AMERICAN UNIVERSITY OF BEIRUT

PARTICIPANTS' PERCEPTIONS OF THERAPISTS AS A VARIATION OF CLINICIAN'S OVERT RELIGIOSITY

by
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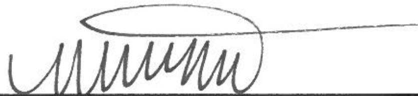

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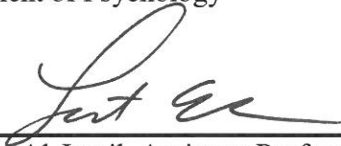

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AN ABSTRACT OF THE THESIS OF

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A burgeoning line of psychotherapy research investigates the various factors that contribute to positive psychotherapy outcomes, including the therapeutic modality, the client, the therapist, their match, their demographics, and their therapeutic alliance. The therapeutic alliance consistently emerges as a significant predictor of positive outcomes in addition to certain therapist characteristics. Some research suggests that the therapist's and client's religious identity and the match between them on this dimension may also play a role in the therapeutic process, however results have been inconsistent. Additionally, research pertaining to clients' perception of religious psychotherapists is scarce. Given the religious diversity in Lebanon, yet the high political, social, and cultural salience of religion and sectarian identification, it is particularly important to investigate the role of religion in the therapy room. This study aimed to add to the general literature on the role of religion in therapy, and specifically to Lebanese and Middle Eastern literature by exploring, through an analog model, how participants rate a therapist based on the therapist's overt religiosity and the participants' religious identification. One hundred and eighty seven undergraduate students were recruited from the American University of Beirut. All participants read a description and saw a picture of a female therapist, but whereas the written description was constant across conditions, participants were randomized to view one of three pictures; a veiled therapist, a therapist wearing a cross pendant, or a therapist with no religious symbols. The participants filled out a rating form that assesses a therapist's trustworthiness, expertness, and attractiveness, followed by a measure of their religiosity. Results found no significant differences in overall therapist ratings between groups, even when controlling for participant religiosity. However, within the sub dimensions of the rating scale, the veiled therapist was rated as marginally less expert compared to the Christian or neutral therapists. The overall insignificant effect of therapist's overt religiosity on her ratings may be attributed to our sample, who may be more tolerant and exposed to diversity than mainstream Lebanese culture. Alternatively the professional written description adjacent to the therapist picture may have minimized the effect of the religious symbol in the picture.
Keywords: Psychotherapy outcomes, effective therapists, religiosity, Counselor Rating Form

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Participants' Perceptions of Therapists as a Variation of Clinician's Overt Religiosity

CHAPTER I

PSYCHOTHERAPY OUTCOMES

Ever since research established that psychotherapy is better in helping clients[1] than time alone (Dobson, 1989; Landman et al., 1982; Shapiro & Shapiro, 1980; Smith et al., 1980), psychotherapy outcome research has been an especially burgeoning line of research in social and clinical psychology (Bachar, 1998; Lambert & Bergin, 1994; Robinson et al., 1990; Seligman, 1995). Psychotherapy outcome research seeks to study the relation between client improvement and a variety of variables (Lambert & Barley, 2001). For example, one variable affecting psychotherapy is the psychotherapeutic modality, where it appears that some disorders are most appropriately treated by a specific therapeutic modality (Wedding & Corsini, 2014). For example, multiple studies have found that cognitive behavioral therapy (Beck, 2005; Butler et al., 2006; DeRubeis & Crits-Christoph, 1998; Gloaguen et al., 1998; Gould et al., 1995; Yager, 2009) as well as interpersonal therapy (Aldenhoff, 2011; Berger & Thiel, 2014; Lipsitz et al., 2008; Lipsitz & Markowitz, 2013) are successful in the treatment of depression, anxiety disorders, and eating disorders (Bohn et al., 2013). Similarly, psychodynamic psychotherapy has been found to be effective in the treatment of depression, panic disorder (Kaplan, 2010), and personality disorders (Leichsenring & Leibing, 2003; Messer & Abbass, 2010). Yet, research also finds that there are minimal differences in the efficacy of different therapeutic modalities (Luborsky et al., 2002), with techniques

[1] The word "client" will be used to describe the word "patient" used in the literature

accounting for a mere 15% of the therapeutic outcome (Assay & Lambert, 1999). Meta-analytic studies have consistently demonstrated that outcomes for different therapeutic modalities were equivalent, with no one modality being superior to another. This is known as the dodo bird verdict (Luborsky et al., 1975; Luborsky et al., 2002; Shedler, 2010; Smith et al., 1980). Therefore, research has also turned to other factors predicting positive therapeutic outcomes, including the therapeutic alliance and client and therapist[2] characteristics. For example, client characteristics that predict better therapeutic outcomes include readiness to change, cognitive complexity, social support, psychological mindedness , possession of skills and confidence to change (Feinstein et al., 2015), and positive expectancies of therapy (Clarkin & Levy, 2003;).

One integral element of the psychotherapy relationship and consequently psychotherapy outcomes is the quality of the therapeutic alliance. There are many conceptualizations of the therapeutic alliance, which essentially describe the relationship between the therapist and the client and include "an affective component, and a rational, cognitive, ego function component" (Ankuta, 1992, pg. 1). Other conceptualizations see the therapeutic alliance as the feelings and attitudes that therapists and clients have for each other, and the way they express them (Gelso & Hayes, 1998). Bordin (1979) has written extensively on the therapeutic alliance and conceptualizes it to include convergence on three key aspects of therapy; the therapeutic bond, goals, and tasks. Research has extensively documented the significant moderate effect of the therapeutic alliance on psychotherapy outcomes, with effect sizes ranging between .20 and .30

[2] The word "therapist" will be used to describe the word "counselor" used in the literature

(Arnow et al., 2013; Goldfried, 2013; Gunther, 1991; Horvath et al., 2011; Krupnick et al., 1996; Marmar, 1981).

It is also expected that therapists possess certain qualities that permit them to provide quality therapy and perform the requisite therapeutic tasks, including providing the intervention and helping foster a strong therapeutic alliance. For example, important therapist characteristics that predict better outcomes include empathy, open-mindedness, flexibility, fairness (Pope, 1996), acceptance, attentiveness (Lambert & Barley, 2001), confidence (Murphy et al., 1984), emotional stability, credibility (Lafferty et al., 1989), genuineness (Lambert et al., 1978), warmth, sensitivity (Buensuceso, 2008), understanding, responsiveness (Cooley & LaJoy, 1980), religiousness, and collecting client feedback (Feinstein et al., 2015). More specifically, a study by Lambert and Barley (2001) found that the interpersonal characteristics of warmth, empathy, congruence/genuineness, and therapeutic alliance lead to approximately 30% of the positive therapeutic outcomes. Clients also believe that therapists should be responsive, maintain eye contact, and must not rush clients by quickly changing topics due to time constraints (Littauer et al., 2005). In addition, clients believe that therapists must listen attentively, be understanding, and balance between listening and asking questions or adding comments (Littauer et al., 2005).

Against this backdrop of interest in qualities of clients, therapists, and their relationships that predict helpful therapy, one line of therapy outcome research seeks to explore the role of client preferences in choosing therapists. Client preferences for certain

types or groups of therapists are thought to impact psychotherapy outcomes because the client may perceive certain therapists as having a greater capacity for empathy, genuineness, and emotional intelligence and more inclination to develop positive regard towards them (Feinstein et al., 2015).

Once commonly discussed client preference is the gender of the therapist, although there have been inconsistent findings about the importance of matching the client's gender preference. For example, clients believe that women therapists form more effective therapeutic alliances than male therapists (Jones & Zoppel, 1982) and women therapists believe that they are especially adept at helping men create healthy emotional connections (Fitzpatrick, 2000). However, a study by Pikus and Heavey (1996) found that whereas most women preferred female therapists, most men did not have any preference (Pikus & Heavey, 1996). On the other hand, Furnham and Swami (2008) found that potential clients preferred a psychotherapist of the same sex. As these results are mixed, it is important to state the different methods employed in the different studies. Jones and Zoppel (1982) recruited clients who had recently terminated therapy, divided them into four groups based on whether they had been matched or not matched to the therapist's gender, and then interviewed them. Pikus and Heavey (1996) in contrast recruited current clients who filled out a questionnaire asking for their demographics and preferences. An important difference between the two studies also pertains to the instruments used; while Jones and Zoppel (1982) used the Rating Scales for Therapy Outcome and the Client Posttherapy Questionnaire, Pikus and Heavey's (1996) study mainly asked participants to rate on a 9-point scale whether they preferred a male

therapist or a female therapist (with -4 and +4 referring to "prefer male" and "prefer female" respectively). On the other hand, Fitzpatrick's (2000) study recruited female therapists who were interviewed and asked about their experiences working with male clients while Furnham and Swami's (2008) study recruited participants of different demographic backgrounds and provided with an online questionnaire that looks at their preference for different therapist demographic variables. The differences in the methods employed may explain the mixed findings. It is important to note that Fitzpatrick's (2000) study recruited therapists who expressed their own opinions regarding therapy; the study did not look at whether or not female therapists are more adept to help male clients form emotional connections. It is also important to note that Furnham and Swami's (2008) study did not employ clients who have experienced therapy and thus ones who have truly explored their preferences. As for Jones and Zoppel's (1982) study, it is beneficial to keep in mind that the research might be outdated, as perceptions of gender have changed with the increasing rise of feminist ideals.

Race preferences have also been investigated in the counseling and therapeutic setting. For example, research has found that individuals prefer seeking help from a therapist of the same race (Duncan, 1996; Gambo et al., 1976; Harrison, 1975; Jackson & Kirshner, 1973; Morten & Atkinson, 1983; Proctor & Rosen, 1981; Thompson & Cimbolic, 1978). In addition, several studies have found that Black clients prefer going to a Black therapist than a White therapist (Scarr, 1978; Tien & Johnson, 1985) and rated the former more positively (Gaddy, 2004). Black clients perceived that they had a more positive relationship with their Black therapists than those who had White therapists

(Taylor, 1970), and it was found that Black clients disclosed more to Black therapists than to White therapists (Bronstein, 1986). This may be due to the fact that Black clients believe that a black therapist has the same background and may understand him/her better (Banks, 1975). Additionally, participants who listened to a staged therapy audiotape of a Black therapist and a Black client rated the therapist as more credible and comforting when the therapist was using Black Nonstandard English instead of Standard English (Russell, 1982).

However, a relatively recent meta-analysis of 52 studies found that even though clients prefer a therapist of the same race/ethnicity, racial/ethnic matching does not produce more positive therapeutic outcomes (Cabral & Smith, 2011). This may be explained by the fact that other therapist traits may be deemed as more important than the therapist's race. For example, one study showed that even though participants expressed a positive desire to work with therapists of the same race, they rated other therapist characteristics (like similar attitudes and similar personality) as more important (Stewart et al., 2013). Finally, Swift, Callahan, Tompkins, Conor, and Dunn (2015) surveyed a college student sample about what they would prefer in a therapist if they were to seek therapy and compared their responses with a group of clients seeking therapy. They found that clients expressed stronger preferences for racial/ethnic match than college students in the hypothetical scenario. However, when the researchers presented both groups with different possible descriptions of different therapists, such as ones highlighting the therapist's efficacy, race, or if he were multi-culturally trained, both clients and college student participants preferred to work with multi-culturally trained

therapists and therapists who use culturally adapted treatments than being racially/ethnically matched to a therapist.

Research about preference for the therapist's sexual orientation is mixed. For example, two studies suggest that homosexual individuals were not found to prefer homosexual therapists (Kaufman et al., 1997; McDermott et al., 1989). However, research from the early 1980s found that homosexual clients prefer seeking help from a homosexual therapist (Atkinson et al., 1981; Gartrell, 1984). This preference appears to hold for a subset of clients, despite changing cultural attitudes towards homosexuality. For example, in a recent study, Kelly (2015) surveyed homosexual individuals who were currently in therapy and found that 30% of clients indicated a preference for a gay or a lesbian therapist, or a gay-friendly therapist (Kelly, 2015).

Some studies suggest that lesbian clients represent a distinct subgroup, as they were found to have a preference for lesbian therapists, whereas gay and bisexual clients did not have a preference for therapist sexual orientation. This was attributed to the fact that gay men and bisexual individuals were more open about their sexuality than lesbians (Kaufman et al., 1997). Some research suggests that there may be an intersection between gender and sexual orientation where gay and lesbian participants rated gay, lesbian, bisexual, and heterosexual female therapists as more helpful than heterosexual male therapists (Liddle, 1996).

Religion may play a key role in client's expectations of therapy as well. Given that most psychotherapy outcome research is Western, it has mainly focused on

examining the role of Christianity in therapy. For example, studies have shown that conservative Christians expect the inclusion of religion in therapy, even if the therapist is of a different religion (Belaire et al., 2005; Turton, 2004). Several studies have also found that conservative Christians have trouble seeking professional help from someone who does not label himself/herself as a Christian therapist and if they do, they are more likely to drop out of therapy (Belaire et al., 2005; Keating & Fretz, 1990). Christian clients also prefer seeking help from Christian therapists because they understand them better and are part of the in-group (Greenidge & Baker, 2012), which is important given how one study found that 89% of Evangelical Christians expressed fear that their faith would be misunderstood, unappreciated, and even ridiculed by psychologists (King, 1978). Keating and Fretz (1990) assessed religious participants' negative anticipations about counseling, such as fear that their spiritual concerns would be dismissed and not understood or that they would be recommended behaviors or solutions considered immoral. They found that participants higher on religiosity had the strongest negative anticipation from secular therapists, less negative anticipations from secular but spiritually empathetic therapists, and the least negative anticipations from Christian therapists. Furthermore, a study by McMinn (1991) found that students rated therapists who value religious commitment more favorably than therapists emphasizing clinical skills.

