influence psychologists' attitudes towards these clients, and (b) would negatively affect prognosis and recommendations for treatment.

Method

Subjects

Subjects were 282 psychologists who were members of APA Division 29 (Psychotherapy) and who resided in New Hampshire, Maine, Rhode Island, Connecticut, and New York. Subjects for the weight manipulation check were an additional 97 licensed psychologists in Vermont (excluding subjects personally known to Gladys Agell).

Instruments

Two fictional case-history models were developed. Case material for each of the models was intended to be a convincing history of a person with problems that were troublesome but not debilitating; problems were not representative of profound psychopathology. Both targets were from a middle-class background and had the same history through their early college years. Model 1 described a 21-year-old college student. Model 2 was about a 28-year-old typesetter. Target gender and weight were manipulated within the two case-history models; targets weighed either 135 or 190 pounds and were either male or female. Thus each model included an obese woman, an obese man, a nonobese woman, and a nonobese man. Otherwise each case-history model included four identical narrations. In all, there were eight case histories—two models, each with four conditions.

Model 1. This model described the target as a moderately unattractive, 21-year-old college student. Gender and weight were referred to in the following two examples as either: "I judged (Jean or Jim) to be about 5'7" and to be markedly overweight, approximately 190 lbs" or "I judged (Jean or Jim) to be about 5'7" and to be of average weight, approximately 135 lbs."

The target was described as being unable to concentrate in class and when studying, with resulting academic difficulties. An appointment at the counseling service was recommended by an advisor, prompted by the student's anticipated failure in two courses. The advisor identi-

fied low self-esteem and peer-related problems as interfering with the student's academic performance. Family history revealed a person from an achievement-oriented family of relatively detached individuals. As a child, the target had been a tireless participant in peer activities but had nevertheless been socially isolated. The target was the middle child of three. Competition among the siblings was supported by the parents. During childhood the target was coached to achieve; however, the target did not live up to parental expectations even though some activities were pleasurable.

In college, though not actively dating, the student was beginning to develop a modest but gratifying social life. This was interrupted by escalating problems in academic work.

Model 2. This model described a 28-year-old typesetter who was moderately unattractive and whose weight and gender were referred to as follows: "I judged (Rita or Ron) to be about 5'7" and to be markedly overweight, approximately 190 lbs" or "I judged (Rita or Ron) to be about 5'7" and to be of average weight, approximately 135 lbs."

The target was having difficulty in maintaining a prior level of job performance, and, in addition, was experiencing a loss of peer status at work. Referral for counseling was prompted by this person's anxiety about diminished work performance and the beginning of an absenteeism problem. Childhood and adolescent history was identical with that of the Model 1 target, and college history was similar. As a young adult, this target was intermittently involved in a dating relationship with a person from his or her college years.

Demographic Questionnaire. This questionnaire requested the psychologists' gender, race or ethnic origin, number of years of psychotherapy experience, the models of therapy they provided (individual, family, or group therapy), and the number of therapy sessions they conducted each week. In addition, the questionnaire asked about the majority of clients that the psychologists treated. Information was requested for the clients' age, socioeconomic status, and area of residence (rural, suburban, or urban).

Person Perception Inventory. Subjects rated the targets using the Person Perception Inventory. This scale consisted of 28 items from a seven-point semantic differential-style scale adapted from Worsley (1981a). Individual scale items included personality attributes (e.g., dependent/independent, solemn/frivolous, dull/lively); physical attractiveness attributes (e.g., cuddly/not cuddly, unfashionable/fashionable); and scales that indicated the targets' social attractiveness (e.g., rejected/accepted by others). One item, fat/thin, was added to determine whether or not psychologists were alert to the target's weight. This scale has been used by Worsley (1981a, 1981b) to examine students' perceptions of themselves and of obese and nonobese people. Worsley's results indicated that students rate obese targets more negatively than they rate nonobese targets and that ratings are affected by the gender, ethnicity, and self-concept of the rater.

Case History Questionnaire. Subjects rated the target on the Case History Questionnaire. This measure requested the psychologists' diagnosis of and prognosis for the target as well as treatment expectations. In addition, several Likert seven-point scale items were included. These items pertained to the psychologists' opinions regarding the severity of the targets' problem, motivation to change, self-concept, and the psychologists' treatment interest and prognosis for the target. In addition, subjects were asked about expected treatment duration, diagnosis of the target, whether they would refer the target elsewhere, and to whom they would refer.

