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Effects Of Gender Role Orientation On Responses Of Counselors-In-Training

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**EFFECTS OF GENDER-ROLE ORIENTATION ON RESPONSES
OF COUNSELORS-IN-TRAINING**

**A Dissertation
Presented to
The School of Graduate Studies
Department of Counseling
Indiana State University
Terre Haute, Indiana**

**In Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy**

**by
Joanne K. Urschel
May 1996**

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APPROVAL SHEET

The dissertation of Joanne K. Urschel, Contribution to the School of Graduate Studies, Indiana State University, Series III, Number 662, under the title Effects of Gender-Role Orientation on Responses of Counselors-In-Training is approved as partial fulfillment of the requirements for the Doctor of Philosophy Degree.

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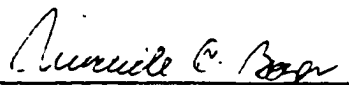
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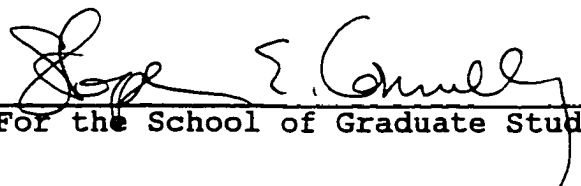
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ABSTRACT

This study investigated the effects of gender-role orientation of clients and counselors-in-training, and sex of clients on response consistencies of counselors-in-training.

One hundred and twelve master's level counselors-in-training from twelve universities served as participants. Each participant viewed six videotaped vignettes of clients; each representing one of six gender-role orientations. At the conclusion of each vignette the participants were asked to write a response to the question, "What would you say next to the client?" Responses were categorized into consistency scores reflecting gender-role orientations of clients and counselors-in-training, and sex of clients.

As hypothesized, gender-role orientations of clients and clients' sex had no effect on the responses of counselors-in-training. However, it was found that the gender-role orientations of counselors-in-training did affect their response consistencies. Post hoc analyses support these conclusions.

Implications and recommendations are discussed.

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Chapter 1

INTRODUCTION

As products of society, each member of that society carries with them socialized values, beliefs, and ways of seeing and understanding the world. Counselors-in-training are not immune from the influence of society. Gender-role orientation influences and limits the way individuals identify, understand, and interact with others. This research examined the function that gender-role orientation of both counselors-in-training and clients and the sex of clients play in the acquisition and application of six counseling skills; concreteness, confrontation, immediacy, empathy, advanced empathy, and warmth.

Theoretical Background

Gender Schema Theory

Gender schema theory was developed by Bem (1981a; 1983; 1984) to address the issue of sex-typing, the cultural definition of masculine and feminine. Gender schema theory asserts that the ascription of adult roles is based on sex. Bem (1981a, p. 354) stated, "The distinction between male and female serves as a basic organizing principle for every

human culture." Once this distinction is made, one is expected to develop gender-specific skills, attributes, and self-concepts. Although these may vary according to culture, the distinction between male and female is universal. Because of socialization, the child learns to apply "sex-related," heterogeneous associations when "evaluating or assimilating new information." This information processing model is a gender-based schema. Bem (p. 355) defined schema as "a cognitive structure, a network of associations that organizes and guides an individual's perception." Incoming information is attended to and assimilated in "schema-relevant terms." This processing results in selective attention to and specific understanding of incoming information.

Schematic processing results in rapid encoding of "schema-consistent information," organization of information into categories that are "schema-relevant," differentiation of information so as to be consistent with schema, and spontaneous choice of schema congruent discrimination (Bem, 1981a, p. 355). In addition, schematic processing helps fill in where information is incomplete or missing. Simply stated, the application of schema to processing and assimilating of information results in schema-biased perceptions and behavior; thus, sex-typing results from "gender-based schematic processing." A child learns gender appropriate attributes and processes his or her self-concept through the gender-biased schema, and compares self to

culture's prototype of male as masculine and female as feminine. One, then, comes to understand self as sex-typed (female: feminine, and male: masculine), cross-sex-typed (female: masculine, and male: feminine), androgynous (both female and male: high masculine and high feminine), or undifferentiated (both female and male: low masculine and low feminine). Once gender-role orientation has been established, new and incomplete information is processed through the gender schema supportive of the gender-role orientation held by the individual. Once the schema is set and sex-typing occurs, a rather circular pattern is established with processing and assimilating congruency. Gender-role orientation is a stable personal attribute, with a heterosexual sex-type being the most prevalent orientation, and the one most strongly supported through socialization.

Gender schema theory predicts that sex-typed individuals will engage in gender schematic processing of information more spontaneously than non-sex-typed individuals (Andersen & Bem, 1981; Lippa, 1977, 1983), and that sex-typed individuals will engage in stereotyped, gender-typed, behavior to a greater extent (Bem & Lenney, 1976; Helmreich, Spence, & Holahan, 1979; Senneker & Hendrich, 1983). Testing of the gender schema theory has focused on gender-role orientation studies.

Statement of Purpose

Counselors-in-training, like others, are products of

their socialization. They experience and are affected by socialization based on sex, among other variables, that may result in gender-role conflict, sexism, stereotyping, and biases. Since gender-role orientation is thought to be a rather stable personal attribute, it can be expected that counselors-in-training bring with them to training programs some limitations based on gender-role oriented conceptualizations. Research suggests that these may include cognitive and behavioral adherence to gender-role orientation (Aslin, 1977; Brems & Schlottmann, 1988; Broverman, Broverman, Clarkson, Rosenkrantz, & Vogel, 1970; Kaplan, Winget, & Free, 1990; Poole & Tapley, 1988). Congruence with gender-role orientation may result in counselors-in-training thinking and acting in specific ways, and conceptualizing others according to their own gender-role schema.

Initial skills training for counselors-in-training usually occurs in such courses as techniques of counseling or pre-practicum. In skills acquisition and application it is often assumed that counselors-in-training operate without gender-role socialization. Although such cultural differences as race, ethnicity, religion, socioeconomic status, and sex are addressed by major writers of skills training texts (Egan, 1986; Ivey, 1988), gender-role orientation per se has not been addressed by these same writers as a training issue. Ivey (1988), for example,

cautioned against using standards of the independent, active, and "strongly assertive personality" when assessing developmental levels of those from other cultures, but fails to caution against their application to those within the same culture. No mention is made of the effects of gender-role orientation. This illustration is used not to discredit Ivey's contributions, but as an example of how ingrained and ignored the effects of gender-role orientations are.

It was expected that the results of the current study would serve to illuminate the need for awareness by and education of counselors-in-training concerning their own and their clients' gender-role orientations in two areas. First, in the area of teaching counseling skills, understanding gender-role orientation may point to the need for teaching approaches that address variations in learning styles. Second, it was expected that the results of this study would lend support for re-examining beliefs about gender-role norms in these times of changing roles for men and women.

Statement of the Problem

Training of graduate level counselors has historically focused on skills training and instructional methods to implement skills acquisition (e.g., Carkhuff, 1969; Egan, 1986). More recently, counselor characteristics such as personality, attitudes, perceptions, and conceptual

orientations have been studied (Borders & Fong, 1984; Fong & Borders, 1985; Skovolt & Ronnestad, 1992). The effect of counselor gender-role orientation, based on Bem's (1974) gender schema theory, on both counselor interpersonal behavior and cognitive processing has been studied. Counselor gender-role orientation, not counselor sex, has been reported to be a significant factor in both counselor behavior and cognitive processing (Blier, Atkinson, & Greer, 1987; Fong & Borders, 1985). Interpretations of their findings have been mixed, however, with the "ideal" counselor gender-role orientation varying according to whether the nature of the investigation was skills training (Borders & Fong, 1984; Cummings, 1989; Fong & Borders, 1985), client sex (Blier et al., 1987; Hardin & Yanico, 1983; Subich, 1984), or client issues (Barak, Golan, & Fisher, 1988). Overall, the hypothesis that counselor gender-role orientation has a significant effect on counseling has been supported by the research.

Counselor gender-role orientation is not the sole variable to have been investigated with regard to counselor behavior and cognition processing. Research has shown that client sex and gender-role orientation are additional variables that must be added to the gender-role equation. Most of this research has focused on clients' ratings and preferences, counselors' skills, and interactional behaviors (Barak et al., 1988; Blier et al., 1987; Hardin & Yanico, 1983; Subich, 1984).

The effect of counselor gender-role orientation on perception of the client, based on client sex and client gender-role orientation, has received little attention in counselor-training research. Because of the paucity of research on counselors' gender-role orientation behaviors in response to clients' gender-role orientation behaviors (Borders & Fong, 1984; Fong & Borders, 1985; Simon, Gaul, Friedlander, & Heatherington, 1992), the impact of gender-role orientation on counselors' perceptions/interactions with clients remains an area worthy of investigation. Given this, a study of counselor-in-training perception of the client, based on gender-role orientation of both counselor-in-training and client, was deemed to be of value to the professional training and development of counselors. The addition of knowledge to the perceptual and consequent interactional processes involved in the therapeutic relationship was also deemed to be of value.

Research Questions

The research questions posed in this study were:

1. Does client gender-role orientation affect responses of counselors-in-training?
2. Does gender-role orientation of counselors-in-training affect their responses to clients?
3. Does client sex affect responses of counselors-in-training?

Delimitations

This study was delimited in the following ways:

1. The sample was delimited to counselors-in-training enrolled in master's level programs who had completed a techniques/pre-practicum course.

2. Those in the sample had not completed a counseling practicum in which they were involved in direct service to clients.

3. None of the sample had been employed in a position in which they served as a supervised therapist.

4. Presentation of clients to counselors-in-training was delimited to one analogue session containing six client vignettes.

5. Responses of counselors-in-training to clients was delimited to written responses after each client presentation.

Results of this study were interpreted within these parameters.

Definition of Terms

To facilitate a better understanding of the various terms used in this study, operational definitions are provided below.

Sex: A narrowly defined term pertaining only to the biological aspect of an individual. In humans, sex is a dichotomy of male or female determined by sex chromosomes and sex organs (Caplan & Caplan, 1994; Matlin, 1993).

Gender: A more inclusive term referring to social and psychological characteristics resulting from societal prescriptions of feminine and masculine based on the individual's sex. Prescribed characteristics and roles may vary from culture to culture (Caplan & Caplan, 1994; Matlin, 1993).

Schema: A cognitive structure, a network of associations, that serves to organize and direct an individual's perception. A schema functions as a structure showing anticipation, a readiness to search for incoming information and assimilate it on schema-relevant terms (Bem, 1981a).

Schema Theory: A definition of perception as a constructive process in which that which is perceived is a product of interaction between the information coming in and the individual's preexisting schema (Bem, 1981a).

Sex-Typing: The psychological process by which acquisition of culturally defined sex-appropriate "preferences, skills, personality attributes, behaviors, and self-concepts" occurs and results in male and female children becoming masculine and feminine (Bem, 1983; 1984).

Gender-Role Orientation: The self-endorsement of behavior that is socially sanctioned as masculine, feminine, androgynous, or undifferentiated for oneself. In the case of sex-typed behavior, this would also include the rejection for self of behavior that is opposite gender behavior (Bem, 1981a).

Assumptions

This section contains the assumptions upon which the study was designed and data analyzed.

1. The videotaped analogue paradigm used in this study adequately simulated a counseling session.

2. Counselors-in-training were able to assume the counselor role perspective while viewing the videotaped vignettes.

3. Gender-role orientation operates as a function of a gender schema through which new information is interpreted and assimilated. Its origin and maintenance are partially the result of socialization.

4. Gender-role orientation is a personality attribute that is relatively stable and conceptualization remains consistent with one's gender-role orientation across situations.

5. Gender-role orientation can be assessed and categorized into relatively discreet classifications.

6. Standardized administration instructions given to each proctor resulted in uniform data collection.

7. Raters classified responses of counselors-in-training to appropriate groupings.

Chapter 2

REVIEW OF RELATED RESEARCH

This chapter presents a review of literature on gender-role orientation and its relationship to the area of mental health which is related directly to the design and theoretical rationale of this study. The review is divided into five sections: (1) gender-role orientation, (2) sex-role stereotyping and gender biased standards of mental health, (3) counselor preference and perceived counselor characteristics, (4) expectations about counseling, and (5) counselor effectiveness, skills training, and application to therapeutic intervention.

Gender-Role Orientation

Over the past 20 years research on gender-role orientation has proliferated. Initially, research was directed toward the examination of the dimensional nature of gender-role orientation. Results of this research contributed to the consensus among theorists that characteristics culturally ascribed as masculine or feminine do not exist on a continuum; rather, they are two independent dimensions possessed by individuals in varying

degrees (Bem, 1974, 1981c; Spence, Helmreich, & Stapp, 1975). Masculine gender-role characteristics are often categorized as instrumental-based (cognitive and action) while feminine gender-role characteristics are expressive-based (nurturant and receptive). Gender-role orientation is defined by the degree to which one endorses characteristics culturally ascribed to his or her own gender.

If a male endorses masculine characteristics proportionately higher than feminine characteristics, the designation of masculine gender-role orientation is assigned. If there is a proportionately higher endorsement of feminine characteristics by a female, the individual is designated as feminine gender-role oriented. In both of these designations the gender-role orientation is sex-typed and congruent with the individual's sex. The individual who endorses highly both masculine and feminine characteristics is designated androgynous, regardless of sex. This person is generally viewed as more flexible and adaptive, and possessive of a wider range of behaviors. Rather than being gender-role orientation-bound, the androgynous individual can react more situationally (e.g., independent and/or nurturant) than the sex-typed individual. The third designation is termed undifferentiated and is descriptive of an individual who is either male or female and who endorses a low number of both masculine and feminine characteristics. The undifferentiated individual, viewed as less flexible and

adaptive, possesses a restricted range of behaviors. A fourth designation, cross-sex-typed, describes an individual who endorses proportionately higher characteristics of the other sex (Bem, 1974; Spence et al., 1975).

Gender-role orientation was first researched through studies on sex-typing, the application of gender schema in the organization and assimilation of information. Bem and Lenney (1976) studied sex-typing and avoidance of cross-sex-typed behavior by assigning participants into sex-typed, androgynous, and sex-reversed (cross-sex-typed) categories based on Bem Sex Role Inventory (BSRI) results. Participants were presented with 30 pairs of activities from which to choose. Fifteen consisted of sex-role conflicted pairs (five neutral vs. masculine activities, five neutral vs. feminine activities, and five masculine vs. feminine activities). The remaining 15 pairs presented no sex-role conflict (both activities of the pair were masculine, feminine, or neutral). Value of the activities was arbitrarily assigned, with participants being paid for each activity. The less "sex-appropriate" activities paid more money than the more "sex-appropriate" activities.

Participants were asked to select one activity from each pair that they would be willing to perform long enough for a photograph to be taken as part of a study on personality judgment to be conducted at another university. Sex-typed participants reported greater discomfort and negative self-feelings when engaging in cross-sex-typed

activities. In addition, sex-typed participants were more likely than either androgynous or cross-sex-typed participants to select sex-appropriate activities, even when doing so resulted in lower pay. It was concluded that cross-sex-typed behavior is "motivationally problematic" for individuals who are sex-typed, and this may result in active avoidance of cross-sex-typed behaviors. Recent studies by LaFrance (1981), LaFrance and Carmen (1980), and Lippa, (1978) lend support to these conclusions. Bem (1975) and Bem, Martyna, and Watson (1976) studied the avoidance of cross-sex-typed behavior in more complex behaviors involving interacting with an infant, listening to a lonely peer, and independent judgment, the results of which lend support to gender schema theory.

