CLINICIANS' JUDGMENTS OF FEMALE CLIENTS' CAUSAL ATTRIBUTIONS

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Presented clinical psychologists (N = 400) with statements of female client attributions for presenting problems with locus of causality varied. Clinicians' judgments of clients were investigated through their evaluations of the accuracy of these attributions. While clinician did not differ in estimate of accuracy based on whether attribution were internal or external, female clinicians were more likely than males to judge client attributions as accurate.

Perceptions of clients by professional helpers and the accompanying judgments they make have received substantial attention in the psychotherapy literature (cf. reviews by Abramowitz & Dokecki, 1977; Wills, 1978). Work in this area has included the examination of relevant processes of person perception, particularly the application of various components of attribution theory. Previous investigations have focused primarily on therapists' attributions for clients' behavior and problems. A further avenue for exploring therapists' perceptions and judgments lies in the investigation of their evaluations of clients' self-attributions. That is, when clients offer attributions for the cause of their problems during the course of assessment or therapy, clinicians are likely to formulate evaluations with regard to the "accuracy" of these attributions. The nature of these evaluations may influence clinicians' overall perceptions of and subsequent responses to clients.

In general, examinations of therapists' attributions for clients' problems have indicated the presence of a "personalistic" tendency among clinical observers consistent with that found among observers in general, i.e., a tendency to attribute the causes of actors'/clients' behavior to stable, personal characteristics (Jones & Nisbett, 1971; Wills, 1978). For example, Batson (1975) found this tendency among seminary students and university undergraduates in the role of helper, particularly in relation to the type of intervention they recommended. Clients who were seeking help in dealing with problems which they attributed to their social environments tended to be perceived by helpers as having internally caused problems and were offered help accordingly. Similarly, Snyder, Shenkel, and Schmidt (1976) demonstrated that both taking the role perspective of a therapist and having information with regard to clients' previous psychiatric history influenced university undergraduates toward personalistic attributions with regard to clients' problems. The authors speculate: "Although in many situations the diagnostic inference that the chronic client's problems lay in his or her personality *may or may not be accurate*, the present results indicate that diagnosticians may be unwilling to accept the chronic client's statements that the problem does lay in the situation [pp. 471-2]."

In both the Batson and Snyder et al. studies it is concluded that clinicians will reject external attributions as inaccurate. However, because respondents were presented only with stimulus material in which clients made external attributions, were not asked to directly evaluate client attributions, and were nonprofessionals, this conclusion remains a major inferential leap from the available data.

As a first step in further clarifying this judgment process, the present study used an analogue (client simulation) model and survey methods to investigate the hypothesis that clinicians are more likely to accept internal than external client attributions as accurate. A single client variable was manipulated, i.e., locus of client's causal attribution for presenting problem (cf. Abramowitz & Dokecki, 1977). The format of the study also allowed for preliminary analysis

of possible sex differences among clinicians with regard to this hypothesis and with regard to general acceptance of client attributions, as suggested by previous work (e.g., Abramowitz & Abramowitz, 1973; Gomes & Abramowitz, 1976; Lewittes, Moselle, & Simmons, 1973).

Method

Subjects

Questionnaires were sent to 400 Ph.D.—and M.A.—level clinical psychologists, 240 male and 160 female, drawn from a list of members of a state professional organization. An attempt was made to balance the number of males and females, but the pool provided an insufficient number of females. Additional males were selected randomly to achieve the total sample size of 400.

Responses were received from 55 individuals, 37 male and 18 female, 52 of whom were Ph.D.—level and 3 were M.A.—level. Mean age of respondents was 54, ranging from 31 to 71 years old; mean years in clinical practice was 18, ranging from 1 to 40 years. Twenty-six were working in private practice, 7 in clinics, 3 in hospitals, 2 in schools, and 17 in various combinations of these settings. Nineteen worked exclusively with adults, 1 only with children, 1 only with families, and 34 with clients of all ages; all reported working with emotional and interpersonal problems. With regard to theoretical orientation, 14 identified themselves as psychoanalytic or psychodynamic, 2 behavioral, 1 Gestalt, 1 client-centered, and 37 eclectic.

