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Women's Preference of Therapist Based on Sex of Therapist and Presenting Problem: An Analogue Study

Sara J. Landes[a,b], **Jessica R. Burton**[a], **Kevin M. King**[c], and **Bryce F. Sullivan**[d]

[a]National Center for PTSD, VA Palo Alto Health Care System, Menlo Park, California, USA

[b]Department of Psychiatry & Behavioral Sciences, University of Washington, Seattle, Washington, USA

[c]Department of Psychology, University of Washington, Seattle, Washington, USA

[d]Department of Psychological Sciences, Belmont University, Nashville, Tennessee, USA

Abstract

An analogue study was conducted to examine differences in women's preference for and anticipated comfort self-disclosing to hypothetical therapists of different sexes based on the type of hypothetical presenting problem. The impact of general level of self-disclosure was also examined. Participants included female college students (n=187). Anticipated comfort self-disclosing to male or female therapist was rated by subjects when presented with therapists of each sex with the same qualifications. Women preferred and reported higher levels of anticipated comfort self-disclosing to a female therapist. Type of hypothetical presenting problem and general level of self-disclosure also impacted anticipated comfort self-disclosing. There was an interaction between general level self-disclosure and the sex of therapist on anticipated comfort self-disclosing. General level of self-disclosure only impacted anticipated comfort self-disclosing when the therapist was male. This information is relevant for therapists or organizations that provide psycho-social services to women. Organizations may want to inquire about a client's preferences about sex of therapist beforehand and, if possible, cater to the client's preference.

Keywords

client preference; sex of therapist; therapist characteristics

Much research has been done on the effects of both client and therapist characteristics on the outcome of therapy. However, less research has examined the factors that influence the initial selection of a therapist. Existing literature indicates that individuals consider a number of factors when choosing a mental health provider (Eells, Fuqua, & Boswell, 1999). Eells and colleagues (1999) found that people consider the following factors, ranked from most to least important: professional qualifications (e.g., education, degree), practical (e.g., office location, cost), social influence (e.g., reference by trusted friend), and personal

Please address correspondence regarding this article and submission to: Sara J. Landes, Ph.D., National Center for PTSD, VA Palo Alto Health Care System, University of Washington, 795 Willow Road (MPD 334-PTSD), Menlo Park, CA, 94025, Phone: (650) 493-5000, 1-2-26957, Fax: (650) 617-2769, sara.landes@va.gov.
Contact information for remaining authors: Jessica R. Burton, M.P.H., Genentech, Inc., PRO Unlimited Contractor, 1 DNA Way, MS 88, South San Francisco, CA, 94080, Phone: (650) 225-3203, Fax: (650) 225-4093, burton.jessica@gene.com
Kevin King, Ph.D., University of Washington, Box 351525, Seattle, WA 98195, Phone: (206) 543-4781, Fax: (206) 685-3157, kingkm@uw.edu
Bryce F. Sullivan, Ph.D., Belmont University, 1900 Belmont Boulevard, Nashville, TN 37212, Phone: (615) 460-6437, Fax: (615) 460-6466, bryce.sullivan@belmont.edu

characteristics (e.g., sex, age, ethnicity). Selection is often based on information about the therapist that is readily accessible or visible, characteristics such as race, sex[1], attractiveness, and age. These characteristics and the meanings attached to them by the client contribute to the initial judgments a client makes about a therapist's abilities and competency (Harris & Busby, 1998).

Research on client preferences indicates that, in general, the majority of clients does not have or does not state a preference regarding therapist characteristics (Blow, Timm, & Cox, 2008; Pikus & Heavey, 1996; Speight & Vera, 2005). Speight and Vera (2005) examined archival data from a college counseling center that included clients' responses to an open-ended question regarding preference. They found that 61.1% did not state a preference.

