

## **Socialization of Sex Roles in the Counseling Setting: Differential Counselor Behavioral and Attitudinal Responses to Typical and Atypical Female Sex Roles<sup>1</sup>**

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*Counseling and therapy have frequently been attacked by feminists for the role they play in socializing women to a limited and ultimately untenable sex role. Male counselors in particular have been singled out as special oppressors of women. This study attempted to determine whether, in fact, counselor behavior and attitudes operated as a means of sex-role socialization, and whether male counselors tended to be more biased than female counselors when interacting with female clients. Subjects were eight male and eight female graduate students in counseling psychology who conducted initial interview sessions with two client-confederates, volunteer graduate students trained in role-playing situations representing a typical and an atypical sex-role condition. Videotapes of the interviews were subsequently analyzed to assess counselor reinforcement patterns of specific client "cue" sentences. In addition to these behavioral data, paper-and-pencil inventories were used to determine counselors' perception of clients, counselors' degree of attitudinal sex-stereotyping, and client-confederates' subjective evaluation of counselors. Contrary to expectations, results indicated that counselors as a whole exhibited more behavioral bias with typical than with atypical clients. Further, counselors reacted more positively toward the atypical than toward the typical clients, and counselor response to a global sex-role inventory indicated that counselors described the healthy, well-adjusted female as significantly more instrumental than the healthy, well-adjusted male. Female counselors appeared to be both more reinforcing and less punishing than male*

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*counselors with female clients in both roles, as well as less behaviorally biased than the male counselors. Female counselors also evaluated the atypical clients more positively than did the male counselors, and were in turn evaluated more positively than were the male counselors by clients in both roles. The study concludes with a discussion of implications for counselor training.*

In the last decade, a great hue and cry has been raised over the inadequacies of existing counseling and therapeutic methods in meeting the needs of contemporary women (Chesler, 1971; Friedan, 1963; Greer, 1971). Concomitantly, demands for new feminist therapies have flourished (Gardner, 1971; Rice & Rice, 1973). However, at the present time, much confusion exists as to the content and purpose of these new therapies. The present study attempts to identify deficiencies in the traditional counseling process when applied to typical and atypical women clients, as well as to suggest some criteria for modification and improvement.

Examination of both traditional psychological theory (Freud, 1969) and contemporary clinical attitudes (Broverman; Broverman, Clarkson, Rosenkrantz, & Vogel, 1970; Fabrikant, 1974) suggests that psychology continues to view women negatively as castrating, inferior, primitive, passive, dependent. Sociologically, the dissatisfaction of feminists with psychotherapy may be attributed to the nature of therapy itself, which can be conceptualized as an institution of sex-role socialization: a formal societal structure one of whose functions, either implicitly or explicitly, is to adjust and socialize women to appropriate, clearly defined roles within society.

Most studies relevant to this hypothesis now in the literature show that counselor global attitudes toward sex roles have been widely used to document clinician bias against women (cf. Broverman et al., 1970). In the present study it was decided to assess counselor attitudes toward sex roles and, in addition, to examine clinician behavior directly. Based on a now-classic study (Truax, 1966), it was assumed that the counseling process reflects principles of verbal conditioning (Greenspoon, 1962), and that counselors usually *nonconsciously* influence and modify client verbal behavior through a process of selective verbal and nonverbal reinforcement and extinction. Analysis of this shaping process seemed likely to provide important behavioral evidence for the occurrence of sex-role socialization in the counseling setting. Thus the present study sought to identify both behavioral and attitudinal evidence of sex-role socialization on the part of the counselor, as well as contribute information to the current controversy regarding the relative efficacy of same-sex counseling.

Along these lines of inquiry, several questions were raised: (1) Do clinicians in fact exhibit differential behavior and/or attitudes toward typical and atypical

female clients?<sup>2</sup> (2) What behavioral and /or attitudinal differences, if any, exist between male and female counselors? (3) What are current clinician views of the healthy, well-adjusted male and the healthy, well-adjusted female? (4) To what extent are counselor statements about clients in particular or about sex roles in general a good predictor of counselor behavioral bias?

Until questions such as the above are answered, it will remain nearly impossible – despite cries for new feminist therapies – to determine what the content and method of these new therapies should be. However, more explicit information will make possible a realistic attempt to develop treatment packages aimed at modifying inappropriate therapist behavior, and thus transform the counselor from a supporter of the status quo to an agent of social change (Bem & Bem, 1970).

