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Fygetakis, Leah Michele

COLLEGE WOMEN'S PERCEPTIONS OF MALE AND FEMALE FEMINIST AND NONSEXIST TRADITIONAL-ECLECTIC COUNSELORS

The Ohio State University

Ph.D. 1982

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COLLEGE WOMEN'S PERCEPTIONS OF MALE AND FEMALE
Feminist and Nonsexist Traditional-Eclectic Counselors

DISSERTATION

Presented in Partial Fulfillment of the Requirements for
the Degree Doctor of Philosophy in the Graduate
School of The Ohio State University

By
Leah Michele Fygetakis, B.S., M.A.

*****

The Ohio State University
1982

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Research


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CHAPTER I

INTRODUCTION

With the advent of the women's movement in the 1960's, came a new examination of the psychotherapeutic treatment of women. It began with The Feminine Mystique in which Friedan (1963) directed her attention to psychoanalytic theory and its support of the status quo. It was her contention that it had an oppressive force on women, and restricted their lives. Later, in 1972, Chesler published a book entitled, Women and Madness. In it, she attacked the institution of psychotherapy and the mental health system. These books, together with a landmark study documenting the double standard of mental health which exists for men and women (Broverman, Broverman, Clarkson, Rosenkrantz, and Vogel, 1970) alerted those in the helping professions to the issue of sexism in the counseling of women.

After a flurry of research and political activity in the past decade, what constitutes a nonsexist approach to counseling women has been identified, and guidelines for its practice have been developed (Marecek & Kravetz, 1977; APA Task Force on Sex Bias and Sex Role Stereotyping in Psychotherapeutic Practice, 1978). Some of the key
elements of nonsexist counseling, on the part of the counselor include:

--- an awareness of both the blatant and subtle forms of sexism which exist in our society; and, an awareness of the negative effects of sexism on women's feelings and behavior.

--- a knowledge of the recent research on the psychology of women.

--- an awareness of the effects of socialization and the resulting differences in experiences between men and women.

--- viewing each client as neither a man, nor a woman, but as an individual; judgments made about the client are based on an understanding of that individual, and not on traditionally ascribed sex-roles.

--- the sensitivity to refer a woman client to a female counselor when it is more desirable.

--- using nonsexist language in counseling.

--- continually reviewing his or her own values and biases, and how they effect women clients.

In addition to this nonsexist approach to counseling, a second development arose from the women's movement -- an approach called feminist therapy (Lerman, 1976; Marecek & Kravetz, 1977; Rawlings & Carter, 1977; Gilbert, 1980). Feminist therapy endorses cultural determinism, the environmental model of psychological problems, and the
androgynous model of mental health.

For many feminists, the principles of non sexist counseling are viewed as essential, but not sufficient. Marcecek and Kravetz (1977) state that the development of feminist therapy reflects the conviction that personal change is inextricably linked to sociopolitical change. The phrase most often used in reference to this principle is, "the personal is political" (Gilbert, 1980). In our society, women have less political and economic power than men, and in general, an overall inferior status. Thus, in feminist therapy, social change is seen as crucial to many areas of individual change.

A second feminist principle is the advocacy of self-help, collective or group structures in which there is an equal sharing of power, resources and responsibility. Feminist therapy has adopted this principle by advocating consciousness-raising or therapy groups as preferable to individual counseling. However, when individual counseling is indicated, the feminist counselor utilizes a number of strategies during the counseling process which serve to equalize the balance of power between the counselor and the client. For example, the feminist counselor usually employs a written contract. The feminist counselor also allows the client to inspect his or her own file and case notes. Testing is rarely employed as it places the counselor in an expert or authority position by
having to interpret the results to the client.

Probably the most significant strategy to which a feminist counselor adheres in equalizing counselor-client power, is in making his or her values explicit to the client before counseling begins. By making personal values explicit, the counselor attempts to minimize his or her power to influence the client into adopting a set of values which are not truly the client's own. Pepinsky and Karst (1964) found that the frequency with which client beliefs shifted toward those of the counselor was very high even though the counselors claimed to be keeping a posture of neutrality. They labeled this phenomena, "convergence." Thus, as Bart (1971) noted, "value-free counseling is a myth," and the implicit values of a counselor may have a tremendous impact on the client. As a result, feminist counselors, unlike most traditional ones, feel a moral obligation to inform their clients of their values.

To briefly compare and contrast nonsexist and feminist therapies, the two are similar in that both allow the client to make choices which are not based on sex-role stereotypes. Also, neither approach represents any particular set of counseling techniques or strategies. Thus, both a gestalt counselor and a behaviorist may be a nonsexist or feminist counselor. The major distinction between nonsexist and feminist therapies is best described by Rawlings and Carter (1977):
The major distinction is that feminist therapy incorporates the political values and philosophy of feminism from the women's movement in its therapeutic values and strategies while nonsexist therapy does not. Feminism insists that 1) males and females should have equal opportunities for gaining personal, political-institutional, and economic power; and that 2) interaction between persons should be egalitarian. Feminist therapists, therefore, are intolerant of the mysticism and authoritarian power of traditional therapists. (p. 50).