When preferences were stated, the preferences related to the gender of the therapist were most common (Speight & Vera, 2005). Research has shown that clients differ by sex in their stated therapist preferences, especially when directly asked about preferences. Pikus and Heavey (1996) found that when directly asked, the majority of male clients (58%) stated no preference for therapist gender, while only 32% of female clients stated no preference. Women typically state preferences regarding therapist characteristics (Dancey, Dryden, & Cook, 1992; Speight & Vera, 2005; Wilch, 1999), and when reporting preferences regarding sex of therapist, women prefer a female therapist (Cooper, 2006; Dancey, et al., 1992; Highlen & Russell, 1980; Wilch, 1999). This has also been found in primary care clinics where women have stated preferences for having a female provider (Garcia, Paterniti, Romano, & Kravitz, 2003). Stamler and colleagues (1991) found that preferences may be impacted by the sex of the intake counselor. For women, the sex of the intake counselor had an impact on whether they reported a preference and on what their preference was. When meeting with a female intake counselor, women were approximately twice as likely to express having a preference about their therapist. When meeting with a male intake counselor, women requested a female therapist more often.

Pikus and Heavey (1996) examined the strength of client preferences and the reasons behind these preferences. Those clients who preferred a female therapist had significantly stronger preferences than those who preferred a male therapist. Reasons for preference of a female therapist included feeling more comfortable talking with a woman, wanting someone similar to themselves (in terms of gender) so the therapist would understand them better (e.g., ability to be more empathic), wanting a therapist with stereotypically female qualities (e.g., "warmer"), previous negative experiences with male therapists, and wanting to work on problems with women.

Preference for gender of therapist may also be affected by the nature of the client's presenting problem (Bernstein, Hofmann, & Wade, 1987; Harris & Busby, 1998). Female clients preferred a female therapist when their presenting problem was of a "personal nature," although no further description of personal nature was included in the research report (Boulware & Holmes, 1970; Fowler & Wagner, 1993; Fuller, 1964). This may be further compounded by a client's history. Some research has shown, for example, that girls who have been sexually abused show an initial preference for female therapists (Fowler & Wagner, 1993; Fowler, Wagner, Iachini, & Johnson, 1992; Moon, Wagner, & Kazelskis, 2000; Wagner, Kilcrease-Fleming, Fowler, & Kazelskis, 1993). Interestingly, several studies

[1]The term "sex" refers to the physiological or physical aspects of being either male or female. The term "gender" is defined as "the non-physiological aspects of being female or male-the cultural expectations for masculinity and femininity"(Lips, 2003, p. G-3). While it is noted that there is a difference between these terms, in a majority of the literature, the terms are used incorrectly, interchangeably, or without being defined. In reviewing the existing literature, we use terms as used by the authors of each article. For the purposes of this study, we use the term sex to describe the physical sex of therapists and to define types of presenting problems. Limitations of this choice are discussed in the Discussion.

have found that a male therapist was preferred when the problem was vocational (Blier, Atkinson, & Geer, 1987; Boulware & Holmes, 1970). This type of preference may be better explained by gender stereotypes (Blow, et al., 2008; Boulware & Holmes, 1970; Bowers & Bieschke, 2005). Students might have expected the woman to better understand personal problems and the man to better understand vocational problems. Gender and gender stereotypes likely impact preference for therapist, but these areas are beyond the scope of the current paper.

Sex of the therapist may also influence how comfortable a client feels disclosing information. Fuller (1963) found that, in general, female clients disclose more than male clients. Client/counselor dyads that included a female (whether client or counselor) produced more self-disclosure than all male pairs. Brooks (1974) supported the finding that dyads including a female produced more self-disclosure; however, she did not find that women disclosed more than men. In fact, Brooks (1974) found that female clients revealed more to male counselors than female counselors. Harris and Busby (1998) measured the effects of therapist attractiveness, nature of presenting problem, and gender of participant on the comfort of self-disclosing. The type of presenting problem had the greatest effect on comfort self-disclosing. The attractiveness of the therapist had a smaller, but significant, effect on comfort self-disclosing. In this study, participants' gender did not significantly affect their predicted self-disclosure.

In sum, most clients do not state a preference regarding characteristics about a therapist. When clients do state a preference, most are related to the sex of the therapist. Women are more likely to state a preference regarding sex of therapist at all and tend to prefer a provider of the female sex in mental health and primary care health settings. The presence of an intake counselor impacts both whether one states a preference and the actual preference. The client's presenting problem also impacts preference, although research in this area has not been very specific (e.g., using terms to describe a problem as "of a personal nature"). Finally, sex of the therapist may impact how comfortable a client feels self-disclosing, but the literature in this area has been mixed.