Another study involving sex-typing was the focus of a study by Bem (1981a). Bem defined sex-typing as "The process by which society transmutes male and female into masculine and feminine" (p. 354). A study in which recall was examined involved participants who rated 60 attributes as descriptive of self. Participants were presented with 61 words in random order. The words included proper names, animal names, verbs, and names of articles of clothing. The names were judged to be 50 percent masculine and 50 percent feminine. The remaining words were judged to be evenly distributed among masculine, feminine, and neutral classifications. After the words were presented, participants were given eight minutes to write as many words

as they could recall. It was hypothesized that sex-typed participants would encode words based on gender connotation, using the gender schema. During recall, words that were consistent with the schema would be clustered through linkage to that schema. Results indicated that sex-typed participants clustered a higher proportion of words congruent with their gender role than did cross-sexed, androgynous, or undifferentiated participants. Cross-sexed participants did not differ from androgynous or undifferentiated participants. It was concluded that gender-based schematic processing is used more by sex-typed than non-sex-typed individuals. Results of memory studies on short-term memory (Kail & Levine, 1976; Liben & Signorella, 1980), differentiation and discrimination of handwriting (Lippa, 1977), and gender-schematic processing of other people's behaviors (Deaux & Major, 1977) lend support to these results.

In a replication study (Girvin cited in Bem, 1981a) on readiness to engage gender schema processing, sex-typed self-concept organization resulting from sex-linked association was examined. It was hypothesized that sex-typed participants' response latencies would be shorter for schema-consistent judgments and longer for schema-inconsistent judgments. Participants were shown 60 attributes, projected one at a time, and asked to respond by pushing a button marked "Me" or "Not Me." Response latency was recorded for each response. Results supported the

hypothesis that sex-typed participants have significantly shorter latencies than cross-sexed, androgynous, or undifferentiated participants for schema-consistent judgments. Bem (1981a) recorded longer latencies for sex-typed participants than the other three groups in making schema-inconsistent judgments, and then proceeded on to address the issue of why many individuals use gender-based schematic processing. Bem concluded that this tendency is, in part, the result of "society's ubiquitous insistence on the functional importance of the gender dichotomy" (p. 354). Society insists on the importance of sex in all areas of experience even in areas where sex does not directly impact. This also serves as an explanation of why individuals differ in degree of sex-typing. The degree of sex-typing is dependent upon the degree to which gender dichotomy was stressed in the individual's socialization history.

Andersen and Bem (1981), in researching sex-typing and responsiveness to physical attractiveness of others, hypothesized that sex-typed participants would be more responsive than androgynous participants to culturally stereotyped attractive partners in a getting-acquainted study. Participants were paired with individuals via telephone. Prior to telephone conversations, participants were shown a photograph and told it was of the person to whom they would be speaking. Results indicated that sex-typed participants were significantly more responsive to "attractive" phone partners than to "unattractive" partners,

especially those of the opposite sex. Androgynous participants, in general, were not affected by the attractiveness of their partners; androgynous females tended to favor unattractive partners; and androgynous males did not differentiate between "attractive" and "unattractive." It was concluded that sex-typed individuals are more likely to encode and organize information through sex-linked association gender schema. It was noted that the behavior of sex-typed participants, in this and other studies, was consistent with "contemporaneous cultural definitions of maleness and femaleness" (p. 83). Gender became a confounding variable with overall responsiveness. Female participants were more responsive than males across gender-role orientation. Even so, the results of this study lend support to the hypothesis that sex-typed individuals are more responsive than androgynous or cross-sex-typed individuals to cultural norms.

Although gender-role orientation is held to be a relatively stable personality characteristic established in childhood, the effect of age, gender, and life events on gender-role development across the lifespan have been studied (Zaks, Karuza, Domurath, & Labouvie-Vief, 1979). One hundred eleven white, upper middle class residents of the Detroit metropolitan area, ranging in age from 17 to 73, comprised the sample of the study. The mean number of years of educational attainment was 14. Four life events were examined: marital status, parental status, grandparental

status, and work/career status. Age was not reported to be a factor in endorsement of masculine gender-role; however, gender was a factor. Males endorsed the masculine role to a significantly greater extent throughout the lifespan than females endorsed the masculine role. An age by sex interaction for feminine gender-role was observed, with females 45 years old and older endorsing the feminine role with greater frequency than males of any age. No age factor was noted for endorsement of androgyny; however, a significant sex difference was observed, with females endorsing androgyny to a greater extent than males.

The variable of marital status revealed that the masculine role was endorsed more by married and never-married men than by men who were separated, divorced, or widowed. Androgyny was endorsed less by married and never-married males and more by separated, divorced, and widowed males. Females who were married or never-married endorsed both androgyny and the masculine role to a greater extent than did separated, widowed, or divorced females. The variable of parental status showed significant gender interaction, with males with children endorsing the feminine role less and females endorsing it more. The effect of grandparent status, which included participants 45 years of age or older, did not in and of itself have a significant effect. Grandparent status by sex, however, showed that females endorsed the feminine role to a significantly greater extent than did males. Non-grandparents, however,

showed equality of endorsement of the feminine role.

Work/career status, defined as employed or not employed, had no relationship to gender role endorsement. Reported life satisfaction was not a function of age; however, two gender role variables did arise: (a) the more participants endorsed masculine role items, the higher their level of life satisfaction; and (b) the less androgynous the participants and the higher their endorsement of masculine items, the greater their level of life satisfaction.

It was concluded by Zaks et al. (1979) that gender-role development is linked to the timing of life events. Women's increasing androgyny scores were the result of endorsing more masculine role items than endorsing both high masculine and feminine items. For males, the reduction of androgyny scores was the result of an increasing endorsement of masculine items. Greater life satisfaction was associated with greater endorsement of the masculine role. This study, like much research, suffered from its restricted sample of white, upper middle class, higher educated individuals. It did, however, include women. Although the restricted sample limits the parameters of interpretation of results, the findings do contribute to gender-role orientation research in three ways: a) gender-role, although stable, is developmental in nature; b) life situations and not age per se initiate change; and c) masculine characteristics, valued more highly by the culture, contribute to overall life satisfaction.

Although much of the research on sex-typing and gender-role orientation has employed Bem's gender schema theory as a rationale, other theories have developed. Markus, Crane, Bernstein, and Siladi (1982) examined self-schema and its relevance to gender. Although the work by Markus et al. supported the findings of Bem, their basic reasoning differed. Markus et al. hypothesized that self-schema and not gender schema results in shorter latencies for sex-typed individuals. The development of these two opposing camps of theorists proved to be heuristic and research in schematic processing flourished. In responding to Markus et al., Bem (1982, p. 1192) explained gender schema theory and self-schema theory as "convergence of two distinct lines of investigation." Starting at differing points, both theories present rationales for the processing of information by sex-typed and non-sex-typed individuals. Both utilize essentially identical methodologies. Superficially, however, they appear to be in direct conflict.

In gender schema theory, "sex-typed individuals are schematic with respect to gender"; with self-schema theory, "sex-typed individuals are schematic with respect to either masculinity or femininity but not both" (Bem, 1982, p. 1192). Bem delineated the difference between the theories as one of differing definitions of schematic. Self-schema theory defines schematic as "a very well-developed or clearly organized understanding of the

characteristics within a particular domain" (Bem, 1982, p. 1192). Gender schema theory, on the other hand, defines schematic as having a "generalized readiness to encode and organize information in terms of the culture's definitions of masculinity and femininity" (Bem, 1982, p. 1193). Because of this difference in basic definition, both theories could be correct, and their findings are not necessarily contradictory of each other. Further investigation of the two theories has yielded mixed results (Forbach, Evans, & Bodine, 1986; Frable & Bem, 1985; Payne, Connor, & Colletti, 1987). Bem's research has shifted its focus from the original work on androgyny. Reflecting on the concept of androgyny, Bem commented that the concept of androgyny's time had come. Androgyny replaced the dictate of masculine or feminine with masculine and feminine, resulting in a double ideal with which to deal. An individual would no longer need to develop the culture's ideal sex-type, but would be required to develop both ideal sex-types (high levels of both masculine and feminine). Although the concept of androgyny has helped to raise consciousness concerning negative sex-typing, the focus on androgyny perpetuates sexual organization as central in culture. According to Bem, to resolve this problem, society must refrain from projecting sex into areas of behavior and attribution that are "irrelevant to genitalia" and instead adopt an aschematic approach. The focus of Bem's research turned from androgyny to sex-typed individuals and the

development of strategies to raise children to be gender-aschematic in a gender-schematic society (Bem, 1983; Bem, 1989).

The development of gender schema theory and research in gender-role orientation can be summarized as follows:

(a) masculinity and femininity are two independent dimensions; (b) sex-typing is the process by which gender schema is applied in the organization and assimilation of information; (c) sex-typed individuals have a greater readiness to use gender schema than non-sex-typed individuals; (d) gender-role orientation is a rather stable personality characteristic; (e) gender-role orientation shows development over the lifespan; (f) the degree of sex-typing employed by an individual is dependent on the degree to which gender dichotomy was stressed in the socialization process; and (g) theories that appear to be in conflict with gender schema may in actuality be the converging of diverse routes of inquiry.

Sex-Role Stereotyping and Gender Biased Standards of Mental Health

Research on gender-role orientation and mental health was sparked by the pioneering and seminal work of Broverman et al. (1970). In their study, 79 psychologists, psychiatrists, and social workers, holding either Ph.D. or M.D. degrees, were asked to describe a healthy male, female, or adult. It was hypothesized that the description of a gender-specified, healthy adult would parallel sex-role

stereotypes. It was further hypothesized that the description of an unspecified healthy adult (presumably the ideal standard of a healthy adult) would resemble characteristics congruent with healthy males and not those congruent with healthy females. Results showed that regardless of the clinician's sex, both hypotheses were upheld. It was concluded that a double standard existed, based on sex alone, which puts the female in the position of either accepting the characteristics seen as healthy for an adult and a male, thus being seen as deviant in terms of being a woman, or accepting the feminine role and being less than adult and deviant in terms of being ideally mentally healthy.

In an attempt to explain these findings, Broverman et al. posited that it is not the fault of the clinician per se; rather, these judgments are a reflection of the prevalence of sex-role stereotyping in society. Clinicians, however, were not completely exonerated. By accepting these stereotypes as implicit, clinicians perpetuate these stereotypes. The clinician needs to be concerned with how sex-role stereotyping may serve to "reinforce social and intrapsychic conflict" (Broverman et al., 1970, p. 6). Nowacki and Poe (1973), in investigating the generalizability of the findings of Broverman et al., conducted the same experiment using 255 college students enrolled in an introductory psychology course and reported that the findings supported those of Broverman et al.

Other studies building and expanding on the findings of Broverman et al., followed. A task force on sex bias and sex-role stereotyping in psychotherapeutic practice (American Psychological Association, 1975) investigated the effects of sex-role stereotyping on women as students, practitioners, and consumers. Two issues affecting the practice of psychotherapy resulting from sexism toward women emerged: (a) the role of values in psychotherapy, and (b) the amount of knowledge of the "psychological processes of women." A survey of female psychologists revealed four areas affecting women as clients: (a) "fostering traditional sex-roles; (b) bias in expectations and devaluation of women; (c) sexist use of psychoanalytic concepts; and (d) responding to women as sex objects, including the seduction of female clients" (p. 1171). It should be noted that with the exception of sexual intercourse, clients experienced these stereotypical behaviors from both male and female clinicians. As a result of the survey, the task force formulated recommendations affecting education about sex stereotyping, guidelines for nonsexist practices, criteria for training nonsexist clinicians, and ethical statements pertaining to sexism. The task force's focus on sexism toward women in the practice of psychotherapy lent impetus to research on gender-role orientation, sex-stereotyping, and gender.

Marwit (1981), in a national survey of psychologists in

private practice, asked participants to rate a healthy male and female on the Bem Sex-Role Inventory. Results supported the results of studies of Broverman et al. (1970) and the American Psychological Association (1975), in that both male and female psychologists ascribed more feminine than masculine traits to healthy adult women.

A study of sex-role stereotyping within the mental health profession, conducted by Kabacoff, Marwit, and Orlofsky (1985), dealt with sex-role stereotyping amongst psychologists and psychiatrists holding either "traditional" sex-role expectations or more "liberal" (less restrictive) sex-role attitudes. Four-hundred and forty participants completed the Attitude Toward Women Scale, the Bem Sex-Role Inventory (BSRI), and a biographical information sheet. Participants were instructed to use the BSRI to describe "a mature, socially competent, healthy man or woman." In addition, one-half of the group rated a female figure; the other half rated a male figure. Results revealed some sex-role stereotyping by both male and female clinicians. More traditional clinicians were more likely to stereotype than were more liberal clinicians, indicating that not all clinicians exhibited a double standard. Results also indicated that psychologists stereotyped less frequently than psychiatrists and, contrary to popular belief, psychoanalytically oriented clinicians held no more traditional attitudes or double standards than clinicians with other orientations. Kabacoff et al. (1985) cautioned

that their results were based on the responses of only 44 percent of psychologists and 21 percent of psychiatrists contacted, and offered that perhaps the more liberal clinicians rather than the more traditional clinicians participated in the survey.

Despite the research supporting Broverman et al., psychologists have continued to question the generalizability of the research. Most often, discrepancies in results were attributed to differing samples, differing tasks performed, and the changing of sex-role stereotypes with the passage of time. Brems and Schlottmann (1988), in studying gender-bound definitions of mental health, asked 30 counselors-in-training to complete the MMPI under two sets of instructions: (1) as "a healthy, mature, adult male" or (2) "as a healthy, mature, adult female" would complete it. After completion of the MMPI, the counselors-in-training were instructed to take the measure again using the other set instructions. Results revealed that healthy women and men were perceived differently on several MMPI scales, and that sex-role stereotyping, although showing less magnitude than indicated by earlier research, continued to exist.

Poole and Tapley (1988) hypothesized that environmental context was a variable that influenced psychologists' judgments of mental health. Ratings by 104 clinical psychologists of appropriate behavior of "mature, healthy, socially competent" (p. 268) women and men in home or work environments were analyzed. Results supported the

hypothesis that environmental setting influences behavioral expectations. The psychologists of the study assigned masculine behavior as appropriate to both men and women in the work environment, and feminine behavior as appropriate in the home environment. It was concluded that both social role and sex-role affect the interpretation of appropriate behavior.

An alternative explanation of the results of Poole and Tapley's (1988) study, which took place 18 years after the work of Broverman et al., might well be that stereotyping by environment was more salient than stereotyping by gender in the 1980s. Psychologists rated the appropriate behavior of a man or woman "in a home environment" or "in a work environment." These operational definitions, in and of themselves, contribute to sex-role stereotyping. Although politically incorrect artifacts, the societal sex-role stereotypical connotations of "home" versus "work" may well have influenced the psychologists, resulting not in gender-role stereotyping of the individual but of the environment. Results of a study by Kaplan, Winget, and Free (1990) supported less gender stereotyped attitudes by psychiatrists than did Broverman et al. in their study. Although similar ratings were ascribed to men and women, "female psychiatrists rated masculine traits as more optimal for female patients," while more male psychiatrists viewed undifferentiated characteristics as more "optimal for both male and female patients" (p. 910).

