

IMPLICATIONS OF FEMINISM
FOR THE FIELDS OF
PSYCHOTHERAPY & COUNSELING

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Certain writers (Chesler, Firestone in Gornick, 1971) have argued convincingly that psychotherapy is the only societally legitimized course for unhappy women who wish to resolve what up until recently have been considered to be personal problems. As Barbara Gornick writes so eloquently:

Madness. It runs through the mythic life of woman like a stream running down through a rain forest, seeking the level of the sea. Women go mad. Men shoot themselves bravely, but women go mad.... Our men die, but our asylums are overflowing with madwomen; women who become depressed -- and go mad. (Gornick, p. 131)

The statistics, which indicate women outnumbering men three to two in private therapy (Gornick, p. 363), bear out this contention. A value judgment can be made as to whether, given the nature of psychotherapy, this is indeed the best solution for the troubled woman. With considerable justification, feminist writers such as Greer and Friedan have identified psychotherapy as a trap for the unwary woman (Greer 91, Friedan 116). Thus, two alternatives present themselves; women can be discouraged from seeking psychotherapy; or, the process and goals of therapy can be changed to become more congruent with the changing needs of women. This paper concerns itself with the latter alternative.

The reexamination and redefinition of sex roles currently occurring on the contemporary scene has profound implications for the field of counseling. At all levels of counseling, whether guidance, vocational, marital, family, the counselor must be ~~prepared~~ to see the woman client in a new way and to help her to see herself in a new way. Thus, Sandra Bem has referred to the counselor's role as that of a "change agent (Bem, 1971 p. 37)." The following pages explore some of the ways in which the counselor can, in fact, function as a change agent vis-a-vis the role of women in contemporary society.

Frequently clients come to therapy seeking to solve the riddle "Who am I?" For woman at this time this is a particularly difficult question. Anthropologists

such as Chodorow and Leavitt (Gornick, p. 272, 396) have argued plausibly that in more primitive cultures, while men do, women just are. However, confronted with such cultural complexities as women's liberation, civil rights acts, and the personal growth movement, the contemporary American woman can no longer afford just to be. She knows she must shape herself, but she is unsure as to the direction she should take. She is often conflicted, at the very least ambivalent. As Judith Bardwick observes (Gornick, p. 232-4), there is no longer a single certain route for achieving successful femininity.

In attempting to facilitate the client's search for identity, the counselor must tread warily. Twenty years ago, college counselors denied that women ever experienced an identity crisis, because their future was predictable enough; no matter who the woman, it was safe to assume her life would include marriage and family (Bem 1971, p. 37, Friedan, p. 71). Today, however, not only college females, but women of all ages are experiencing symptoms of a classical identity crisis. In these circumstances, traditional recommendations to the female client to adjust to her role as homemaker are limiting and simplistic. There can be no mass solution for countless women searching to discover who they are. Rather, the counselor's role must be to help the client develop an awareness of her relationship to society and to herself as a unique individual.

The first objective, helping the client to identify herself in relation to contemporary society, does not necessarily imply a political diatribe on the part of the counselor. On the other hand, psychotherapy for too long has treated women's problems and conflicts solely as personal afflictions, failing to acknowledge the possibility that they are also reflections of societal deficiencies and prejudices. The counselor does not try to convince the client, but merely suggests a possibility. Undeniably, this introduces an element of value judgment into therapy, but seems more honest than traditional therapy,

which purports to be impartial, but is based on all sorts of implicit (and empirically unverified) assumptions about the nature of women. Again, it is important to emphasize that the final choice of viewpoint remains with the client.

More specifically, a client may come to therapy thinking she is "sick" or "crazy" and experiencing her condition with a sense of personal failure. Under these circumstances, it is appropriate for the counselor to expose the client to alternative, political explanations of her problems: woman as nigger (Gornick, p. 69-74, 140-1), a member of a discriminated-against minority group; woman as eunuch, (Greer, p. 5), denuded of her sexuality; woman as slave (T. Szasz in Gornick, p. 372), oppressed and devious; woman as hysteric (Gornick, p. 232, p. 197), suffering from feelings of falseness, worthlessness, dependent on others for her identity; woman as mentally ill (Gornick, p. 383), healthy only when she deviates significantly from the healthy adult norm. Subsequently, it may be useful to explore with the client the much vaunted feminine stereotype, in order to explode the myth of femininity: from Nietzsche's "delicate, strangely wild, and often pleasant domestic animal (Roszak, p. 7)," lacking both intelligence and morality, to Erikson's nurturant guardian of compassion, receptivity, and all the tender virtues (Lifton, p. 2). The client can be encouraged to examine the labels and their pigeon-holing, yet contradictory effect (Gornick, p. xxii, p. 437); woman, expected to be both goddess and animal (Roszak, p. 99), loses her reality and becomes only a collection of fantasies (Gornick, p. 144). The counselor should then help the client to place herself in relation to these labels, accepting or rejecting as she sees fit. A realistic appraisal of the stereotype will help the client orient herself in relation to it.

Finally, it is the responsibility of the counselor to help the client explore alternatives to the stereotype. Such concepts as androgyny (Bem, & Gornick, p. 99), sexual separatism (Gornick 142), promiscuous sexuality (Greer, p. 345), equal employment opportunity and legal equality (Friedan), and political

revolution (Roszak, p. 160), all must be explored if the client is to be able to make a constructive decision on how she wishes to interact with her society. The client must be encouraged to see her personalized problem not as a character flaw or an individual failing, but as a difficulty shared by many women in this society. Women in therapy are often what Hacker (Gornick, p. 146) calls "marginal women," torn between rejection and acceptance of traditional roles and attributes. They suffer from psychological instability, conflict, self-hatred, anxiety, and resentment. It is incumbent on the counselor to point out that these feelings of inadequacy and worthlessness are the logical extension of confusion resulting from changing definitions of sex role within the society as a whole. Similarly, many women define career in masculine terms, and thus see it as a threat to their femininity. The counselor can suggest that an androgynous conceptualization of individuals would blur these distinctions and reveal the entire dichotomy to be unnecessary. As a further example, rather than diagnosing depression in middle-aged women as a psychoneurotic disorder with depressive reaction, it might be more helpful to see these women as "casualties of our culture (Gornick p. 183)" whose unhappiness stems in large part from their conforming too faithfully to the role society prescribed for them.

Another area which has been strongly affected by the questioning of traditional sex roles is that of interpersonal relationships. In the therapeutic setting, the counselor often deals with relationship problems, lack of interpersonal skills, uncertainty about commitment. The impact of contemporary thought about the role of women on counseling demands that often the counselor must reject traditional therapeutic goals, such as the adjustment of the woman to her conventional interpersonal role as wife or mother.

Women have traditionally been rewarded for establishing successful interpersonal relationships (Gornick 230-2). In the absence of objective criteria for success, such as professional accomplishment, women traditionally have been

judged, and have judged themselves, by their ability to evoke feelings of love from a heterosexual partner. Now, however, women's relationship to men has become more complicated. At the same time that there continues to be a need to develop mutually committed heterosexual relationships, there also exists the need to "experience oneself as an estimable, autonomous being (Bardwick, p. 7)." Frequently these conflicting needs resolve themselves through a rejection of heterosexual intimacy and commitment. Heterosexual sex behavior itself is called into question. On the one hand, Greer espouses a redefinition of femininity which would not deny or distort woman's true sexuality (Greer, p/ 42). Others argue that woman's relation to sex is like that of the addict's relation to drugs; thus, sexual separatism is a necessary step in achieving liberation. These two political positions may easily produce personal conflicts.

Love and marriage, so insolubly wedded during the Elizabethan Age (Greer, p. 218), today are becoming unglued. Marriage as an institution has come under heavy attack from women's liberation, which sees it as a way of socializing women to accept an alienated, subordinate slave relationship. Greer, for example, rages against marriage as a symbiotic, binding union (Greer, p. 10). Married women in fact often discover themselves resentful and bitter toward their husbands, dissatisfied with their marriages, bored with their sex lives, contemplating desertion or divorce. Research findings (Gornick, p. 153) consistently show women to be more dissatisfied with marriage than men. Possibly this is because, as Bem points out (Bem, 1971, p. 26) the traditional conception of marriage violates contemporary values of individuality, self-fulfillment, and equality.

Faced with an increasing public uncertainty about the efficacy of marriage, the counselor may have to assume the responsibility of helping the client redefine her conception of love. In our society, love has become hopelessly entangled not only with marriage, but also with notions of romance, altruism,

and self-sacrifice. It is perhaps advisable, as certain authors have suggested (Friedan, p. 323, Greer, p. 158), to introduce to clients Maslow's model of two self-actualizing individuals who can remain themselves within a committed, intimate relationship.

The counselor must be particularly sensitive to changing norms which affect heterosexual relations and must be careful not to inflict his/her* own value system on the client. For example, while in therapy, a recently radicalized woman may decide to suspend sexual relations with men and turn to masturbation. Another woman may choose to remain with her husband and family, yet will feel guilty for this decision. The counselor's role is to facilitate such decisions where appropriate, after having helped the client explore all alternatives and their consequences. It is not his role to judge these decisions.

In a move toward political solidarity, women have recently attempted to expand their relationships with other women. Historically, our culture has legitimated women's antipathy for one another, on the basis that they compete for the same rewards (ie., men), and are socialized to believe that other women are weak, passive, untrustworthy, devious. Despite the obviously unhealthy byproducts of such attitudes, sisterhood is a new, and for many, an uncomfortable concept. The counselor must be able to help a female client adjust her relationship to another woman in an individualized, personal way; the counselor must also be prepared to have the result meet with resistance and confusion. Further, the counselor also needs to be sensitive to the societal and personal ambiguities confronting the lesbian client, who may be confused as to whether an alteration of her sexual preferences is to be sought or avoided. It is important to be aware that in this age, lesbianism may have a political, as well as a psychological, interpretation (Gornick, p. 603).

Interpersonal family relationships are also affected by changing sex roles.

Many women are conflicted over whether to have a family at all. They see children
 * In subsequent references, the masculine pronoun will be used to denote "his/her."

as a burden, an inevitable induction into the stereotype. In these circumstances, it is inadvisable for the counselor to assume, as Erikson does, that a woman's "inner space" demands filling, and that she will never be comfortable with her identity until she has "acknowledged the call of the inner space (Lifton, 20)." The counselor's obligation is to make the woman aware of options in regard to family. Because of contraception techniques, it is no longer necessary, and because of the population explosion, perhaps not even desirable to have children.