## METHOD

### *Subjects*

Subjects consisted of eight male and eight female trainees in a master's level university counseling program. Most were returning to graduate school after some period of experience in the work world and were coming from a geographical area well saturated with feminist speakers and ideology. The mean age of the male counselors was 33.6 years, and the mean age of the female counselors was 37.3 years. Of the males, three were presently employed as secondary school teachers, three were high school counselors, one was a missionary on leave, and one listed student as his full-time occupation. Of the females, two were secondary school teachers, four were full-time students, one was part-time student/part-time teacher, and one was part-time student/part-time counselor. All eight of the female counselors and four of the male counselors listed their theoretical orientation as eclectic, while the remaining four male counselors described themselves as Rogerian. Seven of the males and six of the females had had some previous clinical experience, and all were currently enrolled in clinical practicums ranging from secondary school counseling to work in mental health centers.

<sup>2</sup>Based as much as possible on the findings of current research, the typical client was defined by appearance (traditionally feminine), occupational choice (nurse), and verbal behavior (containing a majority of statements conforming to the sex stereotype). The atypical client was similarly defined by appearance (more masculine attire), occupational choice (engineer), and verbal behavior (containing a majority of statements deviating from the sex stereotype). BSRI data indicated that, in fact, the two roles were perceived differently, the atypical role being seen by counselors as significantly more masculine than the typical role ( $t = 9.17; p < .0005; df = 12$ ).

*Client-Confederates and Role-Play Situations*

Client-confederates consisted of two female graduate students, who were coached in the presentation of two role-play situations, one of which exemplified a typical (i.e., traditional feminine) condition, the other of which was characteristic of an atypical (i.e., deviating from the traditional feminine role in a masculine direction) condition (see footnote 2).

*Procedures and Experimental Design*

Counselors were informed that they were participating in an experiment involving examination of several interaction variables in the counselor-client relationship. They were told that the clients were volunteers and that their presenting problems were authentic. Half the male counselors and half the female counselors interviewed client-confederate 1 in the typical condition and client-confederate 2 in the atypical condition, while the remaining half of the counselors interviewed client-confederate 1 in the atypical condition and client-confederate 2 in the typical condition. A videotape was made of each client-confederate interviewed in each role. Subsequently, videotapes were analyzed by independent raters, according to a coding instrument developed by the experimenter. After each interview, the counselor's general impressions of the client were obtained through a questionnaire; client-confederate perceptions of the counselor were similarly elicited. Finally, 2 to 3 weeks after the counseling interview, counselors were asked to respond to a sex-role inventory (S. Bem, 1974), to determine their views of the healthy, well-adjusted male and the healthy, well adjusted female.

**RESULTS***Quantifiable Data*

*The Coding Instrument.* Analysis of the coding instrument indicated a mean rater agreement of 90.8%. A Pearson product moment correlation coefficient was computed between raters for each tape, and the mean value of  $r$  for all tapes was .97.

*Behavioral Data.* Behavioral bias was measured by a combined index of counselor verbal and nonverbal responses to the conforming and nonconforming

**Table I.** Mean Values for Counselors' Behavioral Bias Scores for Typical and Atypical Clients, Male and Female Counselors, and Client-Confederates 1 and 2

	Mean value (counselor behavioral bias score)
Client role <sup>a</sup>	
Typical	+0.57
Atypical	-0.57
Counselor sex	
Male	+1.49
Female	-1.45
Client-confederates	
Client-confederate 1	+0.18
Client-confederate 2	-0.17

<sup>a</sup> $p = .025$ .

client cue sentences.<sup>3</sup> It was predicted that counselors would behave in a more biased manner with the atypical than with the typical client. In fact, just the reverse pattern appeared to be true (see Table I). Counselors were significantly more biased with the typical client than with the atypical client ( $t = 2.35$ ;  $p < .025$ ;  $df = 12$ ).

Regarding possible differences between male and female counselors, Table I shows that, in fact, female counselors were less behaviorally biased than were male counselors, a finding which approached but did not reach significance ( $t = 1.08$ ;  $df = 12$ ). However, when data were considered independent of client role or nature of cue sentence (see Table II), it was found that female counselors gave significantly more verbal reinforcement ( $t = 3.20$ ;  $p < .005$ ;  $df = 30$ ), more nonverbal reinforcement ( $t = 3.44$ ;  $p < .005$ ;  $df = 30$ ), less verbal extinction (*NS*), and less nonverbal extinction ( $t = 5.75$ ;  $p < .0005$ ;  $df = 30$ ) than did their male counterparts.

There was no significant difference in counselor behavioral bias when responding to the two client-confederates.