The current study examined differences in women's anticipated comfort self-disclosing to therapists of different sexes and their preference for therapists of different sexes. Women were asked to hypothetically consider therapy for a problem related to or resulting from either a sex-neutral problem or a female sex-specific problem. General willingness to self-disclose was measured and each participant rated her anticipated comfort self-disclosing to either a male or female therapist and rated her preference between a male and female therapist.

The current study builds on existing literature on client preference for sex of therapist. Most previous studies categorized presenting problems in very general terms, such as "personal" or "vocational," while the current study categorizes presenting problem more specifically (i.e., female sex-specific, sex-neutral). Additionally, the current study also adds to the literature by examining an additional variable that may impact preference for sex of therapist, general level of self-disclosure.

The hypotheses of the current study regarding preference are that A1) women will prefer the female therapist to the male therapist and that A2) the type of hypothetical presenting problem will impact preference (specifically that women will prefer the female therapist for female sex-specific problems). The hypotheses regarding anticipated comfort self-disclosing to the described therapist are that B1) the sex of the therapist will impact anticipated comfort self-disclosing (specifically, women will report higher comfort self-disclosing to a female therapist), B2) the type of hypothetical presenting problem will impact anticipated comfort

self-disclosing (specifically that those with a female sex-specific hypothetical presenting problem will report lower comfort self-disclosing), and B3) there will be an interaction effect between sex of therapist and hypothetical presenting problem. Finally, B4) general level of self-disclosure will impact anticipated comfort self-disclosing (e.g., those with high levels of self-disclosure will report higher levels of anticipated comfort self-disclosing).

Method

Participants

Participants were 187 female students from a medium-sized Midwestern university who participated in the study as partial fulfillment of their undergraduate psychology coursework. Student participants ranged in age from 17 to 46 years, although 90% of participants were 25 years old or younger (M = 21.73, SD = 4.50). The majority identified themselves as Caucasian (84%) and in their first year of college (27%). See Table 1 for full description of participant demographics.

Materials

Materials included in each packet are described here in the order they were presented.

Self-Disclosure Situations Survey

To examine a participant's general level of self-disclosure, Chelune's (1976) Self-Disclosure Situations Survey (SDSS) was administered. The SDSS provides a measure of one's general willingness to disclose and consists of 20 items that describe different situations in which the respondent rates the degree to which she would be willing to self-disclose on a six-point Likert-type scale. Sample items describing situations include "You are having dinner at home with your family," "You are being introduced to a group of strangers," and "You are applying for a job as a public relations consultant." A rating of 1 indicates the respondent would only discuss certain topics, if any, at a superficial level and reveal no personal information. A rating of 6 indicates the respondent would discuss a variety of topics in depth and reveal, in complete detail, personal information. Total scores range from 20 to 120, with higher scores indicating a greater willingness to self-disclose.

In a review of self-disclosure measures, Tardy (1988) indicates that the SDSS reflects an individual's general willingness to disclose due to the fact that it includes a variety of situational factors. The items have good reliability; using three samples Chelune (1976) obtained reliability coefficients of .80 (n=56), .88 (n=79), and 0.89 (n=56). For the current study, the reliability alpha score was .89 (n = 187). When examining construct validity, he found a significant correlation of SDSS score and the Byrne Repression-Sensitization scale (r=.30, p<.005) and the Rotter Internal-External Locus of Control scale (r=.29, p<.01).

Changes were made to the SDSS for this study to make the wording more contemporary. Item number eight was changed from "You are a member of an encounter/sensitivity group." to "You are a member of a sensitivity training or therapy group." In its original form, descriptors were given only for each endpoint of the six-point Likert-type scale. For this study, descriptors were added for each number on the scale to ensure the participants understood the meaning of each number in the scale used to rate each situation.

Therapist description

Participants were presented with a description of either a male or female therapist. In each description, the name of the therapist, areas of specialty, theoretical orientation, experience, and education were provided. The descriptions were modeled from a descriptive directory of

psychotherapists from a major metropolitan area. The only difference between each therapist was his or her first name; all other information remained identical to avoid confounding variables. There was a therapist with a stereotypically female name (Amanda) and one with a stereotypically male name (Michael). (See Appendix A for an example.)