In already established families, traditional roles may be changing. Therapists who see the family as an interactional system have long been aware that any change in the implicit rules which organize a family will lead to disruption. Thus, it is important that a counselor with a female client make an effort to integrate her changing image into the structure of her family. Other problems related to changing sex roles which may arise in family therapy are the effect of maternal employment on child-rearing and the long-term psychological implications for exclusively child-oriented mothers. With regard to fears that a working mother will harm her child's development, the counselor can point out that evidence in fact suggests the opposite conclusion: full-time mothers often stifle their children's autonomy and make them excessively passive and dependent (Friedan, p. 199; Bem, 1971, p. 32; Lifton, p. 111). Further, it seems that the middle-aged depression syndrome primarily affects those women who centered their whole lives around their children; when the children leave home, these women are left "an empty shell (Gornick, p. 185)." For such women, the counselor can encourage their pursuit of new roles, such as sexual partner or career professional.

Vocational counseling for women is an important area which has not received sufficient attention from the counselor. The counselor has been especially insensitive to the psychological problems involved in the decision whether or not to work. As Bailyn points out in an insightful article,

(Lifton, p. 237-240), women are given freedom of choice at a point that leads only to confusion: while men assume they will work, women must choose it. This ever-present element of choice suggests that even when the woman decides in favor of work, her choice will not be definitive and may result in a lessened commitment to career. Bailyn also argues that women are not given freedom when it is necessary to guarantee satisfying working conditions; that is, they do not have much latitude in determining the type of work in which they will be involved. Counselors must be aware that this double-bind will result in much anxiety and indecision on the part of women clients.

Especially at the secondary school level, vocational counseling has been distinctly prejudiced against women. Girls have been discouraged from pursuing careers that might conflict with the conventional demands of marriage. Even when counselors have not held Nietzsche's view that "woman's first and only profession is to give birth to children (Roszak, p. 9)," there has been a prevalent attitude that girls should pursue multiple roles (Bem, 1971, p. 40), to make themselves as flexible as possible in order to accommodate their future spouses. Thus, there has been a clear bias in the types of careers which counselors have recommended to girls. This, combined with overt job discrimination and prejudicial theoretical constructs of the work world (Bird, p. 63, 70), have led to a situation in which a large percentage of American women are in the labor force, but employed in dead-end, low-paying jobs.

Contemporary counseling must seek to better prepare women to choose a meaningful career direction. Certainly counselors should not minimize the very real conflicts between career and marriage (Lifton, p. 240), or between career and the family, especially given the present social structure, which emphasizes full-time employment, refuses maternity leaves, and fails to provide day-care facilities. Nor should the counselor attempt to deny both overt and covert discrimination against women in the work world. Here again, alternative explanations must be presented to women who may accept this

discrimination as the result of some innate deficiency on their part. Up until now, the societally acceptable options which have been held out to women were; 1) sublimation of their need for achievement through voluntarism (Gornick, p. 540); 2) the progressive professionalization of housekeeping (Friedan, p. 211-215), as a sort of substitute career; 3) the holding down of a (usually unsatisfying) job in order to "help out" the family. These options have been, and to some extent still are, the extent of occupational equality granted to women. In many cases, they have had a profound impact on the way women have regarded themselves in relation to work. Under these circumstances, it may be necessary for the counselor to assume a directive role, in order to overcome insecurity, anxiety, guilt etc. which the female client may associate with a career. Of course, the counselor must be prepared to acquaint the client with retraining programs, new occupational and career opportunities open to women; in short, all potential options which present themselves. More importantly, however, the counselor is obligated to be aware of his client's own particular skills and inclinations, and not make assumptions about the client on the basis of sex alone.

The changing definitions of sex role have important implications for the counseling setting itself. A study done in New York City (Gornick, p. 365-376) indicated an overwhelming preference among both male and female patients for male therapists. Women, socialized by their culture to seek some strong male authority, tend to turn to male therapists as a surrogate father or husband. Men tend to seek other men as therapists primarily because of their biased, stereotypic images of women. In a counseling situation where the sex of the therapist is not selected upon request, it is reasonable to assume that frequently these sexual prejudices will still be operating.

Further, it is important for the counselor to admit that these biases may operate in both directions, emanating from counselor as well as client. Traditionally, the image of woman in psychotherapy has been stereotyped,

rigid, and patronizing. Freud, who interpreted women as castrated men, believed that by thirty a woman was psychically immutable (Lifton, p. 29). Classical psychoanalytic theory still accepts the concept of penis envy as the prime motivating force in women. Even Erik Erikson, a contemporary psychodynamic theorist who glorifies women, cannot treat them as unique individuals because he sees all women as sharing a peculiar inner dynamic. Broverman's often-cited study indicates that sex stereotypes among both male and female therapists are still prevalent, and that the image of a well-adjusted female has a disturbing resemblance to the profile of a neurotic adult (Gornick, p. 383). Thus there is the danger that in therapy, many clients may be molded to conform to their therapists' own stereotyped sex role expectations. In what she identifies as "the threatened therapist" syndrome (Bardwick, p. 6), Dr. Judith Bardwick of the University of Minnesota observes that the current cultural tumult surrounding sex role definition may frequently threaten the values, moral judgment, and world view of the therapist, who is typically white, middle-class, and straight. Under these conditions, it is alarmingly easy for the therapist to be insensitive to the true needs of his client.

This point brings us back to Ben's call for "change agents" in the field of counseling. What are the responsibilities, the goals of the contemporary psychotherapist or counselor? First, the counselor must reject any therapeutic or personality theory which relies on the concept of an inner dynamic to explain human behavior. The counselor who will be sensitive to the new liberated woman needs a theoretical framework flexible enough to allow for change and growth in his clients. Secondly, the counselor must be careful not to restrict or condemn his client through the unconscious operation of his own stereotypes and prejudices. Finally, given the still-present milieu of inhibition among all but the most well-educated and most radical female circles, it is not enough for the counselor to complacently accept the client's initial appraisal of

herself and her needs. Very often, the client may be afraid to voice her real dissatisfactions and resentments. Also, as Sandra Bem points out, discrimination against women has occurred in a most subtle form; while there has been increasingly less prohibition of the options open to women, the idealized stereotype to which all women are socialized makes it almost impossible for women to choose any but a very limited span of life options. The counselor's responsibility is to help women clients in expanding and diversifying both professional and personal roles, facilitating their understanding of various alternatives, both in viewing their present situation and in planning courses of future action.

Psychotherapy has often been accused of adjusting individuals to a far from perfect status quo; in particular, adjusting women to acceptance of an inadequate and limiting role. A counselor or psychotherapist who moves in the above directions will go a long way toward legitimating therapy as a means of social change and personal growth.

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SEX AS A FACTOR IN THE COUNSELOR*CLIENT RELATIONSHIP:

A REVIEW OF THE LITERATURE

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Research as proliferated in the area of the counselor-client relationship. Examination of the Journal of Counseling Psychology (fall, 1966-December, 1972) and the Personnel and Guidance Journal (January, 1968-June, 1972) gives the impression that both client and counselor have been inspected with a fine-tooth comb to reveal those relationship and personality variables which in turn affect final outcome of counseling. A brief summary will suggest the multiplicity of approaches possible in searching for significant factors in the counselor-client relationship. In the studies listed below, evaluative criteria consisted either of final outcome, client performance in therapy, or counselor evaluation made either by client or by performance on a standardized test.

Factors which have been examined for their possible influence on the effectiveness of the counselor-client relationship range from financial remuneration (Johnson and Fradrikson, JCP, March, 1968) to counselor attire (Stillman and Resnick, JCP, July, 1972). However, it is possible to identify five broad areas of investigation: 1) nonverbal behaviors 2) personality factors 3) expectancy factors 4) the use of certain affective techniques 5) sex. I will briefly list studies in the first four areas, then proceed to examine the fifth more extensively.

In the first area, postural movements of both client and counselor have been examined for their relationship to client/counselor feelings of satisfaction (Fetz, JCP, fall, 1966). The influence of nonverbal behaviors on perceived counselor characteristics has also been explored (Strong, Taylor, Bratson, Loper, JCP, November, 1971). In the second area, personality factors of the counselor have been investigated for their effect in establishing a successful counseling relationship: psychological openness (Allen, JCP, January, 1967); level of functioning (Donnan, Harlan, Thompson, JCP, November,

1969). Other studies have investigated the significance of counselor-client personality similarity: overall (Bare, JCP, September, 1967; Kunce and Anderson, JCP, March, 1970); on a measure of dogmatism (Tosi, CJP, May, 1970; Tosi and Carlson, PGJ, April, 1970); and on a measure of cognitive congruence (Edwards and Edgerly, JCP, July, 1970). One study (MacGuffie, Jorgensen, and Janzen, PGJ, April, 1970) examined the relation of client need for approval to counseling outcome.

In the third category, the effect of counselor expectancy on counseling outcome has been explored (Kumas and Pepinsky JCP, January, 1967), as has the effect of counselee expectation for a) counselor status and role behavior (Price and Iverson, JCP, November, 1969); b) counselor role as compared to teacher- and parent-role (Haettenschwiller, PGJ, June, 1969); c) counseling in general (Grosz, PGJ, April, 1968). In the fourth category several studies look at the influence of applying certain affective techniques in facilitating either client behavior or therapy outcome. For example, the uses of confrontation in counseling have been investigated (Anderson, JCP, July, 1969; Mitchell and Namenek, JCP, May, 1972). The value of empathetic behavior has been studied (Mullen and Abeles, JCP, January, 1971; Gladstein, PGJ, June, 1970; Dilley and Lee, PGJ, November, 1971). The expression of anger and warmth in the counseling setting has also been investigated (Johnson, JCP, November, 1971). From a psychoanalytic orientation, the effect of client transference, counselor counter-transference, and the effect on therapy outcome has also been discussed (Crowder, JCP, January, 1972).

Despite the great variety of these studies, they are all similar in that they attempt to locate variables which have a significant impact on the counselor-client relationship. As has been mentioned earlier, sex can also be treated as such a variable. However, in examining a five year period, there is surprisingly little in the literature which either directly or indirectly considers sex of either/both client and/or counselor as a variable. For example, although in the

studies cited above, it would certainly have been relevant to look at sex as a dependent variable, this was never done. Usually, sex of subject and counselor was mentioned only perfunctorily. Occasionally, sex of the subjects was not given at all. More frequently, sex of one (e.g., clients) would be included, but sex of the other (e.g., counselors) would not. Other studies, by using either all-male or all-female subjects eliminate sex as a variable.

