PSYCHOTHERAPISTS' PERSONAL APPEARANCE AND THE THERAPEUTIC RELATIONSHIP: A GROUNDED THEORY OF CLIENT PERSPECTIVES

Catherine L. King

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Department of Psychology
Faculty of Health & Social Sciences,
University of the West of England, Bristol
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ABSTRACT

Research conducted in the fields of sports psychology, psychiatry, nursing, complimentary medicine, social and cognitive psychology, and business psychology, suggests that appearance influences how others perceive the other to be, and in some instances, how this impacts on behaviour. Findings suggest that individuals rapidly monitor appearance, at a conscious and unconscious level, in order to form impressions surrounding the other's professional ability; competence; clinical skills and level of care, and that these constructions influence the level of engagement.

However, in the field of counselling psychology and psychotherapy, which focuses on the centrality of the therapeutic relationship, there is very little research in this area. Certain aspects of the therapeutic relationship have been widely studied, such as the therapeutic alliance, therapist self-disclosure, nonverbal communication, issues of difference such as ethnicity, gender, sexual orientation, class and how these are experienced by clients, yet the therapist's appearance and how clients' may respond to this, has not been considered in any depth or detail by researchers or clinicians in this field. This study aimed to explore counselling clients' responses to their therapists' personal appearance, how appearance is constructed, and if these constructions influence the therapeutic relationship in anyway. The second aim of the study was to construct a grounded theory of this process.

A constructivist grounded theory methodology (Charmaz, 2006) was adopted and 16 participants who were currently in therapy or had recently ended therapy were recruited to the study; 14 participants were interviewed; a further two participants completed a qualitative survey.

The basic social psychological process constructed from the interview and survey data suggests how important the therapist's appearance is in the formation and maintenance of the therapeutic relationship. The findings illustrate how individuals utilise their therapist's appearance in order to establish safety, trustworthiness and a sense of belonging within the therapeutic relationship. Participants appeared to monitor their therapist's appearance closely as they engaged in a process of

Searching for cues and clues; and *Constructing and reconstructing the therapist* as they attempted to establish a secure base. Security appeared to lead to clients *Becoming attached*, whereas *Ruptures and distractions* caused by the therapist's personal appearance seemed to provoke a further cycle of hypervigilance in clients, which sometimes lead to detachment.

Furthermore, participants appeared to struggle to consider specific aspects of appearance in isolation from the therapist's non-verbal behavior and the relationship; much of this seemed difficult to put into words. Findings suggest that appearance cannot easily be separated from nonverbal communication and that multiple aspects of the therapist's appearance, including fixed characteristics and nonverbal communication, influence clients' attachment behaviours in therapy.

Implications for therapeutic practice are considered, as are directions for future research.

INTRODUCTION

Research conducted in the fields of sports psychology, psychiatry, nursing, complimentary medicine, social and cognitive psychology, and business psychology, suggests that appearance strongly influences individuals' perceptions of, and behaviour towards, others. Key findings suggest that individuals form impressions and make interpretations about another person's ability based on specific aspects of appearance such as body size and shape, hair colour and style, skin colour, facial features, attire and adornment. Findings from the field of sport psychology indicate that athletes judgements of sports consultants' competence tend to be based on their attire and body shape; this then leads to the athlete determining how efficacious they will be in supporting them (Lubker, Watson, Visek & Geer, 2005, Lovell, Parker, Brady, Cotterill & Howatson, 2011, Lovell, Parker & Slater, 2013). Findings from health science, medicine and nursing suggest that appearance plays an important role in the development of the physician-patient relationship (Menahem & Shvartzman (1998); patients tend to associate formal medical attire with good clinical skills, professional knowledge, and a caring attitude (Menahem & Shvartzman, 1998, Nihalani, Kunwar, Staller & Lamberti, 2006, Turner, Leach and Robinson, 2007, Wittman-Price, Gittings & Collins, 2012), all of which help the patient feel more secure. Findings from these fields also suggest that negative initial judgments impact on the development of a collaborative relationship and the willingness of the individual to engage with the professional (Lubker, et al, 20005, Lovell et al, 2011, Wittman-Price et al, 2012, Rance, Clarke & Moller, 2013).

Nonverbal communication is also highly influential in impression formation and that this form of communication is processed rapidly at a conscious and unconscious level (Ambady, Koo, Rosenthal, & Winograd, 2002, Naylor, 2007, Foley & Gentile, 2010, Larson & Tsitos, 2012).

It is therefore of interest that within the fields of psychotherapy and counselling psychology which focus on the centrality of the therapeutic relationship, little interest has been shown in this area. While aspects of the therapeutic relationship have been widely studied, such as the therapeutic alliance (Ziv-Beiman, 2013, Safran, Muran & Shaker, 2014, Pinto-Coelho, Hill & Kivlighan, 2016), therapist

self-disclosure (Ziv-Beiman, 2013, Pinto-Coelho, et al 2016,), nonverbal communication (Foley & Gentile, 2010, Roter, Frankel, Hall & Sluyter, 2005), issues of difference such as ethnicity (Tummala-Narra, 2007, Blay, 2011), gender (Damarell, 1998, Quinn & Chan, 2009), sexual orientation (Davies & Neal, 1999), class (Balmforth, 2009), and how these are experienced by clients, the therapist's appearance and how clients' may respond to this, has not been considered in any depth or detail by researchers or clinicians in this field. Yet, as psychotherapist Laungani (2002) suggests, appearance clearly plays an important and influential role in human interactions and relationships; individuals construct theories, ideas and hypotheses about others and use these in the course of their interactions, even if they are inaccurate. It would therefore seem naïve to assume that the therapist's appearance, ranging from attire through to nonverbal behaviour, is somehow neutral (Laungani, 2002).

Defining appearance

In the literature surrounding appearance, aspects of appearance are often studied in isolation e.g. body size and shape, hair colour and style, skin colour, facial features, attire and adornment (Argyle, 1988), and discussed in relation to a particular profession, without the provision of an overall definition; it is almost as if the concept of appearance is taken for granted and that therefore a definition is not necessary. While these physical signifiers can be seen to constitute appearance at a surface level, as sociologist, Entwistle (2000) observes, personal appearance is comprised of multiple sources of information; what is worn, the physical characteristics of the individual, the way an individual chooses to use their body, and non-verbal communication at a conscious and unconscious level (Entwistle, 2000).

Within the fields of cognitive and social psychology appearance tends to be considered in relation to first impressions (Fiske & Taylor, 2013), and how individuals use others' appearance in order to make sense of them. Within this field it is acknowledged that first impressions play an important role in establishing relationships. First impressions are argued to be powerful and rich sources of information about others (Rule & Ambady, 2008) and appearance is considered to convey something symbolic and important (Clavelle, Goodwin & Tivis, 2013). A

great deal of social psychology research has examined the ways in which individuals construct appearance, and how they use these constructs to judge others; it is suggested that much of the information used to form impressions is derived from nonverbal communication (Roter, Frankel, Hall & Sluyter, 2005, Naylor, 2007, Fisk & Taylor, 2013). Nonverbal communication is thought to consist of multiple dimensions that comprise fixed characteristics such as facial features, eye colour, skin colour, height etc as well as changeable aspects of appearance such as body size, hair colour and style, perceived attractiveness, body posture and movement, voice prosody, choice of clothing and accessories, body art, jewellery and makeup. All these non verbal components are thought to contribute to the definition of appearance and research suggests that people use this type of information to form dispositional and episodic judgments of the people they interact with (Argyle, 1994) as well as inducing attitudes and feelings as a result of the interaction (Clavelle et al, 2013).

First impressions and nonverbal communication are undoubtedly important, relevant and influential, and many studies provide clear evidence of this (Ambady, Koo, Rosenthal, & Winograd, 2002, Naylor, 2007, Foley & Gentile, 2010, Larson & Tsitos, 2012). However, within the psychotherapeutic field, which focuses more on nonverbal and unconscious factors, it is suggested that individuals are not always aware of, or able to verbalise, those aspects of appearance that appear to influence them (Bollas, 1987, Wallins, 2007), and furthermore, that it is these nonverbal, ineffable aspects of appearance that play a crucial role in the psychotherapeutic relationship (Wallins, 2007, Beebe & Lachmann, 2014). Factors experienced at the preverbal stage in life through the infant's interactions with its caregivers (Schore, 2000, Wallins, 2007), such as facial expression, eye gaze, tone of voice, posture and gesture are suggested to compose what is essentially a medium of body-to-body communication. Psychoanalytic infant researchers Beebe & Lachmann (2002, 2014) suggest that there is an extraordinary consistency between the nonverbal behaviours that mark the interactions of infancy and those observed in adults. Critically, studies of these earlier patterns of preverbal communication (Schore, 2000, Wallins, 2007), and their parallels in later life, reveal some of the ways in which individuals are affected by those with whom they interact, and it is suggested that these aspects are

usually outside conscious awareness (Wallins, 2007). These 'ineffable' aspects of appearance would appear to play a crucial role in the psychotherapeutic relationship (Wallins, 2007) and therefore it seems difficult to conceptualise appearance in isolation from the relationship.

Given that what gets communicated takes place at such a rapid rate, which is largely processed outside of an individual's awareness, describing the ineffable can be problematic, so when an attempt is made to verbalise the non verbal, finding the right words to express this often proves difficult. The philosopher, Baiasu (2014) asserts that important issues can be difficult to express by way of language. Similarly, counselling psychologist Coyle suggests that attempts to verbalise the ineffable (Coyle, 2008) can lead to the negation of that which is being described. As mental health researchers, Rotenberg and Arshavsky (1987) suggest 'it is the accuracy and definiteness (of speech) that makes (it) unsuited for expressing what is too complex, changeful and ambiguous' (p 370).

For the purpose of this study I am including in my definition of appearance both conscious and unconscious factors: physical aspects of appearance as well as nonverbal. I will be considering what participants may struggle to verbalise when reflecting on their therapist's appearance and on the therapeutic relationship by considering both their words and what they may be expressing nonverbally through facial expressions, intonations, gesture and actions.

Client-therapist relationship

It is now widely accepted that the development of a positive therapist-client alliance is essential to the therapeutic relationship (Kahn, 2001, Hubble, Duncan & Miller, 2009) across diverse therapy approaches (Cooper & McLeod, 2012, Noyce & Simpson, 2016), and that the quality of the therapeutic relationship is the strongest predictor of outcome (Hubble et al, 2009). The counselling and psychotherapy professions pay particular attention to the therapeutic relationship, to the subjective and intersubjective; how the therapist and client interrelate and influence each other is seen as a central aspect of therapy (Kahn, 2001, Woolfe, Strawbridge, Douglas & Dryden, 2011). Evidence suggests that therapists

become important objects for their clients (Kohut, 1977, Kahn, 2001, Wallins, 2007) and are closely monitored by their clients, so that each small vagary, whether monitored consciously or unconsciously, may be charged with extreme importance to the client (Kahn, 2001, Walins, 2007). Aron, a relational psychoanalyst, (2005) observes that as an individual starts to build a relationship with another person, they will use visual cues to make assumptions about them, and this in turn will impact the way they respond, and behave, towards others at a conscious and unconscious level. A consideration of how visual and non-visual variables, such as gender, race, class, disability, power and control, go to the very heart of the counselling relationship (Holmes, Paul & Pelham, 1996).

It is therefore surprising that the therapist's personal appearance has been almost entirely neglected within these fields. However the complexity of appearance, and the suggestion that not all aspects of appearance may be amenable to description may have deterred research in this area. It therefore seems timely to explore this issue and to consider if appearance is influencing the therapeutic relationship, and if so, in what ways.

Psychotherapist self-presentation

A further reason for exploring this area is that therapists and other professionals are increasingly likely to promote themselves using their appearance on organisational or personal websites; these profile photographs are argued to be influential communication tools (Eftekhar, Fullwood & Morris, 2014). Van Der Heide, D'Angelo & Schumaker (2012) contend that self-presentation and identity formation on social media websites have become the main function of personal photography and that users of this type of medium use photos as an influential communication and identity construction tool. It is suggested that pictures may influence impressions more strongly than words and may also reveal additional clues about a user's personality (Eftekhar et al, 2014).

A study conducted by Fitzgerald-Steele, Evans & Green (2009) explored the association between profile photographs and the ability of profile visitors to accurately estimate the personality traits of the profile owner. Findings from this

study suggest that profile photos of a human rather than a drawing, or a photo of an animal or inanimate object, were associated with higher 'impression agreement'. Eftekhar et al. (2014) suggest that the choice of profile picture does have an impact on viewers' impressions of the user and is thought to reflect the user's personality and recent research indicates that the use of online profiles is increasingly common. (Fitzgerald-Steele, Evans & Green, 2009) Many psychologists and psychotherapists are now using profile pictures on either accredited registers or their own website, and whilst some professionals may not feel comfortable exposing themselves publicly, it is hypothesized that exposure may increase their chances of being approached by potential clients (BPS, 2012), although this claim has yet to be researched.

Research gaps

In the field of counselling psychology and psychotherapy very little appearance research has been conducted since the 1970s and 1980s; the literature that does exist tends to be quantitative and focused on responses to, and interpretations about, personal appearance in relation to personality traits. Much of the research has tended to use social cognition models, and it has been argued that researchers have paid insufficient attention to the social and cultural contexts in which the individual's experiences are located; and that research in this area therefore simplifies complex processes of social interaction (Rumsey & Harcourt, 2005). Research conducted in other fields, such as sports psychology, psychiatry, nursing, complimentary medicine, social and cognitive psychology, as well as business psychology, clearly demonstrates that appearance does influence how others perceive the other to be, and that accurate personality estimates are made with zero-acquaintance (Zebrowitz & Collins, 1997, Yen-Chun, Chang & Yuan, 2014,): These findings will be explored in the literature review below.

Research aims

Given that research findings suggest that appearance does appear to influence individuals' perceptions of, and behaviour towards, others; the paucity of research within the psychotherapy profession into appearance and the therapeutic relationship, and the fact that therapists are increasingly using their appearance to promote their services, it seems timely to explore this area. The aims of this study

are to explore counselling clients' constructions of their therapists' personal appearance; and how these constructions may or may not influence the therapeutic relationship. The second aim of the study was to construct a grounded theory of this process. Further objectives of the study are to consider if appearance can be considered in isolation from relationship and if qualitative research can facilitate a description of the ineffable aspects of appearance.

LITERATURE REVIEW

This section will firstly consider what constitutes appearance and the impact of first impressions; secondly, provide the reader with a broad insight into research conducted on specific elements of appearance across various disciplines; thirdly, introduce attachment theory as a potential framework in which to consider how appearance can influence relationships, especially within the therapeutic dyad; and finally provide an overview of the research on the limitations of language and the ineffable.

First impressions

It has been suggested that, on a superficial level at least, constructions regarding the personality and behavior of others are based on observations of physique, facial characteristics, style of clothing, body shape etc., and furthermore, that these observations influence how an individual formulates opinions, and responds to others (Johnson, Schofield & Yurchisin, 2002, Johnson, Yoo, Kim & Lennon, 2008,). However, these constructions are also mediated by how the perceiver is feeling at the point of meeting someone; the context in which they meet them; the environmental setting; and the recall of stereotypes about others formed from an early age (Argyle, 1994, Schore, 2000). When reviewing the aspects of appearance which influence these constructions, it is apparent that this is a complex process comprising numerous components, many of which are rapid, automatic and unconscious (Olivola & Todorov, 2010A, Fiske & Taylor, 2014, Gheorghiou, Callan & Skylark, 2017); therefore isolating physical appearance as a variable is fraught with complications.

Appearance researchers argue that physical appearance is the first information about another available to a perceiver and provides powerful cues for identity and recognition by others (Rumsey & Harcourt, 2005). Social psychologists have argued that the face in particular is deemed to be the most informative channel for expressing emotions (Argyle, 1988, 1994, Gheorghiu, Callan & Skylark, 2017). Impression formation has been found to be influenced by a number of variables such as attire, facial hair, body art, jewellery etc. (Davys, Pope & Taylor, 2006), and it is suggested that these cues influence individuals' constructions about another person's behavior, social status (Rumsey & Harcourt, 2005, Davys et al, 2006, Naumann, Vazire, Rentfrow & Gosling, 2009, Balmforth, 2009), and personality traits (Bar, Nita & Linz, 2006, Willis & Todorov, 2006, Howlett, Pine, Orakçioğlu & Fletcher, 2012, Fiske & Taylor, 2013), and furthermore, that these inferences are made in less than thirty-nine milliseconds of meeting; (Johnson, Schofield & Yurchisin, 2002, Howlett et al, 2012). Research suggests that observers are able to form reasonably accurate impressions about a number of personality traits simply on the basis of personal appearance alone (Bar et al, 2006, Naumann et al, 2009). It is suggested that these rapid assessment skills may have evolved so that inferences about potential threats from others can be formed quickly and consistently (Bar et al, 2006, Olivola & Todorov, 2010A).

Research findings suggest that a host of complex decisions are strongly influenced by appearance, such as choice of partner to which candidate to vote for in an election (Olivola & Todorov, 2010B). Even though relatively little is known about others on first meeting them, individuals still judge them within a fraction of a second, often before a word is spoken (Goffman, 1959, Fisk & Taylor 2013). Heuristics researchers argue that the social perceiver makes numerous complex social judgments, such as predicting another's behaviour (Kahneman & Tversky, 1974, Taylor, 1982), through the use of 'rule of thumb' strategies to shorten decision-making time thus enabling people to function without constantly stopping to think about their next course of action (Taylor, 1982, Cherry, 2010). It is suggested that these first impressions anchor subsequent thinking and therefore are difficult to undo (Asche, 1946, Cherry, 2010, Larson & Tsitsos, 2012, Fiske & Taylor, 2013).

In a study exploring impression management and impression formation, Larson & Tsitsos (2012) illustrated how individuals form impressions of others and manage the impressions others are forming of them through participating in a modified form of paired speed dating. The results suggest that combined aspects of appearance including nonverbal significant symbols such as clothing, are used to form an impression of someone and to construct the disposition and attitudes of others. Sports psychology research has studied the physical build and attire of sports psychology consultants (SPC) in relation to athletes' efficacy expectations. These findings demonstrate that an athlete's first inferences and efficacy expectations regarding the consultancy relationship appear to be based on physical appearance cues such as build and dress (Lubker, Watson, Visek & Geer, 2005, Lovell, Parker, Brady, Cotterill & Howatson, 2011, Lovell, Parker & Slater, 2013). Lubker et al. (2005) found that athletes' first impressions are impacted by SPCs' physical characteristics and furthermore, that athletes report the more changeable characteristics of build and clothing to be more influential than gender and ethnicity. With regard to athletic dress code, Lubker et al (2005) also found that SPCs wearing athletic dress were evaluated more positively compared to those wearing formal attire and were more likely to be approached because of this. The results also revealed that SPCs who were academically dressed and had a lean build were rated significantly higher on personality traits than other SPCs. Lubker et al (2005) surmise this may be as a result of the professional attire of the academically dressed SPCs. Likewise, Hash, Munna, Vogel & Bason, (2003) found that attributions regarding professional knowledge tended to be based on appearance. Furthermore, it has been suggested that negative initial judgments of sports professionals severely limit the development of a collaborative relationship (Lubker et al, 2005, Lovell et al, 2011).

Lovell, Parker & Slater (2013) conducted a investigation to determine whether sports dietitians' (SD) body size and type of dress influenced clients' desire to work with them, as well as perceptions of their potential effectiveness. The results indicated that SDs who were perceived to be obese were seen as lacking in understanding of sport and nutrition and culturally different to the athlete; they were also perceived as less effective compared to the non-obese SDs. This supports previous research findings, which suggest that athletes' perceptions of a

consultant's sporting knowledge is central to their evaluation of the practitioner (Lubker et al, 2005).

However, studies of this nature tend to be quantitative and involve the use of pictures and computer aided images of sports professionals and with differing builds, ranging from athletic (lean and fit) to non-athletic (overweight/obese) as well as dress codes, including formal business-like dress and athletic clothing. Participants then rate their preferences using a Likert rating scale based on first impressions. Whilst these studies capture a wide sample base and provide some evidence what they cannot achieve is an in depth understanding of the role of appearance in the working relationship as they tend to focus on one or two aspects of appearance rather than considering the impact of a person as a 'whole' and the multilayered aspects of appearance.

Nonverbal communication and appearance

It is estimated that 60 to 65 percent of communication between individuals is conveyed via nonverbal behaviours (Foley & Gentile, 2010). It has also been found that people can accurately judge others emotions based on surprisingly "thin slices of behaviour" which last between less than a second to a few minutes, (Ambady et al, 2002, Roter et al, 2005, Naylor, 2007). As Asch observes (1946) "…normally a glance, a few spoken words are significant to tell us a story about a highly complex matter" (Asch, p258) and it is from this that an individual will form a unified impression of one person. As Goffman argues "The 'true' or 'real' attitudes, beliefs and emotions of the individual can be ascertained only indirectly, through his avowals or through what appears to be involuntary expressive behaviour" (Goffman, 1959, p13).

The influence of physical attractiveness

Eagly, Ashmore, Makhijani and Longo (1991) conducted a meta-analytic review of research on the physical attractiveness stereotype in American culture, and concluded that the physical attractiveness stereotype was not as strong as previous researchers had implied, with effect sizes moderate at best, dependent on the type of inference participants had been asked to make. The inference with the largest effect size was social competence. Intermediate effect sizes were

found for ratings of adjustment and intellectual competence and near zero effects in relation to integrity and concern for others. Furthermore, the more information that was available in addition to stimulus photographs, the less importance was ascribed to appearance.

Quantitative studies in the field of counselling psychology indicate that client's constructions about their therapist's effectiveness, competence and trustworthiness are related to their first impression of the therapist, and that this impression is partially based on the therapists' physical attractiveness (Zlotlow & Allen, 1981, Kunin & Rodin, 1982). Furthermore, it has been suggested that the higher the perceived attractiveness of the therapist, the more a client feels comfortable in disclosing (Kunin & Rodin, 1982, McKee & Smouse, 1983, Harris & Busby, 1998). Harris and Busby (1998) conclude that attractive therapists are more often the beneficiaries of desirable perceptions and behaviours than are unattractive therapists. Findings from their study into the interaction of therapist attractiveness, client's gender, the nature of the presenting problem and the client's comfort with disclosing, suggest that while there were no gender differences in disclosing; both male and female participants indicated that the therapist's perceived attractiveness influenced their comfort with disclosing to a female therapist. Similarly, Barocas and Vance (1974) found that regardless of the sex of the therapist or client, the more attractive a client was to a therapist, the more likely it was that the therapist would adopt a favourable prognosis. It has been suggested that attractiveness tends to be associated with a greater degree of intelligence, warmth, and competence which all contribute to the strength of the therapeutic relationship, as well as eliciting more favourable outcomes from the therapy (McKee & Smouse, 1983). Zlotlow and Allen (1981) suggest that the influence of personal attractiveness is most important during the period of impression formation in the early stages of therapy and that this enables therapists to build a rapport with clients more speedily. In addition, physical attractiveness can influence first impressions regarding perceived expertise and degree of compassion. However, these researchers found that as therapy progresses attractiveness becomes less influential.