Hypothetical presenting problem

Following the description, directions instructed participants to answer questions as if they were considering therapy for either a problem related to or resulting from either a female sex-specific problem or a sex-neutral problem. They were given more than one example for the type of problem in order to clarify the concept. For the female sex-specific problem, the examples were pregnancy issue, rape, or domestic violence. For the sex-neutral problem, the examples were depression or anxiety.

Sex-neutral problems were defined as problems that affect both men and women and are not dependent on the sex of the individual (e.g., depression, anxiety, phobias). Female sex-specific problems were defined as a problem suffered either mainly or exclusively by members of the female sex. Events like pregnancy, abortion, and stillbirth can only be directly experienced by women. Female sex-specific problems also included those that are not biologically determined but, likely due to social influence, are experienced predominantly by women (e.g., rape, intimate partner violence) (Catalano, 2012; Truman, 2010; U. S. Bureau of Justice Statistics, 1993, 1994, 1996)

Anticipated comfort self-disclosing to therapist

After reading the hypothetical presenting problem, participants were asked about their anticipated comfort self-disclosing information to the described therapist by asking them “how comfortable would you feel telling personal or private information to [name of therapist]?” Anticipated comfort self-disclosing was rated on a 7-point Likert-type scale ranging from negative three to positive three. Negative three represented “extremely uncomfortable” and positive three represented “extremely comfortable.”

Preference for male or female therapist

Participants then read that another therapist worked in the same office and had identical qualifications but was the opposite sex of the therapist in the previous description. Participants were asked, if given the option to choose, which therapist they would prefer to see for therapy. Participants then circled the name of the therapist they would prefer to see.

Demographics

The final page of the packet consisted of demographic questions, including sex, age, ethnicity, and education level.

Procedure

All procedures were approved by the local Institutional Review Board. A between-subjects design was used, and participants randomly received one of four packets. The packets differed based on whether the participant was reading about a male or female therapist and whether she was asked to consider therapy for a hypothetical problem related to or resulting from either a female sex-specific problem or a sex-neutral problem. Participants completed the questionnaires after reading and signing the informed consent document.

Results

A correlation table of the examined variables is presented in Table 2.

Women significantly preferred the female therapist, z = 9.99, $p < .05$. Of the 180 women who stated a preference, the majority (87.2%) preferred the female therapist and 12.8% preferred the male therapist.

Preference for therapist was significantly different based on type of hypothetical presenting problem (female sex-specific or sex-neutral), $\chi^2(1, N = 180) = 8.097$, $p < .05$. Ninety-four percent of the participants given a hypothetical female sex-specific problem preferred the female therapist, and 80.2% of participants given a hypothetical sex-neutral problem preferred the female therapist. Only 5.6% of participants given a hypothetical female sex-specific problem preferred the male therapist.

To examine the impact of sex of therapist and type of hypothetical presenting problem on anticipated comfort self-disclosing, we recoded anticipated comfort self-disclosing from −3 through +3 into 1 (“extremely uncomfortable”) through 7 (“extremely comfortable”). Sex of the therapist was dummy coded with 0 = female and 1 = male and the type of hypothetical presenting problem was dummy coded with 0 = sex-neutral and 1 = female sex-specific. Anticipated comfort self-disclosing was different based on the sex of therapist, (b = -.82, SE = .21, β = -.28, $p < .001$), as well as different based on type of hypothetical presenting problem, (b = -.51, SE = .21, β = -.17, $p = .02$). Specifically, considering a female sex-specific problem was associated with lower anticipated comfort self-disclosing, and a male therapist with lower anticipated comfort self-disclosing. Using OLS regression in SPSS 18.0, together these predictors explained 11% of the variability in anticipated comfort ($R^2 = .11$). The interaction of the two was not significant, (b = .032, SE = .42, β = .01, $p = .939$), so we dropped it from the final model.

