

COUNSELOR EDUCATION STUDENTS' ATTITUDES
TOWARD WOMEN

By

LINDA I. WERNER

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In memory of my father, who was always
very proud of me.

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Counselor Education Students' Attitudes
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Linda I. Werner

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The purpose of this study was to investigate sex-role stereotyping among counselor education students and to examine the relationship among sex-role stereotyping, attitudes toward the rights and roles of women in society, and sex-role orientation. Certain demographic characteristics also were studied.

Three psychological instruments, the Attitudes Toward Women Scale (AWS), Bem Sex-Role Inventory (BSRI), and the Sex-Role Questionnaire (SRQ) as well as the Demographic Information Questionnaire (DIQ) were presented to 300 subjects enrolled in counselor education programs throughout the United States.

Pearson product-moment correlations and analysis of variance were used to analyze the hypotheses. This study did not find any evidence of sex-role stereotyping among counselor education students. It did find, however, that female counselor education students have more liberal attitudes toward the rights and roles of women in society, than have male counselor education students. In addition, a significant relationship was found between age and amount of quarter hours completed and scores on the Attitudes Toward Women Scale. Several possible factors may have been responsible for this. Those that were reviewed included (1) current changing attitudes toward women, (2) length of counselor education program, (3) geographic differences, and (4) racial differences.

CHAPTER I

INTRODUCTION

Statement of the Problem

One of the major goals of counseling has been to help people toward self-development by assisting them in self-exploration, self-acceptance, and self-realization (Stevens, 1971). Rogers (1961) asserted that personal growth will occur spontaneously as the client increases his capacity to interact within the therapeutic relationship; then, according to Rogers, change and personal development will have occurred. The therapeutic relationship is a powerful interaction within which the counselor exerts an influence on the social standards and attitudes of the client (Broverman, Broverman, Clarkson, Rosenkrantz, and Vogel, 1970). Counselors are most helpful if they encourage both male and female clients to fulfill themselves to the extent of their individual potential rather than adjusting to existing sex-role stereotypes.

The effects of stereotyping by sex have become an important concern because of the likelihood that stereotyping is psychologically damaging and serves to limit human development (Maslin & Davis, 1975; Randolph & Zimmerman, 1974). Since counselors are products of the same culture as their clients, they are bound by the same societal

attitudes and behavior patterns (Abernathy, 1976; Beguaret, 1976; Guttman, 1974; Schlossberg & Pietrofesa, 1973).

While it is difficult and often painful to examine critically one's own profession, counselors need to be concerned about whether the influence of the sex-role stereotypes on their professional activities serves to reinforce traditional views of males and females. If this is in fact occurring, it is possible that clients are being taught to adjust to existing restrictive sex roles rather than being encouraged toward maximum realization of individual potential. If counselors reinforce sex-role differentiation, men and women will be prevented from developing as full and complete human beings (Bem, 1975).

There have been many studies conducted which provide evidence for the existence of sex-role stereotypes. Broverman et al. (1970) found that when sex was not specified, traits perceived as stereotypically male by mental health professionals more closely approximated a profile for "healthy males" and "healthy adults" than the profile for "healthy females." Results confirmed the hypotheses: (1) mental health professionals hold different standards of mental health for males and females; (2) the differences between the standards parallel stereotypic sex-role differences; and (3) the professionals' standards of mental health for an adult, sex unspecified, would more often be considered as healthy for men than for women. Five years later Maslin and Davis (1975) used a sample of counselor

education students in replicating the Broverman study. The results basically confirmed the previous research with the exception that females held approximately the same set of expectations for all healthy persons regardless of sex, while males held somewhat more stereotypic expectations of healthy females as compared with standards of health for adults, sex unspecified.

Research on vocational counselors also reflects the sexism found in the mental health workers in the Broverman study. Thomas and Stewart (1971) investigated attitudes of vocational counselors toward the vocational and educational goals of females, using tapes of female clients' case histories. They were seeking to determine if counselors responded differently to female clients with traditionally feminine goals than to those with more masculine goals. Results indicated that all the counselors rated conforming goals as more appropriate than deviant goals. Those female clients with deviant goals were rated as more in need of counseling than female clients with conforming goals. Abramowitz, Abramowitz, Jackson, and Gomes (1973) reported that counselors attributed greater psychological maladjustment to politically radical female clients than to males.

Rationale

Stereotyping occurs when there is strong agreement concerning the norms and beliefs about the different characteristics of men and women (Broverman, et al., 1970).

Most counselors agree that sex-role stereotyping does occur and its effects are potentially damaging (Maslin & Davis, 1975; Broverman et al., 1970; Helwig, 1976; Chessler, 1972). There has been little specific research designed to investigate whether or not sex-role stereotyping exists among students in counselor education programs. In addition, there has been limited research which has investigated possible regional differences.

If sex-role stereotyping is found to be prevalent among counselor education students, effective ways of changing such attitudes and behaviors may be sought and incorporated into counselor education programs. Counselor educators would have to accept bias as a "fact" and help students become aware of the necessity for confronting the issue as it pertains to their counseling relationships (Oliver, 1975). Intervention would need to be made in curricula to ensure that all counselor education program graduates are aware of the seriousness and ramifications of the sex bias issue. One of the primary purposes of this current study was to obtain empirically grounded base line data on this issue.

Purpose of the Study

The purpose of this study was to determine if sex-role stereotyping exists among counselor education students with regard to their attitudes toward the rights and roles of women. It also sought to determine if a relationship exists between the degree of sex-role identification with the same

or opposite sex and the tendency to sex-role stereotype.

The following questions were investigated:

1. Do counselor education students stereotype by sex?
2. If so, do male students in counselor education differ from female students in counselor education with regard to the tendency to stereotype by sex?
3. What relationship exists between counselor education students' sex-role identification and the tendency to stereotype by sex?
4. Do male and female students in counselor education differ with regard to attitudes toward women?
5. What relationships exist among age, amount of quarter hours completed, and (a) tendency to stereotype by sex, (b) attitudes toward women, and (c) sex-role orientation?
6. What differences exist between male and female married and unmarried subjects and white and ethnic minority subjects and (a) tendency to stereotype by sex, (b) attitudes toward women, and (c) sex-role orientations?

Definition of Terms

Sex-role.--The complex of behaviors considered characteristic of or appropriate to persons occupying the male or female status and the attributed expectations concerning those behaviors (Hartley, 1964, p. 3).

Sex-role stereotype.--The highly consensual norms and beliefs about the differing characteristics of men and women (Broverman et al., 1970, p. 1).

Sexist-counseling behavior.--Any behavior on the part of the counselor which only encourages the expression of feelings, thoughts, attitudes, and behaviors on the part of the client in line with traditional sex-role stereotypes and actively discourages non-sex-role feelings, thoughts, attitudes, and behaviors (Randolph & Zimmerman, 1974, p. 83).

Counselor Bias.--This is an opinion, either favorable or unfavorable, which is formed without adequate reasons and is based upon what the bias holder assumes to be appropriate from the group in question (Schlossberg & Pietrofesa, 1973, p. 44).

Androgyny.--Psychological androgyny is a state or condition in which a person has a high degree of both masculine and feminine characteristics, depending on the situational appropriateness of these behaviors (Bem, 1974, p. 155).

Organization of the Study

The remainder of this study is organized into three chapters and five appendices. A review of the literature related to attitudes toward women and stereotyping by sex is presented in Chapter II. Chapter III contains a description of the methods and procedures employed. A summary of the results, discussion, and implications are presented in Chapter IV.

CHAPTER II

A REVIEW OF THE RELATED LITERATURE

The review of the literature related to the investigation is divided into several broad areas:

(a) traditional views of men and women, (b) incidence of mental illness among women, (c) effects of sex-role stereotyping, (d) attitudes toward women among college students, (e) attitudes toward women among clinicians, (f) trends in attitudes toward women, (g) attitudes toward women among counselor education students, (h) vocational counseling, and (i) the movement toward androgyny.

Traditional Views of Men and Women

To understand the current literature concerning psychotherapy for women, one needs to have some knowledge of the early development of psychotherapy for women. There appear to have been three major phases in the development of psychotherapy for women (Osmond, Franks, & Burtile, 1974). The first phase developed out of the witchcraft craze of the sixteenth and seventeenth centuries. During that period, numbers of men, women, and children were put to death because of the belief that they were either witches or bewitched. It is believed that most of those caught in the

witchcraft craze were women. There can be little doubt that many of those who were bewitched and those who were held to be witches suffered from mental illness. Although the furor of the witchcraft craze decreased during the eighteenth century, it was not until the end of the eighteenth and the beginning of the nineteenth centuries that reformers developed retreats or asylums for those who were mentally ill. It was at this time that medical attention became focused on the problems of mental illness in women.

The second phase, which consisted of two major events, had an enormous bearing on women's affairs. The first event was the use of the science of bacteriology which was the result of the development of antiseptics and later asepsis by Pasteur and Lister. These discoveries had a bearing on the health of mothers and their children. The second event was the introduction of anesthesia, which not only changed the scope of surgery, but allowed women to bear children with less pain than previously experienced. These two events had an effect on the physical health as well as on the psychological outlook of women. Women no longer considered themselves fortunate to have survived pregnancy, nor did they experience the loss of as many children.

The third phase occurred during the 1860's with the establishment of a profession for women by Florence Nightingale. Before this time, women had little opportunity to acquire professional or administrative skills. Florence Nightingale recognized both the need for nursing and the

need for women to have an appropriate profession. Society began to become aware of the fact that women were no longer subjected to the perils of childbirth and loss of children, and positive attitudes toward women started to occur more rapidly. Within this background of social and medical progress, the lives of women became less perilous and more hopeful; the need for adequate contraception and family limitation became apparent. These three phases have contributed greatly to the women's movement in history (Osmond, Franks, and Burtle, 1974).

Almost all personality theorists have been greatly influenced by Freud (Williams, J., 1977). Freud viewed the world as dominated by men. He believed that normal female sexuality was based upon passivity and masochism. Although Freud did not equate femininity with passivity and masculinity with activity, he was referring primarily to sexuality and not necessarily personality characteristics. According to Helene Deutsch, a supporter of Freud, passivity, an attitude of receptive waiting and expectancy, is the central attribute of femininity. Deutsch points out that this passivity asserts itself because of its constitutional origins in the body's hormones, anatomy, and reproductive organs.

Karen Horney, who disagreed with Freud and Deutsch, was nonetheless greatly influenced by the psychoanalytic movement. She believed that there was a masculine bias in psychoanalysis which reflected an earlier time when only

masculine development was considered and when the evaluation of women was measured by masculine standards. One of the strong differences between the views of Horney and Freud was in the area of social conditioning. Horney believed that social conditioning taught women the importance of modeling themselves after the patriarchal idea of womanhood, in which a woman's only desire was to love a man and to be loved by him, to admire and to serve him, and to adapt herself to him. Horney viewed males as having more opportunity for achievement in the world of work and creative activity. In addition, she rejected Freud's libido theory which had its emphasis on biological instincts and drives, and its pessimistic view of man as a driven creature at odds with himself and the world. Horney viewed the child as born with the potential for growth, for self-actualization, which could be facilitated by a healthful environment (Williams, J., 1977). While Horney was hopeful, she also believed that

women who nowadays obey the impulse to the independent development of their abilities are able to do so only at the cost of a struggle against both external opposition and such resistance within themselves as are created by an intensification of the traditional ideal of the exclusively sexual function of women. (1967, p. 183)

In summary, the oppression of women in personality theories is apparent. Theoretically, women are viewed negatively, as inferior, competitive, castrating, over

emotional, and innately dependent and weak (Barrett, Berg, Eaton, & Pomeroy, 1974; Rice & Rice, 1973).