Procedure

Respondents were mailed a questionnaire with a cover letter that elicited their participation in a study related to psychological prognoses and assessment practices. Addressed and stamped return envelopes were enclosed. Reminder postcards were sent out several weeks after the initial mailing. Questionnaires consisted of a set of eight client "vignettes" with questions about each and instructed the clinician to respond on the basis of first impressions, i.e., to assume that only this brief bit of information was available and needed to be evaluated.

Each vignette consisted of an edited excerpt of a description by a female client, in her mid-twenties, of how her problem was manifested and how she perceived the precipitating cause. Sex of client was held constant because the number of respondents was not expected to be sufficiently large to allow for randomization on this variable. Eight vignettes were generated to represent a range of four types of presenting problems, i.e., emotional, interpersonal, "existential" or self-identity, and job—and school—related concerns. Four represented internal causal attributions and four external causal attributions. The following is a sample:

". . . I just started a new job . . . None of the people at work are friendly to me . . . They exclude me at lunch . . . I'm really feeling bad about what's happening at work . . . I'm really feeling alone . . . like an outcast . . ."

". . . I'm not blaming them . . . I've had this problem for a long time, but I hoped they would be different . . . I was never popular with other kids . . . I don't make friends easily . . . There's something about me people don't seem to like . . . I think they think I'm snobby, but I'm just not an outgoing person . . . If I were different, I'm sure they would be friendlier toward me . . ."

Each vignette was accompanied by four questions: How likely do you think it is that: (a) you would accept this type of client for treatment? (b) this client has accurately assessed the initiating cause of her problems? (c) this client would work actively to overcome her problems? (d) this client can overcome her problems? Following each question was a 6 point rating scale ranging from "very likely" (1) to "very unlikely" (6); an uncertain category was available for respondents unable to decide on ratings. The "attribution" (cause of problem) question was the critical dependent measure. In addition to being of interest in themselves, the other items were intended to both mask the purpose of the study and provide a qualitative index of the clinicians' response tendencies.

Results

Clinician evaluation of the accuracy of external and internal attributions and overall acceptance of attributions were analyzed with reference to (a) specific ratings on all eight causal attribution items (four internal and four external) for each clinician, (b) dichotomized ratings (likely = 1-3 vs. unlikely = 4-6), and (c) sex of clinician. In addition, the other three items were analyzed in the same fashion.

Analysis of data from all respondents indicates that the clinicians did not differ in their evaluations of internal ($\bar{X}$ = 3.73) or external ($\bar{X}$ = 3.74) attributions or in their overall tendency to accept or reject client attributions. Table 1 presents the dichotomized data and shows that 47% of the internal and 42% of the external attributions were judged as likely to be accurate.

TABLE 1

Therapists' Evaluations of Likelihood that Client's Attribution was Accurate as a Function of Locus of Client Attribution[a]

	Likelihood of accuracy	
Locus of attribution	Likely	Unlikely
Internal	97	108
External	87	121

[a]Numbers reflect a dichotomizing of ratings (likely = 1-3 and unlikely = 4-6) on each of the 8 (4 internal and 4 external) causal attribution items rated by the clinician. If all items had been rated by all clinicians, the sum total would have been 440 (55 clinicians × 8 items). The actual total of 413 indicate that 27 items were rated as uncertain.