A final area of study, involving perceptions of the counselor, based on gender-role orientation characteristics and not client's sex, was applied to traits of the client role versus traits of client adjustment (Simon et al., 1992). Sixteen counseling psychology doctoral students engaged in counseling practica involving actual client contact served as participants. Because feminine characteristics are more congruent with the client role, and masculine traits more congruent with adjustment in general, the questions posed were: (a) Are feminine clients, regardless of sex, viewed more "favorably" by counselors as "good clients?" (b) Are masculine clients, regardless of gender, viewed more "favorably" by counselors with regard to expectations of better adjustment, in general? (c) Are feminine clients evaluated as more "pleasant, submissive, and friendly," and are masculine clients evaluated as more "controlling, dominant, and hostile"? (d) Is client's sex or gender-role orientation more salient? Results indicated that clients' gender-role characteristics and not sex were more predictive of counselor's impressions. Both highly masculine and feminine clients were evaluated as possessing more social skills. Counselors also predicted positive therapeutic outcomes more frequently for highly masculine and feminine clients than for less masculine and feminine clients. It was concluded that client's gender-role orientation, as well as sex, is important.

Research on sex-role stereotyping and gender-biased

standards in the mental health profession has spanned more than 20 years. Starting with contradictions in definition of healthy adult vs. healthy male and female, research expanded to descriptions utilizing psychometric measures. Characteristics of counselors as well as environmental factors have been investigated. Research on specific effects of stereotyping of women in the practice of psychotherapy, as well as the degree of sex-typing over intervening years, has been carried out. Taken as a group, the research varies widely in variables studied. Overall, results point to a lessening of gender-stereotyping over time, at least within the context of sex-typed stereotyping. Whether androgyny, cross-sex-typed, or undifferentiated has taken the place of masculinity as the standard for the healthy adult can only be speculated upon, as results of research are mixed. It may be concluded that although the magnitude of sex stereotyping has changed, bias remains among both male and female therapists.

Counselor Preference and Perceived Counselor Characteristics

Research in perception based on gender-role and stereotyping has involved perceptions of the counselor and perceptions of the client. Much of the research dealing with client perception is in the area of counselor preference and perceived counselor characteristics, and has dealt with gender-role orientation.

Highlen and Russell (1980) examined the effects of counselor sex and gender-role orientation, along with client gender-role orientation, on the preference of 84 university women for female counselors. Participants were shown photographs of 10 males and 10 females, along with gender-role descriptions of masculine, feminine, and androgynous, and asked to indicate counselor preference and their willingness to disclose. Results showed that counselor preference and willingness to disclose were unaffected either as a function of counselor sex or participant's gender-role orientation. Counselor's gender-role, however, did have an effect, with androgynous and feminine counselors being preferred over masculine counselors. The results of this study should be interpreted within the parameters of the client-counselor relationship. Participants were asked to indicate counselor preference and willingness to disclose before an actual client-counselor relationship was established. This a priori decision was influenced by the very nature of the counseling process. The beginning client-counselor relationship tends to bring to the foreground more of the feminine, expressive characteristics while masculine, instrumental characteristics are more often found in the later stages of the counseling process. Consequently, it is not surprising that feminine and androgynous counselors were more often preferred.

Clients' perceptions of counselor characteristics,

based on counselor sex and gender-role orientation, client gender-role orientation, and client problem type were examined by Banikiotes and Merluzzi (1981). Two categories of counselor gender-role orientation were used: traditional (more sex-typed) and egalitarian (more androgynous). Client gender-role orientation was based on results of the BSRI, and were masculine, feminine, and androgynous. Client problem type consisted of (a) gender-role related; dealing with assertiveness, marriage, and career decisions or (b) not gender-role related; dealing with drug or alcohol problems and getting along with their roommate. Thirty-five female undergraduates were presented with counselor descriptions and client problems. Participants rated the level of comfort they would feel in discussing specific types of problems according to the counselors presented. Results indicated that counselor sex and gender-role orientation had an effect on participants' ratings, while client gender-role and problem type had no effect. Level of reported comfort in disclosing was higher among female than among male counselors and among egalitarian as opposed to traditional counselors. Female egalitarian counselors were viewed as more expert; female traditional counselors were perceived as least expert; male traditional counselors were rated as least trustworthy.

These results indicate that sex and gender-role orientation of the counselor play a part in the perceptions of women concerning counselor choice and comfort level of

disclosure. The women in the study expressed greater comfort disclosing to a female than to a male and to an egalitarian than to a traditional counselor, regardless of the participant's gender-role orientation. The lack of significance of participants' gender-role orientation supports the findings of Highlen and Russell (1980). The failure to note differing levels of comfort in disclosing, based on problem type and counselor gender-role orientation interaction, may have resulted from a poor definition of problem type. In studies where problem type focused on assumed expertise of the counselor, based on sex alone (Lee, Hallberg, Jones, & Haase, 1980), female counselors were preferred by participants for childrearing concerns, while male counselors were preferred for vocational concerns.

Blier et al. (1987) examined whether willingness to meet with the counselor was contingent upon the sex of the client and/or the counselor's sex and gender-role orientation. Participants were 107 clients (47 males and 60 females) of a university counseling center. During their initial visit to the center, participants were given descriptions of counselors based on counselor sex and gender-role orientation. They were also presented with a list of issues that clients typically present and asked to indicate their willingness to meet with the counselors described for the issues presented. Results showed that counselor gender-role had an effect in that clients preferred feminine gender-role oriented counselors for

personal concerns, masculine for assertiveness issues, and masculine and androgynous for academic issues. No effect was observed for client or counselor sex.

Studies of counselor preference and perceived counselor characteristics, based on the interactions of client sex, client gender-role orientation, counselor sex, and counselor gender-role orientation, have yielded inconsistent findings. The problems encountered when attempting to compare across studies are often the result of differing definitions and means of representing gender-role orientations. In addition, many studies have failed to include both the sex and gender-role orientation as variables.

Expectations About Counseling

Investigations of clients' expectations about counseling have focused primarily on type of problem involved in the counseling process, with counselor sex and gender-role orientation as variables. Hardin and Yanico (1983) investigated expectations about counseling as a function of counselor sex, client sex, and problem type. Two-hundred introductory psychology course students served as participants. Sex of counselor and problem type (vocational or personal) were manipulated in a 2 X 2 X 2 design. Participants were asked to complete the Expectations About Counselor Questionnaire. A significant main effect was reported for participants' sex, with females reporting significantly higher expectations on motivation,

openness, and responsibility. Females also reported significantly higher expectations of counselor acceptance, confrontation, and genuineness, along with expecting more attractive, trustworthy counselors with more immediacy and higher positive outcome. Men expected more counselor directness and self-disclosure. No effect was observed for counselor sex.

These findings are contrary to those of Banikiotes and Merluzzi (1981); Feldstein (1982); Lee, et al. (1980), and consistent with the findings of Highlen and Russell (1980). The lack of effect of counselor sex was explained as the possible result of focus on professional role and away from the sex of counselor, which would appear to suggest that professional role is more influential than sex.

The effect of counselor sex and gender-role orientation on client career choice traditionality was studied by Barak et al. (1988). Two hundred and forty clients seeking career counseling participated in the study. This study was unique in that actual clients were utilized in an actual counseling situation. Counselors were classified as masculine, feminine, or androgynous according to the BSRI. A six-month follow-up on careers actually chosen by participating clients revealed that counselor sex and gender-role orientation had no effect on career choice; however, client sex did affect career choice traditionality. It was concluded that the effect of societal influence for traditionality is greater than the effect of counselor sex

and gender-role orientation.

Research on clients' expectations about counseling has yielded varied and inconsistent results. A consistent finding is that client sex is important when actual career choices are made. This may be the result of the broader culture's dictates concerning individual gender-roles and social roles. Expectations about counseling are not consistent with regard to either sex or gender-role specifics. It appears, therefore, that there is no ideal counselor model.

Counselor Effectiveness and Training

Research focusing on counselor effectiveness, counseling skills training, and flexibility of skills application has dealt with the effect of gender-role orientation. Training of sex-fair clinicians has been addressed partially as a result of the APA Task Force report mentioned previously. In a study of 30 students enrolled in a counseling and human relations training course, Gilbert (1979) focused on the application of concepts of femininity and masculinity to self and others. Femininity and masculinity were defined as "inner psychological attributes and not as masculine and feminine sex roles that refer to observable patterns of behavior a given culture deems appropriate for each sex" (p. 366). Role-plays and other exercises were developed which concentrated on four areas of sex bias, as defined by the APA Task Force (1975, p. 1170):

"(a) fostering traditional sex roles, b) bias in expectations and devaluation of women, c) sexist use of psychoanalytic concepts, and d) responding to women as sex objects." The goals of the exercises (Gilbert, 1979) were to raise participants' awareness of sex bias and to help participants change their self-conceptions of psychological masculinity and femininity. It was predicted that following training, males and females in the experimental group would describe themselves higher in feminine traits and higher in masculine traits, respectively.

Results supported these predictions for males, with males describing themselves as having more feminine characteristics post-treatment. Results did not support this prediction for female participants. Both sexes reported similar levels of pre- and post-treatment masculine traits. Gilbert discussed these findings in light of the fact that males who enter the counseling field may be higher on some feminine traits and females higher on some masculine traits than represented in the general population. It should be noted that in this study self-concepts and not actual behaviors were examined. Reactions by participants to the role-plays representing issues of extramarital relationships, lack of orgasm, and desire to have a child without assuming primary caregiver responsibility highlighted the depth of the social value system. When role reversals in these areas were portrayed, participants reacted consistently with the personal value system of the

dominant culture with regard to attributes and behaviors. Gilbert noted the importance of the need to raise awareness of culturally held values and to train sex-fair mental health workers.

In a synthesis of research on male gender-role conflicts, sexism, and masculinity, O'Neil (1981) described the negative effects of the masculine socialization process and its implications for counseling psychologists' work with clients. Building on the effects of the women's movement of the 1970s, O'Neil postulated the need to reexamine the concepts of gender-role norms as related to optimal living. He noted that as women have come to reevaluate the feminine role, men too are re-evaluating the masculine role. Implications for both, the clinician and the client, are addressed. Men's sex-role socialization results in gender-role strain and conflicts due to the restrictive male gender-role. Among the psychological patterns and conflicts that develop are fear of femininity; work stress; fear of being vulnerable; fear of failure; homophobia; limited sexual and affectionate behavior; restricted emotionality; treating women as sex objects; and the development of competitiveness, power needs, dominance needs, and control needs. The psychological effects of male-role conflicts and strain are manifested in all of life: interpersonal life, home and family life, career and work life, and physical life. Specific manifestations include marital conflict, Type A behavior, fear of failure, family violence,

subordination of women and children, health problems, drug abuse, and early death. O'Neil suggested the need for information and education of clinicians concerning gender-role socialization (male socialization in particular), sexism, and gender-role conflicts.

O'Neil's work served to reposition men in their relationship to the larger society. Men and the problems of men, which are visited not only upon themselves but women and children as well, are set within the context of the larger society. The very position to which men are assigned and trained by society to hold is harmful to them. It is essential that counselors-in-training be exposed to this larger view of men's experiences whether dealing with men, women, or children, for all are affected by this socialization and its pursuant end.

Few studies on gender-role orientation have dealt with counseling students or specific counseling skills. The current study was based directly on the research of Fong and Borders (1985), who studied the effect of gender-role orientation and sex in counseling skills training. Forty-seven counselors-in-training enrolled in a skills training course served as participants in the study. Participants audiotaped two sessions with clients of their choice after two weeks of the semester and again during the fifteenth week. Independent raters assessed counselor effectiveness. At the end of the semester a skills exam was given. Skills were grouped into two subscores, instrumental

and expressive, to reflect masculinity and femininity, respectively. The instrumental subscore included concreteness, confrontation, and immediacy. Warmth, empathy, and advanced empathy comprised the expressive subscore. Because of mixed subscores, genuineness and self-disclosure were not assigned to either subscore. Skills were based on Carkhuff's model, a model similar to that of Egan (cited in Fong & Borders, 1985).

Results showed gender-role orientation had a significant effect on the acquisition of counseling skills and response effectiveness, as judged by independent raters. Sex was not observed to have had a significant effect. Masculine gender-role oriented trainees were judged to be less effective than undifferentiated trainees in counseling skills. The androgynous group was observed to be more effective prior to training, but no more effective following training. The undifferentiated group was rated most effective on all skill scores. Sex showed no significant main effect or significant interaction. Results supported the influence gender-role orientation has on interpersonal behavior. The poor performance by individuals scoring high on masculinity was discussed as reflective of counseling skills. Although some are more instrumental, counselor skills are basically "verbal behaviors requiring intimacy and affective involvement with the others" (Fong & Borders, 1985, p. 109). Based on the effect gender-role orientation has on the learning and effectiveness of counseling skills,

Fong and Borders (1985) suggested that variations in learning be considered in training counselors.

Further examination of counselor effectiveness (Fong, Borders, & Neimeyer, 1986) was conducted in a study of the effect of gender-role orientation on self-disclosing flexibility of counselors-in-training. This study was similar to Fong and Borders' (1985) study, with the addition of self-disclosure. Using Egan's model, 44 master's level participants were rated at two weeks and at the end of the semester on counseling skills and effectiveness. It was noted that both gender-role and self-disclosure flexibility had an effect. Participants scoring high on masculinity and low on self-disclosing flexibility performed counseling skills less effectively. Here, as in the Fong and Borders (1985) study cited above, the undifferentiated trainee benefited most from Egan's format. It was concluded that flexibility of perceptions and cognitions mediate skill acquisition and use of counseling skills. Perhaps masculine gender-role contributes to limitation of flexibility of interpersonal perceptions and behaviors. Further, the androgynous counselor-in-training may benefit from training that builds on response skills already possessed.

Brown (1990) addressed the need for inclusion of gender membership, gender roles, and gender-related aspects of identity in the core curriculum of clinical assessment training. She pointed out that gender issues are rarely attended to in counselor training. She also reported that

attention to gender role issues in the clinical assessment interview can help the clinician differentiate gendered behaviors from pathologies. Finally, Brown stated that awareness of gender issues on the part of the clinician can help counter androcentric biases in diagnosis, treatment planning, and prognosis along with interactions between the counselor and client. Strategies for becoming a more gender-aware assessor include reading journals and monographs that focus on gender issues, course work during training and continuing education workshops for the practicing professional, consulting specialists in the field, and pursuing case consultations with a colleague who is knowledgeable about gender and gender-role issues.

In a study of the counselor developmental stage model (Skovholt & Ronnestad, 1992), it was reported that the "larger society and culture" with which the counselor interacts is an influential source for counselor development. It can be extrapolated that sex-typing by both the larger culture and the therapeutic community influence the development of the counselor. And, just as readily, training in sex-fair perception, assessment, and intervention can help to direct counselor development.

The above research serves to illuminate an area of training that for the most part has not been examined. Results indicate that counselors are the product of their culture, and as such carry with them into their training and into the counseling relationship and process the customs of

the larger culture. It cannot be assumed that counselors-in-training will somehow during their training acquire a less biased attitude. Training and counselor education needs to focus on gender-role orientation just as it has focused on multicultural issues.