*Questionnaire Data.* When counselor questionnaire data were collapsed into a single scale, both male and female counselors reacted more favorably

<sup>3</sup>Conforming client statements contained self-descriptive adjectives and career goals which, based on the findings of previous research (S. Bem, 1974; Broverman et al., 1970; Spence & Helmreich, 1972) could be regarded as traditionally feminine, while nonconforming client statements contained self-descriptive adjectives and occupational goals which could be regarded as traditionally masculine. Behavioral bias was operationally defined as the amount of reinforcement given to conforming cues and the amount of extinction given to nonconforming cues minus the amount of reinforcement given to nonconforming cues and the amount of extinction given to conforming cues.

Table II. Mean Values of Male and Female Counselor Responses to Client Cue Sentences

Categories of counselor responses	Mean value <sup>a</sup>	
	Male counselors	Female counselors
Verbal reinforcement <sup>b</sup>	1.17	1.37
Nonverbal reinforcement <sup>b</sup>	1.02	2.22
Verbal extinction	0.43	0.39
Nonverbal extinction <sup>c</sup>	0.26	0.11

<sup>a</sup>Each mean value represents the number of counselor statements made in response to each client cue sentence.

<sup>b</sup> $p = .005$ .

<sup>c</sup> $p = .0005$ .

to the atypical than to the typical client, in direct contradiction of the stated hypothesis (see Table III). In a more detailed, question-by-question analysis, the trend reached significance for counselor positive-negative reaction to the client ( $t = 1.83$ ;  $p < .05$ ;  $df = 12$ ). As can be seen from Table III, female counselors evaluated the atypical client more positively than did the male counselors, and the typical client less positively than did the male counselors.

When considering the atypical client interview condition, both clients and raters judged counselors more positively than when considering the typical client interview condition. Both raters and clients evaluated the female counselors more positively than the male counselors in interacting with both the atypical and the typical client roles (see Table IV).

*Differences Between Clinicians' Views of the Healthy, Well-Adjusted Male and the Healthy, Well-Adjusted Female.* Sex-role attitudes of the counselors were measured by the Bem Sex Role Inventory, a scale assessing the relative androgyny (i.e., the extent to which the individual endorses masculine and feminine items equally) of the respondent. In this study, counselors used the 60-item adjective

Table III. Mean Values of Counselors' Favorable-Unfavorable Reactions to Typical and Atypical Clients<sup>a</sup>

	Mean values: Counselor reaction
Male counselors	
Typical client	5.73
Atypical client	5.87
Female counselors	
Typical client	5.58
Atypical client	5.95

<sup>a</sup>A higher numerical value indicates a more positive rating.

**Table IV.** Mean Values for Clients' and Raters' Favorable–Unfavorable Reactions to Male and Female Counselors<sup>a</sup>

	Mean values	
	Client reaction	Rater reaction
Male counselors		
Typical client	4.42	4.25
Atypical client	4.92	4.81
Female counselors		
Typical client	5.50	4.81
Atypical client	5.83	5.25

<sup>a</sup>A higher numerical value indicates a more positive rating.

checklist to rate the “healthy, well-adjusted male” and the “healthy, well-adjusted female” (cf. Broverman et al., 1970). In contradiction to the predicted hypothesis that females would be seen as characterized by traditionally feminine, expressive attributes, and males by traditionally male, instrumental attributes, analysis of the BSRI results indicated that the healthy, well-adjusted female was seen to be significantly more “masculine” (instrumental) than the healthy, well-adjusted male by both male and female counselors ( $\bar{X}_{\text{healthy female}} = -.98$ ;  $\bar{X}_{\text{healthy male}} = 1.25$ ;  $t = 9.90$ ;  $p < .0005$ ;  $df = 14$ ), although both means fell within the androgynous range.

*Correlational Results.* In general, there was only a minimal relationship between counselor sex-role attitudes, counselor perception of the client, client perception of the counselor, and counselor behavioral bias (see Table V). There

**Table V.** Correlation of Counselor Behavioral Bias Scores With Client Perception of Counselor and Counselor Perception of Client

	<i>r</i> values	
	Typical client	Atypical client
Client questionnaire		
Bias rating of counselor	+0.49 <sup>a</sup>	+0.17
Ability to be open with counselor	−0.32	−0.47 <sup>a</sup>
Liking for counselor	−0.59 <sup>b</sup>	−0.32
Counselor questionnaire		
Reaction to client	−0.52 <sup>c</sup>	−0.33
Assessment of client adjustment	+0.08	+0.48 <sup>a</sup>

<sup>a</sup> $p = .05$ .