Yet at this time in history it seems particularly relevant to reexamine the possible impact of counselor sex and client sex on the counselor-client relationship. Recently there has been a call for the formulation of a new psychology of women (Bardwick, 1972) and concomitantly, for a redefinition of the counselor's role toward female clients (Bem, 1971; Shapiro, 1972). In this regard, two studies famous in feminist circles are worth summarizing. The first study (Chesler, cited in Gornick and Moran, 1971) involved middle-income clinic outpatients in New York City, the majority of whom were single and under thirty. The majority of these patients "overwhelmingly" requested a male rather than a female therapist. Male patients requested a male therapist because of a) greater respect for a man's mind b) mistrust of women c) embarrassment over discussing sexual matters with a woman. Female patients requested a male therapist because they a) had greater respect for a man's competence and authority b) related better to men than to women c) had a specific fear of women as authority figures and as people.

The results of the Chesler study are particular unsettling in that they indicate that women as well as men preferred a male therapist: both men and women had a lower opinion of the capability of a female therapist. The study suggests disturbing implications for the effect of sex stereotypes on counseling situations in which the client does not have control over counselor sex.

The Broverman study (quoted by Chesler in Gornick and Moran, 1971) revealed that both male and female clinicians

held concepts of the healthy, mature man which were not significantly different from their concepts of a healthy, mature adult. However, their image of the healthy female coincided with their image of the neurotic, immature adult (sex unspecified). The Broverman study implies that counselors and therapists will evaluate male and female clients differentially. Further, they will tend to shape the female client in a sex-typed direction which, in a different context, they themselves will evaluate as unhealthy and inferior.

In these two studies there are major implications for the influence of sex on the counselor-client relationship: 1) clients may tend to have stereotyped images of the male and the female counselor 2) counselors may tend to have stereotyped images of the male and female client. What effect, if any, will stereotypic attitudes have on the counseling relationship or on therapy outcome? What will be the impact on vocational or personal-psychological counseling? In seeking answers to these questions, we must again turn to the research literature.

Several of the reported studies have to do with the supposedly differential characteristics of female clients. Questions raised by these studies include: 1) are there ~~clients~~ differential optimal interaction distances for male and female clients? 2) are female clients more dependent than male clients? 3) do female clients prefer a particular sort of therapist interaction style? 4) is a particular type of therapist best suited to the female client?

Two studies examined differential interaction distance anxiety for male and female clients (Haase, May, 1970; Dinges and Oetting, JCP, March, 1972). In the first study, 100 male

However, in this 1969 study, in which 60 tape recordings of early, middle, and terminal phases of therapy for 20 (10 male, 10 female) clients were scored for verbal dependency expressions, no significant difference between male and female clients was discovered. According to MMPI data, while female clients did not differ from the female norm, male clients tended to have more feminine interests and were less assertive than their "normal" counterparts. However, even when clients were matched on a measure of deviation from masculinity/femininity, there was still no significant difference on the dependency variable. Thus, the study warns against making any assumptions as to the differential dependency behavior of male and female clients. (In this study, all counselors were male. It would be interesting to see whether a female counselor altered verbal dependency patterns.)

Another study (Heilbrun, JCP, July, 1971) investigated earlier findings (Heilbrun, 1961a, 1961b, 1968) that while independent male clients tended to defect from therapy and dependent male clients tended to remain, the reverse was true for female clients. Heilbrun hypothesized that female preference for directive or non-directive interviewing style would be influenced by social role variables: i.e., that independent females would find a nondirective interviewer style less frustrating than dependent females.

In the Heilbrun study, 71 college females, categorized as either feminine-dependent or masculine-independent according to a masculinity/femininity scale of the Adjective Checklist (Heilbrun, 1964a), expressed preference for directive or nondirective therapist style based on taped initial interviews involving a female graduate student and male/female clinical psychologists variously attributed high or low status. Results showed that high counseling-readiness females did not differ from low counseling-readiness females in directive-nondirective preference when all types of therapists were considered. However, high counseling-readiness clients had a lower preference for interviewer directiveness when the

therapist ~~was~~ high in status without regard to sex. Low counseling-readiness clients, given high therapist status, preferred greater directiveness from males than from females; given low therapist status, they preferred less directiveness from male therapists, and more from female therapists. In general, the feminine-dependent girls who would be the most likely defectors from therapy preferred more directive behavior from high status male therapists.

The Heilbrun study raises many definitional questions regarding such terms as dependency, masculinity, femininity, counseling readiness. However, it does suggest that, in Bem's terminology (Bem, 1972), whether a female client is sex-typed or androgynous may effect her preferences for therapist interaction style.

This leads into a third issue: What sort of counselor is best for a female client? A study on counselor assignment and client attitude (Gabbert, Ivey, and Miller, JCP, March, 1967) reported that female clients with personal-psychological problems liked a certain Counselor #2 the best; while graduate students were most liked by female educational-vocational clients. In this particular study, the counselors were three male staff psychologists and several graduate psychology students, all except one of whom were male. The subjects had been assigned to counselors on the basis of time available. The study comments rather lamely, "Some counselors appear to relate better to males, while others relate better to females..." Because of the design of the study, it is impossible to discover why this is so, or even if it is so.

The issue of the proper counselor for the female client is tackled in a somewhat polemical article, "Sexist Counseling Must Stop." (Gardner, PGJ, May, 1971). This article warns against attempting to adjust the female client to an oppressive system, and opines that male counselors should not attempt to counsel female clients because they will not be responsive to their needs and potential. There is no theoretical or empirical evidence offered in support of

Modeling research reported in the literature is also relevant to the question of the type of counselor most effective for the female client. Krumboltz and Thoresen (1964) demonstrated that the use of a male model was relatively ineffective for female subjects. In a later study (Krumboltz, Varenhorst, and Thoresen, JCP, September, 1967), they reported that while variables of model counselor prestige and attentiveness were not found to be significant (counselors were all female), the study indicated the effectiveness of a filmed female model in increasing information-seeking behavior on the part of 168 11th grade female students.

In another modeling study (Thoresen, Krumboltz, and Varenhorst, JCP, November, 1967), Thoresen et al. investigated the effect of sex of counselors and models on client career exploration. 24 11th grade boys and 24 11th grade girls listened to tape recordings of model interviews. These tapes modeled students discussing vocational decisions with a counselor. The female model student discussed plans to be a speech therapist, while the male model student was interested in training programs in the military and in athletics. One-fourth of the students heard one of the four possible sex-role

this argument, however,

A study which does offer some indirect support of this position was one which investigated the relationship between sex and empathy (Olesker & Balt, JCP, November, 1972). This study refuted Kaffka's (1935) untested hypothesis that women are superior to men in empathic judgment. 48 males and 48 females, all Caucasian, ranging in age from 16-26 years, judged the feelings of an equal number of male and female clients during a video counseling session. However, while the males and females did not differ significantly with regard to empathic ability, individuals showed significantly more empathy when judging persons of the same sex than when judging persons of the opposite sex. This finding implies at least one advantage in having a same-sex counselor.

However, a very interesting study entitled "Counselor Response to Female Clients with Deviate and Conforming Career Goals" (Thomas and Stewart, JCP, July, 1971) points to a somewhat different conclusion. In this study, 18 female and 44 male high school counselors listened to 5 "client" tapes. The counselors were divided into 4 groups, two male and two female. Each heard tapes which were identical except for vocational designation (either engineer or home economist) of the female client.

combinations. Tapes were presented to the students by either a male or a female counselor.

Results indicated that a) model reinforcement procedures were more effective than control procedures for males, but not for females b) male students responded best when males were in all other roles c) female students responded best when a male counselor presented either an all-male or an all-female model tape. Thoresen et al. explain these results by speculating that males might be perceived as more competent and prestigious in vocational counseling and therefore might possess more reinforcing power. They suggest that female counselors might be more effective in "areas in which they are generally perceived to have superior knowledge -- such as dating and etiquette." (!) This sex-typed conclusion seems unwarranted. However, the results remain provocative: while it is plausible that boys related more strongly to the all-male condition, it is surprising that girls related equally well to the all-male and the all-female conditions, and that they apparently responded better to a live male counselor than a live female counselor.

A final model study, "Effects of Models on Interview Responses," (Spiritas and Holmes, JCP, May, 1971) randomly assigned 120 female students to either a male or a female interviewer condition. Subjects were also assigned to a revealing model condition, a nonrevealing model condition, and a control condition in which subjects were not exposed to any model.

Analysis of variance indicated no significant difference between groups on a Repression-Sensitization scale, suggesting they were equivalent in terms of general base level of revealingness. Results indicated that duration of interview responses for subjects interviewed by the female counselor were significantly decreased or increased ($p < .05$) from base level by exposure to a nonrevealing or revealing model. For the male interviewer, subjects in the revealing condition gave significantly longer responses than subjects in either the control or the nonrevealing condition. Subjects spent

significantly more time talking when the interviewer was female ($p < .025$). For the revealingness level, there was a significant treatment effect, but neither the sex of interviewer nor the interaction effects were significant.

An examination of these modeling studies leaves an impression of incompleteness and contradictory findings. The Krumboltz 1967 study concluded that a filmed female model was effective in increasing information-seeking behavior in female students. However, the Thoresen 1967 study concludes that model reinforcement procedures did not differ significantly for female students from control procedures. Finally, in the Spiritas study, female models seemed to have a significant impact on the dependent variable of revealingness for female clients. The Thoresen study suggested that female students responded best when a male counselor presented the model tapes. The Spiritas study, on the other hand, indicates that it did not make any difference on the revealingness variable whether the interviewer was male or female. This ambiguity of results demands further replication of these studies.

The studies discussed above have focused on investigating the existence of special needs and properties of the female client: differential interaction distance, dependency needs, therapist interaction style preference, preferability of male/female models and counselors. A few studies have looked at counselors in terms of sex-based differences.

A survey (Jackson and Thompson, JCP, May, 1971) of 73 NDEA-trained school counselors, differentiated according to sex and counselor effectiveness, examined differences in cognitive flexibility, tolerance of ambiguity, attitudes toward self, toward most people, toward most clients, and toward counseling. All counselors were similar on cognitive flexibility and tolerance of ambiguity, but the most effective counselors responded more positively on items which reflected counseling-related attitudes. Female counselors were differentiated from male counselors by their more positive responses on the following counseling-related attitudes: "My attitude toward most people...

toward most clients... my purposes as a counselor." However, this survey approach gives no clue as to the implications, if any, of these different attitudes for the counseling relationship. The study did not indicate that women on the whole were better counselors than men, although they held more positive attitudes.

Another study attempted to define the ideal personal characteristics of the counselor in terms of a masculine/feminine dimension (McClain, PGJ, January, 1968). Farson (1954) wrote that the work of the counselors demands behaviors which are closer to the social expectations for women than for men: loving receptivity, the the capacity to deal with the affective and the personal. In a study entitled "Is the Counselor a Woman?" McClain measured 75 male and 43 female experienced high school counselors, age 25-50, on the Sixteen Personality Factor Questionnaire (Catell and Eber, 1957, 1962), a global measure of personality.

