

PILOT STUDY

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STATEMENT OF THE PROBLEM

(For a complete statement, see dissertation proposal draft #3).

Recently, the quality of counseling which women receive has come under fire. Studies (cf. Broverman, 1970) suggest that clinicians hold stereotypic views about the nature of women in general. In the area of vocational counseling, counselors label conforming career choices as significantly more appropriate than deviant ones (Thomas and Stewart, 1969).

Such studies confirm that counselors and clinicians are likely to have biased attitudes toward women. But they provide little insight into actual counselor behavior in the therapeutic setting. Thus, except in anecdotal fashion (cf. Chesler, 1972), we know very little about what clinicians do to women in therapy.

The present study addresses itself to this problem. It is designed to test the hypothesis that counselors, through their verbal and nonverbal behavior, will tend to shape female clients in a direction which conforms to certain sex-role stereotypes. Such a process, it is further hypothesized, may occur independent of counselor perception of and reaction to clients as measured by an attitudinal questionnaire. Thus the study will collect behavioral data in the form of counselor verbal and nonverbal interaction; and attitudinal data in the form of questionnaire responses.

DESIGN OF THE EXPERIMENT

Subjects were two male graduate students in counseling psychology, whose training was primarily Rogerian with some behavioral influence. Both had previous counseling experience, and both would receive M.A. degrees June, 1974. Both subjects were white and in their mid-thirties. The subjects counseled two female client-confederates in an initial interview situation. The confederates (drama students from Stanford) were trained in both a conforming and an atypical role. Each counselor interviewed both a conforming and an atypical condition. The stated purpose of the interviews was vocational counseling.

Counselors evaluated clients on the Bem Sex Role Inventory (designed to measure degree of client androgyny) and by questionnaire. Clients also evaluated counselors by questionnaire. Both questionnaires were intended to assess general reactions and impressions of respondents. In general, the experimenter was interested in determining a) whether counselors reacted more favorably to clients in the conforming condition than in the atypical condition; and b) whether clients in the conforming condition liked their counselors better than clients in the atypical condition.

Videotapes of all counseling sessions were made and coded by a team of raters according to an interaction analysis instrument. (Unfortunately, due to technical difficulties, it was possible to code only three of the four tapes). It was soon discovered that the coding instrument was in need of such extensive revision as to make an assessment of rater agreement and reliability pointless at this time. Therefore, no degree of rater reliability was obtained. Instead, a team of three raters analyzed each tape as a group, discussed difficulties of interpretation, and subsequently reached unanimous agreement on the coding of each act.

A brief description of the coding instrument is necessary at this point. Confederates in each condition had been trained to deliver certain cue sentences designed, on the basis of previous research, to represent stereotypic or non-stereotypic female characteristics. Counselor response to these cues, through 15 verbal and 9 nonverbal categories, was then coded. These categories were designed to capture a spectrum of possible responses, ranging from responses which would tend to reinforce the client statement to responses which would tend to extinguish the client statement.

RESULTS

1) BSRI Data: Clients in the conforming condition were seen as feminine, while clients in the atypical condition were seen as masculine.

BSRI SCORES OF CLIENTS

CONFORMING CONDITION	-2.09 (Cl. K) -4.30 (Cl. C)
ATYPICAL CONDITION	+8.60 (Cl. K) +1.75 (Cl. C)

- TABLE I -
"BSRI Scores of Clients by Counselor Assessment"

2) Counselor Questionnaire Data: The present sample was too small to allow for statistical analysis. On the basis of visual inspection alone (see Table II), there seemed to be no differentiating trends between counselors' reactions to and impressions of conforming and atypical clients in terms of a) their need for counseling b) the appropriateness of their goals (which in both conditions were rated fairly high) c) counselor liking for client and d) counselor assessment of client appearance.

QUESTION	COUNSELOR-CLIENT PAIR			
	CONFORMING CONDITION	SCORE	ATYPICAL CONDITION	SCORE
1. Client Need for Counseling	Co. W/Cl. K	3	Co. W/Cl. C	4
	Co. E/Cl. C	4	Co. E/Cl. K	3
2. Appropriateness of Client Goals	Co. W/Cl. K	5	Co. W/Cl. C	5
	Co. E/Cl. C	6	Co. E/Cl. K	5
3. Positive/ Neg. Reaction to Client	Co. W/Cl. K	2	Co. W/Cl. C	3
	Co. E/Cl. C	3	Co. E/Cl. K	3
4. Client Appearance	Co. W/Cl. K	3	Co. W/Cl. C	2
	Co. E/Cl. C	2	Co. E/Cl. K	4

- TABLE II -
"Counselor Reaction to Clients on a 7 Point Scale By Conforming and Atypical Conditions"

3) Client Questionnaire Data: Again, the sample was too small to bother with statistical analysis. Visual inspection of Table III suggests that in general nothing distinguished counselor evaluation by conforming clients from counselor

evaluation by atypical clients. One important exception did emerge. In response to a question about counselor bias, both clients in the conforming condition reported no bias. In the atypical condition, one client felt the counselor was biased against her because she was a woman; while the other client responded, "No, not really. But he did seem to emphasize the difficulties I would have (as an engineer)." Thus both atypical clients were aware of some degree of bias on the basis of sex on the part of both counselors. Even more interesting was the fact that, despite this awareness of sex-based bias, both clients liked the counselors, both felt they could be fairly open with the counselors, both felt the counselors understood them and would treat them as individuals, and both would have liked to continue to see the counselors!

QUESTION	CLIENT-COUNSELOR PAIR			
	CONFORMING CONDITION	SCORE	ATYPICAL CONDITION	SCORE
1. Be Open with Counselor	Cl. K/Co. W	4	Cl. C/Co. W	4
	Cl. C/Co. E	7	Cl. K/Co. E	6
2. Counselor Understood	Cl. K/Co. W	5	Cl. C/Co. W	6
	Cl. C/Co. E	6	Cl. K/Co. E	5
3. Counselor Would Treat as Individ.	Cl. K/Co. W	4	Cl. C/Co. W	5
	Cl. C/Co. E	6	Cl. K/Co. E	6
4. Liked Counselor	Cl. K/Co. W	3	Cl. C/Co. W	5
	Cl. C/Co. E	6	Cl. K/Co. E	5
5. Bias Because of Sex	Cl. K/Co. W	No	Cl. C/Co. W	No
	Cl. C/Co. E	No	but stressed difficulties Cl. K/Co. E	Yes
6. Would Like to Continue to See Counselor	Cl. K/Co. W	1	Cl. C/Co. W	4
	Cl. C/Co. E	6	Cl. K/Co. E	5

- TABLE III -

"Client Reaction to Counselors on a 7 Point Scale by Conforming and Atypical Conditions"

4) Interaction Analysis Data:

Coding categories were combined into four major divisions: a) Minimal Reinforcement b) Active Reinforcement c) Ignoring d) Punishment. Minimal reinforcement was operationalized as concurrence, paraphrasing, reflecting, nodding, eye contact, asking or giving neutral information. It was felt that these responses, over time, probably would serve to reinforce whatever client statements they succeeded. However, their effect is fairly muted. In minimal reinforcement, there is no active encouragement or direct positive evaluation of the client statement.

Active reinforcement referred specifically to giving positive reinforcement, providing action opportunities for the client, and giving advice, information, or opinion which supported the client statement.

Ignoring referred to either an actual ignoring of the client statement or an avoidance (through begging the question) of a client's attempt to elicit a response. Punishment, on the other hand, involved a somewhat stronger negative response to the client statement, and included negative evaluation, looking away from the client, fidgeting, or giving advice, information, or opinion which contradicted the client statement.

The categories of minimal and active reinforcement could be further combined into an overall Reinforcement category, while the divisions of ignoring and punishing could be combined into an Extinction category. The intent of remarks falling into the Reinforcement category would be to encourage whatever client statements they succeeded. The intent of remarks falling into the Extinction category would be to extinguish whatever class of client statements they succeeded.

	Non-Stereotypic Cue Response	Stereotypic Cue Response
<u>ATYPICAL TAPE I</u>	MR = 82% + AR = 0% = 82%	MR = 70% + AR = 10% = 80%
	I = 11% + P = 7% = 18%	I = 10% + P = 10% = 20%
CONFORMING TAPE I	MR = 50% + AR = 10% = 60%	MR = 77% + AR = 16% = 93%
	I = 10% + P = 30% = 40%	I = 6% + P = 1% = 7%
CONFORMING TAPE II	MR = 33.3% + AR = 0% = 33.3%	MR = 84% + AR = 7% = 91%
	I = 0% + P = 66.6% = 66.6%	I = 7% + P = 2% = 9%

In Table IV, "Counselor Response to Stereotypic and Non-Stereotypic Client Cues on Three Tapes," MR = minimal reinforcement; AR = active reinforcement; I = ignoring; and P = punishment. On the atypical tape, counselor response to non-stereotypic cues (cues which did not conform to the female sex-role stereotype) included 82% minimal reinforcement; 0% active reinforcement; 11% ignoring; and 7% punishment. Counselor response to the reverse (stereotypic) cues included 70% minimal reinforcement; 10% active reinforcement; 10% ignoring; and 10% punishment.

On conforming tape I, counselor response to non-stereotypic cues included 50% minimal reinforcement; 10% active reinforcement; 10% ignoring; and 30% punishment. Counselor response to the stereotypic cues included 77% minimal reinforcement; 16% active reinforcement; 6% ignoring; and 1% punishment.

On conforming tape II, counselor response to non-stereotypic cues included 33.3% minimal reinforcement; 0% active reinforcement; 0% ignoring; and 66.6% punishment. Counselor response to stereotypic cues included 84% minimal reinforcement; 7% active reinforcement; 7% ignoring; and 2% punishment. (Appendix shows the raw data from which these percentages were derived, including the number of cues given and number of counselor responses).

5) Impressionistic Results: Imperfections in the coding instrument allowed a certain proportion of significant interaction to remain uncoded. It is only possible to report such information in an anecdotal fashion. However, precisely because this study is only exploratory in its purpose, consideration of such information can be of great benefit.

In terms of counseling abilities, both counselors displayed considerable skill, had good listening ability, were able both to reflect client feeling and get clients to consider alternatives and consequences. Both counselors were well-liked by the clients, and were positively evaluated in terms of their ability to understand the clients and treat the

clients as individuals.

Nevertheless, both counselors manifested some sex bias in the way they conducted the two interviews. An intensive examination of the atypical tape provides some particularly informative examples: 1) In probing the client about an atypical career choice (engineering), the counselor continually emphasized its negative aspects. Three times he asked "What are the risks of engineering?" without ever attempting to elicit client statements about the benefits and advantages of this career. 2) On the same tape, counselor W. frequently interpreted the client in a much more conflicted light than she portrayed herself. For example, after the client had finished talking about her well-rounded academic background, the counselor responded, "So that seems like a real possibility, abandoning math and science," an alternative which the client in fact had not suggested at all, and which she rejected once the counselor had proposed it. Other examples included telling the client she felt uncomfortable in engineering classes, and that she felt she would fail if she chose engineering as a profession. Perhaps the counselor's most glaring example of unfounded interpretation was his "insight" that the client was going into engineering primarily to prove herself to her father. While the client did mention a) that her father was an engineer b) that he disliked women scientists and c) that he was not sure she could get ahead in engineering, such information did not constitute sufficient basis for the counselor's claim that her desire to prove herself to her father was her "true motive" in choosing engineering. If the client had been male, such an interpretation would have been much less likely. 3) A final impression from this tape was that the counselor felt threatened by an atypical female and resisted her attempts to seize control of the conversation. His behavior further suggested that in response to conforming (stereotypic) cues, it was easier for the counselor to encourage non-conformity (i.e., make non-stereotypic comments and suggestions);

while in response to atypical cues accompanied by an overall atypical (in this case, aggressive) tone, the counselor tends to take a much more conventional tack.

DISCUSSION OF RESULTS

The limited amount of data available prevents drawing any generalized conclusions. However, in a larger study, it would be worthwhile to look more closely at the following issues:

1) Would clients in the conforming condition continue to be seen as feminine, while those in the atypical condition would be seen as masculine? If so, this would provide an independent check that clients designated as "conforming" were in fact perceived by counselors as fulfilling the normal feminine role, while clients designated as "atypical" were perceived by counselors as deviating from this role.