Traditionally, one who is defined as feminine is characterized as being subjective, intuitive, passive, tender-minded, sensitive, impressionistic, yielding, receptive, empathic, dependent, emotional, conservative, masochistic, narcissistic, obedient, servile, and subordinate; and has an intuitive perception of feeling, a tendency to unite rather than separate, to love and be loved (Bardwick, 1971; Williams, J., 1977). Such a woman perceives of herself as the "other," the counterpart of the man and the children in her life. She realizes herself indirectly by fostering her family's fulfillment. Her achievement is to help others achieve. Her distinguishing feature is that she fulfills herself by proxy (Steinman, 1974). The main focus of feminine concern is a concentration on marriage, home, and children. The "normal" woman is one who gives priority to those role activities called feminine. The "normal" woman is one who is passive with men, nurturant, cultivates attractiveness, and maintains her own lovability (Bardwick, 1971; Sherman, 1976). There is an expectation that women will emphasize nurturance and life-perserving activities, both literally as in the creation of life and symbolically by providing care and healing for, and administering to, the helpless, the unfortunate and the ill (Keller, 1974; Reeves, 1971). Hole and Levine (1971) state that traditionally women need to be "appreciative yet challenging, must

be strong yet weak, vulnerable yet able to protect themselves, smart enough to get a man but not smart enough to threaten him" (P. 204). Adult men and women tend to equate assertive, independent strivings in girls and women with a loss of femininity (Lerner, 1974). In addition there was a ban on the expression of direct aggression, assertion, and power striving except in areas clearly marked woman's domain. Women are taught to inhibit aggression. There is also a ban on the open display of sexual urges and women taking the sexual initiative (Keller, 1974; Sherman, 1976).

Bardwick (1971) focuses on the differences between the sexes. Girls and women, she concluded, differ from boys and men by displaying greater motoric passivity. Girls and women are also less aggressive. Aggression in females is more often subtle, less easily recognized for what it is, than the obvious, overt, immediate aggression of males. Normal women accept the necessary physical discomforts of pregnancy and childbirth. Women's narcissism serves as a kind of defense in which integrity of the self does not dissolve in the face of agreeing to other persons' demands. Healthy dependency for women is characterized by sensitivity to the needs of those who are important to them, which allows appropriate nurturance of supportive behaviors, establishment of self in a loving, intimate behavior, and gratification of maternal needs.

A more modern perspective on women views women as more active. They embrace a self-achieving orientation. They

strive to fulfill themselves directly by realizing their own potentialities. Their distinguishing feature is that they seek fulfillment through their own accomplishments. The advances in contraceptive measures have released contemporary women from the constrictions of their homes and enabled them to become more concerned with their own self-achievement and activity outside the family constellation (Steinman, 1974).

In contrast to the traditional definition of femininity, one who is defined as masculine is characterized as being objective, analytic, active, tough-minded, rational, unyielding, intrusive, counteracting, independent, self-sufficient, emotionally controlled and confident, aggressive in the face of attack, in control of repressive urges and suppression of strong emotions, especially anxiety, and sexual aggressiveness (Bardwick, 1971; Sherman, 1976).

Stevens (1974) focused on what "real" men are taught:

1. The real man must prove his masculinity in financial, intellectual, sexual and physical tests of varying kinds.
2. The future, rather than the present, is the central value of life, what is happening now is irrelevant when contrasted with "how things come out in the end."
3. The key to successful masculinity is rationality, and all emotions particularly tender, dependent emotions, are hindrances to this.

4. The people whose judgment counts are men; women, since they are emotional rather than rational, are not really people and are valuable only for sexual release and the propagation of the species. (p. 16)

Men and women have been prevented and discouraged from achieving authenticity. Men are taught strength and dominance and decision making (Davis, 1974). Women are taught dependence, docility, and letting others decide for them (Williams, E, 1976). There are many paradoxes in the definition of the male role. There are also many distinctions between traditional and modern male roles. There is evidence to suggest that the male role contains many constricting, restricting, and limiting features from which men need to free themselves. The paradoxes concern what traits, attitudes, and interests men are expected to show. Men are taught that physical strength and accomplishment are dominant images of masculine achievement, but it is intellectual and interpersonal competencies which are necessary for the kinds of achievement rewarded by society. Men are expected to show greater emotional control than women, and are often described as being more alienated from their feelings; but at the same time, men appear to become angry or violent more easily than women. The traditional male role encourages physical forms which validate masculinity. The modern male role encourages interpersonal and intellectual skills rather than physical strength. The traditional

male role pattern is one in which emotional and interpersonal relationships are not stressed. Within the modern male role, interpersonal skills are expected insofar as these promote smooth collaboration with others. The traditional male expects women to acknowledge and defer to male authority. The modern male appreciates companionship and intimacy in his relationships with women. Elements of the traditional male role clearly persist, but the elements are increasingly less dominant (Pleck, 1976).

Incidence of Mental illness

There exist sex differences in the proportion of males and females in the diagnostic categories of mental disorders (Williams, J., 1977). Today more women are seeking psychiatric help and being hospitalized than at any other time in history. Data indicate that there are more female first admissions to mental hospitals, psychiatric treatment in general hospitals, psychiatric out-patient clinics, private out-patient care, and private physicians (Gove & Tudor, 1973). In 1950, women accounted for 47.2% of admissions to mental hospitals; in 1970 this increased to 49.9% and today admissions exceed 50% (Howard & Howard, 1974; Levine, Kamin, & Levine, 1974). There is a higher percentage of women than men diagnosed schizophrenic, psychoneurotic, depressed, or hysterical (Chessler, 1972; Holter, 1970). In fact, women are reportedly twice (21.2%) as likely as men (9.8%) to be perceived as suffering from depression (Williams, J.,

1977). More women than men go "crazy" and more often; their behaviors are self-destructive rather than other destructive (Chessler, 1973).

The Joint Commission on Mental Health and Illness appointed a committee to research the female career as a psychiatric patient. The committee's findings reported greater distress and symptoms in women than in men in all adjustment areas. Divorced and separated females reported a feeling of impending breakdown more often than single, widowed, and married groups of either sex. The unmarried (single, divorced, separated, widowed) have a greater potential for psychological distress than do the married. While the sexes did not differ in the frequency with which they reported "unhappiness," the women reported more worry, fear of breakdown, and need for help (Chessler, 1972).

One needs to examine the issue of why more women than men become mentally ill. Women may be more likely to become mentally ill because of their roles in society (Williams, 1977). There is a striking contrast between the traditional belief that women more than men require marriage and children for fulfillment. There is evidence that marriage, and especially the child-rearing years, are correlated for women with less happiness, more stress, and more overt mental illness. The findings of the Quality of American Life Survey (Seiden, 1976) reveal that women, as

a group, exceed men in self-reported overall life satisfaction under the following circumstances:

Married, age 18-29 no children (17 points), never married, over 29 (12 points), never married, age 18-29 (11 points), widowed (5 points), married with children (3-1 points), declining as the children are younger). In addition, single and widowed females reported themselves as being more satisfied than single and widowed men. (p. 1120)

It is interesting to note that these findings are in contradiction with the results of the research of the Joint Commission on Mental Health and Illness.

Traditionally, the single role, that of housewife, which includes wife and mother, has been perceived as the major role of women in society. Men have two major roles, head of household, which includes father and husband, and worker. Women find that they have only one source of gratification and find the role of housewife to be relatively unstructured and invisible. Women find their major instrumental activities frustrating and requiring few skills (Gove & Tudor, 1973; Williams, J., 1977). Women mature without accurate information about the toll that marriage and child-rearing may take on their lives. Marriage and parenthood are a challenge and a source of stress; therefore, there is an increased risk of impaired physical and mental health (Seiden, 1976).

The increase in the incidence of mental illness is understood, in part, by the help-seeking nature of the female role (Chessler, 1972). More women experiencing

depression have been socialized to a "learned-helplessness" model of vulnerability to depression and stereotypical female sex-role expectations (Seiden, 1976). Chessler (1972) states that

men in general are still able to reject more of their sex-role stereotype without viewing themselves as sick, and without being psychiatrically hospitalized, than are women. Women are so conditioned to need and/or to service men that they are more willing to take care of a man who is "passive," "dependent," or "unemployed" than men are willing to relate to, no less take care of, a "dominant," "independent," or "unemployed" woman. Women who fully act out their conditioned female role are clinically viewed as neurotic or psychotic. When and if they are hospitalized, it is for predominantly female behaviors such as "depression," "suicide attempts," "anxiety neuroses," "paranoia," or "promiscuity." Men who act out the female role and who for example are "dependent," "passive," "sexually and physically fearful," or "inactive" or who like women, choose men as sexual partners, are seen as neurotic or psychotic. (p. 57)

Howard & Howard (1974) state that contemporary clinical ideology supports the belief that male psychiatric illness is more disabling than female illness. Also, behavioral aberration in the female is regarded more as an indication of need for treatment in a mental hospital than is similar activity in men.

There is evidence of bias in clinical research literature. Most clinicians are educated to find pathology everywhere: in women, children, men--throughout society. Many clinicians diagnose their patients as "crazy," but

they diagnose their female patients as "crazier" (Chessler, 1972). There is a possibility that the therapist-patient relationship reinforces a system of beliefs and attitudes that is psychologically damaging to the patient and psychologically rewarding to the therapist. The female sex-role encourages women to seek psychiatric help and otherwise admit emotional and physical distress, while men are encouraged to be strong and not need help (Chessler, 1973).

Another important issue concerns those who provide psychological treatment and the representation of female professionals in the field. In the United States, the American Psychiatric Association documented membership of 17,298 (14,267 men, 1,691 women, 1,340 sex of name unclear). During the last decade 90% of all psychiatrists were men. In 1970 the American Psychological Association documented membership of 30,839. Of this total only 15% were women. Combining these two professions, only 12% of over 41,000 professionals were women (Chessler, 1972; Levine, Kamin & Levine, 1974).

In summary, the sex-role exploration of higher rates of mental disorder in women is based on the components of the adult role and its potential for producing stress beyond the coping capacity for many women.

Attitudes Toward Women

Effects of Sex-Role Stereotyping

There is much evidence to suggest that the standards for evaluating mental health are different for males and females in our society (Abernathy, 1976; Broverman, Vogel, Broverman, Clarkson, and Rosenkrantz, 1972; Gardner, 1971; Williams, J., 1977). The findings of studies have demonstrated that most clinicians view mental health as an adjustment to existing community norms, based on traditional concepts of male and female roles and the nuclear family (Bequaret, 1976). Inadvertently, this encourages the goals of mental health to be defined by prevailing sex-role stereotypes, rather than being self-actualization for all, sex unspecified (Harris & Lucas, 1976).

The results of research studies are mixed as to whether the average mental health professional provides constructive and appropriate support for female clients. As members of society, clinicians share society's general sex-role stereotypes; this influences their perceptions of clients, their clinical judgments about prognosis, and their interaction with clients (Abernathy, 1976; Randolph & Zimmerman, 1974). The judgments of mental health professionals regarding the appropriateness of certain behaviors and needs are affected often by the sex of the client (Tanney & Birk, 1976). The criteria for judging certain kinds of behaviors normal differ between the sexes. The criteria for the male are the norms for the healthy adult

and are more highly valued in this society. Women who conform to the feminine sex-role expectations are thus not healthy by definition. Women are placed in a double bind; if they are feminine, they embody a collection of traits which are negatively valued. If they are masculine, they violate the behavioral norms for their sex and become subject to all the sanctions imposed upon deviants (Williams, J., 1977).

Chessler (1972) viewed psychotherapy as reflecting and reinforcing traditional values, beliefs, and attitudes about women and their role, and thus failing to come to grips with the real problems inherent in women's traditionally subservient and powerless role. It is the traditional role of women and stereotyped beliefs about women in relation to their role which are responsible for the increasing numbers of women who seek help for mental-emotional problems and for the ways they are dealt with by professional helpers in and out of institutions. The majority of women in therapy are white, educated, middle-class housewives and mothers. The majority of psychologists and psychiatrists are middle-aged, middle-class, married males. Both are socialized within the traditional model of male-female relationships and are likely to share the values and attitudes inherent in that model (Fabrikant, 1974).

In summary, the traditional definition of the female sex role, the nature of the psychotherapeutic relationship, and the predominance of male therapists all may contribute

to the formulation of goals for female clients which feature adjustment to their traditional place in society.

College Students

Sex-role definitions exert a major influence on self-concept and behavior of both college men and women (Abernathy, 1976; Broverman et al., 1972). Rosenkrantz, Vogel, Bee, Broverman, and Broverman (1968) conducted a study which focused on the relationship of self-concept to differentially valued sex-role stereotypes in college students. Results indicated that there is high agreement between men and women as to what typical men and women are like. The concept of sex-role stereotypes implies extensive agreement among people as to the characteristic differences between men and women. Of the 41 stereotypic items, 29 (70%) were male valued; that is, the masculine pole was more often perceived as more desirable by subjects than the feminine pole of which only 12 (30%) items were female valued. Male and female college students perceived themselves as differing along a dimension of stereotypic sex differences. Results also indicated that despite continuing changes in the status of women and changes in permissible behaviors accorded men and women, sex-role stereotypes continued to be defined and agreed upon by college men and women. Both men and women agreed that a greater number of the characteristics and behaviors stereotypically associated

with masculinity are socially desired than those associated with femininity.

