

Reference:

- Hatfield, E. and Perlmutter, M. S. (1983) Social psychological issues in bias: Physical attractiveness. In J. Murray and P. R. Abrahamson. (Eds.) Bias in Psychotherapy. New York: Praeger, 53-83.

3 Social-Psychological Issues in Bias: Physical Attractiveness

ELAINE HATFIELD AND
MORTON S. PERLMUTTER

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The research reported in this chapter was funded, in part, by a National Institutes of Health Biomedical Grant to the University of Wisconsin. The authors would like to thank Carol T. Miller (1978) for her review of the physical-attractiveness research that has been conducted since Berscheid and Walster's review (1974). Miller's review alerted the authors to a number of studies they would have otherwise missed.

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A note: In late 1975, family therapist Morton Perlmutter interviewed 67 therapeutic nurses, social workers, psychologists, and psychiatrists in Madison and Milwaukee, Wisconsin, and the surrounding areas. At that time, he was interested in sexism in therapy and the differences, if any, in the way psychotherapists treated male versus female patients. Again and again, however, he found the conversations taking an unexpected turn. The therapists (mostly men) began by discussing how they treated men versus women, but they *ended up* talking about their encounters with beautiful women patients. In this chapter, Perlmutter's interviews with psychotherapists are used as a frame for the discussion of the biasing effects of beauty, both in psychotherapy and in day-to-day encounters.

The first section of this chapter asks, "What is beauty?" The second section asks what people *expect* beautiful people to be like. The third section asks to what extent perception is translated into action: Do the beautiful *really* have an advantage in life? The fourth section reviews the impact that such differential treatment has on the beautiful: What are they *really* like? Finally, the fifth section suggests some directions that future research on the biasing effect of beauty in psychotherapy might take.

WHO IS PHYSICALLY ATTRACTIVE?

Intellectually, from psychotherapists to the person in the street, people may all agree, glibly, that "beauty is in the eye of the beholder"; however, they don't really believe it. For example, Perlmutter assumed that psychotherapists would be sensitive to the fact that their perceptions of who was beautiful and who was not must be shaped by their own histories. Yet Perlmutter found that psychotherapists inevitably talked as if beauty was "out there"; they assumed that everyone would share their perceptions. In their research, Berscheid and Hatfield found that judges hired to rate the physical attractiveness of various stimuli had exactly the same response. They assumed that everyone *must* share their opinions. When they found others did not, they were incredulous. Even then, it did not occur to them that the differences were real. They'd say: "Look—look—at her eyes—her nose," or "Can't you *see*?" to them, beauty was very real.

The data suggest that the truth lies somewhere between—to some extent, people can agree as to what is beautiful. Yet, ultimately, beauty is always in the eye of the beholder. Researchers have found that there is reasonable consensus as to what is beautiful or homely, but only that. (Typically, in such studies, interrater reliabilities range from .70 to .95; see Cavior & Dokecki, Note 1; Darwin, 1872; Ford & Beach, 1951; Kopera, Maier, & Johnson, Note 2; and Murstein, 1972.)

Given the fact that there is only partial agreement as to what is beautiful

and what is not, the question becomes this: What do most people, most of the time, perceive to be beautiful?

Characteristics of Attractive Stimuli

The question of who is physically attractive, and why, is one that has fascinated novelists, poets, and street-corner pundits for centuries. Unfortunately, the popularity of the question is not reflected in the definitiveness of the available answers.

It has been said that "Except for some arbitrary beauty-contest conventions about 'ideal' female dimensions, we know *less* about attractive stimuli for people than we do about those for fish" (Hochberg, 1964). A few intrepid analysts (e.g., Bain, 1868) attempted to order the chaos and to advance theories of beauty in humans, but without conspicuous success. Darwin (1872) surveyed the beauty standards of various tribes throughout the world, and sadly concluded that there is no universal standard of beauty. Modern analysts agree (see Berscheid & Walster, 1974). Authors of serious treatises on beauty are inevitably reduced to gaping at the dazzling variety of characteristics that some people, somewhere, sometime have considered to be beautiful or sexually appealing. Let us review what little is known about the traits that are considered to be physically attractive.

Cross-Cultural Data

Ford and Beach (1951) examined more than 200 primitive societies. They were unable to find *any* universal standards of sexual attractiveness. They found enormous cultural differences as to the particular characteristics that are considered critically important. For some peoples, the shape and color of the eyes is important; for others, it is height and weight. In still others, what really matters is the size and shape of the sexual organs—the penis and the labia majora and minora. To complicate things still further, even if two societies do agree as to which bodily parts are important, they rarely agree as to what constitutes beauty in that feature. In some societies, like our own, a thin woman is assumed to be more attractive than a plump one; in most others, the reverse is true.

Western Society

Within a given society, however, there is a reasonable consensus as to what is beautiful or sexy. For example, Europeans and Americans show considerable agreement in their perception of beauty. For example, Iliffe (1960) conducted a study in Great Britain. A national daily newspaper asked

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readers to rank the "prettiness" of 12 photographs of women's faces. Iliffe found that the thousands of readers who responded—and readers were from markedly different social classes and regions and ranged in age from 8 to 80—had similar ideas as to what was beautiful. (Cross & Cross, 1971, and Kopera et al., Note 2, found similar results.)

What specific traits are beautiful or sexy? Americans agree as to what constitutes a good looking, on the whole. What happens when they focus preferences on specific aspects of beauty? What is a "good-looking" man or woman?

Terry and Davis (1976) asked college students how important a variety of various facial features were in determining attractiveness. Most people felt the most critical features were the mouth, eyes, structure of the face, hair, and nose (in that order). Similar results have been secured by Kleck, Richardson, and Donald (1974), McCullers and Staat (1974), and Terry (1977).

Wiggins, Wiggins, and Conger (1983) conducted the best systematic study of what men think is beautiful and sexy. The psychologists prepared 105 nude female silhouettes. One woman had a "golden mean" figure—she had average-sized breasts, buttocks, and legs. In the remaining silhouettes, the breasts, buttocks, and legs were systematically varied in size. For example, various silhouettes had large (+2), moderately large (+1) standard (0), moderately small (-1), or small (-2) breasts. The silhouettes' legs and buttocks were varied in the same way. College men were asked to look at the figures, one at a time, and indicate which they liked best. Most men judged the women with medium-sized breasts, buttocks, and legs to be far more attractive than they did those who possessed the extremely small or large ones. The most popular figure had medium legs, medium to slightly small buttocks, and slightly large breasts.

What do men want? What do they think is beautiful or sexy in men? Lavender (1976) constructed 19 different male figures, combining the same-size head with different-size arms, legs and torsos. He then paired the figures in all possible ways. He asked 75 women from the ages of 18 to 30 to rate each pair. (1) Most women preferred men with a medium to wide upper trunk, a medium to full lower trunk, and thin legs—a look that has been labeled the "Robert Redford" or "V4 look." The most disliked build was under a thin upper trunk and a thin lower trunk—the "L'Oréal What look, or shaped look."