Chapter 3

SAMPLE, INSTRUMENTATION, AND PROCEDURES

Sample

The sample of this study consisted of 122 master's level counselors-in-training from 11 midwestern and western universities. The sample was composed of 69 females and 53 males. Ages ranged from 21 to 50; with 51 percent between 21 and 26, 21 percent between 27 and 32, 8 percent between 33 and 38, 11 percent between 39 to 44, and 7 percent between 45 and 50 (one participant reported his age as 50+ and another did not report her age). Fifty-seven percent of the participants were single, 40 percent married or cohabitating, and 3 percent were divorced. Counseling programs represented by the participants included agency/community, college student personnel, marriage and family therapy, school, rehabilitation, sports, speech pathology, and nursing. Because not all participants specified their areas of concentration, percentages of representation cannot be reported. To be eligible to participate, the counselor-in-training was required to either have completed a techniques/pre-practicum course, or

if currently enrolled in such a course, to have completed two-thirds of the course. Further, the counselor-in-training must not have completed a supervised practicum in which she or he had been involved in a therapeutic relationship with a client; nor have had a formal, supervised, paid counseling experience. Participation was on a voluntary basis.

Instrumentation

Bem Sex-Role Inventory. The Bem Sex-Role Inventory (BSRI) was developed by Bem (1974; 1981a, 1981b) for use in research on psychological androgyny and later on sex-typed individuals. It is based on two theoretical assumptions: (a) culture insists on the grouping of heterogeneous personality characteristics into two mutually exclusive categories based on sex and acceptable for one of the two sexes, and (b) individuals differ in the degree to which they apply these cultural definitions in self-evaluation and behavior (Bem, 1984).

Two formats of the measure have been developed: (a) the long form consisting of 60 items (the original form), and (b) the short form consisting of 30 items. The long form, which was used in this research, is divided into 20 masculine-typed adjectives, 20 feminine-typed adjectives, and 20 filler adjectives that measure social desirability (these are most often treated as neutral items). Examples of masculine adjectives include dominant, self-reliant, and

ambitious. Feminine adjectives include cheerful, gentle, and tender. Social desirability, neutral, items include conscientious, truthful, and happy. In responding to the items on the BSRI, the individual is instructed to respond on a 7-point Likert scale ranging from 1 "never or almost never true" through 4 "occasionally true" to 7 "always or nearly always true" (Bem, 1981b).

Two points distinguish the BSRI from most other scales of masculinity-femininity: (1) masculinity and femininity are treated as independent, orthogonal, dimensions, rather than as two poles on a continuum, and (2) the BSRI conceptualizes the traditionally sex-typed person (e.g., female and feminine) by culturally dictated definitions of sex-appropriate standards and not individually held desirability. The cultural definition serves as the ideal standard against which an individual evaluates her or his attitudes and behaviors (Bem, 1974).

A median split method is used to classify responses into masculine, feminine, androgynous, or undifferentiated categories. Males and females whose classification is consistent with their sex are referred to as sex-typed; those who score higher on the other sex items are cross-sex-typed. Those who score high on both masculine and feminine characteristics are classified as androgynous; those who score low on both are classified as undifferentiated (Bem, 1977). The BSRI has shown moderately high stability (test-retest reliability estimates of .76 to

.94 over a four-week interval). Internal consistency estimates range from .75 to .90. There is also evidence for the independence of the masculinity and femininity scales (Bem, 1974; 1981b). In a study of gender schema theory and sex-role inventories, Larsen and Seidman (1986) reported support for the construct validity of the BSRI. Two factor analyses of sex-typed and non-sex-typed groups were conducted on the intercorrelation of the 20 masculine items and 20 feminine items. It was concluded that "psychometric effects mirror theoretical predictions" (p. 207).

The BSRI has generated much interest and criticism. (Bem, 1979; Bem, 1981c; Locksley & Colten, 1979; Myers & Gonda, 1982; Pedhazur & Tetenbaum, 1979; Spence & Helmreich, 1981; Walkup and Abbott, 1978). Anastasi (1988) summarized the criticisms by stating that the BSRI, along with other instruments measuring masculinity and femininity, remains in the process of development. Although such instruments have shown satisfactory construct and predictive validity, the categories of masculinity and femininity have not proven to be effective categories of personality. It was suggested by Anastasi that a better means of measure would be the use of clearly specified and empirically verified personality traits which would result in trait profiles that could then be compared to the sex differences present in a specific culture at a specific time period.

Participants in this study completed the BSRI after viewing and responding to videotaped vignettes. BSRI scores

were used as a means to ascertain participants' gender-role orientation.

Demographic Data Sheet. A form was created for this study to solicit demographic information from participants (See Appendix E). Data generated by the demographic data sheet were used to determine participants' eligibility for inclusion in this study.

Stimulus Vignettes. A videotape containing six, four-minute vignettes was created for this study. Six actors, three female and three male, portrayed clients in the vignettes. They were of similar age and of equivalent attractiveness. Scripts were written to reflect gender-role oriented client descriptions (See Appendix A for vignette scripts). There were six vignettes in all: (1) a male presenting a masculine role; (2) a male presenting a feminine role; (3) a male presenting an androgynous role; (4) a female presenting a feminine role; (5) a female presenting a masculine role; and (6) a female presenting an androgynous role. Vignettes were submitted for evaluation of gender-role oriented-type to three independent judges. The three judges included two doctoral students and one Accredited Certified Social Worker (ACSW) in private practice. All three were knowledgeable in the area of gender-role orientation prior to serving as judges for this study. Interrater agreement was 100 percent on all six vignettes. See Appendix B for evaluation procedures and Appendix H for specific instructions to the judges.

Counselor Vignette Response Sheet. After viewing each vignette, participants responded in writing to the open-ended question, "What would you say next to the client?" (See Appendix F). The purpose of this question was to determine how the participant conceptualized the client. This form was titled "Vignette Response Sheet." Vignette responses were scored by two independent raters who were enrolled in a master's level psychology program (See Appendix D for scoring procedures and Appendix I for specific instructions to raters). A consistency scale was developed for scoring responses of the counselors-in-training to the vignettes. The scale consisted of seven points (0 to 6), with "0" representing no consistency between a participant's vignette responses and gender-role orientation, and "6" indicative of a maximum consistency between a participant's vignette responses and gender-role orientation. The scale was submitted for evaluation to a panel consisting of five experts in the fields of statistics, research design, and psychological application. After reviewing the scale, the panel concluded the scale did have face validity.

Procedures

Participants completed an informed consent form (See Appendix G) and the demographic data sheet. Each participant viewed six, four-minute video-taped vignettes, each of which depicted a client in a simulated counseling

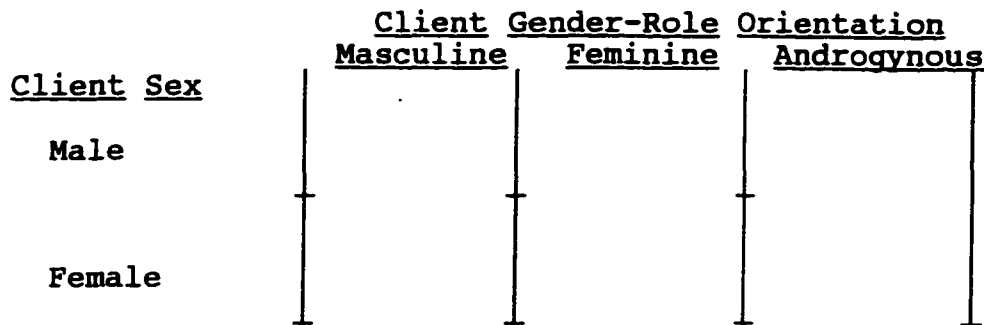
session relating a problem to a counselor. Each vignette was accompanied by a written description of the client that corresponded to a gender-role orientation followed by the client presenting his or her problem. The problems presented also reflected gender-role orientation. At the conclusion of each vignette, participants responded in writing to the question, "What would you say next to the client?" Participants were given 75 seconds to write their responses. They were informed that a two- to five-sentence response was all that was required. This procedure was followed for all six vignettes.

Following viewing and responding to the six vignettes, participants completed the Bem Sex-Role Inventory, the results of which were used to assess participants' gender-role orientations. Upon completion of the BSRI, participants were debriefed (For instructions to the proctor see Appendix C).

Research Design

This analogue study employed a 2 X 3 factorial design, with two levels applied at two dimensions (Ary, Jacobs, & Razavieh, 1979). Client sex had two levels, female and male. Client gender-role orientation consisted of three levels: masculine, feminine, and androgynous. The undifferentiated dimension of gender-role orientation was not included in the study as, by its very definition, it represents a lack of gender-role orientation--both masculine

and feminine values fall below the median. The independent variables were client sex and gender-role orientation. The dependent variable was counselor response consistency.



Null Hypotheses

The following null hypotheses were tested in this study:

1. Gender-role orientation of clients has no effect on responses of counselors-in-training.
2. Gender-role orientation of counselors-in-training has no effect on their responses to clients.
3. Client sex has no effect on responses of counselors-in-training.

An alpha level of .05 was chosen as the value necessary for rejection of a null hypothesis.

Data Analysis

Scoring Participants' Responses. Two students enrolled in a master's level psychology program served as raters and scored participants' responses. Scoring required the raters to learn and understand the six counselor skills:

concreteness, confrontation, immediacy, warmth, empathy, and advanced empathy as defined by Egan (1986) and Ivey (1988). Raters were blind to participants' gender-role orientation during rating procedures. Responses were scored as one of the six skills or "other." No distinction was made between scoring empathy and advanced empathy, as both were deemed to be feminine skills. Responses were then classified as masculine, feminine, androgynous, or other based on the research of Borders and Fong (1984), Fong and Borders (1985), and Fong et al. (1986). An interrater agreement of 75 percent was required for acceptance of classifications (82.86 percent agreement was achieved by the raters). After scoring and classification were completed, raters used a Tabulation of Consistency Scores Form (See Appendix J) on which the participant's identification number, sex and gender-role orientation were recorded. Response sheet classifications were categorized into gender-role orientation categories and compared with client's gender-role orientation. Each response consistent with a client's gender-role orientation was awarded one point. Inconsistent responses were not awarded points. Points were tallied and entered onto the tabulation form. A second comparison of a participant's responses was made for consistency with participant's gender-role orientation. Classifications were again tallied and where each participant's response was consistent with participant's gender-role orientation, one point was awarded.

Inconsistent responses were not awarded points. Points were tallied and entered onto the tabulation form. A third comparison of a participant's responses was made for consistency with a client's sex. Classifications were again tallied and where each participant's response was consistent with a client's sex (e.g., masculine response if the client is male) one point was awarded. Points were again tallied and entered onto the tabulation form.

Three, two-way analyses of variance were conducted to test for main and interaction effects for each of the three null hypotheses. Appropriate post hoc analyses were also conducted where warranted.

Limitations

This study was conducted within the parameters of the following limitations:

1. Because the study was an analogue study, applicability of results are limited to the extent that data were not derived from an applied setting. Because the study involved a single sampling of participants in an analogue paradigm exposure situation, results may not be applicable to actual settings beyond the controlled setting of this investigation.

2. Although great care was taken to control for extraneous variables such as age, race, and attractiveness in presenting actors with similar characteristics, it is possible that the presentation of white, attractive clients

in their thirties may have introduced variables that could have affected participants' responses. The application of the results of this study to a generalized population of clients may, therefore, be limited.

3. Participants were instructed to assume the role of a counselor in their viewing of the six vignettes. Because this imagining is not equivalent to a counselor-in-training actually interacting with the clients in the vignettes, generalization to actual counseling circumstances may be limited.

Chapter 4

RESULTS

This chapter presents the results of the statistical analyses of data pertaining to the testing of the three hypotheses presented in Chapter 3. Three null hypotheses were generated from the research questions. Results of these analyses are presented and followed by a discussion of the findings.

Null Hypothesis One

It was hypothesized that the gender-role orientation of clients has no effect on responses of counselors-in-training to clients. To test null hypothesis one, a two-way ANOVA was computed, the results of which are contained in Table 1. The dependent variable was consistency scale scores derived from responses of counselors-in-training to the question, "What would you say next to the client?" In hypothesis one consistency scale scores indicated consistency of responses of counselors-in-training with gender-role orientations of the clients. As can be seen from the data in Table 1, gender-role orientation of clients had no effect on counselors-in-training responses when categorized by their

sex and/or gender-role orientations (sex and gender-role orientation interaction ($F(2, 116) = 1.18, p = .31$), sex or gender-role orientation ($F(1, 116) = 1.02, p = .32$), and ($F(2, 116) = 1.28, p = .28$), respectively). The ANOVA failed to yield any significant F values, thus the null hypothesis was retained.

Table 1
Results of Two-Way ANOVA of Response Consistency Scores of Counselors-in-Training (Counselors' Responses Consistent with Clients' Gender-Role Orientations--G-RO)

Source of Variation	SS	df	MS	F	p
Sex	.96	1	.96	1.02	.32
G-RO	2.40	2	1.20	1.28	.28
2-way Interactions	2.21	2	1.11	1.18	.31
Sex G-RO	2.21	2	1.11	1.18	.31
Explained	5.45	5	1.09	1.16	.34
Residual	109.22	116	.94		
Total	114.66	121	.95		

Null Hypothesis Two

It was hypothesized that gender-role orientation of counselors-in-training has no effect on their responses to clients. To test null hypothesis two, a two-way ANOVA was computed, the results of which are contained in Table 2. The dependent variable was consistency scale scores derived from responses of counselors-in-training to the question, "What would you say next to the client?" In hypothesis two consistency scale scores indicated consistency of responses

of counselors-in-training with their own gender-role orientations. As can be seen from the data in Table 2, the two-way ANOVA yielded a significant $F(2, 116) = 3.04$ ($p = .05$) value for the main effect of gender-role orientation. This value was sufficient to reject null hypothesis two.

Table 2

Results of Two-Way ANOVA of Response Consistency Scores of Counselors-in-Training (Response Consistency of Counselors-in-Training with Gender-Role Orientations--G-RO--of Counselors-in-Training)

Source of Variation	SS	df	MS	F	p
Sex	.60	1	.60	.24	.63
G-RO	15.14	2	7.57	3.04	.05*
2-way Interactions	5.76	2	2.88	1.16	.32
Sex G-RO	5.76	2	2.88	1.16	.32
Explained	21.66	5	4.33	1.74	.13
Residual	288.86	116	2.49		
Total	310.53	121	2.57		

* $p \leq .05$

There was no significant main effect for gender-role orientation of counselors-in-training in relationship to the sex or interaction of sex and gender-role orientation of counselors-in-training ($F(1, 116) = 0.24$, $p = .63$); ($F(2, 116) = 1.16$, $p = .32$), respectively.