These preferences may also not be surprising given that Christian clients tend to associate more positive characteristics with Christian therapists. For example, Christian clients rate clergy therapists as more expert therapists than non-clergy Christian therapists, regardless of client's religiosity level (Moore, 1992; Randall, 1999). Similarly,

conservative Christian undergraduates rated Christian therapists as more trustworthy than non-Christian therapists (Nevels, 1983). Moreover, being a Christian clinical psychologist was also associated with being perceived as having traits of warmth, attractiveness, and receptivity (Haugen, 1976). Therapist religious disclosure also earned them higher ratings in the areas of working alliance, transparency, and credibility than neutral controls and this was especially true when the therapists' religion matched the participants' (Young, 2011). However, in a study by Chesner and Baumeister (1985), Christian subjects were less intimate in disclosing to a therapist who had disclosed himself to be a Christian or an Orthodox Jew than they were in disclosing to a therapist who did not disclose his religion. As for Jewish subjects, they were less intimate in disclosing when the therapist disclosed he was a Christian than they were when paired with an Orthodox Jewish therapist or a therapist who did not disclose his religion (Chesner & Baumeister, 1985). Both Christian and Jewish subjects did not disclose more when the therapist disclosed his religion than to non-disclosing therapists (Chesner & Baumeister, 1985).

In his studies with Orthodox Jewish clients, Wilker found that most preferred either an Orthodox therapist or a Jewish therapist, with 45% preferring an Orthodox therapist and 20% preferring a Jewish therapist who was not necessarily Orthodox (Wikler, 1983; Wikler, 1989). As for the other two categories, 20% preferred non-Orthodox Jewish therapists and 15% expressed no preference (Wikler, 1989). Additionally, 69% of Orthodox Jewish clients reported that the therapists' religious identity was significant in their treatment (Wikler, 1989). Another study found that ultra-

Orthodox Jewish clients were not affected by a psychiatrist's religion; however they were affected by the therapist's acquaintance with religion (Stolovy et al., 2012). Additionally, the fact that these clients were seeking help from a psychiatrist outside their community yielded better outcomes, because it ensured that their privacy is maintained (Stolovy et al., 2012). These findings suggest that ultra-Orthodox Jewish clients are not reluctant to seek help from a secular psychiatrist as long as the psychiatrist is culturally sensitive (Stolovy et. al, 2012).

As for Muslim participants, Kelly, Aridi, and Bakhtiar (1996) surveyed 43 women and 78 men in Washington DC, and Chicago areas. Participants ranged in age from 12 to 62 years. Of the sample, 63.7% rated themselves as quite religious. Results showed that 52.9% of participants would prefer a Muslim therapist if they needed counseling, while 43.8% did not have a preference for either a Muslim or non-Muslim therapist (Kelly et al., 1996). Furthermore, if participants had to go to a non-Muslim therapist, over 50% of participants expressed that it was very important that the therapist have religious values similar to theirs, while 25% expressed that it was somewhat important that the therapist have religious values similar to theirs (Kelly & Aridi, 1996). Finally, 56.2% considered it very important and 29.8% somewhat important that the therapist have an understanding of Islamic values (Kelly et al., 1996).

In one study that did not specify religious affiliation, Frankel (2004) sought to develop a computer matching system for potential clients and therapists. He found that all clients in his study (n=6) expressed a preference for the "importance of religion or

spirituality in a therapist's life". The above findings with the various religions are consistent with those of studies outside of the psychotherapy and counseling profession. For example, participants generally rate religious individuals more favorably than nonreligious individuals on moral and social dimensions (Galen et al., 2011; Swan et al., 2014) and religious individuals are generally described as giving, humble, and forgiving (Cook et al., 2000). Similarly, college students rated professionals who frequently expressed religious beliefs as more trustworthy, intelligent, liked, personally adjusted, and moral than religiously unexpressive professionals (Bailey & Doriot, 1985).

Although the above studies suggest a strong preference for Christian therapists among Christian clients and more favorable impressions of them, some research indicates otherwise. For example Belaire and Young (2002) found that moderately and highly conservative Christians expected non-Christian therapists to accept and tolerate Christian beliefs. Also, highly religious participants did not differ in rating a secular or a spiritual-empathetic therapist when compared to participants with low religiosity on positive characteristics, including attractiveness, expertness, and trustworthiness (Guinee, 1994; Guinee & Tracey, 1997). Sowders (2001) found that both intrinsically and extrinsically religious participants perceived therapists of both religious and nonreligious approaches to be equally effective. However, intrinsically religious participants anticipated much less satisfaction with the religiously insensitive therapist than the religiously sensitive therapist while extrinsically religious participants anticipated the same level of satisfaction with both therapists (Sowders, 2001). At the other end of the spectrum are those who may be equally or less likely to favor religious therapists compared to secular

or traditional therapists. For example, Pecnik and Epperson (1985) investigated the interaction effects of the participant's gender (male or female), the subject's religion (Christian or non-Christian), and the therapist's orientation (Christian or traditional). Results indicated that participants expected the traditional therapist to be more of an expert and more effective than the Christian therapist even though they had the same credentials (Pecnik & Epperson, 1985). Also, the Christian therapist was expected to have more overt religious behaviors in therapy. There was no interaction effect between the subject's religious orientation and the therapist's orientation (Pecnik & Epperson, 1985). Furthermore, students with less religious commitment preferred therapists who value clinical skills over therapists who value religious commitment (McMinn, 1991).

Moreover, Edmonds (1982) reported that clients may be afraid of seeking help from religious therapists because they believe they will be lectured or that strong moral demands will be placed on them. This finding is consistent with Cook, Borman, Moore, and Kunkel's (2000) findings that religious people are perceived to be stern, strict, and sometimes judging. Additionally, religious people are attributed traits such as close-minded, pushy, ignorant to problems, and non-partiers (Cook et al., 2000). To date, no research examines the role of other non-Christian religions in the therapy room and no research on this issue exists in the Middle East, despite the high social and political salience of religion.

CHAPTER II

THEORIES EXPLAINING CLIENT PREFERENCE IN THERAPISTS

Several theoretical models have been proposed to explain certain individuals' preferences for certain characteristics in their therapists. One such model is the hemophilic hypothesis. The term "status hemophilia" was coined to describe the observed tendency for individuals within a group to be overall highly similar and specifically similar in status (Marx & Spray, 1972). This hypothesis has been extended to understand client preferences and the therapeutic relationship. Marx and Spray (1972) investigated the applicability of the hemophilia hypothesis to the religion and social status of professional therapists and clients. Therapists were surveyed in large urban areas such as Chicago, Los Angeles, and New York, and asked about their own as well as their client's social class and religion. The results revealed that clients were more likely to have the same religion as the clinician's family, than the same social class (Marx & Spray).

Byrne and Clore (1970) proposed the reinforcement-affect theory to explain how interpersonal attraction occurs through perceived similarity. The theory holds that humans need validation for their beliefs and values, and develop an attraction for people who provide such validation (Byrne & Clore, 1970). This theory may be applied to client preferences in sexual orientation or levels of religiosity for example, as such similarity may be validating of the person's beliefs, values, and behaviors.

Conversely, Rosenbaum (1986) proposed that rather than similarity leading to attraction, it was dissimilarity that leads to repulsion. According to this repulsion hypothesis, Rosenbaum (1986) explained that it was more likely that value and attitude dissimilarity would lead to repulsion and people would therefore have to conduct a process of elimination, after which they are left attracted to similar people.

Byrne, Clore, and Smeaton (1986) proposed a two stage process for relationship formation that involved both the similarity-attraction and repulsion-dissimilarity hypotheses. The initial stage is the first impressions stage where humans seek dissimilar characteristics with others to assess the possibility of forming a relationship with them. If the dissimilar characteristics do not collide with theirs, they would then move to the second stage that assesses the degree of similarity in order to build a long term relationship.

A specific case of the above models of similarity and hemophily may be the racial identity theory. Racial identity is defined as "a sense of group or collective identity based on one's perception that he or she shares a common racial heritage with a particular racial group. Additionally, racial-identity refers to a person's identification (or lack of identification) with the racial group with which he or she is generally assumed to share a racial heritage" (Gaddy, 2004, pg 14). It may be that this identification forms the basis for assessing similarity and dissimilarity and subsequent relationship formation. In the case of race in counseling, it is likely that such similarity in background makes it easier for the therapist to better understand client difficulties, serve as role models, and help them

resolve conflicts (Banks, 1975; Morten & Atkinson, 1983; Russel, 1982; Sattler, 1970; Seward, 1956). The role of identification with a body of common heritage in assessing similarity and possibility for relationships with others may also extend to other instances where an aspect of the individual is highly salient to their identity, such as gender, race, orientation, or religious sect. Whether or not these hypotheses apply to religiosity may depend on the relative importance of religiosity in an individual's life and the presence of other similar or dissimilar qualities (Grantham & Gordon, 1986).

CHAPTER III

RELIGIOSITY IN LEBANON

Religion plays an important role in Middle Eastern politics and societies (Jawad, 2010) where it is often a major shaper of cultural custom. Religion frequently determines one's identity, and often interplays with other factors to determine the quality and direction of one's living areas (Hubbard, 2013), and political preference (Khatib, 2015). Furthermore, matters like marriage (Hubbard, 2013), divorce, custody, and inheritance are administered by the individual's respective religious authorities (Sussman, 2011). For example, "under conventional Lebanese law, marriages must be between members of the same sect and registered by a religious authority" (Hubbard, 2013). A Lebanese lawyer explained that there are no laws that permit civil marriage in Lebanon, and as a result, by law, issues of divorce, custody, and marriage are determined by one's religion and sect. If two people of different sects get married, the law cannot determine such matters, as there

are no laws that govern civil marriage in Lebanon (Yara Chehwane, personal communication, September 19, 2016).

Religious and sectarian identification are especially important in Lebanon due its religious diversity. Lebanon has 18 different religious sects (Central Intelligence Agency, 2012; Faour, 2007), including 54% Muslim (27% Sunni, 27% Shiia) , 40.5% Christian (21% Maronite Catholic, 8% Greek Orthodox, 5% Greek Catholic, 6.5% other Christian), and 5.6% Druze, with very small numbers of Jews, Baha’is, Buddhists, Hindus, and Mormons (Central Intelligence Agency, 2012).

Furthermore, political affiliation in Lebanon is strongly associated with religion, as religion is involved in politics (Khatib, 2015). Many scholars of the 1975-1990 Lebanese Civil War maintain that one of the main factors igniting the conflict was Muslim-Christian conflict (Deeb, 1980; Haley et al., 1979) and overall religious strife (Barakat, 1988). The main political and religious factions in the civil war were divided along the following lines: Christian organizations, Muslim parties, the National Movement which contained both Muslims and Christians with radical policies, the Palestinian group, and the Syrian regime (Deeb, 1980). Faour (2007) also explained that in 1932 the French based the political system on religious sects and their respective numerical size. As a result, the Maronites were allocated the most powerful position of President of the Republic, the Sunnis were offered the second most important political position of the premiership, and finally the Shiites were allocated the position of Speaker

of Parliament. Furthermore, in the Parliament, the seats were allocated to Christians and Muslims based on a 6:5 ratio, with 6 Christians for every 5 Muslims (Faour, 2007).

This division reflects Lebanese sectarianism, in which political power in divided among religious cultures (Nassar, 1995). Nassar (1995) holds that as Lebanon was united to a modern state, its sectarian culture was incorporated into the political system. Several political groups have formed after 2005, most known are the two parties March 8 (Hezbollah, predominantly shii'te) and March (Future Movement, predominantly Sunni) 14 (Salamey, 2014, pg. 88). the The March 8 party is made up of approximately 25% Christians, 65% Shii'tes, and 10% Sunnis, while the March 14 party constituted of approximately 25% Christians, 7% Shii'tes, and 68% Sunnis (Salamy, 2014, pg. 88). These two political parties are in a constant power struggle. For example, short-lived armed clashes between the political parties of March 8 and March 14 took place in 2008 (Salamey, 2014, pg. 88). Furthermore, the sectarian political party Hezbollah has been known as "a state within a state" in Lebanon (Salamey, 2014, pg. 89), which stresses the sectarian and political division among the Lebanese people. Finally, it is important to note that the sectarian political state of the country is also visible in the media, where Lebanese TV channels are split into two camps, Hezbollah and Future (Cochrane, 2007). The Hezbollah camp supports Al Manar TV, the National Broadcasting Network (NBN) and New TV, while Future TV and Lebanese Broadcasting Company (LBC) are pro-government (Cochrane, 2007). These media channels cover stories that support a certain sectarian political party (Cochrane, 2007). To better understand therapist preferences in

Lebanon, it is important to take the above into consideration. Lebanon's highly sectarian climate may affect clients' preferences in therapists.