One other characteristic that is critically important to men is height. Tallman (Note 3) contends that "American society is a society with a heightist premise: To be tall is to be good and to be short is to be stigmatized" (p. 1). Experimental evidence that he is right comes from Berkowitz, Nebel, and Reitman (1964), Dannenmaier and Thunin (1964), Kasparian (1963), Koulack and Tutbill (1972), Ward (1967), and P. R. Wilson (1968).

Can men and women even agree on anything? According to the folklore, men and women are supposed to have markedly different standards of beauty—and of everything else. For example, women are supposed to prefer deli-

cate, ladylike women, while men are supposed to prefer earthy, sexy ones. And, the folklore continues, women are supposed to be a pushover for pretty boys, while men value rugged good looks. The existing research indicates that this stereotype is not true. Men and women show surprising agreement as to what is good-looking and what is not (Berscheid, Dion, Walster, and Walster, 1971; Cavior & Debecki, Note 1; Kopera et al., Note 2; Marstein, 1972; and Walster, Aronson, Abrahams, & Rottman, 1966).

Luckily, for the vast majority of us, although there is substantial agreement as to what is beautiful or ugly, there is not *complete* agreement. The poetic hope that anyone will be found beautiful by someone also seems to be true. For example, Cross and Cross (1971) report,

The most popular face in the sample was chosen as best of this group of 6 by 207 judges but there was no face that was never chosen, and even the least popular face was picked as *best* of its group (of six portraits similar in age, sex, and race) by four subjects. (p. 438)

Conclusion. The data suggest that men and women show substantial agreement as to what is beautiful or ugly.

THE OPERATION OF BIAS: WHAT DO PEOPLE THINK BEAUTIFUL PEOPLE ARE LIKE?

Berscheid and Walster (1974) found that most of us possess very definite stereotypes as to what beautiful or ugly people are like.

What Is Beautiful Is Good; What Is Ugly Is Bad

According to folk psychology, people's appearance tells us a great deal about their personality and character. "What is beautiful is good" (Sapient, 1960); "They find it in my face, sign of an interior beauty, a spiritual and moral beauty" (Schiller, 1802). There is considerable evidence that most people assume that highly attractive individuals possess a wide variety of socially desired traits, while unattractive people possess an equal complement of unappealing traits. (Let us review a *springboard* of these studies. There are, it may be recalled, more than 200 such studies in the literature.)

The data suggest that prejudice begins early. Children have very different expectations as to how unattractive and attractive children they have not yet met will *probably* behave (see Dion, 1973; Styczynski & Langlois, 1977).

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What happens when children become acquainted? Several studies indicate that even when children know one another, they are biased in favor of the beautiful. Dion and Berscheid (Note 5) asked nursery-school children to look at photographs of their classmates and to tell them something about their classmates' social behaviors. They found that, as early as nursery school, children's perceptions were influenced by their peers' physical attractiveness. The children believed, for example, that unattractive boys were the most likely to engage in aggressive, antisocial behavior. They were accused of fighting with, hitting and yelling at their teachers, and saying angry things. When children were asked to nominate "someone who scares you," they generally chose their unattractive classmates (male and female). At the same time, however, when children were asked to nominate "someone who's afraid of lots of things," it was unattractive girls who were identified. The unattractive were thus seen as both frightening and frightened. Attractive boys and girls, in contrast, were perceived to be more independent than their unattractive peers—they were perceived as enjoying doing things alone, as not needing help from anyone, and as not afraid of anything. (Similar results were secured by Lerner & Lerner, 1977.)

How can we account for the children's biased perceptions of their attractive and unattractive peers? The preceding evaluations could have been due to either of two factors: (1) prejudice, and/or (2) the operation of self-fulfilling prophecies. It is possible that unattractive children are caught in a vicious cycle of stereotyped expectations and self-fulfilling prophecies. Other children expect them to be unpleasant and therefore remember behaviors that confirm their expectancies and ignore those that do not. In reacting to their status as social outcasts, unattractive children begin to behave in ways that confirm this stereotype. (See Adams, 1977; Berscheid & Walster, 1974; Stycinski & Langlois, 1977.)

By adulthood, bias based on beauty is firmly entrenched. Experiments make it clear that the beautiful and the ugly are perceived to be very different, even when observers know nothing about their behavior, or when the behavior of the beautiful and the ugly is identical. Let us consider some of this research.

Dion, Berscheid, and Walster (1972) asked men and women to examine a collection of photographs. They were asked to attempt to guess what the people in the photographs, who differed markedly in appearance, were like. (Raters were told that their inferences would be scored for accuracy.) Dion et al. found that men and women assumed that attractive people possess almost every socially desirable personality trait possible. For example, physically attractive people were assumed to be more sexually warm and responsive, sensitive, kind, loving, outgoing, polished, modest, sociable, and outgoing than persons of lesser physical attractiveness were assumed to be. Attractive people were also assumed to be more "exciting dates," to be more "nurturant" individuals, and to have "better characters" than others.

The raters were asked not only to estimate the current personality characteristics of people simply from their appearance, but to guess what fate held in store for them. They predicted that physically attractive individuals would have happier marriages and more prestigious occupations than would the less attractive. All in all, attractive people were expected to lead far more fulfilling lives than the unattractive were. (Similar results were secured by Smits & Cherhoniak, 1976.)

In general, then, it appears that most people assume that what is beautiful is good; what is ugly is bad. Scientists have explored people's stereotypes about the beautiful and the ugly in more detail.

Beauty Is Sanity

There is considerable evidence that the beautiful are assumed to be more mentally healthy than are the ugly. Cash, Kehr, Polyson, and Freeman (1977) asked college students to listen to a male psychologist interview a "well-adjusted" or a "poorly adjusted" college woman. They were led to believe that the woman was attractive or unattractive, or they were given no idea as to what she looked like. The students' ratings of the woman's mental health, degree of disturbance, and prognosis for future happiness showed the following: When the woman described herself as maladjusted, students rated the physically attractive woman more favorably on all dimensions than they rated the unseen woman or the unattractive interviewee. When the woman described herself as well-adjusted, the students rated the attractive woman or the unseen woman more positively than they rated the unattractive woman.

Psychotherapists' perceptions of clients. Are psychotherapists less swayed by physical appearance than is the person on the street? The data suggest, "Probably not."

There is some evidence that men's judgments of whether or not a woman has "something to live for" may depend on her beauty. Pavlos and Newcomb (1974) asked men to read background information about an attractive or unattractive woman who learned that she had treatable or incurable cancer. Shortly thereafter, she tried to kill herself. Was she justified? The attractive woman was perceived as more unjustified in attempting suicide, especially when her cancer was treatable. In contrast, unattractive women were perceived as more justified in their desperate act. (Startlingly, the men's feelings about whether or not the unattractive woman was justified in attempting to commit suicide was not influenced by the prognosis of the disease. Apparently, the men assumed that unattractive women have little to live for, with or without cancer.)