A post hoc analysis was conducted to determine whether there was a significant difference in response consistency scores of counselors-in-training when comparing the means of each gender-role orientation category. Scheffe's multiple-

comparison procedure yielded a significant difference between mean consistency scores of masculine and androgynous counselors-in-training. Table 3 presents the values for each comparison. Masculine counselors-in-training, regardless of their sex, responded in a manner consistent with their own gender-role orientation to a significantly more frequent extent than did androgynous counselors-in-training ($2.23 > 1.31$, $p = .04$). In view of the

Table 3

Results of Scheffe Test of Response Consistency of Counselors-in-Training as an Effect of the Gender-Role Orientation of Counselors-in-Training

Means

Female=1.66; Male=1.81; Feminine=1.62;
Masculine=2.23; Androgynous=1.34

*G-RO	2.23>1.62	$p=.21$
	2.23>1.34	$p=.04^{**}$
	1.62>1.34	$p=.74$

*Gender-Role Orientation

** $p \leq .05$

significant result of the Scheffe Test, rejection of null hypothesis two was affirmed.

Null Hypothesis Three

To test null hypothesis three, of no effect of client sex on responses of counselors-in-training, a two-way ANOVA was computed, the results of which are contained in Table 4. The dependent variable was consistency scale scores derived

from responses of counselors-in-training to the question, "What would you say next to the client?" Consistency of scale scores indicated consistency of responses of counselors-in-training with the sex (sex-typing) of clients. As can be seen from the data in Table 4, sex of clients had no effect on responses of counselors-in-training ($F(1,116) = 0.56, p = .46$).

Table 4
Results of Two-Way ANOVA of Response Consistency Scores of Counselors-in-Training (Response Consistency of Counselors-in-Training with Clients' Sex)

Source of Variation	SS	df	MS	F	p
Sex	.22	1	.22	.56	.46
G-RO*	.66	2	.33	.83	.44
2-way Interactions	1.12	2	.56	1.41	.25
Sex G-RO	1.12	2	.56	1.41	.25
Explained	1.98	5	.40	1.00	.42
Residual	46.06	116	.40		
Total	48.03	121	.40		

*Gender-Role Orientation

Furthermore, sex of clients had no effect on responses of counselors-in-training when categorized by their sex and gender-role orientations (sex and gender-role orientation ($F(2, 116) = 1.41, p = .25$); or gender-role orientation ($F(2, 116) = 0.83, p = .44$). As can be seen from the data in Table 4 (page 57), the ANOVA failed to yield any significant F values, thus the null hypothesis was retained.

A question arose regarding responses of

counselors-in-training: Did counselors-in-training respond to clients using all categories of response with equal frequency? A post hoc analysis, using a descriptive approach, involved three inquiries: (a) What were the overall response frequencies in each category? (b) Who made them? (c) How did responses reflect the gender-role orientation of counselors-in-training? Means and percentages were computed to answer these questions.

Table 5 presents the means and percentage of responses of counselors-in-training for each response category as designated by the sex and gender-role orientation of counselors-in-training. Results indicated that "concreteness" and "empathy/advanced empathy" responses were made with a relatively great deal of frequency, 44 and 43 percent, respectively. The remaining response categories were utilized with far less frequency: "other" 8 percent, "confrontation" 4 percent, "warmth" less than one percent, and "immediacy" less than one percent.

Females and males, regardless of feminine or masculine gender-role orientation, responded in a concrete manner with greater frequency than in any of the other response categories (female/feminine 46 percent, female/masculine 43 percent, male/masculine 53 percent, and male/feminine 44 percent). Androgynous gender-role oriented counselors-in-training, both female and male, responded more frequently with empathic responses (47 percent and 48 percent, respectively) than did sex-typed (female 41

Table 5
Means and Percentages of Responses for Each Response
Category by Sex and Gender-Role Orientation

Sex/G-RO	<u>Response Categories:</u>					
	CC	CF	I	W	E/AE	O
Female/Feminine:						
Mean	3.40	0.24	0.00	0.00	3.04	0.68
Percent	46	3	0	0	41	9
Female/Masculine:						
Mean	3.24	0.38	0.00	0.05	3.09	0.86
Percent	42	5	0	1	41	11
Female/Androgynous:						
Mean	2.70	0.35	0.04	0.04	3.43	0.74
Percent	37	5	1	1	47	10
Male/Masculine:						
Mean	4.20	0.25	0.00	0.00	3.20	0.35
Percent	52	3	0	0	40	4
Male/Feminine:						
Mean	3.71	0.35	0.00	0.60	3.29	0.53
Percent	44	4	0	7	39	7
Male/Androgynous:						
Mean	2.94	0.44	0.00	0.00	3.56	0.44
Percent	40	6	0	0	48	6
Totals:						
Mean	3.35	0.33	0.82	2.46	3.25	0.61
Percent	44	4	0	0	43	8

N=122; Total Number of Responses=928

CC=Concreteness; CF=Confrontation; I=Immediacy; W=Warmth;
 E/EA=Empathy/Advanced Empathy; O=Other

percent; male 40 percent) or cross-sex-typed (female 41 percent; male 39 percent) counselors-in-training.

Responses of counselors-in-training were grouped into sex/gender-role orientation categories and response gender categories (feminine, masculine, androgynous, and other).

Table 6 presents means and percentage of

counselors-in-training responses by sex/gender-role orientation of counselors-in-training (female/feminine, female/masculine, female/androgynous, male/feminine, male/masculine, and male androgynous) and response gender categories (feminine: warmth and empathy/advanced empathy; masculine: concreteness, confrontation, and immediacy; androgynous: combination of feminine; and other: responses not included in either feminine or masculine categories).

Feminine responses were made more frequently by androgynous counselors-in-training, regardless of sex (females 38 percent; males 36 percent). Masculine responses were made more frequently by masculine counselors-in-training, regardless of sex (females 40 percent; males 40 percent). Androgynous responses were made more frequently by males who had either masculine or feminine gender-role orientations (33 percent; 32 percent, respectively). As can be seen in Tables 5 and 6, masculine responses, primarily concreteness, were made with the same frequency (40 percent) by feminine and masculine gender-role oriented counselors-in-training, regardless of their sex. Androgynous, gender-role oriented counselors-in-training responded most often with feminine category responses, primarily empathy/advanced empathy (female/androgynous 38 percent; male/androgynous 36 percent). Androgynous responses, primarily a combination of concreteness and empathy/advanced empathy, although made less frequently than masculine and feminine responses, were made more

Table 6
Means and Percentages of Counselors-in-Training Responses by Sex/Gender-Role Orientation (G-RO) Categories and Response Gender Categories

Sex/G-RO:	Response Gender Categories:			
	F	M	A	O
Female/Feminine:				
Mean	1.60	2.28	1.44	0.72
Percent	27	38	24	12
Female/Masculine:				
Mean	1.57	2.80	1.67	0.90
Percent	23	40	24	13
Female/Androgynous:				
Mean	2.22	1.78	1.35	0.52
Percent	38	30	23	9
Male/Feminine:				
Mean	1.41	2.12	1.94	0.53
Percent	24	36	32	9
Male/Masculine:				
Mean	1.25	2.40	2.00	0.35
Percent	21	40	33	6
Male/Androgynous:				
Mean	2.19	2.00	1.38	0.44
Percent	36	33	23	7

N=122; Total Number of Responses by G-RO=750
 G-RO=Gender-Role Orientation; F=Feminine; M=Masculine;
 A=Androgynous; O=Other

frequently by male/feminine and male/masculine counselors (32 percent and 33 percent, respectively).

Discussion

Following comments on the results of this study, discussion of the results will address three points: a) Why null hypothesis two was rejected; b) Why null hypotheses one and three were retained, when this appears to be contrary to

previous research; and c) Why responses, although representing instrumental and expressive responses, were delimited almost exclusively to responses of concreteness and empathy/advanced empathy.

Generally speaking, this study was susceptible to the restrictions present in the body of research on skills-training. Because no standardized approach exists for the assessment of the effectiveness of counselors-in-training, there are incongruities among research findings. Among the variables contributing to incongruent research outcomes are the use of videotaped presentations to assess skills acquisitions and application, and error variance introduced by rating procedures, as reported by Kurtz, Marshall, and Banspach (cited in Fong et al., 1986). Videotaped presentations of clients have been utilized in studies (Fong & Borders, 1985; Fong et al., 1986) and have yielded mixed results. Analogue research, via videotape, may contribute to the restriction of responses by counselors-in-training.

In addition, the use of raters to categorize responses may introduce error variance. Although interrater agreement in this study reached 83 percent, the possibility of error in classification of the skills represented in participants' responses cannot be ruled out.

Two aspects of this study differed from that of previous research: a) only counselors-in-training who had neither completed a supervised practicum in which they had

been involved in a therapeutic relationship with a client, nor had formal, supervised, paid counseling experience served as participants, and b) allowing participants to respond to the vignettes in a spontaneous manner. In the research on which this study was based, participants varied in amount and nature of "social service experience" (Fong & Borders, 1985; Fong et al., 1986; Simon et al., 1992). This study's restriction on experience of counselors-in-training most closely reflects Skovholt and Ronnestad's (1992) stage model of development, Phase 2: the beginning period of professional training. The main theme of this developmental stage is "development of externally imposed rigidity in many areas of professional functioning, such as role or working style, conceptualization of issues, and measurement of success," (p. 508). The client is not included as a source of this pressure as is reflected in this comment by a participant at this phase of development, "At times I was so busy thinking about the instructions given in class and textbooks, I barely heard the client," (p. 508). It may be that only the masculine gender-role orientation is stable enough to resist external pressures, or that the masculine gender-role orientation is more consistent with the imposed models of professional functioning. For feminine and androgynous counselors-in-training, a transient gender-role blindness may occur as a result of the focus on external pressures.

Of the three null hypotheses tested, only null

hypothesis two, which stated that gender-role orientation of counselors-in-training has no effect on their responses to clients, was rejected. Of the three gender-role orientations studied (masculine, feminine, and androgynous), only responses of masculine counselors-in-training were congruent with the gender-role orientation of counselors-in-training. This finding is consistent with the finding of Fong and Borders (1985), who reported that counselors-in-training with masculine gender-role orientation, regardless of sex, scored lower on pre- and post-training (semester-long skills training courses) measures of effectiveness. A main effect for masculine gender-role orientation was noted on instrumental (masculine) skills. Significant interaction of masculine and feminine gender-role orientations on overall counselor skills was also noted. In this study, there were no main effects for femininity or androgyny. Lack of significance for feminine gender-role oriented counselors-in-training and empathy in this study was also consistent with previous findings. Fong et al. (1986) concluded that flexibility in perception, cognition, and behavior are important variables in skills development of counselors-in-training. Bem (1981a) concluded that perceptual set can result in interference with "interpersonal interaction." Research suggests that perceptual set as a structure can limit the flexibility of responses to clients by counselors-in-training (Fong et al., 1986). Inflexibility

appears to be more salient with the masculine gender-role orientation than with other gender-role orientations.

Results for null hypothesis one, gender-role orientation of clients has no effect on responses of counselors-in-training, and null hypothesis three, client sex has no effect on responses of counselors-in-training, are inconsistent with the earlier studies by Broverman et al. (1970); American Psychological Association (1975); and Marwit (1981). Support for hypotheses one and three is, however, consistent with the trend toward less salience of clients' gender-role orientation and sex as reported in the research of Brems and Schlottmann (1988) and Simon et al. (1992), as they apply to the area of sex-typed stereotyping. It would appear that the importance of clients' sex and gender-role orientations is declining, at least from the perception of counselors and counselors-in-training.

Reasons given for the declining influence of sex-typing and gender-role orientation include the understanding that characteristics of the mentally healthy adult are more complex than formerly believed (Kaplan et al., 1990). It was also found that younger, less experienced, and more liberal (less sex-typed) mental health professionals sex-typed clients less than older, more experienced, and traditional (sex-typed) professionals (Kabacoff et al., 1985).

The lack of saliency of clients' sex and gender-role orientations is consistent with the research of Skovholt and

Ronnestad (1992), in which it was reported that during the second phase of professional training (the beginning through the middle of graduate training) a separation between the professional and personal functioning of the counselor-in-training develops. Typical of this period is the suppression of personal characteristics (e.g., gender-role orientation) in favor of professional characteristics that are externally driven. This may include "role or working style, conceptualization of issues, and measurement of success" (p. 508). In time, this is displaced by schemata compatible with one's personality and cognitive style.

The data of this study indicate that although counselors-in-training may have acquired different categories of skills, flexibility of skills application was limited to two skills, concreteness and empathy/advanced empathy. The question arises as to why these two skills were used almost exclusively, regardless of the gender-role orientations of the counselors-in-training and clients or client sex?

A second procedural difference in this study and that of Fong and Borders (1985), involved directing participants as to the category of responses participants were to make to clients (e.g., "Respond to the next client with a statement of empathy."). This "coaching" of participants assured demonstration of all categories of responses. Although Fong and Borders tested both acquisition and effectiveness of

skills, and demonstration of the six skills (concreteness, confrontation, immediacy, empathy, advanced empathy, and warmth), they did not test for self-generation of responses based on the understanding of counselors-in-training as to the appropriateness of responses. In this study counselors-in-training were not directed as to how they should respond; rather they were allowed to respond spontaneously. This study measured the production of spontaneous responses, not directed responding; therefore, the restricted nature of responses reflected in the data of this study are in addition to and not contradictory of the findings of Fong, et al. (1986).

Initial interview effect may have overridden the saliency of both the sex and gender-role orientation of the clients (Simon et al., 1992). The initial interview has as its goals rapport-building and information-gathering, goals consistent with the overwhelming use of concreteness and empathy/advanced empathy categories.

Chapter 5

SUMMARY, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

This chapter contains the summary, conclusions, and implications of this study, and recommendations for future research based on the effect of gender-role orientation of counselors-in-training and clients, and sex of clients on the response consistency of counselors-in-training.

Summary

This analogue study was designed to investigate the effect of gender-role orientation of counselors-in-training, gender-role orientation of clients, and sex of clients on responses of counselors-in-training. Although educational and training texts dealing with acquisition and application of counselor skills addresses multicultural differences of race, ethnicity, religion, socioeconomic status, and sex, gender-role orientation has not been known to have been addressed (Egan, 1986; Ivey, 1988). Some research, however, has been conducted in this area (Barak et al., 1988; Blier et al., 1987; Border & Fong, 1984; Cummings, 1989; Fong & Border, 1985; Hardin & Yanico, 1983; Subich, 1984).

The sample of this study consisted of 122 counselors-in-training, 69 females and 53 males, who were

enrolled in master's level counselor training programs from 12 midwestern and western universities. Criteria for inclusion in this study consisted of enrollment in a master's level counselor training program; the completion of a techniques/prepacticum course, or completion of two-thirds of the course; no supervised practicum involving the development of a therapeutic relationship with a client; and no formal, supervised, paid counseling experience. Data were collected from participants during an hour-long class period. A demographics sheet was completed to ascertain the meeting of criteria for inclusion in the study. This was followed by the signing of an informed consent form. Participants viewed a videotape containing six client vignettes and were instructed to assume the role of the counselor. Each vignette began with an on screen printed description of the client, and was followed by the presentation of a client talking about a problem. This was followed by the printed question, "What would you say next to the client?" Participants were then instructed to write a two-to-five sentence response to the question and given 75 seconds to complete their response. This procedure was followed for all six vignettes. Following responding to each vignette, participants completed the Bem Sex-Role Inventory and were debriefed.

Participants' responses were scored by two independent raters and fell into one of six categories: concreteness, confrontation, immediacy, warmth, empathy/advanced empathy

(these two were combined for ease of scoring), and other (responses falling into none of the other categories). This score was converted to a constancy score, frequency of responses consistent with the (a) gender-role orientation of clients, (b) gender-role orientation of counselor-in-training, and (c) sex of clients.