Procedure

Subjects were mailed a packet of material that contained a cover letter, one of the two clinical case history models, the Demographic Questionnaire, the Person Perception Inventory, the Case History Questionnaire, and a stamped return-addressed envelope. The cover

letter described the purpose of the research as to examine how clinicians form first impressions of potential clients from written case material.

Subjects participating in the weight manipulation check were mailed all of the materials listed above except for the Person Perception Inventory, and were instructed not to reread the case history. For these subjects, the final section of the Case History Questionnaire asked for information about the target's gender, age, height, and weight.

Results

Manipulation Check

Of the 240 questionnaire packets mailed to subjects for the weight manipulation check, 104 (43%) were returned and 97 (40%) of these were included in the analysis. Of the 7 questionnaires not included in the analysis, 4 were returned unopened, 2 were returned after the analysis had been run, and 1 included a response to the demographic questions only.

In response to the item requesting the weight of the target, the manipulated variable of weight was exactly recalled by 75% of the respondents and 96% of the respondents remembered the targets' weight within 10 pounds in either direction.

Response Rate

Of approximately 1,000 questionnaire packets mailed to psychologists in APA Division 29, 301 (30%) questionnaires were returned; 282 (28%) were used in the analysis. Of those questionnaires that were returned and not included in the analysis, 1 was returned after the data were analyzed, 2 contained only demographic information, and the remaining 16 questionnaires were returned unanswered.

The number of usable returned questionnaires for each of the Model 1 target conditions was: obese woman, $n = 30$; nonobese woman, $n = 34$; obese man, $n = 40$; nonobese man, $n = 40$. The number of questionnaires returned for each of the Model 2 target conditions was: obese woman, $n = 33$; nonobese woman, $n = 33$; obese man, $n = 35$; nonobese man, $n = 37$. Psychologists' response rate was not significantly affected by either target gender or target weight.

Demographics

Consistent with the 2:1 ratio of male to female psychologists of Division 29 practicing in the northeastern states, 66% of the psychologist respondents were men and 34% were women; 90% were White. The sample had extensive psychotherapy experience, with 80% of the subjects having from 11 to more than 20 years of practice. Fifty-seven percent of the subjects had from 11 to 30 individual psychotherapy sessions weekly; 52% had from 1 to 5 family therapy sessions weekly; 32% had from 1 to 5 group therapy sessions each week. The practice of 51% of the psychologists was in an urban area; 42% practiced in the suburbs. Seventy-eight percent of the psychologists rated their clients as middle SES with 85% of clients being between the ages of 21 and 60 years.

Person Perception Inventory

A factor analysis was conducted on the 28 items of the Person Perception Inventory. Those factors with eigenvalues greater than 1 before the varimax rotation was performed were retained and resulted in eight factors. The scale items in each factor and their correlation in the rotated factor matrix are presented in Table 1. The factors were labeled as follows: 1. Social Attributes, 2. Appearance, 3. Energy, 4. Dullness, 5. Embarrassment, 6. Softness/Kindness, 7. Dependency, 8. Anger.

A 2 (target weight) \times 2 (target gender) \times 2 (target case) \times 2 (subject gender) analysis of variance was conducted using the 8 factors of the Person Perception Inventory as dependent measures. Table 2 presents the mean scores for subjects on each factor of the Person Perception Inventory.

Results indicated a significant main effect for target weight on the factors Appearance, $F(1, 239) = 131.91, p < .0005$, and Embarrassment, $F(1, 230) = 4.09, p < .05$, with subjects rating the obese targets less favorably than nonobese targets. There

Table 1
Factor Structure of the Person Perception Inventory

Factor	% Variance	Item	Correlation
1. Social Attributes	13.4	sad/happy	.69
		tense/relaxed	.53
		depressed/elated	.51
		unfashionable/ fashionable	.35
		self-conscious/not self-conscious	.32
		solemn/frivolous	-.38
		poor appearance/ good appearance	.70
		sexually repulsive/ sexually attractive	.61
2. Appearance	7.7	fat/thin	.53
		clumsy/agile	.34
		lazy/energetic	.66
		weak-willed/strong- willed	.54
3. Energy	4.6	weak/strong	.42
		stupid/clever	.39
		sexually repulsive/ sexually attractive	.38
		bored/interested	.31
4. Dullness	4.0	dull/lively	.71
		bored/interested	.52
		rejected by others/ accepted by others	.35
		weak/strong	.33
5. Embarrassment	3.1	embarrassed/not embarrassed	.53
		self-conscious/not self-conscious	.41
		stupid/clever	-.29
		solemn/frivolous	-.45
6. Softness/ Kindness	2.3	hard/soft	.63
		cruel/kind	.56
7. Dependency	1.9	dependent/ independent	.60
		angry/calm	.60

Table 2
Mean Scores for Psychologists on Factors of the Person Perception Inventory.