2) This study suggests that, at least in terms of questionnaire data, there was no significant difference between counselor reactions to conforming and atypical clients. Replication of this finding in a larger study would be of particular interest if significant differences were discovered in counselor verbal and nonverbal responses to the two client conditions. Such a finding would suggest that bias in counseling may assume a very subtle form, one of which the counselors themselves may not be aware, and one not necessarily accessible by direct questionnaire procedures.

3) A third interesting finding which a larger study might possibly confirm is that females clients would continue to like and evaluate positively counselors whom they simultaneously perceived to be biased against them because of sex. Such a finding would indicate that the counseling picture is a complex one indeed: not merely one in which enlightened ladies flee en masse from ogre-therapists; but perversely, one in which these ladies seek out the very ones who help perpetuate their oppression.

4) Information from the interaction analysis was too

limited to allow for any overall generalizations. The existing data did suggest three possible trends: a) Amount of reinforcing and extinguishing responses would be approximately the same in response to both stereotypic and non-stereotypic cues. Such a finding would uphold the null hypothesis. b) Amount of reinforcement would be greater than amount of extinction in response to both stereotypic and non-stereotypic cues, but there would be significantly more reinforcement of stereotypic cues than non-stereotypic cues, and significantly more extinguishing behavior in response to non-stereotypic cues than in response to stereotypic cues. c) There would be significantly more reinforcement than extinction in response to stereotypic cues, and more punishment and ignoring than reinforcement in response to non-stereotypic cues.

5) A larger study might also systematically test the hypothesis that counselors will tend to extinguish atypical statements on the part of the client; but will feel secure enough with a conforming client to tend to make atypical non-stereotypic suggestions to her. Such a hypothesis would suggest that conforming women would tend to be encouraged to consider atypical alternatives, while the reverse would be true for atypical women.

OUTGROWTHS OF THE PILOT STUDY

The pilot study proved invaluable in two areas:
a) Revision of the coding instrument b) Improvement of confederate training procedures.

The coding instrument underwent major alterations (see accompanying package) as a result of the pilot study.
1) The format of the coding sheet was changed to facilitate coding: the sheet was enlarged and cue sentences were switched to the horizontal axis to make them easier to read.
2) The cue sentences were revised. Ambiguous cues were discarded; similar cues were combined; and more reverse cues were added in each condition in order to make the client

presentations more balanced. 3) A category of counselor initiation relevant to the issue of sex-role stereotypy was added. 4) The concept of "cue-related sentences" was invented, allowing raters to code counselor responses to client statements which pertain to cue topics, but which use different phraseology. The following example illustrates the importance of this concept:

COUNSELOR: Do you want to be the best in your field?

CLIENT: No, I want to use myself the best I can (cue-related).

COUNSELOR: That's nicely put! (reinforcement).

In this example, the client's statement is related to the stereotypic view that it is somehow wrong for a woman to want to achieve for herself; and that her only legitimate function in pursuing a career is to serve others. The counselor promptly and actively reinforces this sentiment.

5) Most important, the coding categories underwent extensive revision. Several categories, such as Redefining the Problem (verbal) and Leaning Forward (nonverbal), were discarded simply because they were never used. Other categories, such as Giving Information and Giving Advice, were refined in order to allow them to focus more directly on the issue of counselor sex-stereotypic behavior. For example, Giving Information was subdivided into Giving Stereotypic Information and Giving Non-Stereotypic Information. An example of the former would be: "Historically, nursing is the female way to go." An example of the latter would be: "Your chances of being hired (as a female engineer) are far greater now than they were 5-10 years ago. Women are considered as a minority by many company hiring practices." In the first example, the counselor provides accurate information which confirms a prevalent current sex-role stereotype. In the second example, he provides confirmable information which suggests an alternative situation to this stereotype. Finally, several entirely new categories, such as Giving Opinion, Interpretation, and Probe, were added which allowed much information relevant to the issue of sex-role stereotypy to be coded. Each of these categories includes a stereotypic and a non-stereotypic division. An example of a conforming opinion would be: "(Taking time off for a family,

then returning to work) is a reasonable plan a lot of people have followed." In this case, the counselor is offering an opinion that it is reasonable for women to choose careers which will allow them stop-and-start flexibility. An example of a stereotypic interpretation would be: "So you feel uncomfortable in engineering classes... not academically, but with your peers." The counselor seems to be reflecting the client's feelings, but in actuality the client has not said enough to justify this analysis. The counselor is in fact projecting onto the client the prevalent assumption that women will feel ill-at-ease in a male-dominated situation.

Overall, the coding instrument became less concerned with categorizing different counselor techniques (reflection, confrontation, probing, asking information etc.) and more concerned with capturing the function such remarks played in reinforcing or extinguishing stereotypic and non-stereotypic client verbal behavior.

Several improvements in confederate training procedure emerged as a result of the pilot study.

1) At the end of each interview, confederates should try to elicit a summarizing statement from the counselor. This would be an excellent means of obtaining the counselor's perception of what had been the focus of the interview: what had been the salient points, what was irrelevant etc.

2) Confederates should attempt to make eliciting statements open-ended. In general, counselors seem to try to avoid committing themselves on sensitive issues (such as the woman question), so all such probes from the client must be stated delicately in order to obtain results.

3) Confederates should avoid acting too stereotypically in the conforming condition. They should avoid overdoing the commitment to femininity and motherhood. A little of this rhetoric goes a long way.

4) It is extremely important for the confederates to use all cue sentences, as these are the only data points which will be standardized over all interviews.

5) Confederates should avoid joining two separate cues (i.e., "I'm very competitive and aggressive") as this practice complicates coding.

6) A good eliciting technique to use after a cue is simply to stop talking for a moment. Most people, including counselors, are uncomfortable with silence. Such a technique will force them to make some kind of comment.

7) In the atypical condition, confederates could be more positive about engineering and a male-oriented career. They should not be overly worried about losing their femininity nor should they see all career women as masculinized monsters.

Finally, comments from the raters led to a reconsideration of the alternative experimental design (see dissertation proposal draft #3). In the opinion of the raters, counselor trainees are more inhibited about expressing themselves on delicate issues. More instructive information might be obtained by using actual counselors who are less concerned with technique and have been out in the field for awhile. This issue of experimental design will have to be resolved before final approval of the dissertation proposal.

A P P E N D I C E S

APPENDIX J

*MR = minimal reinforcement
** P = punishment
*** I = ignore
****AR = active reinforcement

Summary of Counselor Responses to Cues on Three Tapes

Atypical Tape I (Co. W)

9 non-stereotypic cues given:

Responses:

- 6 concurrences (MR*)
- 1 Punish (P**)
- 1 paraphrase (MR)
- 1 ignore (I***)
- 2 begging question (I)
- 1 asking for information (MR)
- 6 nods (MR)
- 9 eye contacts (MR)
- 1 fidget (P)

MR = 23; AR = 0; I = 3; P = 2
Total responses = 28

3 stereotypic cues given

Responses:

- 1 giving atypical info (P)
- 2 concurrences (MR)
- 1 begging question (I)
- 1 giving action opp. (AR****)
- 2 nods (MR)
- 3 eye contacts (MR)

MR = 7; AR = 1; I = 1; P = 1
Total responses = 10

Conforming Tape I (Co. W)

20 non-stereotypic cues given

Responses:

- 2 concurrences (MR)
- 1 conforming information (P)
- 1 begging question (I)
- 1 giving action opp. (AR)
- 1 nod
- 1 looking away
- 1 fidget

MR = 5; AR = 1; I = 1; P = 3
Total responses = 10

20 stereotypic cues given

Responses:

- 6 reinforcements (AR)
- 16 concurrences (MR)
- 1 confront (P)
- 1 reflection (MR)
- 1 paraphrase (MR)
- 2 ignore (I)
- 2 begging question (I)
- 2 giving action opp. (AR)
- 1 giving conforming info (AR)
- 16 nods (MR)
- 20 eye contacts (MR)
- 2 smiles (AR)

MR = 54; AR = 11; I = 4; P = 1
Total responses = 70

Conforming Tape II (Co. E)

1 non-stereotypic cue given

Responses:

- 1 concur (MR)
- 1 punish (P)
- 1 look away (P)

MR = 1; AR = 0; I = 0; P = 2
Total responses = 3

12 stereotypic cues given

Responses:

- 1 reinforcement (AR)
- 9 concurrences (MR)
- 1 reflection (MR)
- 2 paraphrase (MR)
- 3 ignore (I)
- 1 asking information (MR)
- 1 giving information (MR)
- 1 giving action opp. (AR)
- 10 nods (MR)
- 11 eye contacts (MR)
- 1 look away (P)

MR = 35; AR = 3; I = 3; P = 1
Total responses = 42

43/50

SOCIALIZATION OF SEX ROLES
IN THE THERAPEUTIC SETTING:
DIFFERENTIAL COUNSELOR PERCEPTIONS OF
AND ATTITUDES TOWARD MALE AND FEMALE
CLIENTS

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ABSTRACT

Statement of the Problem: This study examines differential sex role socialization in the therapeutic setting. It was postulated that differential socialization was in part a function of differential counselor perception and expectation of the client. Thus counselors' differential perceptions of four (2 male, 2 female) clients were examined. An attempt was also made to discover how counselor perception of client influenced therapeutic goals and treatment strategies. A review of the literature was performed, investigating 1) clinician attitude toward male and female mental health 2) clinician behavior toward male and female clients 3) Differential attitudes and behavior of Ss in a counseling analogue.

Design of the Experiment: Subjects were four (2 male, 2 female) graduate students who analyzed problem situation tapes prepared by four high school students. Four problem situations were created. Two counselors heard each situation presented by a confederate of one sex; the other two counselors heard each situation presented by a confederate of the opposite sex. Counselors evaluated both themselves and the clients on a Bem Sex Role Inventory, then completed a questionnaire summarizing their subjective impressions of the client and setting therapeutic goals.

Results: Data analysis revealed two statistically significant results: 1) There was a statistically significant association between predicted and actual BSRI ratings of male clients. 2) Clients rated masculine on the BSRI were evaluated significantly more positively by counselors on other more general measures than clients rated feminine.

Other trends also appeared: 1) Females were seen as having feminine characteristics except in situations which could be interpreted as societally masculine. 2) All negative impressions of clients came from female counselors. 3) Best-liked clients were found in the most societally-approved situation; worst-liked clients were found in the least societally-approved situation. 4) Sex-typed self-perception in counselors was correlated with sex-typed perception of clients; counselors who saw themselves as androgynous similarly perceived their clients as being closer to androgyny. 5) Within situation, males were always perceived to be more masculine than females by both male and female counselors. 6) Counselors of both sexes set treatment goals for their clients independent of counselor sex.

Hypotheses regarding the direction of differential socialization within specific situations were not confirmed.

Implications for further research are discussed.

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STATEMENT OF THE PROBLEM

The school has frequently been conceptualized as a socializing agent (Coleman, 1972; Wynne, 1972; Dreeben, 1968; Boocock, 1973; Parsons, 1959; Jackson, 1968; Overly, 1970). It teaches both the virtues and vices of contemporary society (Dreeben, 1968; Friedenberg, in Overly, 1970) and prepares the young for future adult roles (Coleman, 1972). One aspect of this process is the socialization of sex roles (Brophy and Good, 1970; Rosenthal and Jacobson, in Overly, 1970; Levitin and Chananie, 1972). There is evidence to support the hypothesis that differential teacher treatment of male and female students contributes to their development of sex-typed behaviors.

Much of the school's socializing influence occurs through a hidden curriculum (Jackson, 1968). Ostensibly, the school's function is "schooling" (Coleman, 1972) - instruction in reading, writing, and arithmetic. However, within the school, the counselor has been explicitly designated as a socializing agent. In Boocock's phrase, he fulfills an "allocation function," (Boocock, 1973) and has the power to influence the future lives of those students with whom he comes into contact. Initially, the counselor's role was restricted to guidance in the academic and vocational spheres (Woody, 1929). Guidance was, and to a large extent still is, congruent with the larger society's image of the sex-typed roles men and women were to play within that society. Thus, girls were discouraged from pursuing careers that might conflict with the conventional demands of marriage. Even when counselors did not hold Nietzsche's view that "woman's first and only profession is to give birth to children," (Roszak, 1969), there was a prevalent attitude that girls should pursue multiple careers (Bem, 1971) in order to make themselves as flexible as possible to accommodate their future spouses. Further, it was assumed that innate characteristics of woman (for example, her predilection for people rather than things - McClelland, in Lifton, 1964) predisposed her toward such careers as elementary school teacher or nurse.