Answers to the following three questions were sought:

1. Does client gender-role orientation affect responses of counselors-in-training to clients?
2. Does the gender-role orientation of counselors-in-training affect their responses to clients?
3. Does client sex affect the responses of counselors-in-training to clients?

From these research questions the following three null hypotheses were formulated and tested:

1. Gender-role orientation of clients has no effect on responses of counselors-in-training to clients.
2. Gender-role orientation of counselors-in-training has no effect on their responses to clients.
3. Client sex has no effect on responses of counselors-in-training to clients.

A two-way ANOVA was computed to test each null hypothesis. An alpha level of .05 was necessary for the rejection of the null hypothesis.

Null hypothesis one was supported, with results indicating that gender-role orientation of clients has no effect on their responses to clients.

Null hypothesis two was rejected, with results indicating that gender-role orientation of counselors-in-training has an effect on their responses to clients. Application of Scheffe's method of multiple-comparison revealed a significant difference between the consistency of responses of masculine and androgynous counselors-in-training. Masculine counselors-in-training responded more frequently with responses consistent with their own gender-role orientations.

Null hypothesis three was supported, with results indicating that sex of clients has no effect on the responses of counselors-in-training.

Further analysis indicated that of the six possible responses, concreteness was the most frequent response (44 percent) followed by empathy/advanced empathy (42 percent), regardless of gender-role orientation or sex of either counselors-in-training or clients. The remaining categories comprised only 13 percent of responses. Concrete responses were made most frequently by masculine and feminine counselors-in-training, regardless of sex. Androgynous counselors made more empathic responses than androgynous responses, with androgynous responses being made most frequently by male masculine or feminine counselors.

Conclusions

Based on the results of this study and within the scope

of the limitations noted in Chapter 3, the following conclusions are offered:

1. Responses of counselors-in-training to clients do not appear to be directly influenced by either the gender-role orientation or sex of clients. Biases based on gender-role orientation or sex of clients (sex-typing and stereotyping) are not as salient to skills acquisition and application as may have been previously believed.

2. Responses of counselors-in-training appear to be directly influenced by their own gender-role orientations. Of the gender-role orientations, the masculine gender-role orientation appears to be the most influential with regard to responses of counselors-in-training.

3. Responses of counselors-in-training are restricted to the use of concreteness and empathy/advanced empathy with little or no application of other response categories. Although training may include instruction in other response categories, responses of counselors-in-training do not reflect the acquisition of these other categories.

Implications

The following implications are based on the findings of this study. The implications include theoretical perspective as well as acquisition and application of counselor training methods.

1. The results of this study lend support to other studies that appear to represent an actual decrease in the

effect of client sex and gender-role orientation on application of skills by counselors-in-training (Kabacoff et al., 1985; Kaplan et al., 1990). As such this is an encouraging sign that the double-bind of mental health so long ascribed to women is declining (APA Task Force, 1975; Brems & Schlottman, 1988; Broverman et al., 1970; and Gilbert, 1979). It does not, however, negate the effect of sex and gender-role orientation on the lives of both men and women. While gender equity may be encouraged in interactions with clients, counselors-in-training need to understand the importance of sex and gender-role orientation in the life experiences of clients. This has important training implications. Counselors-in-training need to become aware of and sensitive to the gender-bound experiences and socialization of their clients. Counselors-in-training may benefit from coursework focusing on sex and gender-role orientation as they apply culturally and across the lifespan. Understanding clients in context could facilitate not only interactions with clients, but aid in formulation of diagnoses and therapeutic interventions.

2. Of the variables of sex and gender-role orientation of counselors-in-training, gender-role orientation appears to be an important variable in skills acquisition and application; specifically, masculine gender-role orientation. Operating under the assumption that acquisition of all response categories takes place in training, it would appear that masculine gender-role

orientation highly influences application of responses by counselors-in-training. It can be speculated that if responses are expressions of a cognitive set, masculine gender-role orientation represents a specific set that is less amenable to standardized training approaches. It is assumed that feminine and androgynous orientations are amenable to standardized training as they are not shown to be of significant influence on responses by counselors-in-training. If this is the case, gender-role orientation becomes a variable in need of consideration during training. Coursework focusing on gender-role orientation could be most beneficial to counselors-in-training in coming to understand how their gender-role orientations affect their responses and interactions with clients. In addition, other methods of training may prove more effective with masculine gender-role oriented counselors-in-training.

3. Variables other than those controlled for in the study may have influenced the restriction of response categories. The level of development of counselors-in-training and the effects of counselor role development may have influenced the outcome of this study. Although most research has considered counseling experience or education as a measure of development, mere duration of time exposed to training as a measure of development needs to be reassessed. Evaluating counselors-in-training from a developmental perspective may prove helpful in understanding

counselor development as a process involving self-understanding and development, development of counselor role, and development of specific tasks such as acquisition and application of skills. Just as viewing clients in context proves helpful to understanding, so too could viewing counselors-in-training within the context of personal development, development of counselor role, acquisition of skills, and application flexibility.

Recommendations

This section contains recommendations for further research based on the results of this study:

1. Because of the limitations imposed by written responses, replication of this study using videotape would serve to provide a more complete record of participants' responses. This approach would provide a means of evaluating whole responses, nonverbal as well as verbal. In addition, such an approach would provide data for response categories that rely primarily on nonverbal responses (e.g., "warmth"). Although a more labor intensive means of data collection, this approach would provide data in its entirety.

2. After responding to all of the vignettes and before debriefing, participants could be tested to assess whether acquisition of all response categories had occurred. This would serve to support the assumption of acquisition of response skills during training.

3. The addition of undifferentiated gender-role orientated counselors-in-training should be undertaken. The addition of this less often studied gender-role orientation would provide a complete representation of counselors-in-training and provide additional information.

4. Videotaping of practice sessions or actual therapy sessions would allow for interaction between the counselors-in-training and clients in a more naturalistic setting. Although this would require categorization of clients' responses along with responses of counselors-in-training, such settings would enable counselors-in-training to interact with clients, a situation not possible in an analogue setting.

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APPENDIXES

APPENDIX A

TRANSCRIPTS FOR CLIENT VIGNETTES

"Conflict With Mother Over Having A Baby"
(Female-Masculine)

Description: Susan is 31 and married. She is an engineer and has worked for an electronics company for five years. Susan is very energetic. In addition to spending 50 or more hours at work each week, she is involved in local politics and civic organizations, serving on the board of the YMCA and projects chair for the community school system's regional science fair. Susan enjoys spending her spare time swimming and traveling. She presents herself in a direct, well thought out manner.

Client: Well, I guess it all started about the time of my last birthday. Suddenly my mother starts making, not so covert, remarks about wanting to become a grandmother. Every time I see her or talk with her, she brings up the subject of babies. Janet, her best friend, has a daughter who had a baby six months ago and this is all I hear. How happy her daughter is to be a mother. How fulfilled she seems. How proud Janet is of this kid. If it isn't Janet's granddaughter I'm hearing about, it's my cousins. My mother used to think it was outrageous how they kept having children. And now, she talks like its the best thing anyone can do. When I tell her I don't care about what other people are doing, she brings up the old "biological clock" ticking away. "You're not getting any younger," she says. "The older you are the more can go wrong; the more problems there can be. Don't you want to be young enough to enjoy your children and grandchildren?" It's reached the point that I am avoiding my mother, and when we are together, there's this thing between us.

Don't get me wrong. My mother has always been supportive of what I want. When I decided to become an engineer, she was behind me all the way. She used to call me her daughter, the engineer. She really is understanding and supporting. She knows how important my career is to me--It's just this baby thing! It's reached the point that it is really putting a strain on our relationship. And it's funny, she never says anything to my brother about making her a grandmother. He's older than me and yet I'm the one getting all the pressure. "When Susan has a baby. When Susan makes me a grandmother." Even my father is beginning to do it. Last week he jokingly asked me when I was going to settle down and give him a grandson. "I'm not going to

be here for ever," he said. That made me angry. I didn't say anything, but I knew my mother had put him up to it. That's not what my mother is usually like and I don't understand her acting this way.

I've thought about this. I know it's important to my mother. Her best friend is a grandmother and she's not. I know that it is her issue, but she can't seem to understand that I am happy with my life, with my career, with what I'm doing. I keep thinking that it's a phase and she'll get over it, but it is causing a problem. I love my mother and I know she loves me. Yet, I feel like . . . like she's trying to control my life.

"Family Business or Teaching"
(Male-Feminine)

Description: Norman is 31 and married. He has taught kindergarten for the past seven years at an inner-city elementary school. Norman volunteers at a community shelter for homeless families. He enjoys spending his free time with friends and family. Norman is soft spoken and sensitive to others.

Client: Well, this isn't a new problem. It seems to come up every couple of years and this time I decided that I need to really deal with it. My father is in the wholesale business. He started it when my brother and I were very young and he's worked extremely hard to build it into a very profitable business. He has always planned that my brother and I would take it over someday. He used to say that he worked hard so that his children could have a better life. That the business was his legacy to us. His mark in the world.

When I graduated from college he thought I would go into the business. When I chose teaching, he was disappointed, but said I needed time to find myself and that was that. It was a hard decision for me to make. I mean, my father has worked so hard. Has gone without. Has this dream that someday it will be the three of us--a real family business.

Five years ago my brother joined my father in the business. Once again my father asked me to give up teaching and come in with them. Once again I disappointed him. "I'm not ready, pop," I told him. He acted like it was okay, but I could see the hurt in his eyes. I compromised and started working there several hours a week and sitting in on business decisions. It made my life hell, but what else could I do? Two years ago they expanded the business and looked for me to join them full-time. Again I said, "No, I wasn't ready." Now, here it is again . . . "Norman come join. It's family. I want to retire. Your brother needs your help."

It's not that I'm not ready, I don't want to go into the business. I like teaching. I'm a good teacher. It's what I do. I can't keep stalling, I have to tell them that I have no plans to ever join them. It's not that I'm not interested. I try to support them, but I don't want to give up teaching and do the business full-time. I'm not a businessman, I'm a teacher. I've tried to help them understand that, but it just keeps coming up--"come into the business."

My brother understands, he doesn't hassle me about it, but my father refuses to bring anyone else in at the management level to help and everything falls to my brother. I know it's too much for him to handle. He says for me to do what I want to do, but

"Stress From Role Overload"
(Female-Feminine)

Description: Pam is 33 and married. She is a legal secretary and has worked for the same law firm for six years. Pam finds the work interesting and enjoys her coworkers. Pam helps with the care of her ailing parents. She is very involved with her church. Pam likes to spend her free time entertaining family and friends. She likes to travel and accompanies her husband on corporate trips when possible. Pam takes great pride in her home. Pam is soft spoken and warm.

Client: I'm not sure what is going on with me. I don't seem to get anything done and feel anxious at times. I've always been a happy person, and although I don't feel sad, I feel different. It's like I'm on a merry-go-round that keeps turning faster and faster.

I'm a very structured person--lists and schedules and all that. I used to say it keeps me sane, but now I wonder. I have a weekly calendar that I keep everything written down on. Every day when I get up I make a list of what I hope to accomplish that day. I get it all done, I've always gotten it all done, but I just don't feel the satisfaction I used to. I feel like I've been caught up in a snowball rolling down hill. There's always so much to do. I've always been a busy person. Always balancing a million things and loving it. But---but, lately, I don't know--I just wish the merry-go-round would slow down. That the snowball would stop growing.

I love my job. I work for three lawyers. At first it was just one, and then he took on a partner and then they took on a partner. They hired a second secretary, but the work just seems to pile up. I have a hard time not doing it all. Not getting it all done, but having to leave it at the end of the day. They tell me to slow down and take some time, but it's hard for me to do that. It seems to me that I'm working just as hard as ever and accomplishing less.

After work I go to my parents' home. My father suffered a stroke and I help my mother with housework and run errands for her, or just sit with my dad so she can get a break. After that I go home and fix dinner. My husband usually gets home late so that gives me time to do some cleaning. I take great pride in our home and try to keep everything up. Lately though, it seems that there's always something else that needs fixing.

We have a large home and so it's easiest for the family to gather there. I love to entertain our families. My husband and I also like to entertain friends. Some of them are organizing a traveling gourmet dinner club and want us to join, but I don't know if I have the time.

I'm very involved in the church. I've been teaching Sunday school for five years and donate about five hours a week doing clerical work for the church. Now they're asking

me to take on supervising the Sunday morning childcare program. Sometimes it seems like I'm at the church more than I'm at home. Aren't there other people they could ask?

"Stress From Workaholism"
(Male-Masculine)

Description: William is 32 and married. He is an attorney and has been with the same law firm for six years. He has been a full partner for the past three years. Although William spends 50 plus hours at work, he finds time to serve on the board of directors of a bank and is active in Rotary. William is health conscious and works-out three times a week in addition to weekly basketball games with a group of his friends. William takes pride in his competitiveness and independence.

Client: I'll start by telling you that I am a very responsible person--some say controlling. But, I've always had to be in charge. My Dad died when I was just a kid and there wasn't much money. I had to help with expenses and help with my brothers and sisters. Hell, I was the oldest son, I was supposed to do it. I didn't mind, it's given me a lot of self-discipline. I worked my way through college and law school and still made straight As. I joined a law firm at 26 and became a full-partner by age 29. You don't accomplish that by sitting on the sidelines. I'm only 32 and look at all I've got--a full-partnership, a big house, position in the community. Pretty successful--on top of the world, and then I start having this pain in my stomach. I go and have it checked out and the doctor tells me I have an ulcer and that I need to slow down. "Hell," I tell him, "I'm only beginning my career climb, I can't slow down." "Well," he says, "If you can't slow down, learn how to take better care of yourself."

"Okay, okay," I admit to him, "I'm pretty hard driving. I work between 50 and 60 hours a week, but I've got to. Do you know how many lawyers there are out there? I've got to keep on top of things. This partnership has given me a lot more responsibilities and I can't slack off. They depend on me. I have responsibilities." The doctor just looks at me and repeats, "You have to take better care of yourself." So I do.

I start taking care of myself, I work-out three times a week and play basketball. I start jogging. I'm thinking about running in the Boston Marathon next year. I cut back to 50, 55, hours tops at the office. I slowed down. The pain doesn't get any better, in fact it gets worse. Now the doctor tells me I have a perforated ulcer, and unless I want to die, I have to really take good care of myself. The doctor keeps telling me to take charge of my life. To give up some of the things I'm doing. So I cut way back at the office, resigned my position on a board or two, and spend more time smelling the damned roses.

The doctor says my ulcer is better, but I feel like I've lost all control of my life--like I'm falling down on my responsibilities.

"Whether Or Not To Join The System"
(Female-Androgynous)

Description: Roberta is 32 and married. She has a degree in marine biology and is presently working as a coordinator in the district office of an environmental concerns organization. She has been with the organization for six years. Roberta is dedicated to saving endangered species and volunteers time to speak to groups on the subject. She has many friends with whom she spends time sailing and going to the theater. Roberta and her husband have strong family ties, and enjoy taking their many nieces and nephews on camping trips and excursions to the city.

Client: My problem isn't something tragic or horrible that's happening. On the contrary, I've been offered a major promotion. It seems funny that my reaction is one of indecision.