Ginn (1975) implemented a checklist of 75 problems to obtain an estimate of the types of concerns that males and females would present at a counseling center. Basically there was no disagreement as to what problems were female and what problems were male. Of 75 problems on the checklist, 35 were perceived as being more typically female, whereas only 16 were perceived as being more typically male. Only 22 problems were equally presented by men and women. Both men and women agreed that women tend to have more problems. Male problems consisted of educational-vocational concerns about effectiveness in college, post-college plans, alcohol, drugs, sex, and anger. Female problems consisted of physical complaints, relationships, and emotionality.

Women in college were concerned with feminine goals and with the realization that their identity would be closely tied to the men they marry. There was a conflict between their individual aspirations and their culture's definition of femininity. Independence and occupation can become important when affiliative gratification is certain and when feminine identity is achieved (Bardwick, 1971). McKee and Sherriffs' (1956-1959) early studies, which were concerned with the self-concepts of college women, have been reaffirmed by the results of more recent studies. College men and women regard the male sex group more highly than the female sex group. Subjects were asked to indicate on an adjective

checklist those characteristics which are true of men and women in general. Male subjects emphasized masculine favorable characteristics, but female subjects emphasized feminine unfavorable characteristics (Abernathy, 1976). Kravetz (1976), on the other hand, reports that for a group of 150 women affiliated with social and political groups, women agreed with the same set of expectations of mental health for men and women. Their descriptions of healthy men and women did not support the existing sex-role stereotypes.

Gump (1972) explored the self-concepts of women in relation to ego strength, happiness, and achievement plans. The view of femininity most acceptable to women students was one which attests to the importance and feasibility of assuming the roles of wife and mother. In addition, women expressed the desire to pursue careers which would gratify their needs for self-realization and achievement. Even the achievement-oriented women were pursuing careers traditional for women, and most of them wished for husbands and families. Though subjects were not traditional in the sense that the roles of wife and mother were sufficient for fulfillment, they were not proposing radical alterations. For ego strength, the data suggest that quality is inversely related to adoption of the female role. Subjects who obtained the highest ego strength scores were actually pursuing both plans for marriage and career.

Fuller (1964) reported that clients referring themselves to a counseling center prefer male therapists. He indicated that greater prestige is assigned to the masculine role. Girls expressed more negative attitudes toward their own sex as they matured, and the older males attributed more unfavorable characteristics to women than did any other group in the study. Both men and women attributed more positively valued characteristics to men. In regard to the differences found between groups, lower-class men held more traditional views than did upper-class men and graduate students. Non-student males consistently expressed more liberal views than enrolled males, whereas non-student females consistently held less liberal views than enrolled females (Etaugh & Bowen, 1976).

Clinicians

Cowen (1961) stated that

stereotypically masculine traits are more often perceived as desirable than are attributes which are stereotypically feminine. (p. 266)

He also indicated that the social desirabilities are positively related to the clinical ratings of these same behaviors in regard to "'normality-abnormality,' adjustment and health-sickness" (p. 226). Given the relationship existing between masculine versus feminine characteristics and social desirability, on the other, Cowen asserted that it seems reasonable to expect that clinicians will maintain

parallel distinctions in their concepts of what, behaviorally, is healthy or pathological when considering men versus women.

Broverman et al. (1970) administered the Stereotype Questionnaire to trained psychologists, psychiatrists, and social workers. They were seeking to affirm whether a double standard of mental health did exist. Results indicated the following:

1. High agreement exists among clinicians as to the behaviors and attributes characterizing healthy adult men, adult women, and adult sex unspecified. Agreement holds for both male and female clinicians.
2. Social desirability, as perceived by non-professional subjects, is strongly related to professionals' concepts of mental health.
3. Clinicians tend to consider socially desirable masculine characteristics more often as healthy for men than for women. (pp. 5-7)

In addition, clinicians were more likely to suggest that healthy women differ from healthy men by being more submissive, less independent, less adventurous, less aggressive, and so on. Broverman et al. suggested that this is certainly an unusual way of describing a healthy mature individual. Clinicians' concepts of healthy adult males did not differ significantly from their concepts of healthy adults sex unspecified. However, the concept of healthy adult women did differ significantly from the concept of healthy adults sex unspecified. The results support the

clinicians' acceptance of an "adjustment" notion of health. For a woman to be healthy, from an adjustment viewpoint, she must adjust to and accept the behavioral norms for her sex, even though these behaviors are generally less socially desirable (Broverman et al., 1970, 1972).

A replication of the Broverman et al. study, conducted by Fabrikant (1974), focused more on the background, training and attitudes of the therapist. As a group, the therapists' responses to many of the questions indicated a more liberal view. Therapists expressed a more liberal view in the areas of marriage, career satisfaction, sexual satisfaction, and freedom to choose life roles. Women clients and male and female therapists agreed that the female client should be less dependent on her husband financially and socially, but not sexually. Female therapists agreed that there is a difference in goals for the female client based on the therapists' sex. Male therapists agreed that the sex of the therapist was less important in goal setting than the ability of the therapist. The therapists next responded to an adjective checklist describing sex-role characteristics as applied to either the male or female. The words were grouped with respect to the positive and negative values placed on them by society. The male therapists rated 70% of the female words as negative and 71% of the male words as positive. The female therapists rated 68% of the female words as negative and 67% of the male words as positive. The results parallel those of other studies.

The American Psychological Association established a task force in 1975 to examine the extent and manner of sex-bias and sex-role stereotyping in psychotherapeutic practice as they directly affect women as students, practitioners, and consumers. An open-ended questionnaire was developed to elicit descriptions of incidents or circumstances that were perceived as indicative of sex bias or sex-role stereotyping in psychotherapy with women. Women identified four general areas of sex bias and sex-role stereotyping. They viewed clinicians as fostering traditional sex roles. They also perceived male clinicians as holding biased expectations and as devaluing women. Women clinicians stated that there was an overuse of psychoanalytic concepts and Freudian interpretations. In addition, women were concerned about being used as sex objects and being seduced by therapists.

Johnson (1974), using four stimulus conditions, investigated the stereotypic attitudes of mental health professionals. The stimulus conditions were: well integrated female, poorly integrated female, well integrated male, and poorly integrated male. Results indicated significant differences between the means for these four conditions. The well integrated male and female ratings were in the direction of the male sex-role stereotype, while the poorly integrated male and female ratings were in the direction of the female sex-role stereotypes. While male and female subjects essentially agreed in their rating,

the female subjects rated the poorly integrated female significantly more in the direction of the feminine sex-role stereotype than did male subjects.

Helwig (1976) reported bias among employment counselors. Employment counselors were administered the Attitude Toward Women Scale during three counselor in-service sessions. The mean score for the scale was 64.8 (0-75), range 30-75. Analysis showed a sex difference in mean scores--male 63.0, range 30-75; female 70.3, range 50-75. Correlation between score and age was highly significant, but because of the small sample size, the author cautions that the correlation be treated tentatively. Results indicate that male employment counselors were more traditional and sexist in their attitudes toward women than are female employment counselors.

Abramowitz et al. (1973) investigated the role of political bias in clinical evaluation. Counselors were presented with bogus clinical data in the form of four versions of a history--left-oriented male, left-oriented female, right-oriented male, and right-oriented female. Leftism received less favorable clinical judgments than rightism. Clinical inferences about men are less strongly related to the evaluator's political philosophy than inferences about women. Greater maladjustment was imputed to a left-oriented, politically active female than to an identically described male. This supports the contention that mental health activities may serve to stigmatize unfairly

persons whose behavior or values pose a challenge to the dominant mores.

Kahn's (1977) research demonstrated that counselors are presenting more liberal attitudes. The focus of the study was to explore the possible impact of the women's movement on mental health professionals' thinking about women clients. Also investigated was the relationship of the sex of the therapist and the feminist awareness of the therapist with reported clinical opinions and judgments. Results indicated that many more of today's clinicians are more likely to expect the same characteristics in a mentally healthy woman as were previously expected of mentally healthy men or adults in general. One interesting result was that after viewing vignettes of female clients, some male clinicians judged women who lacked traditional feminine traits as more pathological while judging women who possessed traditional masculine traits as healthiest. Male clinicians were still most likely to maintain a double standard which revealed the influence of traditional stereotypic expectations. Feminist therapists were least likely to reveal traditional stereotypes.

Petro (1977) investigated the effects of the counselor's sex, masculine/feminine sex-role stereotyping, and sexual identity on level of affective sensitivity. Results indicate that counselors' sex-role stereotypes are similar to those held by members of the larger society. Counselors identified more with masculine stereotypes and viewed males

as more positive than females. Male counselors denied those aspects of themselves that could be viewed as feminine. In addition, the higher the male competency, the higher was the counselor's sensitivity to males. A similar study surveying male care givers found that all subjects maintained a masculine preference for boys but felt that girls should be androgynous (Robinson, 1977). Nowacki and Poe (1973) investigated the generalizability of the Broverman et al. study to introductory level psychology students. Results confirmed that there was a significant difference between the mean ratings for mentally healthy male and female and between the ratings made by male and female students.

Brown and Hellinger (1975) investigated social workers' attitudes toward women. Results indicate that social workers did not tend to have attitudes toward women that were more contemporary than those of other therapists. In fact, while there was a strong leaning toward the contemporary side of the continuum, psychiatric nurses had the highest of the contemporary ratings. Additionally, the fewer the number of years of experience, the more traditional were the ratings. Over 50% of all therapists questioned held a relatively traditional stance, with males obtaining higher traditional scores than females.

Trends in Attitudes Toward Women

There have been two recent studies which measured differences in attitudes toward women over a span of time.

The first study, conducted by Mason, Czajka, and Arber (1976), examined recent changes in United States women's sex-role attitudes. Five surveys were administered between the years 1964 and 1974. Issues addressed in the survey were definition of gender roles, desirability of the traditional sex division of labor within the family, consequences of maternal employment for children's well-being, and relative rights of the sexes in the labor force. Results indicated that women's sex-role attitudes were a function of education and employment experience in the cross section and that recent sex-role attitude change has occurred at approximately the same rate in all educational and socio-economic strata. Between the years 1964 and 1970, before the women's movement, a sizable attitude shift was noted among college-educated women. There was a change from a majority of women in support of the traditional arrangement to a smaller majority in support. In 1970, there was evidence of more egalitarian beliefs and fewer sex-role-related traditional beliefs. Between the years 1970 and 1973 there was a sizable increase in the percentage endorsing the obligations of husbands to share housework with wives, rights of women to be considered for top jobs on an equal footing with men, rights of women to keep their jobs while bearing children, and the psychological feasibility or moral acceptability of a life without marriage and motherhood. Between the years 1973 and 1974, the data provide evidence that the women's movement had directly contributed to recent declines

in support for traditional sex roles. The changes in college graduates before 1970 suggest that other forces in society were already providing an impetus for sex-role attitude change. There is support for the belief that the woman's movement accelerated the pace at which attitudes changed.

An additional study by Engelhard, Jones, and Stiggins (1976) investigated counselor attitudes toward women over a span of six years. The three dimensions that were focused on were the dual role of full-time worker and mother, sex-role definitions, and the perceived utility of women's special talents. Results indicated that the working-mother factor fostered the most conservative counselor attitudes. Male and female counselors were further apart in their attitudes on this factor than they were on either of the other two. The working-mother factor was resistant to change between the first and the second survey (1968-1969 and 1971-1972). After 1971, attitude change appears to have progressed with more openness to the working-mother factor. Women counselors were much more open to diverse sex-role definitions. There was agreement between men and women counselors concerning the value of women to society. While male and female counselors differed on all three dimensions, there was agreement that the narrow, restrictive sex-role definitions are no longer appropriate.