Analysis by sex of clinician, however, indicates that male and female clinicians did differ significantly, with females more accepting of client attributions. Mean ratings for female and male clinicians' overall acceptance of attributions are 3.27 and 3.96, respectively, $F(1,45) = 8.03$, $p < .007$. Results of dichotomized data are presented in Table 2, χ^2 (1) = 7.14, $p < .01$. Mean ratings for female and male clinicians' acceptance of external attributions are 3.21 and 4.00, respectively, $F(1,46) = 8.64$, $p < .005$. Results for dichotomized data are presented in Table 3, χ^2 (1) = 4.80, $p < .05$. With regard to evaluations of internal attributions, the tendency for female therapists ($\bar{X}$ = 3.34) to see client attributions as more accurate than males ($\bar{X}$ = 3.89) approached significance, $F(1,45) = 3.80$, $p < .06$, while dichotomized scores did not differ, χ^2 (1) = 2.45.

TABLE 2

Male and Female Therapists' Evaluations of Likelihood that Client's Attribution was Accurate

	Likelihood of accuracy	
Sex of therapist	Likely	Unlikely
Male	114	170
Female	69	59

Analysis of the other three items also indicated no differences among clinicians as a function of the locus of attributions made by clients. Qualitatively, however, clinician's evaluations were much more positive than their evaluations of client attributions. With regard to the likelihood that the client would be accepted for treatment, 93% of therapists' responses were in the likely range, with a mean

scaled score of 1.65. Seventy-eight percent of therapist responses indicated they thought it was likely that the client would work actively to overcome her problems, with a mean scaled response of 2.83. Finally, 83% of therapist responses indicated that they thought it was likely that the client would be able to overcome her problems, with a mean scaled response of 2.64. No sex differences emerged in responses to any of these items.

TABLE 3

MALE AND FEMALE THERAPISTS' EVALUATIONS OF LIKELIHOOD THAT CLIENT'S EXTERNAL ATTRIBUTION WAS ACCURATE

Sex of therapist	Likelihood of accuracy	
	Likely	Unlikely
Male	53	91
Female	34	30

DISCUSSION

Interpretation of the findings obviously are limited by the methodological deficiencies inherent in analogue studies and survey methods. The present investigation does offer considerable improvement over previous studies in this area, however, because the data are from a sample of practicing clinicians and the pattern of results suggests that they took the task seriously.

The findings do not support the extension of a personalistic attribution tendency among clinicians to their evaluations of clients' causal attributions. For both internal and external attributions, the clinicians' responses were divided approximately evenly in evaluating client attributions as accurate and inaccurate. Given the literature that indicates clinical observer tendencies to see clients' problems as internally caused, the present findings suggest that the added information of a client's statement may affect profoundly some clinicians' perceptions of clients.

Furthermore, and perhaps of greater potential importance, there is the finding of clinician sex differences in accepting attributions. Additional research is needed to determine the degree to which female clinicians may be more prone to accept client attributions and whether such acceptance is related to the sex of the client. The findings that female as contrasted to male clinicians rated external attributions by female clients as more accurate are consistent with other findings reported in the attribution literature. A variety of studies have shown observers' attributions internal to the actor can be altered in the direction of actors' external attributions. Among the variables found to have this effect are increased empathy for the actor (e.g., Regan & Totten, 1975) and a visual perspective similar to that of the actor (e.g., Storms, 1973). Most relevant in the present context is the possibility that females may experience a greater sense of perceived similarity than do male clinicians with female clients, which leads to a greater sense of empathy with these clients.

In contrast to the present findings and related attributional studies, previous investigations of other types of interactions between sex of client and sex of clinician generally have been inconclusive. In some instances evidence suggests that female clinicians may respond more favorably than male clinicians to female clients (Lewitets, Moselle, & Simmons, 1973), while in other studies female clinicians displayed more negative responses (Abramowitz & Abramowitz, 1973; Gomes & Abramowitz, 1976). The majority of studies have reported no difference related to this interaction. It has been suggested that the inconclusive nature of findings in this area may be due to the transparency of patient-sex analogues (Abramowitz & Dokecki, 1977). In this connection, it is encouraging to note that in the present experiment evaluations of attribution items were more negative than responses to other items,

which suggests that evaluations of clients' attributions may provide a dependent variable less subject to social-professional desirability and halo effects.

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