Muirhead (Note 8) conducted an experiment to determine whether clinicians shared society's bias against the homely. Muirhead interviewed two types of therapists: (1) Freudians—those who described themselves as disciples of Freud or one of Freud's followers (Adler, Sullivan, or Rogers); (2)

"eclectic" therapists—those who described themselves as "without any particular philosophy of therapy." Half of the therapists were men, half were women. The therapists had various levels of academic attainment and a variety of experience (most had maintained personal caseloads for a year or more).

Muirhead asked the therapists to examine a patient's background information. (This background information included a picture of an attractive or unattractive male or female client.) The biographical sketch described the client as an academically talented college junior, from an intact, five-member middle-class family, with no known history of mental illness.

Then the therapists listened to a tape of a therapy session. Interwoven in the dialogue were a number of symptom statements taken from the Minnesota Multiphasic Personality Inventory (MMPI), such as: "I don't like someone watching me when I work," and so on. The therapists were asked to (1) diagnose the client's problem, and (2) make treatment recommendations.

The study found, unexpectedly, that therapists' philosophical orientation had a substantial impact on their evaluations. Regardless of their theoretical orientation, therapists rated attractive versus unattractive men about the same. However, Freudian therapists rated attractive women as better adjusted than unattractive clients. Freudians judged attractive women more favorably on a number of dimensions: need for support, sexual adjustment, intellectual functioning, verbal fluency, how relaxed versus nervous they felt, and how self-revealing versus defensive they were. In contrast, eclectic therapists did not rate attractive and unattractive women any differently.

This study is consistent with several others that have found that attractive clients receive more favorable clinical ratings than unattractive clients do (Barocas & Black, 1974; Barocas & Vance, 1974; Katz & Zimbardo, 1977). The study suggests that therapists are no more immune to the halo effect cast by physical beauty than are lay persons.

Clients' perceptions of psychotherapists. Of course, bias is a two-way street. If counselors are biased, so are patients. There is some evidence that clinicians' physical attractiveness influences their clients' expectations. Cash, Begley, McCown, and Weise (1975) found that men and women expected an attractive psychologist to be more helpful than they did an unattractive psychologist in dealing with general anxiety, inferiority feelings, parent problems, dating problems, and drug addiction.

Beauty Is Character

Judgments about potential wrongdoers. If people do assume that "beauty is good," they might be expected to give the physically attractive the benefit of the doubt when it seems possible that they might be guilty of wrongdoing. Even when the attractive are clearly guilty, people may be inclined to find excuses for their actions. As a result, the physically attractive may be

punished less severely than unattractive people may be. There is *some* evidence that these hypotheses are correct.

Dion and Berscheid (Note 5) studied women's reactions to the transgression of beautiful or ugly children. Women were asked to review some teachers' reports. These reports contained each child's name, age, and photograph (attractive or unattractive), and some rudimentary background information. In each report, the teacher described a mild or severe transgression that the 7-year-old had committed.

The women were asked how they thought the child usually behaved on a typical day. (These free descriptions were categorized by judges as being predominantly "prosocial," "mixed," or "antisocial.") Dion found that the attractive child does seem to have a big advantage. When the child's transgression was very mild in nature, there were no differences in how the act was perceived. When the transgression was severe, the women attributed significantly more antisocial behavioral dispositions to unattractive boys and girls than to attractive children. For example, when the severe transgression was attributed to an attractive child, one of the women said,

She appears to be a perfectly charming little girl, well-mannered, basically unselfish. It seems that she can adapt well among children her age and make a good impression . . . she plays well with everyone, but like anyone else, a bad day can occur. Her cruelty . . . need not be taken too seriously.

When the same act was committed by a physically unattractive child, another woman inferred,

I think the child would be quite bratty and would be a problem to teachers . . . she would probably try to pick a fight with other children her own age . . . she would be a brat at home . . . all in all, she would be a real problem.

When asked to estimate how likely it was that a child would commit a similar transgression in the future, the attractive and unattractive children were both given the benefit of the doubt, when transgression had been *slight*. When the transgression had been *severe*, however, the women judged the attractive children's characters to be more positive than the unattractive children's.

The authors found no support for the speculation that women would feel that the unattractive child should be punished more severely than the attractive one. Regardless of the crime, the women generally thought the transgression should be discussed with the child; physical punishment, withdrawal of love, and other alternatives were eminently unpopular. Nevertheless, one wonders whether a child who is perceived to be a chronic troublemaker, and likely to commit the same transgression in the future, would not be "reasoned with" more swiftly than would the attractive child, and if perhaps the discussion would not proceed along somewhat different lines.

Other researchers have explored the importance of physical attractiveness in influencing people's perceptions of adults' characters. Some studies have found that the beautiful have a distinct advantage in simulated jury settings (see Efran, 1974; Leventhal & Krate, 1977). Others have found that they do not, or that "it depends" (Jacobson & Berger, 1974; Piehl, 1977; Sigall & Ostrove, 1975; D. W. Wilson & Donnerstein, 1977).

Judgments about victims. What about victims? Do the beautiful receive more compassion than the ugly? Perhaps. Seligman, Brickman, and Koulack (1977) and Thornton (1977) asked students for their opinions about a rape case involving an attractive or an unattractive woman. Seligman et al. found that students made quite different attributions as to why each of the women was raped. If the woman was beautiful, that seemed to "explain" the rape. If the woman was not, the students felt she must have done *something* to provoke her attack. Regardless of *what* the woman looked like, and regardless of *why* students thought the attack had occurred, they were equally convinced of the defendant's guilt, however. Thornton found that students recommended a longer sentence for a man who raped an attractive woman than for one who attacked an unattractive woman.

What can we conclude from the preceding evidence? Sometimes, the physical attractiveness of the accused or the victim is important; when it is, the beautiful person almost always has the advantage. Often, however, justice does appear to be "blind."

Beauty Is Competence

There is considerable evidence that physical attractiveness affects parents', teachers', employers', and peers' perception of how competent others are. Let us review a sprinkling of this evidence.

Clifford and Walster (1973) asked 400 fifth-grade teachers to examine students' academic files and to give their professional evaluations of the students' intellectual ability. The files contained a good deal of information about the students. The students' pictures were pasted in one corner of the report. The report cards reported the students' absences during the school year; grades in the content areas of reading, language, arithmetic, social studies, science, art, music, and physical education; and grades in the three personal traits areas of "healthful living," "personal development," and "work habits and attitudes." The teachers were asked to estimate the children's parents' attitudes toward school, the children's IQs, and their probable future educational accomplishments. As predicted, the children's physical attractiveness had a strong impact on the teacher's expectations of their intellectual potential.

In another study, Ross and Salvia (1975) asked teachers to evaluate attractive or unattractive children who were *identical* in maturity, intelligence, and behavior problems. Once again, teachers showed a strong bias: They assumed

that the unattractive children's IQs were really lower than the scores indicated, and they were more likely to recommend that an unattractive child be placed in a class for the mentally retarded. They also predicted that the unattractive children would have more serious social difficulties.