Factor	All targets	Model 1 Targets				Model 2 Targets			
		Female		Male		Female		Male	
		Obese	Nonobese	Obese	Nonobese	Obese	Nonobese	Obese	Nonobese
1. Social Attributes									
<i>M</i>	-.02	.08	-.09	.21	-.27	-.02	-.07	-.01	.04
<i>SD</i>	.88	1.1	.79	1.2	.83	.62	.80	.82	.76
2. Appearance									
<i>M</i>	-.00	-.53	.51	-.32	.57	-.78	.42	-.57	.57
<i>SD</i>	.90	.78	.66	.85	.65	.74	.66	.60	.80
3. Energy									
<i>M</i>	-.01	.30	-.03	.00	-.14	.03	.11	-.13	-.08
<i>SD</i>	.84	.82	.65	.88	.88	.77	.84	.89	.92
4. Dullness									
<i>M</i>	-.02	.17	.17	-.21	-.04	-.02	.10	-.16	-.03
<i>SD</i>	.82	.76	.64	.95	.82	.58	1.1	.73	.93
5. Embarrassment									
<i>M</i>	-.00	-.15	.02	-.16	.26	.02	-.05	-.08	.13
<i>SD</i>	.75	.61	.66	.89	.89	.59	.59	.67	.89
6. Softness/Kindness									
<i>M</i>	-.02	.17	-.17	-.01	-.05	.05	-.42	.20	.05
<i>SD</i>	.80	.77	.93	.70	.77	.64	.78	.86	.83
7. Dependency									
<i>M</i>	.02	-.04	.18	.22	-.03	.15	-.12	-.10	-.13
<i>SD</i>	.78	.87	.77	.94	.67	.83	.80	.71	.63
8. Anger									
<i>M</i>	.01	-.23	.09	.03	.02	-.05	.15	-.05	.09
<i>SD</i>	.71	.73	.68	.69	.74	.86	.75	.55	.77

Note. All variables in the Person Perception Inventory were coded so that high scores equal positive attributes.

was a significant main effect for target weight on the factor Softness/Kindness, $F(1, 230) = 5.13, p < .05$. Obese targets were rated as softer and kinder than were nonobese targets.

There were significant main effects for gender of subjects on the factors Social Attributes, $F(1, 230) = 8.05, p < .005$, and Softness/Kindness, $F(1, 230) = 4.16, p < .05$, with female subjects rating all targets more negatively than did male subjects.

There was a significant interaction between subject gender and target gender on the factor Anger, $F(1, 230) = 9.44, p < .005$, with female subjects rating male targets more negatively than male subjects rated male targets. There were no significant effects on the factors Energy, Dullness, and Dependency.

Case History Questionnaire

For each item of the items of the Case History Questionnaire, 2 (target weight) \times 2 (target gender) \times 2 (target case) \times 2 (subject gender) analyses of variance or chi-square analyses were conducted, depending on whether the item was continuous or non-continuous. Table 3 presents mean scores for all continuous and noncontinuous items.

Ratings of the targets' treatment problem severity indicated a significant interaction effect for target weight \times target case, $F(1, 252) = 5.85, p < .05$. The Newman-Keuls test for simple effects demonstrated that nonobese Model 1 targets were rated as having a less severe treatment problem than did the nonobese Model 2 targets.

The analysis of variance for motivation to change resulted in a main effect for target gender. Female targets were rated as

having been more motivated to change than were male targets, $F(1, 252) = 6.39, p < .05$. A second main effect for target case was found, with Model 1 targets rated as more motivated to change than were Model 2 targets, $F(1, 252) = 9.86, p < .005$. In addition, there was a significant target weight \times target case interaction, $F(1, 252) = 7.32, p < .01$. The Newman-Keuls test revealed that obese Model 2 targets were viewed as being significantly less motivated to change than were obese Model 1 targets, nonobese Model 2 targets, and nonobese Model 1 targets.