Male counselors deviated significantly from the general male population on 3 of the 6 scales selected to measure femininity ($p = .001$). They were more outgoing, warmhearted, and preferred people to things; they were more tender-minded, dependent, and sensitive; more trusting, uncompetitive, and adaptable than male norms. On a fourth scale (humble, mild, accommodating) male counselors deviated in the feminine direction, but not significantly ($p = .10$). On two scales they deviated significantly in the masculine direction, and were more venturesome, spontaneous, practical, and more regulated by external realities than the male norm. On scales selected to measure ego strength (McClain backs down from labeling this clearly masculine), men's scores deviated significantly ($p = .001$) in the direction of strength on 4 of 7 measures. Thus, McClain concludes that male counselors do possess the feminine qualities necessary for the counseling role, and most of the necessary ego strengths as well.

Effectiveness for the woman counselor does not call for her to deviate from the norms for women on the scales selected

for femininity in the same way that male counselors had to deviate in a feminine direction from the male norm. Women counselors deviated significantly ($p = .001$) in the feminine direction on only one scale, and were more trusting and adaptable than their "average" female counterparts. On three scales they scored significantly in the direction of masculinity: assertiveness ($p = .05$); venturesomeness ($p = .001$); practicality ($p = .01$). On factors related to ego-strength, women counselors scored in the direction of strength in 6 out of 7. While it is possible to wonder how accurate a measure of masculinity/femininity the Sixteen Personality Factor Questionnaire provides, at the same time it seems reasonable to suggest (subject to more conclusive research) that counselors tend to have a personality which contains both "masculine" and "feminine" qualities (in Bem's terms, an androgynous personality).

In a non-research article which also considers counselor personality in terms of masculine/feminine (Carkhuff and Berenson, PGJ, September, 1969), Carkhuff and Berenson proclaim the need for persons in counseling who have incorporated both the masculine and the feminine component. In "The Counselor is A Man and A Woman," they define feminine as the facilitative dimension in which the counselor is acted upon by the client and operates in response to expressions, feelings, needs, and behaviors of the client. But the counselor must also be able to act upon the client. This action-oriented dimension of counseling (the masculine dimension) includes such qualities as counselor genuineness, self-disclosure, confrontation, and immediacy. Carkhuff and Berenson construct a (purely hypothetical) model in which the feminine factor prepares the client for the masculine factor, which in turn prepares him for the reality factor (dealing with his problems). They express some concern that this process is not facilitated by the present state of the counseling profession, which is dominated at all levels by the feminine element. According to Carkhuff and Berenson, more emphasis should be placed on developing the masculine components of counseling.

While no one would argue that both reflection and confrontation are necessary tools in the therapeutic setting, to define them in terms of femininity/masculinity seems somewhat stereotypic. However, the article does point to the concept of the "androgynous" counselor, a concept well worth further investigation.

Thus far, studies which look at sex as a variable in the counselor-client relationship seem to raise more questions than they answer. Do female clients actually prefer a certain type of counselor and a certain interaction style? Do female clients prefer a certain interaction distance? Can a male counselor effectively counsel a female client? Can a female counselor effectively counsel a male client? Certainly, any further research into the counselor-client relationship should consider sex as a factor. For example, the study on counselor attire (Stillman and Resnick, JCP, July, 1972) revealed no significant differences on client Disclosure scores and counselor-Attractiveness scores based on modes of counselor attire. However, the subjects were 50 male undergraduates, the counselors five male first-year graduate students in counseling psychology. Would the results have been the same if the counselors had been mini-skirted female graduate students? Similarly, in the study examining the effects of confrontation (Mitchell and Namenek, JCP, May, 1972), it would have been helpful to know if there was any significant difference between a female counselor confronting a male client; a female counselor confronting a female client; a male counselor confronting a female client; and a male counselor confronting a male client. The examples could be multiplied endlessly.

Several areas for further research seem particularly fruitful. For example, what effect does client sex-typed expectancy have on counseling outcome? What effect does counselor sex-typed expectancy have on counseling outcome?

What sorts of interventions could be devised to mitigate the negative effects of sex-typed expectancy? Is the most effective counselor same-sex or androgynous? In the area of vocational counseling, what sort of interventions could be devised to change counselor sex-typed attitudes toward deviant career choices?

In conclusion, it seems that many eminently fruitful lines of investigation exist at present. What is needed to pursue them is a sufficiently abstract theoretical framework and a carefully formulated procedure. Given these safeguards, research can effectively provide a commentary on issues of contemporary ideology.

NORMATIVE QUESTION:

SHOULD MEN COUNSEL WOMEN ?

Johanna Shapiro
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Recently in the field of psychotherapy, the counseling of women has become an important area of concern. Criticism of counselors, of therapeutic techniques, and even of theoretical structures has proliferated. A particularly sensitive issue which has emerged is whether men, because they are men, are fit to counsel women (cf. Gardner, 1971). Psychotherapy has long been one of the few societally legitimized (Friedan, 1963; Chesler, 1972) recourses for frustrated and unhappy women who wish to resolve what have been obligingly labeled for them as personal problems and pathologies. But most psychotherapists are white, middle-aged, straight (Bardwick, 1972) -- and male (Chesler, 1972). Thus the troubled woman frequently finds herself in a patriarchal dyad in which she is confused and dependent, her male therapist authoritative and dominating. Partially in reaction to this state of affairs, women's self-help groups have formed throughout the country, groups organized by women, led by women, and composed of women, running the gamut from consciousness-raising to body exploration. Feminist (and other) women seem to be saying, We don't need men any longer to solve our problems. We can solve them ourselves.

This is an assertion of independence and competence much to be applauded. However, the implications of the extreme feminist position are that men, by the biological fact that they are males, cannot and will never be able to recognize the needs and potential of women. This argument is similar in its reasoning to those who maintain that only blacks can teach, counsel etc. other blacks. The rationale behind such statements is that certain subgroups of (oppressed) individuals (women, blacks etc.) participate in a common (and often negative) history of experiences which unite them in a way they can never be united with those alien to these experiences. Men simply because they are men, will never have the life experiences of a woman. Whites, simply because they are white, will never share the life experiences of a black.

Yet counseling especially is a field which demands a great degree of empathy, awareness of where the other person "is coming from," and the ability to recognize reasonable solutions to his/her problem. Without a shared life experience, the counselor's capacities to perform these functions will be seriously impaired.

At the opposite end of the spectrum (an opinion often voiced by behaviorists) is the assertion that any competent counselor should be able to counsel any client. According to this conceptualization, counseling is less an interaction of personalities, and more the application of learnable skills relevant in some form or another to all individuals, regardless of their unique backgrounds. Of course, a counselor may have to modify a given skill in order to meet the needs of a particular client. But he is trained in the skills to do this as well. Even empathy and understanding may be successfully included in a training package.

At this point in time, the question of whether men are competent to counsel women is far from academic: most people touched by the question have strong gut reactions to it. It is the kind of question that raises far-reaching policy implications for training programs, counseling centers, private practice etc. Yet it is in precisely such a sensitive area that it is important to examine evidence, rather than be guided exclusively by polemics. This is not to claim that there is no merit or validity in the polemical approach. On the contrary, polemics has a very real functional value in such a situation. Merely to write an article asserting absolutely that only women should counsel other women makes all counselors -- men and women both -- look more carefully at their own styles of counseling. But at some point it is possible and necessary to move beyond polemics.

Unfortunately, the research evidence on this issue is somewhat scanty. It is difficult to find a study which compares male and female counselors on any dimension, even more rare to pinpoint one comparing their counseling effectiveness. However, several studies in the literature are at the least thought-provoking. They may be divided into four categories:

- 1) Differential clinician concept of mental health
- 2) Differential attitudes toward women and careers
- 3) Evidence relating to differential empathy and responsiveness
- 4) Differential clinician behavior; and the implications of differential dyadic behavior for counseling.

In the first category, a now-classic study (Broverman et. al., 1971) provides striking evidence that male and female clinicians alike identify the healthy male with the healthy adult, and the healthy female with the neurotic, disturbed adult. Both male and female clinicians perceived the healthy woman to be less adventurous, more submissive, less independent, more easily influenced, less aggressive, less competitive, more emotional, more conceited about her appearance, less objective, and disliking math and science as compared to her male counterpart. A more recent survey (Benetato, 1973) confirmed that male and female clinicians hold rather similar views of mental health in women (although in this study the characteristics of female mental health did not degree with the characteristics describing a disturbed individual). 66% of therapists surveyed agreed on the characteristics describing a healthy male, a healthy female, and a healthy individual, while 23% listed different characteristics desirable for the healthy, well-adjusted male, the healthy, well-adjusted female, and the healthy, well-adjusted individual sex unspecified. In no case was there a significant sex difference among clinicians. Both male and female clinicians also tended to rate as most traumatic for females the loss of a child, and as least traumatic the loss of a job; while for males, the greatest trauma as perceived by both male and female clinicians was the loss of a wife, while the least trauma was divorce.

In a sense, it is not too surprising that no sex difference emerges on such a broad measure of attitude. Both male and female clinicians receive the same sort of training, study the same personality theories etc. Thus, when called upon to identify or produce a psychological profile of a

woman, they tend to draw on the same adjectives (it is important to remember that both of these studies involve only paper-and-pencil descriptions). However, such broad expectations and attitudes, while significant, do not tell us enough about possible differences between male and female counselors in the therapeutic situation.

It is possible to concretize the issue of differential clinician attitude by examining the specific example of clinician attitude toward female careers. Male and female clinicians may both say women are more dependent and less objective than men. But these labels have highly abstract and have little to do with daily life. It is more telling when male and female clinicians hold similar attitudes and respond similarly to females in specific life situations. Career is an especially good example because female clinicians are by definition professional women, women who themselves have careers. Thus the question of women and the world of work touches them more directly than an adjective checklist of personality characteristics.

In this area the evidence is more contradictory. In a study by Thomas and Stewart (1971), conforming career goals held by high school female students were considered significantly more appropriate than deviate career goals both when counselors were considered as a group and when male and female counselors were considered separately. When the data was analyzed further, it was found that with experienced counselors of both sexes, there was no statistical difference in the appropriateness of the two goals, but that inexperienced counselors of both sexes saw the conforming goal as significantly more appropriate. (In this study, appropriateness was defined as the realism, practicality of the goal, and the chances for personal satisfaction it might bring). Also, experienced male counselors gave significantly higher Acceptance scores to deviate goals than did inexperienced male counselors. The authors concluded that male counselors tended to show increased and female counselors decreased

acceptance of deviate goals as they became more experienced. Thus the study suggests that experience of the counselor may be a more crucial factor than his/her sex.