CHAPTER IV

BRIEF HISTORY OF THE VEIL

The Islamic headscarf/veil is an important identifier for Muslim women. The veil is a piece of clothing worn on the head intended to cover the hair. It comes in different sizes, styles, and colors (Itani, 2015). The veil equates to the Arabic word "hijab" which comes from the word "hajaba", meaning to block or conceal (Itani, 2015). Versus from the Qur'an, the Islamic holy book, refers to the veil as the recommended dress code for women (Itani, 2015). However, several Muslim scholars have concluded that the hijab is not a religious rite (Shahrur, 2000, pg. 355; Saidi, 2012). Additionally, Sahrur (2000, pg. 355) interpreted the veil as a cultural artifact, and others used the fact that the veil was present before Islam as evidence for this perspective. More specifically, it is argued that the hijab was not only present before Islam, but also was not considered a religious obligation until the fifth year of Islam (Golley, 2004, pg. 524).

This debate can be better understood through tracing how the trend of veiling has changed multiple times throughout the years. Historical pictures have found that the veil can be traced to the Babylonian era where drawings depicted women wearing headbands to compliment their hair (Abu Diyya, 2012, pg. 34). During the period between 1250-600 B.C., a woman's veil ranked her to the social class she belongs to (Abu Diyya, 2012, pg.

37). The veil during that time was obligatory to all free women but "bad" women were prohibited from wearing a veil and were severely punished if they did (Abu Diyya, 2012, pg. 39). During the Ancient Egyptian Culture, an era between 3000-31 B.C., women started veiling entirely (covering all their hair) due to their fear of molestation during the war (Abu Diyya, 2012, pg. 47). The veil was also present in the Greek culture during 336-415 B.C., in which women were completely covered up, and one can only see their eyes (Abu Diyya, 2012, pg. 60), which is very similar to what is known today as the "niqab". As Christianity then prospered, women were required to cover their hair during prayer (Abu Diyya, 2012, pg. 83). After that, Muslims took up veiling during the seventh century (Amer, 2014).

Up until the colonial era, the veil was considered appropriate for all women, regardless of their religion (Ahmed, 2011, pg. 36). At the turn of the century, the practice of unveiling started, and it was evident that Christian and Jewish women were ahead of Muslim women in the trend of unveiling (Ahmed, 2011, pg. 36). It was after that time, around 1907 and 1908, that veiling was identified as a uniquely Islamic practice (Ahmed, 2011, pg. 36-37). The era between 1900s and the 1920s was the age of unveiling, and between 1920s and 1960s was the era during which becoming unveiled was the norm (Ahmed, 2011, pg. 46). In 1956, an article pointed out that veiling was a fast-disappearing practice in most Arab societies (Hourani, 1956). The trend to unveil commenced in Egypt in the early twentieth century, and was set in motion by the release of a book that targeted the advancement of Muslim societies (Hourani, 1956). The book argued that change in the status of women was an imperative step in the advancement of

Muslim societies and recommended that women shed off their veil to make this process possible (Hourani, 1956). As the book was released, the ideas were initially met with resistance, but later gained acceptance and spread in Egypt first, and then to other Arab countries including Syria, Iraq, Lebanon, and Jordan (Hourani, 1956). Furthermore, it was found that educated women did not accept veiling, and educated men supported unveiling to reinforce the perception of their wives as equal partners (Hourani, 1956).

However, in the 1970s, the veil began to reappear, first in small numbers in universities, and then in larger numbers in society (Ahmed, 2011, pg. 46). Ahmed (2011, pg. 47) proposes several reasons for the veil's resurgence, including the founding of the Muslim Brotherhood, the rivalry between Saudi Arabia and Egypt, and Egypt's and the Arab's military's defeat by Israel. This trend continued into the 1980s, and the practice of veiling was viewed as either a trend driven by women for their own specific reasons, or a practice originating from male Islamist leaders as a strategy to spread Islamism (Ahmed, 2011, pg. 118). Additionally, veiling at times was a mean to show solidarity with Palestine (Ahmed, 2011, pg. 210). By the early 1990s, it was evident that women were becoming Islamic activists (Ahmed, 2011, pg. 138). It was around that time that the Egyptian government tried to change course with respect to religion and education, primarily due to the crisis emerging from the growing tensions revolving around the increased Islamist influence in schools (Ahmed, 2011, pg. 141). After the 9/11 attacks, there was markedly increased instances of veiled girls and women across America getting physically and verbally abused, which resulted in some Muslim women rejecting veiling out of fear (Ahmed, 2011, pg. 204-207). On the other hand, the events of 9/11 and

the issue of Palestine was a main reason for many women to veil, as although some women did not believe that the veil is religiously required, they stated that they veiled to support and affirm their community (Ahmed, 2011, pg. 210-211).

In Lebanon, veiling has become more common since the 1980s, after the Israeli invasion, even though Lebanon is more liberal and has more Christian and secular communities than other Middle Eastern countries (The Associated Press, 2006). Veiling may be in the form of a simple head scarf, or a more complete “chador” (The Associated Press, 2006). As our sample is constituted of AUB students, it is important we include the history of veiling at AUB. Itani (2015) referred to the AUB yearbook between the years of 1963 until 2011. It was found that the average number of veiled AUB students per year in the 1960s was less than 1%. This percentage increased to 1.6% in the 1970s, 5.6% in the 1980s, 16.9% in 1990s, and to more than 185 students per year after the year 2000. Itani (2015) divided the wearing of the veil to three different types, classic, mild, and fashionable. The classically veiled women are those who wear the long topcoat instead of pants and skirts. The mildly veiled women are those who cover their hair and neck, but wear skirts and pants. Finally, the fashionably veiled women are those who cover their hair without covering their neck or ears. In 1963, there was only one fashionably veiled student at AUB while in 2012 there were 17 fashionably veiled students. Similarly, there weren’t any mildly or classically veiled students at AUB in 1963; however in 2012 it was found that there are 422 mildly veiled students and eight classically veiled students. The increase in veiled students at AUB was gradual over the years. This may signify the increase in religiosity of AUB students, as the veil is not a costume in the Lebanese

culture, as it is in other gulf areas (Itani, 2015). In total, the percentage of veiled students at AUB in 2012 sums to a mere 6% of the student body. Furthermore, the way the veil is worn may be an identifier of the woman’s sect, whether Sunni or Shia. For more traditional veiling, the Sunni usually wear a topcoat and a veil, while the Shiaa wear a black gown abaya (Itani, 2015). It is important to keep in mind that this study used the yearbook to count veiled students and obtain the above results. As such, it is noteworthy to mention that the yearbook does not include all students, as some students refuse to take part in it. We speculate that the most conservatively veiled students are the least likely to agree to have their pictures in the book, which would underestimate their numbers on campus.

CHAPTER V

CURRENT PERCEPTIONS AND DISCUSSIONS AROUND THE VEIL

The veil has been perceived as a way to control women and to control male-female relationships (Mernissi, 1987, pg. 89-90). However, within Muslim societies, sociological research suggests that the veil is a means to find a suitable husband, avoid men’s harassment and society’s judgments towards having women in public (Davary, 2009), gain societal esteem in communities where it is difficult for women to gain autonomy (Mule & Barthel, 1992), and finally as an affordable means to gain respect in lower middle class women (Moghadam, 1993). Additionally, it is thought that women

who veil are those who adhere to traditional family norms and values, including sexual fidelity (Mule & Barthel, 1992). More specifically, in the gulf countries, the veil and the black abaya are linked to chastity, respectfulness, and honor (Shaaban, 1995, pg. 65).

In contrast, research on the perceptions of veiled women in the West has shown that veiled women are often viewed negatively as backward, inferior, passive, extremists (El Hamel, 2002), oppressed (Davary, 2009), threatening (van der Noll, 2010), and dangerous, which may be due to immediate association of Islam with terrorism (Chakraborti & Zempi, 2012). Additionally, veiled students report feeling alienated, prejudiced against, and misunderstood on campus (Seggie & Sanford, 2010). Although it is unclear whether Western negative perceptions of the hijab generalize to the Middle East and there is no research suggesting such negative perceptions, anecdotal observations suggest that perception of the veil may differ by cultural and social subgroup. For example, within conservative subgroups, as suggested above, the veil may be perceived as a sign of virtue, modesty, and adherence to religious guidance. Conversely, in more Westernized subgroups it may be associated with being from a lower socio-economic class and being less educated.

For example, in its movement towards secularization and modernization, Turkey (Akbulut, 2015) and Tunisia (Hawkins, 2011; Saleh, 2006), both Islamic countries, issued a general ban on headscarves in governmental institutions, including schools and universities in the 1980s (Akbulut, 2015; Hawkins, 2011; Saleh, 2006). This trend is not unique to Turkey; in Egypt, veiled women are banned from some restaurants and resorts,

especially in cities that are frequently visited by foreigners (Meky, 2015). Given that Lebanon is approximately 40% Christian, it is unclear whether veiled women would be perceived positively or negatively both within and across sects. However, a newspaper article has reported that the Lebanese law prohibits any religious or political identifiers on police, army, and general security officers, and as a result, when forty police women attended their training sessions wearing veils, they were asked to remove it (Naharat Newsdesk, 2012). Twenty of the officers agreed to remove it, while the others were not allowed to continue their training (Naharat Newsdesk, 2012). Given the mixed perceptions of the veil in Middle Eastern countries, and the possible association between unveiling and being more secular, Westernized or "progressive", we propose that the veil is a highly salient variable to explore in counseling relationships in our context.

CHAPTER VI

AIMS AND HYPOTHESES

The literature regarding client's preference in therapists with regards to religion shows that Christian clients prefer seeking help from Christian therapists because they understand them better (Greenidge & Baker, 2012). Furthermore, Christian clients rate clergy therapists as more expert therapists than non-clergy Christian therapists (Randall, 1999; Moore, 1992), and conservative Christian undergraduates rated Christian therapists as more trustworthy than non-Christian therapists (Nevels, 1983). This was also true for Orthodox Jewish individuals, where most of them preferred seeing an Orthodox or a

Jewish therapist (Wikler, 1989). Additionally, Christian clinical psychologists were perceived as having traits of warmth, attractiveness, and receptivity (Haugen, 1976). As for Muslim individuals, it was found that more than 50% of participants preferred to see a Muslim therapist if they needed counseling; also more than 50% of participants stated that if they had to go to a non-Muslim therapist, it would be very important for the therapist to have an understanding of Islamic values and to have religious values similar to theirs (Kelly et al., 1996). Finally, more recent research has found that therapist religious disclosure earned them higher ratings in the areas of working alliance, transparency, and credibility than neutral controls and this was especially true when the therapists' religion matched the participants' (Young, 2011). The above findings suggest that religion may be highly salient and present in the therapy room and that it is therefore important for research to investigate its effect and role in therapy. In turn, this study sought to address three main gaps in the literature. First, since there is minimal research on religions other than Christianity in therapy, this study sought to generally contribute to research on religion and therapy by including Islam as well as Christianity. Secondly, to our knowledge this is the first study of the role of religion in therapy to be conducted in a non Western context generally, and in the Middle East specifically, which is particularly important given the significance of religion in people's daily life in the region. Thirdly, to our knowledge, no studies investigated the role of the therapist's overt religiosity, as demonstrated through wearing an item emblematic of their religion. Given the diverse, yet highly sectarian nature of Lebanon, it is likely that individuals are quick to scan, detect, and form impressions based on overt signs identifying other's religious sect (e.g.

name of person, geographic region, wearing a veil, wearing a cross). Therefore, an aim of this study was to assess participant's perceptions of external religiosity as demonstrated through wearing the cross and the veil. Therefore, the following hypotheses were tested:

Hypothesis 1a: Muslim identifying participants will rate the veiled psychologist more favorably than the psychologist wearing the cross.

Hypothesis 1b: Muslim identifying participants will rate the veiled psychologist more favorably than the neutral non religious psychologist

Hypothesis 1c: Christian identifying participants will rate the cross wearing psychologist more favorably than the psychologist wearing the veil

Hypothesis 1d: Christian identifying participants will rate the cross wearing psychologist more favorably than the neutral non-religious psychologist.

The literature has also shown that the perception of the religious therapist is moderated by the participant's level of religiosity as well. Participants higher on religiosity had the strongest negative anticipation from secular therapists, less negative anticipations from secular but spiritually empathetic therapists, and the least negative anticipations from Christian therapists (Keating & Fretz, 1990). Furthermore, even though students rated therapists who value religious commitment more favorable than therapists emphasizing clinical skills, students with less religious commitment preferred the emphasis on clinical skills (McMinn, 1991). Additionally, a positive relationship was found between student's religiosity and confidence in the religious therapist, and between

male student's religiosity and confidence in and willingness to see the Christian therapist (Wyatt & Johnson, 1990). As a result of these results, a third aim is to assess whether such perceptions are moderated by the religious match and the level of religiosity between therapist and participant.

Hypothesis 2a: Muslim identifying participants who score high on religiosity will rate the veiled psychologist more favorably than the psychologist wearing the cross compared to Muslim participants low on religiosity.

Hypothesis 2b: Muslim identifying participants who score high on religiosity will rate the veiled psychologist more favorably than the neutral non religious psychologist compared to Muslim participants low on religiosity.

Hypothesis 2c: Christian identifying participants who score high on religiosity will rate the cross wearing psychologist more favorably than the psychologist wearing the veil compared to Christian participants low on religiosity.

Hypothesis 2d: Christian identifying participants who score high on religiosity will rate the cross wearing psychologist more favorably than the neutral non religious psychologist compared to Christian participants low on religiosity.