A variety of other studies have indicated that teachers *expect* beauty and brains to go together, and they grade accordingly. For example, beauty is related to teacher expectations of academic ability (Clifford, 1975; Lerner & Lerner, 1977) and to actual report-card grades (Clifford, 1975; Lerner & Lerner, 1977; Salvia, Algozzine, & Sheare, 1977). These biases are especially ominous in light of the fact that physical attractiveness is *not* related to students' scores on *objective* tests (Clifford, 1975).

The attractive and the unattractive are likely to confront such biases through life. For example, college students rate essays (Landy & Sigall, 1974) and paintings (Murphy & Hellkamp, 1976) more positively when they are attributed to attractive individuals than to unattractive ones. Similarly, personnel managers (Cash et al., 1977; Dipboye, Arvey, & Terpstra, 1977) evaluate attractive job applicants more favorably than they do equally qualified but unattractive candidates.

Sex × Beauty Interactions

Do people see handsome *men* and beautiful *women* any differently? There is some evidence that they do. Berscheid and Walster (1974) observed that gender may be important in determining people's reactions to beauty, for two different reasons: (1) It may be more *important* to be a beautiful woman than to be a handsome man or (2) the *content* of the physical-attractiveness stereotype may differ for men and women.

There is evidence in support of both contentions. (1) Several researchers have found that physical attractiveness is a more important determinant of how women are evaluated than of how men are evaluated (see Bar-Tal & Saxe, 1976a, 1976b). (2) People do seem to have gender-specific stereotypes. They expect physically attractive women to be more feminine, and to conform more to feminine sex-role stereotypes, than would their unattractive peers (see Hill & Lando, 1976). They expect attractive men to be more masculine and to conform more to masculine sex-role stereotypes (see Cash et al., 1977).

Conclusion

People can hardly avoid judging others by their physical appearance—physical attractiveness (or its lack) is immediately apparent in every social encounter. People might know full well that a host of other things—

IQ, personality, character, socioeconomic status, or genetic background—are more “important” than mere beauty, but they have no way to assess another’s standing in these areas. People do not wear their IQs tattooed on their foreheads; people’s financial status is a private matter among themselves, their bankers, and the Internal Revenue Service; most persons would not know how to interpret people’s genes, even after examining a photomicrographic print of them. Small wonder, then, that most people search for a link between appearance and the more elusive realities. In this section we have seen that most people are biased in favor of the beautiful and against the homely. They simply assume that beauty is good—that beauty is sanity, character, and competence—even in the face of evidence to the contrary.

THE OPERATION OF BIAS: DO PEOPLE TREAT THE BEAUTIFUL AND THE NONBEAUTIFUL DIFFERENTLY?

A given *individual* may or may not share others’ stereotypes about what the beautiful are like. For most people, beauty and goodness are virtually synonymous. For Jack the Ripper, “sexiness” was evil. If people think differently about the beautiful and the ugly and *feel* differently about them, their biases *must* inevitably be reflected in their actions. Not surprisingly, there is some evidence that they are: Most people, most of the time, treat the beautiful more compassionately than they treat the ugly. Let us consider some examples of this research.

Behavior in Intimate Settings

According to Perlmutter and Hatfield (1980), people communicate their feelings about their relationships with others via a panoply of “metamessages.” It is by paralinguistic and kinesic signals—which include changes of facial expression, hesitations, shifts in tempo of speech or movement, overtones of the voice, irregularities of respiration, and so forth—that people signal the limits of their relationships. The evidence indicates that people send very different metamessages, as well as different objective messages, to the attractive and the ugly.

Barocas and Karoly (1972) asked college men to listen to a tape of a woman describing her college experiences. The “speaker’s” picture was either attractive or unattractive. The men were told to press a button each time they felt like signaling their responsiveness to the woman, trying to increase their rap-

port with her, or approving of what she was saying. As expected, men were more responsive when they thought the speaker was attractive than when she was not.

Snyder, Tanke, and Berscheid (1977), too, found that observers treat physically attractive and unattractive women very differently. The authors showed men a picture of an attractive or an unattractive woman and asked them (1) to give their first impression of her; (2) to have a brief conversation with her; (3) finally, to rate her again, now that they were better acquainted. (In fact, the woman in each case was simply a randomly selected college student who had agreed to participate in the experiment.)

What were men's first impressions of the "beautiful" or the "unattractive" woman? As one might expect, they *expected* the attractive woman to be more poised, sociable, warm, and outgoing than they did the unattractive one.

Then they actually had a chance to talk with this woman, who they *believed* was unusually attractive or unattractive. How did these conversations go? In order to find out, the experimenters separately recorded the men's and women's portions of the conversation and, later, asked raters to give their impressions of them. How "sociable" were the men and women? How sexy were they? And so on.

According to the raters, when men thought they were conversing with an attractive woman, they used their voices with unusual effectiveness. They were unusually sociable, sexually warm, interesting, independent, sexually permissive, bold, outgoing, humorous, obvious, and socially adept. The raters also judged men to be more comfortable, more attracted to their partners, and more attractive to their partners when they thought she was attractive than when they thought she was not. Somehow, men conveyed a very different metamessage to an "attractive" partner than to an "unappealing" one.

What about women? Do they respond differently to attractive men than to unattractive ones? Of course. For example, Brundage, Derlega, and Cash (1977) found that women were willing to reveal far more about themselves to attractive men than to unattractive ones.

Of course, it is not only in our intimate relations that beauty counts; it is critically important in our day-to-day encounters as well.

Helping Behavior

In old fairy tales, the "damsel in distress" was inevitably beautiful. It's lucky for her that she was. A number of experiments document that beautiful damsels—and ruggedly handsome knights—are more likely to get help when they need it than are their less appealing peers.

In one study, Benson, Karabenick, and Lerner (1976) "misplaced" com-

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placed graduate-school applications in stamped envelopes in airport phone booths. Attached to the applications was a picture of an attractive or unattractive man or woman. The Good Samaritans who found the envelope were more likely to mail the envelope if the candidate was attractive than if he or she was not. When the applicant was attractive, 47% of the envelopes were mailed. When the applicant was not, only 35% were returned.

In a variety of other settings, researchers have documented that (regardless of race, gender, or age) people are far more eager to help physically attractive people than they are to help their unattractive counterparts. (See Anderson & Greene, 1970; Sroufe, Clarkin, Cook, & Freeman, 1977; West & Brown, 1975.)

Help-Seeking Behavior

What about the opposite side of the coin? When people in general need help, who are they most likely to ask for aid—a beautiful person or an unattractive one? Stokes and Bickman (1974) argued that men and women should be naturally hesitant to ask attractive people for aid. It is hard to ask anyone for help; it threatens one's self-esteem and public image. If others are attractive, and help seekers value their esteem, it should be almost impossible to ask them for aid. The authors found support for their notion: People were less willing to ask attractive people than to ask unattractive people for aid.