One interesting sex difference did emerge in the Thomas and Stewart study. Female counselors assigned deviate clients a significantly higher need-for-counseling status, whereas males assigned almost identical ratings to conforming and deviate clients. It is difficult to know how to interpret this finding. On the one hand, it is possible that female counselors regarded these deviate clients as more maladjusted and more in need of "straightening out." On the other hand, it is also possible that they were more sensitive than their male counterparts to the very realistic need of a woman entering a male-dominated profession to prepare herself (through counseling) for the inevitable difficulties and frustrations.

Other evidence is similarly ambiguous. Another study comparing deviate and conforming career goals (Pietrofesa and Schlossberg, 1970) reported that in amount of positive and negative bias, there was no sex difference between counselors. In this study, negative bias was defined as the counselor's rejecting the masculine field in favor of a feminine field; positive bias meant counselor support for the masculine choice. However, another study (Naffziger, 1971) examining attitudes toward female roles among counselors, counselor educators, and teachers of both sexes, reported that females tended to describe the female ideal as more extra-family-oriented than the ideal projected by men, although both sexes reflected an exclusively intra-family ideal. Females also appeared to be more accepting of working mothers, while men opined that career women were less attractive to men. Finally, in an ingenious study (Friedersdorf, 1969), male and female counselors role-played college-bound high school girls, while another mixed-sex group role-played a non-college-bound high school girl. Results indicated that male counselors associated college-bound girls with traditional feminine occupations at the semi-skilled level, while female counselors perceived college-bound girls as interested in occupations

requiring a college degree. Male counselors tended to think of females in feminine roles characterized by stereotypically feminine personality traits. Female counselors tended to expand the traditional image of women's work roles and projected women into more androgynous careers.

The evidence suggests that both male and female counselors consider deviate career goals for females as significantly less appropriate than conforming career goals; and that, in an actual counseling situation, both sexes tend to give more negatively biased statements to deviate goals. In general, female counselors appeared to be somewhat more accepting of careers for women and of working mothers, while male counselors were still oriented toward the importance of woman's role in the family. When they did think about careers for women, men tended to be more stereotypic than women counselors. Thus, important (although inconclusive) sex differences do emerge when less global counseling situations are examined.

A third area of interest falls under the general heading of empathy and responsiveness. Empathy has generally been regarded as an important therapeutic skill. Most training programs, regardless of theoretical orientation, include preparation in such skills as reflection and paraphrasing. A survey (Jackson and Thompson, 1971) of 73 NDEA-trained school counselors, differentiated according to sex and counselor effectiveness, examined differences in cognitive flexibility, tolerance of ambiguity, attitudes toward self, toward most people, toward most clients, and toward counseling. All counselors were similar on cognitive flexibility and tolerance of ambiguity, but the most effective counselors responded more positively on items which reflected counseling-related attitudes. Female counselors were differentiated from male counselors by their more positive responses to clients and counseling in general. This study suggests a link between responsiveness to client and counselor effectiveness, and even implies that, on the whole, women may be more effective counselors than men. However, the

study did not define the criteria by which it measured either effectiveness of positive attitudes, so it is difficult to know what these labels really mean.

Two other studies have some relevance to this topic, although neither is directly related to counseling. One (Meyer and Sobieszek, 1972) showed videotapes of two 17-month old children to 85 adult middle-class subjects. The child was sometimes described as a boy and sometimes as a girl. Subjects showed no overall tendency to attribute more masculine qualities to the child described as a male. However, males with little child experience tended to attribute more stereotypic behaviors to the child, while females tended to attribute cross-sex characteristics to the child. Subjects also showed a tendency to describe a child of their own sex as having both more positive and neutral qualities than a child of the opposite sex. The authors concluded that adults may be able to respond more meaningfully to the behavior of same-sex children.

The other study (Balter and Olesker, 1972) looked at the variables of sex and empathy, and concluded that while males and females did not differ significantly with regard to empathic ability, significant differences did exist between same-sex and other-sex groups. Thus individuals seemed more capable of empathy when judging individuals of the same sex, than when judging individuals of the opposite sex.

Both these studies are open to the criticism that they do not examine counselor populations. The Meyer and Sobieszek study used middle-class adults as subjects, while the age range of the Balter/Olesker subjects was 16-25. Further, one might argue that counselors receive special training which increases their responsiveness and empathy both to same-sex and opposite-sex clients beyond that of the average population. However, these studies suggest the need for systematic research in this area using a counselor sample.

Finally, it is worthwhile to search for behavioral evidence as to differences in female and male counselor functioning (see Review of the Literature, Masling and Harris, 1969; Wolf, 1970; Hersen, 1971; Masling and Harris, 1970; Parker, 1967; Mehrabian and Friar, 1969; Haase, 1970;

Dinges and Oetting, 1972; Holstein, Goldstein and Bem, 1971. Again, most of these studies do not look at clinician populations, but rather at dyadic interview situations. However, it may be argued that these are at least a remote analogue to the counseling setting.). Briefly, examination of this literature suggests the following conclusions:

1) That stereotypic-sex role attitudes do have their behavioral counterparts is hinted at, although by no means conclusively, in the studies on test administration (Masling and Harris, etc.). Male therapists seem more likely than female therapists to give sexual-romantic TAT cards to female clients, and possibly to give them more cards than they would give to male clients. However, this finding may be partially attributable to inexperience as well as sex of counselor. Further, it is difficult to know whether such a finding indeed points to "voyeuristic tendencies" on the part of male Es (Masling and Harris) or merely additional, and commendable thoroughness (as suggested by Wolf).

2) Parker's study does not compare male and female therapists. However, it is interesting from the standpoint that that inexperienced male counselors may be more likely to behave nondirectively (more reflection, less guidance) with female than with male clients. In his discussion, Parker theorizes that inexperienced male therapists are likely to allow female clients fuller responsibility for the direction of the initial interview, consistent with the assumption that males in our society find it harder to adopt the client role than do females. Again, this study suffers from the difficulty that its results may be more attributable to experience rather than sex of counselor. Nevertheless, the tentative conclusion that male clinicians assume that women already know how to fill the patient role (which has been characterized as passive and dependent by certain authors -- cf. Chesler, 1972; Goffman, in Spitzer/Denzin, 1968) is somewhat disturbing.

3) The Mehrabian and Friar study also points to some sex

differences in dyadic interview behavior. In terms of the proposed study, possibly the most relevant finding is that irrespective of addressee sex, male encoders maintained less eye contact with disliked addressees. Female encoders had significantly less eye contact with male addressees than with any other addressee condition. Interestingly, irrespective of encoder sex, there was significantly less eye contact with low-status male addressees than with any of the other addressee conditions. Eye contact is generally regarded as a significant dimension of the counseling interaction. Thus the Mehrabian study makes one wonder whether male counselors will look less at disliked clients than will female counselors; whether female counselors will look less at male clients than at female clients; and whether low-status male clients will receive less eye contact from both male and female counselors. Again, even if these possibilities were to be confirmed in further research, they present no clear-cut solution to the problem of sex as a variable in the counseling relationship.

It is more difficult to know how to interpret other findings of the Mehrabian/Friar study, such as differences in body orientation or interaction distance. However, drawing on the concept of body language (Julius Fast, 196?), one might hypothesize that increased orientation toward an addressee implies increased openness and receptivity. The Mehrabian/Friar study suggests that both men and women tend to turn away more from members of the opposite sex. Thus the orientation findings of the study may be interpreted as behavioral manifestations of the tendency toward greater same-sex empathy.

4) Finally, ⁱⁿ ~~the~~ the Holstein et. al. study, a comparison of male and female interviewers revealed that while males liked interviewees who displayed positive expressive behavior, females did not react in a clearly differentiated manner in the two conditions. The authors speculated that females may experience ambivalent feelings toward a male exhibiting positive expressive behaviors. One wonders whether female clinicians might react in a similarly ambiguous manner to a male client's displaying such behavior. In any case, because of the design

of the study, it was impossible to make any comparisons of male and female interviewers to female interviewees.

What behavioral evidence we have of differential male/female counselor and counselor/analogue behavior is valuable if only because of its scarcity. However, at the present time, it is impossible to derive any conclusive statements from it. One serious drawback is that most of the studies reviewed in this area do not deal directly with counselors. Another is that, even if a behavioral difference is established, there is really no evidence as to whether this is a good or a bad thing. Even if it substantiated that male Es give TAT cards more frequently to female than to male clients, is this injurious to the females? Possibly. But it is certainly premature to regard such a conclusion as fact.

Two rather interesting studies specifically attempted to define the ideal personal characteristics of the counselor in terms of a masculine/feminine dimension (McClain, 1968; Carkhuff and Berenson, 1969). McClain's study draws on Farson's (1954) hypothesis that the work of the counselor demands behaviors which are closer to the social expectations for women than for men: loving receptivity, the capacity to deal with the affective and the personal. McClain measured 75 male and 43 female experienced high school counselors on a global measure of personality. Results indicated that male counselors deviated significantly from the general male population on 3 of the 6 scales designed to measure femininity. They were more outgoing, warmhearted, and preferred people to things; they were more tender-minded, dependent, and sensitive; more trusting, uncompetitive, and adaptable than male norms. On a fourth scale (humble, mild, accommodating) male counselors deviated in the feminine direction, but not significantly. On two scales they deviated significantly in the masculine direction, and were more venturesome, spontaneous, practical, and more regulated by external realities than the male norm. On scales selected

to measure ego strength (McClain backs down from labeling this clearly masculine), men's scores deviated significantly in the direction of strength on 4 of 7 measures. McClain concludes that male counselors do possess the feminine qualities necessary for the counseling role, and most of the necessary strengths as well.

Effectiveness for the female counselor does not call for her to deviate from the norms for women on the scale selected to measure femininity. Women counselors did deviate significantly in the feminine direction on one scale, and were more trusting and adaptable than their "average" female counterparts. On three scales they scored significantly in the direction of masculinity: assertiveness, venturesomeness, and practicality. On factors related to ego strength, women scored in the direction of strength in 6 out of 7. While it is possible to wonder how accurate a measure of masculinity/femininity the Sixteen Personality Factor Questionnaire provides, at the same time it seems reasonable to suggest that counselors tend to have personalities which contain both "masculine" and "feminine" qualities (in Bem's terms, an androgynous personality; Bem, 1971). However, one might also question whether such a "personality" is innate, or whether it has been shaped by the environmental demands of counselor training programs and the counseling situation itself. Further, the article assumes that men with more "feminine" qualities will be better counselors of both men and women.