CHAPTER VII

METHODOLOGY

A. Participants

A total of 247 participants completed the study. Although the recruitment inclusion criteria specified that participants had to be Lebanese and identify as either Christian or Muslim, 57 participants were removed from data analysis because they did not meet the criteria for Lebanese nationality and/or Muslim or Christian religion. Additionally, one participant left the entire CRF questionnaire, along with other demographic questions unanswered, and thus was also removed from the analysis. Also, as discussed below, two outliers were removed. Therefore, the final sample used for the analysis was 187 participants. Participants were Lebanese, self identifying Muslim or Christian, and between the ages of 17 and 22 (M=18.77, SD=0.97). The sample consisted of relatively equal percentages of males and females, with 47.6% males and 49.7% females. The sample consisted of more Muslims than Christians, with 56.7% Muslims and 43.3% Christians which is representative of the general Lebanese population. 12.83% of participants reported having a dual nationality, 81.3% of the participants reported being raised in Lebanon, and 83.95% of participants reported living in Lebanon for more than 7 years. The average age of the participants was about 19 (M=18.77, SD=0.97). The religiosity level of the sample was close to neutral; the sample was not religious(M=3.3, SD=1.54).

B. Procedure

The study utilized a non random convenience sampling. Participants were recruited from the Psychology 101/201 research participant pool. Participants

were given one percentage point as course credit upon the completion of the study. Participants who did not wish to participate in this study had the alternative of participating in other studies and/or completing a research report to obtain extra credit.

Participants in the research pool were contacted by the research pool coordinator and presented with the option of participating in the study to receive course credit. Those who were interested had to email their age to the co-investigator, and students below 18 were given instructions to obtain parental consent (please see appendices B and C), while students aged 18 or above were directly given the link of the study. The link began with an information sheet that explained the study, anonymity and confidentiality, risk and benefits of participating, and the voluntary nature of participation. In the information sheet, the purpose of the study was explained as examining characteristics of effective therapists (see appendix A). Passive deception was used because revealing the original hypotheses of the study would have likely altered participant responses, given the sensitive nature of sectarian attitudes. Debriefing will be discussed further below.

Participants who accepted participating were directed to the following pages of the study to begin. Three sets of online links were created to correspond to the three possible conditions that the participants were randomized to through a computer randomization program. All three conditions were first directed to the welcoming statement (see appendix E) followed by a qualitative questionnaire, asking participants to

describe three characteristics they desire to see in their therapist (see appendix F). Then, they were presented with a vignette describing a female therapist and one of three possible pictures of the female therapist adjacent to it (see appendices G, H, I).

The pictures were of the same woman to control for variance related to physical appearance and attractiveness. The woman is a 40 year old Lebanese acquaintance, with typical Middle Eastern features, who consented to having her picture used for the purpose of the study. Her original picture was used to manipulate the different pictures, where the woman was wearing a religious identifier, or no religious identifier. The religious identifiers were either an Islamic headscarf[3] or a gold chain necklace with a cross pendant. After seeing the picture and reading the description, participants were asked to rate the therapist on various desirable therapist characteristics using the provided therapist rating forms. Participants then completed a measure of religiosity, followed by a demographics sheet and then the end script (see appendix M). Finally, participants were debriefed about the original purpose of the study at its conclusion, by reading the debriefing sheet (see appendix N). After understanding the actual purpose of the study, participants were given the option of submitting their answers or deleting them without losing any credit.

C. **Instruments**

[3] The process of identifying the Islamic veil will be described below

1. **Demographics Questionnaire**: The demographics questionnaire included questions regarding age, gender, nationality, level of education, religious affiliation, and household income (please see appendix L).

2. **Counselor Rating Form**. The Counselor Rating Form (CRF) is a 36 item measure of the extent to which the client perceives the therapist on the three dimensions of expertness, attractiveness, and trustworthiness (Morran et al., 1994). The items ask participants to rate the therapists on a spectrum of the same characteristic ranging from the most desirable end to the least desirable end by putting an X somewhere along the spectrum (e.g. knowledgeable to ignorant, friendly to unfriendly) (see appendix J). In the present study, we coded the results numerically so that 1 represents the least desirable end and 7 represents the most desirable end. To validate the CRF, 202 undergraduate psychology students used the scale to rate three well-known psychologists after watching them work on film (LaCross & Barak, 1976). Factor analysis of the ratings confirmed that the scale did consist of three dimensions. LaCrosse and Barak (1976) reported split-half reliabilities for attractiveness, expertness, and trustworthiness to be .85, .87, and .91 respectively. The scale's predictive validity was demonstrated through significant correlations between client ratings of therapists following an initial counseling session and later client ratings of goal achievement over the course of counseling (LaCrosse, 1980). Additionally, client ratings of therapists on all three dimensions of the CRF were significantly correlated with client willingness to make referrals to the therapist (Barak & Dell, 1977). In the present study, the CRF showed high reliability, with Cronbach’s alpha = 0.93.

3. Religiosity scale. The Religiosity Scale contains eight items derived from the intrinsic religiosity literature. Fischer, Harb, Al-Sarrafe, and Nashabe (2008) selected items that are culturally relevant, sensitive, and applicable in a culture where a large number of Muslims and Christians coexist. Sample items include, "I consider myself a religious person," "My religion influences the way I choose to act in my routine life," and "Prayer to God is one of my usual practices." Items are rated on a 7-point Likert-type scale, ranging from 1 (strongly agree) to 7 (strongly disagree) (see appendix K). The scale has been validated on an Iraqi student sample (Fischer, Harb et al., 2008) and a representative sample of Lebanese nationals, where the Cronbach's alpha was .93 for the Lebanese sample (Rebeiz & Harb, 2010). In the present study, the religiosity scale showed high reliability, with Cronbach's alpha = 0.92.

4. Therapist descriptions. The therapist description was adapted from Keating and Fretz's (1990) study. In their study, Keating and Fretz used three different descriptions of therapists that differed on spiritual orientation. The secular description of the therapist states his age and experience, as well as his approach to counseling. Keating and Fretz conducted a pilot study with 38 subjects to see if students attended to the differences in the descriptions. When given the description of the secular therapist and asked "Would this therapist seek to understand your personal religious beliefs?", 42.9% responded "yes". When asked "Is this therapist a Christian?", 92.9% responded "don't know" to the secular description. For the present study, the secular description was used, and the therapist gender was changed to female for ease of

manipulating women's religious symbols. The therapist's name was also changed to Dr. Leila, an Arabic religious-neutral female name (see appendices G, H, and I).

5. Selection of the veil. A pilot study with veiled students was used to aid in the process of choosing the best religious symbols for use in the study. Because the Sunni and Shi'a sects in Lebanon often have a different way of wearing the Islamic veil that identifies them, and because the purpose of the study is selecting a general Islamic symbol rather than one representing a sub sect, a survey was carried out to ensure that the veil used in the study is neutral and does not identify the sect of the clinician in the vignette. Upon receiving the approval of the Institutional Review Board, thirty three veiled students of the American University of Beirut were recruited from campus. The participants were of different sects, and included both traditionally and non-traditionally veiled participants. The researcher walked up to them at random, obtained oral consent, and then explained the purpose and the duration of the study. Afterwards, the researcher presented them with three different pictures of the same woman veiled in different ways. Participants were asked to report whether the woman is Sunni, Shiia, or unidentifiable. Twenty out of thirty three participants rated picture c (please see appendix D) as "unidentifiable if Sunni or Shiaa", and as it had the most "unidentifiable" ratings, it was used in the main study. The average time needed to complete the questionnaire was around 2 minutes.

D. Research Design

The study utilized a between group experimental design. The study investigated the overt religiosity of the clinical psychologist (three levels: Christian, Muslim, secular), described below, and the participant's religion (two levels: Christian or Muslim). This yields a 3 x 2 factorial design. Level of religiosity of the participants was initially supposed to be assessed as a moderator but was later assessed as a covariate and then dropped from subsequent analysis.

CHAPTER VIII

RESULTS

A. Preliminary Analyses

Preliminary analyses involved data cleaning, missing value analysis, exploration of univariate and multivariate outliers, and normality.

1. Missing Value Analysis. A missing value analysis showed that all the variables had a percentage of missing values below 5%. Thus, these missing values are not problematic for subsequent analysis and were kept in the analysis. As a result, Little MCAR test and an independent sample t-test were not needed.

2. Univariate and Multivariate Outliers. Univariate outliers were inspected by converting all variables into Z-scores through the descriptive command. Univariate outliers were defined as those having z-scores below or above – or + 3.29 respectively, as this is the marker where scores are considered to be too far from the mean. Two

univariate outliers were found with a z-score value of 3.74 for both (cases 18 and 19 in the "Veiled Therapist" condition). As these outliers may affect subsequent analysis, they were removed from the data.

Multivariate outliers were investigated through Mahalanobis distance using SPSS syntax and no cases exceeded the prescribed chi square value, which means that no multivariate outliers were found.

3. Normality. Normality of the variables was investigated by examining Z-scores of skewness. The z-skewness was calculated by dividing Skewness by the Standard Error of Skewness. Z-skewness was used instead of the Kolmongorov-Smirnov test because the latter is sensitive to any deviations from normality in large samples. A Z skew of ±2.58 was used as the marker for significant skew and violation of normality. The religiosity variable had Z skew scores below the ±2.58 significance level across all conditions of the independent variable; this shows that the variables were normally distributed. The Counselor Rating Form variable had Z skew scrores below the ±2.58 significance level for the Christian Therapist and the Neutral Therapist condition, showing that it is normally distributed. However, the Counselor Rating Form had a Z skew score of -3.12 for the Muslim Therapist condition, which shows that it is not normally distributed. To maintain the integrity of the data and since ANOVAs are robust to some variations of normality and because the variable is normal across the other conditions, there was no transformation of the scores.

B. Descriptive Statistics

Of the 187 participants, 64 participants were randomized to the "Christian Therapist" condition of the study, 61 participants were randomized to the "Muslim Therapist" condition of the study, and 62 participants were randomized to the "Neutral Therapist" condition of the study. To ensure the success of randomization, the three groups were compared on the study demographics and measures. There were no significant differences between the groups on any of the below variables (please see table 1). Of note is that the therapist's rating scores on the CRF for the total sample and the three conditions were moderately high ranging between 5.37 and 5.54 on a scale from 1 to 7, with 7 being the most desirable end of a certain characteristic (please see tables 1 and 2).

C. Main Analyses

To explore hypotheses 1a, 1b, 1c, and 1d about the effect of the interaction between the therapist's overt religiosity or lack thereof and the participant's religion on participants' rating of the therapist, a factorial ANOVA was conducted. The analysis yielded a 3 (three conditions: veil, cross, neutral) x2 (Muslim vs. Christian) design.

1. Statistical Assumptions for Factorial ANOVA.

i. One assumption of ANOVA is that the dependent variable be of interval scale measurement. The dependent variable of the counselor rating form was coded using a Likert scale from 1 to 7.

ii. A second assumption of ANOVA is the assumption of independence. Scores collected on the dependent variable should be independent of each other.

According to Field (2011) and Tabachnick and Fidell (2014), there is no test to check whether this assumption was met and as such researchers could assume that it was met. In this study, participants had to complete the survey online and were randomly assigned to one of the three groups at different times; as such we are going to assume that all the data points collected are independent of one another.

iii. A third assumption is that of normality. Normality testing was done as part of the preliminary analysis (see Results section A.3.) and the variables were found to be distributed normally, except for the Counselor Rating Form for the Muslim Therapist condition, which shows that it is not normally distributed. To preserve the integrity of the data, and since ANOVA is robust to some variations of normality, the data was not transformed.

iv. A fourth assumption of ANOVA is homogeneity of variance. Homogeneity of variance of the counselor rating form was assessed using Levene's tests. The omnibus Levene's test through the ANCOVA analysis revealed that variances in the counselor rating form were equal across the different groups with $F(5, 181) = 0.81$, $p > .05$, *ns.*

2. ANOVA

a. Main Effects: There were no significant main effects of therapist's overt religiosity (i.e. group) on the CRF, $F(2, 187)=1.02$, $p>.05$. There were also no significant main effects of the participant's religion on the CRF, $F(1,187)=1.13$, $p>.05$.

b. Interaction Effects: There were no significant interaction effects between the therapist’s religion and the participant’s religion on the CRF (please see table 5). These results do not support the following hypotheses:

Hypothesis 1a: Muslim identifying participants will rate the veiled psychologist more favorably than the psychologist wearing the cross.

Hypothesis 1b: Muslim identifying participants will rate the veiled psychologist more favorably than the neutral non religious psychologist

Hypothesis 1c: Christian identifying participants will rate the cross wearing psychologist more favorably than the psychologist wearing the veil

Hypothesis 1d: Christian identifying participants will rate the cross wearing psychologist more favorably than the neutral non-religious psychologist.

D. Supplementary Analyses

In addition to analyzing the total scores of the CRF, a series of factorial ANOVAs were carried out to investigate whether the interaction between the therapist’s religion and the participant’s religion had an effect on participants' ratings of the therapist on each of the three individual dimensions of the CRF. According to Roger's factor analysis, these dimensions are expertness, attractiveness, and trustworthiness (Barak & LaCrosse, 1975). Please see table 3 for the adjectives of each factor.

1. **Expertness**

a. **Statistical Assumptions for Factorial ANOVA.**

Since we described above whether the data met the statistical assumptions for a factorial ANOVA we will only state in the following results anything that is unique for this set of analysis.