<sup>b</sup> $p = .01$ .

<sup>c</sup> $p = 0.25$ .

was no correlation between the counselors' evaluations of the healthy male and female and their actual counseling behavior ( $r_{\text{female}} = .10$ ;  $r_{\text{male}} = .13$ ). There was a negative correlation between counselor reaction to client and counselor bias score. Also, as the counselor's bias score increased, his or her perception of the atypical client as less well-adjusted also increased. Finally, there was a positive correlation between client evaluation of counselor bias and actual counselor bias. There was a negative correlation between the client's ability to be open with the counselor and the counselor's bias score. And as client liking for the counselor increased, counselor behavioral bias decreased.

### *Anecdotal Data*

Although conclusions drawn from anecdotal data cannot be generalized, such data provide richness and informative illustrations.

*Counselor Impression Questionnaire.* Female counselors tended to see client problems in terms of both vocational decision-making and questions of sex-role identity, especially in the case of the atypical client. Male counselors tended to define the client's problem in more exclusively vocational terms.

In general, traditional therapeutic goals were set for the initial interview, although some of the female counselors also included "consciousness-raising" goals. In general, counselors employed traditional therapeutic techniques, although some female counselors also used "consciousness-raising" techniques, especially with atypical clients.

There was a positive reaction to both clients from both male and female counselors, although more females than males expressed positive reactions, and the atypical client was liked more than the typical. The atypical client seemed to be liked for her "masculine" qualities. The typical client was both liked and disliked for her "feminine" qualities.

Female counselors saw the focus of future counseling as career guidance plus clarification of sex-role issues. This was especially true when they were dealing with the atypical client. Male counselors saw future counseling as focusing more exclusively on vocational decision-making.

Both clients were seen by male and female counselors as being well adjusted.

*Postinterview Client Evaluation of Counselor.* Although clients seemed to like both male and female counselors, interesting differences in the *type* of liking expressed by clients for male and female counselors emerged. Female counselors were liked because they were understanding and able to establish rapport. Male counselors seemed to be liked for their sexual attractiveness and their ability to fulfill a sublimated "boyfriend" role.

In terms of bias, clients saw female counselors as actively supporting the atypical image, especially in the case of the atypical client; whereas male counselors were seen as tending to discourage stereotypic client comments or to respond neutrally.



## DISCUSSION, IMPLICATIONS, AND SUMMARY

Given the low levels of significance of much of the quantifiable data, the fact that several of the specific hypotheses of the study were contradicted, and the anecdotal quality of some of the data, it would be unwise and unjustified to make sweeping conclusions. However, although most of the following interpretation of results is in the nature of a post hoc analysis, several areas emerge as worthy of further investigation.

*Differences in Counselors' Reactions to Typical and Atypical Clients.* When counselor behavioral responses to typical and atypical clients are compared, it appears that counselors did exhibit differential behavior toward the two client roles. However, the direction of this finding was in direct contradiction to the stated hypothesis (see Table I). Rather than encourage conformity in the atypical client and nonconformity in the typical client, counselors exhibited more behavioral bias against the typical than against the atypical client. One post hoc explanation is that counselors seemed to encourage consistency in their clients' verbal behavior — whether in the typical *or* in the atypical direction. Atypical clients were reinforced for being atypical; typical clients were reinforced for being typical. Possibly it may have been more important to the counselors to conceptualize the client as a consistent entity (Festinger, 1957; Meehl, 1962) than to shape her to conform to a sex-role stereotype.

Also contrary to predictions was the finding that counselors reacted more positively to the atypical than to the typical client and also — according to both client and rater perception — behaved more responsively and less biasedly with the atypical than with the typical client. These results, coupled with the surprising finding that counselors described the healthy, well-adjusted female as *more masculine* (instrumental) than the healthy, well-adjusted male, suggest that the traditional woman — whether in the particular (client assessment) or the abstract (responses to a sex-role inventory) — is no longer valued by clinicians, at least as measured by counselor verbal report. On the contrary, the “liberated” client rather than the traditional client made a more positive impression on the counselors, who subsequently incorporated many of the former's characteristics when describing their ideal woman.