There were no significant effects for self-concept or for encouragement to seek therapy. For interest in treating targets, analysis of variance resulted in a three-way interaction for target gender \times target weight \times subject gender, $F(1, 252) = 3.89, p = .05$. However, the post hoc Newman-Keuls test yielded a nonsignificant difference between subjects for treatment interest.

For target's prognosis, the analysis produced a main effect for target gender, $F(1, 258) = 4.02, p < .05$. Female targets received a more favorable prognosis than did male targets.

For expected duration of treatment, a chi-square analysis produced no significant difference for the expected length of treatment as a function of weight or gender. A chi-square analysis revealed no significant difference on the variables diagnosis or referral elsewhere.

Discussion

The results indicate that psychologists who practice therapy are negatively influenced to some degree by a client's weight.

Table 3
Scores for Psychologists on Variables of the Case History Questionnaire

Variable	All targets	Model 1 Targets				Model 2 Targets			
		Female		Male		Female		Male	
		Obese	Nonobese	Obese	Nonobese	Obese	Nonobese	Obese	Nonobese
Problem ^a									
<i>M</i>	2.6	2.4	2.7	2.6	2.7	2.6	2.4	2.6	2.4
<i>SD</i>	.69	.73	.59	.71	.57	.77	.84	.65	.64
Motivation ^b									
<i>M</i>	3.8	3.3	3.7	3.7	3.8	3.9	3.7	4.2	3.9
<i>SD</i>	.70	.83	.56	.72	.69	.65	.77	.48	.64
Self-concept ^b									
<i>M</i>	4.4	4.4	4.3	4.4	4.5	4.3	4.3	4.3	4.4
<i>SD</i>	.61	.57	.53	.60	.55	.57	.80	.62	.64
Seek therapy ^c									
<i>M</i>	1.7	1.6	1.6	1.6	1.8	1.7	1.7	1.7	1.5
<i>SD</i>	.86	.95	.79	.71	.96	1.04	1.01	.71	.73
Would treat ^d									
<i>M</i>	2.3	2.1	2.3	2.2	2.3	2.5	2.3	2.4	2.3
<i>SD</i>	1.1	.99	1.2	1.1	.99	1.2	1.1	.98	1.1
Prognosis ^b									
<i>M</i>	2.6	2.3	2.5	2.6	2.7	2.6	2.6	3.0	2.7
<i>SD</i>	.98	1.1	.83	1.1	1.1	1.06	1.01	.77	.84
Length of treatment (months)									
1-3									
<i>n</i>	17	1	3	4	2	2	1	3	1
%	6	6	18	23	12	12	6	18	6
6-12									
<i>n</i>	71	6	10	14	13	4	7	8	9
%	26	8	14	20	18	6	10	11	13
12-24									
<i>n</i>	84	9	9	9	10	9	11	13	14
%	31	11	11	11	12	11	13	16	17
24+									
<i>n</i>	99	12	11	13	13	16	12	10	12
%	36	12	11	13	13	16	12	10	12
Diagnosis									
Dysthymia									
<i>n</i>	126	11	16	18	15	18	14	13	21
%	51	9	13	14	12	14	11	10	17
Schizoid									
<i>n</i>	30	2	1	3	5	3	5	5	6
%	12	7	3	10	17	10	17	17	20
Personality									
<i>n</i>	38	4	3	7	6	4	6	5	3
%	15	10	8	18	16	10	16	13	8
Anxiety									
<i>n</i>	17	3	3	2	1	1	4	2	1
%	7	18	17	12	6	6	24	12	6
Adjustment disorder									
<i>n</i>	17	4	4	3	3	1		1	1
%	7	23	23	18	18	6		6	6
Other									
<i>n</i>	17	2		2	4		2	4	2
%	7	12		12	23		12	24	18
Refer elsewhere									
Yes									
<i>n</i>	71	7	7	10	8	9	11	7	12
%	26	10	10	14	11	13	15	10	17
No									
<i>n</i>	197	21	26	28	30	20	20	27	25
%	73	11	13	14	15	10	10	14	13
Refer to									
Medical									
<i>n</i>	47	3	3	8	6	3	8	6	10
%	51	6	6	17	13	6	17	13	21

(table continues on next page)

Table 3 (continued)