Counselor Education Students

Specific research designed to shed light on whether or not sex-role stereotyping exists among counselor education students has been sparse. Maslin and Davis (1975) administered the shortened version of the Stereotype Questionnaire to a sample of full-time graduate students in counselor education. Subjects were assigned by sex to one of the three sets of instruction (adult male, adult female, adult sex unspecified) which resulted in six groups. Results indicated that group means for males and females given adult male instructions were almost identical. The group mean for males given adult female instruction was considerably lower than the group mean for females given the same instructions. These results only partially confirmed results of previous research. Females held approximately the same set of expectations for all healthy persons regardless of sex, while males held somewhat more stereotypic expectations of healthy females as compared with standards of health for other persons. Further results confirmed previous findings that professional concepts of mental health for adults were in accord with non-professional ideas of socially desirable traits, regardless of sex. Maslin and Davis (1975) suggested that one possible explanation for the differences between results in their study and that of Broverman et al. (1970) is that there was a five-year span between the two studies. During those five years the egalitarian beliefs and ideas

associated with the feminist movement gained increasing attention and support. The Maslin and Davis study gave minimal support to the existence of a double standard of mental health. It is significant, though, in the fact that there were consistent expectations for healthy adults and healthy males, but different expectations were maintained for females.

Beach and Kimmel (1976) investigated the attitudes of counselor education students toward the rights and roles of women in society and compared them among sample groups of high school students, college students, teachers, professors, and persons in business. All subjects were administered the Attitudes Toward Women Scale and a biographical questionnaire. Results indicated that all counselor education students scored highest (most liberal) on the vocational, educational, and intellectual roles subscale of the AWS and scored lowest (most traditional) on the sexual behavior subscale. Female counselor education students had significantly higher mean scores on the total AWS than male counselor education students. In a comparison of counselor education students with other groups, those women professionals in education attending a summer workshop on women had the highest mean scores (139.26), followed by those who had attended a conference on sexism (130.10), counselor education students (119.03), and finally by rural high school seniors (85.69). Results indicated that as a reference group, counselor education

students were no more liberal than other comparison groups and, in fact, earned considerably lower scores than some of their other colleagues. One interesting finding was that counselor education students' attitudes were not significantly related to the number of hours they had completed in their programs. Beach and Kimmel (1976) concluded that

although teacher humanism may be espoused as a distinctive goal for guidance programs, belief in sex equality as part of humanism does not necessarily result; the guidance curriculum as it was structured did not appear to liberalize counselor trainees' attitudes toward women. This fact dramatizes the need for change in the program. (p. 217)

Trotsky (1977) conducted an investigation to determine if male and female counselor education students would emit significantly different responses to a new video-taped client stimulation. Subjects were exposed to a video tape of the "Our Gang" series, which included vignettes relating to interpersonal interactions. Results indicated that female raters assigned higher ratings to female clients and male raters assigned higher ratings to male clients. In general, female raters assigned higher ratings overall.

Studies Not in Support of Previous Findings

Stricker (1977) critiqued existing research concerning sex-role stereotyping, and supported the position that the current data do not point out conclusive evidence for the existence of sexism in therapy. He stated that research has not produced any direct evidence about the treatment of

women in psychotherapy. He did not find current methodology appropriate and suggested that the methodology of choice would be to observe the therapy, describe it in a systematic way, and then draw conclusions. He added that the problems in sampling patients and therapists in therapy are enormous. In regard to the results of past studies, he stated that "while males do respond to negative characteristics of females, this is not a case of sexism but rather a case of a general rating style that is also applied to men" (p. 16). There are no data to support this conclusion. Stricker critiqued several studies, but concluded that assuming a double standard of mental health and negative evaluations of women exist is premature in light of the data. While he admitted that sex-role stereotyping is widespread in our society, it is most likely to occur when generic groups are rated and least likely to occur when specific individuals are rated. To support his conclusions, Stricker referred to the study conducted by Maxfield. Maxfield (1977) surveyed members of the American Psychological Association and administered a sex-role stereotype questionnaire and questions based on six case vignettes. His results did not support the existence of a bias against women. Differences favored females nearly as often as they favored males. Maxfield's questionnaire asked clinicians to fill out responses for healthy mature adults and typical adult psychotherapy patients. His results are based on a fairly small sample size.

Titus-Maxfield (1976) reported that the tendency to stereotype diminishes when information other than gender is available. She investigated the effects of sex-role stereotyping on the evaluations of applicants to a Ph.D. program. It was reported that male and female applicants were not evaluated in a systematically different fashion. There was no evidence of a widely reported tendency to favor males over females. This study demonstrated that when equally qualified men and women were evaluated with reference to a specific role model, sex-role stereotypes were of no importance.

One final study, by Johnston (1975), investigated the attitudes of male graduate students toward women. Attitudes were assessed in relation to general authoritarianism and principles related to equality and women's rights. Results indicated that there was no significant difference between mean scores on the Dogmatism Scale and the Women's Liberation Questionnaire among graduate students in law, engineering, business, and public administration.

Vocational Counseling

Research on vocational counselors reflects the sexism found in mental health workers in the Broverman et al. study (1970). Counselors have displayed sexist bias in counseling females in career planning. Counselors are not aware of pertinent factors regarding women in the world of work. They are misinformed about the percentage of women

working, the extent to which women are discriminated against, the increasing discrepancy between men's and women's incomes, the probability of women getting leadership positions, occupational alternatives needed by women, the general ability of women, and the length of time women spend in the labor force (Guttman, 1974; Oliver, 1975).

For example, Thomas and Stewart (1971) examined counselor attitudes toward the vocational and educational goals of females, using a sample of school counselors. The purpose of the study was to determine if high school counselors responded differently to female clients with traditionally feminine goals than to those with more masculine goals. Counselors listened to tapes of females, either describing a conforming goal (home economist) or a deviant goal (engineer). Counselors then rated each client on appropriateness of the choice and need for counseling. Results indicated that (1) female counselors gave higher acceptance scores to all clients than did male counselors, (2) all counselors rated clients with conforming goals as more appropriate in career choice than clients with deviant goals, and (3) female counselors rated clients with deviant goals as significantly more in need of counseling than clients with conforming goals.

Schlossberg and Pietrofesa (1973) tested the hypothesis that counselors are biased against women entering a masculine field. Counselor education students were taped

while conducting interviews with coached clients who were undecided about whether to pursue a career in education or engineering. The results indicated a definite bias by both male and female counselors against women entering a masculine occupation.

It is also important to understand the sex-role attitudes and career choices of male and female graduate students. Given the difference in degree of role conflict likely to be experienced by women entering traditionally feminine versus traditionally masculine occupations, it seems probable that differences exist between the types of women who enter these professions. It is possible that women who choose traditional feminine occupations do so partly because they are more conservative in their attitudes toward women's activities and perceive more potential role conflict between career and family than do women choosing traditionally masculine occupations. Also, attitudinal differences exist between men entering traditionally masculine professions and those entering traditionally feminine professions. A sample of graduate students was administered the Attitude Toward Women Scale. Results indicated that graduate women were more non-traditional in their attitudes toward women's roles than were the men. Men choosing masculine occupations were far less liberal than men choosing feminine occupations. Anderson's (1977) study evaluated factors related to sex-role which contribute to the underrepresentation of women in graduate schools. She reported

that interpersonal affiliative relationships were the major concern of most senior college women regardless of their degree of psychological femininity. The women believed that their self-actualization was associated with fulfilling their sex-role identity as adult females.

Movement Toward Androgyny

American society has long considered masculinity to be the mark of the psychologically healthy male and femininity to be the mark of the healthy female. The concept of androgyny which was introduced by Bem (1975a) was an attempt to "help free the human personality from the restricting prison of sex-role stereotyping and to develop a conception of mental health which is free from culturally imposed definitions of masculinity and femininity" (p. 1). Bem stated that the

ideal or healthy personality has traditionally included a concept of sexual identity with three basic components: (1) a sexual preference for members of the opposite sex; (2) a sex-role identity as either masculine or feminine, depending upon one's gender; and (3) a gender identity, i.e., a secure sense of one's maleness or femaleness. (p. 1)

Androgyny is a concept viewing an individual as being able to be both instrumental and expressive, both assertive and yielding, both masculine and feminine, depending upon the situational appropriateness of these various behaviors (Bem, 1975b; Bem & Lenney, 1976). While it is possible for individuals to be androgynous, traditional sex roles prevent

this possibility from ever becoming a reality for many individuals (Bem, 1972).

Bem (1975b) investigated the behavioral adaptability of the androgynous individual and the behavioral restriction of the non-androgynous individual. It was hypothesized that feminine and androgynous subjects would be more nurturant and playful than masculine subjects. Additionally, it was hypothesized that masculine and androgynous subjects would both remain more independent from social pressure than feminine subjects. The first hypothesis was tested by observing the subjects interact with a kitten. Results indicated that feminine and androgynous men did not differ significantly from one another, and both were significantly more responsive to the kitten than masculine men. The androgynous women, like the androgynous men, were quite responsive to the kitten, but the feminine women were significantly less responsive, and the masculine women fell ambiguously between. The second hypothesis was tested by asking subjects to rate a series of cartoons. Results indicated that masculine and androgynous subjects did not differ significantly from one another, and both were significantly more dependent than the feminine subjects. This was true for males and females.

A further investigation was conducted to clarify whether the feminine women's low level of nurturance was unique to her interaction with a human baby, and in addition, to listen to a fellow student who openly shared some

of his or her unhappy emotions. Results indicated that feminine and androgynous subjects did not differ significantly from one another, and both were significantly more nurturant with the baby than the masculine subjects. The results did not differ significantly for men and women. This study indicated that the low nurturance of the feminine woman does not extend to her interactions with humans (Bem, Martyna, & Watson, 1976).

A further study by Bem and Lenney (1976) suggested evidence for the hypothesis that cross-sex behavior is motivationally problematic for sex-typed individuals and is actively avoided as a result. Subjects were instructed to select one activity, from activities which were arranged in pairs, that they would prefer to perform during the photography session which was to follow. Results indicated that sex-typed subjects were significantly more stereotyped in their choices than androgynous subjects who did not differ significantly from one another. Subjects were then asked to perform three masculine, three feminine, and three neutral activities while the experimenter pretended to photograph them. They then indicated how they felt after each activity on a series of rating scales. Results indicated that sex-typed subjects felt significantly worse than androgynous subjects, who, again, did not differ significantly from one another. The masculine men and the feminine women experienced the most discomfort and felt the worst about themselves after performing cross-sex activities.

Zeldow (1976) examined the relationship between psychological androgyny and attitudes toward feminism among college students. Results indicated that (1) women were more liberal than men, (2) feminine men were more conservative than feminine women, (3) feminine men were slightly more conservative than androgynous and masculine men, neither of whom differed from each other or their female counter-parts, (4) androgynous individuals had the most profeminist attitudes.

In summary, while the past literature reveals the existence of sex-role stereotyping in areas including counseling, there has been much progress in the direction of increasing awareness of stereotypes and their debilitating effects.

CHAPTER III
RESEARCH METHODOLOGY

Overview

The purpose of this study was twofold: (1) to determine if sex-role stereotyping existed among counselor education students and (2) to determine if a relationship existed among sex-role stereotyping, attitudes toward the rights and roles of women in society, and sex-role orientation. The study included a sample of 300 subjects from counselor education programs within the United States offering both master's and post-master's degrees. Subjects selected were currently enrolled on a full-time or part-time basis.

The relationships among attitudes toward women, sex-role orientation, and the tendency to stereotype by sex, for a sample of counselor education students were investigated through a descriptive research design (Isaac & Michael, 1971). All subjects were administered the Attitudes Toward Women Scale, Bem Sex-Role Inventory, Sex-Role Questionnaire, and a Demographic Information Questionnaire.

The remainder of this chapter will be concerned with the (1) hypotheses, (2) data collection procedures,

(3) selection of subjects, (4) instruments used, (5) data analysis, and (6) limitations of the study.

Hypotheses

Hypothesis 1. There are no differences between male and female counselor education students in regard to the tendency to stereotype by sex.

Hypothesis 2. There are no differences between counselor education students' sex-role identification and the tendency to stereotype by sex.

Hypothesis 3. There are no differences between male and female counselor education students with regard to attitudes toward women.

Hypothesis 4. For counselor education students there are no relationships among age and amount of quarter hours completed and (1) the tendency to stereotype by sex, (2) attitudes toward women, and (3) sex-role orientation.

Hypothesis 5. For counselor education students there are no differences between male and female married and unmarried students and white and ethnic minority students with regard to (1) the tendency to stereotype by sex, (2) attitudes toward women, and (3) sex-role orientation.