*Behavioral and Attitudinal Differences Between Male and Female Counselors.* On the one hand, the quantifiable data tended to justify the hypothesis that female counselors would behave in a more “feminist” fashion (i.e., exhibit less behavioral bias) than would male counselors (see Table I). But also according to the quantifiable data, female counselors emerged as more reinforcing and less punishing than male counselors, regardless of the client role or the client cue sentence to which they were responding (see Table II). Both questionnaire and anecdotal data created a picture of the female counselor as feminist, reacting more positively to the atypical than to the typical client, being liked more by the atypical than by the typical client, employing consciousness-raising techniques and setting consciousness-raising goals, actively encouraging astereotypic verbal

behaviors on the part of the clients. There was also some anecdotal evidence that female counselors felt more positively toward both the clients in general and toward the atypical clients in particular than did the male counselors. From this frame of reference, it is possible to tentatively conclude that the female counselors were better both at "liberating" the client from traditional sex stereotypes and at providing a generally supportive therapeutic atmosphere than were their male counterparts.

*Correlations Between Counselors' Client Perceptions, Sex-Role Attitudes, and Behavioral Bias.* Data from this study indicated little relationship between a counselor's perception of the client, his or her sex-role attitudes, and his or her actual behavioral bias. From the correlations which did achieve significance, two conclusions seem warranted: (1) The more negatively a counselor reacted to a female client, the more biased that counselor behaved. Thus, an overall negative reaction to a client may be an indicator of subsequent sex-typed reinforcement and extinction patterns on the part of the counselor. (2) The more a counselor defined an atypical client as maladjusted, the more biased was the counselor's behavior to her. Thus, the degree to which atypicality is perceived as maladjustment may be a good predictor of the extent to which a counselor will engage in sex-typed client-shaping behaviors.

Client perception of counselors provided some fairly good predictors of counselor behavior bias. In general, the more positively clients evaluated a counselor, the less biased he or she behaved in the actual counseling setting. Conversely, clients reacted negatively to counselors whom they perceived to be confining them to a set of limited attitudinal and behavioral options. Thus client perception of counselor might be used as an indicator of counselor behavioral bias. Both counselor perception of client and client perception of counselor seemed to be somewhat better predictors of counselor behavioral bias than a global assessment of counselors' sex-role attitudes.

### *Implications for Training*

The tentative nature of the results of this study make recommendations for counselor training somewhat premature. However, the study does suggest several points of which to be aware:

1. Counselors may have a tendency to shape clients in the direction of image consistency, regardless of whether or not this is in the clients' best interests. To be locked into any image, whether that of the traditional or the liberated woman, may be stifling to personal growth. Thus counselors should be encouraged to view individuals as composites of situation-specific behaviors (Mischel, 1968) and to avoid molding them to suit their own quickly formulated expectations (Meehl, 1960).

2. There is every indication in this study that the time for consciousness-raising as a component of counselor training programs may have passed. Counselors who describe the healthy woman as even more masculine than the healthy man do not need to be convinced at the attitudinal level that it is acceptable for women to be assertive, independent, instrumental (traditionally masculine traits). Even when interacting with an actual client who clearly deviates from the traditional sex-role norms, both male and female counselors reacted to her more positively and, according to client report, created a more desirable therapeutic atmosphere than with her traditional counterpart.

3. Paradoxically, this attitude shift suggests – contrary to the assumptions of the women's liberation movement – that the client who may most be the victim of therapy is not the liberated woman, but her more conventional sister. Apparently the traditional female client is more likely to be devalued in the counseling process and more likely to be punished by counselors for statements which deviate from a narrow sex-role conformity. Thus counselors should pay particular attention to their interaction with typical female clients, to insure that they do not stifle these women's nonconforming impulses or encourage them in a direction which the counselors themselves judge to be limited and unappealing.

4. An area of potential importance for counselor training is the identification of behavioral differences between male and female counselors. The data suggested that male counselors may need special training in learning to identify sex-role-related concerns being expressed by the client; in being more reinforcing and supportive of astereotypical client statements; and in developing better empathy with clients of the opposite sex. Female counselors, on the other hand, may need a restraining influence to prevent them from indiscriminantly "liberating" all their clients.

### *Summary*

In summary, the results of this study, although inconclusive, suggest the following; Counselors may exhibit a tendency to shape the client toward a self-consistent image, thus behaving in a more biased fashion with the traditional than with the untraditional female client. Further, the clinical norms which define the ideal woman seem to be changing, with the result that females endorsing traditionally masculine characteristics are becoming positively valued by counselors. In terms of sex differences between male and female counselors, female counselors appear to be somewhat more reinforcing and less punishing with female clients than are male counselors. They may also be behaviorally less biased, and more actively encouraging of astereotypic client verbal behavior. Finally, neither counselor sex-role attitudes, counselor perception of

client, nor client perception of counselors provided entirely reliable indicators of actual counselor behavioral bias.

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