Whilst stereotypes exist in different cultures regarding physical attractiveness, these are highly subjective. Furthermore, most of the research in this area is quantitative and participants were mainly involved in observing video-recordings or photographs of therapists, looking either attractive or unattractive, and then completing rating scales in order to gather data. None of the studies indicate any form of interaction taking place between two people.

The influence of dress

In the early 1970s and 1980s a limited amount of research was carried out on the influence of therapist attire and physical attractiveness, with mixed results. One of the first studies was a small-scale quantitative investigation by Stillman and Resnick (1972) who found no evidence that counsellor attire or physical attractiveness impacted on client disclosure in the initial interview. Conversely, Hubble and Gelso (1978) reported therapist attire did influence client anxiety and disclosure, especially when the therapist was more formally dressed than the client; clients who were casually dressed preferred a more formally dressed therapist, and clients who were highly casually dressed preferred a more casually dressed therapist. These findings support those of Leff, Nydegger and Buck (1970) who found that psychiatric patients generally felt more nurtured by nurses wearing uniform compared to non-uniform attire; they also believed that the nurses wearing a uniform were more assertive. As a consequence, patients who were more influenced by the stereotypical 'nurse' in terms of dress interacted less with nurses in non-uniform compared to those wearing uniform; an element of perceived formality seemed to trigger a more positive response (Dacy & Brodsky, 1992). It has also been suggested that formally dressed psychotherapists are perceived to be more, helpful, trustworthy and skilled by clients (Dacy and Brodsky, 1992).

With regard to patients' perceptions surrounding the medical professional's competence skills, a study conducted by Menahem & Shvartzman (1998) found that a formal white coat was preferred by patients. However Gledhill, Warner & King (1997) found that a less formal attire was thought to convey compassion, friendliness, and approachability in the physician (Gledhill, Warner & King, 1997). Nihalani, Kunwar, Staller and Lamberti (2006) small-scale survey into the effect of

psychiatrists' dress on the doctor-patient relationship and patient attitudes towards dress found that 96% of the patient population preferred their psychiatrist not to wear a white coat, although 58% did not think wearing a white coat would influence the patient-doctor relationship. In addition the majority of patients (65%) preferred the male psychiatrist to be informally dressed, whereas 60% of patients preferred female doctors to be more formally dressed. Turner, Leach and Robinson (2007), surveyed 37 complementary practices across the UK (ie: acupuncture, osteopathy,), and found that the majority of respondents preferred practitioners to wear a white coat (65%) rather than casual dress. This high response was significantly related to area of residence and ranged from 80% to 90% in East Anglia, the Midlands and Scotland, and only 15% in the North West of England. The researchers concluded that most people simply prefer what they know; traditionally, medical professionals have worn a 'white coat' uniform and patients seem to feel reassured by this familiarity.

Whilst these studies provide some useful insights into appearance and the doctor patient relationship, they do not provide a more in depth account of the subjective views of participants regarding appearance and the therapeutic relationship. All these studies take a quantitative approach to measuring outcomes and the materials and methods used to gather data involved completing questionnaires and surveys; secondly, whilst some of the later studies recruited patients to take part in the research, earlier studies relied solely on undergraduates.

Balmforth (2009), a psychotherapist, carried out a qualitative exploration of social class in therapy and observed that dress plays a role in how social class is constructed, as well as in the therapeutic relationship. Several of her working-class participants described feeling ashamed about their backgrounds and reported being very aware of how they dressed and spoke when they attended a counselling session. One male client said he felt more equal to the therapist when he attended sessions after work when he wore a suit, which he felt to be more akin to his therapist's dress code. This participant confided that he had felt unable to explore this with the therapist, in a way that could have been therapeutically helpful.

The influence of body art

Historically tattooing has been linked to the armed forces (Wittman-Price, Gittings & Collins, 2012), but in more recent years it is now regarded as a common form of expression across a much wider cultural audience (Riley & Cahill, 2005, Stein, 2011, Wittman-Price et al, 2012). Recent research findings from the medical profession indicate that patients generally perceive tattooed medical professionals negatively and that the presence of tattoos interferes with the therapeutic alliance (Stein, 2012, Wittman-Price et al, 2012). Professionals with visible tattoos and piercings were deemed to be less caring, skilled and knowledgeable (Wittman-Price et al, 2012, Stein, 2012). Psychotherapist, Stein (2012) describes a therapeutic rupture that occurred when one of her clients saw her picture on the Internet with a tiny part of a tattoo showing. For the client, whose parents were concentration camp survivors, tattoos had a negative and oppressive association, whereas for Stein (2012) having a tattoo represented a very liberating experience and cultivated an 'acute sense of agency'. He argues that in some instances being able to see a therapist's tattoo can be beneficial to the therapeutic relationship, and help breakdown societal barriers typically associated with this medium. Wittman-Price et al (2012) explored nurses' perceptions of their body art; this was perceived to be an important form of self-expression; professionalism for these participants was related to behavior and interaction with others, not to clothing or body art. Notwithstanding, these participants were conscious that they might be viewed negatively and their body art could impact the therapeutic relationship.

The influence of skin colour

While the importance of working with ethnic diversity has been attended to in relation to psychotherapy, psychoanalyst and psychologist Tummala-Narra suggests that skin colour and its potential impact on the therapeutic relationship and dynamics within this relationship has been neglected in the psychotherapy literature (Tummala-Narra, 2007). It has been suggested that a darker-skinned person may feel both reassured by working with a white therapist whom they perceive as holding a more socially valued position, but at the same time feel distrustful of the therapist's skill and desire to help. So too, the therapist may feel less attractive when in the presence of a client they perceive to be exotic and

desirable (Tummala-Narra, 2007). If these dynamics are not explored this can result in an impasse in the therapeutic process as the client's psychological development is left unaddressed (Campling, 1989, Tummala-Narra, 2007).

The role of the body in psychotherapy

Various academic fields within psychology and psychotherapy, have in different ways, researched the impact and influences of the body. What is evident is that the bodies of individuals engaged in a dyadic-relationship are hugely influential in the therapist-client relationship.

A qualitative study by Rance, Clarke & Moller (2013), explored female eating 'disordered' clients' beliefs about female therapists' body size and relationship with food. Findings indicate that clients diagnosed with an eating 'disorder' compared their bodies with other bodies; their therapist's body in particular was 'almost uncontrollably' scrutinized and constructions were made regarding the therapist's efficacy based on the therapist's size, weight and shape, and in some instances particular body parts, eg: stomach and thighs. These constructions also influenced the client's willingness to engage in therapy. Rance et al (2013), suggest that eating 'disordered' clients also made a link between body size and personality characteristics and beliefs surrounding a therapist's ability to help and understand were also influenced by therapist size. Participants were concerned about the 'fat' therapist and ending up larger than them (Vocks, Legenbauer & Peters, 2007, Rance et al, 2013), as 'fat' therapists were constructed as out of control. However, participants also had concerns that working with a 'thin' therapist might lead to a desire to under-eat (Vocks et al, 2007). Similarly, Hash, Munna, Vogel and Bason (2003), found that patients receiving health counselling demonstrated more confidence in the advice received from non-obese physicians, than that provided by obese physicians.

Relational counselling psychology

While the studies outlined above offer relevant and important information about how appearance impacts on how others are perceived, and in some instances how an individual will respond to another based on how they appear, I hope to add a counselling psychology perspective to these findings by exploring how these appearance based perceptions operate within the therapeutic relationship. My theoretical framework is informed primarily by attachment theory (Bowlby, 1979, 1988, 1997, Ainsworth, 1979) as well as by the work of infant developmental researchers (Beebe and Lachmann, 2014, Stern, 2000).

Attachment theory

Attachment theory is a theory about human attachment and relationships which was developed by British psychoanalyst John Bowlby. A branch of object relations theory, attachment theory integrates psychoanalytic ideas with ethology, cybernetics, information processing and development psychology (Bretherton, 1992, Holmes, 2014). Bowlby's theorising was a radical challenge to Freudian psychoanalysis representing as it did a focus on the interpersonal, rather than the intrapsychic; Bowlby's focus was the child's actual experiences and interactions with close family members, whereas Freudian analysts gave more credence to the internal world of the child. Whilst Bowlby developed the basic principles that underpin the theory by providing insight into the effects of disruption within the infant-mother dyad, developmental psychologist Mary Ainsworth studied these hypotheses empirically. Her observational studies and laboratory experiments lead to the classification of attachment styles (Ainsworth, Blehar, Waters & Wall, 1979)

An attachment theory perspective can help to illuminate the role of appearance in the attachment process in human relationships. Bowlby, adopting an evolutionary perspective, argued that the drive to attach is partly due to the need to survive, as well as the need to promote emotional security; as such the caregiving process contributes greatly to the development of trust and felt security in intimate relationships (Bowlby, 1979, 1997). The attachment figure becomes a secure base from which to explore the unfamiliar, and in order to feel secure it is argued that the attachment figure needs to be familiar, predictable, supportive and

consistent (Bowlby, 1979, 1997, Ainsworth et al, 1979, Bretherton, 1992, Stern, 2000, Wallins, 2007, Beebe & Lachmann, 2014, Holmes, 2014).

Bowlby (1979, 1997) argued that a secure base is established through the interactions of infant and caregiver. Prior to the development of verbal skills early on in life, nonverbal communication between both parties is critical in helping the infant develop a sense of self, and also feel safe within the dyad. In the first few weeks of life infants start to show a preference for their mother's face rather than the faces of others, and studies indicate that when separated from the main caregiver, the infant is able to differentiate the main caregiver, from a stranger, and will show a preference to re-attach with the familiar caregiver who is associated with feelings of safety and a secure base (Bowlby, 1997, 1979, Stern, 2000).

Research into early impression formation in attachment suggests that individuals start to build their own appearance data bank from birth, based on watching, listening to, and interacting with their immediate caregivers and significant others, a process which continues throughout life (Bowlby, 1979, 1997, Stern, 2000). Meaning is inferred from gestures, significant symbols, and other characteristics (Diamond, 2010) through a combination of inherent and socially learned skills (Bowlby, 1979, 1997, Stern, 2000, Schore, 2000), and individuals respond to others based on the meanings they ascribe to them through their own social interactions (Goffman, 1959, Coldren & Hively, 2009, Larson & Tsitsos, 2012). Often nonverbal communications are so subtle and fleeting that they are overlooked, but evidence suggests that they are critical in relation to how individuals respond to appearance (Bowlby, 1997, Schore, 2000, Beebe & Lachmann, 2014). Facial expression, posture, physiological changes, tempo of movement and emerging actions are important features that actively contribute to the process of social development, even when the individual is not aware of them (Schore & Schore, 2008). Rapid, regulated face-to-face transactions enable the attuned caregiver to maximize positive affect states and minimize negative affect states (Schore, 2000). From these early interactions the infant is able to construct internal working models of how the caregiver and other close persons may be expected to behave; and how the infant may be expected to behave, as well as

learning how they all interact with each other (Bowlby, 1979 1997, Beebe, 2002, Beebe & Lachmann, 2014). Furthermore, what is developed at this pre-verbal stage influences how an individual reacts to others at later stages in life, based on early positive and negative experiences (Bowlby, 1979, 1997, Schore, 2000, Schore & Schore, 2008).

Infant developmental researchers and attachment theorists suggest that appearance plays a fundamental role in the developmental process. Facial and bodily expression, in particular gaze, serve as the first means of communication between the mother and infant (Bowlby, 1997, Stern, 2000, Lyons-Ruth, 2006, Beebe & Lachmann, 2014). Meltzoff and Moore (1989) describe how, at as little as forty-two minutes after birth, the infant will imitate adult gestures; through imitation they start to gain a sense of self. It is this essential attachment function that is suggested to promote the synchrony or regulation of biological and behavioural systems on an organismic level (Stern, 2000), as well as opening up communication channels via which nonverbal signals, especially facial expression, can be received (Argyle, 1994).

Contemporary infant research

Building on attachment theory, infant developmental researchers, Beebe and Lachmann (2014) argue that an infant lives in a two-person social world and that they are capable of coordinating their behaviours with those of their caregiver(s). Beebe (2002) suggests that this rapid face-to-face communication system operates between adults as well. Whilst the nonverbal aspects of behaviour, such as gaze shifts and subtle changes in facial expression are extremely influential in communicating, they are almost imperceptible and are largely processed outside of an individual's awareness (Beebe & Lachmann, 2014, Wallins, 2007, Stern, 2000).

Infant researchers suggest that the utilisation of appearance, through face-to-face communication in the early months of life sets the trajectory for later patterns of relatedness (Beebe, 2002, Beebe & Lachmann, 2014). The recurrent nature of the infant's experiences generates expectancies of how each individual's behaviors affect the partner's behaviors, as well as affect his or her own

behaviors, across time. These processes generate patterns that the infant comes to recognize, remember and expect (Bollas, 1987, Lyons-Ruth, 1999, Wallins, 2007, Beebe & Lachmann, 2014).

The ineffable and the limitations of language

As outlined above, research into nonverbal communication, a central aspect of appearance, seems to suggest that it is largely processed outside of awareness (Beebe & Lachmann, 2014, Wallins, 2007, Stern, 2000), yet most research into appearance relies on verbal descriptions of appearance as if describing appearance is unproblematic. This raises the question of whether verbal accounts can do justice to the subtleties of appearance (Moore & Carling, 1987, Coyle, 2009, Baiasu, 2014). Rotenberg and Arshavsky (1988), question whether it is always possible to replace nonverbal communication with verbal (speech symbols) and suggest that the intuitive understanding which plays a powerful role in shaping our relations with others cannot be strictly formulated (Rotenberg & Arshavsky, 1987).

Summary

Much of the research surrounding appearance investigates specific aspects of appearance to understand how influential these are within professions such as sports psychology (Lubker et al, 2005, Lovell et al, 2011, Lovell et al, 2013), and medical environments (Leff et al, 1970, Nihalani et al, 2006, Witman-Price et al, 2012); in addition this research is largely quantitative. However, what appears to be lacking is research into the influence of appearance as a 'whole'. It is argued therefore that a counselling psychology framework, which considers relational aspects of appearance, can add to this literature. In fact, given counselling psychology's emphasis on the centrality of the therapeutic relationship and on intersubjectivity, it is of interest that this issue has not been explored which may indicate something of a therapeutic blind spot.

Is the myth of therapist neutrality implicated in the neglect of this topic within the psychotherapeutic literature? Historically within the field of psychoanalysis, the aim was to keep the therapeutic environment (both therapist and their surroundings) neutral, with the intention of providing a blank screen onto which

clients could project their transferential material. More recently this phenomena has been challenged with relational therapists in particular arguing that it is impossible to remain neutral (Gill, 2000, Kahn, 2001, Orbach, 2004, Aron, 2005, Holmes, 2011, Faris & van Ooijen, 2012). From a relational viewpoint, the focus is on intersubjectivity; the notion that the self is contained and separate from others has been challenged. It is argued instead that when people interact there is an exchange at an unconscious and conscious level, which constitutes a form of mutual influencing (Kahn, 2001, Faris & van Ooijen, 2012). Therefore, it is important that the therapist closely monitors what they bring to the relationship, as well as what the client brings. As Davys et al (2006) suggest, part of being a professional is to consider the impact that self-presentation will have on the client within a relational context.

It is anticipated that the research findings will therefore be of direct use to practicing counselling psychologists and psychotherapists, providing a greater understanding of clients' constructions of the therapist's appearance and how these may influence the therapeutic relationship and the process of attachment within this. These constructions may govern the likelihood that a practitioner is granted 'access' to the client and thus presented with the opportunity to provide an effective service and build a trusting therapeutic alliance.

METHOD

Design

Epistemological stance

My choice of methodology was influenced by my research question as well as my epistemology. From an ontological perspective I take a critical realist stance in that I believe an objective reality exists, independent of thinking. However, I also recognise that all observation is fallible (Faris & van Ooijen, 2012), and that an individual's knowledge of reality will be influenced to some extent by their limitations and biases (McLeod, 2011) and thus can never be fully apprehended. Whilst I am interested in cognitive and neurobiological perspectives, as a relational counselling psychologist I believe that realities and meanings are co-constructed within a social and relational setting; hence the development of my social constructionist position.

Whilst there is much debate and tension between constructivism and social constructionism in practice there is a significant amount of overlap as individual construct systems exist within a social world and social construction always involves individual cognitive aspects (McLeod, 2011 McNamee, 2004). As a counselling psychologist the relational is an important aspect of my work, and so I believe that both approaches are important. On this basis I align myself with McNamee's (2004) argument in favour of acknowledging the common ground that both approaches share, so whilst I am seeking to understand how appearance may or may not influence an individual's constructions of their therapist, I do so from a relational framework ie. I consider meaning making to be a relational process (McNamee, 2004).

Rationale for qualitative methodology

The difference between quantitative and qualitative research is largely to do with objectivity. McLeod (2015) describes a continuum of 'objectivity', with the positivist natural sciences at one end and the relativist human sciences at the other, arguing that 'knowledge' is created through cultural or social groups. Between these two perspectives lie alternative views, including critical realism which acknowledges that an objective reality exists, but that knowledge of this reality is influenced by the limitations and biases imposed on it.

Qualitative inquiry provides the opportunity for counselling psychologists to conduct research that is congruent with their practice interests (Ponteretto, 2005). While quantitative approaches enable the researcher to gain a broad understanding of a phenomenon by recruiting many participants (McLeod, 2015), qualitative methodologies are more focused on complex processes and the multifaceted nature of human phenomena (Morrow, 2007). Furthermore, qualitative inquiry offers a set of flexible and sensitive methods for exploring areas of social life that are not well understood or well known (McLeod, 2011, Morrow, 2007, Etherington, 2004). This provides the opportunity to generate new discoveries and insights as well as helping to make sense of existing theories (Coyle, 2008, Morrow, 2007, Creswell, Hanson, Clark Planer & Morales, 2007).

Furthermore, as McLeod (2011) suggests, as the researcher is the instrument of inquiry, objectivity is difficult to attain; the influence of the researcher, based on their personality and thinking style, will undoubtedly contribute to the findings based on how they choose to interpret them (Charmaz, 2006, Etherington, 2004). While some might argue that this hermeneutic interpretative approach weakens any 'truths' that are presented (Rennie, 2005), qualitative research is in keeping with a counselling psychology framework (Ponterotto, 2005, Morrow, 2007), which recognises that multiple versions of reality exist (McLeod, 2011).

Various methodological approaches were considered in the initial stages of this research project, including grounded theory, interpretive phenomenological analysis (IPA), and thematic analysis. Whilst all three take an interpretivist approach, the aims of each vary and only grounded theory fits with my epistemology. The following provides an overview of IPA, thematic analysis and grounded theory, illustrating the aims of each approach and why grounded theory was considered to be the most appropriate methodology for this study.

IPA is associated with a phenomenological epistemology: the focus is on understanding the unique, nuanced, lived experience of individuals (Petty, Thomson & Stew, 2012, McLeod, 2011, Willig, 2008). The aim is to gain insight into participants' psychological worlds, which enables the researcher to provide detailed, rich descriptions of participants' experiences; the focus is on the nature

or essence of the phenomena being studied (Petty et al, 2012, Willig, 2008). In contrast to the grounded theory researcher, the phenomenologist uses participants' specific statements and experiences, rather than considering the constructions, actions and processes inherent in participants' accounts. Furthermore, the focus is on commonalities with a view to providing a universal essence (Creswell et al, 2007) from the researcher's interpretations (McLeod, 2011, Creswell et al, 2007). Because of the idiographic focus (Petty et al, 2012), IPA offers insights into how an individual makes sense of a particular phenomenon and is centrally concerned with the meanings which those experiences hold for the participant (Petty et al, 2012, McLeod, 2011). Because the aims of the study were to explore processes rather than common experiences, I did not consider IPA an appropriate methodology for my research question.

Unlike grounded theory and IPA, thematic analysis is not aligned to any epistemological approach (Braun & Clarke, 2006) and can be regarded as a stand alone method. The stages in thematic analysis involve identifying, analysing, defining and reporting themes (Braun & Clarke, 2006) which is similar to the basic processes involved in grounded theory (McLeod, 2011); both go through a process of coding and interpreting data. But thematic analysis doesn't set out to achieve the provision of a theory, and nor does it focus on actions and processes. Given that the research question is concerned with both, this approach was also ruled out as inappropriate.

Grounded theory was deemed the most appropriate methodology for this research question. Not only does the constructivist approach fit with my epistemology, but the grounded theory method aims to explore the processes and actions involved in the therapeutic relationship; ie: how the therapist's appearance may influence the therapeutic relationship. Furthermore, given that this is an under-researched area, I hoped to provide an explanatory framework in which to understand these processes and actions, with a view to adding to the literature on appearance.

Rationale for social constructivist grounded theory

Morrow (2007) suggests the aim of grounded theory is to encourage novelty and potentially revolutionary insights and due to the lack of research into the therapists'

appearance in the psychotherapy field this seemed an appropriate aim. Grounded theory is also a useful methodology to adopt in under-researched areas, as one of the aims of GT is theory generation (McLeod, 2011, Willig, 2008). In addition, a constructionist grounded theory methodology was in keeping with both my research question, which focuses on processes within the therapeutic relationship, and my epistemology.

Grounded theory incorporates three main principles (McLeod, 2011). Firstly, a fundamental task of the researcher is to find new ways of making sense of the world. Secondly, the goal of the analysis is to construct a theory, in which the phenomenon being investigated can be understood. Thirdly, the theory should be 'grounded' in the data rather than being forced upon it. Grounded theory as a methodology is predominantly concerned with analysing data rather than collating it (McLeod, 2011, Charmaz, 2006).

The constructivist approach was chosen rather than Glaser's objectivist approach for a number of reasons. Firstly, it adopts a more flexible approach to research valuing the story that the individual has to tell (Charmaz, 2006, Mills et al, 2006, Morrow, 2007). Secondly, it recognises that there are multiple realities in the world and that individuals may have more than one main concern (Charmaz, 2010, Morrow, 2007). Thirdly, importance is placed upon the participant's narrative, providing more meaningful, rich and accurate descriptions (Charmaz, 2006, Appleton & King, 2002). Fourthly, Charmaz's approach involves the researcher co-constructing the data with the participant, bringing with that the recognition of the subjectivity that influences their lives. Finally, a constructivist approach feels most relevant for the present study as it enables a deep exploration of the many implicit meanings and experiences of the participant's story guiding the categories and construction of theories (Charmaz, 2006, Appleton & King, 2002). Grounded theory methodology in its constructionist form recognises that social contexts are socially constructed but then demands that the researcher conceptualise and interpret the context at a deeper level (Morrow, 2007). The role of the reflexive researcher is also regarded as an integral part of the process (Morrow, 2007, Charmaz, 2006) and it is recognised and accepted that they will influence what they see and find (Morrow, 2007) presenting their own interpretations and

meanings and experiences. This challenges the classical grounded theory stance that the researcher remain neutral and removed from the world, instead the researcher acts upon and within the empirical world.