Carkhuff and Berenson in a non-research article proclaim the need for persons in counseling who have incorporated both the masculine and feminine components. They define feminine as the facilitative dimension in which the counselor is acted upon by the client and operates in response to expressions, feelings, needs, and behaviors of the client. But the counselor must also be able to act upon the client. This action-oriented dimension of counseling (the masculine dimension) includes such qualities as counselor genuineness, self-disclosure, confrontation, and immediacy. Carkhuff and Berenson construct a (purely hypothetical) model in which the

feminine factor prepares the client for the masculine factor, which in turn prepares him for the reality factor (dealing with his problems). They express some concern that this process is not facilitated by the present state of the counseling profession, which is dominated at all levels by the feminine element. According to the authors, more emphasis should be placed on developing the masculine components of counseling.

Ignoring for the moment the unfortunate use of the labels "masculine" and "feminine" in the above two articles, it seems that what both authors are asserting is that all counselors, men and women alike, should be provided with certain attitudes and skills which will make them more effective counselors of all clients, both men and women. With these two articles, we have come full circle to the position described at the beginning of this paper that any competent counselor can counsel any client.

Thus the question is raised again, are men fit to counsel women? We now have at our disposal a reassuring backlog of large Ns and significant differences. A summary of the evidence suggests that female clinicians can be as prejudiced and sexist as male clinicians in their overall judgments of female psychology. However, in more specific areas (such as women's work role), female counselors may be somewhat more sensitized to the needs of other women than their male counterparts would be. Third, there is some evidence to suggest that same-sex individuals are somewhat more responsive to members of their own sex. Finally, a body of data suggests that it is possible to observe certain behavioral differences between men and women in a dyadic interview situation.

What are the implications of this data? Unfortunately (or perhaps fortunately) it is a question not only of data, but also of philosophical orientation, not only of significant differences, but also of how much one emphasizes the similarities and contrasts between men and women. Thus there

no pat conclusions, nothing one can say with certainty. One possibility is to say, aha! Men are no good at counseling women, women are no good at counseling men, each should stick to his own! However, instead of making such sweeping generalizations, an alternative tack would be to identify specific problem areas for both male and female counselors and develop training programs to give additional preparation in these areas. Then too, even if the evidence indicates that males do worse in counseling women in certain areas than do women, it is important to recognize that such a generalization applies to the group, and ignores individual exceptions. Yet counseling particularly is a field where individual differences are extremely important and contribute greatly to the quality of the service rendered. Ultimately it seems more fruitful to avoid any ultimate dicta regarding the ability of men to counsel women. Such an approach may be initially satisfying because of its broad scope, but is eventually much too simplistic. The problem (and it is a problem) can best be handled by paying more attention to individual male and female counselors, their strengths and weaknesses as individuals as well as members of a group, and remedying the weaknesses and reinforcing the strengths in a criterion-based fashion.

SHOULD MEN COUNSEL WOMEN?
(Additional Thoughts)

Johanna Shapiro
March 11, 1974

COUNSELORS AS MODELS

Counselors may serve an important, though implicit, function as role models. Consider high school counseling as an example. In this setting, the very fact that girls are exposed to female counselors suggests to them that counseling is a possible career choice for them too. The presence of a female counselor will have an important shaping effect on these adolescent girls, and it is important to explore the implications of this. If, for example, these girls see female counselors who only counsel other girls, then the conclusion they may logically draw is that "As a female counselor, I can only counsel females." The danger of such a conclusion is that it implies that women have only a limited field of expertise: they may be good at dealing with women-type things, but they are unable to relate beyond this. Paradoxically, the feminist position of same-sex counseling again relegates the woman to a limited and restricted role. Further, in eliminating cross-sex counseling, one also loses the opportunity to provide girls with the model of a woman who can take a directive, guiding role with boys (or men). Such a role, in which males turn to females for information, advice, and guidance, is one which needs to be modeled more, not less.

SITUATION-SPECIFICITY OF COUNSELING

A generalization such as all men should never counsel all women is simply too all-encompassing to be useful. A more profitable approach might be to make a functional analysis of a given counseling situation. According to such an approach, the counseling situation would be conceptualized as a system influenced by the counselor, the client, and the interaction between the two. One would look at specific reinforcement contingencies controlling the behavior of both therapist and client. Thus, a functional analytic approach would stress the situation-specificity of the issue of cross-sex counseling. Data from a functional analysis would not lead to global

generalities, but to specific, situation-related recommendations. For example, in a particular counseling situation one might conclude that the needs of client X might be most successfully fulfilled by a female therapist. In another situation (e.g., one where the client was attempting to modify her interaction with the opposite sex), a male therapist might be invaluable (e.g., in roleplaying). Further, such a situation-specific approach would insure that the situations in which female (male) counselors were seen to excel would not be defined arbitrarily by current sex-stereotypic standards -- ie., "Women counselors are much better when a girl wants to talk about matters of the heart" -- but would emerge empirically from an analysis of an actual counseling session.

INFLUENCE OF ONE'S PERSONAL THEORETICAL ORIENTATION

A value-laden question such as this must be decided in part on the basis of one's own personal theoretical orientation. Social learning theory (to which this author is sympathetic) argues that patterns of behavior are learned, rather than innate. Thus, insofar as males (and male counselors) do display biased attitudes and behavior toward women, this is not attributable to innate dispositions, but to their past learning history. The consequences of such an orientation are far-reaching. Instead of concentrating on unilateral prohibitions against cross-sex counseling, the behaviorist would identify specific behavioral excesses and deficits on the part of male counselors in a cross-sex counseling situation, then work on altering the contingencies maintaining those behaviors. While this approach may seem less spectacular, it has the advantage of implementing specific programs of change for counselors and thus may have an ultimate impact on society equivalent to that of more polemical approaches.

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RESEARCH IMPLICATIONS FOR THE PSYCHOTHERAPEUTIC
TREATMENT OF WOMEN: SOME ADDITIONAL CONSIDERATIONS

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Counseling women has become an important sub-area for psychologists and psychotherapists. Self-styled feminist therapies have proliferated, as well as journal articles & books prescribing counseling techniques for women clients. Yet little of this proliferation is substantiated by research findings. Many of the basic questions of the field - for example, the issue of same-sex counseling, or the issue of ~~sex~~ - have only been touched on in research designs.

This fact makes particularly regrettable the publication in Jan. 1977 of the article _____, which has as its implicit thrust that the major questions have been solved and that future research in this area is needless. In a prestigious journal such as AP, an official organ of psychological profession, to make this its public statement is doubly dangerous - 1) it leads to a false sense of complacency 2) its conclusions are at best questionable.

It is worthwhile to consider this article in some detail.

→ This paper follows

Then dictate alternative summary based on 1) my summary of counseling women 2) reconstr. of Stricker's studies 3) commentary in AP

I would like to comment on Dr. Stricker's timely article, "Implications of Research for Psychotherapeutic Treatment of Women" (American Psychologist, January, 1977). The article contains many valuable insights and conclusions. In particular, his sympathy toward in vivo and field studies is a step in the right direction, as is his caution to examine the impact of a wide range of individual variables (age, race, class, marital status, as well as sex) on the therapeutic relationship. Dr. Stricker's strong stand against sex between patient and therapist is equally commendable, and the APA has since adopted this doctrine as an official position of the organization.

~~However, Dr. Stricker's paper makes several points which need to be examined further. One is in the area of same-sex counseling, a topic laden with emotionalism and ideology. After a survey of the literature, Dr. Stricker sweepingly concludes, "The sex of the therapist per se is of little consequence with regard to sexist practices." He seems to imply that the topic is closed for future discussion. Yet his summary of the existing literature in the field is selective. To his credit, he mentions articles which are not usually found in summaries of the literature (and which, incidentally, reflect his viewpoint that no differences in sexist practices exist between male and female therapists). However, at the same time, he excludes contradictory findings already in the literature. For example, one study (Naffziger, 1971) concluded that female counselors were more accepting of working mothers than were male counselors, and that female counselors tended to describe the female ideal as more extra-family-oriented than did male counselors.~~

In another study (Friedersdorf, 1969), the author concluded that male counselors associated college bound girls with traditional female occupations, while female counselors perceived them as interested in occupations more congruent with college degrees. My own research (Shapiro, 1977) suggested that female counselors gave more reinforcement to role-atypical female clients than did male counselors, and were more supportive of both typical and atypical female clients. Thus at best it seems premature to conclude that sex is an irrelevant variable in the counseling process. The contradictory findings point to the need for further and better controlled research.

Secondly, Dr. Stricker chooses to criticise the concept of a double standard of mental health for men and women on methodological grounds, attempting to invalidate studies recording a difference, and substituting for them studies tending to minimize this difference. However, while some of Dr. Stricker's methodological points are well-taken, his criticisms do not, to me, invalidate the overall conclusions of the original research findings. For example, regarding the often-cited Broverman study (Broverman, 1971), Dr. Stricker asserts that the discussion grossly exaggerates the data. Granted that one may conclude from the study only that clinicians see women as less logical than men (rather than illogical), that clinicians hold even such a relative stereotype seems highly disturbing. Dr. Stricker explains away the often-mentioned equivalency found between clinicians' description of the healthy adult male and the healthy adult sex unspecified as a linguistic artifact. Yet certainly language has a pervasive effect on attitudes and behavior. Clinicians who think of adults as "he" may hold highly stereotypic views of what "he's" and "she's" should

be like.

To give another example, let us consider Dr. Stricker's handling of Steinmann's pioneering research in the area of sex stereotypes (Steinmann, 1974). Dr. Stricker explains the significant discrepancy between what women think a man wants in a woman (more stereotyped behavior), and what men report wanting in a woman (less stereotyped behavior) as a result of a misconception held by women that men are sexist. In fact, this post hoc explanation is only one of four possibilities suggested by Steinmann herself, *including a discrepancy between male verbal and actual behavior.* The study does not provide any explanative data for the findings. In fact, in looking further at Steinmann's results, we discover a discrepancy between responses to more general questionnaire items (where sexism is not evident among men) and responses to more specific questions, where the males in her sample appear to be considerably less liberated.

Finally, Dr. Stricker summarizes studies to which he is sympathetic in such a way as to support his points without providing enough information for an independent conclusion to be drawn. For example, Dr. Stricker reports from the Oppedisano-Reich dissertation (1976) that psychologists and social workers rated females as less mentally ill than did psychiatrists, and that male professionals preferred treating female psychotics to male psychotics. He uses these findings as evidence of a positive bias toward females. Yet the fact that women are more often psychologists and social workers than they are psychiatrists, while psychiatry as a profession is dominated by males suggests that this positive bias, if indeed it exists, may be related to sex of therapist. Similarly, the sex difference between male and female professionals regarding female psychotics might be open to a

variety of interpretations, not all of which would reflect a "bias toward rather than against females." For example, mental health professionals might simply feel more comfortable seeing a woman rather than a man in a "sick" role, and this stereotyped expectation could be reflected in more positive feelings toward such patients.