Recently, an emphasis in counselor training programs on personal-psychological counseling has expanded the counselor's role. Now, in addition to academic and vocational counseling, most counselors are prepared to give personal-psychological guidance as well. Thus the counselor is in a position to socialize his clientele not only for a specific occupation, but for a much broader behavioral and attitudinal role as well. In this sense, he is serving much the same socializing function as a psychotherapist, who attempts to adjust his patients to standards of behavior judged to be normal by the society of which he is a member.

Traditionally, the image of woman in psychotherapy has been stereotyped, rigid, and patronizing; and psychotherapy has often been accused of adjusting women to acceptance of an inadequate and limiting role (Chesler, Firestone, in Gornick and Moran, 1971; Greer, 1971; Friedan, 1963). There is the danger that in therapy, many clients may be molded to conform to their therapists' own stereotyped sex role expectations.

Both counselor and psychotherapist may play a very similar function in the socialization of pre-adult and/or adult females. In terms of a model of socialization (Hess, 1971), both counselor and therapist have been designated as formal agents of socialization: the counselor's job is to channel school-age youth toward appropriate adult academic and occupational roles; the therapist attempts to readjust his patient to societally acceptable norms of attitude and behavior. Both counselor and therapist have an explicit body of techniques and theories (i. e., behavior modification, decision-making paradigms, psychological testing; social learning theory, dynamic theory, Rogerian theory) which characterizes their method of socialization. Both have access to objects of socialization -- students and patients, respectively. Both use as criteria behavioral outcomes demonstrating willing conformity to societal standards: the counselor is pleased if his student decides to go to college; the therapist rates as a success the exhibitionist who stops exposing himself. Finally, both counselor and psychotherapist strive to create in their objects of socialization some

degree of behavior tending to contribute to and support the system of which they are a part. Thus, the counselor hopes that goals and attitudes which he establishes with the student will later generalize to the student's adult life. Similarly, the therapist is very concerned to insure that appropriate behavior developed in therapy can be transferred to the patient's daily life. In both cases, the objective is to induce in the objects of socialization ways of behaving congruent with the needs and expectations of the larger society.

If it is true that counselors and therapists do tend to socialize male and female adolescents and/or adults to different roles, what is the process by which this occurs? The present study attempts a partial explanation. First, it was postulated that differential socialization may be in part a function of differential expectation. In other words, the very fact that a biological female enters the counseling office may act as a discriminative stimulus to evoking a set of assumptions on the part of the counselor, which in turn determine the goals he will set for that client. Two hypotheses were generated from this assumption:

- 1) Female clients would be seen as more feminine and male clients would be seen as more masculine, according to a Bem Sex Role Inventory.*
- 2) Androgynous^{**} therapists would perceive their clients as more androgynous; and sex-typed therapists would perceive their clients as

*The Bem Sex Role Inventory (BSRI) is a self-rating scale designed to measure the degree of an individual's masculinity, femininity, or androgyny. Unlike most previous masculinity/femininity tests, it does not make the assumption that masculinity and femininity are bipolar opposites. Masculine items were those judged to be more desirable for a man than for a woman; feminine items were those judged to be more desirable for a woman than for a man. The masculinity and femininity scales are both highly internally consistent and highly independent.

**Androgynous refers to an individual who endorses both masculine and feminine items equally.

more sex-typed. However, data substantiating these hypotheses would still not indicate how sex-typed perception of clients was translated into differential socialization in a specific situation. For this reason, four hypothetical problem situations were generated. In Situation 1, the client had to choose between going to Princeton or staying with a lover and attending UCLA (the Princeton/UCLA situation). Situation 2 provided an example of sexual adventuresomeness (the Sexually Promiscuity situation). Situation 3 involved a choice between going to South America and going to college (the South America situation). In Situation 4, the client is interested in becoming a doctor (the Medical School situation). Clients in all four situations were high school seniors. These situations yielded four hypotheses, representing an attempt to identify differential trends of socialization in the counseling relationship based on sex of client. The four hypotheses were as follows:

- 1) Women have traditionally been rewarded for establishing successful interpersonal relationships (Gornick and Moran, 1971). In the absence of objective criteria for success, such as professional accomplishment, women have been judged, and have judged themselves, by their ability to evoke feelings of love from a heterosexual partner. Thus it was hypothesized that in Situation 1 (Princeton/UCLA), therapists would be more likely to encourage a woman to maintain an interpersonal relationship at the expense of her academic career than they would a man.

- 2) The virginity of woman has been highly prized throughout the history of Western civilization. Although within the last fifty years this value has been periodically challenged, still it was hypothesized that in Situation 2 (Sexual Promiscuity), therapists would consider it more

appropriate for a male to be engaged in indiscriminate sexual activity than a female.

3) Males are commonly seen as more aggressive, more adventurous, more independent than females (Broverman et. al., 1971; McClelland, in Lifton, 1964). Therefore, it was hypothesized that in Situation 3 (South America), therapists would express more reservations about a girl traveling alone in a foreign country than they would about a boy.

4) Statistics point to the fact that a very small percentage of American doctors are female (Dixon, in Roszak, 1969). Women's careers are often only adjuncts to male careers (Bird, 1968): the male doctor is assisted by a female nurse. From this information, it was hypothesized that in Situation 4 (Medical School), counselors would see the male student as a more likely candidate for medical school and would be more likely to encourage him in this direction than they would the female student.

5) A final hypothesis deriving from recent research (Broverman, et. al., 1971; Deaux and Taynor, 1973) stated that there would be no differential results based on sex of counselor.

In order to begin to understand the process by which counselors evidence differential socialization of males and females, relevant literature from three counseling journals over a five-year period (see Bibliography) was reviewed. The following summary looks at literature from three sources: 1) Clinician attitude toward male and female mental health. 2) Clinician behavior toward male and female clients. 3) Differential attitudes and behavior of Ss in an interview dyad (a situation analogous, although not identical, to the counseling situation).

PROCEDURES

Subjects

Subjects were four (2 male, 2 female) white graduates students who volunteered to participate in an experiment analyzing problem situation tapes prepared by four high school students. The mean age of the counselor subjects was 24.5 years. One male and one female were enrolled in a Masters program in counseling psychology, Stanford School of Education. The other male was enrolled in a Ph.D. program in clinical psychology at the University of St. Louis. The other female was enrolled in an M.S.W. program at UC Berkeley. The Stanford program was primarily behavioral in orientation. The St. Louis program was behavioral and eclectic. The Berkeley program was eclectic. All counselors described their current theoretical orientation as some combination of behavioral and eclectic.

Subjects also included four (2 male, 2 female) white high-school students (confederates) from a Palo Alto drama class, who volunteered to make the situation tapes. The mean age of these students was 16.8 years.

Setting

The setting was an interview room at the Stanford Institute for Behavioral Counseling.

Method

The experimental design involved having each counselor-subject listen to a tape of four problem situations. In Situation 1, the client was faced with a choice of going to Princeton or staying with a boyfriend/girlfriend and going to UCLA (the Princeton/UCLA situation). Situation 2 provided an example of sexual adventuresomeness (the Sexual Promiscuity situation). Situation 3 involved a choice between traveling alone in South America and going to college (the South America situation). In Situation 4, the client is interested in becoming a doctor (the Medical School situation). (See Appendix for verbatim transcripts of each situation).

Two counselors heard each situation presented by a confederate of one sex; the other two counselors heard each situation presented by a confederate of the opposite sex. Prior to exposing the counselor to the taped confederate statement, E. administered the Bem Sex Role Inventory (for a copy of the BSRI, please consult Appendix) to all four counselors. The time interval between self-assessment on the BSRI and counselor evaluation of the tapes ranged from 1-3 days. The purpose of this time lag was to allow the counselor time to forget precisely how he had defined himself on this inventory, before evaluating clients on it. The BSRI was not presented as a sex role inventory per se, but simply as a "personality adjective checklist." Counselors were contacted independently by E. and told they would be participating in an experiment involving examination of several variables of counselor response. Counselors were informed that the tapes they would be listening to were made by students at Paly High who had also volunteered for this experiment. Counselors were led to believe that the clients' presenting problems were authentic.

E. also selected (see Appendix) and trained the four high school confederates. Confederates were told simply that they would be participating in an experiment examining different variables in the client-counselor relationship. Two types of scripts were provided, presenting both vocational and personal-psychological problems (see Appendix). Each confederate was required to rehearse two different situations. Depending on the sex of the confederate, they adopted either the male or the female condition of the role-play. Rehearsals were designed to minimize individual differences between presentations. It was felt that if a female client in Situation 1, for example, had a flamboyant style of presentation, while the male client in the same situation had a somewhat subdued style, that differential counselor response to the clients might be attributable to stylistic, rather than sex, differences. Thus, an attempt was made to keep the male and female conditions of each

situation identical, except for the variable of sex. Rehearsals were also intended to test the credibility of the problem situations, which were then revised in accordance with feedback from the students.

Two tapes were made:

TAPE I	TAPE II
(Given to male counselor 1* and female counselor 1)	(Given to male counselor 2* and female counselor 2)
Situation 1: male client A*	Situation 1: female client A*
Situation 2: female client A*	Situation 2: male client A*
Situation 3: male client B*	Situation 3: female client B*
Situation 4: female client B*	Situation 4: male client B*

Snelbecker (1967), in a study involving student perception of therapists, reported an order effect in which the second therapist was rated significantly higher than the first therapist (p .01). Snelbecker also concluded that females were more suggestible to order effects than males. In an effort to diminish order effects in the present study, the order of client sex was varied in the following manner:

TAPE I	TAPE II
male client	female client
female client	male client
male client	female client
female client	male client

The variation in order of client sex was designed to eliminate more favorable evaluations of the female client simply because she appeared second on the tape.

In the experimental situation, each counselor heard one of the above two tapes, which contained four problem situations, each approximately 3-5 minutes in length. After listening to each situation, the counselor responded to a questionnaire about the client (which included a BSRI) summarizing the counselor's subjective impressions and therapeutic goals.

*Henceforth, MCo 1 will refer to male counselor 1; FCo 1, to female counselor 1; MCo 2, to male counselor 2; FCo 2, to female counselor 2. MCl 1 will refer to male client 1; FCl 1, to female client 1; MCl 2, to male client 2; and FCl 2, to female client 2.

RESULTS: DATA ANALYSIS

Counselors' perception of self on the BSRI and counselors' perception of clients on the BSRI were computed as follows:

BSRI SCORES				
COUNSELORS				
SELF SCORE:	MCo 1	FCo 2	MCo 3	FCo 4
Situation 1				
MCl A	+3.38	-1.75	----	----
FCI B	----	----	0.0	-3.72
Situation 2				
MCl A	----	----	+1.63	+5.50
FCI B	+1.63	+1.16	----	----
Situation 3				
MCl C	+1.05	+0.81	----	----
FCI D	----	----	-3.84	-1.51
Situation 4				
MCl C	----	----	+2.56	+4.54
FCI D	+2.21	+1.16	----	----

-- TABLE 1

Mean androgyny scores computed for male and female clients indicated that same-sex clients were not perceived as significantly different by counselors across situations.

MEAN ANDROGYNY SCORES

FCI B	FCI D	MCl A	MCl C
-0.23	-0.50	+2.20	+2.24

-- TABLE II

It was predicted that male clients would be rated as masculine (+) and females clients would be rated as feminine (-).

COUNSELOR RATING OF CLIENTS ON BSRI

<u>MALE CLIENTS</u>	
predicted:	+ + + + + + + +
actual:	+ + + + + + + -
	p = .035
<u>FEMALE CLIENTS</u>	
predicted:	- - - - - - - -
actual:	- - - 0 + + + +

--TABLE III NS

Thus a binomial test (Siegel, 1956) partially confirmed the hypothesis that males will be seen as masculine ($p < .05$) .01), and females as feminine. In 7 out of 8 cases, men were seen as masculine. However, when all counselor ratings were considered, only three rated women as feminine. Four rated females as masculine, and one rating was perfectly androgynous.

When the data was broken down between male and female counselors, it appeared that this trend was fairly equally distributed between opposite-sex counselors. However, a binomial test (Siegel, 1956) failed to establish a significant difference between predicted and actual counselor-client ratings.