To examine whether general level of self-disclosure would impact anticipated comfort self-disclosing to the therapist described, we added SDSS score to the previous regression model. For this analysis we rescaled the SDSS scores (originally ranging from a minimum of 20 to a maximum of 120) to have a minimum of 0 and a maximum of 5, so that a 1-unit increase on the rescaled SDSS was equivalent to a 1-unit increase in the Likert scale assessing anticipated comfort self-disclosing. As would be anticipated, anticipated comfort self-disclosing to the therapist described was associated with the rescaled SDSS score over and above the impact of therapist sex and type of presenting problem, (b = .50, SE = .19, β = .19, $p = .009$), and this model explained 14% of the variance in the outcome.

To further investigate the relationship between general level of self-disclosure and anticipated comfort self-disclosing to the therapist described, we used linear regression to examine the impact of sex of therapist and general level of self-disclosure and the interaction of the two on anticipated comfort self-disclosing to the therapist described. This regression model accounted for 18% of the total variance in the outcome (i.e., $R^2 = .178$). The main effect of sex of therapist was significant, such that participants reported feeling more anticipated comfort self-disclosing to a female therapist (b = -.807, SE = .20, β = -.28, $p < .001$), but this was qualified by an interaction with self-disclosure, meaning that this main effect must be interpreted in terms of the level of self-disclosure. This means that the effects of self-disclosure are only interpretable for therapist sex that is coded as zero (i.e., females) (Aiken & West, 1991). This interaction of sex of therapist and general level of self-disclosure was significant, (b = .977, SE = .38, β = .24, $p = .01$), suggesting that the impact of general level of self-disclosure on anticipated comfort self-disclosing to the therapist described depended on whether the therapist was male or female. We probed the interaction following the methods outlined by Aiken and West (1991). Specifically, the interaction indicated that when the therapist was female, there was no effect of general levels of self-disclosure on anticipated comfort self-disclosing to the therapist described (b = .099, SE = .24, β = .04, p = .685), but this effect was significant and positive when the therapist was

male ($b = (.099 + .977) = 1.076$, $SE = .29$, $\beta = .40$, $p < .001$), meaning that general level of self-disclosure had an effect on anticipated comfort self-disclosing the therapist described only when the therapist was male.

Finally, we tested whether covarying age, ethnicity (dummy coded as Caucasian vs. ethnic minority status), and education level influenced these findings. The magnitude and significance of the main effects and interactions were not different when these covariates were entered into the model (and none of the covariates were associated with the outcome), suggesting that these effects were independent of age, ethnicity, and education level.

Discussion

The current analogue study was designed to examine women's preference for the sex of therapist, anticipated comfort self-disclosing, and the effect of the type of hypothetical presenting problem and general level of self-disclosure on these variables. It was predicted that women would prefer a female therapist to a male therapist, and this hypothesis was supported. Eighty-seven percent of the women surveyed preferred the female therapist, regardless of the presenting problem. This finding supports previous findings (Boulware & Holmes, 1970; Fuertes & Gelso, 1998; Fuller, 1964; Pikus & Heavey, 1996; Stamler, et al., 1991) that women prefer female therapists to male therapists.

It was also predicted that the type of hypothetical presenting problem participants were asked to consider would impact their preference for sex of therapist and, specifically, that women would prefer a female therapist for a female sex-specific problem. This hypothesis was supported, as the preference for therapist was significantly different based on the type hypothetical presenting problem. The majority of female participants preferred the female therapist for both the sex-neutral (80.2%) and the female sex-specific problem (94.4%). This supports previous literature by Harris and Busby (1998) who both found that preference for sex of therapist was affected by the client's presenting problem.

The impact of sex of therapist and type of hypothetical presenting problem on participants' anticipated comfort self-disclosing was also examined. It was predicted that sex of the therapist would impact anticipated comfort self-disclosing, specifically that women would have higher scores on anticipated comfort self-disclosing to the female therapist than the male therapist, and that presenting problem would impact anticipated comfort self-disclosing. The hypotheses were supported. Participants reported lower anticipated comfort self-disclosing to a male therapist and lower anticipated comfort self-disclosing when the hypothetical presenting problem they were considering for therapy was female sex-specific. These findings extend previous literature showing that women prefer a female therapist. For example, previous literature on reasons for preference for a female therapist include feeling more comfortable talking with a woman (Pikus & Heavey, 1996).