In summary, Dr. Stricker's conclusions in both the areas of same-sex counseling and of double standards of male and female mental health seem premature if not unwarranted. The evidence suggests much ambiguity and contradiction, rather than the crystalline conclusions he presents. Most seriously, despite the caveat at the start of his article, Dr. Stricker pays only the briefest lip service to behavioral, as opposed to attitudinal, evidence, thus lending tacit support to those who argue that issues such as the above may be resolved through the use of paper-and-pencil tests alone. Yet relevant behavioral evidence in this area does exist (Parker, 1967; Schlossberg and Pietrofesa, 1970; Shapiro, 1977). In ignoring this crucial aspect of research design, Dr. Stricker makes his definition of sex-stereotyping and sexist practice an extremely superficial one, based on attitudinal self-report alone, rather than an actual behavior in the therapy setting. Suppose, for example, that research findings show clinicians ceasing to report a double standard of mental health for men and women. With this alone as a data base, it is impossible to conclude definitively whether or not a double standard still exists -- i.e., we still have no idea how clinicians behave, verbally and nonverbally, in a therapeutic situation. Quite possibly the clinicians have simply become more sophisticated in terms of answering self-report questionnaires. My own research (Shapiro, 1977) leads me to conclude that while attitudinal

changes in the area of sex bias in therapy may be occurring, it is a real possibility that sexist practices still exist on a behavioral level. The APA Task Force report provides important anecdotal data regarding the existence of such practices in therapy. Rather than dismissing this information, as Dr. Stricker does, it would be well to consider the encouragement of research in areas defined by the Task report.

I fully endorse Dr. Stricker's summary recommendations: increased course work in counseling women and the psychology of women; increased supervision sensitive to sexism in therapy; the teaching of androgynous personality theories and consciousness-raising of consumers. Insofar as the article cautions against hasty generalization from a limited data base in the service of an overeager ideology, I am also in full agreement. However, insofar as the article hints that all the answers are in, it must be questioned. Hopefully Dr. Stricker does not feel that his article represents the last word on research in this area. Certainly for good teaching and good supervision to occur, a solid research base must exist to provide a theoretical and an empirical rationale. Unless research is encouraged which specifies and defines sexist practices, training and education will continue to be haphazard, based only on stereotypes of stereotypes.

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COUNSELING WOMEN: SOME CURRENT RESEARCH AND CLINICAL ISSUES

ORGANIZER: JOHANNA SHAPIRO
Palo Alto Veterans Hospital
Pacific Graduate School of Psychology

CHAIR: JOHANNA SHAPIRO

Recently in the fields of counseling and psychotherapy, the counseling of women has become an important area of concern. Criticisms of counselors, of therapeutic techniques, and even of theoretical structures have proliferated. At present, because of the strong emotional overtones connected with these issues, much of this criticism has been of a polemical, ideological nature. Research evidence regarding such accusations as clinician attitudinal and behavioral bias, the sexist nature of the counseling relationship, and the benefits of feminist therapy remains sketchy and equivocal.

The intent of this symposium is to move beyond the polemical approach by focusing on several theoretical, research, and applied aspects of counseling contemporary women. The symposium will initially present an overview summarizing the field: "Counseling Women: A Look at the State of the Art," presented by Johanna Shapiro. In addition, several areas of current research and clinical importance will be highlighted: Dr. Gail Wheeler will speak on "Women's Assertive Training." Dr. MaryAnne Smith will discuss "Career Development for Women." Dr. Barbara Varenhorst will address the general area of "Counseling the Adolescent Girl." Finally, Jewelle Taylor Gibbs will deal with "Some Theoretical Issues Involved in Counseling Third World Women." Two discussants will also be included in the symposium, whose function will be to synthesize, integrate, and elaborate on the issues raised by the presenters.

The symposium will attempt to make several scientific and educational contributions. First, it will begin to define the field of counseling women in a more rigorous, detailed, and comprehensive way than has heretofore been

attempted. Second, it will attempt to move the field beyond the necessary, but insufficient stage of polemical discourse to a more scientific approach grounded in the empirical method. In line with these two objectives, the symposium will attempt to develop a heuristic model which encompasses some of the pervasive issues in counseling women, and which in turn will yield guidelines for future research, as well as analysis of methodological and theoretical problems in past research. Through this model, an effort will be made to consider feminist ideology in such a way as to yield testable hypotheses and replicable procedures relevant to the area of counseling women. Third, the symposium will explore the development of self-management skills in women and stress the possibilities of self-directed paradigms for change. Finally, the symposium will examine several policy implications of current and future research efforts for counselor training programs, in-service training, and the development of individual and group counseling strategies.

COUNSELING WOMEN: SOME CURRENT RESEARCH AND CLINICAL ISSUES

Recently in the fields of counseling and psychotherapy, the counseling of women has become an important area of concern. Criticisms of counselors, of therapeutic techniques, and even of theoretical structures have proliferated. Charges of the oppressive nature of the counselor-client relationship, of sex bias in certain counseling methods, and of outright discrimination in traditional psychological theories of women flow freely. At present, because of the strong emotional overtones connected with these issues, much of this criticism has been of a polemical, ideological nature. Research evidence regarding such accusations as clinician attitudinal and behavioral bias, the sexist nature of the counseling relationship, and the benefits of feminist therapy remains sketchy and equivocal.

The intent of this symposium is to move beyond the polemical approach by focusing on several theoretical, research, and applied aspects of counseling contemporary women. The symposium will present an overview summarizing the state of the field, and in addition will highlight several areas of current research and clinical importance, such as career development, counseling adolescent girls, counseling third world women, and the increasingly popular use of assertiveness training. While each presenter will have a specific topic for discussion, considerable emphasis will be placed on focused interaction between presenters. It is hoped that the expert commentary of professionals with different backgrounds and viewpoints will develop some of the underlying issues and major directions for further research in the area of counseling women.

Specific objectives of the symposium include an attempt to define the field of counseling women in a more unified, rigorous way than has been done previously; a delineation of guidelines for future research questions, including discussion of past methodological and theoretical problems; and finally, an exploration of some of the policy implications of current research findings for counselor training programs, in-service training, the development of individual and group counseling strategies, modes of referral, etc.

The first presenter, Johanna Shapiro, Ph.D., a postdoctoral psychology intern at the Palo Alto V.A. Hospital, will attempt to provide an overview of the present state of the field, focusing on both theoretical and research issues. Her paper, entitled "Counseling Women: A Look at the State of the Art," will attempt to summarize theoretical positions and research evidence on such issues as 1) same-sex counseling 2) the relationship of the women's movement to psychotherapy 3) attitudinal and behavioral sex bias in the counselor-client relationship. The presentation will also examine research and clinical implications of the emerging psychology of women. Finally, the presentation will provide a review of the relevant literature, and indicate promising directions for further research.

Assertiveness training has become a popular treatment of choice in working with female clients. Dr. Gail Wheeler, a psychologist in private practice in the San Francisco area, has spent several years developing a program of assertive training for women. The focus of her presentation, "Women's Assertive Training," will be on the development of assertion, autonomy, and success orientation in women. Her presentation will formulate a rationale

for the use of assertive training with women, and in addition will discuss in detail such techniques as behavioral rehearsal, homework assignments, and the use of videotape feedback. Dr. Wheeler will also report preliminary research data on differences in assertiveness depending on age, occupation, sex, SES, etc. Finally, her presentation will highlight important research issues in assertiveness training.

Dr. MaryAnne Smith of Santa Clara University will discuss "Career Development for Women," especially such concerns as the psychological problems involved in the decision to work, the pressure to fulfill multiple roles, occupational discrimination, problems in combining family and career, and the formulation of second careers. She will point to the development of a nonsexist career counseling model, which will deal with career development from elementary school age through middle age.

The fourth presenter, Dr. Barbara Varenhorst, is a consulting psychologist with the Palo Alto Unified School District, and Coordinator of the district's Peer Counseling Program. She will address the general area of "Counseling the Adolescent Girl." Her presentation will focus on prevalent concerns confronting the adolescent, such as risk-taking, decision-making, and the psychological stresses involved in coping with rapidly changing sex-role standards. The presentation will also deal with ways in which counselors can facilitate the development of a flexible sex-role concept in the adolescent.

The women's movement at times creates the impression of a monolithic force. Yet it is often accused of ignoring entirely the problems of specific female subgroups. Similarly, the traditional counseling approach has been accused of irrelevancy to the concerns of minorities and other subsets of the larger population. Speaking to these two concerns, the final presenter, Jewelle Taylor Gibbs, M.S.W., a doctoral candidate in clinical psychology at the University of California, Berkeley, will deal with "Some Theoretical Issues Involved in Counseling Third World Women." This presentation will avoid discussion of specific counseling techniques and instead will stress theoretical and research questions of importance to the clinician.

Two discussants will also be included in the symposium, whose function will be to synthesize, integrate, and elaborate on the issues raised by the presenters.

The symposium will attempt to make several scientific and educational contributions. First, it will begin to define the field of counseling women in a more rigorous, detailed, and comprehensive way than as heretofore been attempted. Second, it will attempt to move the field beyond the necessary, but insufficient stage of polemical discourse to a more scientific approach grounded in the empirical method. In line with these two objectives, the symposium will attempt to develop a heuristic model which encompasses some of the pervasive issues in counseling women, and which in turn will yield guidelines for future research. Through this model, an effort will be made to consider feminist ideology in such a way as to yield testable hypotheses and replicable procedures. Thus, the model will allow future researchers to explore such questions as the following: 1) Does the rhetoric of women's liberation in relationship to counseling have any substance? Through what methodology can this be ascertained? 2) If the answer to the first question is yes, what intervention-oriented research strategies can be developed to remedy the deficiencies of the existing counseling process in relation to women?

Third, the symposium will explore the development of self-management skills in women and stress the possibilities of self-directed paradigms for change. Finally, the symposium will examine several implications of current and future research efforts for the restructuring of existing counselor training and educational counseling programs.

PROPOSED RESEARCH PROJECT:

Assessment and Modification of Sex Stereotyping
in Women and their Social Environments

Statement of the Problem. It has been argued that the cultural and psychological conceptualization of the sex role to which woman is socialized is an inadequate and conflicting one (Komarovsky, 1946; Friedan, 1963; Greer, 1971). In support of this assertion, various studies, sampling different representative populations, conclude that women are viewed as possessing less socially desirable characteristics than men (Rosenkrantz et al., 1968; Broverman et al., 1970; Nowacki and Poe, 1973; Fabrikant et al., 1974). Sex-biased attitudes and behavior continue to perpetuate this negative sex role, and sexist policies and practices are easily identifiable at both institutional and personal levels of contemporary society.