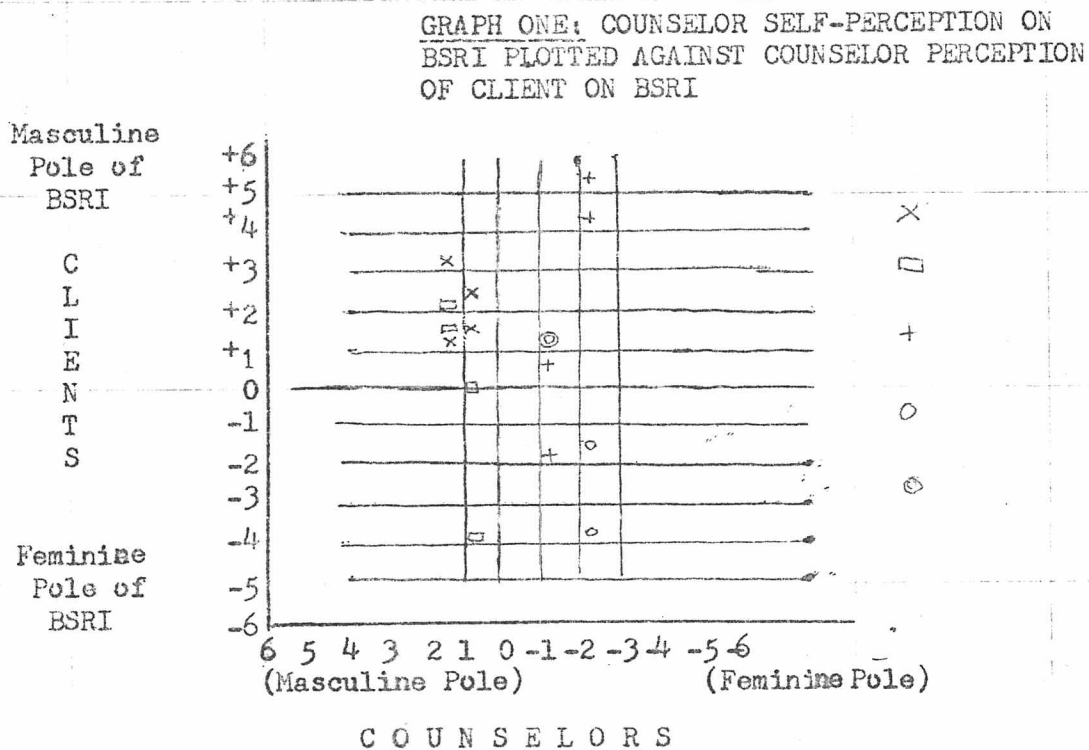
COUNSELOR RATING OF CLIENT BY SEX OF COUNSELOR

	MALE COUNSELORS	FEMALE COUNSELORS
<u>FEMALE CLIENTS</u>		
predicted:	- - - -	- - - -
actual:	+ + 0 - NS	+ + - - NS
<u>MALE CLIENTS</u>		
predicted:	+ + + +	+ + + +
actual:	+ + + + p=.06	+ + + - p=.31

-- TABLE IV

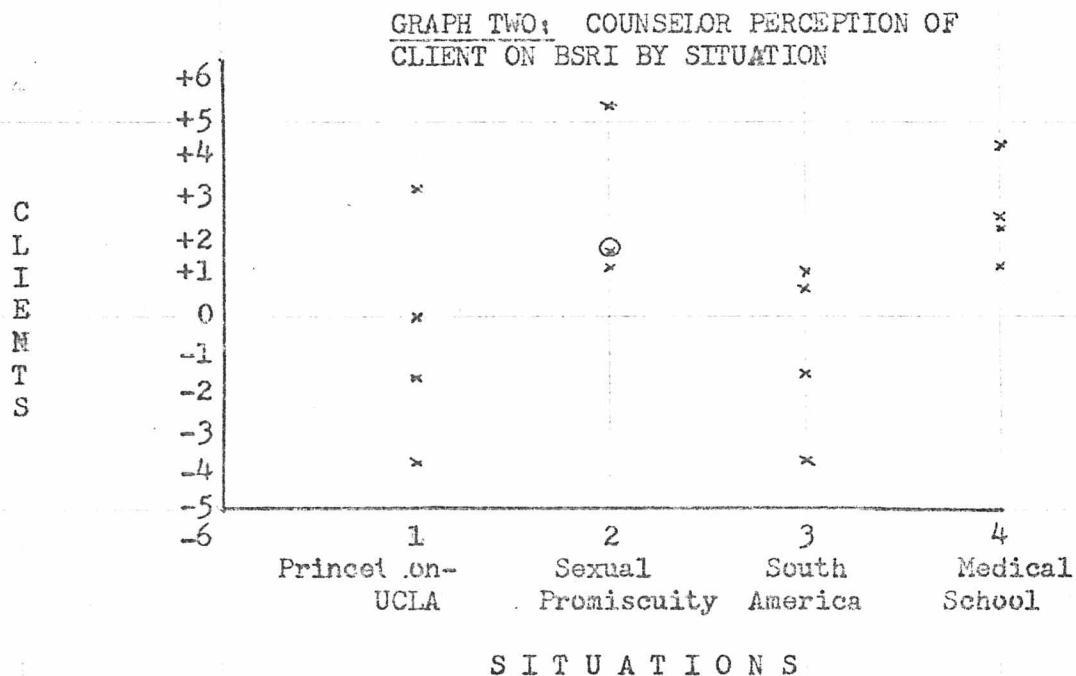
Despite the nonsignificance of the data, male counselors did rate all males as masculine, while female counselors rated 3 out of 4 male clients as masculine. In the rating of female clients, ambiguity again occurred: male counselors rated 2 females as masculine, one as androgynous, and one as feminine; female counselors rated 2 girls as masculine and 2 as feminine.

Plotting the counselor's self-perception on the BSRI against his view of the client on the same inventory disclosed the following information:



The most masculine counselor (MCo 1.) rated all clients as masculine. The most androgynous male counselor (MCo 3.) rated one client (FC1 D) as feminine, one as androgynous (FC1 B), and the two male clients as masculine. The most androgynous female counselor (FCo 2) rated one male client (MCl A) as feminine, and the other three clients as masculine. The most feminine counselor (FCo 4) rated the two male clients as highly male, one female as somewhat feminine (FC1 D) and the other female as feminine.

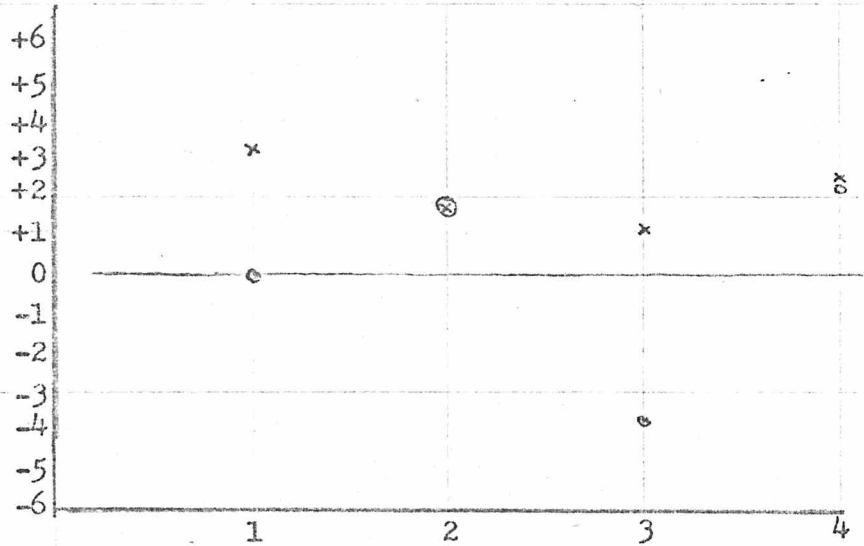
Plotting counselor perception of clients on the BSRI both by counselor sex and by situation (Graphs 2-4) reveals the following information: Graph 1 shows that in Situation 1, 2 clients were seen as feminine (one male, one female), one as androgynous (a female) and one as masculine (a male). In Situation 2, all clients were seen as masculine. In Situation 3, 2 clients were seen as feminine (both female) and 2 clients were seen as masculine



(both male). In Situation 4, all clients were seen as masculine. Thus, in the Sexual Promiscuity situation and the Medical School situation, the specific characteristics of situation proved to be stronger than biological sex of client in shaping the counselors' perceptions of the client.

A comparison of Graphs 3-4 indicates that, within situation, males were

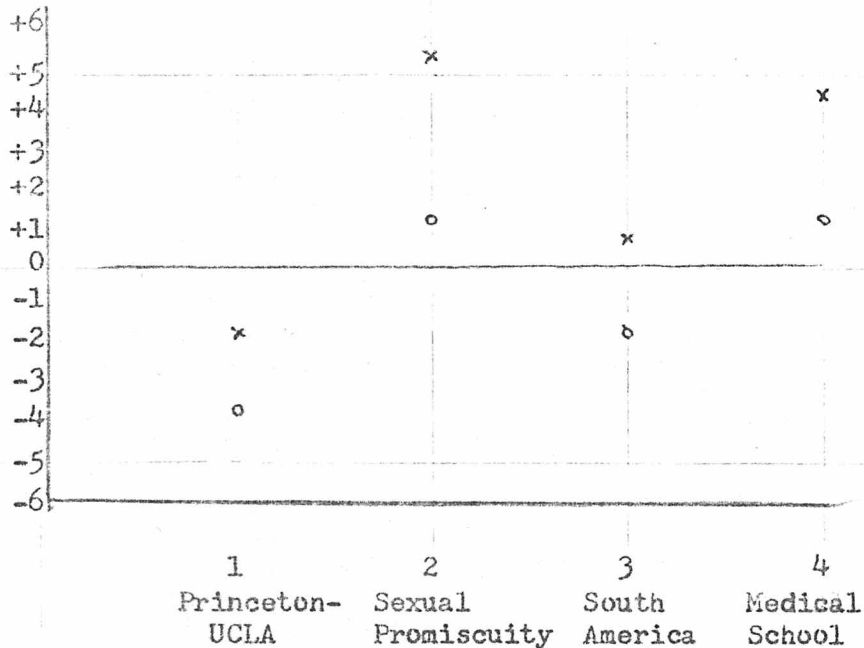
GRAPH THREE: MALE COUNSELORS PERCEPTION OF MALE AND FEMALE CLIENTS ON BSRI--BY SITUATION



S I T U A T I O N S

x=male client
 o=female client
 □=two data points

GRAPH FOUR: FEMALE COUNSELORS PERCEPTION OF MALE AND FEMALE CLIENTS ON BSRI--BY SITUATION



1 Princeton-UCLA
 2 Sexual Promiscuity
 3 South America
 4 Medical School

S I T U A T I O N S

always perceived to be more masculine than females. In Situation 1, male counselors rated one client as male (a biological male) and one as androgynous (a biological female). Female counselors rated both male and female clients as feminine. In Situations 2, and 4, all clients were seen by all counselors as masculine, although male counselors gave male and female clients almost identical scores, while female counselors tended to see a large difference between them. In Situation 3, male counselors and female counselors both rated the male client as male and the female client as feminine. A Sign Test for Two Correlated Samples was performed on the data in Graph 3 and on the data in Graph 4 to determine whether, within situation, male and/or female counselors perceived clients differently. For the male condition, $p = .123$; for the female condition,

ANECDOTAL DATA

The following data was obtained by having each counselor complete an extensive questionnaire about each client. A summary of this data by situation follows:

SITUATION 1: Princeton/UCLA

MCo 1 and FCo 1 both felt that the male client would be moderately happy staying with Sharon (please consult Situations in Appendix). MCo 2 and FCo 2 felt that a female client would be moderately happy staying with Steve. MCo 1 felt the male client would be "mostly" happy going to Princeton, while FCo 1 felt this to be moderately true. For the female client, FCo 2 evaluated this question as mostly true, and MCo 2 evaluated it as somewhat true. All counselors seemed to be aware both of loneliness resulting from separation and of the client's need for intellectual stimulation.

Exploring the consequences of staying with Sharon for the male client, MCo 1 saw both contentment and regret, and mentioned the possibility of happy marriage. FCo 1 also saw these two possibilities. For the female client, FCo 2 saw little positive in staying with Steve. Rather, she stressed the potential for resentment over having to choose an inferior school. The ultimate outcome would be more negative clinging to Steve. MCo 2 had a similarly negative view of the client's staying with Steve, and emphasized that Steve might restrict her intellectually.