Data Collection Procedures and Selection of Subjects

Fifty departments of counselor education were selected, representing proportionately the four regions (Southern, North Atlantic, Western, and North Central) of the United States as listed in the Personnel and Guidance Standard Reference (1972). The chairperson of each of these programs received a letter (Appendix A) requesting that individual's assistance in obtaining data for this study. It was requested of the chairperson to designate a faculty member or graduate student to distribute and return questionnaires, if the chairperson was unable to personally assist the researcher. A postage paid self-addressed postcard was included, for the chairpersons' response.

Following receipt of the postcards acknowledging willingness to participate, the researcher mailed questionnaire packets and information sheets to the chairperson, faculty member, or graduate student who was to distribute and return materials (Appendix C). Each counselor education student received the following: (1) letter to the student (Appendix B), (2) Attitudes Toward Women Scale, (3) Bem Sex-Role Inventory, (4) Sex-Role Questionnaire, and (5) Demographic Information Questionnaire (Appendix F).

It was requested that these materials be distributed to 25 master's level students and to all post-master's level students in the counselor education department. The number of students in each counselor education department was obtained from the Counselor Education Directory (Hollis & Wanta, 1977).

Counselor education programs from which the data were collected had a minimum of 25 master's and 7 post-master's level students.

It was expected that the students would require an average of 30-45 minutes to complete all of the instruments in the packets. Participation in the study was on a voluntary basis, and those students not wishing to participate were requested to return the packets. This was stated in the instruction sheets within each packet.

It was expected that at least 50% of the chairpersons from counselor education programs initially contacted would agree to furnish data and that a 50% rate of return from this number would provide a minimum sample of 300 master's level subjects and 200 post-master's level subjects. Even though approximately 50% of the chairpersons agreed to give assistance to the researcher, this resulted in only a 30% overall return rate of questionnaires yielding a sample of 300 subjects (200 master's level subjects and 100 post-master's level subjects) from a total population of 900 subjects.

Instruments

The instruments used in this research were the Bem Sex-Role Inventory, Attitudes Toward Women Scale, and the Sex-Role Questionnaire. Additionally, The Demographic Information Questionnaire developed for this study was

administered to all subjects. The Demographic Information Questionnaire had no evaluative purpose.

Bem Sex-Role Inventory (BSRI)

This scale was developed by Sandra Bem of Stanford University (1974). The BSRI is a paper-and-pencil instrument which distinguishes androgynous individuals from those with more traditional sex-role self-concepts. The BSRI treats masculinity and femininity as two orthogonal dimensions (qualitatively different aspects) rather than as two ends of a single dimension.

The BSRI consists of twenty masculine personality characteristics and twenty feminine personality characteristics which are listed as adjectives. Masculine personality characteristics include ambitious, independent, assertive, and strong. Feminine personality characteristics include affectionate, gentle, understanding, and sensitive to the needs of others. The forty personality characteristics were all rated by both male and female raters as being significantly more desirable in American society for one sex than for the other. The BSRI also contains twenty neutral characteristics which serve as filler items; truthful, happy, conceited, and unsystematic.

The instrument utilizes a seven-point Likert format with responses ranging from one (never or almost never true) to seven (always or almost always true). The subjects are asked to choose one of these seven categories as a response

for each item on the scale. To score, subjects were divided at the median of both the masculinity and femininity scales and were classified as masculine, feminine, androgynous, or undifferentiated. Subjects who scored above the masculinity median and below the femininity median were classified as "masculine," those who scored above the femininity median and below the masculinity median were classified as "feminine," those who scored above both medians were classified as "androgynous," and those who scored below both as "undifferentiated" (Bem, 1974).

Bem (1974), reports normative data collected on 560 males and 250 females (N=810). Internal consistency was measured by computing a coefficient alpha for the Masculinity, Femininity, and Social Desirability scores. The scores proved to be highly reliable: first sample-males, .86; females, .80; social desirability, .75; second sample-males, .86; females, .82; social desirability, .75.

Test-retest reliability was conducted with a sample of 56 subjects collected over a four week period. Pearson product-moment correlation coefficients for the sample yielded highly stable results (masculine .90, feminine .90, androgynous .93, and social desirability .89). Bem also investigated the relationship between masculinity and femininity to test if the scales are logically independent. Results from the normative sample revealed them to be empirically independent; first sample-males, $r=.11$; females, $r=.14$; second sample-males, $r=+.02$; females, $r=-.07$.

The Attitudes Toward Women Scale (AWS)

This scale was developed by Janet Spence and Robert Helmreich of the University of Texas, Austin. The AWS has been widely supported (Beach & Kimmel, 1976; Kilpatrick & Smith, 1974; and Lunneborg, 1974). It is a 25 item self-report instrument which is designed to survey the current attitudes which members of society hold concerning the rights and roles of women in society. This is a shortened version of the original 55-item form. Correlations between subjects' scores on the 25-item version and the full scale were .97 for both the male and female students. The items have been categorized into six independent subscales. The six subscales are (1) vocational, educational, and intellectual roles (17 items); (2) freedom and independence (4 items); (3) dating, courtship, and etiquette (7 items); (4) drinking, swearing, and dirty jokes (3 items); (5) sexual behavior (7 items); and (6) marital relationships and obligations (17 items).

The instrument consisted of 25 declarative statements for which there are four response alternatives: agree strongly, agree mildly, disagree mildly, and disagree strongly. Each item was given a score ranging from zero to three, with zero representing choice of the response alternative reflecting the most traditional conservative attitude, and three indicating the alternative response reflecting the most liberal, profeminist attitudes. Since

the statements for some of the items are conservative in content while others are liberal, the specific alternative (agree strongly or disagree strongly) given a zero score varies from item to item. Each subjects' score was obtained by summing the values of the individual items. The range of a possible score was zero to one-hundred and sixty-five.

Collins (1974) investigated the validity, reliability, and subscore differentiation on selected measurement characteristics of the AWS. The primary focus was to assess reliability, validity, and restriction of range problems. Results indicated that the AWS has satisfactory test-retest reliability ($r=.95$) and satisfactory criterion-related validity. Restriction of range was found at the liberal end of the scales.

The AWS was also validated by Kilpatrick & Smith (1974) by administering the scale to a group of women members of the National Organization of Women. The authors concluded that this scale is a valid measure of feminist attitudes, based on empirical data which indicated that the NOW group scored significantly higher (more liberal) than the normative control groups of the Spence & Helmreich study. Additionally, construct validity was ascertained by correlating the AWS scale scores with the Kirkpatrick Belief Pattern Scale for measuring attitudes toward feminism. Spence and Helmreich reported internal consistency

coefficients based on computation of Cronbach Alphas on the original sample to be .92 for both samples.

Sex-Role Questionnaire (SRQ)

This scale, developed by Paul Rosenkrantz et al. (1968), was designed to measure current sex-role perceptions. The SRQ contains 82 bipolar statements which focus on the traits and behaviors currently assigned to men and women. These bipolar statements are separated by 60 points. Subjects are instructed to "imagine that you are going to meet someone for the first time, and the only thing that you know in advance is that he is going to be an adult male." Subjects were instructed to mark on the 60-point scale the extent to which they expected each item to characterize the adult male. After completion, subjects were to repeat the same instructions for describing an adult female and to repeat again for a self description. There is no validation data on the SRQ. The authors assert that although the instrument has no available validation data, the questionnaire appears to tap meaningful dimensions as was attested to by the fact that a high consistency of responses occurs across individuals with respect to how they perceive men and women. Correlations were computed for male valued items (items on which the masculine pole and the socially desirable pole coincide) and female valued items (items on which the feminine pole and the socially desirable pole coincide) and self items. For the

"competency" (male valued) items, correlations of the odd with the even items are .81 for the male response, .83 for the female response, and .89 for the self response in 150 subjects. For the "warmth-expressiveness" (female valued) items, correlations between the odd and even items are .80 for the male response, .58 for the female response, and .72 for the self response in the same sample of 150 subjects.

Demographic Information Questionnaire (DIQ)

This questionnaire developed by the researcher was administered to subjects in order to obtain the following information: age, sex, race, marital status, number of quarter hours completed, employment status of mother and father, number of brothers and sisters, place in birth order, and highest educational degree of mother and father.

Analysis of Data

The responses from each instrument were totaled for each subject and group means were calculated. Hypotheses 1, 2, 3, and 5 were tested by the statistical method of analysis of variance. If a significant F ratio was found for the main effect, the multiple comparison procedures of Tukey's Honestly Significant Differences (HSD) was used to determine where significant differences lie. In all tests for significant differences, a confidence level of .05 was

used. Hypotheses 4 was tested by calculating Pearson product-moment correlations. The correlations were used to determine if there were significant relationships between the dependent variables (test scores) and the independent variables (age and amount of quarter hours). The point biserial procedure was used to determine if there were significant relationships between the continuous variables (test scores) and the dichotomous variable (sex).

Limitations of the Study

The following limitations applied for the purposes of this study:

(1) There was no control groups or comparison groups; therefore, results were limited to counselor education programs.

(2) There was uneven sample sizes between the masters' and post-masters' subjects; therefore, results were limited to each group and only broad generalizations can be made about each group.

(3) There was a possibility that subjects responded in a socially desirable manner rather than in a manner which reflects subjects' own attitudes.

CHAPTER IV

FINDINGS, DISCUSSION, AND CONCLUSIONS

This study was designed to investigate sex-role stereotyping among counselor education students and to examine the relationship among sex-role stereotyping, attitudes toward the rights and roles of women in society, and sex-role orientation. The population studied consisted of master's and post-master's counselor education students from a sample of counselor education programs throughout the United States. Those demographic variables considered to be most relevant with respect to the population of this study were (1) sex, (2) marital status, (3) race, (4) number of quarter hours completed in a counselor education program, (5) age, and (6) geographical region of United States. This chapter will be divided into five sections: (1) description of the sample, (2) analysis of the findings, (3) discussion of the findings, (4) implications, and (5) conclusions.

Description of the Sample

The sample consisted of 300 counselor education students from 19 colleges or universities in 17 states throughout the United States, enrolled during the spring and summer quarters of 1978. The sample of colleges and

universities was distributed among the four geographic regions of the United States designated by the Personnel & Guidance Standard Reference (1972): West-3, North Atlantic-3, South-6, and North Central-7. A breakdown of the sample by region, academic level classification, and sex is offered in Table 1. Of the 300 subjects, 41.3% were males and 58.7%, females. Master's degree subjects comprised 70% of the entire sample and post-master's students, 30%.

Of the 300 subjects, 59.6% were over the age of 26, with a modal age range of 26-30, closely followed by those over 30. Single subjects comprised 47% of the total sample, with 43% married, and 10% either divorced or separated (Table 2). A breakdown by race reveals that 89.33% of the total sample was white; 3%, hispanic; 1.33%, Asian; 6%, black; and .33%, other (Table 3). Of the 300 subjects, 64.76% held liberal arts degrees; 4.02%, science degrees; and 30.87%, degrees in education (Table 4). A small majority (53.19%) of the fathers and 18.12% of the mothers of female subjects were employed full-time. For the male subjects, 40.06% of the fathers and 17.44% of the mothers were employed full-time. Of the 300 subjects, 8.05% of the male subjects were from families where the mother was never employed, as compared with 19.79% of female subjects (Table 5). Additional demographic data are offered in Appendix D. A Chi Square analysis which was used to

TABLE 1

Distribution of Subjects by Region, Academic
Level Classification, and Sex

REGION	SEX AND ACADEMIC LEVEL				Total
	Male		Female		
	Master's	Post-Master's	Master's	Post-Master's	
WEST	4	2	9	7	22
NORTH ATLANTIC	27	25	53	17	122
SOUTH	38	12	49	16	115
NORTH CENTRAL	<u>11</u>	<u>5</u>	<u>19</u>	<u>6</u>	<u>41</u>
TOTAL	80	44	130	46	300

TABLE 2
 Distribution of Subjects by Sex,
 Age, and Marital Status

<u>Variables</u>	<u>Sex</u>			
	<u>Males</u>	<u>% of Total</u>	<u>Females</u>	<u>% of Total</u>
<u>Age</u>				
20 - 23	16	5.83	32	10.66
23 - 26	37	12.33	36	12.00
26 - 30	35	11.66	55	18.33
over 30	36	12.00	53	17.66
<u>Marital Status</u>				
Single	64	21.33	77	25.66
Married	51	17.00	78	26.00
Divorced	7	2.33	19	6.33
Separated	2	.66	2	.66

TABLE 3
Distribution of Subjects by Sex and Race

<u>Race</u>	<u>Sex</u>			
	<u>Males</u>	<u>% of Total</u>	<u>Females</u>	<u>% of Total</u>
Hispanic	7	2.33	2	.66
White	107	35.66	161	53.66
Asian	1	.33	3	1.00
Black	8	2.66	10	10.00
Other	1	.33	0	0

TABLE 4
Distribution of Subjects by Sex and
Undergraduate Major

<u>Undergraduate Major</u>	<u>Sex</u>			
	<u>Males</u>	<u>% of Total</u>	<u>Females</u>	<u>% of Total</u>
Liberal Arts	89	29.86	104	34.89
Science	6	2.01	6	2.01
Education	29	9.73	63	21.14

TABLE 5

Distribution of Subjects (N = 297) by Sex and
Employment Status of Mother and Father

	Sex of Subjects			
	Males (N=124)	% of Males (% of Total) *	Females (N=173)	% of Females (% of Total) *
<u>Employment Status of Father</u>				
Worked full-time	119	95.96 (40.06)	158	91.32 (53.19)
Worked part-time	2	1.61 (.67)	3	1.73 (1.01)
Worked occasionally	2	1.61 (.67)	1	.58 (.33)
Not present	1	.80 (.33)	11	6.35 (3.70)
<u>Employment Status of Mother</u>				
Worked full-time	52	41.93 (17.44)	54	31.21 (18.12)
Worked part-time	16	12.90 (5.36)	26	15.02 (8.72)
Worked occasionally	32	25.80 (10.73)	34	19.65 (11.74)
Never Worked	24	19.35 (8.05)	59	34.10 (19.79)

*% of total sample.

determine significant relationships between each of the demographic factors and the scores on all the instruments is included in Appendix E.