It was also predicted that there would be an interaction of these variables; specifically that sex of therapist would impact anticipated comfort self-disclosing more when participants were asked to consider a female sex-specific problem. This hypothesis was not supported. This finding was surprising in that sex of therapist was expected to be more salient when considering a sex-specific problem. One possible explanation for this lack of interaction is that while each participant was presented initially with either a male or female therapist, she was also told that a therapist of the opposite sex was available. Having information about another possible option may have lessened the impact on anticipated comfort self-disclosing. Another variable that may have lessened the impact on anticipated comfort self-disclosing is that this was an analogue study and participants would not be self-disclosing to the

therapists in question. Further research into these variables and their interaction in a clinical population may prove interesting.

Finally, the relationship between general level of self-disclosure and anticipated comfort self-disclosing was examined. There was an interaction between sex of therapist and general level of self-disclosure on anticipated comfort self-disclosing. The impact of general level of self-disclosure depended on the sex of the therapist. When considering a female therapist and rating anticipated comfort self-disclosing, general level of self-disclosure had no effect. However, general level of self-disclosure did have an effect when considering a male therapist. Participants with a higher level of general self-disclosure reported higher levels of anticipated comfort self-disclosing to a male therapist. In short, participants reported feeling comfortable disclosing to female therapists regardless of their general level of self-disclosure, but only those who had higher levels of general self-disclosure felt more comfortable disclosing to male therapists.

In summary, the current study both supported previous findings in the literature and extended what is known about preference for sex of therapist, as well as impact of presenting problem and an individual's general level of self-disclosure. Findings supported previous literature indicating that women prefer a female therapist and that type of presenting problem may impact preference for sex of therapist. This study extended previous literature on the impact of presenting problem by defining it more specifically (i.e., as opposed to describing the problem as one of a "personal nature"). It also extended the literature by examining anticipated comfort self-disclosing to the therapist. Findings indicated that both sex of therapist and type of presenting problem impact anticipated comfort self-disclosing. Finally, this study added to the literature by also examining the impact of an individual's general level of self-disclosure (not specific to therapy). An interaction was found between general level of self-disclosure and sex of therapist (described in the paragraph above).

Implications

The current study suggests that women may have a preference in the sex of their therapist. This preference was influenced by the hypothetical presenting problem they were asked to consider. This information is relevant for therapists or organizations that provide services to women. It is especially relevant when the clients are women experiencing female sex-specific problems. With this knowledge, organizations offering services may want to inquire about a client's preferences about sex of therapist beforehand and, if possible, cater to the client's preference. We acknowledge that in many settings, this may not be possible given restraints on time, resources, and therapists available. These results are consistent with other literature that suggest that catering to clients' preferences for therapy can lead to better engagement and outcomes (Arnkoff, Glass, & Shapiro, 2002; Swift & Callahan, 2009).

In terms of level of self-disclosure, an individual's general level of self-disclosure affected her level of anticipated comfort self-disclosing to a therapist when the therapist was male. Using a measure like the Self-Disclosure Situations Scale may be beneficial for therapists to know what to expect from a client, as it may influence the rate of disclosure or progress of therapy. This measure may also be helpful in determining whether to assign the client either a male or female therapist, as women in this study with a low level of general self-disclosure seem to have greater differences in anticipated comfort self-disclosing to a male therapist, but not to a female therapist.

These findings may be relevant in cases where time is limited, either in short-term therapy or crisis services. When receiving crisis services, a client may not have the time to become acclimated to a male therapist when she prefers a female therapist. In less critical situations,

clients may choose short-term therapy for a variety of problems. Their choice of short-term therapy may be influenced by factors such as managed care, availability of money, or personal preference for therapy style (Eells, et al., 1999). For these clients, initial preferences and anticipated comfort self-disclosing are also important. In short-term therapy situations, the therapist and client have a shorter time to work on the problem at hand and therefore even less time to work on possible issues the client may have with the therapist. In these situations, therapist characteristics which will help to facilitate a therapeutic relationship quickly are even more important.

Limitations

One limitation of this study is that it was an analogue study; the participants were not clients seeking therapy. It would have been preferable to survey actual clients experiencing a variety of problems, both female sex-specific and sex-neutral. The characteristics of the participants also limit the generalizability of the findings. The majority of the participants were Caucasian college students in their twenties. This limits the ability to suggest that these findings would apply to all women seeking therapy, as there was a limited range of racial backgrounds, ages, and education levels.