For the male client, both MCo 1 and FCo 1 saw the possibility of both loneliness and personal growth at Princeton. For the female client, FCo 2 saw similar possibilities. MCo 2 was more concerned about the female client's possible loneliness.

All counselors felt they would encourage the client to remain with the loved one either not at all or only slightly. For FCo 1 evaluating the male client, and for MCo 2 evaluating the female client, the emphasis was on the client's own decision-making process, free of therapist-imposed values. MCo 1 did not want to encourage the male client to remain with Sharon because the chances of this being a permanent relationship were so slight. FCo 2 similarly evaluated the female client as being too emotionally immature to form a longlasting relationship.

Again, in encouraging the client to go to Princeton, the counselors were split. FCo 1 and MCo 2 retained a posture of nonjudgmental decision-making, as did FCo 2 to a lesser extent. MCo 1 stressed the importance for his male client of going to Princeton for intellectual reasons.

All counselors formulated almost identical goals for all clients: Decision-making about the pros and cons of each alternative.

Subjective impressions of the male client seen by MCo 1 were positive: "Bright, verbal, warm, melodramatic about separation." FCo 1, however, listening to the same tape, felt the client lacked confidence in his own opinions and was not terribly enthusiastic about either alternative. The female client was seen by FCo 2 as immature, easily influenced, with an underlying insecurity, and a conflicting need for intellectual growth and interpersonal commitment. MCo 2 seemed to feel the client was less conflicted, and felt she would "probably" free herself from both Steve and her parents' pressure to go to Princeton.

SITUATION 2: SEXUAL PROMISCUITY

After listening to the female client, MCo 1 felt her behavior was only inappropriate by WASP standards, which did not seem to be too important to the client. FCo 1, however, rated as "moderately true" the statement that the client's behavior was inappropriate, because she had not yet come to grips with her own feelings about this sort of behavior. FCo 2 rated the male client's behavior as "mostly inappropriate." She felt he had only superficial relationships and wrote: "His boast that he hasn't hurt anyone is really to be questioned." As FCo 1 had done with the male client, FCo 2 stressed the female client's inner doubts. MCo 2 evaluated the male client's behavior as mainly appropriate. He felt that he simultaneously enjoyed himself and was sensitive to the needs of others.

MCo 1 and FCo 1 both felt the female client had a good chance of establishing a long-term relationship. MCo 1 gave as his reason the client's outgoing nature, whereas FCo 1 felt it would be because the client knew how to reflect on what she wanted and what she was doing. MCo 1 seemed to see the client as warm and liberated, while FCo 1's conceptualization was of an insecure, confused individual. MCo 2 also felt confident that the male

client would form a longlasting relationship, stating that the client seemed to be able to value other things besides sex in a relationship. FCo 2, however, asserted that, without help, the male client's chances of forming a longlasting relationship were slight. She described the client's future as a continued avoidance of deep relationships,

Goals set by counselors varied somewhat. MCo 1 stressed clarification of client feelings and improved communication with her parents. FCo 1 also stressed clarification of client feelings. FCo 2 stressed this as well, but in addition hoped to explore the client's attitude toward women and toward his own sexual identity. MCo 2 set such behavioral goals as having the client date one girl without having a sexual encounter.

MCo 1 evaluated the client as a "large, masculine-looking chick who does well in school, is aggressive, humorous, has friends, and likes to ball." FCo 1 evaluated the same client more negatively, felt she had a facade of cool, but was conflicted and uncertain underneath. FCo 2 evaluated the male client quite negatively. She described him as having fears about masculinity and sexuality, an immature conception of interpersonal relationships, a shallow personality, and characterized by a "deep-seated fear of women." MCo 2 saw the male client as basically healthy, at a stage where he was exploring his sexual boundaries.

SITUATION 3: SOUTH AMERICA

Both MCo 1 and FCo 1 felt that the male client's plans were moderately realistic. However, MCo 1 stressed external criteria in making this evaluation -- e. g., client's plans are not yet concretized -- while FCo 1 emphasized personal, internal criteria: "The client is seeking something meaningful in his own mind." MCo 2, who rated the realism of the female client's plans as somewhat true, also emphasized external reasons for his choice, mentioning the client's ability to speak Spanish, possible contacts in Latin America, her savings etc. FCo 2 evaluated the client's plans for travel as moderately realistic and pointed to her "need for independence."

MCo 1 saw the consequences of travel as cultural enrichment, becoming a vagabond "by habit," and "learning to respond to his own inner needs and feelings." This latter point was the primary consequence from FCo 1's perspective. MCo 2 mentioned as a possible negative consequence for the female client her being forced into a situation very different from what she had expected (i. e., travel would not be romantic). FCo 2 saw both positive and negative consequences, on the dimensions of both societal advancement (job acquisition) and personal growth.

All counselors seemed to feel that, regardless of sex of client, going to college at this point would be a mistake. All stressed as possible consequences resentment, dropping out, turning off. MCo 1 and FCo 1 felt they would encourage the client's travel plans "mostly" and "moderately" respectively, pointing to the client's need to be guided by

his own inner needs. MCo 2 avoided advice-giving, advocating nonjudgmental decision-making on the part of the client. FCo 2 also wanted the client to explore all possibilities, but added that she felt the client could really benefit from being on her own. All counselors rated as either "not at all true" or "slightly true" the statement: "I would encourage the client to give college a try next year." MCo 1 and FCo 1 stressed nonjudgmental decision-making, while MCo 2 and FCo 2 seemed to feel clearly that college would not be advisable.

All counselors had remarkable agreement on client goals, regardless of client sex. All conceptualized the problem as one of decision-making about future plans.

MCo 1 saw the male client positively: "Bright, verbal, sensitive." FCo 1 seemed to see the client as confused, but not disturbed or "sick." MCo 2 had some admiration for the female client: "It's unusual for people to actually attempt to live out their fantasies." FCo 2 evaluated the client somewhat negatively: "Not ambitious, somewhat rebellious... bored with her present life, restless, immature, unable to postpone gratification."

SITUATION 4: MEDICAL SCHOOL

MCo 1 and FCo 1, responding to the female condition, felt it was respectively "true" and "mostly true" that the client would make a good candidate for medical school. They emphasized that she was bright, eager, conscientious. MCo 1 also suggested that, as a woman, she would be especially motivated to succeed, in order to escape from the boredom of a conventional female occupation (secretary). FCo 2, evaluating the male condition, made a similar judgment about the client, and described his attitude as "healthy and realistic." MCo 2, however, rated as only "slightly true" the client's potential as a good candidate, and stressed the client's uncertainty and indecision.

MCo 1 and FCo 1 both felt it was "mostly" and "moderately" likely respectively that the client would continue to pursue her interest in medicine. MCo 1 stated directly that she seemed suited to medical school. FCo 1, however, thought that perhaps she might change directions when she learned more about other careers. MCo 2 rated the question as somewhat likely in response to the male condition, and FCo 2 rated it as moderately likely.

Alternative career choices for both male and female conditions suggested by both male and female counselors were quite similar. These choices included lab technician, researcher, physical therapist, social worker, public health worker, psychologist, social worker. No counselor mentioned the profession of nursing for either the male or the female condition. All counselors gave identical reasons for the selection of these career options, namely the client's interest in science and

commitment to people. All counselors also identified the same goals for the client, regardless of sex: information-gathering, exploring the consequences of each decision.

MCo 1 evaluated the client positively, as "bright, attractive, unpretentious, sensitive to others." He noted that she held traditional career goals, but added in parentheses, "traditional for a man, that is." FCo 1 had a similarly favorable impression of the client: "Conscientious, pleasant, likable." MCo 2 found the client to be free of severe problems and rather typical of a pre-med student. FCo 2 described the client as "intelligent, uncertain, open, somewhat confused about identity, but in a pretty good place generally."

The following table summarizes counselors' general impression of the clients. The terms positive/negative do not connote a masculine/feminine dimension, but rather an impressionistic continuum measuring the counselor's evaluation of the client's mental health and the appropriateness of his behavior. Thus, these categories involved several subjective judgments on the part of E.: When the counselor's description of the client included words such as "bright," "likable," "together," "healthy," the client was classified as seen positively. When the counselor's description included words such as "immature," "superficial," "having a facade," "confused," the client was classified as seen negatively. When the counselor's description included few judgmental words (e.g., "This is a fairly typical client without severe problems), the client was classified as seen neutrally.

COUNSELORS' IMPRESSION OF CLIENTS				
	CLIENTS			
	MCl A	MCl B	FCl A	FCl B
MCo 1	fairly pos.	fairly pos.	positive	positive
FCo 1	somewhat negative	neutral	somewhat negative	positive
MCo 2	positive	neutral	neutral	positive
FCo 2	very neg.	fairly pos.	somewhat negative	somewhat negative

-- TABLE V

From this table we can see that MCo 1 saw all his clients positively. FCo 1 saw 1 male and 1 female negatively, 1 male neutrally, and 1 female positively. MCo 2 saw 1 male and 1 female positively, 1 male and 1 female neutrally. FCo 2 saw 1 male and 2 females negatively, 1 male positively.

COMPARISON OF CLIENT ANDROGYNY SCORES
WITH POSITIVE/NEGATIVE RATING

		COUNSELOR IMPRESSIONS OF CLIENT			
POSITIVE		NEUTRAL		NEGATIVE	
Male Clients	Female Clients	Male Clients	Female	Male Clients	Female
+3.38	+2.21	+0.81	0	-1.75	+1.16
+1.05	+1.63	+2.56		+5.50	-3.72
+1.63	+1.16				-1.51
+4.54	-3.84				

-- TABLE VI

This table illustrates that the more androgynous clients were not necessarily seen more positively. In fact, the two most androgynous clients were seen as neutral. Both the most feminine and the most masculine male were seen negatively (both times by female counselors). An equal number of males and females were seen positively. Both men and women who received feminine scores tended to be seen negatively. A chi square test was performed on the data in Table VI.

ANDROGYNY SCORES	POSITIVE	NEGATIVE	NEUTRAL
MASCULINE	7	2	.5
FEMININE	1	3	2.5

There were 16 points total, and an expected frequency of 2.6 in each box. A correction for continuity was performed because of the small sample size. $X^2 = 7.92$, $p .05 .01$. Thus, clients receiving masculine BSRI scores were perceived significantly more positively than clients receiving feminine BSRI scores.

A final table examines the general dimension of counselor impressions by sex of counselor, by sex of client, and by situation.

COUNSELORS

	Male Cos	FemC o	Male Cos	Female Cos	Male Cos	Female Cos	Male Cos	Female Cos
Male Cls	fairly +	neg.	positive	very neg.	fairly +	neutral	neutral	fairly +
Female Cls	neutral	neg.	positive	neg.	positive	negative	positive	positive
	1		2		3		4	

SITUATION

-- TABLE VII

By a simple calculation, it is quickly apparent that Situation 1 elicited the most unfavorable responses from counselors. Situation 2 was evenly divided, male counselors perceiving clients positively and female counselors perceiving clients negatively in this situation. Situation 3 yielded favorable responses from the male counselors, and neutral or negative responses from the female counselors. Situation 4 is the only one in which female counselors responded positively to the client. It is also the situation which elicited most favorable client impressions among counselors as a whole.

DISCUSSION OF RESULTS

Data analysis revealed only two statistically significant results:

1) It was predicted that male clients would be rated as masculine on the BSRI more frequently than female clients. There was a statistically significant association between predicted and actual ratings of male clients ($p < .05$) (.01). 2) A chi square test showed that clients rated masculine on the BSRI were evaluated significantly more positively by counselors on other, more general measures. The nonsignificance of other data may be attributable in part to the weakness of statistics when applied to a small sample. For example, when a binomial test was performed on the data of male counselors rating male clients (Table IV), the predicted and actual scores were identical. However, $p = .06$, and therefore was not significant.

Because of the nonsignificance of the data, one must be cautious about generalizing too hastily from this study. The small sample size makes it possible to argue that any finding in this study is attributable to individual peculiarity and bears no relation to larger populations. A further reservation is that the sample was drawn from a geographic area in which (thanks in part to the Drs. Bem) there is a highly developed consciousness of sex-role stereotyping. However, despite these problems of generalizability, it is still worthwhile to examine some interesting trends evidenced in the data.

The study suggests that, regardless of counselor sex, males are generally perceived as masculine (Table III-IV). This means that, independent of situation, a biological male is evaluated as having certain male characteristics. The study also suggested that females are seen as having feminine characteristics except in two situations which could be seen as societally masculine (Table 3, Graph 2). In two situations illustrating sexually promiscuous behavior and desire to attend medical school, biological females were perceived as masculine, regardless of counselor sex.