1. Normality was looked at for each of the expertness factor in each group (Cross, Veil, and Neutral) and across participant's religion (Muslim and Christian). The expertness scale had Z skew scores below the ±2.58 significance level across all conditions of the independent variable, except for Muslims in the Veil group. This means that except for Muslims in the Veil condition, the expertness scale is normally distributed. To preserve the integrity of the data, and since ANOVA is robust to some variations of normality, the data was not transformed.

2. Homogeneity of variance: The omnibus Levene's test through the ANCOVA analysis revealed that variances in the expertness factor were equal across the different groups with $F(5, 181) = 1.10$, $p > .05$, *ns.*

b. Factorial ANOVA

i. **Main effects**: There was a marginal effect of the therapist's religion on participants perception of their expertness, $F(2, 187) = 3.11$, $p = .05$, $\eta^2=.03$ which is a small effect.

There was no significant effect of participants' religion on the DV, $F(1, 187) = 0.24$, $p > .05$.

ii. **Interaction Effects:** There was no significant effect of participants' religion and therapist's religion on the DV, $F(2, 187) = 0.01$, $p > .05$ (see table 5).

Given that there were no a priori hypotheses about the direction of the results, post hoc analysis, using Bonferroni correction,were used determine the specifics of the main effect relationship (please see table 4).

There was a trend for veiled therapists to be rated as less expert than therapists wearing a cross.

2. **Attractiveness:** A 2x3 Factorial ANOVA analysis was carried out to determine the effects of the therapist's religion (Christian, Muslim, and Neutral) and participant's religion (Muslim and Christian) on attractiveness.

a. Statistical Assumptions for Factorial ANOVA.

The attractiveness scale had Z skew scores below the ±2.58 significance level across all conditions of the independent variable, except for Christians in the Veil group. This means that except for Muslims in the Veil condition, the attractiveness scale is normally distributed. To preserve the integrity of the data and since ANOVA is robust to some variations of normality, the data was not transformed.

Homogeneity of variance: The omnibus Levene's test through the ANCOVA analysis revealed that variances in the attractiveness factor were equal across the different groups with $F(5, 181) = 0.49$, $p > .05$, *ns,* showing that the assumption is met.

b. Factorial ANOVA

i. Main effects: There was no significant effect of the therapist's religion on the attractiveness ratings, $F(2, 187) = 0.35$, $p > .05$.

Similarly, there was no significant effect of participants' religion on attractiveness ratings, $F(1, 187) = 2.79$, $p > .05$.

ii. **Interaction Effects:** Finally, there was no significant effect of participants' religion and therapist's religion on attractiveness ratings, $F(2, 187) = 0.05$, $p > .05$ (see table 5).

3. **Trustworthiness:** A 2x3 Factorial ANOVA analysis was carried out to determine the effects of the therapist's religion (Christian, Muslim, and Neutral) and participant's religion (Muslim and Christian) on trustworthiness.

a. Statistical Assumptions for Factorial ANOVA.

The trustworthiness scale had Z skew scores below the ±2.58 significance level across all conditions of the independent variable. This means that the attractiveness scale is normally distributed.

Homogeneity of variance: The omnibus Levene's test through the ANCOVA analysis revealed that variances in the trustworthiness factor were equal across the different groups with $F(5, 181) = 0.49$, $p > .05$, *ns,* showing that the assumption is met.

b. Factorial ANOVA

i. Main effects: In the above analysis, it is shown that there was no significant effect of the therapist's religion on trustworthiness ratings, $F(2, 187) = 0.38$, $p > .05$.

In the above analysis, it is also shown that there was no significant effect of participants' religion on trustworthiness ratings, $F(1, 187) = 0.52$, $p > .05$.

ii. Interaction Effects: In the above analysis, it is also shown that there was no significant effect of participants' religion and therapist's religion on trustworthiness ratings, $F(2, 187) = 0.07$, $p > .05$ (see table 5).

4. Religiosity as a Covariate

The main analysis investigating the effect of the interaction between therapist's overt religiosity and participants' religion were repeated while controlling for participant's religiosity using ANCOVA. In this check, it was found that all assumptions have been met, except for normal distribution of the Counselor Rating Form for the Muslim Therapist condition. As with above, the analysis continued without transforming the data. In addition to the assumptions for factorial ANOVA, a factorial ANCOVA has the additional assumption of homogeneity of regression slopes. It states that the relationship between the dependent variable and the covariate should be the same at each level of the independent variable. This assumption was tested by running an ANCOVA using a customized model to assess the interaction of the dependent variable and the covariate; the assumption is met when the interaction is not significant. The result of this test showed that the assumption was met with $F(1,187) = 3.73$, $p > .05$ ns, for the interaction of participants' religion and their religiosity. The assumption was also met with $F(2,187) = 1.62$, $p > .05$ ns for the interaction of the therapist's overt religion and religiosity.

The analysis indicated that there was no significant main effect of the therapist's religion (Group) on the CRF, $F(2,187) = 1.26$, $p > .05$. Additionally, there was no significant main effect of participant's religion on the CRF, $F(1,187) = .58$, $p > .05$. As for the covariate, it was found that there was a marginal effect of participant's religiosity on the DV, $F(1,187) = 2.98$, $p = .09$. Additionally, there was no significant

interaction between the therapists' religion and the participants' religion, $F(2, 187)=0$, $p>.05$ (please see table 5).

Given the complexity of conducting moderator analysis with a continuous variable in a 3x2 factorial ANOVA and since controlling for religiosity did not alter the results, the religiosity variable was dropped from further analysis that initially sought to explore its role as a moderator.

Therefore, the following hypotheses were not explored.

Hypothesis 2a: Muslim identifying participants who score high on religiosity will rate the veiled psychologist more favorably than the psychologist wearing the cross compared to Muslim participants low on religiosity.

Hypothesis 2b: Muslim identifying participants who score high on religiosity will rate the veiled psychologist more favorably than the neutral non religious psychologist compared to Muslim participants low on religiosity.

Hypothesis 2c: Christian identifying participants who score high on religiosity will rate the cross wearing psychologist more favorably than the psychologist wearing the veil compared to Christian participants low on religiosity.

Hypothesis 2d: Christian identifying participants who score high on religiosity will rate the cross wearing psychologist more favorably than the neutral non religious psychologist compared to Christian participants low on religiosity.

5. Qualitative results. Participants filled out a qualitative assessment, specifying three characteristics that make effective therapist. The characteristics with the highest frequencies included “a good listener”, “trustworthy”, “friendly”, “non-judgmental”, “open-minded”, “patient”, “kind”, and “understanding”. The rest of the characteristics can be found in table 6.

CHAPTER IX

DISCUSSION

A. Overview of the results

Psychotherapy outcome research seeks to examine the relation between client improvement and various variables (Lambert & Barley, 2001) which can include type of therapy, client characteristics, or therapist characteristics. Some studies have found that therapist's religion (Belaire et al., 2005; Keating & Fretz, 1990; Keating & Fretz, 1990) and client-therapist match based on religion may play a role in clients' perception of therapists (Chesner & Baumeister, 1985; Pecnik & Epperson, 1985; Wikler, 1989). The present experiment sought to investigate the role of overt expression of religion on participants' perception of therapists. A picture of the same female therapist was digitally altered to include an Islamic veil, a cross pendant, or a neutral condition without either. Muslim and Christian college student participants were asked to read the therapist's description in a vignette and to rate her on various adjectives relating to attractiveness, expertness, and trustworthiness as a counselor.

The results of the study showed that participants rated the therapist similarly across the three conditions of the Islamic veil, cross, or neutral, even when the participants and the therapist had the same religion. As such, our hypotheses that Muslim identifying participants will rate the veil wearing therapist more favorably than the cross wearing therapist and the neutral non-religious therapist and that Christian identifying participants will rate the cross wearing therapist more favorably than the veil wearing therapist and the neutral non-religious therapist, were not supported.

Controlling for participants religiosity did not change the pattern of results, and religiosity was therefore subsequently dropped from further analysis. The lack of effect of the religiosity variable may be due to the fact that our sample was not religious. As a result, our hypotheses that Muslim identifying participants who score high on religiosity will rate the veiled psychologist more favorably than the psychologist wearing the cross and the neutral non-religious psychologist compared to Muslim participants low on religiosity and that Christian identifying participants who score high on religiosity will rate the cross wearing psychologist more favorably than the veiled and the neutral non-religious psychologist compared to Christian participants low on religiosity were not explored. It is noteworthy to mention that even though the differences in ratings were insignificant, the pattern of results was that veiled therapist obtained the lowest ratings in comparison to the Christian and Neutral therapist.

The three individual factors of the CRF, trustworthiness, attractiveness, and expertness were also examined, and there was a marginal difference between conditions on ratings of the therapist's expertness, whereby the veiled therapist was rated as

marginally less expert. There were no effects on the other sub dimensions of attractiveness and trustworthiness.

The overall lack of differences is consistent with findings from other studies where participants rated secular and spiritual therapists similarly (Guinee, 1994; Sowders, 2011). Guinee's (1994) study also mostly employed undergraduate students from educational psychology courses and a smaller number of students from a campus Christian organization. However, Guinee's study (1994) used all three therapist descriptions (secular, spiritual-empathetic, and Christian) from Keating and Fretz's (1990) study, whereas the current study only used the secular description. Guinee (1994) found that although participants with higher religiosity rated the Christian therapist significantly higher on the CRF, there was no difference between high and low religious participants on their ratings of secular and spiritual-empathetic therapists. The results are also consistent with Sowders' (2011) findings that there were no significant interaction effects between participants' extrinsic or intrinsic religious orientation and the preference for a therapist's usage of a religious or a nonreligious counseling approach (Sowders, 2011). The above findings support the possibility that respect for the client's religious beliefs are more important than the religious matching of therapists and clients (Kelly, 1995; Payne et al., 1992; Richards & Bergin, 1997; Stolovy et. al, 2012). For example, Belaire and Young (2002) found that moderately and highly conservative Christians expected non-Christian therapists to accept and tolerate Christian beliefs. Additionally, Kelly (1996) found that 43.8% of Muslims did not have a preference for either a Muslim or a non-Muslim therapist; however more than 75% of Muslims believed it was very or

somewhat important that non-Muslim therapists have an understanding of Islamic values. This result is also similar to another study that found that ultra-Orthodox Jewish clients were affected by a psychiatrist's acquaintance with religion rather than his/her actual religion and that they were not reluctant to seek help from a secular psychiatrist if s/he is culturally sensitive (Stolovy et. al, 2012). Finally, we can find support for our findings from a somewhat parallel line of research, where for example, a meta-analysis of 52 studies found that even though clients prefer a therapist of the same ethnicity, ethnic matching does not produce more positive therapeutic outcomes (Cabral & Smith, 2011).

It is also important to note that the nature of the AUB environment may have played a factor in the results. AUB is prized as a liberal arts secular institution that fosters diversity and tolerance of different cultures and ideas and the study body is fairly diverse where students from different religions, races, ethnicities and cultural backgrounds co-exist. This exposure and contact with diverse people may lead to more open-mindedness and less judgment. Therefore, our results may be mainly descriptive of those who come in contact with and possibly socialize with people of different religions. Guinee and Tracey (1997) similarly proposed that because their religious student sample was in contact with secular therapists at the university, they rated the therapists similarly to non-religious students.

This hypothesis that because some college students come in contact with more diversity than the general population, they may be more tolerant of therapists from backgrounds different than theirs, may also explain findings in Swift et al's study (2015). The study found that clients in therapy expressed stronger preferences for racial/ethnic

matching than university students who were not in therapy (Swift et al., 2015). This may be applicable to client-therapist matching, in which clients in therapy from the general population might more strongly prefer a therapist of the same religion.

Another hypothesis for the insignificant differences between therapist conditions pertains to the method of the study. The study employed a vignette describing the therapist and her approach, and adjacent to it was a relatively smaller picture of the therapist. Participants may have attended to the content more than they did the picture, which could explain their perception of the therapist. The vignette was professional and positively written, which could positively affect participants' perceptions across the three conditions of the study. This idea may find support in organizational psychology, where studies have found that the way that a resume is formatted and presented significantly influences employer's hiring evaluations (Hiemstra et al., 2013; Ryland & Rosen, 1987; Toth, 1993; Wang et al., 2010). In addition to the resume's format, Hiemstra et al. (2013) found that the resume content also plays an important role, where for example, language grammar was a significant predictor of job suitability ratings. Finally, it was also found that employee's personality is usually inferred from the resume's content and format (Cole et al., 2003), which significantly predicts the applicant's employability (Cole et al., 2004; Cole et al., 2009). Linking these studies to the current one, it may be possible that because the vignette was professionally written and formatted, and described a very competent, experienced, and thoughtful therapist, participants across conditions inferred highly positive personality traits about her and rated her positively across the conditions.

Although the effect of therapist condition on ratings of the sub dimension of expertness is marginal, and so it is important to not over emphasize its importance, it remains noteworthy to mention. Even though all three vignettes had the same description, the therapist's religion had a marginally significant effect on how she was rated on expertness. This finding cannot be easily explained by the literature since our study contrasts two different religions, and our results found a trend in which the Christian therapist had the highest ratings, followed by the neutral therapist, with the Muslim therapist having the lowest ratings. This suggests that expertness was not determined based on the therapist's religiosity levels, as both the Christian and the Muslim therapist would be perceived as equally religious, but rather that they were attributed to the therapist's religion itself rather than her perceived religiosity.