I've worked for the environmental concerns organization for six years. I started out at a local agency and moved up to the regional office. Now, they've offered me the position of coordinator at the national headquarters. This is both a big promotion and recognition of the good job I have been doing. I'm happy about that, and really believe that I can make a difference for the whole organization in this new position.

It would mean more money--a lot more money, and that would be great. I feel I've paid my dues, so to speak, and I've earned this.

It means moving to Oregon. My husband is supportive of this and is willing to relocate. In fact, he's ecstatic about the idea. He's a major outdoor person and living in Oregon has been a dream of ours for a long time. We'd have to leave some family here, but, my sister and her family live in a town that's only 30 miles from where we would be located and everyone would come and visit.

I can hear myself bouncing back and forth on this. Here's the positive, and now the negative, and now the positive. I guess what is bothering me is not so much the move, relocation, or job. What really is of concern to me is the structure I would have to work in. Headquarters generally leaves the regions alone to carry out their work in their own ways and I have worked, up until now, in a really cooperative setting. Oh sure, we have a director who is responsible for us and who we report to, but the whole thing works in a low-key, rather laid-back way. No rigid accounting for time, no personalities getting in the way of the work. Basically no politics, just a bunch of like-minded people working together. Regional coordinator has given me the opportunity to work with and along side the local folks. To go national would mean to get into the politics of the organization. Don't get me wrong, I have no problem playing according to the rules, but to be put into a position of superior. I don't know if I could do it--if I

could really function well. I don't want to give up a job in which I could really make a contribution.

"Burnout"
(Male-Androgynous)

Description: Sean is 33 and married. He is a probation officer and has worked with the juvenile court system for five years. Sean volunteers his time at a local nursing home and acts as a victims' advocate for a local organization. He has a large circle of friends, both male and female, who, among other activities, play sports, and go to concerts together. Sean is an avid reader. Recently he and his wife have taken up gourmet cooking. Sean is open and direct, and very caring.

Client: At first I thought that it was my job--that I was just unhappy about what I was doing. Working with juvenile delinquents all day isn't exactly a bed of roses. But the more I've thought about it, the more it seems it's not the job, it's something bigger. Look, I got into the juvenile court system because I thought I could make a difference. Maybe make a difference for a few of these kids. Maybe help in some way, help them get themselves straightened out, but here I am five years later. Five years later and I'm sick of the whole mess. It's ended up that all I do is play babysitter for these kids.

Some of these kids want to change, but there isn't money, there aren't resources. Red tape and bureaucracy. Forms and more forms to fill-out every time you turn around. There are resources there, plenty of them, but they're always tied-up in that red tape.

I carry a caseload that makes it impossible for me to help them. All I do is stand by and watch the parade of these kids go from one bad situation to the next, and I fill-out the forms. It's really hard to see them coming in, looking at me like I can make a difference in their lives. It's reached the point where I hate to see the next one come in.

I used to really be passionate about my job. Really did think that I made a difference, even if it was just to a few of them. I used to fight the system, make it work, but now . . . now I just seem to do my job. Some mornings I hate to get up and go to the office. I get irritated at my supervisor. She's good and fair, but she's caught in the system too. She keeps telling me to notice the ones that do get their acts together. The ones that make it.

I don't know, I just feel defeated by it all. I think sometimes I should just get out of it and do something else, and then one of them does make it, or one of the kids who I used to work with comes in and tells me how he's doing and then I think, yeah, I can make a difference, I have made a difference. I can work with the system. I can work around the system. And then a new one comes in, and I read their file, and I think to myself, "Here's another hopeless one." I don't know, I know I'm one of the best probation officers the court has. I can't just step away--these kids need me.

How's the system going to change if I just roll over? I
just feel tired

APPENDIX B

PROCEDURE FOR EVALUATION OF VIGNETTES

Three independent judges evaluated the six written vignettes. For training purposes the judges were asked to read a summary of gender-role orientation classifications along with lists of adjectives describing each classification. Following this, practice vignette scripts were scored independently by the judges and discussed. Two vignette scripts were then rated by the judges and compared for agreement. A 66 percent agreement was required. The formula below was used to determine agreement:

$$R = \frac{\text{total number of agreements}}{\text{total number of agreements} + \text{disagreements}}$$

Training continued until judges agreement reached 66 percent or greater.

Bem's adjective descriptive criteria for masculine, feminine, and androgynous (combination of masculine and feminine) served as criteria for the evaluation. Criteria are listed below:

Femininity Adjectives

1. Affectionate
2. Sympathetic
3. Sensitive to needs of others
4. Understanding
5. Compassionate
6. Eager to soothe hurt feelings
7. Warm
8. Tender
9. Love children
10. Gentle

11. Yielding
12. Cheerful
13. Shy
14. Flatterable
15. Loyal
16. Soft-spoken
17. Gullible
18. Childlike
19. Does not use harsh language
20. Feminine

Masculine Adjectives

1. Defends own beliefs
2. Independent
3. Assertive
4. Strong personality
5. Forceful
6. Have leadership abilities
7. Willing to take risks
8. Dominant
9. Willing to take a stand
10. Aggressive
11. Self-reliant
12. Athletic
13. Analytic
14. Makes decisions easily
15. Self-sufficient
16. Individualistic
17. Masculine
18. Competitive
19. Ambitious
20. Acts as a leader

Androgynous

Androgynous is a combination of masculine and feminine adjectives with the androgynous individual showing a high combination of both the feminine and masculine adjectives.

The judges were asked to read each vignette and independently classify each as masculine, feminine, or androgynous based on the lists of adjectives provided. Judges' classifications were compared for agreement. Agreement of 66 percent or greater was required. In the case that the required percent of agreement was not reached,

judges were instructed to discuss their disagreement. Following their discussion, the judges were asked to independently evaluate the vignette again. If the required percent of agreement had still not been achieved, the vignette would have been eliminated from the study and another would have been substituted. This process continued until six vignette scripts are evaluated and meet the 66 percent agreement rate.

Upon completion of the videotaping of the vignettes, the videotaped versions were submitted for evaluation based on the above criteria. In addition, the judges evaluated the actors similarity of attractiveness and age. A 66 percent agreement was required for each vignette in order for the videotaped vignette to be retained.

APPENDIX C

ADMINISTRATION INSTRUCTIONS FOR PROCTOR

The total time required for completion of the research task by participants is 60 minutes. A videotape player (VHS) and a monitor will be required. This equipment should be set up and ready to run before participants arrive.

Materials include:

1. Videotape of vignettes.
2. Packets for each participant. Each is marked with an identification number in the upper right hand corner.
3. Bem Sex Role Inventories (One for each participant).
4. Proctor's Instructions Manual. (If you are reading this, you are holding the manual).

DIRECTIONS FOR TESTS ADMINISTRATION:

NOTE: Below are the directions for administration of the tests and materials. You will read the capitalized words that are underlined directly to the participants. The remainder of the information contains directions for you and should not be read aloud.

1. You should start by introducing yourself and thanking the participants for agreeing to participate in this research. For example: "My name is _____. I will be acting as proctor for this research. I want to thank you for agreeing to participate in this study."
2. Proctor will then read the following to participants:

"THIS STUDY INVOLVES THE EXAMINATION OF INTERACTIONS BETWEEN COUNSELOR-IN-TRAINING AND CLIENTS. YOUR PARTICIPATION WILL TAKE ONE HOUR. DURING THAT HOUR YOU WILL BE ASKED TO SIGN A CONSENT FORM TO PARTICIPATE IN THIS RESEARCH, FILL-OUT A BRIEF DEMOGRAPHICS SHEET, VIEW A VIDEOTAPE CONTAINING SIX VIGNETTES, WRITE A BRIEF RESPONSE TO EACH VIGNETTE, AND COMPLETE A STANDARDIZED INVENTORY."

NOTE: The specific nature of the research should not be explained. If any participant is curious, inform them that you will explain the details of the research to them after data collection is completed.

After the data collection is completed debriefing should be given. A debriefing statement is included at the

end of this manual.

3. Give each participant a packet. Each packet contains:

- a. One Counselor Response Study Information sheet with two consent forms attached.
- b. One Demographic Data Sheet.
- c. Vignette Response Sheets. There are six sheets in all.

4. Proctor will read the following to participants:

"REMOVE THE MATERIALS FROM THE ENVELOPE. YOUR PACKET SHOULD CONTAIN ONE COUNSELOR RESPONSE STUDY INFORMATION SHEET WITH TWO INFORMED CONSENT FORMS ATTACHED, ONE DEMOGRAPHIC SHEET, AND ONE BUNDLE OF VIGNETTE RESPONSE SHEETS CONTAINING SIX SHEETS. IF YOU ARE MISSING ANY OF THESE MATERIALS LET ME KNOW AND I WILL GIVE YOU A NEW PACKET."

NOTE: Hold up each piece of material from the packet as you describe it.

NOTE: If anyone is missing materials from their packet, give them a new packet and then proceed:

"FIRST YOU NEED TO READ AND SIGN THE INFORMED CONSENT FORM. I WILL READ THE FORM ALOUD AS YOU READ IT TO YOURSELF."

NOTE: The Counselor Response Study Information and Consent Form is on the next three pages. Read the Counselor Response Study Information aloud. If there are any questions, answer them as best you can. This is a standard consent form and adheres to the standard guidelines for research participants.

5. Now read the following to the participants:

"IF YOU WISH TO PARTICIPATE IN THIS STUDY, SIGN THE CONSENT FORMS. KEEP ONE COPY OF THE CONSENT FORM FOR YOURSELF AND TURN THE OTHER COPY IN WITH YOUR TEST MATERIALS WHEN YOU HAVE FINISHED. IF YOU ELECT NOT TO PARTICIPATE IN THIS STUDY, OR IF YOU HAVE ALREADY PARTICIPATED IN THIS STUDY IN ANOTHER GROUP, PLEASE REPLACE ALL MATERIALS INTO THE ENVELOPE AND RETURN THE ENVELOPE TO ME."

NOTE: If anyone chooses not to participate, or has already participated, retrieve the materials and thank them for their time. Do not let anyone leave with the materials.

6. Read the following to the participants:

"NEXT YOU WILL COMPLETE THE DEMOGRAPHIC DATA SHEET. PLEASE FIND THIS IN YOUR MATERIALS AND COMPLETE IT. THE INFORMATION YOU GIVE WILL BE KEPT CONFIDENTIAL AND USED ONLY FOR ANALYSIS."

"QUESTION FIVE REFERS TO A TECHNIQUES OF COUNSELING CLASS, THIS MAY BE KNOWN ALSO AS A PREPRACTICUM CLASS OR BY SOME OTHER NAME. IT IS THE CLASS IN WHICH YOU LEARN TECHNIQUES OF INTERVIEWING AND COUNSELING."

NOTE: A copy of the Demographic Data Sheet is on the next page. It should take five minutes or less to complete. When the participants have completed the Demographic Data Sheet, read the following to them:

"WHEN YOU HAVE COMPLETED THE DEMOGRAPHIC DATA SHEET, PLEASE RETURN IT TO THE ENVELOPE."

7. Read the following to the participants:

"YOU WILL BE VIEWING SIX VIGNETTES DEPICTING CLIENTS IN COUNSELING SITUATIONS. THE CLIENTS ARE BEING PORTRAYED BY ACTORS AND THE INFORMATION THEY OFFER IS FICTITIOUS. AT THE BEGINNING OF EACH VIGNETTE THE NUMBER OF THE VIGNETTE WILL APPEAR ON THE MONITOR. INFORMATION ABOUT THE CLIENT WILL FOLLOW. YOU ARE TO ASSUME THE ROLE OF THE COUNSELOR AS YOU VIEW THE CLIENTS AND HEAR THEIR STORIES. AFTER VIEWING EACH VIGNETTE YOU WILL BE INSTRUCTED TO WRITE A RESPONSE TO THE QUESTION, "WHAT WOULD YOU SAY NEXT TO THE CLIENT?"

YOU WILL BE GIVEN ONE MINUTE TO WRITE YOUR RESPONSE. A TWO TO FIVE SENTENCE RESPONSE IS ALL THAT IS REQUIRED. YOU HAVE BEEN PROVIDED WITH VIGNETTE RESPONSE SHEETS FOR THIS PURPOSE. BE SURE THE RESPONSE SHEET YOU USE FOR EACH VIGNETTE MATCHES THE NUMBER OF THE VIGNETTE VIEWED. AFTER ONE MINUTE THE MONITOR WILL SHOW THE NUMBER OF THE NEXT VIGNETTE AND PRESENT INFORMATION ABOUT THE NEXT CLIENT. I WILL CUE YOU THAT THE NEXT VIGNETTE IS ABOUT TO START BY SAYING, "VIGNETTE" AND ITS NUMBER. WHEN YOU HEAR ME SAY THIS, STOP WRITING AND LOOK AT THE MONITOR FOR THE NEXT VIGNETTE. THIS PROCEDURE WILL CONTINUE UNTIL ALL SIX VIGNETTES HAVE BEEN SHOWN."

8. You are now ready to show the first vignette. Read the following to the participants:

"AS YOU WATCH THE VIGNETTES, ASSUME THE ROLE OF THE COUNSELOR."

9. Start the videotape. The vignettes are entitled "Vignette #1," etc. The response portion that follows each vignette is 75 seconds long. A pilot study resulted in the finding that participants did not realize when the next vignette began and therefore continued to write. In order to make sure the participants stop writing and begin reading the description of the next vignette's "client," when the screen announces the next vignette by showing its number on the screen (e.g., Vignette #2) the Proctor is to read aloud:

"VIGNETTE #---IS BEGINNING."

This will serve to alert the participants that the next vignette has begun and they should stop writing and begin reading the information on the screen.

Continue this procedure for all of the remaining vignettes.

10. When the last vignette, has been shown (Vignette #6) and participants have responded, the video will show "END." At this time stop the video.

NOTE: If for any reason it becomes necessary to stop the video before data collection is completed, simply rewind the tape to the beginning of the vignette in progress, to the point where the number of the vignette appears on the monitor. Play the tape from this spot. Instruct the participants as to which vignette number they are viewing and have them check to make sure they are on the corresponding response sheet number. Remind the participants to assume the role of the counselor.

After the last vignette has played and "END" has appeared on the monitor, the Proctor will say:

"THIS IS THE END OF THE VIGNETTE PORTION OF THE RESEARCH TASK. NEXT YOU WILL FILL-OUT THE BEM INVENTORY THAT I AM PASSING OUT. READ THE DIRECTIONS AND COMPLETE THE INVENTORY."

11. Distribute the Bem Sex-Role Inventory (BSRI) at this time. Read the following to participants:

"THERE IS A NUMBER ON THE UPPER RIGHT HAND CORNER OF THE FRONT OF YOUR PACKET ENVELOPE. COPY THIS NUMBER ONTO THE BEM INVENTORY IN PLACE OF YOUR NAME. THIS DONE IN ORDER TO IDENTIFY THE MATERIALS AS BELONGING TO A SPECIFIC PACKET AND NOT TO IDENTIFY ANY SPECIFIC PARTICIPANT BY NAME. DO NOT PUT YOUR NAME ON THE FORM."

NOTE: A copy of the Bem Inventory is on the next page.