Summary

It comes as no surprise to discover that most people react very differently to the beautiful and to the homely. It appears that because most people believe that "beautiful is good," they make it "good to be beautiful."

THE OPERATION OF BIAS: WHAT DO WE PHYSICALLY ATTRACTIVE PEOPLE REALLY LIKE?

In the preceding section, we reviewed evidence that people perceive attractive and unattractive people very differently and treat them very differently. In these studies, social psychologists carefully arranged things so that the beautiful and the homely would be identical in all other traits. But, in nature, all things are rarely equal. What are the beautiful really like?

The Origin of Possible Differences: Genetics or a Self-Fulfilling Prophecy?

Recently, researchers have begun to collect information as to what attractive and unattractive people are *really* like. The evidence confirms what many have suspected all along: Attractive and unattractive people are different in a variety of ways.

Of course, these differences may be caused by two very different factors:

1. *Nature*. There may be a genetic link between attractiveness and a host of other variables.
2. *Nurture*. Or, as seems more likely, the existence of preconceived notions about what physically attractive and unattractive individuals are probably like sets the stage for people to assess the beautiful and the ugly's behavior in biased ways and to treat them in very different ways. Naturally, the beautiful and the nonbeautiful are molded by these experiences. In the end, they become what everyone "knew" they were from the start.

Regardless of why the beautiful and the homely are different, there is evidence that people's stereotypes about beauty do have a kernel of truth. There is considerable evidence that—even by nursery-school age—the beautiful and the ugly are very different indeed.

Self-Concept

Only a few researchers have tried to determine whether or not self-esteem and physical attractiveness are related. Adams (1977) found that physically attractive men and women do have unusually high self-esteem. There is also some evidence that attractive men and women are unusually self-accepting. Glasgow and Arkowitz (1975) found that after a brief encounter with another person, physically attractive people perceived themselves as more socially skillful than did their unattractive peers.

Personality

Do physically attractive people have "better" personalities than those of their unattractive peers? We really do not know. Only a few researchers have studied the beautiful's personality profiles. A few scattered studies indicate that the physically attractive may be more internal in their locus of control (Cash et al., 1979), more assertive (Jackson & Huston, 1975), and more independent, ambitious and sociable (Krebs & Adinolfi, 1975) than unattractive people.

The data on attractiveness-personality links are, however, surprisingly sparse. As Miller (1978) has observed, "disinterest in personality differences between attractive and unattractive people has continued unabated to the present" (p. 83).

Popularity

Dion and Berscheid (Note 5) found some evidence that, as early as nursery school, physical attractiveness and popularity are related. They found that at all ages attractive nursery-school boys were more popular than their less attractive peers. For nursery-school girls, however, the relationship between beauty and popularity was more complex. At very young ages, unattractive girls were the most popular. As the girls got older, however, the attractive girls became more and more popular, while the unattractive girls' popularity declined.

By adulthood, there is no doubt that beautiful men and women are more popular than their peers are. In a series of studies, social psychologists randomly assigned college students to dates. Again and again, researchers found that the more physically attractive the dates were, the more they were liked. Physical attractiveness has proved to be more important than intelligence, shared opinions, income, and other factors in determining who likes whom (see Berscheid et al., 1971; Curran & Lippold, 1975; Huston, 1973; Mathes, 1975; and Walster et al., 1966).

There is also compelling evidence that our liking for same-sex peers is similarly influenced by physical attractiveness (see Krebs & Adinolfi, 1975).

Sociability

In the third section of this chapter, we have established that people expect attractive people to be unusually sociable, outgoing, and warm (see, e.g., Tiel, 1975; Dion et al., 1973; Snyder et al., 1977). Research indicates that these perceptions may be correct. A number of researchers have found that the beautiful are more sociable and more socially skilled than are their unattractive peers. In one study, Goldman and Lewis (1977) asked college students to have a conversation with an *unseen* member of the opposite sex. Students whose *unseen* partners were in fact physically attractive rated their partner as more desirable, likable, and socially skilled than did men who spoke with *unseen* partners who happened in fact to be very unattractive.

In a study of men and women's conversations, Snyder et al. (1977) provided some information as to the process by which a "self-fulfilling prophecy"—in which the beautiful become charming and the homely become awkward and shy—might develop. As reported earlier in this chapter, Snyder et al.

found that men talked quite differently when they *believed* their telephone partners were attractive than when they believed they were not. Men presented themselves far more positively when they believed they were speaking to attractive women than when they did not. How did their randomly assigned partners (who, of course, did not differ in beauty on the average) respond to this differential treatment? According to the naive observers, the supposedly "attractive" partners responded by becoming unusually confident, animated, and positive. The women who were treated as if they were unattractive did just the reverse.

This experiment demonstrates rather clearly how our stereotyped expectations can bias and subtly shape our behavior—and, in reaction, our partner's. The authors pointed out that participants in *their* experiment conversed for only 10 minutes. The cumulative effects of a lifetime of such differential treatment should prove powerful indeed.

Happiness

From our discussion thus far, it seems evident that physically attractive men and women *should* feel happier and more fulfilled than do their less fortunate peers. In terms of acceptance by peers and by adults, in terms of opportunities to select a compatible mate, and in terms of the increased educational and employment opportunities, it is clear that attractive people *ought* to be happier than the unattractive.

But the bluebird of happiness is an elusive fowl, whose habits have not been fully identified. Often, people's personal feelings of satisfaction with their lot do not show a one-to-one correspondence with the "objective" goodness of that lot. Happiness may follow "adaptation" rules (cf. Crespi, 1942; Helson, 1964). For example, Thibaut and Kelley (1965) pointed out that individuals' happiness in any given relationship is a function of the outcomes they receive in that relationship, compared to all the outcomes they have known in other relationships.

Brickman and Campbell (1971) argue, then, that we all may be on a sort of "hedonic treadmill." The more we get, the more we expect, and the more we expect, the less happy we are with what we have. The best and the worst one can do, however, they argue, is not to get any farther and unhappier about half the time each. Thus, it is not a foregone conclusion that attractive people should be happier than the unattractive.

There is almost no evidence available concerning the possible relationship between physical attractiveness and happiness. The data that do exist suggest that beautiful people probably are happier than unattractive ones, but the data are far from clear (see Bernsheid, Walster, & Bohrnstedt, 1973; Cash & Burns, 1977; and Dion et al., 1972).

Mental illness

A number of researchers have attempted to determine whether or not physical attractiveness or ugliness is related to mental and emotional health.