Finally, it is also important to reflect on the results of the qualitative question. No participants specified that the therapist has to be Muslim or Christian or of a certain sectarian or religious background. Rather, most participants highlighted what can be considered highly therapeutic qualities that they would like their therapist to have. . These qualities included being understanding, a good listener, and trustworthy. Participants may have therefore cherished professional and interpersonal attributes rather than personal demographic variables in therapists. This may also help inform our understanding of why we did not obtain significant results in this sample, as participants might have been more attentive to the therapist's professional vignette, and disregarded her personal religious background.

B. Limitations and Future Considerations

The limitations of this study include the fact that all the participants are university students homogeneous in terms of age. This is a limitation because the results of the study may not generalize to individuals who have a low educational level or might not extend to others who are younger or older. Similarly, by virtue of their young age, this sample is a post civil war generation. Due to a combination of their young age, and their contact with a diverse student body, as discussed above, participants may not have as much sectarian attitude, particularly along Christian vs. Muslim lines as older generations. Rather, current sectarian attitudes may be more along Sunni vs. Shiaa lines, but given the neutrality of the veil in the study, this may not have played a role. Therefore, results may not generalize to the overall, particularly older, Lebanese who may hold more sectarian attitudes.

As for the limitations concerning the methods of data collection, it is important to note that even though participants were randomly assigned to one of the three groups, they were provided with an online link, and there is no way of knowing whether participants provided their link to other students, or even if they retook the survey through that link. If this were to happen then participants may have detected the purpose and hypothesis of the study.

Another limitation regarding the methods is the lack of a social desirability assessment scale. It would have been telling to look at our sample's social desirability level as high social desirability may have influenced the participants to guess the purpose of the study and rate the therapist favorably regardless of her religion.

Finally, since the therapists in the vignettes were all female, it is not clear how these results would generalize to male therapists.

Future research could address the above limitations, and include a sample that is more varied in age, educational background, multi-cultural exposure, etc. In terms of our study's methods, it could be interesting if participants in a similar study were asked to specify the therapist's religion and how religious they perceive her to be as a manipulation check to assess whether they attended to her religion, particularly in the condition in which she is wearing a small cross pendant. It might also be telling to ask participants to fill out their preference of a therapist, and then whether they would accept to see the therapist described in the picture they saw. Future research could include clients who have current or past experiences with therapy, as someone experiencing therapy might have a better understanding of what he/she prefers in a therapist. Although this has been conducted in the West, it might also be informative to ask participants in Middle Eastern contexts whether they would prefer to be matched to a therapist based on his/her religion. Finally, regarding our hypothesis that the very professional and credible vignettes may have diluted the effect of therapist religiosity, it would be interesting to see if different results would be found if briefer and less impressive therapist descriptions were used.

In conclusion, despite its various limitations described above, this study contributes to the literature in several ways. First, to our knowledge all research on religion and therapy has been in Western contexts, with most of it focusing on Christianity. Therefore, our study is the first to be conducted outside a Western context.

Also, despite this extensive focus on Christian therapists and clients in Western studies, these factors may be influenced by different cultural, social, and political dynamics in countries where Christians are not the majority, as in the Middle East. Moreover, other than Kelly, Aridi, and Bakhtiar's (1996) study of Muslim participants preference in therapists, there are no other studies that look at the Islamic community in the West or in the Muslim world in terms of therapist matching and preference. This study is also the first to utilize a study design that rather than describing the religious identification of the therapist, includes visible daily life Christian and Muslim identifiers in the form of a veil and the cross. Given the salience of both of these symbols in social interactions we argue that it is important for research to increasingly investigate the role of religious symbols in various professional contexts. Despite its limitations to generalizability, and although the study design does not allow us to pinpoint exactly why, we like to think that our findings are hopeful in the context of high global religious tensions, as it seems that there *can* be a certain combination of factors that mitigate the effects of sectarian biases and allows people to rate professionals from different religious backgrounds as similarly effective and likeable.

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Appendix A

Information Sheet for Psychology 101/201 Students

Participating in a Research Project

Project Title: Characteristics of Effective Psychotherapists.
Investigator: Dr. Alaa Hijazi, PhD.
Co-Investigators: Samah Salem
Address: American University of Beirut
Jesup 103D
Phone: 01- 350 000, ext 4370
Email: ah177@aub.edu.lb

Dear participants, we would like to invite you to participate in a research study conducted at the American University of Beirut. The study seeks to examine the characteristics of effective therapists. In order to take part in this study, you must be 18 years old or older.

As a research participant, you will be asked to read this consent form, read a therapist's description, and see her picture. After that, you will be asked to respond to two short questionnaires. We will be asking 180 participants (students who are registered in Psychology 101/201) to complete the study questionnaire. Your participation in this research will take no more than 30 minutes.

All of the data collected will be treated in the strictest **confidence** and only the primary investigator and the co-investigators will have access to it. To ensure **anonymity,** no direct identifying information will be recorded; you will not be asked to give us your name. All data from the study will be maintained on a password protected computer for a period of three years after which it will be deleted. Individual results will not be published and only data from a group of participants will be analyzed.

Your participation is **voluntary,** you have the right to refuse to participate and to withdraw from the study or discontinue your participation at any time without giving a reason and with no penalties. Your refusal to participate in this study will not affect your relationship with AUB and will not result in the loss of benefits.

The results of the study will allow filling the gaps in the literature on characteristics of effective psychotherapists and will provide perceptions of the Lebanese population towards psychotherapists' important characteristics that make for effective psychotherapists. There is no monetary reward for participating in this study. However, you will receive 1% point on your final PSYC 101/201 grade. Should you decide not to participate in this study but still wish to receive extra course credit, you can write a brief

report on an article from a psychological journal. If you want to write a brief report instead of participating, please contact your PSYC-101/201 instructor to receive the task.

In case you decide to participate you will be given a code which you will give to your PSYC 101/201 instructor. This code will ensure you receive your credit.

There are no more than minimal risks associated with this study. If you think that you need talk to someone about your feelings, please visit or contact Counseling Center at AUB which provides free counseling services to students. Their number is 01-350 000 ext. 3196. If at any time and for any reason you prefer not to answer any questions, please feel free to skip them.

If you have questions about this research study, or if you are interested in learning about the outcome of the study, you may contact Dr. Alaa Hijazi, ah177@aub.edu.lb, +961.1.350000 x4370, or Samah Salem, sms67@mail.aub.edu

If you have any questions about your rights as a participant, you may contact the Social & Behavioral Sciences Institutional review Board (SBSIRB) at AUB: 01- 350 000 ext. 5445 or 5454 or irb@aub.edu.lb

If you accept the above statements and are willing to participate in this study, please press the ACCEPT button below.

THANK YOU FOR YOUR COOPERATION

Appendix B

AUB Social & Behavioral Sciences Parental Permission Template
Permission for Child to Participate in Research

Study Title: Characteristics of Effective Psychotherapists

Researcher: Dr. Alaa Hijazi

Sponsor: Not applicable

This is a permission form for your child/child for whom you are legal guardian to participate in a research study. It contains important information about this study and what to expect if you decide to permit your child/child for whom you are legal guardian to participate.

Your child's participation is voluntary.

Please consider the information carefully before you decide to allow your child to participate. If you decide to permit participation, you will be asked to sign this form and will receive a copy of the form.

Purpose: This is a clinical psychology study about certain characteristics that make an effective therapist. The purpose of this study is to survey a number of people with regard to characteristics that people consider in effective therapists and the fact that these characteristics may improve psychotherapeutic outcomes. Your child will complete an online survey in which they will read a therapist's description and then answer questions rating the counselor. In addition, your child will be asked questions pertaining to their age, sex, and religion, as well as other general questions. This is done with the goal of discovering how some characteristics influence the psychotherapeutic process, and its results may help therapists change some characteristics to achieve better therapeutic results. Participants in this study are Psychology 101/201 students.

Procedures/Tasks: In this study, your child will complete an online survey about characteristics of effective therapists, and will answer questions based on a vignette that they will read. Other questions are more general and ask about their age, gender, and religion. Lebanese Muslim or Christian students enrolled in the introductory psychology course PSYC 201/101 are invited to participate and we are aiming to recruit 180 students from the psychology 101/201 pool for this study.

Duration:

The study will involve completing around 3 questionnaires and a small question online which typically lasts about 30 minutes.

Your child may leave the study at any time. If you decide to refuse your child's participation in the study, there will be no penalty to you, or your child and you will not lose any benefits to which you are otherwise entitled. Your decision will not affect your future relationship, or that of your child, with AUB.

Risks and Benefits: No conceivable risks above those associated with everyday living are involved. Your child's participation will contribute to the understanding of effective psychotherapist's characteristics.

Confidentiality: Your child's participation will be anonymous. Hence, there will be no way to link their answers to the questions to their personal identity. The survey records will be monitored, and may be audited WITHOUT violating confidentiality. Raw data on data-recording systems will be kept in a secure electronic folder for a minimum of three years after data collection. The anonymized data will be seen by the primary investigator as well as the co-investigator.

Efforts will be made to keep your child's study-related information confidential. All data from this study will be maintained on a password protected computer. Data will only be reported in the aggregate. No names of individual children will be collected in this. However, there may be circumstances where this information must be released. For example, personal information regarding your child's participation in this study may be disclosed if required by law. Also, your child's research data may be reviewed by the following groups (as applicable to the research):

- U.S. Office for Human Research Protections or other federal, state, or international regulatory agencies, required;
- The AUB Institutional Review Board or Office of Human Research Protections;
- The sponsor, if any, or agency supporting the study.

After the conclusion of the study, the Principal Investigator will retain all original study data in a secure location for at least three years to meet institutional archiving requirements. After this period, data will be responsibly destroyed.

Incentives: Your child will earn one extra point on their final grade in the introductory psychology course PSYC 101/201 if they participate in this research study. Note that if you decide for your child not to participate in this study but still want to give them the chance to earn an extra grade for PSYC-101/201 course, your child can do that by writing a brief report, following instructions of the course coordinator. They will obtain the same credit point for either participation in this study or the written report.

Participant Rights: You may refuse to allow your child to participate in this study without penalty or loss of benefits to which you are otherwise entitled. If you are a student or employee at AUB, your decision about whether or not you allow your child to participate in this research will not affect your grades or employment status. Note that your child will also be asked whether he/she would like to participate in the study and his/her rights will be explained to him/her.

By signing this form, you do not give up any personal legal rights you or your child may have as a participant in this study.

The Social & Behavioral Institutional Review Board responsible for human subjects research at AUB has reviewed this research project and found it to be acceptable, according to applicable Lebanese and U.S. federal regulations and AUB policies designed to protect the rights and welfare of participants in research.

Contacts and Questions:
For questions, concerns, or complaints about the study you may contact **Dr. Alaa Hijazi on** ah177@aub.edu.lb **or call on: 009611350000-4370**

For questions about your child's rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact the AUB Social & Behavioral Science Institutional Review Board AUB: 01- 350 000 ext. 5445 or 5454 or irb@aub.edu.lb.

Signing the consent form

I have read (or someone has read to me) this form and I am aware that I am being asked to give permission for my minor child (or child under my guardianship) to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to give permission for my child/child under my guardianship to participate in this study.

I am not giving up any legal rights by signing this form. I will be given a copy of this form**. Kindly print, sign, scan and email the form back to the Principle Investigator on this study Alaa Hijazi on** ah177@mail.aub.edu **to allow your child to participate in the study.**

Thank you.

____

Printed name of subject

______________________________ ______________________________

Printed name of person authorized to give permission for minor subject/participant

Signature of person authorized to give permission for minor subject/participant (when applicable)

AM/PM

Relationship to the subject	**Date and time**

<u>Investigator/Research Staff</u>

I have explained the research to the parent or legal guardian of the child subject/participant before requesting the signature(s) above. There are no blanks in this document. A copy of this form has been given to the parent/legal guardian of the child participant/subject.

Printed name of person obtaining permission	**Signature of person obtaining permission**

AM/PM

Date and time

Appendix C

بيان الاذن لمشاركة ولدكم في بحث لدى برنامج العلوم الاجتماعية في الجامعة الاميريكية في بيروت

عنوان البحث: صفات المعالج النفسي الفعال(Characteristics of Effective Psychotherapists)

الباحثة: الدكتورة الاء حجازي

المموّل: لا يوجد مموّل او راعي لهذا البحث.

يهدف هذا البيان الى اخذ اذنكم (بصفتكم ولي امر ولدكم) لمشاركة ولدكم في بحث علمي. يتضمن هذا البيان معلومات هامة عن البحث وعمّا سيحصل ان سمحتم بمشاركة ولدكم.

انّ مشاركة ولدكم اختارية. الرّجاء اخذ المعلومات الموجودة في هذا البيان بعين الاعتبار قبل اعطاء الاذن بمشاركة ولدكم. اذا وافقتم على مشاركة ولدكم في البحث, الرّجاء التّوقيع على هذا البيان والاحتفاظ بنسخة عنه.

هدف البحث: يسعى هذا البحث العلمي في مجال علوم النفس السريرية (clinical psychology) الى استقصاء عدد من الأشخاص عن الصفات التي تحدد فعالية المعالج النفسي (characteristics of effective psychotherapists) بهدف البحث والمعرفة عن الصفات التي تساعد في تحسين عملية العلاج النفسي. سوف يطلب من ولدكم الاجابة على استطلاع رأي الكتروني عن صفات المعالج النفسي بعد قراءة نص يصف هذا المعالج وطريقة علاجه. أيضاً، سوف يجب ابنكم عن بعض الأسئلة التي تتعلق به أيضاً كعمره، جنسه، و دينه .