Results Related to the Null Hypotheses

Hypothesis 1:

It was hypothesized that there would be no significant difference between male and female counselor education students in regard to the tendency to stereotype by sex, as measured by the Sex-Role Questionnaire (SRQ). A one-way analysis of variance was employed to investigate the possibility of any significant differences. The results are reported in Table 6. An analysis of the Masculine Sex-Role Questionnaire (MSRQ) and Feminine Sex-Role Questionnaire (FSRQ) mean scores and standard deviations by sex is also depicted. For the MSRQ, males had a mean score of 5.1723 and females 5.1041. For the FSRQ, males had a mean score of 5.3897 and females, 5.5066. Analysis of the data indicated that there was no significant difference on the basis of the sex of the student and masculine and feminine questionnaire scores. Therefore, Hypothesis 1 is not rejected.

Hypothesis 2:

It was hypothesized that there would be no significant differences between counselor education students' sex-role identification and the tendency to stereotype by sex, as measured by the Bem Sex-Role Inventory (BSRI). The median

TABLE 6

One Way Analysis of Variance of SRQ Scale Scores

Masculine Sex Role Questionnaire

<u>Group</u>	<u>N</u>	<u>Mean</u>	<u>S.D.</u>
Male	124	5.1723	1.4080
Female	176	5.1041	1.4615
Total	300	5.1323	1.4376

Analysis of Variance

<u>Source</u>	<u>df</u>	<u>Sum of Squares</u>	<u>Mean of Squares</u>	<u>F Ratio</u>	<u>F*</u> <u>Probability</u>
Between groups	1	0.3395	0.3395	0.164	0.6860
Within groups	298	617.6267	2.0726		
Total	299	617.9661			

*p >.05

Feminine Sex Role Questionnaire

<u>Group</u>	<u>N</u>	<u>Mean</u>	<u>S.D.</u>
Male	124	5.5066	1.5871
Female	176	5.3897	1.5150
Total	300	5.4381	1.5436

Analysis of Variance

<u>Source</u>	<u>df</u>	<u>Sum of Squares</u>	<u>Mean of Squares</u>	<u>F Ratio</u>	<u>F*</u> <u>Probability</u>
Between groups	1	0.9928	0.9928	0.416	0.5195
Within groups	298	711.4692	2.3875		
Total	299	712.4619			

*p >.05

score for males was 5.10 and for females, 5.05. An analysis of variance was employed, and an inspection of Table 7 indicates no statistically significant differences between subjects' scores on the FSRQ, MSRQ, and the BSRI. Therefore, Hypothesis 2 is not rejected.

Hypothesis 3:

It was hypothesized that there would be no significant differences between male and female counselor education students with respect to scores obtained on the Attitude Toward Women Scale (AWS). The range of scores on the AWS for males was 30-75, with a mean score of 58.24. For females, the range was 24-75, with a mean score of 64.84. The analysis of variance reported in Table 8 indicates a statistically significant difference between male and female scores on the AWS, at the .01 level of confidence. Females scored significantly higher than males on the AWS. Therefore, Hypothesis 3 is rejected.

Hypothesis 4:

It was hypothesized that there would be no relationship among age, amount of quarter hours completed in a counselor education program, and the

- (a) tendency to stereotype by sex
- (b) score on the AWS
- (c) sex-role orientation.

TABLE 7

One Way Analysis of Variance for SRQ and
BSRI Scale Scores

MSRQ

<u>Source</u>	<u>df</u>	<u>Sum of Squares</u>	<u>Mean of Squares</u>	<u>F Ratio</u>	<u>F* Probability</u>
Main Effects	3	9.252	3.084	1.500	0.215
BEM	3	9.252	3.084	1.500	0.215
Explained	3	9.252	3.085	1.500	0.215
Residual	296	608.700	2.056		
Total	299	617.952	2.067		

*p >.05

FSRQ

<u>Source</u>	<u>df</u>	<u>Sum of Squares</u>	<u>Mean of Squares</u>	<u>F Ratio</u>	<u>F* Probability</u>
Main Effects	3	10.158	3.386	1.427	0.235
BEM	3	10.158	3.386	1.427	0.235
Explained	3	10.158	3.386	1.427	0.235
Residual	296	702.285	2.373		
Total	299	712.443	2.383		

*p >.05

TABLE 8
 One Way Analysis of Variance for AWS Scale
 and Sex of Subject

Mean and Standard Deviation

<u>Group</u>	<u>N</u>	<u>Mean</u>	<u>S.D.</u>
Male	124	58.2419	10.8622
Female	176	64.8409	9.8987
Total	300	62.1133	10.7926

<u>Source</u>	<u>df</u>	<u>Sum of Squares</u>	<u>Mean of Squares</u>	<u>F Ratio</u>	<u>F* Probability</u>
Between Groups	1	3167.7810	3167.7810 106.2411	29.817	0.0000*
Within Groups	298	31659.8359			
Total	299	34827.6133			

*p >.01

Analysis of the data, using Pearson product-moment correlations, indicated that there were no significant relationships among age, amount of quarter hours completed in a counselor education program, and scores on the MSRQ, FSRQ, and the BSRI. There was, however, a significant relationship (.01 level of confidence) between age and amount of quarter hours completed and scores on the AWS. Results indicate that there is a positive correlation between scores on the AWS, age, and amount of quarter hours completed. As the age of the subject increased, the score on the AWS increased (indicating more liberal views). Additionally, the more quarter hours completed, the higher the subject's AWS score (Table 9). Therefore, Hypothesis 4a is not rejected, 4b is rejected, and 4c is not rejected.

Hypothesis 5:

It was hypothesized that there would be no significant differences between males and females, married and unmarried students, and white and ethnic minority students in counselor education programs with regard to the

- (a) tendency to stereotype by sex
- (b) scores on the AWS
- (c) sex-role orientation.

The statistical procedure employed was the factorial analysis of variance. Results indicate (Table 10) that for the AWS the variables of sex, race, and marital status yield significant findings. In order to determine where the

TABLE 9

Summary of Pearson Correlation Coefficients
Among SRQ, BSRI, and AWS Scales Scores

	<u>MSRQ</u>	<u>FSRQ</u>	<u>ATWS</u>	<u>BSRI</u>
<u>AGE</u>	r=0.0177	0.0128	0.1701*	-0.0369
	s=0.380	0.413	0.002	0.262
<u>HOURS</u>	r=0.0195	0.0206	0.1988*	-0.0653
	s=0.371	0.363	0.001	0.184

TABLE 10

Analysis of Variance of AWS Scores and the
Variables of Sex and Marital Status

<u>Source</u>	<u>df</u>	<u>Sum of Squares</u>	<u>Mean of Squares</u>	<u>F Ratio</u>	<u>F* Probability</u>
Sex	1	2965.728	2965.728	28.417	0.000*
MS	3	747.078	249.026	2.386	0.069
SEXXMS	3	438.493	146.165	1.401	0.243
Explained	7	4353.430	621.918	5.959	0.000
Residual	292	30474.195	104.364		
Total	299	34827.625	116.480		

Analysis of Variance of AWS Scores and the
Variables of Sex and Race

<u>Source</u>	<u>df</u>	<u>Sum of Squares</u>	<u>Mean of Squares</u>	<u>F Ratio</u>	<u>F* Probability</u>
Sex	1	2860.403	2860.403	27.155	0.000*
Race	4	788.539	197.135	1.871	0.115
SexxRace	3	218.446	72.815	0.691	0.558
Explained	8	4174.844	521.855	4.954	0.000
Residual	291	30652.781	105.336		
Total	299	34827.625	116.480		

Analysis of Variance of AWS Scores and the
Variables of Marital Status and Race

<u>Source</u>	<u>df</u>	<u>Sum of Squares</u>	<u>Mean of Squares</u>	<u>F Ratio</u>	<u>F* Probability</u>
MS	3	1017.387	339.129	3.043	0.029*
Race	4	1164.173	291.043	2.612	0.036*
MXXRace	6	844.793	140.799	1.264	0.274
Explained	13	2958.176	227.552	2.042	0.018
Residual	286	31869.449	111.432		
Total	299	34827.625	116.480		

*p > .05

significant differences occurred, Tukey's test of Honestly Significant Differences (HSD) was used. Results indicated that for the marital status, single subjects differ significantly from separated subjects; and for race, whites differ significantly from ethnic minorities (ethnic minorities scoring higher than whites). Table 11 reports results of the analysis of variance for the MSRQ and FSRQ scales of the SRQ. The MSRQ scale did not reveal any significant differences; however, the FSRQ scale did reveal significant differences for the variable of race. Tukey's HSD indicates that whites differ significantly from ethnic minorities. Table 12 reports results of the factorial analysis of variance for the BSRI and the variables of sex, race, and marital status. No significant differences are reported. A Pearson product-moment correlation was calculated for all scores and the variable of sex. A significant correlation coefficient is reported in Table 13 for the AWS; no significant relationships were found for the MSRQ, FSRQ, and the BSRI. Therefore, Hypothesis 5a is rejected for the FSRQ, (significant differences were found), but not rejected for the MSRQ scale of the SRQ, (no significant differences were found), Hypothesis 5b is rejected, (significant differences for the AWS scale were found), and Hypothesis 5c is not rejected, (no significant differences for the BSRI were found).