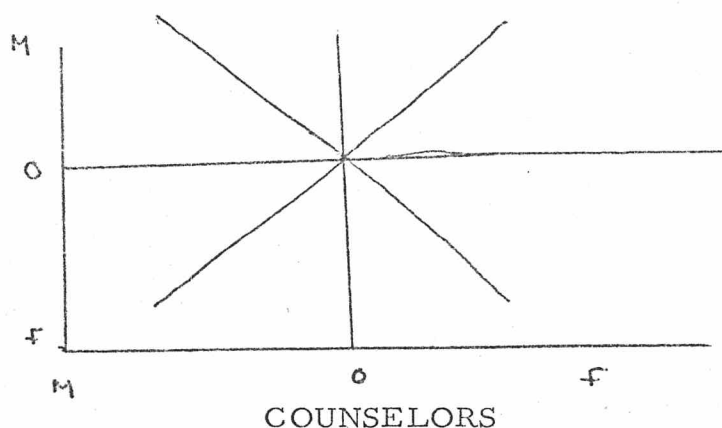
In light of this information, one other finding deserves attention. First, clients with masculine BSRI scores were viewed significantly more positively ($p < .05$, $p < .01$) than clients with feminine scores. This finding is especially interesting because the BSRI is adjusted for social desirability. Thus, one must conclude that while feminine characteristics are seen as desirable, male characteristics are seen as more desirable. Coupling this finding with the previous finding, it would be possible to argue that female clients are most liked when there is a possibility of socializing them to a male role.

A further finding of the study was that all negative impressions of clients were from female counselors (Table VII). It is difficult to know how to interpret this result. It seems to suggest that perhaps "feminist" counselors are not necessarily the solution to the dilemma of women's therapy. On the other hand, perhaps the females' "negative" perception of clients was really a more accurate assessment of the client's immediate situation.

The best-liked situation was of the student wanting to go to medical school. This is also a situation highly approved of by our society, which values upward mobility and competitive achievement. Interestingly, this was the only situation in which female counselors evaluated positively. This suggests that females may be the greatest supporters of the socialization process (cmp. Bronfenbrenner, 1967). One of the situations (Sexual Promiscuity) least-liked by female counselors described behavior generally frowned on by the norms of our culture. To some extent, however, all counselors seemed to be more concerned with the client's individual needs than with adjusting him to the larger society (e.g., MCo 1 mentioned the irrelevancy of "WASP standards" to FCl 1 in Situation 2).

To some extent, the study supported the hypothesis that sex-typed self-perception in counselors would be highly correlated with sex-typed perception of clients; while counselors who saw themselves as more androgynous would similarly perceive their clients as more androgynous. The expected graphic pattern of this hypothesis is illustrated below:

CLIENTS



COMPARISON OF COUNSELOR
SELF-PERCEPTION AND
COUNSELOR PERCEPTION
OF CLIENT

Visual inspection of Graph 1 indicates a similar distribution of the data. Female counselors seem to conform more closely in the expected direction, with the most sex-typed female counselor perceiving biological males as highly masculine, and biological females as feminine; and with the androgynous female counselor perceiving clients as clustering more closely around androgyny.

A further finding of the study was that, within situation, males were always perceived to be more masculine than females by both male and female counselors (Graph 3-4). This suggests that there is an interaction between biological sex of client and situation. In other words, exhibiting a specific behavior may result in a biological female being perceived as having masculine attributes. However, a male exhibiting the same behavior will be perceived as more masculine than the female, presumably because his biological sex has a sort of additive effect.

One purpose of this study was to begin to identify ways in which counselor differential perception of clients was translated into specific attitudes and behaviors in the therapy setting. In light of the above results and trends, it is particularly significant that, in terms of therapeutic goals and counseling strategies, there was no variation within situation between counselors. On the whole, counselors of both sexes seemed to set goals for their clients independent of client sex. Anecdotal data revealed that in many subtle ways, counselors were not impervious to client sex (e.g., MCo 1 commented on the "attractiveness" of the two female clients, while mentioning nothing about the attractiveness of the male clients); but that awareness of client sex did not seem to influence their goal-setting. The most usual goal set was simply to weigh all the variables and make a decision. The technique employed to arrive at this resolution was always some variation of a decision-making paradigm.

Thus, hypotheses regarding specific problem situations in general did not tend to be supported. In Situation 1, there seemed no indication that the girl client would be encouraged more than the boy client to maintain an interpersonal relationship at the expense of career. In Situation 2, the client evaluated most negatively for sexually promiscuous behavior was a male. In Situation 3, there seemed no tendency to protect the female or shelter her more than the male. And in Situation 4, the female client was actually seen as having a slightly better chance of succeeding in medical school than the male. Thus, this study gives no clear indication that differential perception of clients is in fact translated into differential socialization. Perhaps the most that may be concluded is that counselors may tend to socialize both male and female clients toward the development of male characteristics, as these are the ones most highly rewarded by the society.

IMPLICATIONS

Several implications exist for subsequent research in this area.

There are implications for the research design itself. One main difficulty of the present study is that it utilized a counselor N of 4. Subsequent studies would profit by increasing the N to 20-50. Then it would be possible to be more confident about the generalizability of the data. Other modifications might also be worthwhile. In the present study, counselors were selected from both counseling and clinical programs. This development was a necessity, but not part of the original design of the experiment.* However, I felt that although counseling and clinical psychologists might eventually be located in different settings (the former in the school environment, the latter in some sort of mental health clinic), the function they would perform in terms of counseling

*Originally, I had intended to use as subjects four actual high school counselors from Palo Alto High. However, in approaching these subjects, I encountered considerable resistance on the part of the counselors to putting themselves in a situation where their mode of counseling would be

clients in the specific problem situations would be essentially the same. Further, in subsequent conversations with the four high school students, they confirmed that with the kinds of problems described in the situations, they would be as likely to consult a professional outside the school as one within. For these reasons, it was decided to treat the counselors and clinicians as essentially equivalent. Insofar as was possible, they were closely matched on background training and current theoretical orientation.

A subsequent experiment might be altered in several ways. One possibility would be to restrict the sample to counseling psychologists. On the other hand, with a large enough N, a controlled comparison between counseling and clinical psychologists might be interesting (although inspection of the anecdotal data from this study suggests that, in fact, there would not be much difference between the two populations). Further, in the present study, counselors were matched on background and theoretical orientation. It would be quite interesting to see if there were any association between counselor training and sex-typed attitudes. One hypothesis might be that social learning theory, which emphasizes the learned component of all behavior, might yield less sex-typed counselors than dynamic theory, in which woman's penis envy is responsible for such female defects as neurosis, sexual frigidity, incompetence, and worst of all, a masculinity complex, characterized by a highly unfeminine need to achieve.

A further modification might be in the method of acquisition of anecdotal data. After much deliberation, it was eventually decided in the present study to rely on a written questionnaire rather than a personal interview. Although the written questionnaire may not provide

*(Cont. from p. 37) inspected and analyzed. The next pool of subjects I solicited was students in the Masters counseling psychology program at Stanford. This group seemed to closely approximate the initial population, as it consisted of counselors-in-training. Here again it proved quite difficult to commandeer subjects. While not resistant to the idea of participating in an experiment per se, most pleaded lack of time. In desperation, I turned to fellow interns at North County Mental Health Center, and found two persons who were agreeable. While neither was in a counseling program (see Appendix E) both had clinical training, and some experience working with adolescents.

as much information (See Appendix D), it has the advantage of being sexually neutral. I felt that in this particular instance, it would bias the results too much to have a female E, personally acquainted with all four Ss, interview the Ss without in some way cuing them in to the real nature of the experiment (cf. "expectation effects," Rosenthal, in Overly, 1970).* However, further studies might wish to use live interviews, and compare sex of interviewer with differential S response. For example, one group of counselors might be interviewed by a male E, one group by a female E, and one group by a male-female team. Results could then be analyzed for differential responses between groups.

The present study contains many implications for the content, as well as the design, of future experiments. First, the findings and trends reported in this study need to be replicated and confirmed for a larger N. With a large sample, will sex-typed counselors actually perceive clients as sex-typed significantly more than androgynous counselors? Will clients with masculine scores be seen as significantly healthier than other clients? The findings themselves provoke many questions, worth answering through research. For example, one data point (see Graph 2) suggests that a more androgynous counselor might be more likely than a sex-typed counselor to perceive a male as feminine. Is this point representative or merely a curiosity? Other data (Graph 2) suggest that it is more likely for females to be perceived as masculine than it is for males to be perceived as feminine. Is this a substantive trend? Would further research confirm that female counselors are more likely than male counselors to perceive their clients as sick and in need of adjustment? If so, what are the implications for the feminist position (Gardner, 1971)

*As it is, the data may have been contaminated to some extent that all Ss were more or less aware of my interest in feminism. However, inspection of the anecdotal data suggests that this contamination was not significant.

that only women should counsel other women? Another important question would be: what correlation, if any, exists between counselor sex-typed expectancy and counseling outcome? The limited data of the present study suggested that perhaps the projected outcome for all clients in the same situation was seen as very similar. Would this finding be substantiated by further research? All these questions deserve further exploration.

Although this study attempted to make an association between counselor perception of the client and his subsequent behavior in the therapy setting, it was seriously limited by its reliance on projective, rather than behavioral data: i. e., asking the counselor to speculate on how he might handle a particular situation, rather than taking behavioral observations, doing an interactional analysis etc. The review of the literature indicated that, in experiments involving sex of counselor and sex of client as variables, little attention has been paid to accumulating behavioral data. However, a simple behavioral content analysis of several interview sessions on such dimensions as total action, number of feeling words, number of action words, number of questions, overall reinforcement (cf. Moos, Clemes, 1967; Moos and MacIntosh, 1970), reflection/clarification, advice/encouragement/interpretation (cf. Parker, 1967) might be extremely interesting. Prior research in the area of nonverbal behavior (Strong, Taylor, Braton, and Loper, 1971; Dinges and Oetting, 1972; Mehrabian and Friar, 1969) suggests that interesting differences in counselor interaction with male and female clients might also be observed.

As was indicated in the review of the literature, the counseling setting may be conceptualized as an interactional system, in which both counselor and client have an effect on each other. This study has focused exclusively on the counselor, by examining differential counselor perception of the client. One possible implication of this focus is the development of an

intervention package to modify counselor sex-typed behavior toward his client. Such a package would have as its goal the transformation of a sex-typed counselor into a "change-agent" (Bem, 1971) who would facilitate clients of both sexes in expanding and diversifying professional and personal roles,

However, counseling is a two-way street. A body of studies exists suggesting that client perception of counselor may also frequently be sex-typed (Chesler, in Gornick and Moran, 1971; Snelbecker, 1967; Boulware and Holmes, 1970; Mezzano, 1971; Thoresen, Krumboltz, and Varenhorst, 1967; Spiritas and Holmes, 1971; Heilbrun, 1971). If this is in fact true, how is it translated into client behavior during therapy? How will it effect the eventual counseling outcome? And what interventions can be developed (to be employed by the counselor, teacher etc.) to modify the sex-typed attitudes of the client toward the counselor, and toward other people in general.

At this point in time, it is particularly relevant that these implications be pursued. Psychotherapy has often been accused of adjusting individuals to a far-from-perfect status quo; in particular, of adjusting women to acceptance of an inadequate and limiting role. Further research in the above directions will go a long way toward legitimizing therapy as process of constructive socialization which will reflect the rapidly changing societal norms about sex role differences.

APPENDICES

APPENDIX A

Situations

1. I'm in kind of a bind... I think I need a little help sorting things out. I'm a senior at Paly now and I'm going to graduate in June. So is my girlfriend (boyfriend), Sharon (Steve). We're both going to college next fall. That's the problem. Sharon (Steve) and I are pretty close -- we wanted to stay together next year. We applied to the same places; and we were both accepted at UCLA. But I was accepted at Princeton and she (he) wasn't. At first I thought we could stand a year apart. Going to Princeton seemed pretty important to me. I'm a good student, and I thought it would be a more exciting environment than UCLA. But now I'm not so sure. Sometimes I think I really love Sharon (Steve). I'm really happy when we're together. I think she (he) may be the most important thing in my life; and sticking with her (him) the best thing I could do. Most of my friends think I'm crazy. Yesterday somebody said, "What if you and Sharon (Steve) break up? You'll really have lost everything." And of course my parents want me to go to Princeton. I don't know. Right now I'm pretty confused. I just seem to go round and round on this.