12. When all participants have completed the Bem Inventory (It requires 15 minutes or less), read the following to them:

"PLEASE PLACE ALL MATERIALS, EXCEPT FOR THE CONSENT FORMS, BACK INTO THE ENVELOPE PROVIDED. KEEP YOUR COPY OF THE INFORMED CONSENT FORM AND HAND THE OTHER COPY IN WITH YOUR PACKET. THE CONSENT FORMS WILL BE KEPT SEPARATE FROM THE PACKET MATERIAL TO INSURE YOUR ANONYMITY. NOW THAT THE DATA HAVE BEEN COLLECTED, I CAN TELL YOU MORE SPECIFICALLY THE NATURE OF THIS STUDY. THE RESEARCHER IS EXAMINING HOW DIFFERENT COUNSELORS RESPOND TO DIFFERENT CLIENTS BASED ON THE GENDER-ROLE ORIENTATION OF THE COUNSELOR AND THE CLIENT."

THIS RESEARCH IS BASED ON BEM'S SEX-ROLE ORIENTATION WORK. THE VIGNETTES YOU VIEWED DEPICTED MALES AND FEMALES REPRESENTING THE THREE GENDER-ROLE ORIENTATIONS OF MASCULINE, FEMININE, AND ANDROGYNOUS. THE BEM INVENTORY YOU FILLED OUT WILL BE SCORED FOR GENDER-ROLE ORIENTATION. THE RESPONSES YOU GAVE TO THE VIGNETTES WILL BE CATEGORIZED AS MASCULINE OR FEMININE BASED ON THE WORK OF FONG, BORDERS, AND OTHERS. FINALLY, THE DATA WILL BE ANALYZED TO DETERMINE IF YOU, AS COUNSELORS-IN-TRAINING RESPONDED TO THE 'CLIENTS' CONSISTENT WITH YOUR OWN GENDER-ROLE ORIENTATION, MATCHED THE CLIENT'S GENDER-ROLE ORIENTATION, OR IF NO PATTERN WAS EVIDENT. IF YOU HAVE FURTHER QUESTIONS OR WOULD LIKE TO RECEIVE THE RESULTS OF THIS RESEARCH, LEAVE YOUR NAME AND ADDRESS WITH ME. I WILL FORWARD THEM TO THE RESEARCHER. SINCE OTHERS MAY SERVE AS PARTICIPANTS IN THIS STUDY, IT IS ASKED THAT YOU NOT DISCUSS THE RESEARCH WITH THOSE WHO HAVE NOT PARTICIPATED AS THIS COULD INFLUENCE THEIR RESPONSES. THANK YOU FOR PARTICIPATING IN THIS STUDY."

13. Collect the envelopes from the participants. Do not let anyone leave with the materials.

THANK YOU FOR ALL OF YOUR HELP IN THIS UNDERTAKING.

APPENDIX D

PROCEDURE FOR SCORING AND TABULATING VIGNETTE RESPONSES

Scoring Procedure

Two independent raters scored the participants' responses. For training purposes the raters were asked to read the definition and examples of the six counselor skills; concreteness, confrontation, immediacy, warmth, empathy, and advanced empathy. Following this, practice vignette response sheets were scored by the raters and discussed. Five sets of vignette response sheets were scored by the raters and compared for agreement. Training continued until interrater agreement was equal to or greater than 75 percent. The formula used for interrater agreement is:

$$R = \frac{\text{total number of agreements}}{\text{total number of agreements + disagreements}}$$

The following definitions served as criteria for the raters to follow in classifying participants' responses. The definitions are from counselor training texts (Egan, 1986; Ivey, 1988).

1. Concreteness: Clarification of experiences, behaviors, and feelings. Examples: "Could you give me a specific example," "Could you tell me a little bit more about this?"

2. Confrontation: Identifying and challenging of discrepancies, distortions, evasive behaviors, and excuse making. Examples: "On the one hand you say . . . and on the other you say" "You say . . . and do" "How do you put the two together?"
3. Immediacy: Self-involving statements by the counselor that are reactions to what is going on during the session. Examples: "I am concerned about what is going on between you and me in session," "I want to stop here and look at what is going on right now between you and me."
4. Warmth: A way of showing respect for the client. Usually done through nonverbal means such as posture, gestures, tone of voice, and facial expressions. This may be expressed through friendliness. Examples: "Take your time and tell me what you feel is important for you to talk about." "It seems that it is painful for you to speak about the loss of your home."
5. Empathy: Experiencing what the client experiences through the client's frame of reference. Addresses surface feelings and meanings. Counselor responses are basically interchangeable with client's. "You're discouraged and confused about what is going on in your family," "You're having trouble with your brother and you're tired and don't really care anymore."
6. Advanced Empathy: Empathy that goes beyond what the client expresses to what is partially expressed or implied. Addresses feelings and meanings that are hidden, buried, or

beyond the immediate grasp of the client. Examples:
 "Working so hard is depressing and (implied) not getting recognition for your work makes it even more difficult."
 "You're hurt and confused, and I sense that you are finding it difficult to hang in there until things get better."

Tabulation Procedure

All vignette responses, classified by skill, were entered on a Tabulation of Consistency Scores Form that listed the participants' identification number, gender and gender-role orientation. Counselor skill classifications were assigned one of three gender-role orientation categories; masculine, feminine, or androgynous or the designation "0" if the skill had been other than the six counselor skills defined. With knowledge of the gender-role orientation of the participant, consistency of response with the participant's gender-role orientation was calculated.

An example is given below:

<u>Vignette</u>	<u>Classification</u>	<u>Points</u>
1	Masculine	1
2	Masculine	1
3	Androgynous	0
4	Feminine	0
5	Masculine	1
6	Feminine	<u>0</u>
TOTAL		3
Participant's Gender-Role Orientation = Masculine, Sex-Typed		
Participants coded score = M/Typed 3		

One point was given to each vignette response gender-role orientation that was consistent with the participant's

gender-role orientation. No points were given to the vignette responses that were inconsistent with the participant's gender-role orientation or that had been rated as "other."

The coded score represents a position on a counselor consistency scale. The scale consists of a seven-point scale (0 to 6), with "0" showing no consistency between participant's vignette responses and gender-role orientation, and "6" showing maximum consistency between participant's vignette responses and gender-role orientation.

A second coded score was computed for each participant based on the participant's consistency with the client's gender-role orientation. One point was awarded for each participant response consistent with the gender-role orientation of each client. An example for consistency with client's gender-role orientation is given below:

Orientation Tape A

<u>Vignette</u>	<u>Classification</u>	<u>Points</u>
1	Masculine	1
2	Androgynous	0
3	Feminine	0
4	Feminine	0
5	Androgynous	0
6	Masculine	<u>1</u>
	TOTAL	2

Participant's coded score = 2

The counselor consistency scale was used with "0" showing no consistency between participant's vignette responses and gender-role orientation of client, and "6" showing maximum

consistency between participant's vignette responses and gender-role orientation each client.

A third coded score was computed for each participant based on participant's consistency with client's sex. This score was based on the participant's response being sex-typed or not sex-typed and did not reflect gender-role orientation of either the participant or the client. For a response to be scored consistent the gender-orientation of the participant's response would reflect the client's gender. For example, if the participant's response was masculine and the client's gender was male then consistency occurred; if however, the counselor's response was masculine and the client was female no consistency occurred. The counselor consistency scale was used with "0" showing no consistency between participant's vignette response and client's gender, and "6" showing maximum consistency between participant's response can clients' gender. An example for consistency with client's gender is given below:

<u>Vignette</u>	<u>Classification</u>	<u>Points</u>
1	Male	1
2	Female	1
3	Male	0
4	Female	1
5	Male	0
6	Female	<u>0</u>
	TOTAL	3

Participant's coded score = 3

A copy of the Tabulation of Consistency Score Form appears on the following page.

TABULATION OF CONSISTENCY SCORES

ID Number _____ A

Sex and Gender-Role Orientation (G-RO) _____

<u>VIG.</u>	<u>RESPONSES</u>	<u>ORIENTATION</u>	<u>CONSISTENT WITH:</u>		
			<u>COUNSELOR</u> <u>G-RO</u>	<u>CLIENT</u> <u>G-RO</u>	<u>SEX</u>
1.	_____	_____	_____	(OM)	_____
2.	_____	_____	_____	(>A)	_____
3.	_____	_____	_____	(OF)	_____
4.	_____	_____	_____	(>F)	_____
5.	_____	_____	_____	(OA)	_____
6.	_____	_____	_____	(>M)	_____

RESPONSE CLASSIFICATION KEY:

CC = CONCRETENESS
 CF = CONFRONTATION
 I = IMMEDIACY
 W = WARMTH
 E = EMPATHY
 AE = ADVANCED EMPATHY
 O = NONE OF ABOVE

GENDER-ROLE ORIENTATION:

OM = FEMALE/MASCULINE
 >A = MALE/ANDROGYNOUS
 OF = FEMALE/FEMININE
 >F = MALE/FEMININE
 OA = FEMALE/ANDROGYNOUS
 >M = MALE/MASCULINE

SUMMARY:

CONSISTENCY WITH COUNSELOR'S G-RO _____
 CONSISTENCY WITH CLIENT'S G-RO _____
 SEX-TYPED WITH CLIENT'S SEX _____

APPENDIX E

DEMOGRAPHIC DATA SHEET

The below information will be used for data analysis only. Identification of the participant will remain anonymous.

1. AGE: 21-26 _____ 27-32 _____ 33-38 _____
39-44 _____ 45-50 _____
2. GENDER: MALE _____ FEMALE _____
3. MARITAL STATUS:
A. SINGLE _____ B. MARRIED (OR EQUIVALENT) _____
C. DIVORCED (OR EQUIVALENT) _____ D. WIDOWED _____
E. SEPARATED _____
4. CURRENT ACADEMIC PROGRAM IN WHICH ENROLLED:

5. ARE YOU CURRENTLY ENROLLED IN A TECHNIQUES OF COUNSELING CLASS? _____ YES _____ NO
HAVE YOU COMPLETED A TECHNIQUES OF COUNSELING CLASS?
_____ YES _____ NO
6. ARE YOU CURRENTLY ENROLLED IN A SUPERVISED COUNSELING PRACTICUM? _____ YES _____ NO
7. HAVE YOU COMPLETED A COUNSELING PRACTICUM?
_____ YES _____ NO
8. ARE YOU CURRENTLY EMPLOYED IN A PAID, SUPERVISED COUNSELING POSITION OR HAVE YOU EVER HELD SUCH A POSITION? _____ YES _____ NO

APPENDIX F

VIGNETTE RESPONSE SHEET

Response to Vignette Number One

DIRECTIONS: After you have viewed the FIRST vignette, please respond to the question below. Write a two to five sentence response. Please write as legibly as possible so that your answer may be included in the analysis.

QUESTION: "What would you say next to the client?"

APPENDIX G

COUNSELOR RESPONSE STUDY CONSENT FORM

I agree to participate in the study related to counselor-in-training responses to clients.

I have received, read, and understand the information explaining the study that appears on the information sheet accompanying this consent form.

I understand that all information obtained in this study will be coded to protect my privacy and confidentiality.

I understand that participation is voluntary and I may withdraw my consent at any time and discontinue my participation in the study by telling the proctor I wish to stop my participation and turning in all testing materials.

Participant's Signature

Date

Witness' Signature

Date

COUNSELOR RESPONSE STUDY INFORMATION

Counselors-in-training learn many skills in their training programs. The culmination of skills acquisition is responding to and interacting with clients in counseling settings. In order to better understand application of skills, the present study is focusing on counselors-in-training responses to clients in counseling situations. Your participation in this study is voluntary and you are under no obligation to participate. If you choose to participate, your participation will require approximately one hour. During the hour you will be asked to complete a demographic sheet, watch and respond to six videotaped client vignettes, and complete an attitude scale.

The demographic sheet includes information on your age, gender, marital status, current academic program, techniques course completion, and supervised counseling experience. The information you furnish will aid the researcher in determining which participants will be included in the study and possible areas of future analysis. The information will be kept confidential. Your name will appear only on the consent form which will be kept separate from the rest of the research material. Your data will be assigned a code number to assure your anonymity.

The six videotaped vignettes are portrayals of clients in a counseling setting. After viewing each, you will be asked to respond by writing a few sentences in response to

the vignette.

The attitude scale is a well researched and documented instrument. It will require you to rate specific attributes about yourself. Results of the instrument will be kept confidential and used for research purposes only.

There are no foreseeable risks to you as a result of participating in this study. You may withdraw from the study at any time.

If you have any questions or concerns about the study, you may contact Joanne Urschel, Researcher, or Dr. John Jessell, Research Supervisor, at the Department of Counseling, Indiana State University. The phone number is (812) 237-2832.

APPENDIX H

INSTRUCTIONS FOR VIGNETTE EVALUATION JUDGES

Evaluation of Vignette Scripts

1. Read each vignette script. The script consists of a paragraph of background information on the client and a monologue by the client.

2. After you have completed reading the vignette script decide which of the three classifications you judge the client to most closely resemble (masculine, feminine, or androgynous). You may use the adjective lists you were given in training.

3. If you are unable to classify the vignette, read over the adjective lists again and then reread the vignette.

4. If after rereading the vignette you are still unable to classify it, put the vignette aside and go on to the next vignette.

5. Continue using this procedure until all of the vignettes have been read and classified.

6. If the required percent of agreement is not reached amongst the judges, you will be asked to discuss the disagreement with the other judges. After the discussion is finished, you will be asked to independently classify the vignette again.

APPENDIX I

INSTRUCTIONS TO VIGNETTE RESPONSE RATERS

1. Read each vignette response. Each participant will have responded to six vignettes. Each response may contain one or more sentences. Label each response with one of the following skill terms, based on your knowledge and understanding of the six counselor skills discussed in training: concreteness, confrontation, immediacy, warmth, empathy, and advanced empathy.

(a) If the vignette response is judged to be one of the six counselor skills mentioned above, write that skill term on the participant's vignette response sheet.

(b) If the vignette response consists of more than one of the six counselor skills mentioned above, mark each skill term on the participant's vignette response sheet.

(c) If the vignette response consists of responses other than the six counselor skills mentioned above, mark "Other" on the participant's vignette response.

2. When you have read and judged all vignette responses, go back and compare the participant's gender-role orientation with the participant's vignette responses as you have classified them. The participant's gender-role orientation is marked on the data sheet after the participant's assigned identification number. An example of

an orientation is M/Masculine (A male participant with a masculine gender-role orientation). You are interested in the Masculine portion of the orientation. Using the following classifications:

Masculinity = All responses classified as (1) concreteness, (2) confrontation, and (3) immediacy.

Femininity = All responses classified as (1) warmth, (2) empathy, and (3) advanced empathy.

Androgyny = A combination of both masculinity and femininity classified responses.

you will assign value to each vignette response in the following manner:

(a) If the counselor skill term(s) is consistent with the participant's gender-role orientation, mark one (1) on the participant's response sheet.

(b) If the counselor skill term(s) is inconsistent with the participant's gender-role orientation, mark zero (0) on the participant's response sheet.

(c) If the counselor skill term(s) consists of a combination of counselor skills and the participant's gender-role orientation is androgynous, mark one (1) on the participant's response sheet. If the participant's gender-role orientation is not androgynous, mark zero (0) on the participant's response sheet.

(d) If the counselor skill term(s) is a skill