Theoretical Analysis. In order to understand these negative attitudes toward women and their subsequent effects (i.e., the perpetuation of a negatively perceived sex role), it is necessary to develop a model of sexism based on a synthesis of sociological and psychological theories. From a sociological perspective, there is evidence that sex operates as a diffuse status characteristic (Hall, 1975). The implication of this finding is that men and women will tend to hold certain negative expectations about the competence of women across situations. From a psychological perspective, based on the verbal conditioning literature (Greenspoon, 1962), it is possible to hypothesize that significant others (i.e., family, work, and peer environments), through their verbal and nonverbal behavior, will tend to shape (or socialize) women to conform to these negative expectations (for partial support of this hypothesis with counselor populations, see Truax, 1966;

Shapiro, 1975).

Thus, sociological theory provides an explanation for the existence of certain negative expectancies about women, and psychological theory provides an explanation for the way in which these expectancies are implemented behaviorally. Uniting these two theories, sexism may be seen as a self-perpetuating system in which the following cyclical pattern occurs:

1) Negative expectancies and negative attitudes about women lead to sex-biased behavior in significant others 2) Sex-biased behavior in significant others in turn reinforces sex-typed behavior and punishes nonsex-typed behavior in women 3) Sex-typed behavior in women leads to the perpetuation of the original negative expectancies and cognitive set entertained by the significant others in the woman's environment.

The desire to remediate the inadequate cultural and psychological image of women has produced a variety of consciousness-raising groups designed to develop awareness in women of the inferior status to which the female sex role is relegated (Gornick, 1971; Hammachek, 1975). It has also produced a variety of assertiveness training programs designed to teach women certain adaptive behavioral skills to overcome the limitations which the female sex role often imposes (Bower and Bower, 1976). Yet raised consciousness and changed behavior are likely to elicit aversive, rather than reinforcing, consequences from the social environment. Parents, husbands, children, teachers, counselors, employers, and peers may tend to punish and eventually extinguish nontraditional behavior and new ways of thinking in women. Thus, unless these significant others are given a parallel retraining, effecting change in the woman will have few, if any, long-term effects.

Research Questions Raised. Based on the above analysis, two important areas of research need to be examined. The first question is a basic research

issue and involves problem assessment. For example, how do we operationalize sex bias; what are the behavioral indices through which sexism manifests itself, both in terms of the limitations it imposes on women and in terms of the sex-biased attitudes and behavior it creates in significant others? Possible target areas for exploration might include a) self-esteem b) career choice c) lifestyle decisions and d) interaction patterns in social and professional situations. The focus of this component of the project would be on analysis of various attitudinal surveys and interactional situations involving women and their significant others.

The second area for investigation involves questions of applied research. It would stress the development, field-testing, evaluation, and implementation of intervention strategies (e.g., consciousness-raising, assertiveness training, small group interaction, behavioral reprogramming) designed to modify sex-biased attitudes and responses and to teach appropriate skills both to women and to the significant others who provide women with their support systems, influence groups, and frames of reference. Research suggests that merely modifying the expectancies and concomitant behavior of those low on a status characteristic (in this case, women) will not produce an experience of generalized competency (Cohen and Roper, 1972). By modifying the attitudes and behaviors of significant others, agents who normally serve to socialize the woman to her traditional sex role may be retrained to be supportive instead of nontraditional ways of acting.

The dual emphasis of the project, which stresses both assessment and modification of sexism, is illustratively summarized in Table 1.

ILLUSTRATIVE SUMMARY OF DUAL EMPHASIS OF PROPOSED STUDY:
ASSESSMENT AND MODIFICATION OF SEXISM

Table One		
	<i>Problem Assessment</i>	<i>Intervention</i>
<i>Woman's Skills</i>	e.g., low self-esteem limited career perspective; passive interaction style; non-assertive in social situations.	e.g., consciousness raising group process modeling; information seeking; role playing assertive training.
<i>Significant Others</i>	ATTITUDES: eg. women incompetent, need to be mothers; BEHAVIOR: e.g., punishes non-traditional and reinforces traditional behavior in interaction situations.	e.g., small group interaction consciousness raising group role playing video-taping modeling

Summary and Implications. The proposed study is two-faceted, involving assessment of and intervention with both women and women's significant others: an assessment of concerns, and a training program which could directly affect the incidence of sexism in broad segments of the population.

The first phase of the study would provide a diagnostic tool (based on Shapiro, 1975) for possible use by counselors, therapists, educators, employers etc., to identify a) limitations in women's behavioral skills repertoire and b) sex bias in the attitudes and behavior of both men and women. A unique feature of this assessment instrument would be its close relation to an individual's personal learning history: for example, a woman executive may be diagnosed as not needing assertiveness training, but may still have remnants of sex bias in her behavior toward other women; another woman, a member of a consciousness-raising group, may be careful to use nonsexist language, but still find herself unable to participate fully in group discussion. Such diagnostic refinement would prevent gross applications of interventions based solely on sex.

A second product of the study would be an intervention package designed to alter sex-biased attitudes and behavior both in women and in their significant others. This package could be applied to a wide variety of settings -- clinical, educational, business and other professional groups -- and to a wide variety of female populations -- high school, housewives/mothers, professional women, re-entry women. The emphasis of the intervention would be on affecting verbal and nonverbal interaction patterns between women and their social environments.

In summary, this product-oriented, multi-faceted approach (encompassing both a target population and its support system) may provide the most effective means for giving women the skills, opportunity, and freedom to fully explore their own potential within the context of a supportive, reinforcing social environment.

WORKSHOP PROPOSAL: SELF CONTROL STRATEGIES FOR WOMEN

Helen Krumboltz, Ph.D. and Johanna Shapiro, Ph.D.
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Objectives: This workshop will attempt to meet the following objectives:

1. Demonstrate the advantages of teaching women skills which will give them a sense of competency and control over their own lives.
2. Identify particular problem areas common to women in which the use of self control strategies would be especially relevant.
3. Analyze and suggest means of coping with special difficulties which mental health professionals and others might encounter in attempting to teach women self control skills.
4. Provide an encapsulated introduction to basic self control techniques.
5. Enable participants to identify their own self-change project, using the skills taught in the workshop.

Facilities: No special physical facilities or equipment will be needed.

Content: In the last decade, a great hue and cry has been raised over the inadequacies of existing counseling and psychotherapeutic methods in meeting the needs of contemporary women (Friedan, 1963; Greer, 1971; Chessler, 1972). Often, traditional therapy has tended to reinforce the limited, passive role to which women are expected to conform in the larger society (Chesler, 1972).

As increasingly critical examination points up the limitations of conventional therapy, demands for new feminist therapies have flourished (Gardner, 1971; Rice and Rice, 1973). In general, these demands have been long on rage and short on specifics. Our hope is that the proposed workshop will help bridge the gap between the legitimate anger of the feminists and the dirth of concrete proposals for working in innovative and nonsexist ways with women in educational and therapeutic settings.

The workshop will first attempt to provide a theoretical rationale for the use of self-control techniques with women. Research in the areas of attribution theory and perceived locus of control suggests that, for many women, a sense of personal competency and a sense of control over their external environment are seriously deficient (Feather, 1969; Feather and Simon, 1975; Maccoby and Jacklin, 1974). Conversely, women who have the skills to control themselves and to act effectively on their environment will probably also feel more competent, and less buffeted by the whims of fortune. Thus, teaching self-control skills in therapy can help encourage a positive role change for women, from passive to active, from dependent to self-reliant. This restructuring of the therapeutic experience (in which traditionally the female client has been dependent on a powerful male authority figure, the therapist) can become a self modeling experience for the way in which women may want to act in the larger society.

After exploring this theoretical background, the workshop will briefly review basic self-control procedures, beginning with problem identification. Problem identification will be approached as a sort of consciousness raising at the molecular level, starting where most consciousness raising groups leave off. This aspect of the workshop will emphasize the particular difficulties women have with behavioral specificity: i.e., a tendency toward global rage or, conversely, the "helpless woman" syndrome.

Techniques for developing specificity (self-observation, charting, monitoring) will be reviewed, as well as dyadic exercises aimed at shaping a self change project for each of the workshop participants.

Next the workshop will focus on some tools and skills of self control, emphasizing that, because of the enculturation process, women may be particularly deficient in these skills. Environmental planning will be discussed, with special attention paid to environmental, rather than intrapsychic, explanations for many so-called "personal-psychological" problems. Functional analysis of the environment will be stressed as a way of reinterpreting problem causality. Stress will also be placed on the concept that women are competent to act on and influence their environment, thus bringing about desired changes in themselves.

In addition to environmental planning, techniques for self-reinforcement, self-punishment, and covert self-control techniques will be examined. Through the socialization process, women have been taught to be their own police, using covert statements and self-punishment or self-reinforcement to maintain a narrow societal role. It will be demonstrated how these same techniques can be identified and modified to increase women's options and sense of well-being.

After this brief introduction to self-control strategies, some time will be spent on identifying common problem areas for women in which self-control strategies might be particularly applicable: e.g. weight control, stress and anxiety, assertion training, interpersonal relations, job-hunting, etc. Exercises will be designed

to help participants apply the above techniques to problem solve in some of these areas of concern.

A portion of the workshop will also be devoted to examining pitfalls which may inhibit the successful application of self-control strategies to women. These problem areas include the following:

1. Client may be excessively dependent on external (male) authority. In this case, the counselor may need to employ a successive approximation of self-control strategies involving a gradual development of independence on the part of the client.

2. A subset of this problem is that the client does not see herself as a valid reinforcing agent, and therefore has difficulty applying self-reinforcement strategies, making covert positive statements, and implementing self-control processes in general. In this case, the counselor may need to focus on increasing client self esteem.

3. Client does not see herself to act as a "self-scientist" -- charting, monitoring, collecting data seem too scientific and technical. The counselor will need to overcome the stereotype of the non-scientific woman before progress is possible.

4. As mentioned above, because women are not trained to be analytical and objective, there may be considerable difficulty with initial problem identification.

5. Client may have difficulty applying self control strategies to other aspects of her life. Counselor must stress the generalizability of self control techniques: i.e., women can learn to predict developmentally difficult periods in their lives, and implement self control strategies for coping with these periods.

6. Client may lack understanding of the cultural and societal rootedness of many of her problems, and of the interrelatedness of her problems to the "male dilemma." Counselor should stress environmental variables in attributing causality to personal-psychological problems.

7. There is a danger of teaching self-control skills in such a way that the client remains isolated and alienated from other women. Alternatively, the teaching of self-control skills can easily be paired with a woman's group, encouraging the idea that self-reliance does not mean distrust of other women.

Finally, the workshop will conclude with a summary of the uses of self control strategies for women, both in terms of changing their own maladaptive behavior, and in terms of controlling their environment (changing the behavior of others).

The workshop will emphasize role-playing, modeling, and participation exercises.

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