2. Well, this past year I've gotten involved with 10 or fifteen different guys (girls) -- sexually involved, I mean. I just go from one guy (girl) to another. My parents think I've really screwed up this year. Usually they're pretty cool, but this time they told me I should see a psychiatrist. I think they're old-fashioned. I haven't done anything wrong, but I thought I'd come talk to a counselor anyway. I don't think you always need to be deeply involved with someone to have sex with them. I've had a lot of fun this year, and I've met some good people. I don't think I've hurt anyone else either, and that's important to me. (Pause) Oh, there was one thing. I wonder if what I'm doing now will hurt me later on? I mean, am I going to have trouble forming more long-term relationships. That's something I worry about sometimes.

3. I'm trying to make some decisions about next year. My problem is that I don't want to go to college and my parents are really pushing me to go. I've never liked school too much, and now I really feel trapped. It's like a nightmare -- I see it going on forever. It's a terrible feeling because I'm just not that interested in reading books and doing things that have nothing to do with my life. If I go, it will only be a way of getting away from home. What I'd really like to do is travel -- maybe to South America. I'd like a different sort of experience, if you know what I mean. I think I could make it on my own. We lived in Mexico for a year, and I

speaking Spanish pretty well. And I make friends pretty easily, so I'm not worried about that. I also have five hundred in savings. But I don't know how to tell all this to my parents, and it's really bothering me.

4. I'm going to Occidental college in September, and I've been doing some thinking about what kinds of courses I should take. What I've been thinking about in particular is the pre-med sequence. I know that this is fairly structured, so it would be best to begin it as soon as possible. That is, if I can make up my mind that this is what I really want. I can't decide whether I'm ready to commit myself yet. I've played around with the idea of being a doctor. I have a very good high school record, and I did especially well in biology and chemistry -- although I didn't enjoy chem that much. I also like working with people and helping them. I could never just sit at a desk all day. But I don't know if this means I want to be a doctor. I guess I really don't know too much about what being a doctor means.

APPENDIX C

COUNSELOR QUESTIONNAIRE PACKET

INSTRUCTIONS TO THE COUNSELOR/THERAPIST

1. There will be four separate recordings on your tape, approximately three minutes in length. The voices you will hear belong to four seniors at Palo Alto High, who volunteered to make tapes describing a current dilemma in their lives.
2. Listen to the first selection (repeat it, if necessary). Then turn off the machine, and answer the Counselor Questionnaire Sheet for that client. Although it will be very difficult on the basis of your limited exposure to this client, please answer all items to the best of your ability and do not omit any questions. The questionnaire is highly subjective: there are no right or wrong answers -- we are only interested in your immediate reactions to the client.
3. After you have completed the questionnaire, please complete the personality characteristics inventory for the client. Again, you will justifiably feel you cannot answer all the questions based on this small segment. Please do the best you can, rely on your intuition, and do not omit any items.
4. When you have completed both the questionnaire and the inventory, turn on the machine and listen to the next voice. Repeat the above procedure. There are four short selections. Please make sure you have responded to all of them.
5. Please complete the Counselor Background Sheet at the end of the questionnaire.
6. Please, in order to preserve the confidentiality of the clients and the integrity of the experiment, do not discuss these tapes with anyone.
7. Thank you very much for your time and cooperation.

COUNSELOR QUESTIONNAIRE

1. The client would be happy staying with Sharon.

Circle one:

NOT AT ALL SLIGHTLY SOMEWHAT MODERATELY MOSTLY TRUE VERY TRUE
 TRUE TRUE TRUE TRUE TRUE

Please explain.

2. The client would be happy going to Princeton.

Circle one:

NOT AT ALL SLIGHTLY SOMEWHAT MODERATELY MOSTLY TRUE VERY TRUE
 TRUE TRUE TRUE TRUE TRUE

Please explain.

3. What might be some consequences of the client's staying with Sharon?

4. What might be some consequences of the client's going to Princeton?

5. I would encourage the client to stay with Sharon.

Circle one:

NOT AT ALL SLIGHTLY SOMEWHAT MODERATELY MOSTLY TRUE VERY TRUE
 TRUE TRUE TRUE TRUE TRUE

Please explain.

COUNSELOR QUESTIONNAIRE

1. The client would be happy staying with Steve.

Circle one:

NOT AT ALL TRUE SLIGHTLY TRUE SOMEWHAT TRUE MODERATELY TRUE MOSTLY TRUE TRUE VERY TRUE

Please explain.

2. The client would be happy going to Princeton.

Circle one:

NOT AT ALL TRUE SLIGHTLY TRUE SOMEWHAT TRUE MODERATELY TRUE MOSTLY TRUE TRUE VERY TRUE

Please explain.

3. What might be some consequences of the client's staying with Steve?

4. What might be some consequences of the client's going to Princeton?

5. I would encourage the client to stay with Steve.

Circle one:

NOT AT ALL TRUE SLIGHTLY TRUE SOMEWHAT TRUE MODERATELY TRUE MOSTLY TRUE TRUE VERY TRUE

Please explain.

6. I would encourage the client to go to Princeton.

Circle one:

NOT AT ALL TRUE	SLIGHTLY TRUE	SOMEWHAT TRUE	MODERATELY TRUE	MOSTLY TRUE	TRUE	VERY TRUE
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Please explain.

7. Please formulate one or two client goals and the strategies you would use to implement them.

8. Why did you select these particular goals?

9. What are your subjective impressions of this client?

COUNSELOR QUESTIONNAIRE

49.

1. The client's behavior is inappropriate.
Circle one:

NOT AT ALL SLIGHTLY SOMEWHAT MODERATELY MOSTLY TRUE VERY TRUE
TRUE TRUE TRUE TRUE TRUE

Please explain.

2. The client will eventually form a satisfying long-term relationship. Circle one:

NOT AT ALL SLIGHTLY SOMEWHAT MODERATELY MOSTLY LIKELY VERY LIKELY
LIKELY LIKELY LIKELY LIKELY LIKELY

Please explain.

3. Please formulate one or two client goals and the strategies you would use to implement them.

4. Why did you select these particular goals?

5. What are your subjective impressions of this client.

COUNSELOR QUESTIONNAIRE

50.

1. The client's plans are realistic.

Circle one:

NOT AT ALL TRUE	SLIGHTLY TRUE	SOMEWHAT TRUE	MODERATELY TRUE	MOSTLY TRUE	TRUE	VERY TRUE
--------------------	------------------	------------------	--------------------	----------------	------	-----------

Please explain.

2. What might be some consequences for his future life if the client goes to South America?

3. What might be some consequences for his future life if the client goes to college?

4. I would encourage the client to carry out his travel plans.

Circle one:

NOT AT ALL TRUE	SLIGHTLY TRUE	SOMEWHAT TRUE	MODERATELY TRUE	MOSTLY TRUE	TRUE	VERY TRUE
--------------------	------------------	------------------	--------------------	----------------	------	-----------

Please explain.

COUNSELOR QUESTIONNAIRE

1. The client's plans are realistic.

Circle one:

NOT AT ALL TRUE SLIGHTLY TRUE SOMEWHAT TRUE MODERATELY TRUE MOSTLY TRUE TRUE VERY TRUE

Please explain.

2. What might be some consequences for her future life if the client goes to South America?

3. What might be some consequences for her future life if the client goes to college?

4. I would encourage the client to carry out her travel plans.

Circle one:

NOT AT ALL TRUE SLIGHTLY TRUE SOMEWHAT TRUE MODERATELY TRUE MOSTLY TRUE TRUE VERY TRUE

Please explain.

5. I would encourage the client to give college a try next year.
Circle one:

NOT AT ALL SLIGHTLY SOMEWHAT MODERATELY MOSTLY TRUE VERY TRUE
TRUE TRUE TRUE TRUE TRUE

Please explain.

6. Please formulate one or two client goals and the strategies you would use to implement them.

7. Why did you select these particular goals?

8. What are your subjective impressions of this client?

COUNSELOR QUESTIONNAIRE

1. This client will make a good candidate for medical school.
Circle one:

NOT AT ALL SLIGHTLY SOMEWHAT MODERATELY MOSTLY TRUE VERY TRUE
TRUE TRUE TRUE TRUE TRUE

Please explain.

2. The client will continue to pursue his interest in medicine.
Circle one:

NOT AT ALL SLIGHTLY SOMEWHAT MODERATELY MOSTLY LIKELY VERY LIKELY
LIKELY LIKELY LIKELY LIKELY LIKELY

Please explain.

3. Given his interests, what other career choices might be open to him?

Please explain why you think these careers might interest the client.

COUNSELOR QUESTIONNAIRE

1. This client will make a good candidate for medical school.

Circle one:

NOT AT ALL SLIGHTLY SOMEWHAT MODERATELY MOSTLY TRUE VERY TRUE
TRUE TRUE TRUE TRUE TRUE

Please explain.

2. The client will continue to pursue her interest in medicine.

Circle one:

NOT AT ALL SLIGHTLY SOMEWHAT MODERATELY MOSTLY LIKELY VERY LIKELY
LIKELY LIKELY LIKELY LIKELY LIKELY

Please explain.

4. Given her interests, what other career choices might be open to her?

Please explain why you think these careers might interest the client.

4. Please formulate one or two client goals and the strategies you would use to implement them.

5. Why did you select these particular goals?

6. What are your subjective impressions of this client?

COUNSELOR BACKGROUND

1. Name:
2. Age:
3. Previous clinical experience:
4. Training Program:
 - a. Type of program (M.A., Ph.D., M.S.W. etc.)
 - b. Where completed training
 - c. Orientation of training program (Rogerian, behavioral, eclectic, etc.)
5. Current personal theoretical orientation:

SITUATION 1: Princeton/UCLA

<u>Counselor</u>	<u>Client Sex</u>	<u>Question</u>
		1. Q. Client would be happy staying with Sharon.
M Co 1	M (male)	A. Moderately true. Transition to college would lead to other partners and divergent directions.
F Co 1	M	A. Moderately true. Client could make either decision - and either decision might bring happiness.
F Co 2	F (female)	A. Somewhat true. Client cares about Steve, but would always regret not going to Princeton.
M Co 2	F	A. Somewhat. Parents might make her unhappy because she didn't go to Princeton.
		2. Q. Client would be happy going to Princeton.
M Co 1	M	A. Mostly true. Would be happy because he is bright and Princeton is stimulating.
F Co 1	M	A. Moderately true. Might feel alone and lost, but also might make new friends and enjoy new environment.
F Co 2	F	A. Mostly true. Client is bright - excited about Princeton. Would either maintain relationship w/Steve or meet new people.
M Co 2	F	A. Somewhat true. Will be separated from Steve.
		3. Q. Consequences of staying with Sharon.
M Co 1	M	A. 1) Stay together, get married, be glad he didn't go to Princeton. 2) Enjoy college romance and split, regret not going to Princeton. 3) Split early in college, regret not going to Princeton.
F Co 1	M	A. Continued security and contentment; also regret,
F Co 2	F	A. Resentment against choosing an inferior school; having to miss a new exciting experience, Clinging even harder to him.
M Co 2	F	A. Steve restricted her intellectually.

<u>Counselor</u>	<u>Client Sex</u>	<u>Question</u>
		4. Q. Consequence of going to Princeton.
M Co 1	M	A. 1) Find a new chick. 2) Become depressed and withdrawn over losing Sharon. 3) Keep relationship with Sharon going.
F Co 1	M	A. 1) Loneliness. 2) Expand and grow, develop self-confidence.
F Co 2	F	A. 1) Drop out of school and return to Steve. 2) Forget about him and find someone else, who could fulfil her intellectual needs. 3) He could drop her; she could fail, rebound into an unsatisfactory relationship.
M Co 2	F	A. Loneliness.
		5. Q. I would encourage client to stay with Sharon.
M Co 1	M	A. Not at all true. Would advise that their chances of staying together through college were slim. If the relationship will endure, it won't be damaged by physical separation.
F Co 1	M	A. Not at all true. Emphasis on non-judgmental decision-making.
F Co 2	F	A. Slightly true. Client probably too immature emotionally to commit herself to lifelong relationship. Needs adventure and growth experiences. She would feel cheated if she stayed with him.
M Co 2	F	A. Not at all. Non-judgmental decision-making.
		6. Q. I would encourage client to go to Princeton.
M Co 1	M	A. Mostly true. Importance of going to Princeton for academic reasons.
F Co 1	M	A. Not at all true. Emphasis on non-judgmental decision-making.
F Co 2	F	A. Somewhat true. Emphasis on non-judgmental decision-making.
M Co 2	F	A. Not at all. Non-judgmental decision-making.