In a classic study, Farina, Fischer, Sherman, Smith, Groh, and Mermin (1977) observed that in our society, "beautiful people are greatly valued and well-treated while those who are unattractive receive a most regrettable reception." Farina et al. reviewed the remarkable number of ways in which the beautiful are advantaged and the unattractive are disadvantaged, and concluded:

Evidently, the environment is quite a different place for physically attractive people than it is for those who are homely. The former have a nicer, more forgiving, supportive, and pliable social world and it should be easier to adapt to it than to the conditions faced by the latter group. Hence the long-term adjustment of unattractive people ought to be relatively poor, and more of them should be mentally ill than good-looking persons. (p. 510)

The authors found that this was so. They asked raters to evaluate the physical attractiveness—both from photographs and from face-to-face interviews—of psychiatric patients and normal women in the community. They found considerable evidence that beauty is related to social adjustment and mental health:

1. Psychiatric patients *were* less attractive than normal women.
2. When psychiatric patients were asked about their early lives, it appeared that physical attractiveness and mental illness *were* linked early on. The better-looking a patient was, the better adjusted she felt she was as a child.
3. Physical attractiveness also seemed to be linked to *current* adjustment. The more attractive the patient was, the better she reported her current adjustment to be. There was a tendency for aides to agree. So did the psychotherapist. The more attractive the patient was, the *less* likely she was to receive a diagnosis indicative of severe maladjustment (schizophrenia).

What about more "objective indicators" of adjustment? Those also seem to suggest that the more attractive the patient was, the "less maladjusted" she was. Women's interpersonal adjustment was assessed via the Minimal Social Behavior Scale (MSBS). (The MSBS was administered in the guise of an interview. It measures such things as "Do women sit in a chair when asked to?" "Do they respond to questions?") Attractive patients received unusually high scores on this scale.

Finally, the more attractive the patient, the shorter a time she estimated she would have to remain in the hospital; the shorter her current stay in the hospital had been already; and the shorter the length of time she had been in a mental hospital in her lifetime.

Of course, in Farina et al.'s study, it was not possible to tell for sure which came first: Did unattractiveness generate mental illness, or are the mentally ill simply unable to maintain their appearance?

Since then, other researchers, assessing beauty earlier in patients' lives (i.e., from childhood snapshots, yearbook photos, etc.), have attempted to disentangle this riddle (see Napoleon, Chassin, & Young, Note 7). Their results suggest that probably both factors were operating in Farina et al.'s study.

Cavior (1970) has argued that there are implications for psychotherapy research and practice in these results.

Psychotherapists might do well to consider plastic surgery (reconstructive and cosmetic) as an alternative or adjunct to psychotherapy. Anecdotal reports by plastic surgeons and interdisciplinary research by psychologists, sociologists, and plastic surgeons (e.g., Kurtzberg, Safar, & Cavior, 1968) have suggested that plastic surgery can result in marked changes in self-concept, behavior, and the responses of others. For example, if an unattractive girl requests psychotherapy because she feels lonely and rejected and cannot find a husband, it might be more advantageous in terms of time and expense to consider plastic surgery. Rather than have the girl spend months or years in expensive therapy trying to discover her intrapsychic difficulties, it might be better to help her integrate and adjust to the changes which might result from plastic surgery. (p. 97)

Cavior goes on to note that some progressive mental hospitals have recently employed professional cosmetologists to help patients become more attractive.

Kurtzberg et al. (1968) have provided some evidence that Cavior's arguments may be correct. They proposed that if prison inmates' physical disfigurements were surgically corrected in prison, inmates should develop better self-concepts and better social relations. After release, the inmates should show improved psychological adjustment, less prison recidivism, and have more job success.

To test their hypotheses, Kurtzberg et al. assigned disfigured inmates of the New York City jail system to one of four experimental groups: surgery alone; surgery and social and vocational services; social and vocational services without surgery; and a no-treatment control group. (These prisoners' disfigurements ranged from knife and burn scars to lopped ears, needle tracks from drug usage, and tattoos.)

Data from follow-up on all inmates, conducted 1 year following surgery or release from prison, revealed that the recidivism rate of nonaddicts receiving surgery was significantly less (36% less) than that of disfigured nonad-

dicts and control subjects. Nonaddict subjects receiving only social and vocational services, but not surgery, had a recidivism rate 33% *higher* than that of control subjects. This group also appeared to show poorer social relations and a tendency to become further alienated from society during the 1-year follow-up period.

They report that with regard to specific disfigurements, "plastic surgery appeared to help those with facial disfigurements to a greater extent than those with disfigurements on their bodies" (p. 650). Kurtzberg et al. concluded that although the cost of plastic surgery in the rehabilitation of adult offenders is relatively high, it "can be considered negligible if the offender is helped to remain out of prison for even 1 year" (p. 649).

SUGGESTIONS FOR FUTURE RESEARCH

Is beauty an advantage or a disadvantage? Earlier, we observed that in any *individual* case, beauty may be either an asset or a liability. There will always be some people (say, a movie star's brutalized child) who equate beauty with insensitivity and cruelty, and who react to the beautiful with anger and resentment. In earlier sections of this chapter, however, we have established that most people, in most settings, most of the time, are biased in favor of the beautiful: In general, it is a distinct advantage to be beautiful. But what about therapy? Is beauty an asset *there*? That is not at all clear.

Perlmutter's interviews (in press) with psychotherapists provide some suggestions as to how beauty might affect therapists' initial impression of patients, their eventual diagnosis, and the course and eventual outcome of psychotherapy.

In his interviews, Perlmutter found that psychotherapists were acutely aware that, when they were dealing with beautiful clients,¹ they had mixed motives. For many therapists, the therapist-beautiful woman interaction became the focus of their struggle with self-definition. On the one hand, therapists were concerned about professional and ethical standards. They tried to be objective. On the other hand, consciously or unconsciously, they were attracted to the beautiful patients, and they hoped their patients were attracted to them.

Perlmutter observes that, in systems terms (see Bateson, 1972; Watzlawick & Weakland, 1977), therapists and patients are bound by the rules constructed from their individual, and jointly negotiated, metastructures. The jointly negotiated metastructure contains aspects of their individual socialization (which includes a sense of the ethical, commitment to mates, fairness, acquisitiveness, shame, and guilt). It is this metastructure that guides the negotiations in the early therapeutic interactions and allows each therapist and patient as a system, to develop (implicit) rules for how they will conduct them-

selves in the context of their highly sexually charged relationship. Psychoanalysts label this as *transference* and *countertransference*. It is the ideational and affectional state that therapist and client possess as a frame of reference in regarding the other. Since the beautiful client is "different" from other patients, there is no way that therapists can fail to recognize this difference and react to it. (To perceive a difference and not to acknowledge it is rarely possible between two relatively cognitively and emotionally functional humans.) How, then, do therapists differ in the ways they perceive and treat beautiful and homely people? How do the beautiful and the homely react to such treatment? Perlmutter argues that psychotherapists' biases affect their initial impressions of patients, their eventual diagnoses, their interactions, and the outcome of therapy.²

Therapists' Sensitivity to Issues of Beauty

The psychotherapists were well aware that the patients' beauty or ugliness was a critical issue for them. They joked a great deal about the problem. However, they focused almost entirely on the problems of dealing with women who were *beautiful and sexy*. Only rarely did they mention the difficulty of dealing with patients who were unattractive. (There were only two references to this problem in Perlmutter's tapescripts. One therapist decried a patient as "a dog." Another said, "I've had some real pigs.")