Participants

An initial purposive sampling strategy was employed to recruit individuals who were currently in therapy or had recently ceased therapy. The initial sample consisted of 13 participants; as the analysis developed a theoretical sampling strategy was adopted and a further 3 participants were recruited; 1 chose to be interviewed, and 2 elected to complete a qualitative survey. The sample comprised Chartered and trainee counselling psychologists, psychotherapists, counsellors, trainee psychotherapists, undergraduates, students accessing a university counselling service and individuals using a private psychotherapy practice. Of the 16 participants who took part in the study, 11 were female and 5 male. Fourteen participants were White British, one participant, British Caribbean, and another participant White German. The ages ranged from 19 years to 71 years. A demographic information table can be found in *Appendix* 2.

Interview schedule

Semi-structured interviews are open-ended in style enabling me to pursue novel responses and work at depth while being able to confirm my understanding of the participant's point of view (Willig, 2008). Whilst some preparation was carried out with regard to designing questions ahead of time, other questions arose as a result of what was discussed during the session with the intention of allowing a more collaborative interview (Charmaz, 2006). This type of framework aims to be less intrusive and acts as a vehicle to theory generation. A copy of the questions can be found in *Appendix* 1.

Procedure

Recruitment

A recruitment poster was designed *(Appendix* 5*)*, outlining the research project and inviting individuals who met the criteria to participate. The posters were advertised in the following places –

i. The British Psychological Society's website, under the Division of Counselling Psychology domain,
ii. University Wellbeing Centre,
iii. University noticeboard,
iv. Psychotherapy practice based in Worcestershire
v. Psychotherapy practice based in Gloucestershire.

Participants who expressed an interest in taking part contacted the researcher by email and a date, time and location was arranged for the interview to take place. All interviews were confirmed by email and each recipient was sent a copy of the participant information sheet via email. The information sheet can be found in the Appendices (Appendix 3). As well as conveying this information in printed format, this was also discussed verbally prior to the interview commencing to give participants time to ask questions. Written consent to participate was then gained.

Data collection

Interview process

It was important to find a data collection method that would enable participants to voice their views freely on this sensitive and intimate subject matter in a safe and collaborative environment. Semi-structured interviews were deemed most appropriate for this study. These consisted of open-ended questions that defined the area to be explored, at least initially, yet allowed sufficient flexibility for the interviewer or interviewee to pursue an idea or response in more detail (Britten, 2006). It has been suggested that qualitative interviews are also a good way of enabling practising professionals to investigate research questions of immediate relevance to their everyday work, which would otherwise be difficult to investigate (Holstein & Gubrium, 1995).

In order to elicit rich and meaningful data good interview techniques must be practiced (Charmaz, 2006, Britten, 2006). Both interviewer and interviewee are 'active' members, engaged in the business of constructing meaning, whether this is acknowledged or not, with the interviewer attempting to activate, stimulate and cultivate participants' interpretative capabilities (Britten, 2006) as well as

encouraging the discussion of alternative considerations (Holstein & Gubrium, 1995).

I asked a series of questions, which are outlined in see *Appendix* 1, to generate a discussion about participants' constructions of their therapist's appearance. All interviews were conducted face-to-face and audio recorded with the exception of two interviews, which were conducted via Skype video-conferencing. While face to face interviews provide a more connected experience, with the advancement of video-conferencing, the ability to mirror the experience of face-to-face interviews is now possible and enables research to be covered over a much larger geographical area (Sullivan, 2013).

The interviews were conducted either at the participant's home or in a pre-booked counselling room at the University. Two of the interviews were held via Skype video-conferencing; both participants were in their homes when this took place. The duration of the interviews ranged from 40 minutes to 65 minutes. Participants were asked to sign a Consent form (*Appendix* 4) and complete a Demographics form (*Appendix* 5) prior to the interview starting.

Survey process

Two participants elected to complete a qualitative survey rather than be interviewed *(Appendix* 1*)*. Survey participants were emailed the Participant Information sheet, Consent form (*Appendix* 4) and a Demographics form (*Appendix* 5). Upon receipt of the completed Consent form and Demographics form the survey of questions was emailed to the participant for completion.

Data protection & transcription

The following process was adhered to in line with The British Psychological Society, and the University of the West of England's guidelines –

i. All interviews were transcribed verbatim line-by-line and the recordings were stored on a computer and password protected, and the original recording deleted.

ii. Any personalized information that was potentially identifying, was removed at the point of transcription ensuring transcripts were anonymised.
iii. Participants were given a unique reference code at the point of interview to ensure anonymity throughout the study.
iv. Any identifiable data, eg: signed Consent forms and Demographics forms were stored in a locked filing cabinet.
v. Only anonymised data was shared with the research supervisors or used as part of the write up.

The literature review

Glaser advises that the literature review take place later in the analysis so that the researcher is prevented from contaminating or impeding the emerging data (Glaser, 1998). However, Charmaz suggests that it may be more prudent to take a critical stance towards to the existing literature rather than simply ignoring it (Charmaz, 2010). Charmaz states that it is essential to review the literature beforehand, and that this can be done without the researcher totally immersing themselves in the data (Charmaz, 2006). My early review of the literature made me aware that the therapist's personal appearance seemed to have been largely ignored in the therapeutic literature, and I therefore felt that a grounded theory methodology would enable me to construct a theory in this under researched area. In the later stages of my analysis I was able to revisit the literature with more of a focus and this helped me to further revise my categories and my analysis as well as note the contribution of my findings to the field and the ways in which my theory supported, extended or contradicted the existing literature.

Data analysis

In accordance with the GT method data analysis commenced as soon as the first interview was conducted; a cycle of simultaneous data collection and analysis continues until 'theoretical sufficiency' (Dey, 1999), is deemed to have been achieved, ie: no new ideas are generated from the analysis. Throughout the data analysis a process of 'constant comparison' is used (Glaser, 1998, Charmaz, 2006), whereby each new construction and finding is compared with existing findings constructed from the data analysis (McLeod, 2011, Charmaz, 2006). The researcher is also encouraged to write memos through out the research process:

capturing thoughts, ideas and theoretical links etc, as well as developing a diagram to help map out how the evolving categories relate to each other (Charmaz, 2010, Strauss & Corbin, 2008).

Coding

Coding is the first step in making analytic interpretations of the data (McLeod, 2006, Charmaz, 2006). The act of coding is pivotal in that it provides the link between data collection and constructing a theory to explain the actions and processes within the data. It is through the process of coding the researcher defines what is happening in the data and starts to grapple with what it means (Charmaz, 2006). Basic coding starts with line-by-line coding whereby the researcher identifies actions in the data by using the gerund (the gerund is the form of verb that functions as a noun and retains action by stating what people are doing. It builds actions into data that enables the identification of processes eg: watch*ing,* hold*ing).* The researcher gains a strong sense of action and sequence with gerunds (Charmaz, 2006) as the nouns turn these actions into topics. Line-by-line, or open coding as it is often referred to, is a fundamental part of the grounded theory method; by scrutinizing the actions in the data at such a detailed level the aim is to generate as many potential categories as possible. In this way higher level categories and theoretical formulations are constructed from the data, rather than being imposed upon it. Questions asked of the data include: 'What else could this mean?', 'What is this a study of?', 'What is actually happening in the data?' etc. During initial coding the aim is to keep an open mind for all theoretical opportunities (Charmaz, 2006) and through this process I was able to modify the study as new leads were constructed (Charmaz, 2010) by deciding whether the next interview needed to be modified as a result of this (Willig, 2008, McLeod, 2006, Charmaz, 2006, 2010). Having established some robust analytical directions from the initial coding it was then possible to move into focused coding and category development. The second phase of major coding is known as focused coding and within this coding stage, emphasis is placed on synthesizing larger "chunks" of data and/or honing in on open codes that are found to be frequently appearing within the data (Glaser, 1998) and that best represent the participant's voice. This analysis leads to patterns and possible new codes, with a general move away from the concrete and towards more abstract summaries.

This level of coding enabled me to conceptualise what was taking place in the data by looking for relationships and patterns between codes and by identifying recurring concepts. A sample of initial and focused coding can be found in *Appendix 7.*

Constant comparison

Constant comparison forms part of the concurrent data collection and analysis and involves comparing codes, categories and incidents both with an individual's own interview as well as amongst different interviews. This process enables the data to be scrutinised, refined and conceptualised (Charmaz, 2008; McLeod, 2007). By constantly comparing the data, moving across interviews and observations, this helped strengthen the concepts surrounding the developing categories, and rechecking and visiting the patterns in the data also enabled me to stay close to what participants said. This approach also enables the researcher to check their preconceptions about the subject being researched (Charmaz, 2007, McLeod, 2006). It is acknowledged that every researcher holds preconceptions that influence, but do not necessarily determine what is attended to; as discussed by Charmaz (2007), preconceived theoretical concepts should earn their way into the analysis.

The constant comparison process also encourages the refinement of the category system as a whole (McLeod, 2011) as it involves constantly comparing and contrasting the meanings of all categories to ensure the data is given sufficient consideration, across new, and within existing data previously collected, in order to stimulate thinking and generate further theoretical ideas. This process helped me to identify significant areas of overlap between categories (and if so whether they could be clustered to form one category), or, if different distinctions of meaning were found within an existing category, they could be divided into more than one category (McLeod, 2011, Charmaz, 2006).

Memos

Throughout the whole process of data collection, coding and analysis, analytic memos were kept to help with theory construction by writing down thoughts and responses, ideas, and theoretical associations and potential links between

categories. Initially it was tempting to try to organize the data straight away I started to form ideas and interpretations, but Charmaz (2006) suggests that the aim of this part of the process is for the researcher to learn to tolerate ambiguity so as not to stifle ideas and thoughts; a fundamental part of the process is to memo ideas as they occur (Charmaz, 2006). As the analysis developed and I started to construct categories, demonstrative quotes were compiled to illustrate the story, and in line with the constructivist approach, attention was given to ensuring that the style of writing emphasized the participants' presence and how they constructed their experiences (Charmaz, 2006).

Diagramming

As well as collecting and analysing the data, diagramming was used to help get an overview of the processes involved, and to record ideas about developing categories and how they relate to each other (Glaser, 1998; Charmaz, 2006). As robust categories and sub-categories developed, they were then mapped in the form of a diagram. Strauss & Corbin (2008) argue that the use of diagrams is an intrinsic part of the grounded theory method as these provide a visual representation of categories and their relationships. This helps the researcher to visualize where gaps might be occurring in the process signifying a need to go back and revisit the data. This aerial overview helps sharpen the relationship among categories and illustrates the processes and connections between the categories (Charmaz, 2010). Having sorted the categories into an order/flow that best represented the processes in the data, this was then transposed into a final diagrammatic format to provide a visual representation of the categories and their relationships. The final diagram can be seen on page 48 *(Diagram 1)*.

Theoretical sampling

As the analysis continued, I continued to gather more data through theoretical sampling (Glaser, 1998, Charmaz, 2006) to enable further development and refinement of my categories and their properties. Because my research question was concerned with clients' constructions of, and responses to, their therapist's appearance, the sample comprised individuals who were either in therapy or had recently ceased therapy.

As the categories started to take shape, and it became apparent that attachment theory was a potential theoretical frame, qualified therapists who were also clients, were invited to participate to see if they could add new insights to the categories under construction; these insights helped me to consider further the processes in operation within the therapeutic dyad.

Theoretical sufficiency

Charmaz (2006) states that theoretical saturation occurs when new data no longer triggers new theoretical insights and new properties of core theoretical categories are no longer reviewed. It is also important to acknowledge that saturation does not simply depend on the frequency of the same events or stories; what is important is the richness of data arising from detailed description (Charmaz, 2006). However, the concept of 'saturation' has been challenged by Dey (1999, 2007) who suggests the term *theoretical sufficiency* is preferable to indicate that adequate data and fullness of coding has been attained in order to justify a category. Theoretical sufficiency was thought to have been reached when I gained an adequate understanding of the developed categories, and no new ideas were being generated through data analysis. Having reached this point I was then able to move to the final stages of sorting.

Ethical considerations

The researcher was aware that inviting participants to reflect on their therapist's personal appearance could cause discomfort or distress, and could also impact on their therapeutic relationship. Therefore, the researcher cautioned participants about these risks in the information sheet and encouraged participants to share only the information that they felt comfortable with during the interview. Due to the sensitive nature of the topic potential participants were also advised that they might find participation distressing if they had experienced psychological issues surrounding their own appearance.

Confidentiality

All participants were advised that everything that was discussed would remain confidential subject to the limitations outlined by the British Psychological Society.

Some participants expressed an interest in reading the research when completed and were advised that a summary format could be provided.

Ethical approval

Request for ethical approval was submitted to the University of the West England's research committee and subsequently granted.

REFLEXIVITY

While classical grounded theorists argue that the researcher should remain separate to the research, and adopt an objective position to avoid influencing data collection and analysis, constructivist grounded theorists take a reflexive stance toward the research process which involves reflecting on their interpretation of meanings and actions (Charmaz, 2010). A good level of insight into the research area is needed, as is receptiveness to the nuances and complexity of participants' words and actions, along with the ability to reconstruct meaning from the data generated with the participant (Willig, 2008, Mills, Bonner & Francis et al, 2006). Etherington (2004) argues that reality is socially and personally constructed; there is no fixed or unchanging 'Truth', so when we interpret the stories of others, we give testimony to what we have witnessed, and it is this testimony that creates a voice. This perspective fits with my constructionist epistemology; I acknowledge that my experience and framework has influenced my analysis (McLeod, 2011, Charmaz, 2006) and as a researcher I will also have influenced the researched.

The significance of reflexivity has become an increasingly important aspect of contemporary social research (Etherington, 2004) within which the role of the researcher is seen to be integral (McLeod, 2011). The role of the reflexive researcher is to acknowledge how their own experiences, theoretical frameworks and contexts inform the process and outcomes of inquiry (Etherington, 2004, McLeod, 2011). In addition, I want to engage the reader and make them aware of the position I adopt in relation to the study (McLeod, 2011) and, by explicitly conveying and questioning my involvement in the research, help to validate the authenticity of my interpretations and constructions (Etherington, 2004).

Etherington suggests that a reflexive stance enhances the trustworthiness, rigour and strength required of good qualitative studies (Etherington, 2004). Therefore, at all stages of the research, it is essential the researcher maintains self-awareness as it is through this involvement that a dynamic process of interaction within and between researcher, participants and the data can occur, a process which informs the researcher's decisions, actions and interpretations throughout (Etherington, 2004, McLeod, 2011). To this end I kept a reflective diary throughout my research journey.

However, there is still some debate about what qualifies as reflexivity and to what extent it is referred to in research. For some scholars, reflexivity may involve just acknowledging subjective biases, and for others, reflexivity can be the primary source for their inquiry, such as narrative inquiry. It could also represent a means of constructing a bridge between research and practice (McLeod, 2011). Etherington (2004) suggests that it is perhaps wiser to refer to this concept as 'reflexivities' to accommodate different viewpoints and applications. From my own viewpoint I believe my involvement in the research plays a critical role in shaping the outcome from the onset so it was vital that I remained alert throughout the process and captured my thoughts and feelings on this journey, and whether it sat comfortably with my thinking, felt unfamiliar or challenged any pre-conceived ideas I held about appearance.

My experiences

In terms of my own experience as an individual, a trainee counselling psychologist and as a client, I am very aware of how I observe somebody else's appearance, especially on first meeting them; noticing body language and physical appearance, how someone has chosen to dress etc. This is something I reflect on when writing up my client notes. It is important to me to try to get a sense of who the client is and I do so through listening to what is said and to what is unsaid, as well as what is expressed through their personal appearance.

Prior to training to be a counselling psychologist I worked in a business environment. Dress code and presentation were considered important aspects of an individual's identity. Adherence to these codes was seen as essential in terms of career progression; appearance was perceived as an advertisement for the organisation externally. It is of interest that the research on appearance within business psychology is much more prevalent than that of the psychotherapy profession, and given how important the therapist is in the therapeutic relationship I find it interesting and puzzling that there has been no exploration of appearance in the psychotherapy field.

On a more personal level I also wonder whether my being an adoptee plays a role in my attention to appearance when meeting new people, and why I find myself

honing in on appearance and nonverbal communication; why I am concerned with safety and establishing a secure base, and interested in theories of attachment. I was adopted at the age of six weeks and whilst I have no memory of this event happening, it will surely have had a profound effect on my early development. As attachment theorist Wallins suggests, we lack verbal access to many of the experiences that shape us the most profoundly (Wallins, 2007), and I wonder if my appearance focused behaviour is a response to the my experience of being separated from my birth mother (having spent 6 weeks with her) and attaching to my adoptive mother. Experiencing these attachment ruptures early on and having to re-attach is likely to have impacted my attachment security and the beginnings of my sense of self. Learning to read new and unfamiliar faces, hear different voice tones, cling on to new bodies, are all unsettling events. While I was never consciously aware of feeling unattached to my adoptive parents - I always knew how much they loved me - this never took away the sensation of wondering 'who do I belong to' and never feeling totally anchored until much later in my life and I acknowledge that these early experiences are likely to have shaped my interest in this research topic as well as my constructions of my participants' experiences.

Throughout the research process I kept a reflective journal as well as field notes following each interview as I attempted to keep my mind open and active. This helped me capture my thoughts and feelings in response to the participant interviews (during the interviews and whilst transcribing them too), what I picked up on in the media during the research period, and my personal encounters too. Regular supervision meetings were also held with my research team and this helped me explore how I was managing the interviews, interpreting the data and how best to modify questions as the research developed. Being able to share and articulate my thoughts and experiences with my research team enabled me to consider and tap into areas that I would not necessarily have picked up on in isolation.

Prior to starting the interviews I put myself in the position of interviewee, answering the questions I had prepared and trying to get a sense of what it would feel like for my participants. I was conscious that participants who were not professionally connected to psychotherapy, ie: as a practitioner or trainee practitioner, might

struggle to provide detailed answers and felt that some questions would probably have to be adapted as the interviews progressed in order to elicit substantial and meaningful data. During the process of transcribing the interviews I noted my feelings and responses to my participants' constructions. By doing so I attempted to enhance the depth and quality of the research process (Etherington, 2004) whilst remaining reflexively aware of my responses.

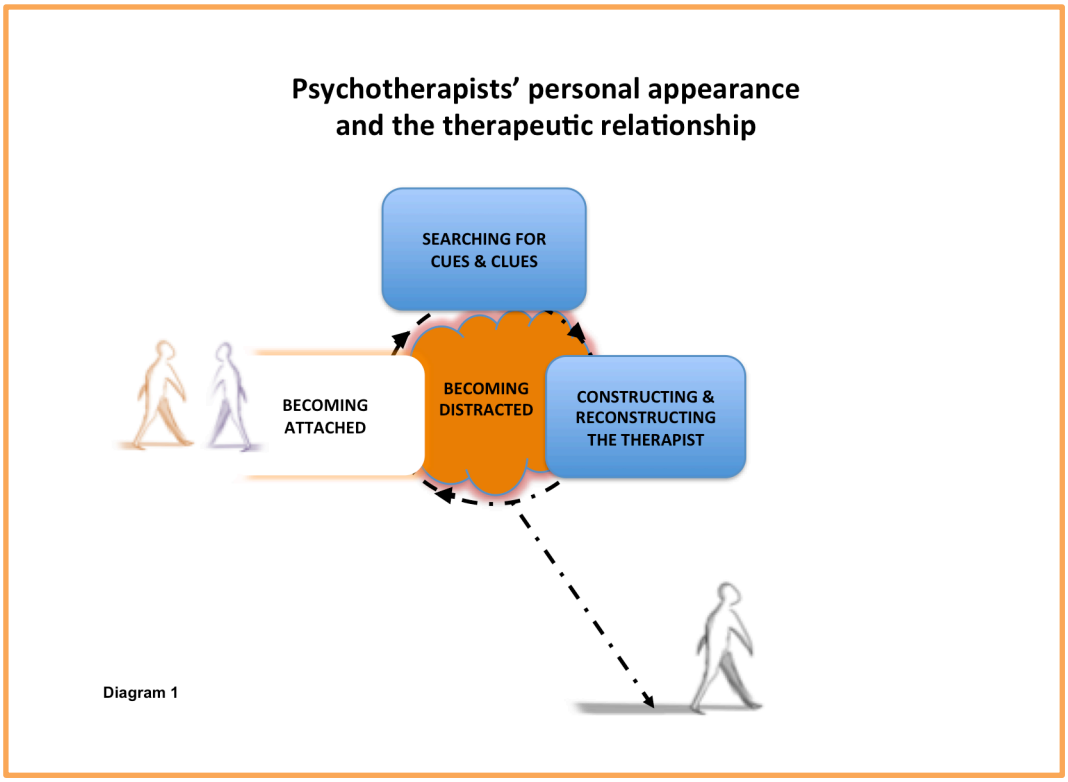
Because of my curiosity and interest in this subject material I am aware that my observations, reactions and viewpoints will have influenced my expectations of the findings. Because I did not take an objectivist stance to my research, but saw myself, as very much part of the research process, when interviewing participants I acknowledged that the way I look and presented myself will undoubtedly have had an impact on the way the interviewee responded to me.

Who I am physically and the way I present myself and utilise my body in relation to my clients through our joint interactions, is an essential part of the therapy. My body and appearance are very much a part of the therapy. As a therapist, being reflexive is an important part of our work – we need to be aware of our personal responses and to be able to make choices about how to use them (Orbach, 2004). We also need to be aware of the personal, social and cultural contexts in which we live and work and to understand how they impact on the ways we interpret the world (Etherington, 2004). Thinking about my own social and cultural context, I am very aware that I am an older, white female who probably comes across as middle class. I am very conscious and aware of how I dress when I go to work. Sometimes I am a bit more casual in my style, ie: wearing jeans, but with a smart shirt and sometimes I might wear a jacket with jeans or casual trousers. In addition my make up is kept to a minimum, jewellery is discreet and perfume is hopefully subtle. I choose to avoid underdressing or going over the top, ie: power dressing. I endeavour to remain sensitive to the fact that I do not want to make a statement which will potentially dominate the relationship and either prolong client curiosity or interfere to the detriment of the therapeutic relationship. I expect to be judged, and know my clients will form an opinion of me given we are in a unique and intimate relationship. Many of the aspects discussed here will also have related to my interactions with the participants of this study and I was conscious

that given the subject matter being discussed was appearance, it was likely to have heightened our senses regarding each other's appearance during the interview process.