Another limitation is that participants were not asked if they were currently experiencing problems such as the hypothetical problems they were asked to consider. Study results may have been more valid had participants been currently experiencing the problem they were asked to consider. Also, participants were not asked if they were currently in therapy or if they had received therapy in the past. Participants' therapy histories and experiences with male or female therapists may have impacted their preference for therapists in this study.

Finally, the current study did not assess participants' view about gender or the presence of gender stereotypes, which may have impacted their preference of therapist.

Future Research

Based on the results of the present study, it appears that women generally prefer a female therapist to a male therapist. The current study is an analogue study and future research should include a replication with a clinical sample. Also, similar research could be conducted with male participants. Male therapy clients can also experience male sex-specific problems (e.g., impotence) and sex-neutral problems.

If we want to understand why these preferences exist, additional research is needed that includes both sex and gender. The current study design did not allow us to examine whether the participants are reporting preferences based on assumptions regarding (a) gender, (b) sex, or (c) some combination of both.

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Biographies

Sara J. Landes, Ph.D., is a Research Health Science Specialist at the Dissemination and Training Division of the National Center for PTSD, at the VA Palo Alto Health Care System. Her research interests include psychotherapy process and outcome, behavioral

treatments for personality disorders, and implementation of evidence based treaments in healthcare systems.

Jessica R. Burton, M.P.H., is a Scientist in Patient Reported Outcomes- Oncology at Genentech, Inc. through PRO Unlimited. She has a background in epidemiology focused on aggregate and population-based health intervention outcomes, identification of health determinants, as well as infectious disease surveillance. She currently designs and implements strategy assessing patient health-related quality of life, functioning, and health status in clinical oncology trials.

Kevin M. King, Ph.D., is an Assistant Professor of Psychology at the University of Washington. His research interests focus on how context shapes the development of self regulation during adolescence and how their interaction influences the emergence of risky behaviors. He alsostudies the application of quantitative methods such as multilevel models and latent variable models to these questions.

Bryce F. Sullivan, Ph.D., is the Dean of the College of Arts and Sciences and a Professor of Psychology at Belmont University. His scholarly interests include higher education and clinical psychology. He is a licensed clinical psychologist.

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Appendix A

Female Therapist Description

Amanda L. Jones, Ph.D.

Graduated from University of Illinois in 1982. In private practice 20 years.

Specializations: Mood disorders, anxiety disorders, women’s issues, personality disorders

Patients served: Adults, adolescents

Licensed by the State of Illinois

Amanda L. Jones, Ph.D., specializes in therapy for mood disorders, anxiety disorders, women's issues, and personality disorders. She has an extensive background working with both adults and adolescents. In addition to providing therapy, she also performs complete psychological assessments and evaluations. She has been in private practice for the last 20 years. Each year, she attends workshops and conferences in order to stay current with the latest research in her field.

Table 1

Participant Demographics

Variable	n	Valid %
Sex		
Female	187	100
Age		
17–20	92	49.2
21–25	77	41.2
26–30	11	5.9
31–35	1	0.5
36–40	2	1.1
41–45	3	1.6
46–50	1	0.5
Ethnicity		
Caucasian	157	84.0
African American	23	12.3
Asian American	3	1.6
Hispanic	2	1.1
Native American	0	0
Other	2	1.1
Education		
College Year 1	50	27.0
College Year 2	31	16.8
College Year 3	45	24.3
College Year 4	28	15.1
College Year 5	4	2.2
Post-graduate	27	14.6
Missing	2	

Table 2

Correlations of Variables

	1	2	3	4	5
1. Age	1.00				
2. Preference	.046	1.00			
3. Comfort Level	−.001	−.041	1.00		
4. Sex of Therapist	−.072	−.187*	.284**	1.00	
5. SDSS Score	.040	.003	.208**	.024	1.00

* $p < .05$,

** $p < .01$

Note. Information was coded as followed. Preference for sex of therapist: 1 = female and 2 = male. Anticipated comfort self-disclosing: converted from −3 to 3 Likert-type scale to scale of 1 to 7. The sex of fictional therapist: 1 = male and 2 = female. SDSS scores ranged from 20 to 120.