طريقة البحث: سوف يجيب ولدكم على استطلاع رأي الكتروني عن الصفات المحبذة في المعالج النفسي وسوف يتضمّن هذا الاستطلاع اسئلة تابعة لنص وصفي عن معالج نفسي، واسئلة عن ولدكم. انّ المشاركة في هذا البحث مفتوحة لكلّ التلاميذ اللبنانيين المنتمين إلى دين الإسلامي أو المسيحي صفّ علوم النفس PSYC 201/101 في الجامعة الاميريكية في بيروت. نأمل بمشاركة 180 طالب.

مدّة المشاركة: هذا البحث عبارة عن استطلاع رأي الكتروني مؤلّف من عدة اسئلة ويتطلّب مدّة نصف ساعة (30 دقيقة).

يمكن لولدكم ان ينسحب من المشاركة في ايّة وقت عندما يشاء دون ان يتعرض لأي عواقب سلبية جرّاء انسحابه. يمكنكم رفض مشاركة ولدكم ايضا دون عواقب سلبية. لن يؤثّر قراركم حول مشاركة ولدكم في البحث على علاقتكم او علاقة ولدكم بالجامعة الاميريكية في بيروت.

اخطار وفوائد المشاركة: مشاركة ولدكم لن تعرّضه لأيّ خطريذكر. سوف تساهم مشاركة ولدكم في البحث إلى تقدم الأبحاث العلمية في مجال تحسين عمليات العلاج النفسي .

الخصوصيّة:

لن تطلب من ولدكم ايّة معلومات شخصيّة يمكن استعمالها للتّعريف عنه او عن ايّ المشاركين في البحث. لذلك لن يكون هناك ايّة صلة وصل بين اجوبة ولدكم وهويّته. سوف تحفظ الاجوبة والمعلومات لمدّة لن تقلّ عن 3 اعوام في ملف الكتروني آمن. سوف نشارك الأجوبة خالية من ايّة تعريفات شخصيّة مع الشخص المشارك في التحقيق.

سنحرص على المحافظة على خصوصيّة معلومات ولدكم الّتي ستحفظ على حاسوب مؤمّن بكلمة سرّ. لن تنشر ايّة معلوملات فرديّة او ايّة اسماء للمشاركين. يمكن ان تشارك معلومات شخصيّة للمشاركين في البحث في حالات خاصّة اذا طلبتها جهات قانونيّة. بالاضافة, يمكن للجهات التّالية مراجعة المعلومات الخاصّة بالبحث:

- المركز الميريكي لحماية المشاركين في الأبحاث العلميّة (US Office for Human Research Protections) بالاضافة لجهات قانونيّة مشابهة
- لجنة الكشف على الأبحاث العلميّة (Institutional Review Board) او مكتب حماية المشاركين في الأبحاث العلميّة (Office of Human Research Protections) في الجامعة الأميريكيّة في بيروت
- راعي او مموّل هذا البحث, اذا كان هذا البحث مموّل

حافز المشاركة: سيحصل ولدكم على علامة اضافيّة في صفّ علوم النّفس PSYC 201/101 مقابل المشاركة في البحث. اذا رفضتم مشاركة ولدكم في البحث, يستطيع ولدكم الحصول على علامة اضافيّة عبر مراجعة المسؤول عن صفّ علوم النّفس لكتابة تقرير خطّيّ. العلامة الاضافيّة للمشاركة في البحث تساوي العلامة الاضافيّة للتقرير الخطّيّ.

حقوق المشاركين:

يمكنم رفض مشاركة ولدكم في هذا البحث دون ايّة عواقب سلبيّة. لن يؤثّر قراركم عن مشاركة ولدكم على علاماتكم او وظيفتكم اذا كنتم تلاميذ او موظفين في الجامعة الاميريكيّة في بيروت. سوف تشرح حقوق المشاركين مجدّدا لولدكم في بداية الاستطلاع. توقيعكم على هذا البيان لن يلغي ايّة حقوق قانونيّة لكم او لولدكم بصفتكم مشاركين في بحث علميّ.

لقد راجعت لجنة الكشف على الأبحاث العلميّة (Institutional Review Board) في الجامعة الأميريكيّة في بيروت تفاصيل هذا البحث ووافقت عليها وقد وجدتها مطابقة مع القوانين اللبنانيّة والاميريكيّة واجراءات الجامعة الأميريكيّة في بيروت لحماية حقوق وسلامة المشاركين في الأبحاث العلميّة.

جهات الاتصال:

ان كانت لديكم اسئلة اوتعليق على البحث, يمكنكم التواصل مع الدكتورة الاء حجازي **على** **ah177@aub.edu.lb** او على **009611350000-4370**.

ان كانت لديكم اسئلة عن حقوق ولدكم او اذا اردتم التواصل مع شخص منفصل عن طاقم البحث, يمكنكم التواصل مع AUB Social & Behavioral Science Institutional Review Board AUB: 01- 350 000 ext. 5445 or 5454 or irb@aub.edu.lb

الامضاء على بيان الاذن بالمشاركة

لقد قرأت (أو قرأ احد لي) هذا البيان وانّني مدرك انّ امضائي يعبّر عن موافقتي بمشاركة ولدي القاصر في بحث علميّ. لقد حصلت على اجوبة عن اسئلتي عن البحث وانّني اعطي موافقتي على مشاركة ولدي بصفتي وليّ امره بكامل ارادتي.

لست اتنازل عن ايّة حقوق قانونيّة رغم توقيعي على هذا البيان. سوف احتفظ بنسخة عن هذا البيان.

الرّجاء طبع البيان, توقيعه, تحميله الكترونيّا (scan), واعادته عبر البريد الالكتروني الى عنوان الباحث الأساسي الاء حجازي **للسّماح بمشاركة ولدكم في البحث.**

شكرا.

____

اسم الطالب

____

اسم وليّ الأمر

____

توقيع وليّ الأمر

____

التّاريخ

<u>الباحث</u>

لقد شرحت تفاصيل البحث لوليّ أمر الطّالب المشارك في البحث قبل طلب توقيعه. لا توجد ايّة فراغات في هذا البيان. لقد حصل وليّ الأمر على نسخة عن هذا البيان.

______________________________	______________________________
Printed name of person obtaining permission	**Signature of person obtaining permission**

AM/PM

____

Date and time

Appendix D

Pilot Study

Picture a

- ☐ Shiaa Hijab
- ☐ Sunni Hijab
- ☐ Unidentifiable if Shiaa or Sunni Hijab

Picture b

- ☐ Shiaa Hijab
- ☐ Sunni Hijab
- ☐ Unidentifiable if Shiaa or Sunni Hijab

- ☐ Shiaa Hijab
- ☐ Sunni Hijab
- ☐ Unidentifiable if Shiaa or Sunni Hijab

Picture c

Appendix E

Welcoming Statement

Welcome to the study, my name is Samah Salem and I am a graduate student in the Clinical Psychology master's program at AUB. I am conducting a research study about the characteristics of effective therapists.

As you have agreed to participate in the study, please read the below instructions before you start the study.

Instructions

When you click Next, you will be redirected to a small question, please answer the question and click Next. Then you will be redirected to a vignette describing a therapist and her picture. Please read the description carefully and answer the questions that follow.

Appendix F

Qualitative Questionnaire

Imagine you are struggling with a problem and you wanted to see a counselor for it.

Please list three descriptions or characteristics you would like this counselor to have.

Appendix G

Counselor Description and Picture 1 (No Identifier)

Instructions: Please read the following description carefully. It was written by a counselor to inform potential clients how this counselor approaches therapy. Imagine you have a problem, and pretend that this counselor will be assigned to you to help you with that problem.

My name is Dr. Leila, and I am a licensed psychologist with a Ph.D. in counseling psychology. I have been counseling for the past ten years. I feel that most problems clients have result from social, environmental, and psychological factors (e.g., parental relationships, academic pressures, and self-esteem). I have experience in both individual as well as group therapy, and my approach to counseling is client centered—that is, I let the client guide the session. Basically, that means I trust the client to present and discuss his or her concerns, and I allow the client to decide what he or she feels is most important to talk about. I believe clients make their greatest improvements as they sort out the importance of parental dependence, relationships, academics, social pressures, moral/social rules, and then move towards self-guidance and self-fulfillment.

Before the first session, I like to carefully prepare an outline, which includes asking for relevant information (e.g., parental information, academic progress, and personal issues). I let the client know about my approach to counseling and some important methods we might try (e.g., testing, imagery, role-playing, and relaxation training). I encourage the client to let me know who he or she is, what he or she feels is important, and address any questions/concerns he or she may have. I end the session by helping the client reappraise

his or her problems, set some goals, and discuss what he or she can work on until the next session.

Appendix H

Counselor Description and Picture 2 (Cross)

Instructions: Please read the following description carefully. It was written by a counselor to inform potential clients how this counselor approaches therapy. Imagine you have a problem, and pretend that this counselor will be assigned to you to help you with that problem.

My name is Dr. Leila, and I am a licensed psychologist with a Ph.D. in counseling psychology. I have been counseling for the past ten years. I feel that most problems clients have result from social, environmental, and psychological factors (e.g., parental relationships, academic pressures, and self-esteem). I have experience in both individual as well as group therapy, and my approach to counseling is client centered—that is, I let the client guide the session. Basically, that means I trust the client to present and discuss his or her concerns, and I allow the client to decide what he or she feels is most important to talk about. I believe clients make their greatest improvements as they sort out the importance of parental dependence, relationships, academics, social pressures, moral/social rules, and then move towards self-guidance and self-fulfillment.

Before the first session, I like to carefully prepare an outline, which includes asking for relevant information (e.g., parental information, academic progress, and personal issues). I let the client know about my approach to counseling and some important methods we might try (e.g., testing, imagery, role-playing, and relaxation training). I encourage the

client to let me know who he or she is, what he or she feels is important, and address any questions/concerns he or she may have. I end the session by helping the client reappraise his or her problems, set some goals, and discuss what he or she can work on until the next session.

Appendix I

Counselor Description and Picture 3 (Veil)

Instructions: Please read the following description carefully. It was written by a counselor to inform potential clients how this counselor approaches therapy. Imagine you have a problem, and pretend that this counselor will be assigned to you to help you with that problem.

My name is Dr. Leila, and I am a licensed psychologist with a Ph.D. in counseling psychology. I have been counseling for the past ten years. I feel that most problems clients have result from social, environmental, and psychological factors (e.g., parental relationships, academic pressures, and self-esteem). I have experience in both individual as well as group therapy, and my approach to counseling is client centered—that is, I let the client guide the session. Basically, that means I trust the client to present and discuss his or her concerns, and I allow the client to decide what he or she feels is most important to talk about. I believe clients make their greatest improvements as they sort out the importance of parental dependence, relationships, academics, social pressures, moral/social rules, and then move towards self-guidance and self-fulfillment.

Before the first session, I like to carefully prepare an outline, which includes asking for relevant information (e.g., parental information, academic progress, and personal issues). I let the client know about my approach to counseling and some important methods we might try (e.g., testing, imagery, role-playing, and relaxation training). I encourage the client to let me know who he or she is, what he or she feels is important, and address any questions/concerns he or she may have. I end the session by helping the client reappraise his or her problems, set some goals, and discuss what he or she can work on until the next session.

Appendix J

Counselor Rating Form

Instructions: Listed below are several scales which contain word pairs at either end of the scale and seven spaces between the pairs. Please rate the counselor on each of the scales.