FINDINGS

The basic social psychological process constructed from the interview data on the therapist's personal appearance and the therapeutic relationship describes a process by which participants are actively engaged in monitoring their therapist's appearance. This process comprises the following categories: *Searching for cues and clues*, *Constructing and reconstructing the therapist, Becoming distracted* and *Attaching & detaching*. This process illustrates the important role that the therapist's appearance appears to play in the formation and maintenance of the therapeutic relationship and the process of becoming attached (see Diagram 1). Whilst this process has been split into categories to help provide a coherent account of what is happening, there is considerable overlap between categories and participants' positions in this process are fluid rather than fixed. Appearance related ruptures can occur at any time in the therapeutic relationship, and these appear to activate further attachment behaviours and new constructions and reconstructions regarding the therapist and the therapeutic relationship. Something that became very apparent as participants reflected on their therapist's appearance in the interview was how participants struggled to describe their therapist's appearance, and the more they grappled with it, the more intangible it became. This struggle will be considered further below.



SEARCHING FOR CUES & CLUES

Participants described how they used a variety of appearance related cues and clues to gain a sense of their therapist, even prior to the first meeting. Participants appeared to be concerned with *Seeking safety* and, as the therapy progressed, *Monitoring consistency* in their therapist; these processes form the two sub categories. The search for a secure base, appeared to be participants' core concern, evidenced by what sometimes appeared to be a constant, and at times, hypervigilant scanning of their therapist's appearance and environment. These cues appeared to aid participants firstly in creating a sense of who their therapist was in the absence of much information about them, as well as acting as signifiers about their therapist's consistency. Given this understandable need for safety, participants appeared to be vigilant to any changes in their therapist or their therapist's environment; if the therapist's appearance was consistent and did not impinge unduly then participants seemed to focus more on themselves rather than on their therapist. Conversely, when the therapist's appearance was perceived to be distracting in some way, then participants became unsettled; their focus then shifted to reassessing the therapist rather than focusing on their own material. In addition, a lack of consistency in the therapist's appearance was sometimes constructed as a sign of incongruence, which then appeared to impact on attachment security, provoking further searching and reconstructing.

Although attachment styles were not formally assessed for the purpose of this study, some participants seemed to indicate a higher level of anxiety in the way that they actively engaged in monitoring their therapists. Others seemed quite dismissive towards forming attachments to their therapists.

Seeking safety

In the absence of personal information about their therapists, participants described scrutinising their therapist's appearance for evidence of safety, containment and trustworthiness. As one participant put it: *"Can I trust this person? Are they going to look after me? Are they going to be competent? Do they look like they are really going to manage the situation? (Participant 3, female, 43yrs, CBT practitioner/trainee counselling psychologist).* This was an active and ongoing process, which involved checking the therapist's appearance and making

rapid constructions based on this. However, appearance seemed quite hard for many participants to delineate; partly because it appeared to comprise a number of physical signifiers including clothing, body art, physical shape and size and partly because participants seemed to find it difficult to separate their therapist's appearance from their body language; nonverbal cues were constructed as being part of personal appearance and participants described an ongoing process of monitoring their therapist's appearance through watching facial expression, gaze, posture, and gestures. Consequently, a construction of the therapist's qualities appeared to be developed through their appearance as well as their body language: *"…it's lots of different things, and its facial expression, gestures, eye contact, nodding, the way the voice – even in a quite subtle way, just goes 'mmm', listening, showing that you're listening…" (Participant 4, female, 43yrs, CBT practitioner/trainee counselling psychologist)*

In addition, some participants indicated that the impact of these safety related cues was not always available to consciousness and therefore could not always be put into words: *"I guess if somebody might be more closed, then maybe that they have their arms crossed or they might appear more closed but you might not notice it or might not think 'oh that person has their arms crossed and they are like being really closed' but at a preconscious level you would notice that the person might be more closed off… somebody whose maybe got their arms open and seem really relaxed, you might not notice it but you just, I guess, I feel it… feel that person's more relaxed with you… Yea, just the atmosphere I suppose… so you might have a conversation with someone and just feel that the atmosphere in the room might be really relaxed and calm but you don't really notice the physical things that people are doing to help along with that…" (Participant 8, female, 28yrs, business undergraduate)*.

Participant 11 describes this difficulty in separating their therapist's appearance from the therapeutic setting, and how important these two components were in terms of feeling safe: *"What I remember with the therapist I'm seeing now is quite a welcoming smile… just welcoming and safe. And that's important to me to feel safe…' (Participant 11, female, 53 years, peer support worker)*

Due to the ongoing vigilance to safety related cues and clues it seemed important for many participants to see and read their therapist's face clearly so that they could monitor their facial expression; this aspect of appearance appeared to be an crucial way of gauging relational security. Participant 8 imagined feeling uncomfortable if her therapist had *"…stuff on their face… like a face tattoo or if someone had their face covered that might make me feel uncomfortable because then you can't see their facial expressions… I may not feel as comfortable expressing how I feel only because I couldn't see how their reactions were to it… I think so as you would be like… to tell that you are not judged because if you are hiding… if you can see someone's face then you can instantly see that they are not thinking that you are crazy or anything mental..." (Participant 8, female, 28yrs, business student).*

Many participants appeared to be engaged in seeking confirmation that their therapist was really seeing them and remaining interested. Monitoring their therapist's face appeared to be a key aspect of this process. Participant 13 reflected on a good and not so good therapeutic experience: *"I think probably the movement and body language is the biggest thing and something in the eyes of the way they are looking. It's not… I feel like anybody can look at you but I don't know if certain types of make up, not makeup as such, but the way they look or if it's the kind of soul behind it, but it feels like with my old therapist there was a block between her eyes and her connection with her soul and with the new one, it almost felt like his eyes were really seeing me." (Participant 13, female, 25yrs, trainee psychotherapy).*

Participant 3 described how they assessed how present their therapist was, and therefore how safe they were, during a session by focusing on her therapist's body language. She observed that her therapist was *"…very grounded both feet on the ground but… over time she kind of may be sit back in her chair a bit more and kind of relax… yes… yea she did… and then when we do talk about something emotional she did kind of lean in a more than she did when we first kind of started, so… It was nice, because it shows that she is genuinely interested, and because I have a habit of tending to go in my shell a bit, so when she is leaning forward… to me that's her way of reaching out to kind of get me to continue with my flow of*

thought… and showing me that she cares and she's been with me in that moment. Exploring this further and what this process conveyed: *"…for me it was safe, yea, I think if she had stayed upright in the position, very rigid, I think I would have been a bit put off by it… because it just seemed so… what's the word I'm looking for… so stiff I think, I really want someone you know to meet me in the middle if that makes sense…" (Participant 3, female, 29yrs, trainee counselling psychologist).*

Similarly, another participant describes feeling safe due to being in harmony with his therapist's body language: "*I think that he really… it was one picture for me… it means that his body language was not overloaded, it was not too much… it was harmony. It was harmonizing with me, but harmonizing with his words and his body language. Yes and I think I recognise… I would recognise if a person wouldn't be in harmony with his body language. Especially in therapy because you are very close to each other in physical point of view but also because of the very personal subjects that you discuss…" (Participant 6, male, German, 41yrs, customer services executive).*

Participant 1 described how this process of safety seeking was interrupted when she moved from being able to see her therapist to using her therapist's couch. Whilst she described *"…something very freeing about it…"* she was no longer able to see her therapist's response during the session but appeared to scrutinize it closely before she left: *"…not to be able to see her is a very different therapeutic experience because you can't fail to notice reactions in people when you're looking at them… responses you know... 'Does she look bored? Does she look judgmental about this?… and you change accordingly whereas in the sessions with the couch I can't see her, I don't know what she is doing or sometimes at the end … when it has been a particularly harrowing session I can stand up and obviously look at her to say goodbye and I know, I can see she has been moved or even crying you know…" (Participant 1, female, 49yrs, chartered psychologist).*

Participant 15 encountered a similar experience with her therapist when she used the therapist's couch, and found it quite unsettling not being able to connect with her during the session: *"I didn't like it, it felt like a disembodied voice and not being able to see her… felt very, very disconnected. I was in an incubator as a baby so I*

don't know if there is a connection there… of attachment stuff… and so not being able to see someone who is giving me care did not feel comfortable". On exploring further why this might be: *"…engaged attention, full engaged attention… so even though I'm not looking at her directly all the time I want to know that she is… looking at me… and there for me". (Participant 15, female, 34yrs, support worker/trainee psychotherapist).*

Another important factor of the therapist's appearance is the environment in which they work; for many participants this was incorporated into their descriptions of their therapist's appearance – it appeared to be difficult for some participants to separate the two, as participant 11 explained: *'… it isn't actually just about appearance of the therapist but about the environment and the room itself as well. There's a waiting area with very subtle lighting and a little water feature and plants, and its quiet and the room* [therapy room] *is actually this size, again sort of subtle lighting, a comfortable chair, glass of water and tissues that are important…" (Interview 11, female, 53 yrs, peer support worker).*

As with the therapist's physical appearance, the environment was scrutinized for further cues and clues about the therapist's personality and the degree of safety that they could offer. Participant 2 questioned his safety in relation to a therapist who practiced in an affluent location and wondered if he would be treated as a business transaction rather than a person with a degree of vulnerability: *"I'm very sorry saying this but my best thought is, 'is he safe' and are there clues about him that would make him dangerous to me in some way…? (Participant 2, male, 71yrs, retired counselling psychologist).*

This process of seeking information was experienced as distracting by some participants; many were frustrated by their therapist's neutrality, by the fact that they did not know much about their therapist, no matter how hard they tried to read into appearance related cues. Participant 13 described her concern that her therapist *"knew lots of stuff about me and I don't know a thing about her… and I guess she didn't feel very open to be honest." (Participant 13, female, 25yrs, trainee psychotherapist).* Conversely other participants experienced this anonymity as a positive, as participant 14 explained:: *"…I want to know very little*

about her, it might prevent me being open." (Participant 14, male, trainee psychotherapist).

Needing consistency

Many participants described a need for their therapist to express consistency through their appearance both in terms of their attire and their body language; consistency for many created a sense of safety. Participant 12 explained that her therapist's appearance: *"…made it feel consistent, so every week… that event, she was the same person. So that felt safe. Whatever else had gone on for her in the week was put aside and she was present with her role for what I needed." (Participant 12, female, 46yrs, unemployed).*

Participant 15 stresses the importance of her therapist remaining consistent in her appearance and demeanour as this then seems to create a secure base from which she can then explore within the therapy sessions: *"As I'm changing and exploring myself and working through all sorts, and I'm kind of wiggling around and if she's journeying alongside me but in a straight line it feels safer… if she was changeable and different and not consistent I wouldn't have anything to attach to." (Participant 15, female, 34yrs, support worker/trainee psychotherapist).*

Consistency in the therapist's environment was also perceived to be important, and helped to develop a sense safety and trust as participant 7 explains *"...so its good that I know I can go in and I will know what the room looks like, I know he'll sit where he's going to sit, and I'm always by the door so I can get out if I need to…" (Participant 12, female, 46yrs, out of work).*

For some participants, a sudden change in appearance was experienced as a rupture and triggered further hypervigilance. For others, once a safe based had been established, this consistency became less important, as participant 14 described: *"Her look is very consistent and so in some respects becomes less important to the relationship… I used to pay a lot of attention to it but less so now."* However, he did go on to acknowledge that his therapist's consistent appearance seemed to be an important part of how he constructed her, and therefore how safe he felt: *"It never seems to change, but I think I would be disturbed by it changing –*

her style is very much part of how I think of her." (Participant 14, male, trainee psychotherapist).

Participant 4 described feeling perturbed by her therapist's appearance which had changed following a holiday: *"… if you're used to this kind of predictable frame and you kind of know the things that they wear or what they look like and it suddenly changes I think it can be a little disorientating."* When her therapist returned from her break the participant noted that…*she had done something really peculiar with her hair… it looked really awful…* On asking the participant how this made her feel: *"…I don't know whether to say less respectful or less safe, or just very, very slightly you know… somewhere in between those things… 'Oh my god, what have you done!?'… bad judgment*." This then led the participant to think: *"…if she has bad judgment can I trust her. You know I think its quite silly but it can impact in quite a big way." (Participant 4, female, 43yrs, CBT practitioner/trainee counselling psychologist).*

Participant 3 also felt unsettled by a change in her therapist's appearance: *"…I've only seen in her jeans one time and that kind of… hmmm… 'I wonder why you're wearing jeans today'? I didn't say anything but it was just a thought I had." (Interview 3, female, 29yrs, trainee counselling psychologist).* On asking the participant how this made her feel: *"…it peaked my curiosity to know, wonder why… maybe I like that idea of a therapist being… just quite professional in a way… it's what I'm kind of used to maybe, that's what the idea of a therapist is to me…" (Participant 3, female, 29yrs, trainee counselling psychologist).* These subtle changes to the therapist's appearance, experienced as a lack of consistency, caused this participant to become distracted.

CONSTRUCTING & RECONSTRUCTING THE THERAPIST

Participants described engaging in a constant process of constructing and reconstructing their therapist, partly informed by appearance related cues and clues. New material and therapeutic ruptures lead to further constructions and reconstructions and this process appeared to start in advance of the first meeting and continued throughout the entire process of therapy. This category includes the sub categories of *Making assumptions*, and *Creating a fit.*

In the absence of significant personal information about their therapists, participants appeared to be engaged in *making assumptions* to determine a number of factors, all of which seemed to relate to how safe their therapist was. The therapist's environment was also seen as part of their personal appearance; many participants seemed to construct this as an extension of the therapist. These assumptions were partly informed by stereotypes about professionals generally and therapists more particularly, but also seemed to be influenced by transferential expectations. *Creating a fit* involved making comparisons, looking for similarities, and identifying aspects of the therapist that felt familiar, in what appeared to be an attempt to establish a secure base and sense of belonging within the relationship. Participants' accounts indicated how the therapist's appearance played a fundamental role in influencing participants' constructions regarding the therapist's professional ability and personal attributes all of which appeared to influence how safe the participant felt. However, for many participants, this process did not appear to be entirely conscious; participants often struggled to articulate what they noticed about their therapist's appearance. It was only through reflecting on this in the interview that participants were gradually able to recall how they had used appearance related signifiers such as attire, age, gender, attractiveness etc, to establish how safe they felt.

Making assumptions

Prior to therapy starting participants described focusing on surface level attributes of the therapist such as facial features, perceived age, attire and tone of voice to construct their therapist prior to meeting them; these constructions included social stereotypes regarding therapists and also appeared to include some transferential material. For some participants a profile picture and/or a telephone call also informed these early assumptions. Participant 1 described how she had constructed an image of her therapist before they had met, by making assumptions based on a prior telephone conversation; assumptions which were then confirmed when they met which she appeared to find reassuring: *"she looks exactly as I expected… really stereotypical therapist you know… probably late 50s, grey bob, slightly ethnically clothing you know, and interesting shoes… and her voice had been terribly counsellory and very calm and gentle…" (Participant 1, female, 49yrs, chartered psychologist).* Another participant identified his

therapist's appearance as interesting and conveying something about who she was as a person: *"…she has a very distinctive look… and kind of fitted her personality of being both approachable but also very analytical." (Participant 14, male, trainee psychotherapist).*

The therapist's appearance and environment influenced assumptions regarding professionalism. For many participants, professional dress appeared to be equated with a professional attitude, although constructions of what constituted 'professional dress' varied: *"I try not to judge people on what they are wearing, anybody can wear what they want but in a therapeutic relationship where I'm talking to a professional I feel its important for them to be… look smart… look as if they take care of themselves and convey a clean, tidy, smart appearance." (Participant 11, female, 53yrs, peer support worker).*

Participant 1 hypothesized that some clients might feel uncomfortable if their therapist was not smartly dressed. She described how a family member would only countenance seeing a therapist: *"If they appeared slick and professional… none of this big wooden jewellery and grey bobs for him, he wanted a proper doctor type, medicalised… and only then could he sort of trust that they would know what they were about…" (Participant 1, female, 49yrs, chartered psychologist).*

Conversely some participants associated a 'professional' appearance with the business world; many were sceptical about smartly dressed therapists, tending to construct them as 'businesslike', whereas more casually dressed therapists were constructed as more relaxed. For these participants 'professional' dress appeared to raise questions around the depth and quality of the relationship offered and whether they could trust the therapist:

"I wouldn't have wanted him in a suit or a doctor's jacket or something like that… a white coat… it would creep me out a little bit, like I was being psychoanalysed or something… casual is like the more… I guess the smarter he looked the more uncomfortable he would have made me feel." (Participant 8, female, 28yrs, business undergraduate).

"I guess its because when you are booted and suited 'you've got a job to do!' and I don't like that. Most people I have met who are booted and suited have been people who are trying to sell me something or I guess seeing my dad go off to work… but yeah, you don't really have meaningful contact with people in suits." (Interview 8, female, 28yrs, business undergraduate).

"I guess my stereotype is if you're a bit more judgmental and 'toryesque'… you're going to wear suits to work." (Interview 13, female, 25yrs, trainee psychotherapist).

"I understand it in offices and things because that's like… everyone wears a suit and is smart, but I think with therapy if I met someone who was in a full suit and had a briefcase I would be a bit like… I would feel like I couldn't… not that I couldn't relate to them but like… they felt a bit unapproachable or a bit… talking down to you kind of thing… I want to feel like I'm having a discussion with someone who I can trust on the same level as me…" (Interview 7, female, 21yrs, history undergraduate).

Whether the therapist could be trusted was a key issue for many participants; participants wanted to feel confident their therapist would be able to look after them, and many appeared to make the assumption that a therapist who could take care of themselves could be trusted to take care of the client; it was often on this basis that the therapist was constructed as professional. Participant 12 described how her therapist *"…looked professional… and she looked as if she could take care of herself so that made me feel confident that if she could take care of herself she could probably take care of me as well… She always looks like she's put thought into how she appears, she does her make up and her hair is always nice, and her clothes are sort of smart but not overly… it's not like suits or anything else like that…" (Interview 12, female, 46yrs, currently unemployed)*. This level of self-care was experienced as reassuring: "*All that she was showing me through her appearance was that she was okay. She didn't need me to look after her in anyway." (Participant 12, female, 46yrs, currently unemployed)*

Participant 1, who also worked as a therapist, described herself as overweight and believes this to be a double-edged sword: "*…I think it can go either way actually… I think I do put a lot of people at ease but I think some people might look at me and think "blimey she can't be straight in her head if she can be that overweight" you know, "she must be struggling with issues"… that's what we all think about fat people isn't it? …We don't think they're fat and jolly anymore, we think "oh dear they're struggling with some kind of horrible depression…. Oh how could I trust her with my problems if she might have something that she can't deal with herself…" so I think it can go either way…" (Interview 1, female, 49yrs, chartered psychologist).*

Participant 5 also described how his therapist's appearance led him to assume that the therapist could provide a secure base: *"I wanted somebody boundaried, someone very boundaried, and it gave me that sense… that felt safe because she was firm and boundaried. So I saw her with her clothes and her appearance… everything. The make-up is very well done and everything in place… so there was a safety in how I perceived the kind of firmness – there was safety with that…" (Participant 5, male, 53yrs, trainee counselling psychologist)*. Having established a sense of safety this participant felt more able to focus on himself rather than on the therapist.

Many participants appeared to demonstrate how their internal working models of others influenced the assumptions they made about their therapists, although this didn't appear to be something that they were always conscious of. Participant 7 described how she felt suspicious when first meeting her therapist and wondered if she would be able to trust him because there was something about him that reminded her of her dad, although she struggled to pinpoint what that was: *"…I wouldn't say he looks like my dad… but… 'cause my dad was quite abusive and I haven't seen him for a good 5 or 6 years I think in my teenage mind I kind of grouped all men who kind of looked like that into the same kind of box… he doesn't really look like my dad but he reminds me of kind of what he looked like I guess… I felt because he's male and because he's that kind of age 'Can I trust him?'…" (Participant 7, female, 21yrs, History undergraduate).*

Others described being influenced by social stereotypes, such as those surrounding gender: *"…If a guy turns up in a jacket or shirt… that's kind of okay… actually it might be the other way round. If he was wearing a suit and tie, it would put me off – too formal… the judgment goes different ways with gender. Because if a man was dressed in the way my current therapist is I would find that difficult… but if the women had dressed in the way some of the men had that I was quite comfortable with, I would also find that quite difficult, because it would be too casual. If you had asked me five minutes ago I would have said, 'no, I don't' but if you had asked me now, I would hesitate and say 'yea, I do' without knowing. But I'm bringing in a bias that I wasn't even aware of. Particularly not just men and women, but smart or too casual, so it's like its both kind of dimensions if you like… My expectation, probably higher for women… not probably, it is." (Interview 5, male, 53yrs, trainee counselling psychologist).* As mentioned above, many participants did not appear to be aware of the assumptions they held about appearance and how these impacted on the therapeutic relationship until asked to reflect on these during the interview.

Stereotypes regarding age also impacted on how participants constructed the ability and experience of their therapist: *"…I suppose I detected something adolescent about him from his appearance that I was not entirely reassured by. It wasn't a kind of young at 'heartness', but a young 'insideness', that by which I mean a kind of immaturity really." (Participant 2, male, 71yrs, retired counselling psychologist).* Similarly, this participant also felt wary towards their therapist for two reasons: *"…one slightly unsafe, and two, a bit silly… slightly unsafe because I wasn't sure how robust she was and I think I put that down to the fact she was young…" (Participant 1, female, 49yrs, chartered psychologist).*

Another participant describes a similar experience: *"…because I have had assessments with very young professionals, probably only look about 25… so I don't feel confident and that may be a judgment on my part that they are not experienced, they may have done all this studying but to me their age is important and I don't feel confident… feel that they would be able to help me and know and have the empathy which I think is important…" (Participant 11, female, 53yrs, peer support worker).*

In general, participants tended to construct younger therapists as being less experienced, regardless of the experience or expertise the therapist had; younger therapists were invariably assumed to be less robust and less experienced leading to feelings of uncertainty regarding the therapist's ability. Older therapists were assumed to be wiser and to have similar life experiences and these constructions made participants feel more comfortable and at ease within the therapeutic relationship. As participant 9 explained: *"…he's older than me which gives it, you know again, that wiser sort of, wiser man sort of thing you know…" (Participant 9, male, 44yrs, teacher).*

Assumptions, both positive and negative, were also made about the therapist based on their working environment: *"…where I go for therapy is in the middle of quite an affluent part of the… and something about him fitted that, so there was the sports car in the drive… I suppose his appearance made me wonder if he could be a bit slick, and by that I suppose I mean have all the answers, a bit on the business side of therapy rather than the person-to-person side. Because I was paying him money, and also more importantly offering a degree of my vulnerability… all my inherent prejudices rushed to the forefront." (Participant 2, male, 71yrs, retired counselling psychologist).*

This participant described a negative response to his therapist's surroundings, due to his constructions regarding his therapist's affluence; he wondered if he would be treated as a business transaction. Constructions such as these often seem to lead to participants' feeling vulnerable; again, the central concern seemed to be about whether or not the therapist would be safe: *"I'm very sorry saying this but my best thought is, 'is he safe' and are there clues about him that would make him dangerous to me in some way…?" (Participant 2, male, 71yrs, retired counselling psychologist).*

Participant 13 described how she made assumptions about her therapist's superiority based on her therapist's affluent surroundings; this lead to feelings of inferiority and fears about being judged: *"She lived in a really lovely house… so for me automatically there was a bit of a power imbalance, because I saw her as very successful, she had her own private practice, she had this lovely house which I*

guess was part of her appearance… and the fact she works from home… in a really lovely big house… and I found it very uncomfortable talking to her about it because I felt like she judged me… (Participant 13, female, 25yrs, trainee psychotherapist).