Therapists' case records substantiated their concern with their patients' appearance. For example, several therapists had clients who were beautiful *and* possessed other socially desirable characteristics (e.g., they were graphic artists, were gymnasts, had Ph.D.s, played with the Milwaukee Philharmonic). The therapists' reports often noted beauty-related issues; however, they rarely contained any reference to such women's artistic or professional lives.

Diagnosis and Course of Therapy

Perlmutter concluded that therapists are biased in their diagnoses of the beautiful and the ugly's problems.

1. When dealing with most patients, therapists were fairly certain as to what their goals were. When dealing with beautiful women, however, therapists were far more uncertain about their goals. Sometimes they would start out with clear-cut objectives, but as therapy progressed, they continually revised them. Frequently their diagnoses were complex and mixed. (Does this reflect the therapists' ambivalences?)

2. Therapists tended to settle upon *intrapsychic* interpretations of beautiful women's personal, marital, or familial problems. Since the women were

defined as the real patients, it was "unnecessary" or "useless" to deal with the husbands. (Sometimes husbands were described as "less amenable" to therapy than their wives or "intractable.") An example: One psychiatrist reported his experiences with a 43-year-old university graduate. She was "very beautiful . . . very sexy." She complained that her husband abused her physically. On the basis of the intake interview, the psychiatrist concluded that the problem was hers—she was "probably invitational" and had "managed to seduce her husband into beating her." He concluded that the husband was probably *not* an abusive husband, and, thus, it was not necessary to see *him*.

3. When the patient was beautiful, most therapists chose to engage in verbal therapies—even when the therapist *usually* relied heavily on the behavioral/learning approaches. (According to Schofield, 1964, attractive men and women are more likely to obtain individual psychotherapy than are unattractive clients.)

Length of Therapy

Perlmutter found that therapists' initial *expectations* as to how long therapy would probably last differed markedly from reality. If the patient was beautiful, the male therapists reported that they had initially expected therapy to take an unusually long time. (Did therapists hope that they would have to spend a great deal of time with the women? Perhaps. One therapist, treating a beautiful woman, reported that he was tempted to "keep her in therapy as long as [he] possibly could.")

What *actually* happened, however, was a little more complicated than this.

1. Traditionally, in therapy, both the beginning and the end of sessions are social times. Often therapist and patient engage in small talk before getting down to business or terminating the interview. Many therapists reported that when their patients were beautiful women, they had a tendency to prolong the social time at both the outset and the terminus of each session.

2. In addition, therapists observed that when the patient was beautiful, *each individual session* tended to last somewhat longer than usual. (Are therapists especially reluctant to terminate the therapeutic hour?) Barocas and Black (1974) and Katz and Zimbardo (1977) provide some support for Perlmutter's observation. They found that attractive psychiatric patients received qualitatively better and quantitatively more treatment than did their unattractive counterparts.

3. In the end, however, therapists found that beautiful women actually ended up spending *less total time* in therapy than other women. Farina et al. (1977) reported similar results. (Do therapists do a better job? Or do they find, in the end, that it makes them *nervous* to confront so much tempting beauty day after day?)

Therapist-Patient Interactions

Therapists' Self-Presentations

Many therapists were aware that beauty served as a nexus, about which a male-female sexual power struggle ensued. Therapists wished to help their clients, to rescue them. At the same time, much of male role socialization attaches to acquisitiveness; they longed to possess the beautiful patient. The paradox, possession without possession, frequently continued throughout the duration of therapy.

Therapists were often aware that they became very concerned about their image when dealing with beautiful patients. They wanted to seem charming, masculine, desirable. They had a hidden (or not so hidden) desire to become more intimate with their patients. Therapists observed that they found themselves trying to "seduce" their patients in a variety of ways.

Many therapists found themselves acting in an unusually "macho" way with their striking patients. For example, some therapists who regularly served tea or coffee to their patients found themselves gruffly barking out, "Get it yourself," when an attractive woman was the patient. Another therapist caught himself acting "puffed up" in front of his good-looking patients. For example, he would pompously give orders to his secretary in such a patient's presence.

Other therapists noticed that they had a tendency to be more fatherly or more charming than usual when the patient was a beautiful woman. For example, some therapists admitted that they tended to be better dressed on the days that a beautiful woman was due. Some tried to behave more suavely—for example, offering tea or coffee (and serving it) to beautiful women, while expecting their other patients to serve themselves. Many therapists reported that they tended to be more humorous and light when dealing with beautiful women.

Finally, some therapists reported that when their patients were beautiful women, they had a tendency to try to act not just as therapists, but as physicians and lawyers, too. For example, one therapist found himself giving his patient quasi-legal advice, even though he was not qualified (by his own admission) to do so.

An example: A strikingly beautiful woman, who was suffering from a mild agitated depression, came in. Although she couldn't quite put her finger on *how* she knew, she knew that her husband was having an affair. Her husband insisted that there was no truth to her accusations.

What the client secretly hoped for was that the therapist would recognize how upset, frightened, and enraged she was at her husband's infidelity; that he would lure her husband in; and that he would force a reconciliation. She wanted to *threaten* her husband with a divorce, but that was really all. The therapist empathized with her greatly; he became very angry at her husband.

He began to play the "macho" adviser, urging her to file for divorce and instructing her on exactly what kind of divorce to file, how to go about it, and so on. Of course, this advice made her panic. She did not want a divorce. She simply wanted some way to bludgeon her husband into loving her more. The therapist's "advice" precipitated full-fledged terror. He was a poor therapist.

Perlmutter speculates that all of these reactions really represent the same process: Therapists are trying to play out stereotyped sex roles—the cowboy or the playboy—rather than responding professionally or honestly. Perlmutter's observations are in accord with the research reported earlier, which has found that men and women try to appear at their best—and "at their best" generally means conforming to traditional sex roles—when confronting beautiful people (see Shaw & Wagner, 1975).

Seating

Many therapists reported that seating was a problem with *any* woman—beautiful or not. If they sat too far away, they appeared to be cool and distant. If they sat too close, they seemed to be conveying a sexual invitation. The problems were intensified when the client was a beautiful woman. Many therapists reported that the therapist-client seating arrangement did depend on whether the client was a beautiful woman as opposed to an average or homely one. Generally therapists sat closer to beautiful women than to others. Many therapists acknowledged that an intimate seating arrangement was *their* idea. One therapist, who described himself as "somewhat sexually assertive," admitted that he enjoyed sitting so that he could look under his clients' skirts or obtain a view of their breasts, or both. "That," he reported, "is one of the fringe benefits of being a therapist." A few other therapists made similar comments. Other therapists acknowledged that there were problems involved in seating, but they insisted it was the *client's* fault; she was seductive. These therapists insisted that beautiful women sit in provocative ways. One therapist reports: "It is interesting to note how beautiful women seem to find one can look up their skirt and see their genitalia . . . or at least a view of their genitalia . . . They are seductive . . . manipulative." In spite of the fact that the beautiful women were "at fault," the therapists acknowledged that they enjoyed "the performance."