In addition, Table 14 reports results for an analysis of variance for scores on all instruments and the variable

TABLE 11

Summary Table for Analysis of Variable of SRQ (Male)
Scale Scores and the Variables of Sex
and Marital Status

<u>Source</u>	<u>df</u>	<u>Sum of Squares</u>	<u>Mean of Squares</u>	<u>F Ratio</u>	<u>F* Probability</u>
Sex	1	0.241	0.118	0.118	0.731
MS	3	8.361	1.365	1.365	0.254
SEXxMS	3	13.085	2.136	2.136	0.096
Explained	7	21.787	1.524	1.524	0.159
Residual	292	596.165			
Total	299	617.952			

Summary Table for ANOVA for SRQ (Male) Scores and
the Variables for Sex and Race

<u>Source</u>	<u>df</u>	<u>Sum of Squares</u>	<u>Mean of Squares</u>	<u>F Ratio</u>	<u>F* Probability</u>
Sex	1	0.911	0.911	1.445	0.505
Race	4	15.813	3.953	1.932	0.105
SexxRace	3	6.451	2.150	1.051	0.370
Explained	8	22.604	2.826	1.381	0.204
Residual	291	595.347	2.067		
Total	299	617.952			

Summary Table for ANOVA for SRQ (Male) Scores and
the Variables of Marital Status and Race

<u>Source</u>	<u>df</u>	<u>Sum of Squares</u>	<u>Mean of Squares</u>	<u>F Ratio</u>	<u>F* Probability</u>
MS	3	9.955	3.318	1.626	0.184
Race	4	16.737	4.184	2.050	0.088
MXxRace	6	8.996	1.499	0.735	0.622
Explained	13	34.193	2.630	1.287	0.219
Residual	286	583.759	2.041		
Total	299	617.952	2.067		

*p > .05

(Continued)

TABLE 11
(Continued)

Summary Table for ANOVA for SRQ (Female) Scores and
the Variables of Sex and Marital Status

<u>Source</u>	<u>df</u>	<u>Sum of Squares</u>	<u>Mean of Squares</u>	<u>F Ratio</u>	<u>F* Probability</u>
Sex	1	0.978	0.978	0.406	0.524
MS	3	6.039	2.013	0.837	0.475
SEXXMS	3	2.768	0.923	0.383	0.765
Explained	7	9.804	1.401	0.582	0.770
Residual	292	702.639	2.406		
Total	299	712.443	2.383		

Summary Table for ANOVA for SRQ (Female) Scores and
the Variables for Sex and Race

<u>Source</u>	<u>df</u>	<u>Sum of Squares</u>	<u>Mean of Squares</u>	<u>F Ratio</u>	<u>F* Probability</u>
Sex	1	1.734	1.734	0.754	0.386
Race	4	35.483	8.871	3.858	0.005*
SexxRace	3	6.869	2.290	0.996	0.395
Explained	8	43.384	5.419	2.357	0.018
Residual	291	669.094	2.299		
Total	299	712.443	2.383		

Summary Table for ANOVA for SRQ (Female) Scores and
the Variables of Race and Marital Status

<u>Source</u>	<u>df</u>	<u>Sum of Squares</u>	<u>Mean of Squares</u>	<u>F Ratio</u>	<u>F* Probability</u>
MS	3	8.170	2.723	1.182	0.317
Race	4	36.857	9.214	4.001	0.004*
MXxRace	6	10.872	1.812	0.787	0.581
Explained	13	53.787	4.137	1.797	0.043
Residual	286	658.656	2.303		
Total	299	712.443	2.383		

*p >.05

TABLE 12

Summary Table of Analysis of Variance of BSRI Scale
Scores and the Variable of Sex and Marital Status

<u>Source</u>	<u>df</u>	<u>Sum of Squares</u>	<u>Mean of Squares</u>	<u>F Ratio</u>	<u>F* Probability</u>
Sex	1	0.119	0.119	0.097	0.755
MS	3	3.419	1.140	0.933	0.425
SEXXMS	3	1.122	0.374	0.306	0.821
Explained	7	4.651	0.664	0.544	0.801
Residual	292	356.657	1.221		
Total	299	361.308	1.208		

Summary Table for ANOVA for BSRI Scores and
the Variables of Sex and Race

<u>Source</u>	<u>df</u>	<u>Sum of Squares</u>	<u>Mean of Squares</u>	<u>F Ratio</u>	<u>F* Probability</u>
Sex	1	0.053	0.053	0.043	0.835
Race	4	1.439	0.360	0.029	0.882
SexxRace	3	2.938	0.979	0.799	0.495
Explained	8	4.488	0.561	0.458	0.885
Residual	291	356.820	1.226		
Total	299	361.308	1.208		

Summary Table for ANOVA for BSRI Scores and
the Variables of Race and Marital Status

<u>Source</u>	<u>df</u>	<u>Sum of Squares</u>	<u>Mean of Squares</u>	<u>F Ratio</u>	<u>F* Probability</u>
MS	3	3.087	1.029	0.849	0.468
Race	4	1.173	0.293	0.242	0.914
MXxRace	6	9.973	1.662	1.371	0.226
Explained	13	14.557	1.120	0.924	0.529
Residual	286	346.751	1.212		
Total	299	361.308	1.208		

*p >.05

TABLE 13

Summary Table of Pearson Correlation Coefficients
Among AWS, SRQ, and BSRI Scale Scores and Sex

<u>SEX</u>	<u>AWS</u>	<u>MSRQ</u>	<u>FSRQ</u>	<u>BSRI</u>
	r=-0.3016	0.0234	0.0373	0.0175
	s= 0.001*	0.343	0.260	0.381

*p >.05

TABLE 14

Summary Table of Analysis of Variance of
AWS Scale Scores and Region

<u>Group</u>	<u>N</u>	<u>Mean</u>	<u>S.D.</u>
West	22	67.0454	8.1968
North Central	122	63.7705	9.6558
South	115	59.1652	11.3809
North Atlantic	41	62.8049	11.7051
Total	300	62.1133	10.7926

<u>Source</u>	<u>df</u>	<u>Sum of Squares</u>	<u>Mean of Squares</u>	<u>F Ratio</u>	<u>F* Probability</u>
Between groups	3	1889.2122	629.7373	5.659	0.0009*
Within groups	296	32938.5034	111.2787		
Total	299	34827.7248			

Summary Table for ANOVA for BSRI Scores and Region

<u>Group</u>	<u>N</u>	<u>Mean</u>	<u>S.D.</u>
West	22	1.8636	1.0372
North Central	122	2.4508	1.1649
South	115	2.3391	1.0833
North Atlantic	41	2.2683	0.9226
Total	300	2.3400	1.0993

<u>Source</u>	<u>df</u>	<u>Sum of Squares</u>	<u>Mean of Squares</u>	<u>F Ratio</u>	<u>F* Probability</u>
Between groups	3	6.7018	2.2339	1.865	0.1356
Within groups	296	354.6169	1.1980		
Total	299	361.3186			

*p >.05

(Continued)

TABLE 14
(Continued)

Summary Table for ANOVA for SRQ (Male) Scores
and Region

<u>Group</u>	<u>N</u>	<u>Mean</u>	<u>S.D.</u>
West	22	5.7977	1.8461
North Central	122	5.0752	1.3000
South	115	5.1551	1.5623
North Atlantic	41	4.8815	1.1279
Total	300	5.1323	1.4376

<u>Source</u>	<u>df</u>	<u>Sum of Squares</u>	<u>Mean of Squares</u>	<u>F Ratio</u>	<u>F* Probability</u>
Between groups	3	12.7790	4.2597	2.083	0.1025
Within groups	296	605.1904	2.0446		
Total	299	617.9692			

Summary Table for ANOVA for SRQ (Female) Scores
and Region

<u>Group</u>	<u>N</u>	<u>Mean</u>	<u>S.D.</u>
West	22	6.3300	1.8680
North Central	122	5.3181	1.3378
South	115	5.4369	1.6897
North Atlantic	41	5.3197	1.3901
Total	300	5.4381	1.5436

<u>Source</u>	<u>df</u>	<u>Sum of Squares</u>	<u>Mean of Squares</u>	<u>F Ratio</u>	<u>F* Probability</u>
Between groups	3	19.8312	6.6104	2.825	0.0390*
Within groups	296	692.6363	2.3400		
Total	299	712.4675			

*p >.05

of region. Significant differences were found by region at the .01 level of confidence for the AWS scale. No significant results are reported for the BSRI, MSRQ, and FSRQ scales.

Summary of the Results

The findings demonstrated that:

1. There was no significant difference on the basis of the sex of the counselor education student in regard to the tendency to stereotype with respect to SRQ scores.
2. There were no significant differences between counselor education students' sex-role identification and the tendency to stereotype by sex, as measured by the BSRI and SRQ scales.
3. There was a significant difference between male and female counselor education students and scores obtained on the AWS. Female counselor education students achieved significantly higher scores, indicating more liberal attitudes toward the rights and roles of women in society, than male counselor education students.
4. There was no significant relationship among age, the amount of quarter hours completed in a counselor education program, and the tendency to stereotype by sex, attitudes toward women, and sex-role orientation as measured by the BSRI and SRQ scales. There were, however, significant positive correlations among age, amount of quarter hours

completed and scores on the AWS (higher scores indicating more liberal attitudes).

5. There were significant differences among sex, race, marital status and the tendency to stereotype by sex, attitudes toward women, and sex-role orientation as measured by the AWS scale. No significant differences were found among race, sex, marital status, and the tendency to stereotype by sex, attitudes toward women, and sex-role orientation as measured by the BSRI and MSRQ scales. However, there was a significant difference between race and the tendency to stereotype by sex as measured by the FSRQ.

This study did not demonstrate any substantial evidence of sex-role stereotyping among counselor education students. It did find evidence of a significant difference in attitudes toward women between male and female counselor education students. Several possible factors may be contributing to these findings, including (1) current changing attitudes toward women, (2) length of counselor education programs, (3) geographic differences, and (4) racial differences. The length of counselor education programs is a possible factor for the following reasons: (1) there is a trend to lengthen masters' level counselor education programs and (2) this study included a sample of both master's and post-master's level counselor education students.

Discussion

Changes in Attitudes Toward Women

Results indicate that there was a significant difference between male and female counselor education students in regard to their attitudes toward women. It was found that female counselor education students tend to have more liberal attitudes toward the rights and roles of women in society. That is, more female than male subjects indicated an expectation and approval of relatively non-traditional behaviors among women in current day society, such as in the area of out-of-home attainment of financial autonomy, educational and vocational pursuits, and increased social freedoms. Beach & Kimmel's study (1976) and Helwigs' (1976) offer support to the finding of females attaining higher scores on the AWS indicating more liberal attitudes toward the rights and roles of women in society. A longitudinal study by Engelhard, Jones & Stiggins (1976) concluded that while there are signs of significant attitude change on the part of both male and female counselors, females are more accepting of less restrictive sex-role definitions. Both studies and the work of Maslin & Davis (1975) indicate that the recent increase of public interest in women's rights and the women's movement in general, including the strong political efforts directed toward obtaining ratification of the Equal Rights Amendment, which was under way during the time period of the current study, is being

manifested by a considerably greater degree of change in female attitudes toward other females than in those of their male counterparts.

This finding occurred despite the fact that over twice as many of the male counselor education students reported that their mothers were employed outside the home sometime during their up-bringing. This at face value might suggest that these males would be expected to score more liberally regarding attitudes toward women than the females who for the most part reported mothers who were never employed outside the home. Contrary to Broverman's et al. (1970) finding which suggested that maternal employment can be correlated with the tendency to stereotype, the current study suggests no such correlation. Broverman's study expected to find that those subjects for whom the mother was employed outside the home would stereotype less than subjects whose mothers were never employed outside the home. Engelhard's et al. study (1976) indicated that data collected before 1974 yielded conservative counselor attitudes about the working mothers' role; after 1974 data indicated more acceptance of the dual role on the part of counselors.

Length of Counselor Education Program

Another finding was a positive correlation between age (and/or quarter hours completed) and attitudes toward the rights and roles of women in society, as measured by the AWS. This result stands in contradiction to previous

findings in this area (Beach & Kimmel, 1976) which indicated that counselor education students' attitudes were not significantly related to the number of hours completed in guidance programs. Some possible causes for the difference in results might include the fact that the present study sampled both master's and post-master's counselor education students and also that the data were obtained from counselor education programs representing a wide cross-section of geographic regions. This finding might suggest that the increase of quarter hours completed in a counselor education program may produce the kind of attitude change desired by those concerned about sexism.

Regional Differences

Another interesting and potentially valuable aspect of the data was the finding of a significant regional difference in counselor education students' attitudes toward women. In essence, students enrolled in counselor education programs in the North Atlantic, North Central, and Western regions scored higher (more liberal) on the AWS, while those from programs in the Southern region scored substantially lower (more conservatively). This finding is not at all unexpected given the consistency with which trends appear in virtually all types of economic, political, and socio-cultural reports comparing different sectors of the country's populus. A review of the literature was unable to produce any studies which considered regional differences.

Racial Differences

A low positive correlation was found between race and the Feminine Scale (but not the Masculine Scale) of the Sex-Role Questionnaire. In essence, ethnic minority counselor education students displayed a greater tendency to stereotype females than did non-minority students. This tendency did not occur in their perceptions of males. One conceivable explanation for this discrepancy may be that the tendency to cast females into traditional stereotypical roles has been reduced less for the students of ethnic minority backgrounds than for the non-minority student. This has occurred despite increased public awareness and media coverage of the women's movement. Perhaps this is related to concerns of higher priority in such areas as health economics and the effects of discrimination in general.

Implications

The results of this study have implications for both counselor preparation and practice, as well as for further research. Although there is evidence to suggest that the attitudes of counselors toward women may be changing, continued concerns regarding counseling available to women remains. Attention needs to be focused on the knowledge, attitudes, and skills needed for competency in counseling women. These concerns lead to several significant implications for both counselor educators and counseling practice.