Creating a fit

Many participants appeared to be constructing and reconstructing their therapists in order to create a fit, a sense of the therapist as being in some way similar to them in order to provide the participant with a sense of belonging. Finding similarities, or recognising something as familiar appeared to contribute to the sense of safety that participants appeared to be seeking. Participant 1 noted how*"… I need somebody a bit more like my grandma, whose been round the block a few times in order to feel safe here really…" (Participant 1, female 49yrs, chartered psychologist).* This process of determining therapeutic fit appeared to start prior to therapy although participants did not seem to be consciously aware of this at the time.

Looking at photographs of potential therapists was an important part of the selection process; some stated that if a photograph had not been available then they would not have made contact in the first place. Participants often struggled to convey the importance of what they were 'seeing', and found it quite difficult to describe what it was that appealed to them about their therapist's picture: *"I don't know… I can't really work out what it was but I'd picked him out of a few short list of candidates and I looked at his website and I'd seen his picture and I thought yea he looks okay. I didn't shortlist any therapists that didn't have a picture." (Participant 13, female, 25yrs, trainee psychotherapist).*

Age was also a factor in creating a fit, as participant 1 explained*"…I felt slightly embarrassed I think because I was thinking I'm old enough to be your mother easily, and it didn't feel appropriate somehow that I was the one who was utterly in pieces… had she been older… (Participant 1, female 49yrs, chartered psychologist).*

Similarly participant 6 described how his therapist*"… looked like, to be honest, looked like a father more or less. So that was very comfortable for me." (Participant 6, male, 41yrs, customer services executive).*

Participant 10 described her comfort with a therapist of a similar age: "*we can kind of relate a little bit more and she knows what I'm talking about." (Participant 10, female, 19yrs, undergraduate)*.

Participant 2 described how his aversion to attractive therapists made it harder for him to create a fit with his therapist: *"I don't particularly like… its probably sheer envy, but I don't particularly like extraordinarily good looking people and that may be because… its something to do with a barrier of being extraordinarily good looking that I know… what I find is that the other person, either its harder for them to reach themselves, therefore reach me, that's my concern when I go to therapy, its really about me. (Participant 2, male, 71yrs, retired counselling psychologist).*

For this participant 'ordinary' was associated with parental safety, whereas beauty was felt to be disturbing: *"I rather like ordinary in lots of ways if my emotions are concerned. I don't mind observing beautiful people when I don't need them… but I don't want to need beautiful people because something will be in the way of trust there, …as a gay man obviously sexuality comes into this as well… but there's something about maternal or paternal safety that is very important to me… and then its safe for me to have whatever fantasies I may have. I need to know that person is* ***safe****…" (Participant 2, male, 71yrs, retired counselling psychologist).* For this participant, being able to trust and not feel intimidated was paramount.

Other participants described the ways in which they attempted to create a fit by modifying their own appearance when seeing their therapist. Participant 8 described her attempts to make her therapist feel comfortable: *"…I always used to be careful about what I was wearing… because he's a gentleman and someone of my dad's age and I wanted to make sure that I dressed respectfully and didn't make him feel uncomfortable… so I was always wary about what I wore before I went to see him to make sure that I was relatively conservatively dressed myself. I wore a dress once and I thought actually before I went in to see him I thought it*

was a little bit low cut so I put a jumper over the top… because I didn't want him to be trying to avoid eye contact… like trying to avoid looking at you know…" (Participant 8, female, 28yrs, business undergraduate).

BECOMING DISTRACTED

The process illustrated above illustrates how easily participants can move from focusing on their own material, to focusing on and assessing the safety of the therapist and the therapeutic relationship. This process of *becoming distracted* appears to be strongly influenced by the therapist's personal appearance and the constructions made on the basis of this. Some participants were able to tolerate these distractions and refocus on themselves; for others, perhaps less securely attached, certain aspects of their therapist's appearance, or changes to their appearance, were found to be unsettling resulting in the participant feeling less able to focus on their own issues: *"I see my therapist looking kind of messy or dirty, or unkempt, I'm going to wonder why they look that way instead of focusing on my own problem. That's going to kind of intrude on my thoughts a little… professional appearance makes me feel I'm in competent hands." (Participant 3, female, 29yrs, trainee counselling psychologist).*

In contrast, she described how her current therapist's body language makes her feel safe: *"…he was kind of… his feet on the floor, quite grounded it felt and I don't know why but it made me feel like he was secure in himself, not moving constantly, and I guess it felt safe, this sounds really silly, but he knew 'how to sit' and that made me feel safer and more… that he was taking me seriously." (Participant 13, female, 25yrs, trainee psychotherapist).* For this participant, this sense of safety laid the foundation for the development of a strong attachment.

Participants also described how inappropriate dress could cause an appearance related rupture. Participant 5 described a negative experience when meeting his therapist for the first time in his early twenties, when he was in prison in another country: *"…they called me to see the psychologist, probably a clinical psychologist… and the lady kind of… she had a see-through top on, a jumper but it was see-through, no bra, and I just thought 'this is really unfair!'. You've guys here, we're locked up and you're kind of walking around, very sexy, and she was*

pretty… this is really unfair. I mean it's upsetting, how could you even think its okay, and that was the first time, I'd never sort of been in therapy… that was my first experience." (Participant 5, male, 53yrs, trainee counselling psychologist).

Participant 4 discussed her therapist's mobile phone and described how *"…she puts hers on the table… it kind of irritates me a little bit, because… 'put it up!', you know, I don't want to see the phone, it's you and me time".* The presence of her therapist's mobile phone caused this participant to become distracted by her constructions of what this implied:: *"…so instead of clearing my mind or letting go of whatever is like in my mind there's still in the background… because its there and its kind of, to me its like 'okay my mobile phone is here, you know that mobile phone is here, I know that my mobile phone is here.'… it's like, it makes me feel like… I have to talk quickly with what I'm going to say or I'm going to have to keep in mind that you might interrupt the conversation to take this phone call. It's just… I don't know… what are you trying to tell me with the phone in the middle..." (Participant 3, female, 29yrs, trainee counselling psychologist).*

Consistent appearance, ranging from dress through to body language, appeared to be highly important to participants. Whilst some participants appeared less distracted or unsettled by change, other participants clearly found inconsistency distressing to the point that they became unable to focus on themselves, and in some instances chose to disengage from therapy. Participant 12 described her desire to work with a 'neutral' therapist due to having been unduly distracted by her previous therapists' appearance: *"I've seen other therapists in the past that I haven't felt as comfortable with their appearance because they look a bit 'brown rice and herbal tea' if you know what I mean… in the way that they dress and I don't want to know that… The part of them that I'm interacting with is their… all their training and all their professional knowledge and experience and I don't want to know particularly about their personal choices and so if they are very much reflected in the way that they look then it clouds that issue for me…" (Interview 12, female, 46yrs, unemployed).*

BECOMING ATTACHED

Participants' search for a secure base was clearly impacted by their therapists' appearance, including their nonverbal communication and the environment in which they worked. In the absence of much concrete information about their therapists these visual signifiers enabled participants to construct their therapist and to assess whether or not they could provide them with a safe relationship. Many participants described being more hypervigilant to visual cues and clues, and therefore more therapist-focused in the early stages of the therapeutic relationship, as participant 4 explained: *"I think it probably impacted the therapy towards the beginning as the relationship was becoming established, you know - … the mannerisms people have; the way they convey empathy to you in the way that they look at you, and the way that they are paying attention to you and their facial expressions in a way that they respond to your material and all those things, you know that I think are quite important in establishing a relationship……...you know, through… through their appearance… that's part of it. (Participant 4, female, 43yrs, CBT practitioner/trainee counselling psychologist).*

As the therapy progressed, if a more secure attachment was formed searching for cues and clues tended to reduce, *"…as the relationship goes on… and maybe you get involved in quite a deep transference with a person then it maybe starts to matter less… I mean you might still notice things about a person's appearance, what they are wearing or how they were looking that day but you know… if you're involved in a very strong positive transference, or even a negative one it might no longer matter what that person looks like because it's the feelings that are kind of there and having established themselves in a particular way and you're sort of… maybe that person is… become more of a vehicle you know, for whatever it is that you are working." (Participant 4, female, 43yrs, CBT practitioner/trainee counselling psychologist).*

Consequently, participants described becoming more focused on how the therapist is, or is not, responding to their needs as the therapy progressed. It seemed as if appearance, initially so vital in enabling participants to establish a secure base, became less important as a relative degree of security was achieved, enabling participants to focus more on their own material.

Whilst monitoring still continued, this tended to occur in the background as the level of attachment increased. Participant 10 explained how learning to interpret her therapist's visual reactions to what she was saying helped her relax more during the sessions,: "*I kind of know her reactions to things now. And I know… I suppose I can trust her. I know that she does take it seriously from her facial expression, so if I am telling her something worse she is really good at keeping a straight face. I'll laugh all the time when I'm trying to say things and she's very good at keeping it serious…" (Participant 10, female, 19yrs, undergraduate)*.

Participant 15 recognises that her therapist's presence has enabled her to focus on her self: *"Her whole presence, she is very still… and it's constant, because I know what to expect, I think subconsciously I kind of know I'm not going to be taken by surprise – by something she does."*

However, appearance related ruptures could trigger further cycles of vigilant behavior, particularly in those participants who seemed more anxiously attached as participant 15 illustrates: *"A couple of weeks ago there was some silence between the two us and she rested her arm on the side and put her head on her fist like this and she had never done that before…"* When we explored the participant's responses and how it made her feel: *"Like maybe she was a bit bored, or kind of not as engaged, and because she's looking away as well, and she normally always looks at me, and it was like 'Oooh…' I felt like it was a reflection on me, like may be she was thinking 'oh, here we go again, talking about this again'".* This participant described how she normally feels very in tune with her therapist and because of this picked up on her nonverbal communication: *"…I did notice when she did the 'head on the arm' because that's something I don't do at all so it was very much a non-mirrored gesture and very different...". (Participant 15, female, 34yrs, supporter/trainee psychologist).*

If appearance related disruptions became too distracting, and the impact of these distractions was not attended to then this could create a rupture, which led to complete detachment. Participant 13 described how her therapist's body language impacted on how safe she felt. *"…she would constantly move and rearrange, so go like, she would move her legs like this and re-cross her legs,*

like… and not in accord… to begin with I thought 'is she mirroring me, like what is she doing!?'… and that really still grates on me… it felt like she didn't care up to that point. It felt really distracting and rupturing. She would constantly move and she would yawn… I didn't need to feel 'I'm significant', like I'm the best client or anybody really important but I need to feel like the relationship is special in some way." (Participant 13, female, 25yrs, trainee psychotherapist). Subsequently this participant chose to cease therapy with her therapist because these distractions interfered too much with the relationship leaving her unable to experience her therapist as a reliable source of protection and support.

When discussing their therapists' appearance participants in this study moved beyond considering surface descriptors very rapidly to focusing on the ways in which they constructed their therapists nonverbal communication; these two elements seemed inextricably bound together. Furthermore, these constructions were primarily concerned with establishing the safety of the therapeutic relationship. However, many of these constructions were not conscious at the time; it was only on reflection in the interview that participants could attempt to put these into words, and many struggled to do so even on reflection; whilst they recognised the importance of appearance they couldn't quite find the words to really convey what they meant by appearance, or what appearance related cues symbolized to them. Post interview, many participants reflected on how they hadn't realised quite how important and essential appearance was within the therapeutic relationship and the role it played in determining aspects surrounding professionalism and safety.

DISCUSSION

The grounded theory presented above outlines the basic social psychological processes involved in clients' evaluations of, and responses to, their therapists' personal appearance. My interpretation of the data was influenced by my social constructionist epistemology and by my theoretical framework: attachment theory and the work of infant researchers such as Beebe, Lachmann and Stern, as well as by my insider position as both a client and trainee counselling psychologist. The study aimed to address identified gaps in the research literature in this substantive area and the grounded theory constructed is as follows:

From the moment participants first view their therapists, either in person, or through a picture on the therapist's website, they are involved in an ongoing process of *searching for cues and clues* about them. In the absence of concrete biographical information, the therapist's personal appearance, including their dress, body language and immediate environment, are the only source of information available. Consequently, participants tend to scrutinise appearance in an attempt to get a sense of who their therapist is, how professional they are, and how likely they are to create a secure base. This search involves two elements; *seeking safety* and, once the therapy has started, *monitoring consistency*. Consistency in the therapist's appearance appeared to increase participants' security, partly because this was less distracting, and partly because this enabled participants to construct their therapist as reliable.

On the basis of these visual cues participants engage in *constructing and reconstructing their therapist* i.e. *making assumptions* about their therapist's qualities; (constructions which are also influenced by social constructions regarding professionals and therapists more generally, as well as participants' internal working models of relationship) these constructions tend to be revised as more information is provided. This process appears to be ongoing and gets reactivated whenever a therapeutic rupture occurs, some of which are appearance related. Participants' accounts indicated that these processes happen rapidly and appear automatic. Participants also appeared to engage in *creating a fit* by seeking qualities in their therapist that are similar or familiar to them, which

appeared to increase their sense of safety. Many participants described becoming attached as the relationship progressed and their sense of security increased. However, others described *being distracted* by appearance related therapeutic ruptures, which made participants feel unsettled and unsafe. This type of experience appeared to reactivate their vigilance towards the therapist's appearance and the therapeutic relationship and the cycle of *searching for cues and clues* and *constructing and reconstructing* began again.

The grounded theory outlined above illustrates the processes by which appearance related cues influence impression formation in relationships – a perspective which is relevant to all professionals who are involved in working with others and providing a safe relationship, for example teachers, social workers, nurses, psychiatrists, psychologists or psychotherapists.

What the findings of this study suggest is that the therapist's appearance plays a central role in the therapeutic relationship and the attachment process, both on a conscious and an unconscious level. Consequently, it is hard to separate appearance from the relationship, and to fully describe what is meant by appearance. Appearance appears to be multifaceted and participants struggled to separate surface representations such as therapist attire from nonverbal and unconscious communication.

Seeking safety

As outlined above, participants in the current study were chiefly concerned with ascertaining their safety in the therapeutic relationship evidenced by their vigilance to appearance related cues. This supports the observation that rapid assessment skills may have evolved so that inferences about potential threats from others can be formed quickly and consistently (Bar et al, 2006, Olivola & Todorov, 2010A). However not only were participants concerned with searching for cues and clues in order to establish how professional (and therefore safe) their therapist was, an original finding of this study is the observation that participants also appeared to be engaged in monitoring the consistency of their therapist's appearance and surroundings, although this was a process about which they seemed largely unaware. What the findings also appear to indicate is the difficulty participants

encountered in separating surface appearance from nonverbal communication, and that these non-verbal aspects of appearance were often difficult to put into words. Furnham, Chan & Wilson (2014) argue that much of the research into appearance does not account for many of the factors involved in professional client communication such as physical demeanor, charisma, or empathy that may be used to infer traits such as capability, friendliness, and approachability as well as other contributory factors like the professional voice or prosody. The findings of the current study support these observations as well as extending them to include the processes involved in the search for safety and the role of the therapist's appearance in establishing, or failing to establish, a secure base.

The findings from this study therefore offer some empirical support to Weiss's Control-Mastery theory of mind which asserts that progress in relationships is only made when an individual feels safe (Rappoport, 1997, Silberschatz, 2005). Rappoport (1997) suggests that interpersonal safety is an essential requisite if psychotherapy is to be successful; that individuals are motivated to change but they will only do so if they feel safe. As Rappoport (1997) observes "Therapy is a risky business for patients, since they are exposing themselves to the possibility that they will be retraumatized in ways which were particularly harmful for them" (Rappoport, 1997, p. 253). Thus, control-mastery theory suggests that the effectiveness of any intervention can be understood in terms of its effect on the patient's sense of safety and that psychotherapy works to the extent that it helps the patient to feel safe (Silberschatz, 2005). Rappoport (1997) argues that the therapist passes the test of making their patient feel secure if they are able to observe physical signifiers that evidence this, such as a more relaxed body posture and more fluid use of language.

Findings from this study also add further support to findings from attachment theory research that suggest that clients seek to attach to the therapist in order to promote emotional security (Wallins, 2007, Mikulincer, Shaver & Berant, 2012), and that for therapy to be effective there is a need to develop trust and a sense of felt security within the dyad (Bowlby, 1997, Stern, 2000, Wallins, 2007, Beebe & Lachmann, 2014, Holmes, 2014, 2011). The client-therapist dyad can be conceptualized as involving an attachment bond (Mikulincer et al, 2012) and the

therapist is seen as a safe haven and secure attachment base, thus heightening a client's sense of security. In the early stages of therapy in particular, the client's internal working model of attachment, whether secure or insecure, will be reactivated and reenacted in the psychotherapeutic relationship (Schore, 2014). As described by Holmes (2014) a precondition of being able to explore psychological issues involves the need of the client to feel reassured by the therapist's presence, regularity and predictability.

The influence of attire

Furthermore, the current study expands on the findings outlined above by indicating the role of appearance in attachment. When discussing attire participants' assessments of how professional, competent, trustworthy and containing their therapists were, seemed to be influenced by their attire, how well they seemed to attend to their appearance,, as well as the surrounding environment. Therapists who appeared able to look after themselves were constructed as professional and able to take care of the participant. An early study within the psychotherapy profession conducted by Stillman & Resnick (1972) claims to have found little evidence to suggest that attire impacts on client disclosure. However, later research contradicts this study indicating that dress does impact the therapeutic relationship; it has been suggested that clients feel less anxious and more able to disclose (Leff et al, 1970, Hubble & Gelso, 1978), and feel more nurtured (Leff et al, 1970) if the therapist is more formally dressed than their client. While attitudes to formal attire may have changed significantly since these studies were conducted, findings from the current study support the suggestion that attire impacts on client disclosure; participants in the current study who felt less anxious as a result of their appearance-related assessments of their therapist were more able to focus on their own material than those who were distracted by their therapist's appearance.

The influence of nonverbal communication

Additional findings from this study suggest that participants were looking beyond surface level representations of appearance, even if they were not aware of this at the time, as they attempted to 'read' their therapist and ensure that they were responded to. It appeared difficult for participants to separate what therapists

wore on their body to what they did with their body. The findings from this study would seem to indicate the importance of looking beyond surface level representations of appearance. Westland (2009), referring to the use of nonverbal aspects of communication, suggests that within the therapeutic relationship the deepest contact and connectedness with another is probably word-free. Wallins (2007) argues that nonverbal communication is not universally recognised or well understood within the psychotherapy profession and that attending to the nonverbal realm is therefore vital. What the findings of this study demonstrate is that the therapist's personal appearance is an important component of this non-verbal realm. Given that 60-65% of communication is argued to be nonverbal (Foley & Gentle, 2010), being able to see the therapist forms a critical part of the process.

Psychoanalytic researchers (Freud, 1913, Sandler, 1976, Quindoz, 2003) suggest that visual access to the analyst may impede development of the transference and that the inability to see the therapist's facial expressions, body movements and overall demeanour from the couch may facilitate unconscious constructions of the therapist (Quindoz, 2003). It has also been suggested that the use of the couch enables the client to focus on internal bodily experiences rather than external stimuli (Quindoz, 2003, Lable et al, 2010). Findings from the current study challenge these assertions;- participants described their need to see their therapist in order to establish and maintain a sense of safety. Participants who had used the couch in therapy described feeling disconnected from their therapist; they wanted to be able to 'read' their therapist's responses, in order to feel that they had been understood. It has also been suggested that if mirroring is absent this may delay or inhibit the client from being able to build trust with the therapist and refrain from disclosing (Buirsk & Haglund, 2010, Beebe & Lachmann, 2014). Beebe (2002) stresses the importance of mutual eye-gaze in the infant-parent situation, and suggests that the lack of potential affect recognition and exchange of expression in the therapeutic dyad deprives the couch-using therapist of many useful nuances, including the momentary micro expressions that are so informative. Many unspoken exchanges take place through the facial expressions and gestures of client and therapist (Stern, 2000, Wallins, 2007, Beebe & Lachmann, 2014), and the removal of these components in the analytic setting can

hinder therapeutic gains. Beebe (2002), suggests the therapist's facial behavior plays an essential role in evoking and broadening the patient's capacity to experience, and Celenza (2005 cited in Lable et al (2010), also proposes that sitting opposite the therapist aids interaction, intersubjectivity and the relational aspects of connection and attachment. Many unspoken exchanges take place through the facial expressions and gestures of both client and therapist, and it has been argued that not being able to observe them impacts on the analytic situation, thus limiting therapeutic gains (Lable, Kelley, Ackerman, Levy, Walrdron & Ablon, 2010, Jung, 1979 cited in Connolly, 2015). This study therefore offers a challenge to the psychoanalytic use of the couch. It is of some concern that clients' experiences of using the couch have yet to be explored and this would seem to be an important area for future research.

Seeking security

Attachment theorists argue that to create a sense of security, the attachment figure has to be familiar, predictable, supportive and consistent (Holmes, 2015, Noyce & Simpson, 2016). It is of interest therefore that changes to the therapist's appearance impacted participants' sense of security in the therapeutic relationship. Some participants described becoming distracted by their therapist's appearance; invariably, these distractions led to the participant becoming more focused on the therapist and less focused on their own material as a further cycle of hypervigilance to cues and clues began. This cycle often lead to new constructions of the therapist and sometimes, if the distraction was unattended to, to therapeutic ruptures. A rupture in the therapeutic alliance can be defined as an instance of tension or a breakdown in the therapeutic relationship between patient and therapist (Safran, Muran & Shaker, 2014). Alliance ruptures vary in intensity and duration, from relatively minor tensions of short duration, which one or both of the participants may be only vaguely aware of, to significant breakdowns in collaboration, understanding, or communication. Safran et al (2014) refer to withdrawal ruptures, which help illustrate the types of distractions and ruptures experienced by participants in this study where the participant failed to articulate his or her appearance related concerns. Mikulincer, Shaver & Berant (2013) suggest that clients who are more anxiously attached are more likely to feel significantly stressed by the situation and display higher levels of negative

transference, such as suspiciousness and annoyance. It therefore seems critical that the therapist play close attention to their physical appearance and are alert to the potentially disruptive effect of changes to their appearance.