Variable	All targets	Model 1 Targets				Model 2 Targets			
		Female		Male		Female		Male	
		Obese	Nonobese	Obese	Nonobese	Obese	Nonobese	Obese	Nonobese
Psychological									
<i>n</i>	17	2	2	4	2	3	2		2
%	18	11	12	24	12	18	12		12
Psychiatric									
<i>n</i>	11	2	1	1		2	1	3	
%	12	18	9	9		18	9	27	
Psychiatric and psychological									
<i>n</i>	5	1	1		1	1		1	1
%	5	20	20		20	20		20	9
Other									
<i>n</i>	13	3	2	1	2	3	1		1
%	14	23	15	8	15	23	8		8

*1 = severe, 5 = mild. ^b1 = good, 5 = poor. ^c1 = encourage, 5 = discourage. ^d1 = interest, 5 = disinterest.

Specifically, subjects were more likely to rate obese target clients negatively on appearance and as more embarrassed than they were the identical case with the target described as nonobese. Psychologists rated obese targets as softer and kinder than non-obese clients, which seems to fit the "jolly fat stereotype" (Tigemann & Rothblum, 1988). It should be emphasized that subjects never saw a picture or photograph of the target client, thus their impressions of the appearance of the target were based solely on the weight listed in the case history. However, psychologists did not stereotype the energy level or dullness of target clients, nor did their negative impressions of the target clients' appearance generalize to more negative diagnoses or treatment recommendations.

It would be useful to ask obese therapy clients for their own impressions of how their weight affected their experiences in therapy, in order to examine whether clients and therapists have similar or diverging views. It would also be interesting to examine whether obese clients receive more acceptance from obese therapists than from nonobese therapists. This study did not assess the weight of psychologists in order not to sensitize subjects to the purpose of the study. Nevertheless, it would be difficult to find significant numbers of obese psychologists, as the prevalence of obesity in middle-class and upper-middle-class professionals is extremely low (Moore, Stunkard, & Srole, 1962).

The results also indicate that target client gender and subject gender influenced stereotypes and treatment recommendations. Although there were more effects for gender than there were for weight of target clients, it is interesting that there were no significant interactions of weight and gender of targets. Research with other groups (e.g., college admissions committees, Canning & Mayer, 1966) has found the stigma of obesity to affect women more than men.

When obesity was salient, it was the consequence of an interaction with the target case history. The variable of the difference, initially thought to be negligible, between the Model 1 and Model 2 client histories, produced both main and interaction effects. The increase of the targets' age from 21 to 28 years old and the changes in targets' histories had an unanticipated con-

sequence of increasing the stigma of the slightly older, obese target on motivation to change.

It could be argued that obese clients would have been rated more negatively if the case history had focused on sexual or relational issues, given that obesity has been conceptualized by some therapists as a barrier or coping style to sexual and emotional intimacy (Ross, 1977). On the other hand, it could be argued that obese clients would have been rated more positively if the case history had focused on material that countered societal notions of obese people, such as presenting the target as an athlete or model. Our purpose was therefore to use the neutral presenting problems of academic and work-related issues. Nevertheless, research on weight and academic or employment discrimination indicates that college students give more negative ratings to job resumes that are accompanied by descriptions of obese rather than nonobese women (Rothblum et al., 1988). Similarly, increased weight is correlated with higher incidence of employment discrimination and discrimination in educational settings (Rothblum, Brand, Miller, & Oetjen, 1990). Presumably, psychologists are aware of the discrimination that obese people face in academic and employment settings.

It is not clear how obese clients may be affected if psychologists view them as physically unattractive and as embarrassed, yet do not treat them differently from nonobese clients in therapy. Previous research on therapists' views of clients' SES, sexual orientation, and gender has been focused mostly on personality descriptors rather than therapy practice. Thus it is possible that therapists hold negative stereotypes about certain categories of clients (e.g., poor clients) and do (or do not) treat them differently in their practice. The present study indicates that three variables influence therapy practice to some extent: client age, client gender, and psychologist gender. First, the somewhat older target in Model 2 was viewed as having a more severe treatment problem and as less motivated to change than was the younger Model 1 target, which indicates that even slight variations in client age may change therapists' attitudes. Second, female clients were viewed as more motivated to change and as having a more favorable prognosis than were male clients with the identical case history. Finally, female psychologists rated

clients as sadder, tenser, more depressed, harder, and crueler, and specifically rated male clients as angrier, than did male psychologists. As the mean age of the U.S. population is increasing and the percentage of female psychologists is increasing, it is important to focus on these variables in more detail to determine how they influence therapy practice.

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