Counselor educators need to be aware of the necessity for confronting the issue of sex bias with counselor education students and within the counseling setting. Counselor education students must be made aware of and sensitive to the presence of differences in tendencies to stereotype by sex that might exist within themselves and effect their interaction with potential clients. Counselor education students should be helped to learn how to stay aware of, and alert for the possibility of differences that these tendencies might produce. Counselor education programs should identify professional competencies needed by counselor education students to prepare them for satisfactory practice with women clients. Through planned courses, practicum and internship placement, and supervision students should be exposed to both cognitive and experiential processes which will serve to increase awareness of the issue of sex bias.

There are several important implications for further research. It is necessary that continued research into the exploration of counselor education students' attitudes toward women be conducted with larger samples and with the samples broken down into finer gradations of experience and level of preparation, in order to ascertain if data would yield consistent results.

It would be beyond the findings of this study to conclude that counselor education students think and act in a

stereotypical manner during actual counseling situations. Therefore, there is a need for research designed to assess and monitor personal functioning within counseling settings, as well as attitudes, values, and biases that may influence effectiveness in counseling. It would be of value to determine whether or not stereotypical attitudes effect behavior (non-verbal) and verbal responses of counselors within the actual counseling situation. Research which would clarify the issue of possible sex bias and its effects would be valuable.

Additionally, further research is needed to explore counselor educators' attitudes toward women. It would be important to determine if the attitudes toward women of counselor educators parallel those of counselor education students revealed in the present study (especially in light of the fact that the majority of counselor educators are male). Research needs to be conducted to compare counselor education students' attitudes toward women with those of potential client population groups.

Further research is needed in order to improve and refine instruments for ascertaining more reliably attitudes toward women, sex-role orientation, and the tendency to stereotype by sex.

Conclusions

From the above results, it would appear that several conclusions are warranted. A review of the literature shows

that attitudes toward women have become more liberal over the past several years. This is true especially for female counselor education students. It would appear that attempts need to continue to be made to ensure that all counselor education graduates will be sensitive to the issue of sex-role bias inasmuch as this may lead to more effective counselors for all prospective clients.

This study also suggests that those counselor education students who had completed the most hours in counselor education espoused the most liberal views. This factor needs to be considered for successful program planning and curriculum development.

A conclusion that can be suggested tentatively is one that involves the result of ethnic minorities being more stereotypical in their attitudes than non-ethnic minorities. This factor needs to be considered for curriculum planning, effective practicum and internship placement, and supervision.

APPENDIX A

Linda Werner
3800-90 S.W. 34th Street
Gainesville, Florida. 32608

March 15, 1978

Dear

I am a doctoral student in the Department of Counselor Education at the University of Florida. For part of my research, under the supervision of Dr. Robert O. Stripling, I am requesting your cooperation and assistance in collecting the data for my dissertation.

This research focuses on the investigation of a possible relationship between counselor education students' attitudes toward women and sex-role orientation. For this project, data sampled from both master's level students and post-master's level students are required. In order to obtain this information, your help is being requested with regard to the following:

- (1) distribution of 25 packets (each containing a cover letter with instructions, a demographic information form, and three attitude/orientation-measuring instruments) to 25 students in your master's level program, and
- (2) distribution of these same packets to each of your post-master's level students.

These packets take approximately 30 minutes to complete and a postage paid envelope will be enclosed.

If you are personally not able to help me, it would be appreciated if you could designate a faculty member or graduate student who will be able to distribute and return these packets.

A postcard is enclosed for your return response. Return of this postcard within the next seven days will be deeply appreciated. Thank you for your time and cooperation.

Sincerely,

Approved:

Linda Werner
Graduate Student
Counselor Education

Robert O. Stripling
Distinguished Service Professor

APPENDIX B

3800-90 S.W. 34th Street
Gainesville, Florida 32608

April 10, 1978

Dear Fellow Graduate Student:

I am collecting information for a study exploring attitudes toward women among counselor education students. I would like to request your cooperation in completing the attached instruments. These questionnaires will be anonymous; however if you would desire specific information please request this by indicating your name and mailing address on the last page of the questionnaire packet. In addition, a summary of results of the entire study will be made available through your department chairperson.

Participation is completely voluntary. If for any reason you would rather not participate in this study, please return the packet unopened. Your answers to the questionnaire will be strictly confidential and will be used for statistical purposes only.

Please open the packet and complete the instruments in the following order:

1. Begin with the first instrument (yellow) and complete all items
2. proceed to second instrument (green) and complete all items
3. proceed to third instrument (blue) and complete all items and
4. proceed to fourth and final instrument (white) and complete all items

5. fold materials and place in envelope and return to faculty member or graduate student who initially distributed them.

I thank you for your time and cooperation.

Sincerely,

Linda Werner
Graduate Student
Counselor Education
University of Florida.

APPENDIX C

3800-90 S.W. 34th Street
Gainesville, Florida 32608

April 10, 1978

Dear

The chairperson of your department submitted your name to me as the person who would be able to help with distribution, collection, and return mailing of the following:

- (1) ___ packets (each containing a cover letter with instructions, a demographic information form and three attitude/orientation-measuring instruments) for ___ students in your master's level counselor education program, and
- (2) ___ packets for ___ students in your post-master's counselor education program.

If possible, please distribute and administer these packets in groups. These packets will take approximately 30 minutes to complete.

Please note that each packet contains instructions to students relative to filling out instruments. The instructions are:

1. begin with first instrument (yellow) and complete all items
3. proceed to third instrument (blue) and complete all items and
4. proceed to fourth and final instrument (white) and complete all items
5. fold questionnaires, place in enclosed envelope, and return to faculty member of graduate student for mailing.

When you have collected all the packets, please return them to me in the enclosed postage paid envelope. Thank you for your time and cooperation. If you have any questions, please telephone me, collect, (904) 377-9560.

Sincerely,

Linda Werner
Graduate Student
Counselor Education
University of Florida.

P.S. Attached for your information only is a confidential background statement relative to the nature of my study. Please do not share this with the students.

C O N F I D E N T I A L F O R F A C U L T Y M E M B E R
O R G R A D U A T E S T U D E N T D I S T R I B U T -
I N G A N D C O L L E C T I N G P A C K E T S

Please do not share the following information with the students before they have completed the entire packet.

For your information I have attached a confidential statement which will indicate my interest in this area of research as well as the instruments and scales used.

This research focuses on the investigation of a possible relationship between attitudes toward women and sex-role orientation among students in counselor education programs. There has been little specific research designed to investigate whether or not sex-role stereotyping exists among students in counselor education programs. I am collecting data from a broad range of counselor education programs for this investigation.

The instruments which I will be using are the following: (1) The Attitudes Toward Women Scale developed by Janet Spence and Robert Helmreich, (2) The Bem Sex-Role Inventory developed by Sandra Bem, (3) The Sex-Role Questionnaire developed by Inge & Donald Broverman, Paul Rosenkrantz, Helen Bee and Susan Vogel, and (4) The Demographic Information Questionnaire developed by the researcher.

APPENDIX D

TABLE 16

Distribution of Subjects by Selected Variables and Sex

<u>QUARTER HOURS</u>	<u>SEX OF SUBJECT</u>			
	<u>MALE</u>	<u>% OF TOTAL</u>	<u>FEMALE</u>	<u>% OF TOTAL</u>
1-30	59	20.34	84	28.96
31-60	29	10.00	55	18.96
61-90	11	3.79	9	3.10
91-120	14	4.82	18	6.20
121-150	8	2.75	2	.68
Over 151	0	0	1	.34
 <u>BIRTH ORDER</u>				
1st	53	17.72	76	25.41
2nd	36	12.04	51	17.05
3rd	22	7.35	27	9.03
4th	7	2.34	13	4.34
5th	1	.33	3	1.00
6th	0	0	3	1.00
8th	1	.33	2	.66
9th	4	1.33	0	0
 <u>NUMBER OF BROTHERS</u>				
0	41	13.66	52	17.33
1	42	14.00	59	19.66
2	23	7.66	40	6.00
3	11	3.66	18	1.66
4	3	1.00	5	.33
5	1	.33	1	.33
6	2	.66	0	0
7	1	.33	1	.33

(Continued)

TABLE 16
(Continued)

NUMBER OF SISTERS	SEX OF SUBJECT			
	MALE	% OF TOTAL	FEMALE	% OF TOTAL
0	51	17.05	61	20.40
1	45	15.05	59	19.73
2	16	5.35	36	12.04
3	5	1.67	13	4.34
4	4	1.33	5	1.67
5	0	0	1	.33
6	1	.33	1	.33
8	1	.33	0	0

EDUCATIONAL DEGREE
OF MOTHER

Less than high school	14	4.68	16	5.35
High School	68	22.66	84	28.09
Junior College	14	4.68	22	7.35
Bachelor's Degree	22	7.35	42	14.04
Masters Degree	6	2.00	10	3.34
Doctorate	0	0	1	.33

EDUCATIONAL DEGREE
OF FATHER

Less than high school	17	5.70	22	7.38
High School	55	18.45	67	22.48
Junior College	9	3.02	10	3.35
Bachelor's Degree	26	8.72	37	12.41
Masters Degree	8	2.68	16	5.36
Doctorate	9	3.02	22	7.38

APPENDIX E

TABLE 15

Results of Chi-Square Analysis

VARIABLE	χ^2	df	SIGNIFICANCE*
Age	4.15002	3	0.2457
Marital status	3.47940	3	0.3234
Race	7.07997	4	0.1317
Program	3.08777	2	0.2136
Quarter Hours	61.79733	65	0.5953
Undergraduate major	6.52546	3	0.0887
Employment status of mother	9.18126	3	0.0270*
Employment status of father	6.44900	3	0.0917
Birth Order	8.89017	7	0.2606
Number of Brothers	4.04769	7	0.7743
Number of Sisters	6.96048	7	0.4330
Educational degree of mother	3.24059	5	0.6629
Educational degree of father	3.62571	5	0.6045
Region	0.17501	3	0.9815

*P>.05

APPENDIX F

Demographic Information Questionnaire

1. Sex Male _____ Female _____
2. Age under 20 _____ 26-30 _____
20-23 _____ over 20 _____
23-26 _____
3. Marital Status _____
4. Race Hispanic _____
White (not of Hispanic) _____
Asian or Pacific Islanders _____
Black (not of Hispanic) _____
American Indian or Alaskan Native _____
Other _____
5. Name of University _____
6. Presently enrolled in: Masters Program _____
Specialist (Equivalent) _____
Doctoral Program _____
7. Number of credit hours completed in Counselor Education:
_____ quarter hours
_____ semester hours
8. Name of institution that granted your undergraduate
degree _____ major _____

9. During the time you were living at home was your mother employed outside the home: full-time____part-time____
Occasionally____ Never____
10. During the time you were living at home was your father employed outside the home: full-time____part-time____
occasionally____
11. Place in birth order (1 being the oldest)_____
12. Number of brothers____sisters____
13. Highest educational degree of mother____father____

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BIOGRAPHICAL SKETCH

Linda I. Werner, was born on August 22, 1951, in the Bronx, New York City, New York. She was graduated from Rhodes School, New York City, in 1969. She completed one year at Lehman College, New York City, and upon moving to Florida entered the University of Florida where she earned a baccalaureate degree in sociology in 1973.

From 1973 to 1979 she attended graduate school at the University of Florida, where she received the degrees, Master of Education and Specialist in Education, in counselor education in August, 1975. While pursuing her doctoral degree, she was employed at the North Central Florida Community Mental Health Center, Gainesville, Florida, as a counselor. In September 1978, Linda began an independent practice in Gainesville.

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



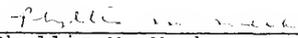
Robert O. Stripling, Chairman
Distinguished Service Professor,
of Counselor Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



Larry C. Loesch
Associate Professor of
Counselor Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



Phyllis M. Meek
Affiliate Associate Professor,
of Counselor Education
Associate Dean for Student
Services

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



Arthur Sandeen
Professor of Educational
Administration
Vice President for Student
Affairs

This dissertation was submitted to the Graduate Faculty of the Department of Counselor Education in the College of Education and to the Graduate Council and was accepted as partial fulfillment of the requirements for the degree of Doctor of Philosophy.

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Dean, Graduate School

UNIVERSITY OF FLORIDA



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