Describing appearance

Participants in the current study struggled to put into words what they meant by appearance – to articulate what it is that is specifically 'seen' in their therapist; appearance seemed to be beyond surface level description, something which it has been suggested, cannot be comfortably expressed within a meaningful and tangible framework – (Brown, Cromby, Harper, Johnson, & Reavey, 2011). Similarly Baiasu (2014) suggests that attempting to put the ineffable into words can lead to self-stultification. Participants' responses were often slow and deliberate as they struggled to find the words to convey their experiences. Some participants acknowledged post-interview that it wasn't until they started to really think about "appearance" that they became aware of how important, essential and multifaceted appearance was in helping them evaluate their therapist; and how much of this was achieved outside of conscious awareness.

Researching the ineffable

This illustrates some of the problems inherent in researching the ineffable and whether language enables an individual to adequately express what they experience (Moore & Carling, 1988). Psychoanalyst, Georg Groddeck, (Groddeck, 1951, cited in Schacht (1977) stressed the impossibility of putting essential experiences into words and argued that it is with language that the falsification of truth begins. Similarly, Baiasu (2014) asserts that human behavior and experiences can be hard to explain in concrete terms. Wallins (2006) emphasizes that the therapeutic conversation is always made up of more than words and that there is a risk of allowing the verbal in therapy to monopolise the therapist's attention. The psychotherapeutic 'presence' of the therapist (Erskine, 2011) may be what the client is responding to implicitly, and which can be difficult to verbalise.

Challenges to quantitative research

These observations challenge assumptions inherent in much of the current literature on appearance and impression formation. Many of the studies on impression formation and nonverbal communication consider either a single component, or a few select components of appearance, which although influential, don't take into account how a person comes across in their entirety. Secondly, appearance is often considered in isolation from a relationship, which would suggest the findings cannot be generalized to relationships. It is hoped that the findings from the current study will add a relational dimension to the appearance literature.

Furthermore, most of the quantitative studies outlined above involve the use of photographs, questionnaires and surveys and are often based on participants perceived ideas of what something would be like rather than the retelling of real experiences (Rance et al, 2013). Because quantitative methods operate at a surface level they may at times be reductive in their accounts of appearance. The results from this study suggest that appearance is far more complex than many quantitative studies allow, and therefore it is more difficult to measure the influence of appearance using this methodology. Rumsey & Harcourt (2005) argue that quantitative research on visible difference is not able to fully capture the complexity of psychological reactions and experiences, thus weakening the personal meaning of the situation. The findings from this study support these claims, which are also highly relevant to the complexities of the therapist-client dyad. Furthermore, quantitative studies tend to be conducted in a lab or clinical setting, outside of the social and cultural context in which individual's experiences are located; a vital part of the research environment (McLeod, 2011). Subsequently, this dilutes the complexity of social interactions that are imperative in appearance.

RESEARCH EVALUATION

I have drawn on specific criteria identified by Charmaz (2006) to assess the value, credibility and robustness of my findings. These criteria comprise credibility; originality; resonance and usefulness:

Credibility

My 'insider' status as both a client and a therapist ensured that I was familiar with the substantive area as well as the theoretical and research literature into appearance and the therapeutic relationship. A sufficient number of participants were interviewed and I believe that theoretical sufficiency was achieved due to the richness of the data produced by in depth interviews. Theoretical sampling enabled me to gather a range of perspectives on appearance and the therapeutic relationship, enabling me to consider appearance from both the client's perspective and that of the therapist. I have aimed to provide a transparent account of my framework and how this may have influenced my findings but I believe I have provided sufficient data for the reader to evaluate the findings of my study.

Originality

The findings of the current study are original and offer new insights into the role of appearance in the therapeutic relationship, and how significant this is for the formation and maintenance of a secure base. These findings are relevant to all professionals who are engaged in providing a supportive and helping relationship, as well as to researchers in the field of appearance and impression formation. As this area has not yet been researched the findings from this study challenge, extend and refine theory, practice and research in this area. Much of the theoretical and research literature on appearance appears to overlook the importance of the relationship, while the therapeutic literature seems to neglect the role of appearance. It is hoped therefore that the new conceptual framework provided by this study will add to therapist's understanding of this complex area.

Resonance

I discussed my ongoing analysis with my participants to enable me to check if my findings resonated with their experiences, and attempted to ensure that I had correctly understood participants' accounts by reflecting back my understanding during each interview to ensure that I had understood them correctly. In the early stages of the interview participants were not sure how much they utilised their therapist's appearance but as the interview progressed many were able to reflect on how appearance played an important role in how they responded to their therapist. Some participants also commented on how useful it would be to include this topic into their training as little attention is paid to it currently. I also discussed my ongoing analysis on a regular basis with fellow professionals and with my supervisor, many of whom shared the same 'insider' status to ensure that my grounded theory resonated with their experiences.

Usefulness

This study suggests how important the therapist's personal appearance is to the formation and maintenance of the therapeutic relationship, as well as the role of the relationship in impression formation. This finding is relevant to all professionals in helping professions, not just counselling psychologists and psychotherapists. Implications for practice and research are suggested, as well as areas for future research.

Strengths and limitations of constructivist grounded theory

Classical grounded theory has been criticised for having a number of limitations. Thomas & James (2006), have argued that if a phenomena is 'discovered' it should not be regarded as a 'theory' and contend that grounded theory is 'unqualitative' and positivist in its approach, as it attempts to mimic positivist techniques in an endeavour to elevate itself above other forms of qualitative inquiry. They also argue that grounded theory is too preoccupied with the application of the method than the message, and that therefore it constrains analysis by putting the procedure before interpretation.

However, while this critique can be applied to Glaserian grounded theory Thomas & James (2006) acknowledge that Charmaz' constructivist approach is better aligned to open qualitative inquiry, even though they question whether this form of qualitative inquiry is 'grounded theory' arguing that it is more about enabling interpretation and insight rather than theory. However, McLeod argues that a strength of grounded theory is that it produces a pragmatic framework for understanding categories, as well and process models that are effective in specific contexts (McLeod, 2011). Furthermore, it is suggested that the methodological techniques are suited to efforts to understand the process by which actors construct meaning out of intersubjective experiences (Charmaz, 2010, Suddaby, 2006).

Limitations of the study

All research will have some limitations and it is essential to identify and discuss these (Ioannidis, 2007) so that the researcher can gain insights into potential problem areas encountered and determine the relevance of the work for other substantive areas. From within a constructivist framework it is also necessary that limitations be acknowledged to demonstrate reflexivity with regards to research design, data collection and the application of findings. I acknowledge that there are four key limitations with this study:

Firstly, participants did not represent a broad base of cultures; 88% were white Caucasian, and it is recognised that different cultures may define, use and discuss appearance in different ways. In addition, the majority of participants were female (70%). It is important to note that while females are more likely to seek therapy compared to men, it is recognised that men's experiences are not as well represented. Further theoretical sampling would enable appropriate modification of the theory.

Secondly, whilst over half of the participants (56%) were not qualified professionals or trainee professionals within the psychological and psychotherapeutic profession, it is acknowledged that individuals who elected to take part in the study will probably have done so because they are interested in the topic of the therapist's appearance. Furthermore, participants were all willing

to discuss the topic. It is recognised that the views of clients who would find this topic potentially difficult to discuss are not represented. Inclusion of these clients would enable further modification of the theory.

Thirdly, observations made following the interviews, as well as from a consideration of the quality of the data from the qualitative surveys highlight the difficulties of researching the ineffable. It follows that attempting to provide a concrete representation of an ineffable experience would prove to be problematic; it seems that for some individuals words don't do justice to how subtle and influential appearance can be (Baiasu, 2014, Coyle, 2009, Moore & Carling, 1987). Social psychologist, Coyle (2008), notes the difficulties inherent in researching religion and spirituality, and argues that this subject matter can't be conceptualized and researched as if it is a concrete term. In a similar light, not all aspects of appearance are tangible, yet appearance researchers often assume that it is. Whilst language may be able to describe attributes at a surface level, it has been suggested that it fails to convey what is happening at a more experiential (intangible) level (Moore et al, 1987); in such cases language can render the complex meaningless and as qualitative research methods are heavily reliant on linguistic data, this becomes a serious concern (Coyle, 2008). Consequently the grounded theory presented can only partially capture participants' constructions of appearance and experience of the therapeutic relationship.

Finally, the lack of psychotherapeutic literature in this area means that there was no parallel literature to compare this grounded theory to; it is suggested that comparison would have created a theory of greater depth.

Reflections on recruitment and data collection

Recruitment

As the researcher I am conscious that there may have been a self-selection bias in this study (Lieu & Dewan, 2010), and that the individuals who took part may have had a genuine interest in appearance, or they may be more sensitive to appearance (Knox & Bukard, 2009). This also raised the question as to what made them respond to the advertisement compared to other individuals who have had therapy? It was also noted that of the 16 participants, 88% (14 participants)

were white British and 69% (11 participants) were female. In addition, just over 50% of participants were either working, or training to work, in the psychotherapeutic profession. However, efforts were made to recruit non-professional participants, by advertising in two psychotherapeutic practices and a university counselling service, and there was a good cross section of ages, ranging from between 19 years to 71 years of age. Nevertheless, it is acknowledged that the sample base may be skewed towards individuals attracted to the topic, thus potentially affecting the validity of the study (Lieu & Dewan, 2010).

Data collection

When reflecting on the different ways of gathering data, both interviews and surveys have their strengths and weaknesses as discussed below. The majority of the data was gathered via semi-structured interviews on a one-to-one basis, of which two took place via Skype. And, in the final stages of the research project, two participants completed the questions via a survey.

Interviews enable the interviewer and participants to drill down further when responding to questions; responses typically led to more probing, which in turn elicited more in-depth responses. This, coupled with my observations that many participants struggled to isolate appearance from the therapeutic relationship, as well as their difficulties with putting their experiences into words, lead me to conclude that appearance and forming impressions were more dynamic and complex than I had initially assumed. My field notes detailing these observations helped me to consider how much of impression formation appeared to be out of conscious awareness, and therefore what might be problematic about the use of qualitative surveys when researching the ineffable.

Two individuals who did not have the time to participate in an interview completed a survey, which involved them answering the same questions used in face-to-face interviews (*see Appendix 1*). When analysing the data it felt, in comparison with the interview data, somewhat one dimensional and abstract. Arguably surveys can reach a wider audience, thus increasing the sample size and there is less influence played on the part of the interviewer when gathering data this way

(Wyse, 2012). However, what was noticeable is that whilst some of the responses may have been similar to that of participants interviewed, the written responses were shorter, less informative and somewhat descriptive. Given the findings outlined above, this is perhaps not surprising. I would contend that the use of interviews enabled me to gain a greater insight into how participants struggled to find the words to convey the influence of their therapist's appearance, than the use of qualitative surveys did. Also, whilst it is acknowledged that co-construction occurs and participants' responses are presented through the interpretational lens of the researcher, at least in an interview situation the interviewer is able to reflect back in an attempt to make sure that they have understood the participant correctly, as well as observe the non verbal communication of participants and what they might struggle to express.

It seems in practice that when both parties are not physically present together in the same room - all the physical unspoken sensations and energy that accompany appearance, which contribute to the dynamics that take place between individuals - are lost. Through the interview process the study and concept of appearance becomes animated and active; it is not something that is 'looked at' but something that is experienced and interpreted. In summary, face-to-face interviews in this research seemed to be the best way of gathering and monitoring verbal and non-verbal data. To be in the same room and have access to facial expressions, gestures etc – having the opportunity to develop a personal connection - helps build rapport and aids participants to hopefully feeling at ease, thus enabling them to delve further and explore their responses in more depth. However, I am conscious that the subject matter may influence/bias what participants felt they had to convey in the interview and no doubt how I appeared as the researcher will have played a role too, but because the overall appearance of the therapist seems never to have been researched in this way before, the interview process has helped generate new ideas and theory, which adds to the existing literature on appearance.

Furthermore, the process of collecting data via interviews fits well with my epistemological stance, as I consider meaning making to be a relational process (McNamee, 2004) and that knowledge is contextually created together by the

researcher and the informants (Charmaz, 2007, McNamee, 2004). In line with constructivist grounded theory approach I also reflected on the dynamics occurring within the interview, I am aware that both researcher and the researched will have influenced each other. Both myself, and the participants will have monitored each other's appearance, including dress, hairstyle, facial expression, general body movement and posture etc, during the interview process, and that this will have impacted participants' accounts.

As a trainee counselling psychologist I was mindful of the need to stay within certain parameters so as to avoid being drawn into therapeutic mode. It has been suggested that the researcher treads a somewhat difficult line between interviewer and therapist (Knox & Burkard, 2009) and I did at times have to check and remind myself that I was not to venture into therapist-mode when participants touched on sensitive and difficult topics (Knox & Burkard, 2009). I was aware that participants level of self-disclosure may be influenced by the emotions experienced while recounting past events, which may lead to increased feelings of vulnerability, and possibly a fear of being judged by me (Knox & Burkard, 2009).

Due to time constraints, and geographical location, two of the interviews were conducted by Skype. This medium closely resembles the standard face-to-face interview (Hamilton, 2014), whilst enabling researchers to 'travel' further geographically, and from an ecological perspective savings are made on travel time and associated costs (Hanna, 2012, Janghorban, Roudsari & Taghipour, 2014, Seitz, 2015). Also, some participants may feel more comfortable because the interview is taking place in their own private domain. However, there are disadvantages associated with this as well. Internet connections can be unpredictable and therefore I endeavoured to reassure participants that if they were disconnected during the interview, I would take the responsibility to reconnect. A time delay in interactions can also be experienced and I became aware that this was off putting, especially when the transmission flickered. Skype has been found to disrupt the rhythm of engagement and can lead to both parties becoming more concerned they may have misheard something (Seitz, 2015, Hanna, 2012). When a video image is disrupted or becomes blurry it is harder to read emotion and body language and I found this quite restricting. During one

interview, I noticed that it felt difficult to delve deeper as I wasn't always able to clearly gauge emotional responses and didn't want to make the interviewee feel more vulnerable or exposed by giving the incorrect responses. Also, the lack of intimacy can cause problems for more sensitive questions (Janghorban et al, 2014), especially if the transmission becomes unreliable (Janghorban et al, 2014, Seitz, 2015). Being able to sit down in the same space as the participant and create a personal connection made it easier to read important non-verbal cues - an important part of the research process (Seitz, 2015).

In light of my findings which suggests that participants look beyond the surface level representations of appearance in an attempt to 'read' their therapist and feel responded to, I questioned how safe participants felt who were interviewed via this method – did it make them feel uncomfortable not being able to fully gauge my appearance; by not being physically present in the same room, does this deter from creating a 'safe haven' (Mikulincer et al, 2012). It seems likely that not being able to register the whole body of the interviewer, or the fact that they are not physically present in the same space, could prove problematic for individuals and deprive the researcher of potentially relevant data. The significance of this also supports the findings in this study demonstrating that individuals do use their therapist's appearance as part of the relational work.

IMPLICATIONS AND FUTURE RESEARCH

The grounded theory outlined above contributes a relational understanding of how clients construct their therapist's personal appearance and how this can influence how the client responds to the therapist within the therapeutic relationship. And, whilst these findings concern the therapeutic relationship, they are also relevant to other professions.

Implications for research

As argued above, research into appearance and impression formation appears to make a number of assumptions: firstly, that aspects of appearance can be studied in isolation, secondly that appearance can be separated from nonverbal communication, thirdly that appearance can be considered in isolation from a relationship and finally that appearance can be accurately described and measured. It is therefore suggested that a more holistic, qualitative approach to appearance would add depth to research in this area and allow a more nuanced exploration of the aspects of appearance that appear to be beyond words.

Implications for practitioners

The findings from this present study are highly relevant to the field of counselling psychology and psychotherapy, suggesting as they do that multiple aspects of the therapist's appearance play a significant role in the therapy. Fixed and changeable characteristics, as well as nonverbal communication are key components of the therapy, irrespective of the nature of therapy (Stanley, 2013), and this is something that has not been widely discussed in the literature before.

Findings also indicate that clients are constantly monitoring appearance in order to establish attachment security. The first of Bowlby's five therapeutic tasks is to provide the patient with a secure base: *"unless a therapist can enable his patient to feel some measure of security, therapy cannot even begin. Thus we start with the role of the therapist in providing his patient with a secure base"* (Bowlby, 1988, p140). Given the importance attached to the therapist's appearance in establishing a secure foundation, the following recommendations for practice are offered:

Recommendations for practice

It is suggested that therapists need to be aware of the impact of their appearance on their clients as this form of non-verbal communication is an important factor by which clients spontaneously evaluate the safety of the therapeutic relationship and the reliability of the therapist.

- Therapists need to consider how distracting their appearance can be and how distractions can lead clients to focus more on the therapist's appearance than on their own material. While this focus can be a useful part of the work in terms of helping the therapist to consider the client's internal working models and patterns of attachment, unless the therapist is aware of how their appearance is impacting their client then appearance related ruptures are unlikely to be attended to and can lead to detachment.

- It is important that therapists consider what their body might be expressing to the client, and to also consider their own nonverbal responses to the client. The client is not just focusing on what the therapist is saying, but also observing what the therapist looks like, how they move in their body, the gestures which accompany the words (Foley & Gentile, 2010). Therapists' should be mindful of how the nonverbal aspects of communication take place outside of awareness; giving more consideration and acknowledgement to how influential they are seems an important part of the therapeutic process. The simultaneous interaction of what can be 'seen', ie: physical characteristics, clothing, accessories, combined with aspects of appearance that occur outside of conscious awareness, ie: fleeting changes in facial expression, body movement, play a highly influential role in interactions with others.

- Lemma (2003) argues that by providing a secure frame something important is being conveyed to the client, but she acknowledges there may be times when the therapist deviates from this, such as being late or introducing new chairs into the room, or as in the case of this study, making a change to their appearance. It is suggested therefore, that the therapist attends to clients' responses to changes to his or her appearance and work with the client to

understand the meaning of this for them, given the anxiety that this change may induce. It would also seem to be important that the therapist reflect on their reasons for wanting to change their appearance and what this might be communicating to them.

- It is suggested that the impact of appearance should be considered during psychotherapeutic training to help trainees gain a better insight into the impact of their own appearance and how this influences the constructions others make about them. Introducing in-class exercises into reflective practice may help trainees reflect on this issue. Larson & Tsitsos (2012) suggest that participating in appearance related role play, increases participants' understanding of the relevance of the topic.

- In relation to profile pictures and online profiles it is becoming increasingly common for people to search the internet looking for online profiles as an early step in getting to know the other person and will look at a profile picture to determine if a person looks 'well suited to do their job' (Steele, Evans & Green, 2009). Whilst the research surrounding profile pictures is mainly conducted from a social media perspective, ie: Facebook, LinkedIn, online dating websites, what it does suggest is that the profile photograph is now a central component of online self-presentation and one that is critical for relational success (Hancock & Toma, 2009). However, online photographs appear to have received little scholarly attention within the psychotherapy profession. It is hoped that the findings from this study might offer some guidance into the aspects of personal appearance that potential clients might focus on.

Recommendations for future research

There is a need for more qualitative research studies in relation to appearance cues and nonverbal communication in psychotherapy and counselling, particularly from the perspective of the client. Further qualitative research could involve the following subject areas:

1. Extending the process identified in this research by researching the

psychotherapist's appearance and differing attachment styles. It is acknowledged that establishing a safe haven and secure base is an important aspect of the therapeutic relationship (Mikulincer, Shaver & Berant, 2013), and given that the findings of the current study indicate that the therapist's appearance plays a major role in this process, it would be beneficial to understand if this varies with attachment style.

2. Researching client's experiences of online counselling to explore how the lack of visual cues may influence the therapeutic relationship.

3. Given the lack of research into therapists' appearance this area this would seem to be something of a therapeutic blind spot so it would be useful to explore therapists' perceptions of the impact of their appearance, and whether this is perceived to be significant. It might also be beneficial to explore if therapists modify their appearance in any way for particular clients or client groups.

4. Investigating profile pictures and how much of a role they play in the selection process when looking for a psychotherapist.

5. Clients' experiences of using the couch in psychoanalysis has yet to be explored in any detail. Given that participants in the current study stressed the importance of being able to see their therapist, it seems timely to explore the experience of clients who cannot monitor their therapist's appearance during the session.

CONCLUSION

As outlined above, the purpose of this study was twofold: to explore client's constructions of the therapist's personal appearance and how this might influence the therapeutic relationship and to construct a grounded theory of this process. Findings indicate that clients carefully monitor their therapist's appearance in order to establish and maintain a secure base and that the therapist's appearance is therefore of central importance. However, the lack of attention that this issue has been given in the theoretical and research literature would appear to indicate that this issue is not seen as important to therapists, leading to the possibility that therapists might not be attending sufficiently to how clients respond to their appearance. This issue is further complicated by the fact that clients may find it difficult to put these ineffable experiences into words so that the issue of appearance remains unvocalised by the client and unattended to by the therapist leading to potential ruptures in the therapeutic relationship. Given the paucity of research on appearance within the counselling psychology and psychotherapy professions, and the neglect of the central role of the relationship in impression formation more broadly, it is hoped that these findings will add to therapists' understanding of this complex area.

By adopting a relational perspective this study attempts to broaden understanding of 'appearance' within the psychotherapy literature and the appearance related literature more broadly. It is clear that multiple aspects of the therapist's appearance play a big part in the therapy, including fixed and changeable characteristics, as well as nonverbal communication, therefore it is suggested that a more holistic and relational approach to researching appearance would be beneficial to the field.

27,870 words

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JOURNAL ARTICLE

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Psychotherapist's personal appearance and the therapeutic relationship: A grounded theory exploration of client's perspectives

CATHERINE L. KING

Department of Health & Social Sciences, University of the West of England, UK

Abstract
Objective: Given the evidence demonstrating that appearance does impact on perceptions and behaviour between individuals, along with the paucity of research within the psychotherapy profession, this study has been designed to explore clients' responses to their therapist's personal appearance, and how this is constructed, and to consider if this has influenced the therapeutic relationship in anyway. The second objective of the study is to construct a grounded theory of the process. **Method:** The study adopted a constructivist grounded theory methodology (Charmaz, 2006); using an initial purposive sampling strategy, a combination of semi structured interviews and surveys were implemented. A theoretical sampling was then adopted to refine the developing theory. Overall 16 participants were recruited. **Findings:** The findings from this study provide important information pertaining to how participants utilise their therapists' appearance. The basic social psychological process was constructed from the interview and survey data on the therapist's personal appearance and the therapeutic relationship and identified the following categories: *Searching for cues and clues*; *Ruptures and distractions; Constructing and reconstructing the therapist* and *Becoming attached*. Findings indicate that clients carefully monitor their therapist's appearance in order to establish and maintain a secure base and that the therapist's appearance is therefore of central importance, and that multiple aspects of the therapist's appearance are seen as important, including fixed and changeable characteristics, as well as nonverbal communication. **Conclusions:** The lack of attention that this issue has been given in the theoretical and research literature would appear to indicate that appearance is not as important to therapists as it is to their clients, leading to the possibility that therapists might not be attending sufficiently to how clients respond to their appearance and changes to this. This issue is further complicated by the fact that clients may find it difficult to put these ineffable experiences into words so that the issue of appearance remains unvocalised by the client and unattended to by the therapist leading to potential ruptures in the therapeutic relationship.