If you feel that the counselor very closely resembles the word at one end of the scale, please place a check mark as follows:

Fair____:____:____ :____ :____ :_____:__X_ Unfair

OR

Fair__X__ :____ :____ :____ :____ :_____ :____Unfair

If you think one end of the scale quite closely describes the counselor, then make your check marks as follows:

Rough ____:__X__:_____:___ :____ :_____:____ Smooth

OR

Rough____ :____:_____:___ :____ :__X__:____Smooth

If you feel that one end of the scale only slightly describes the counselor, then check the scale as follows:

Active____ :____:__X__:____ :_____ :_____:____Passive

OR

Active____ :____:_____:____ :__X__ :_____:____Passive

If both sides of the scale seem equally associated with your impression of the counselor or if the scale is irrelevant, then place a check mark in the middle space:

Hard____ :____:_____:__X__ :____ :_____:____Soft

Your first impression is the best answer.
PLEASE NOTE: PLEASE CHECK MARKS IN THE MIDDLE OF THE SPACES.

agreeable____ :____:_____:____ :____ :_____:____disagreeable

unalert____ :____:_____:____ :____ :_____:____alert

analytic____ :____:_____:____ :____ :_____:____diffuse

unappreciative____ :____:_____:____ :____ :_____:____appreciative

attractive____ :____:_____:____ :____ :_____:____unattractive

casual____ :____:_____:____ :____ :_____:____formal

cheerful____ :____:_____:____ :____ :_____:____depressed

vague____ :____:_____:____ :____ :_____:____clear

distant____ :____:_____:____ :____ :_____:____close

compatible____ :____:_____:____ :____ :_____:____incompatible

unsure____ :____:_____:____ :____ :_____:____confident

suspicious____ :____:_____:____ :____ :_____:____believable

undependable____ :____:_____:____ :____ :_____:____dependable

indifferent____ :____:_____:____ :____ :_____:____enthusiastic

inexperienced____ :____:_____:____ :____ :_____:____experienced

inexpert____ :____:_____:____ :____ :_____:____expert

unfriendly____ :____:_____:____ :____ :_____:____friendly

honest____ :____:_____:____ :____ :_____:____dishonest

informed____ :____:_____:____ :____ :_____:____ignorant

insightful____ :____:_____:____ :____ :_____:____insightless

stupid____ :____:_____:____ :____ :_____:____intelligent

unlikeable____ :____:_____:____ :____ :_____:____likeable

logical____ :____:_____:____ :____ :_____:____illogical

open____ :____:_____:____ :____ :_____:____closed

prepared____ :____:_____:____ :____ :_____:____unprepared

unreliable____ :____:_____:____ :____ :_____:____reliable

disrespectful____ :____:_____:____ :____ :_____:____respectful

irresponsible____ :____:_____:____ :____ :_____:____responsible

selfless____ :__ __:_____:____ :__ __ :_____:____selfish

sincere____ :__ __:_____:____ :__ __ :_____:____insincere

skillful____ :__ __:_____:____ :__ __ :_____:____unskillful

sociable____ :__ __:_____:____ :__ __ :_____:____unsociable

deceitful____ :__ __:_____:____ :__ __ :_____:____straightforward

trustworthy____ :__ __:_____:____ :__ __ :_____:____untrustworthy

genuine____ :__ __:_____:____ :__ __ :_____:____phony

warm____ :__ __:_____:____ :__ __ :_____:____cold

Appendix K

Religiosity Scale

Instructions: For the following set of questions, please circle the answer that best describes your religious views

1	2	3	4	5	6	7
Strongly Agree						Strongly Disagree

1. I believe that God exists.	1	2	3	4	5	6	7
2. Prayer to God is one of my usual practices	1	2	3	4	5	6	7
3. Religion gives me a great amount of security in life.	1	2	3	4	5	6	7
4. I consider myself a religious person.	1	2	3	4	5	6	7
5. My religion influences the way I choose to act in my routine life	1	2	3	4	5	6	7
6. I feel there are many more important things in life than religion	1	2	3	4	5	6	7
7. I am interested in religion	1	2	3	4	5	6	7
8. Religious considerations influence my every day affairs	1	2	3	4	5	6	7

Appendix L

Demographics Questionnaire

Please fill in the following information:

1- Age: ___________________

2- Gender:

- ☐ Male
- ☐ Female

3- Nationality:

- ☐ Lebanese
- ☐ Other: ___________________

4- Raised in:

- ☐ Lebanon
- ☐ Other: ___________________

5- Length of time lived in:

- ☐ Lebanon: ___________________
- ☐ Other: ___________________

6- Class

- ☐ Freshman
- ☐ Sophomore
- ☐ Junior
- ☐ Senior
- ☐ Graduate

7- Major: ______________________

8- What is your religious affiliation?

- ☐ Muslim
- ☐ Christian
- ☐ Druze
- ☐ Atheist
- ☐ Other: ____________________

9- Sect: ______________________

10- Household income

- ☐ Less than 350 $ per month
- ☐ 350 $ - 500 $ per month
- ☐ 500 $ – 1,000 $ per month
- ☐ 1, 000 $ – 2,000 $ per moth
- ☐ 2,000 $ – 5,000 $ per month
- ☐ More than 5,000 $ per month
- ☐ Prefer not to say

Appendix M

End Script

Thank you for participating in the study

If you have questions about this research study, or if you are interested in learning about the outcome of the study, you may contact Dr. **Alaa Hijazi**, ah177@aub.edu.lb, +961.1.350000 x4370, or Samah Salem, sms67@aub.edu.lb

If you have any questions about research or your rights as a participant, you may contact the Social & Behavioral Sciences Institutional review Board (SBSIRB) at AUB: 01- 350 000 ext. 5445 or 5454 or irb@aub.edu.lb

To gain your 1% extra credit, write down the code you received and give it your PSYC 201 instructor.

[Code]

Appendix N

Debriefing Statement

Thank you so much for participating in this study. Your participation was very valuable to us. We know you are very busy and very much appreciate the time you devoted to participating in this study.

There was some information about the study that we were not able to discuss with you prior to the study, because doing so probably would have impacted your actions and thus skewed the study results. I would like to explain these things to you now.

In this study, we were interested in understanding your perceptions of religious or non-religious therapists. Based on prior research, we expect to find that religious participants are more likely to perceive the religious therapist more positively, and that participants with the same religion as the therapist will rate her more positively.

You were told that this study aims to examine the characteristics of effective therapists; however, in reality, this study aims to look at "religiosity" as a therapist characteristic and how it may alter participant perceptions. This deception was necessary because knowing the actual purpose of the study might alter some participants' responses and thus alter the results.

We hope this clarifies the purpose of the research, and the reason why deception was used (or we could not tell you all of the details about the study prior to your participation). If you would like more information about therapist religiosity, you may be interested in the following:

Keating, A. M., & Fretz, B. R. (1990). Christians' anticipations about counselors in response to counselor descriptions. *Journal Of Counseling Psychology, 37*(3), 293-296. doi:10.1037/0022-0167.37.3.293

McMinn, M. R. (1991). Religious values, sexist language, and perceptions of a therapist. *Journal of Psychology and Christianity, 10*(2), 132-136.

Pecnik, J.A., & Epperson, D.L. *(1985).* Analogue study of expectations for Christian and traditional counseling. *Journal of Counseling Psychology, 32*, 127-130. doi:10.1037/0022-0167.32.1.127

Guinee, J. P., & Tracey, T. J. G. (1997). Effects of religiosity and problem type on counselor description ratings. *Journal of Counseling and Development, 76*(1), 65. Retrieved from http://search.proquest.com/docview/1634068661?accountid=8555

Now that you know the actual purpose of the study, do you still agree to let us use your results in our study?

[ ] Yes [ ] No

If you have any questions or concerns, you may contact Dr. Alaa Hijazi at ah177@aub.edu.lb

Thank you again for your participation!

Tables

Table 1. Comparison of demographic variables, religiosity and CRF by condition.

Variable		Total sample (n =187)	Condition Christian Therapist (n =64)	Condition Muslim Therapist (n =61)	Condition Neutral Therapist (n=62)	*F* or χ^2	*P value*
Age	M(SD)	18.77(0.97)	18.88(0.97)	18.68(0.82)	18.75(1.09)	.64	.52
Gender						2.14	.34
Males	N%	47.60	43.75	42.62	45.16		
Females	N%	49.70	56.25	52.45	54.83		
Missing		2.70	0.00	4.91	0.00		
Religion						2.43	.29
Muslim	N%	56.70	56.25	63.93	50.00		
Christian	N%	43.30	43.75	36.06	50.00		
Religiosity	M(SD)	3.30(1.54)	3.51(1.54)	3.19(1.58)	3.20(1.50)	.84	.43
CRF	M(SD)	5.45(0.66)	5.54(0.61)	5.37(0.71)	5.40(0.68)	1.01	.36
Expertness		5.67(0.76)	5.86(0.64)	5.55(0.77)	5.59(0.83)		
Attractiveness		5.11(0.72)	5.13(0.73)	5.06(0.78)	5.14(0.64)		
Trustworthiness		5.56(0.75)	5.62(0.67)	5.51(0.79)	5.55(0.81)		

Dual Nationality	N%					.01	.99
Yes		12.80	12.50	13.11	12.90		
No		87.20	87.50	86.89	87.10		
Raised in Lebanon	N%					.15	.92
Yes		81.30	82.80	80.30	80.60		
No		18.70	17.20	19.70	19.40		
Lived in Lebanon over 7 years	N%					9.17	.32
Yes		84.40	83.30	84.90	84.70		
No		15.60	16.70	15.10	15.30		
Class	N%					5.32	.50
Freshman		10.70	7.80	13.10	11.30		
Sophomore		63.60	70.30	59.00	61.30		
Junior		21.40	20.30	24.60	19.40		
Senior		4.30	1.60	3.30	8.10		

*For continuous variables, the mean (standard deviation) will be reported

Table 2: Comparison of CRF scores by condition and participant's religion

Participant's Religion	Group		N	Minimum	Maximum	Mean	Std. Deviation
Muslim	Cross	CRF	36.00	4.54	6.47	5.60	.53
	Veil	CRF	39.00	3.56	6.53	5.42	.68
	Neutral	CRF	31.00	4.22	6.86	5.48	.69
Christian	Cross	CRF	28.00	4.17	6.69	5.48	.71
	Veil	CRF	22.00	3.28	6.56	5.31	.78
	Neutral	CRF	31.00	3.86	6.40	5.39	.69

Table 3: Sub dimensions of the CRF

Expertness factor adjectives	Attractiveness factor adjectives	Trustworthiness factor adjectives
Alert	Agreeable	Confidential
Analytic	Appreciative	Dependable
Clear	Attractive	Honest
Confident	Casual	Open
Experienced	Cheerful	Reliable
Expert	Close	Respectful
Informed	Compatible	Responsible
Insightful	Enthusiastic	Selfless
Intelligent	Friendly	Sincere
Logical	Likeable	Straightforward
Prepared	Sociable	Trustworthy
Skillful	Warm	Unbiased

Table 4: Post Hoc Analysis of group differences on Expertness sub dimension

(I) Group	(J) Group	Mean Difference (I-J)	Std. Error	Sig.
Cross	Veil	.32	.14	.06
	Neutral	.27	.14	.14
Veil	Cross	-.32	.14	.06
	Neutral	-.04	.14	1.00
Neutral	Cross	-.27	.14	.14
	Veil	.04	.14	1.00

Table 5: Factorial ANOVA and ANCOVA of condition X participant religion

Dependent Variable	Source	df	F	Sig	Partial Eta Squared
CRF	Group	2	1.02	.36	.01
	Religion	1	1.13	.29	.01
	Group*Religion	2	.01	.99	.00
Attractiveness	Group	2	.35	.71	.00
	Religion	1	2.79	.10	.02
	Group*Religion	2	.05	.96	.00
Expertness	Group	2	3.11	.05	.03
	Religion	1	.24	.63	.00
	Group*Religion	2	.01	.99	.00
Trustworthiness	Group	2	.38	.68	.00
	Religion	1	.52	.47	.00
	Group*Religion	2	.07	.94	.00
CRF; Religiosity as Covariate	Religiosity	1	2.98	.09	.02
	Group	2	1.26	.29	.01
	Religion	1	.58	.45	.00
	Group*Religion	2	.00	1.00	.00

Table 6: Characteristics that make effective therapists

Characteristic	Frequency	Characteristic	Frequency
A Good listener	44	Inquisitive	1
A large nice bureau	1	Insight	1
Academic performance	1	Intelligent	1
Acceptance	1	Kind	18
A good advisor	6	Know well his job	1
Agreeable	1	Knowledgeable	9
Approachable	1	Logical	1
Attentive	8	Lovable	1
Available	1	Lovely	2
Beneficial	1	Low voice	1
Bold	1	Mature	1
Brave	2	Medical health	1
Calm	10	mental issues	1
Calming	1	Middle aged	1
Can convince me	1	Motivating	4
Can relate easily	1	Multilingual	1
Capable of adjusting	1	Neutral	1
Capable of forseeing	1	Nice	5
Caring	6	No facial expression	1
Charismatic	1	Non-judgmental	25
Comforting	1	not sarcastic	1
Committed	1	Not smiling all the time	1
Compassionate	4	Not so serious	1
Competent	2	Objective	2
Comprehensive	4	Open-minded	25
Confident	7	Openhearted	1
Confidential	12	Openness	2
Considerate	1	Optimistic	2
Cooperative	3	Outgoing	1
Correct	1	Patience	21

Creative	1	Pe	1
Critical	1	Physical description	1
Cultured	1	Positive	3
Direct	1	Practical	1
Discrete	6	Professional	6
Doctorate from an important university	1	Qualified	1
Does not act superior	1	Realistic and useful	1
Does not obstinate	1	Reassuring	1
Does not react or show emotions	1	Relatable	1
Doesn't look like he	1	Reliable	2
Down to earth	2	Resourceful	1
Easy going	3	Respectful	3
Easy to talk to	2	Responsible	1
Educated	2	Responsive	1
Effective communication	1	Scrupulous	1
Efficient	1	Secretive	2
Elegant clothes	1	Sensitive	2
Empathetic	10	Serious	2
Encouraging	1	Sharp	1
Energetic	1	Shows interest	1
Engaged	1	Sincere	2
Experienced	12	Smart	11
Experimented	1	Smiling	3
Expert	1	Sociable	5
Family issues	1	Solution giver	1
Female	1	Straight faced	1
Friendly	20	Strong Personality	1
Funny	3	Supportive	5
Gentle	2	Sweet	3
Genuine	5	Sympathy	2

Give me hope	1	Thoughtful	1
Gives and takes	1	Tolerant	2
Gives value to the person	1	Trustworthy	25
Good communication skills	1	Type of problem	1
Good guidance	1	Unattached	1
Good speaker	1	Unbiased	1
Happy	1	Understanding	47
Hard working	2	Wanting to help	1
Has answers	1	Warm looking	1
Helpful	9	Warmhearted	2
Hide pity	1	Welcoming	4
Honest	11	Well-spoken	1
Humble	2	Willing to explain something	1
Humorous	1	Wise	12
Influential	1	With decent academics	1
Informative	1	Young	2