The Outcome of Therapy

According to Perlmutter's interviewees, then, therapist-client relationships are very different when patients are beautiful than when they are not. . . . How does this work out? As always, it depends.

Sometimes the therapists' biases worked to the patients' advantage. One therapist provided an example. The husband was an "average-looking" physician; he earned over \$100,000 a year. The wife was a very beautiful housewife. The therapist diagnosed the woman's problem as chronic dependency; she was unable to express anger. (When upset, she became incapable of speaking; she signaled her distress by "psychotically" waving her arms.) The therapist took an enormous interest in the wife; he increased her number of visits to three or four times a week. He helped her a great deal. The husband, however, was ignored. He became more and more depressed. Finally he saw a second therapist, who gave him some attention. (Barocas & Black, 1974, and Katz & Zimbardo, 1977, insist that such cases are typical; patients receive quantitatively more and qualitatively better treatment than do their unattractive counterparts.)

In other cases, however, being beautiful did *not* seem to be an advantage. Instead of receiving the help they needed, beautiful women received "pseudo-help." (In citing these cases, Perlmutter takes issue with the Barocas & Black, 1974, and Katz & Zimbardo, 1977, conclusion.)

Therapists reported that they were unusually concerned about doing well when their patients were beautiful. Human relations inevitably involve an exchange (see Walster, Walster, & Berscheid, 1978). In a therapeutic give-and-take, therapists trade their training, skill, and attention for the patients' attention, effort, money, and gratitude. Patients are supposed to get their "money's worth." The therapists reported that when dealing with beautiful women, they kept having the uneasy feeling that they must be at their best. They began to try harder—often too hard.

Perlmutter argues, as noted, that such therapists tended to give their patients "pseudo-help"—help that had more to do with the therapists' needs than the patients'. According to Perlmutter, the therapist and patients generally entered a collusory relationship: He pretended to help; she pretended she was being helped (see Perlmutter, *in press*). The beautiful woman often found herself in a bind. She was afraid to intentionally metacommunicate her dissatisfaction with her treatment. Should she confront her therapist, she would run the risk of openly violating the tacit intimate relationship and all of its sexual implications (see Perlmutter & Hatfield, 1980). Should she continue to act as if all was well, she risked getting no help at all.

How does this all end? According to Perlmutter, "Not well." Let us consider two examples:

One couple—Jane and Ted—came in for marriage counseling. Ted was "an ugly pock-marked man"; Jane was extremely beautiful. They had multiple problems: Their son had cancer; they drank heavily; they fought constantly. The therapist concluded that the wife was "psychologically dependent" on her husband. He concluded that she needed to have an affair to free herself. She did. During therapy, she was encouraged to devote a large portion of the hour to recounting her sexual experiences. (The therapist admitted

that he found this very exciting.) Soon, the husband, a very "macho" personality, became depressed. He withdrew even further from his family and his business. In retrospect, the therapist realized he had neglected the husband. Eventually, the husband became desperate. He was unable to handle his wife's affairs; eventually he tracked her to a hotel and took pictures of her engaged in a sexual act with another man. He threatened to use these pictures to divorce her and take custody of his son. The outcome of therapy was not good.

In a second case, two therapists reported difficulties in dealing with the same woman patient. The woman was a handsome woman who had lost the musculature in her calves as a result of adolescent poliomyelitis. The first therapist saw her for a few sessions, but soon realized it was impossible to go on. He couldn't distinguish between his pity and his physical attraction to her. (He found himself thinking obsessively along these lines: "How can it be that anyone so beautiful is so maimed?" "Ah, but she is still beautiful." "Ah, but the beauty has a poignant quality.") Eventually Therapist 1 referred her to Therapist 2, suggesting that what she needed was quick symptom relief. (She was phobic; she worried that she'd fall over in her wheelchair and be hurt. She was worried that people would invade her house and injure her. She was suicidal.) He recommended a combination of hypnosis and behavior therapy. Once these symptoms were ameliorated, he thought that more therapy could be done if she needed it.

Therapist 2 had problems identical to Therapist 1's. He decided to persevere in therapy, however. In retrospect, Therapist 2 realized that he, too, had become so personally involved with her that he had failed as a therapist. He never attempted quick symptom relief. He plunged into insight-oriented therapy. He had insisted on denying that his patient had any real problems. When she would talk about the problem of being handicapped, he would say such things as, "Don't give me that bullshit. You're as capable at getting around as the rest of us." What he really needed to do was to acknowledge her limitations—to consult with an expert in such handicaps who could acknowledge her limitations and teach her to deal with them. After 3 years of therapy, she showed no improvement; if anything, she was worse.

SUMMARY

In the first section of this chapter, we begin by asking "What is beauty?" The question of who is physically attractive, and why, is one that has fascinated men and women for centuries. Unfortunately, the popularity of the question is not reflected in the definitiveness of the available answers. Ford and Beach (1951) surveyed more than 200 primitive societies. They were able to find *any* universal standards of sexual attractiveness. Researchers have concluded, however, that within a given society, however, there is reasonable consensus as to what is beautiful and/or sexy and what is not.

In the second section, we begin to explore the operation of bias. We ask: "What do people *think* beautiful people are like?" There is considerable evidence that, generally, most people assume that the beautiful possess a wide variety of socially desirable traits, while the unattractive possess an equal compliment of unappealing characteristics. Specifically, most people—including psychotherapists—seem to believe that beauty is sanity, character, and competence—even in the face of hard evidence to the contrary.

In the third section, we ask to what extent perception is translated into action. Do people *treat* the beautiful and the nonbeautiful differently? Do the beautiful *really* *stage* in life? The evidence suggests that most people, most of the time, *do* treat the beautiful more compassionately than they treat the ugly. They send "metamessages" indicating their willingness to become intimate more quickly; they are quicker to offer help and less quick to demand help in return.

In the first three sections, in short, we review evidence that people perceive attractive and unattractive people very differently and treat them very differently. What impact does such differential treatment have on the beautiful? In the fourth section, we review the sparse evidence as to what the attractive and the unattractive are really like. There is some evidence that people's stereotypes about beauty *do* have a kernel of truth. There is considerable evidence that, by nursery school, the beautiful and the ugly are different indeed. For example, the beautiful have a more positive self-concept; may differ in personality; are more popular (from late nursery school on); and, not surprisingly in light of all this, are more sociable. Whether or not the beautiful and the nonbeautiful differ in happiness is open to question. There is considerable evidence, in any case, that the beautiful are better adjusted and mentally healthier than their unattractive peers.

Finally, in the fifth section, we close by suggesting some directions that future research on the biasing effect of beauty in psychotherapy might take.

NOTES

¹Since nearly all of the therapists were men, one can really substitute "strikingly beautiful women" here.

²Perlmutter's impressions have not yet been tested experimentally. They remain "suggestions for research."

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