Keywords: therapist appearance; therapeutic relationship; qualitative research; constructivist grounded theory

Introduction

Research conducted in the fields of sports psychology, psychiatry, nursing, complimentary medicine, social and cognitive psychology, and business psychology, suggests that appearance influences how others perceive the other to be, and in some instances, how this impacts on behaviour. However, within the broad psychotherapeutic literature there is little information about how the personal appearance of one individual affects the behaviour of another and within the field of counselling psychology, which focuses on the centrality of the therapeutic relationship and on intersubjectivity, this topic has yet to be explored. Yet, as psychotherapist Laungani (2002) suggests, appearance clearly plays an important and influential role in human interactions; individuals construct theories, ideas and hypotheses about others and use these in the course of their interactions, even if they are wrong or misplaced. Laungani argues that it is naïve to assume that the therapist's appearance, ranging from attire through to nonverbal behaviour is somehow neutral (Laungani, 2002). Furthermore, as Menahem & Shvartzman (1998), argue, whilst appearance isn't a substitute for good clinical skills it does play an important role in the development of the physician-patient relationship.

The therapeutic relationship

It is now widely accepted that the development of a positive therapist-client alliance is essential to the therapeutic relationship (Hubble, Duncan & Miller, 2009; Kahn, 2001) across diverse therapy approaches (Noyce & Simpson, 2016, Cooper & McLeod, 2011), and that the quality of the therapeutic relationship is the strongest predictor of outcome (Hubble et al, 2009). Counselling and psychotherapy professions pay particular attention to the therapeutic relationship, to the subjective and intersubjective; how the therapist and client interrelate with, and influence, each other is an important aspect of the therapy (Noyce & Simpson, 2016, Kahn, 2001). However, while aspects of the therapeutic relationship have been widely studied, such as the therapeutic alliance (Pinto-Coelho, Hill & Kivlighan, 2016, Safran, Muran & Shaker, 2014, Ziv-Beiman, 2013), therapist self-disclosure (Pinto-Coelho, et al 2016, Ziv-Beiman, 2013), nonverbal communication (Foley & Gentile, 2010, Roter, Frankel, Hall & Sluyter, 2005), and issues of difference such as ethnicity (Blay, 2011, Tummala-Narra, 2007), gender (Quinn & Chan, 2009, Damarell, 1998), sexual orientation (Davies & Neal, 1999), class (Balmforth, 2009), and how these are experienced by clients, consideration of the therapist's overall personal appearance and how clients' respond to this, has not been considered in any depth or detail by researchers in this field.

Therapists become important objects (Kahn, 2001, Kohut, 1977), and are closely monitored by their clients; each small vagary, whether monitored consciously or unconsciously, will be charged with extreme importance to the client (Kahn, 2001). Aron (2005) observes that as an individual starts to build a relationship with another person, they will use visual cues to make assumptions about them, and this in turn will impact the way they respond, and behave, towards others at a conscious and unconscious level. Visual and non-visual areas, such as gender, race, class, disability, power and control, go to the very heart of the counselling relationship (Holmes, Paul & Pelham, 1996).

Transference also plays a key role in the relationship as clients redirect positive and negative feelings and desires, often unconsciously retained from early experiences, towards the therapist (Kahn, 2001). So, when the client meets the therapist for the first time it is not unusual for aspects of their appearance to remind them of someone they know, and will possibly influence how they respond and behave towards their therapist.

Research on appearance and the therapeutic relationship

In the field of counselling psychology and psychotherapy very little appearance research has been conducted since the 1970s and 1980s and the literature that does exist tends to be quantitative and focused on responses to, and interpretations about, personal appearance in relation to personality traits. Much of the research has tended to focus on social cognition models and insufficient attention is given to the social and cultural context in which an individual's experiences are located, thereby simplifying a complex process of social interaction (Rumsey & Harcourt, 2005).

Professions that have conducted research on appearance, such as the field of sports psychology, indicates that initial evaluations of sports psychology consultants' competence are affected by dress and build, thus influencing athlete's preferences regarding working with them, as well as perceptions of efficacy (Lovell, Parker, Brady, Cotterill & Howatson, 2011). Within the medical profession research investigating the impact of psychiatrists' attire indicates that formal attire is associated with good clinical skills and a caring attitude by patients, compared to less formal attire which patients tended to associate with–being unskilled and uncaring (Nihalani, Kunwar, Staller and Lamberti, 2006, Menahem & Shvartzman, 1998). Similarly, Wittman-Price, Gittings and Collins (2012) found that patients generally perceive tattooed medical professionals negatively, and that the presence of tattoos interferes with building a strong therapeutic alliance; professionals with visible tattoos and piercings were deemed to be less caring, skilled and knowledgeable.

The study

Given the evidence demonstrating that appearance does impact on perceptions and behaviour between individuals, along with the paucity of research within the psychotherapy profession, this study has been designed to explore clients' constructions of, and responses to their therapist's personal appearance, and to consider if this influences the therapeutic relationship in anyway.

Rationale for constructivist grounded theory

Constructivist grounded theory retains the strong foundations of the grounded theory method, maintaining clear guidelines for examining how situations and people construct the studied phenomenon, but has moved the method into the interpretive tradition (Charmaz, 2010).

Social constructionism provides a framework for examining and understanding social and cultural influences (McNamee, 2004 Gonzalez, Biever & Garduer, 1994); how and why participants construct meanings and actions in particular situations is central to this approach.

Constructivist grounded theory recognises that there are multiple realities in the world and that individuals may have more than one main concern (Charmaz, 2010, Morrow, 2007). Importance is placed upon the participant's narrative, providing more meaningful, rich and accurate descriptions (Charmaz, 2006, Appleton & King, 2002). The role of the reflexive researcher is also regarded as an integral part of the process (Morrow, 2007, Charmaz, 2006) and it is recognised and accepted that they will influence what they see and find (Morrow, 2007) presenting their own interpretations, meanings and experiences.

Qualitative research fits with a counselling psychology framework (Ponterotto, 2005, Morrow, 2007); counselling psychologists recognise that multiple versions of reality exist, which are closely linked to the context they occur in (McLeod, 2011).

Procedure

The initial sample comprised Chartered and trainee counselling psychologists, psychotherapists, counsellors, students accessing a university counselling service and individuals using a private psychotherapy practice all of whom were currently in therapy or had ceased therapy within the last 2 months. As the analysis developed a theoretical sampling strategy was adopted and further participants were recruited. In total 14 participants were interviewed, and 2 completed a qualitative survey,

Participants

Participants were recruited via a poster which was advertised with The British Psychological Society's website under the Division of Counselling Psychology's domain; a university wellbeing centre; university noticeboard within the faculty of health and social sciences; and two local psychotherapy organisations.

Data collection

Interviews

Semi-structured interviews were deemed most appropriate for this study as they consist of open-ended questions that define the area to be explored, at least initially, and from which the interviewer or interviewee may diverge to pursue an idea or response in more detail (Britten, 2006).

Both interviewer and interviewee are 'active' members of the event, engaged in the business of constructing meaning, whether this is acknowledged or not, with the interviewer attempting to activate, stimulate and cultivate participant's interpretative capabilities (Britten, 2006) as well as encouraging the discussion of alternative considerations (Holstein & Gubrium, 1995).

Surveys

Participants who were not able to attend an interview or access a video-conferencing facility, elected to complete a survey instead.

All interviews were conducted face-to-face and audio recorded with the exception of two interviews, which were conducted via Skype video-conferencing.

Findings

The basic social psychological process constructed from the data identified the following categories: *Searching for cues and clues*; *Ruptures and distractions; Constructing and reconstructing the therapist* and *Becoming attached*. This process illustrates the important role that the therapist's appearance appears to play in the formation and maintenance of the therapeutic relationship, (see Diagram 1, page 12). Whilst this process has been split into categories to help provide a coherent account of what is happening, there is considerable overlap between categories; participants' positions in this process are fluid rather than fixed. Appearance related ruptures can occur at any time in the therapeutic relationship, and these appear to promote further searching behaviours and new constructions and reconstructions regarding the therapist and the therapeutic relationship.

SEARCHING FOR CUES AND CLUES

Participants described how they used a variety of appearance related cues and clues, with a view to *Monitoring safety* and *Seeking consistency* in their therapist.

Monitoring safety: this seemed to be participants' core concern, evidenced by what sometimes appeared to be a constant, and at times, hypervigilant scanning of their therapist's appearance and environment. These cues seemed to aid participants firstly, in creating a sense of who their therapist was in the absence of personal information about them, and secondly, acting as signifiers about their therapist's consistency; given the need for safety, trustworthiness and containment. Participants appeared to be vigilant to any changes in their therapist or their therapist's environment.

Monitoring was an active and ongoing process, which involved checking the therapist's appearance and making rapid constructions based on this. However, appearance seemed quite hard for many participants to delineate; partly because it appeared to comprise a constant stream of physical signifiers including clothing, body art, physical shape and size, and partly because participants seemed to find it difficult to separate out their therapist's appearance from their body language.

Nonverbal cues were constructed as being part of personal appearance and participants described an ongoing process of monitoring their therapist's appearance through watching facial expression, gaze, posture, and gestures. Consequently, a construction of the therapist's qualities was developed through the monitoring of appearance, body language and their working environment as described by one participant:

"…it's lots of different things, and its facial expression, gestures, eye contact, nodding, the way the voice – even in a quite subtle way, just goes 'mmm', listening, showing that you're listening…" (Participant 4, female, 43yrs, trainee counselling psychologist)

Due to the ongoing vigilance to cues and clues it seemed important for many participants to see and read their therapist's face clearly so that they could monitor their facial expression; this aspect of appearance appeared to be an essential way of gauging safety.

"…for me it was safe, yea, I think if she had stayed upright in the position, very rigid, I think I would have been a bit put off by it… because it just seemed so… what's the word I'm looking for… so stiff I think, I really want someone you know to meet me in the middle if that makes sense…" (Participant 3, female, 29yrs, trainee counselling psychologist).

Another participant described how they changed the physical dynamics of her therapy, and went from being able to see her therapist to lying on the couch. Whilst she described the experience as "something very freeing" it appeared to intrude on the therapy because she was used to reading the therapist's appearance looking for a response or guidance:

"…not to be able to see her is a very different therapeutic experience because you can't fail to notice reactions in people when you're looking at them… responses you know... 'Does she look bored? Does she look judgmental about this?' and you change accordingly, whereas in the sessions with the couch I can't see her, I don't know what she is doing or sometimes at the end … when it has been a particularly harrowing session I can stand up and obviously look at her to say goodbye and I know, I can see she has been moved or even crying you know…" (Participant 1, female, 49yrs, chartered psychologist).

For many participants the therapist's immediate surroundings were also seen as part of the therapist's appearance. The following participant questioned his safety in relation to a therapist who practiced in an affluent location, wondering if he would be treated as a business transaction rather than a person with a degree of vulnerability:

"I'm very sorry saying this but my best thought is, 'is he safe' and are there clues about him that would make him dangerous to me in some way…? (Participant 2, male, 71yrs, counselling psychologist).

Seeking Consistency:

What becomes apparent from an analysis of participants accounts was the need for their therapist to express consistency through their appearance both in terms of their attire and their body language, as one participant explained:.

"…made it feel consistent, so every week… she was the same person. So that felt safe. ." (Participant 12, female, 46yrs, unemployed).

Another participant, reflecting on his therapist's consistent appearance acknowledged how:

"It never seems to change, but I think I would be disturbed by it changing – her style is very much part of how I think of her." (Participant 14, male, trainee psychotherapist).

Hypervigilant to cues and cues, participants appeared to monitor the slightest change in appearance and to make rapid constructions about the therapist from these. The following participant describes feeling perturbed by her therapist's appearance, which had changed following her holiday:

"…so if you're used to this kind of predictable frame and you kind of know the things that they wear or what they look like and it suddenly changes I think it can be a little disorientating."

When her therapist returned from her break the participant noted that

"…she had done something really peculiar with her hair… it looked really awful…

On asking the participant how this made her feel:

"…I don't know whether to say less respectful or less safe, or just very, very slightly you know… somewhere in between those things… 'Oh my god, what have you done!?'… bad judgment."

"…if she has bad judgment can I trust her. You know I think its quite silly but it can impact in quite a big way." (Participant 4, female, 43yrs, CBT trainee counselling psychologist).

Clients also appeared to be seeking for familiarity as part of the regular sessions including the type of clothing that the therapist wears and any personal items that become an extension of their appearance, eg: note book, diary, mobile phone.

Although attachment styles were not formally assessed for the purpose of this study, more anxious participants seemed to be more actively engaged in monitoring their therapists than participants who seemed to have formed a more secure attachment or seemed dismissive towards forming attachments. This seems to be an implicit process, which is not evident to participants at the time of engagement.

CONSTRUCTING & RECONSTRUCTING THE THERAPIST

Participants' described engaging in a constant process of constructing and reconstructing their therapist, which appeared to start in advance of the first meeting; and continued throughout the entire process of therapy. This category includes the sub categories of *Making assumptions* and *Creating a fit.*

Making assumptions

In the absence of significant personal information about their therapists, participants engaged in *Making assumptions* to determine a number of factors, all of which seemed to relate to how safe their therapist was. The therapist's environment was also seen as part of their personal appearance; many participants seemed to construct this as an extension of the therapist.

Whilst assumptions are made throughout the therapeutic relationship, vigilance seemed heightened at the outset of therapy and following a therapeutic rupture. Whether this initial contact is via a profile picture, telephone call or assessment session, participants described focusing on surface level attributes of the therapist such as facial features, perceived age, attire and tone of voice to construct their therapist prior to meeting them; these constructions included social stereotypes regarding therapists and also appeared to include some transferential material.

The therapist's appearance and environment influenced assumptions regarding professionalism. For many participants, professional dress appeared to be equated with a professional attitude, although constructions of what constituted 'professional dress' varied:

"I try not to judge people on what they are wearing, anybody can wear what they want but in a therapeutic relationship where I'm talking to a professional I feel its important for them to be… look smart… look as if they take care of themselves and convey a clean, tidy, smart appearance." (Participant 11, female, 53yrs, peer support worker).

Other participants associated a 'professional' appearance with the business world; many participants were sceptical about smartly dressed therapists, tending to construct them as 'businesslike', whereas more casually dressed therapists were constructed as more relaxed. For these participants 'professional' dress appeared to raise questions around the depth and quality of the relationship offered and whether they could trust the therapist:

"I guess its because when you are booted and suited 'you've got a job to do!' and I don't like that. Most people I have met who are booted and suited have been people who are trying to sell me something or I guess seeing my dad go off to work… you don't really have meaningful contact with people in suits." (Participant 8, female, 28yrs, business undergraduate).

Whether the therapist could be trusted was a key issue for many participants; participants wanted to feel confident their therapist would be able to look after them, and many appeared to make the assumption that a therapist who could take care of themselves could be trusted to take care of the client and was therefore constructed as professional.

"…… she looked as if she could take care of herself so that made me feel confident that if she could take care of herself she could probably take care of me as well… She always looks like she's put thought into how she appears, she does her make up and her hair is always nice, and her clothes are sort of smart but not overly… it's not like suits or anything else like that…" (Participant 12, female, 46yrs, unemployed).

Another participant described how his therapist's appearance led him to assume that the therapist could provide a secure base. Having established a sense of safety this participant felt more able to focus on himself rather than on this therapist:

"I wanted somebody boundaried, someone very boundaried, and it gave me that sense… that felt safe because she was firm and boundaried. So I saw her with her clothes and her appearance… everything. The make-up is very well done and everything in place… so there was a safety in how I perceived the kind of firmness – there was safety with that…" (Participant 5, male, 53yrs, trainee counselling psychologist).

Another participant describes how she felt suspicious when first meeting her therapist and wondered if she would be able to trust him - there was something about him that reminded her of her dad, although she struggled to pinpoint what that was:

"…I wouldn't say he looks like my dad… but… 'cause my dad was quite abusive and I haven't seen him for years… I think in my teenage mind I kind of grouped all men who looked like that into the same box… he doesn't really look like my dad but he reminds me of what he looked like I guess… I felt because he's male and because he's that kind of age 'Can I trust him?'…" (Participant 7, female, 21yrs, History undergraduate).

Creating a fit: Many participants appeared to be constructing and reconstructing their therapists in order to create a fit: a sense of the therapist as being in some way similar to them in an attempt to establish a secure base and sense of belonging within the relationship. Finding similarities, or recognising something as familiar appeared to contribute to a sense of attunement:

"… looked like, to be honest, looked like a father more or less. So that was very comfortable for me." (Participant 6, male, 41yrs, customer services executive).

"…the one that is younger means that we can kind of relate a little bit more and she knows what I'm talking about." (Participant 10, female, 19yrs, undergraduate).

The process of determining therapeutic fit starts straight away although participants did not seem to be consciously aware of this at the time. Participants were clear about certain appearance attributes that were important to them in relation to being able to create a fit with their therapist.

For some participants looking at photographs of potential therapists was an important part of the selection process; some stated that if a photograph hadn't been available then they wouldn't have made contact in the first place. Participants often struggled to convey the importance of what they were 'seeing', and found it quite difficult to describe what it was that appealed to them about their therapist's picture: Participants often struggled to articulate what they noticed about their therapist's appearance. It was only through reflecting on this in the interview that participants were gradually able to recall how they had used appearance related signifiers such as attire, age, gender, attractiveness etc, to establish how safe they felt.

"I don't know… I can't really work out what it was but I'd picked him out of a few short list of candidates and I looked at his website and I'd seen his picture... I didn't shortlist any therapists that didn't have a picture." (Participant 13, female, 25yrs, trainee psychotherapist).

BECOMING DISTRACTED

For many participants even small changes to their therapist's appearance were experienced as unsettling and distracting While all participants engaged in searching for cues and clues, for some, monitoring their therapist's appearance proved to be a distraction, which left them less able to focus on their own issues:

"I see my therapist looking kind of messy or dirty, or unkempt, I'm going to wonder why they look that way instead of focusing on my own problem. That's going to kind of intrude on my thoughts a little… professional appearance makes me feel I'm in competent hands." (Participant 3, female, 29yrs, trainee counselling psychologist).

Some participants described how their therapist's body language could also distract which impacted on their focus and how safe they felt.

"…she would constantly move and rearrange, so go like, she would move her legs like this and re-cross her legs, like… and not in accord… e… it felt like she didn't care up to that point. It felt really distracting and rupturing. ." (Participant, 13, female, 25yrs, trainee psychotherapist).

Participants also described how inappropriate dress could cause an appearance related rupture. :

"…they called me to see the psychologist, probably a clinical psychologist… and the lady kind of… she had a see-through top on, a jumper but it was see-through, no bra, and I just thought 'this is really unfair!'. I mean it's upsetting, how could you even think its okay, and that was the first time, I'd never sort of been in therapy… that was my first experience." (Participant 5, male, 53yrs, trainee counselling psychologist).

Consistent appearance, ranging from dress through to body language, is hugely important to participants. Whilst some participants are less distracted or unsettled by change, other participants clearly find it quite distressing to the point they are unable to focus on themselves, and in some instances choose to disengage from therapy.

BECOMING ATTACHED

Many participants described being more hypervigilant and therapist focused in the early stages of the relationship, but over time as a greater degree of familiarity is achieved and a more secure attachment formed searching for cues and clues tends to reduce. It seemed as if appearance, initially so vital in enabling participants to establish a secure base, became less important as a relative degree of security was achieved, enabling participants to focus more on their own material:

"…as the relationship goes on… then it maybe starts to matter less… I mean you might still notice things about a persons appearance, what they are wearing or how they were looking that day but you know… if you're involved in a very strong positive transference, or even a negative one it might no longer matter what that person looks like because it's the feelings that are kind of there." (Participant 4, female, 43yrs, CBT practitioner/trainee counselling psychologist).

However, appearance related ruptures can trigger further cycles of vigilant behavior, particularly in those participants who seemed more anxiously attached as participant 15 illustrates: *"A couple of weeks ago there was some silence between the two us and she rested her arm on the side and put her head on her fist like this and she had never done that before…" (Participant 15, female, 34yrs, support worker).*

If appearance related disruptions became too distracting, and the impact of these distractions was not attended to then this could create a rupture, which led to complete detachment:

DISCUSSION

The findings of this study add to the literature into appearance and impression formation by illustrating the role of relationships and safety seeking in impression formation as well as the role of impression formation in relationships – a perspective which is relevant to all professionals who are involved in working with others and providing a safe relationship.

As outlined above, the purpose of this study was twofold: to explore the therapist's personal appearance and how this might influence the therapeutic relationship and to construct a grounded theory of this process. Findings indicate that clients carefully monitor their therapist's appearance in order to establish and maintain a secure base and that the therapist's appearance is therefore of central importance. Conversely the lack of attention that this issue has been given in the theoretical and research literature would appear to indicate that this issue is not seen as important to therapists, leading to the possibility that therapists might not be attending sufficiently to how clients respond to their appearance and changes to this. This issue is further complicated by the fact that clients may find it difficult to put these ineffable experiences into words so that the issue of appearance

remains unvocalised by the client and unattended to by the therapist leading to potential ruptures in the therapeutic relationship.

By adopting a relational perspective this study attempts to broaden understanding of 'appearance' within the psychotherapy literature. It is clear that multiple aspects of the therapist's appearance play a big part in the therapy, including fixed and changeable characteristics, as well as nonverbal communication, therefore a more holistic approach to appearance needs to be adopted, rather than attempting to view aspects of appearance in isolation. Given the paucity of research on appearance within the counselling psychology and psychotherapy professions, and the neglect of the central role of the relationship in impression formation more broadly, it is hoped that these finding will add to therapists' understanding of this complex area.

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Psychotherapists' personal appearance and the therapeutic relationship

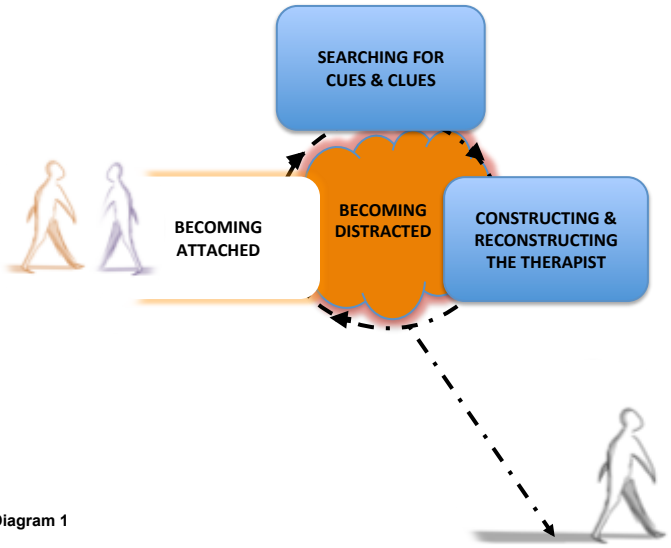

Diagram 1

Appendix 1

Sample of Research questions

Question 1	When you first met your therapist what were the first things you noticed about them?
Question 2:	What can you tell me about your therapist's personal appearance?
Question 3	In what ways do you think their appearance impacted on the therapy?
Question 4	How do you think this impacted on the therapeutic relationship?
Question 5	What does appearance mean to you?
Question 6	How does your therapist use their body?
Question 7	What would it be like if you couldn't see your therapist? **
Question 8	How do you feel in your body when you are with your therapist?
Question 9	How does a therapist appear professional?
Question 10	What does 'trust' look like? **
Question 11	What does 'kind' look like? **
Question 12	Why is a dress code important to this profession?
Question 13	Do you carry an image around of your therapist? **

** Once the data analysis had been started some additional questions were posed based on the interpretations that were beginning to emerge from the data.