<u>Counselor</u>	<u>Client Sex</u>	<u>Question</u>
		7. Q. Formulate client goals and implementation strategies.
M Co 1	M	A. 1) Problem-solving: clarify needs and alternative solutions. 2) Identify separation anxiety hierarchy and desensitize him.
F Co 1	M	A. Decision-making about college choice: pinpoint advantages and disadvantages of either choice; work on insight into own feelings.
F Co 2	F	A. Decision-making: pros and cons of each alternative. Use fantasy to explore fears, worst possible consequences.
M Co 2	F	A. Decision-making: choice of schools.
		8. Q. Why these particular goals?
M Co 1	M	A. Would allow client to see his alternatives without interference of conditioned anxieties.
F Co 1	M	A. Would be a learning experience for dealing with anxiety-provoking situations in the future.
F Co 2	F	A. Needs to formulate her doubts and fears more concretely in an unpressured environment.
M Co 2	F	A. This is where the conflict seems to be.
		9. Q. Subjective impressions?
M Co 1	M	A. Bright, verbal, warm, melodramatic about separation.
F Co 1	M	A. Lack of confidence in own opinions; is not terribly enthusiastic about either alternative.
F Co 2	F	A. Immature, easily influenced. Has ambition to explore intellectual abilities - this is an important need. Also desires security of commitment. Underlying insecurity.
M Co 2	F	A. She will get over both Steve and her parents' pressure.

SITUATION 2: Sexual Promiscuity

<u>Counselor</u>	<u>Client</u>	<u>Sex</u>	<u>Question</u>
			1.Q. Client's behavior is inappropriate.
M Co 1	F		A. Slightly true. Only by WASP standards, which would have small effect on this client.
F Co 1	F		A. Moderately true. She has not yet come to grips with how she feels about this for herself.
F Co 2	M		A. Mostly true. Obviously doesn't know anyone except on a superficial basis. His boast that he hasn't hurt anyone is really to be questioned. He himself has some doubts - his concern about his future suggests he almost views himself as having a handicap.
M CO 2	M		A. Slightly true. Enjoys sexual encounters, but also sensitive to other people's needs. He is all right - not harming himself or others.
			2.Q. Client will eventually form satisfying long-term relationship.
M Co 1	F		A. Most likely. Sounds outgoing. Aware of the fact that her sexual behavior is not always associated with deep involvement.
F Co 1	F		A. Most likely. Yes, because she questions herself, reflects on what she is doing and what she wants.
F Co 2	M		A. Slightly likely. Right now, will avoid deep relationships. Is restless and dissatisfied. Without help, he will continue this way.
M Co 2	M		A. Mostly likely. Will look for more than sex in this relationship.
			3. Q. Formulate client goals and implementation strategies.
M Co 1	F		Clarify her feelings about sex and lack of depth in relationships. 2) See if parents want to attend therapy with her and improve communication.

<u>Counselor</u>	<u>Client Sex</u>	<u>Question</u>
F Co 1	F	A. Decide how <u>she</u> feels about her behavior.
F Co 2	M	A. Gain client trust. Probe into client's attitudes towards women, his sexual identity.
M Co 2	M	A. Dating one girl for period of time. Dating one girl without having sexual encounter.
4. Q. Why these particular goals?		
M Co 1	F	A. Clarification of feelings allows her maximum freedom to decide on her own behavior.
F Co 1	F	A. Don't want to project my own values on client - she should make her own decision.
F Co 2	M	A. Client needs to build a trusting relationship with an adult. He may have some fears about masculinity and sexuality.
M Co 2	M	A. This deals with his questions about long-term relationships.
5. Q. Subjective impressions.		
M Co 1	F	A. Large, masculine-looking chick who does well in school, is aggressive, humorous, has friends, and likes to ball.
F Co 1	F	A. Tries to seem cool, but underneath has doubts.
F Co 2	M	A. Basic insecurity about sexual identity. Immature conception about interpersonal relationships. Somewhat shallow. Comes on as amoral, but this is a cover-up for some deep-seated fear, possibly of women.
M Co 2	M	A. At a stage where he is exploring his sexual boundaries.

SITUATION 3: South America

<u>Counselor</u>	<u>Client</u>	<u>Sex</u>	<u>Question</u>
			1. Q. Client's plans are realistic.
M Co 1	M		A. Moderately true. Plans at this point are only in his mind and he hasn't told his parents.
F Co 1	M		A. Moderately true. Client is seeking something meaningful in his own mind.
M Co 2	F		A. Somewhat true. Yes, because she speaks Spanish, may have contacts, may get parents' help, and has little money of her own.
F Co 2	F		A. Moderately true. Desire to travel is realistic. She could really need independence. Her financial status is not terribly sound. She might have to ask her parents for more money.
			2. Q. Consequences for client's future life if chooses S. America.
M Co 1	M		A. 1) Learn Spanish better, become enriched in Latin American culture. 2) Become a vagabond by habit. 3) Learn to repond to his own inner needs, feelings.
F Co 1	M		A. Might help him figure out what kind of a life he wants.
M CO 2	F		A. Displeasure because forced to remain in a position she isn't accustomed to (discomfort etc.)
F Co 2	F		A. Possibly could not get a job when she returns, due to lack of college degree. Possibly could get a better job because of fluency in Spanish. If experience was positive, she might become more mature and independent. A failure experience might set her back.

<u>Counselor</u>	<u>Client Sex</u>	<u>Question</u>
		3. Q. Consequences if client goes to college.
M Co 1	M	A. 1) Get a degree and work and thank his parents. 2) Resent parental pressures and become a dull student without direction. 3) Learn to ignore his inner feelings.
F Co 1	M	A. Might resent it, drop out. If it were a stimulating experience, might enjoy it.
M Co 2	F	A. Displeasure, because may be forced into a position she doesn't want.
F Co 2	F	A. She would not finish college, nor even first year.
		4. Q. I would encourage client to carry out her travel plans.
M Co 1	M	A. Mostly true. If this were in accord with his "inner drum."
F Co 1	M	A. Moderately true. Encourage client to spend a year doing something meaningful and productive in his own terms.
M Co 2	F	A. Not at all true. Only encourage client to examine alternatives.
F Co 2	F	A. Somewhat true. Encourage her to explore all possibilities. Sounds as though she could really benefit from being on her own.
		5. Q. I would encourage client to give college a try next year.
M Co 1	M	A. Slightly true. Only if he couldn't formulate more definite travel plans or come up with a comparable alternative.
F Co 1	M	A. Slightly true. Emphasis on non-judgmental decision-making.
M Co 2	F	A. Not at all true. Only encourage client to consider alternatives.
F Co 2	F	A. Not at all true. Because of her extremely negative feelings about school. She'd turn me off if I came on as another adult who knew "what's best" for her.

<u>Counselor</u>	<u>Client Sex</u>	<u>Question</u>
		6. Q. Client goals and implementation strategies.
M Co 1	M	A. 1) Clarify what he wants to do and the attendant consequences. 2) Rehearse telling parents his wishes.
F Co 1	M	A. 1) Decision-making re. next year. 2) Ways to communicate with his parents re. his feelings and theirs.
M Co 2	F	A. Decision-making: future plans.
F Co 2	F	A. Decision-making re. going to school vs. travel.
		7. Q. Why these particular goals?
M Co 1	M	A. Client didn't know how to tell his parents; and his plans weren't definite enough.
F Co 1	M	A. Client is troubled about what he wants and how to communicate it to his parents.
M Co 2	F	A. This is where conflict is.
F Co 2	F	A. This girl has her mind made up. If she had all the possibilities, implications in mind, she would feel more confident in approaching her parents.
		8. Q. Subjective impressions.
M Co 1	M	A. Bright, verbal, sensitive, anxious in relation to parental figures. Would not like to ball chick in #2.
F Co 1	M	A. Client will be better able to sort out what he wants, his interests, etc. after a year's experience at something other than college.
M Co 2	F	A. Unusual for people to actually attempt to live out their fantasies.
F Co 2	F	A. Not ambitious, somewhat rebellious, needs to prove herself outside of her home. Bored with present life, restless, immature, unable to postpone gratification. Wants to be treated as an adult but too afraid to approach parents on adult level.

SITUATION 4: Medical School

<u>Counselor</u>	<u>Client</u>	<u>Sex</u>	<u>Question</u>
			1. Q. Client will make good candidate for medical school.
M Co 1	F		A. True. Bright, good in science, likes to work with people, doesn't want to sit behind a desk (presumably typing), so she'll be motivated to study.
F Co 1	F		A. Mostly true. Seems eager and conscientious.
M Co 2	M		A. Slightly true. Unsure of.
F Co 2	M		A. Mostly true. Bright, aware of the drawbacks and difficulties. His doubts are healthy and realistic.
			2. Q. Client will continue to pursue his interest in medicine.
M Co 1	F		A. Most likely. She seems suited for medical school. Seems serious and un-theatrical. Seems to gravitate toward structured program.
F Co 1	F		A. Moderately true. If she learns more about medical career and other careers, she might see that the favorable aspects of the medical career exist in a variety of other careers.
M Co 2	M		A. Somewhat likely. He may continue to gather information on fields of medicine.
F Co 2	M		A. Moderately likely. Will really like some of his courses, and dislike others. He will like enough so that he will continue.
			3. Q. Alternative career choices.
M Co 1	F		A. Lab technician, researcher; teacher/professor of science; physical therapist.
F Co 1	F		A. Social work, counseling; personnel services, community work; public health
M Co 2	M		A. Medical assistant, lab assistant.
F Co 2	M		A. Psychologist, lawyer, social worker.

<u>Counselor</u>	<u>Client Sex</u>	<u>Question</u>
		4. Q. Why these careers might interest the client.
M Co 1	F	A. Does well in science, likes to work with people, wants an active non-desk job, likes structure.
F Co 1	F	A. Likes contact with people, wants to be able to help them.
M Co 2	M	A. Interest in biology and working with people.
F Co 2	M	A. Helping professions, non-desk jobs.
		5. Q. Client goals and implementation strategies.
M Co 1	F	A. Clarify consequences of commitment early in college to a profession and a structured vs. unstructured study plan.
F Co 1	F	A. Pinpoint interests and abilities more specifically. Information-seeking and decision-making.
M Co 2	M	A. Information-gathering about medical professions and related fields.
F Co 2	M	A. Decision-making: talk to doctors, med students.
		6. Q. Why these particular goals.
M Co 1	F	A. By identifying her personal needs, she could choose structure vs. non-structure with her eyes open.
F Co 1	F	A. Will provide tools for similar situations.
M Co 2	M	A. He doesn't know what it is he wants to do. Doesn't have enough information to make a wise choice.
F Co 2	M	A. Client is intelligent enough to be a doctor but doesn't know what he would have to give and/or give up to get there. Needs a touch of reality perspective.

<u>Counselor</u>	<u>Client Sex</u>	<u>Question</u>
		7. Q. Subjective impressions.
M Co 1	F	A. Bright, attractive, unpretentious, anxious about unstructured situations, sensitive to others, traditional values in relation to career planning (traditional for a man, that is).
F Co 1	F	A. Conscientious, pleasant, likable.
M Co 2	M	A. Problem not severe - but typical.
F Co 2	M	A. Intelligent, uncertain, open, somewhat confused about identity, but in a pretty good place in general.

BACKGROUND OF COUNSELORS

<u>COUNSELOR</u>	<u>AGE</u>	<u>PREVIOUS EXPERIENCE</u>	<u>TRAINING PGM.</u>	<u>CURRENT ORIENTATION</u>
M Co 1	25	3 yr. VA; 3 yr college and clinic, parent-child center.	Ph.D. St.Louis; behavioral and eclectic.	Behavioral, eclectic; problem-solving, communications theory.
F Co 1	22	1 yr. mental health center; SIBC.	M.A. Stanford; behavioral.	Behavioral blend.
M Co 2	25	SIBC, LAC, 1 yr.	M.A. Stanford; behavioral.	Behavioral, Gestalt, rational-emotive.
F Co 2	26	1 yr. mental health center.	MSW, UCB; Eclectic.	Eclectic, with some emphasis on behavioral techniques; assertive training, communication.