Appendix 2
Participants demographic information table

Participant No.	Gender	Age	Racial/ethnic background	Occupation	Data gathering method
1	Female	49	White British	Chartered psychologist	Face to face interview
2	Male	71	White British	Retired Counselling psychologist	Skype face to face interview
3	Female	29	British Caribbean	Trainee Counselling psychologist	Face to face interview
4	Female	43	White British	CBT practitioner / trainee counselling psychologist	Face to face interview
5	Male	53	White British	Trainee counselling psychologist	Face to face interview
6	Male	41	White German	Customer services executive	Skype face to face interview
7	Female	21	White British	History undergraduate	Face to face interview
8	Female	28	White British	Business undergraduate	Face to face interview
9	Male	44	White British	Teacher/trainee psychotherapist	Face to face interview
10	Female	19	White British	Student	Face to face interview
11	Female	53	White British	Peer support worker	Face to face interview
12	Female	46	White British	Unemployed	Face to face interview
13	Female	25	White British	Trainee psychotherapist	Face to face interview
14	Male		White British	Trainee psychotherapist	Survey
15	Female	34	White British	Support worker	Face to face interview
16	Female		White British	Trainee psychotherapist	Survey

Appendix 3
Participant Information Sheet

Participant Number:

PARTICIPANT INFORMATION SHEET

Psychotherapists' personal appearance and the therapeutic relationship

You are being invited to take part in a research study. Before you decide whether or not you wish to take part it is important that you understand why the research is being conducted and what your participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. If there is anything that you are unclear about then please don't hesitate to ask me.

Who are the Researchers?
My name is Kate King and I am a fifth year trainee Counselling Psychologist on the Professional Doctorate programme in Counselling Psychology at the University of the West of England. My work is being supervised by Andrea Halewood, a Senior Lecturer on the programme, and Dr Victoria Clarke, an Associate Professor for the Department of Psychology, with expertise in qualitative research.

What is the purpose of the study?
As a practising psychotherapist I am interested in exploring your perspectives on your therapist's personal appearance. The aim of this study is to provide some insights for psychotherapists on whether personal appearance is an influencing factor on the therapeutic relationship as this is currently an under researched area.

Who is eligible to participate?
You are eligible to participate if you are currently seeing a therapist, for example a counselling /clinical psychologist, psychotherapist, psychoanalyst or counsellor.

Do I have to take part?
Your participation in this study is entirely voluntary and it is up to you whether you decide to take part or not. If you do agree to take part you will be asked to complete a consent form. Should you decide to withdraw from the study before the report has been submitted, any information you have shared with me will not be used in the study and will be deleted. If you choose to withdraw from the study all you have to do is email me giving your ID number, which can be found at the top of your Participant Information Sheet and your data will be excluded from the study. I would also like to advise that it is not possible to withdraw your interview data once I have submitted my paper.

What will happen to me if I take part and what do I have to do?
If you agree to take part you will be asked to -

- Attend an interview at a location convenient to you or complete a survey.
- The interview will last between 45 minutes to an hour.
- The interview will be audio-recorded and then transcribed for the purposes of analysis.
- You will be given an opportunity to ask any questions you have about the study before completing the consent form and starting the interview, or before completing the survey.
- You will be given a further opportunity to ask questions after we have completed the interview, or you can email me with any questions you may have following completion of the survey

How will the data be used?
The transcript of your interview/survey will be anonymised so that any information that can identify you or your therapist will be removed. Once anonymised, the data will be analysed for the purposes of the research, and anonymised extracts from the data may be quoted in my thesis and any publications, as well as at conference presentations arising from the research.

Appendix 3
Participant Information Sheet

What are the possible benefits of taking part?
Although there are no direct benefits to you in taking part, you may find it useful to reflect on your experience. You will also be contributing to an under researched area and the findings of this study may be beneficial to others.

What are the possible disadvantages and risks of taking part?
As the researcher I am mindful that reflecting on your therapist's personal appearance may cause you some discomfort or distress. I am also aware that this could affect your relationship with your therapist in the future. Therefore, I recommend that you only impart information that you feel comfortable sharing during the interview or when completing the survey. I would also recommend that if you have experienced psychological issues surrounding your appearance in the last two years, that you do not participate in this study. Your identity, and any information about your therapist will be kept completely anonymous so that nobody other than myself will be able to link what you have shared with who you are. If participating in this study causes you any distress then you can either speak to me, or my supervisor. I am providing the following numbers for your convenience should you wish to access further support.

- British Psychological Society: 0116 254 9568
- British Association of Counselling and Psychotherapy: 01455 883300

What if something goes wrong?
If you are unhappy with any aspect of the study you can contact my primary supervisor:

Andrea Halewood
Department of Psychology, Faculty of Health and Applied Sciences
University of the West of England, Frenchay Campus,
Coldharbour Lane, Bristol, BS16 1QY
Email: Andrea.Halewood@uwe.ac.uk
Tel: 0117 3283889

Will my taking part in this study be kept confidential?
All information shared will be password protected and my supervisors and I will be the only people who will be able to access the information in full. All information about you will be completely anonymised, this means that your name and any demographic data collected will be kept separate so there will be no way of linking what you have said back to you or to your therapist. Following the study all data sources will be deleted. It is important that you are aware that before agreeing to take part that if you share any information which breaches ethical codes of practice as set out by the BACP and the BPS I may be obliged to break confidentiality

What will happen to the results of the research study?
The results will form part of my thesis, which will be read by my course tutors and my peers. My work may also be published by a journal. If you are happy to give me your email address I will inform you via email where you can access the study.

Contact for further information
Should you require further information about the study or if you would like to participate then please contact me on the following email: Catherine3.King@live.uwe.ac.uk

Thank you for taking the time to read this Participation Sheet.

Kate King
Trainee Counselling Psychologist
Catherine3.King@live.uwe.ac.uk

Appendix 4
Consent Form

Participant Number:

CONSENT FORM

Psychotherapists' personal appearance and the therapeutic relationship

	Please initial box
1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.	☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time (within the constraints on the participant information sheet), without giving a reason.	☐
3. I agree to take part in the above study.	☐

	Please tick box	
	Yes	**No**
4. I agree to the interview being audio recorded.	☐	☐
5. I agree to the use of anonymised quotations in my thesis and in any publications or presentations arising from the research.	☐	☐

Name of Participant	Date	Signature
Name of Researcher	Date	Signature

Kate King
Trainee Counselling Psychologist
Catherine3.King@live.uwe.ac.uk

Appendix 5
DEMOGRAPHICS FORM

Participant Number:

DEMOGRAPHICS FORM

Psychotherapists' personal appearance and the therapeutic relationship

Some questions about you
In order for us to learn about the range of people taking part in this research, I would be grateful if you could answer the following questions.

Please write your answer in the space provided

1	How old are you?	
2	What is your gender?	
3	How would you describe your racial/ethnic background?	
4	What is your occupation?	
5	How long have you been working with your therapist?	

Kate King
Trainee Counselling Psychologist
Catherine3.King@live.uwe.ac.uk

Appendix 6
RECRUITMENT POSTER

PARTICIPANTS NEEDED

The psychotherapist's personal appearance and the therapeutic relationship

Are you are currently in therapy or have you recently ended therapy (within the last 6 months)? As a practising psychotherapist and a trainee counselling psychologist, I am interested in exploring your perspectives on your therapist's personal appearance and how this may or may not have influenced your therapeutic relationship.

Participation in this study would involve attending an interview at a location convenient to you and will last between 45 minutes to an hour.

If you are interested in taking part or would like further information then please contact me on Catherine3.King@live.uwe.ac.uk at the University of the West of England, or my research supervisors Andrea.Halewood@uwe.ac.uk and Victoria.Clarke@uwe.ac.uk.

This study has received ethical approval from the University Ethics Committee.

Kate King
Counselling Psychologist in Training
University of the West of England

University of the West of England
BRISTOL

Kate King, Counselling Psychologist in Training (UWE) *Catherine3.King@uwe.live.ac.uk*
Supervisor: Andrea Halewood (UWE) & Dr Victoria Clarke (UWE)

Appendix 7
SAMPLE EXTRACT OF TRANSCRIPT

SAMPLE TRANSCRIPT (Participant 5)

Dialogue	Open Coding	Focused Coding
Thank you for agreeing to take part. This is a semi-structured interview so I've got some questions but I'd like to see where they take us if that's okay... So my research is about personal appearance and its impact on the therapeutic relationship from a client perspective. But I might ask you a few questions about your supervisor as well towards the end if that's all right?		
Yes, okay…		
When you think back to when you first met your therapist what were the first things you noticed about them?		
It was a female therapist… and I thought 'Oh my god! She looks really smart'… like really kind of, not over-dressed… I was having therapy and it was 7 o'clock in the morning that I would start because it was the only time slot I could get…	Describing therapist as female. Sounding taken aback by how smart she was when they first met.	Using gender to describe therapist.
Gosh that's early…		
Yea… and I walked in and she was really smartly dressed and I thought 'Whoa! It's 7 o'clock in the morning and I'm not quite prepared for this *(laughing)*, for someone who is really smartly dressed. I mean it was a bit… it had a big impact on me because I kind of started to read into 'who is she, what does she sound like..' I mean when I say 'what do you sound like', on the phone, as I guess for me that's part of the presentation, and I did share it with her later… I think she sounded really snobby and stuck up to be honest…	Reading into her appearance – who is she, what does she sound like etc. Making assumptions from the phone call too – perceiving this to be part of the presentation.	Making assumptions from the first time we met. Having pre-conceptions based on phone call.
Did you…		
Yea, so when I met her she had a different voice to the phone voice and after some time I did mention it and she said 'yea, that's my phone voice' and it was nice because it was… we laughed at it, but it created an impression.	Acknowledging the 'phone voice' made an impression before we met.	
Tell me a little bit more about that…		
It probably fell into my negative side, so if I say something about that, because I've walked in, she's really smartly dressed, her hair's done really nicely, her nails are done… not what I would call over-glam, you know its appropriate but it's psychoanalytic therapy – something I swore I would never do. And I've gone in and thought… so I'm already thinking 'oh god she's going to be really tight and rigid and.. 'cause that's how she looks… and she said to me 'okay so you need to come back for a second assessment' is what I heard and I started reading all this extra stuff into it… about how she looks – an authoritarian and tight and rigid and will I be able to	Assuming she will be rigid and tight because of how she looks. Wondering if I will be able to work with her. Fantasizing about other aspects of her because of this.	Making negative judgments based on appearance — tight and rigid. Relating appearance to therapy model. Fantasizing about other aspects.

work with her, doesn't look relaxed. I started to think all other things in my head that I probably won't say in the interview *(laughs)*,		
You can do if you want *(laughs)* but its entirely up to you…		
Oh god *(still laughing)*, the kid in me felt like, you know, embarrassed if I kind of fart or something	Having childish thoughts.	Leading to random uncontrolled thoughts.
Yea, okay..		
You know, because she… she was like a matronly kind of, strict mother kind of look, it was like… so when she said to me 'come back for the second assessment' that's what I heard, that's not what she said. Because her… how I saw her from the off really influenced how I reacted. So I heard this as 'I've done something wrong', authoritarian and rigid and… some months went by and it turned out she always does a two-part assessment…	Seeing her as a matronly, strict mother. Being heavily influenced based on what I initially saw.	Finding her appearance/presentation influenced what I heard. Feeling overwhelmed/intimidated by her presentation.
But for you…		
Yea for me… I'm going to be sacked before we've started *(laughing)*.		Feeling inadequate.
God, that's really powerful, it almost sounds like you were the little boy…		
That's how I felt, you know. I thought I was going in as an equal but I didn't feel it, because other therapists… this is the first time I'd swore blind I'd never do any psychoanalytic work, I mean really I have quite an antipathy towards it so to choose that *(stammers)* was a big step for me. I've gone usually more for kind of humanistic approach and you know, 'wear whatever you like' kind of thing. It's not… in my mind many more people are more 60s'sh you know *(laughing)* …	Discovering I didn't feel equal. Resisting psychoanalytic work historically. Being more familiar with a humanistic approach.	Discovering I didn't feel equal because of her presentation. Assuming a power imbalance because of therapeutic approach. Stereotyping therapists based on their dress code.
…a bit freer…		
So when I saw the hair do and… it was challenging for me personally.		
So did you have an impression of her over the phone, from your phone call before you met her? Did you have an image in your mind based on her accent, because it sounds as though that was obviously different…?		
She sounded kind of like a… a higher kind of class group than me if you like… I kind of read into it – other places I had been the psychoanalysts were kind of top of the therapy tree, the food-chain if you like, or erm, they had been psychiatrists as well, or… erm…	Stereotyping therapists. Perceiving psychoanalysts at the top of the food tree.	Stereotyping therapists. Putting psychoanalysts on a pedestal – higher kind of class, better breed.
Okay…		
So I was reading all this into it, completely inaccurate, all based on what I'd seen and I still get it sometimes with her… but now at least I can say it.	Reading inaccurately based on what I'd seen.	Misleading myself because of preconceived ideas.
Yea…		
Although it fed into a kind of a negative view, it was actually positive as well in a strange way because I wanted somebody boundaried, someone very boundaried, and it gave me that sense… I could say 'string', but I could also substitute that word with	Acknowledging both positive and negative effects. Wanting to feel boundaried.	

boundaried…		
So her presence and what she wore, to you… created a good…		
Yeah…		
Did that feel safe then or did it….		
No, no, that didn't feel safe. Yet there was something about her as a person that needed to transcend to clothes. That felt safe because she was firm, boundaried – so I saw her with her clothes and her appearance… everything. The make up is very well done and precise and everything is in place. I have a supervisor before who put her lipstick on in the group supervision and it was like something out of Absolutely Fabulous, it wasn't quite on the lips *(laughing)* and we were sitting there looking thinking 'wow!' So there was a safety in how I perceived the kind of firmness if you like – there was a safety with that.	Experiencing a sense of boundary because of how she presented – clothing and make up very precise.	Finding safety in the therapist's dress code, rigid persona and general precise appearance – it felt boundaried and in control.
Okay…		
Yea, so I appreciated that…		
Can you describe to me what she was wearing when you saw her first as I know you said it was very professional… And what does that mean to you?		
She had a long skirt on, but like a pencil skirt, not quite but similar, a blouse, a cardigan, some… a necklace of some kind… but that was very discreet. Her nails were immaculate, her hair was done just kind of like blondish dyed hair… every hair in place. I thought, 'it was 7 o'clock in the morning *(emphasis on this statement)*, and I had just fallen out of bed and kind of jumped in the car and sort of rolled in and I felt a bit scruffy. I felt a bit of a ….	Describing her attire. Recalling immaculate nails and hair in place. Feeling scruffy, less composed.	Comparing appearances. Feeling juxtaposed – scruffy.
It sounds quite polarized…		
Yea, a mismatch, it's almost like I was looking at somebody who was very different to me. It made me feel a bit jealous as well… it felt different to me – I'm not as professional as her and we're in the same industry. Because here is someone well established in their career. I'd gone to the psychoanalyst because I had to redo the first year viva. We have a first year final viva for the accreditation, so there is an internal one and I had to redo that and I wanted to look at what was going on for me that meant I had to redo it…	Looking at someone very different to me – I'm not as professional as her. Feeling jealous because of the way she presented. Making assumptions that someone is more competent and well-established based on their presentation.	Comparing appearances. Leading to negative thoughts – feeling different and less professional. Questioning my ability based on appearance of other. Feeling vulnerable in the first place – redo the first year viva.
I see…		
Some kind of deeper work…		
Okay		
And I'd had lots of other types of therapy so I wanted something different, and this was different *(seems sad and quite thoughtful… a big sigh)*… so yes, I can picture her in my mind now, every hair in place…		
And how did she use her body.		

Well I saw her rigidity. So rigid sometimes, it's been amusing. She had red shoes on and all I could see was the Wizard of Oz and like it's in Kingston and I kind of quipped up 'we're not in Kingston anymore' and clipped my heels *(laughing)*. I thought it was funny but in psychoanalysis the other person doesn't find this kind of thing funny.	Seeing her rigidity. Recalling her red shoes. Associating with the Wizard of Oz. Cracking a joke about the shoes. Discovering psychoanalysts don't joke.	Recognising rigidity by sight. Feeling uncomfortable with rigidity. Wanting to break the barriers. Trying to build rapport by using humour.
Okay, so you didn't get a positive response *(smiling, but sensing a slight hysteria at this point…)*		
No, that made me feel a little bit naughty. I noticed that over time, it's funny because I'm wearing a new jacket today, I probably smartened up a little bit. I make a bit more of an effort usually before, even if it's 7 o'clock in the morning.	Reacting to therapist's appearance. Finding I'm trying to smarten up.	Reacting to therapist's appearance. Wanting to make an effort.
So it's had an impact on you when you go and see her? *(I did wonder if today's interview with me might have influenced him too…?)*		
And it's made me think about how I present myself when I'm with somebody for the first time in a positive way though. How do I use that – I was in a meeting the other day, non-therapist meeting, and some one said 'yea, another therapist' and my first reaction 'but you haven't even washed your hair!', yea like, 'you look messy' and I have had that before in a… my undergraduate training on a workshop where suddenly I thought 'oh my god!' so first impression seems to count a lot.	Reflecting on how I present myself in a positive way. Finding I judge others based on appearance.	Showing an awareness of impact of first impressions. Judging others based on their appearance.
That initial impression…		
I thought, do you know what, this other person, if I have to sit next to him even though you smell a bit, if you can't look after yourself how are you going to look after other people. So the other extreme is the lady that I am working with now.	Questioning a person's ability to look after others if they are poorly presented.	Judging a person's ability based on their dress.
Your therapist…?		
Yea… and I've taken on an appreciation of how I much I read into…		
When you first met her do you think it impacted on the therapy significantly for you? Because I'm aware it's had an affect but I wonder what the significance is for you and what that means…		
Yea, she pulled a kind of… er… she really got me as a person and kind of what puts me together. So I got a feeling that seeing her, what some people might call a projection, for me it was very real, brought out some issues right from the word go - seeing her rigid, her clothes, how I perceived her… if I do it with her I probably do it with everybody… but I was just more aware of it this time because it was such a, it was 7 in the morning, such a stark contrast that it really woke me up. It didn't feel like 7 o'clock in the morning after I saw her, it was like… it really made an impact, I would say *(long pause)*, it took me back to times when people had been authoritarian	Noticing the way I behaved in response to my therapist's physical appearance. Being taken back in time. Recalling my negative actions. Reacting against somebody from the start.	Having a negative reaction because of my therapist's appearance. Acknowledging appearance can trigger buried emotions.

with me and I snapped into that kind of 'reacting against someone' right from the off.		
Okay, so you went back into that mode… reaction, resistance… I don't know what you would call it…		
All of those…		
Defence… right		
She ended up giving me, erm… suggested I read a paper at the end of the session – 'Can a liar be psychoanalysed' and I thought 'wow!'…		
'Can a liar be…', sorry, can you…		
'Can a liar be...' that was my reaction – a big deep 'wow'! because I just reacted to her… like she's some other person or this… reaction came out of like… 'I'm not going to! Whatever you say I'm going to do the opposite!' kind of thing. When I went home eventually to my partner, and she just said, 'oh she got you then'. *(laughing with disbelief)* I thought 'oh no, it's like… erm, the way she dressed would be so the opposite of my partner…	Reacting defensively.	Behaving in a childish way in response to my therapist's advice.
Right		
And it was quite a contrast, so for me it carried a wave of authority, being rigid, somebody doing well.	Experiencing her presence as a 'wave of authority, somebody succeeding'.	Complying with authority.
Were you able to talk to her about that?		
In the beginning 'no'… in time as the relationship became stronger, trusted more, we can laugh about it, like when she said 'oh that's my telephone voice' which told me she knew… that there is this kind of affect put on.	Unable to address this in the beginning. Building trust allowed it to be discussed in time.	Reacting negatively didn't rupture the relationship.
Okay… so it feels like she is very aware of her presence and what affect that can have?		
Yea and I would say it was a **double-edged presence**, 'cause I would say the way she was dressed for me made it very present and brought up issues of people who are perhaps successful, there's some envy, the rigidity… people… times in life when someone has been in a position of power. I went quite a bit into childhood - conflict back. It was almost like post-traumatic stress, it was bizarre… Just by the way I perceived her… that's why I kind of responded to your title, 'cause I read that and I thought, 'ah! People don't talk about this much' and I had this big reaction, erm, that surprised me.	Noting that appearance can have a strong unconscious effect – brings to the forefront another person's fears or desires linked to past events. Responding in a childlike manner. Seeing therapist in a position of power.	
So it's hugely influential and we're not always aware of it…		
It was for me. This time I'm at a place where in my sort of personal therapy journey training that I could use it. And kind of roll with it and be willing to explore it. I could look back now at other times when I was unable to do that and left…		

Previous therapy?		
Yes…		
So it feels like it had a really emotional impact for you.		
And a beneficial one, with hindsight. I mean I'm glad I stayed…	Finding a positive in the negative experience.	Finding a positive in the negative experience.
Yes, it's interesting that you stuck with this person even though you had quite a negative initial reaction.		
Well the times I said… I mentioned the way we dressed or difference, or what it meant to me, I didn't get a reaction so it wasn't positive or negative, so I was in a place where I could use that and explore myself and my reaction. Other times I haven't been able to do that, I could look back at therapy and think at times I just played games in personal therapy or I'd go to someone and its in their big house…		
Can you tell me a bit more about that…		
I could tell you two times, they are quite contrasting. So… one, this is probably the therapist I saw a couple of years before the lady that I am seeing now. Massive house, really lovely… husband was an architect it turned out, I'm not surprised. And she had a shed at the end of the garden all kitted out and it was like walking down the path in Hansel and Gretel or something *(both laughing)* and I got a sister… that's what it felt like *(both laughing)* and we go in and you know, its all… quite cosy… luxurious… and er…	Noting that a person's home and where they practice becomes an important aspect of their appearance – sets the scene and assumptions.	