Because feminist therapy has evolved only recently, very little empirical research exists. Johnson (1976) reported the results of an exploratory study which attempted to compare clients seen at the Feminist Therapy Collective of Philadelphia to clients seen as a part of a University of Pennsylvania Psychotherapy Research Study on various factors. Johnson found that women in both groups 1) voiced similar target problems, the top two being low self-esteem and troubled interpersonal relationships; 2) were similar in their amount of precounseling distress; and 3) reported about the same level of satisfaction at termination. Unfortunately, this study was plagued with methodological problems. The feminist clients were in group counseling while the traditional clients received individual counseling; the feminist clients saw female counselors while the other group saw males; and the feminist clients were in counseling for four months compared to ten months for the other group.

Marecek, Kravetz, and Finn (1979) compared a sample of women in feminist therapy to a sample of women in
traditional therapy on a variety of dependent variables. Both groups were drawn from a national survey of women in consciousness raising groups. The results showed that the two samples did not differ on demographic characteristics; clients of feminist therapists described their political views as radical much more often than did clients of traditional therapy; and clients of feminist therapists rated therapy as more helpful than did clients of traditional therapy.

While both of these studies focused on client characteristics and were purely descriptive, a recent analogue study by Lewis, Davis and Lesmeister (1981) focused on client perceptions of three different types of counselors. Their perceptions were based on written precounseling information about the counselor's values and counseling orientation. Subjects in condition 1 received a "traditional" telephone advertisement. Subjects in condition 2 received the same advertisement only with the words, "feminist therapist" added. Subjects in the third condition received the same information as those in condition 2 along with a one-page summary sheet which specified the values and assumptions held by the feminist therapist. Lewis et al. found that the "traditional" and "feminist label only" therapists were perceived in an equally favorable light in their abilities to be helpful with various types of problems. However, the "explicit feminist
assumptions" therapist was viewed as significantly less helpful. Furthermore, subjects indicated that they would be much less willing to see this therapist than the other two.

Clearly, empirical research in the area of feminist therapy has been extremely limited. Due to the nature of feminist therapy, (i.e., that the counselor make his or her values known at the outset), and in light of the Lewis et al. findings, it seems important to focus on the counselor as a variable of interest. The purpose of this investigation was to explore the variability in client reactions to both female and male nonsexist, traditional-eclectic versus feminist counselors. The counselors were rated on a total of seven dependent measures. Three were measures of therapeutically facilitative counselor attributes; those of expertness, attractiveness and trustworthiness. Three more dependent measures examined the degree of client confidence in the counselors' ability to be helpful with obviously-women-related problems, subtly-women-related problems, and non-women-related problems. Finally, a seventh dependent measure examined client degree of willingness to seek the counselor for help.
CHAPTER II
REVIEW OF THE LITERATURE

In the introductory statement, a brief discussion of the distinctions between nonsexist and feminist therapies was presented. The objective of this chapter is to provide a much broader knowledge base for the understanding of feminist therapy, and the empirical questions this study was designed to address. It is assumed from the outset that the reader has some familiarity with the literature on sex biased and nonsexist counseling. The areas covered in this review include a presentation of selected research on feminism and feminists, and an exhaustive review of the literature on feminist therapy as a theoretical counseling approach, its practice, and research in the area.

Feminism and feminists

To understand feminist therapy and how it may be practiced, it is first necessary to have an understanding of feminism in general. Webster's New Collegiate Dictionary defines feminism in two ways: 1) "the theory of the political, economic and social equality of the sexes," and 2) "organized activity on behalf of women's rights"
and interests." Polk (1974) takes that which is implied by Webster's definition and makes it explicit. She states:

The relationship between females and males in this and virtually every society has been a power relationship -- of males over females. The current women's movement, a revitalization of earlier feminist movements, seeks to end or reverse this power relationship. As such, feminists are concerned with analyzing the nature of male power and the condition of women and developing organizations and vehicles for change that are consistent with feminist principles (Polk, 1974, p. 400).

Polk further states that the women's movement, i.e., feminism, has four theoretical perspectives from which the power differential between men and women can be understood. The first perspective suggests that the power differential exists because of sex-role socialization, where many behaviors and personality characteristics are arbitrarily labelled as being either masculine or feminine. Individuals learn and incorporate these sex roles into their identities. It is the male roles which almost always hold the higher status and power.

The second perspective is the conflicting cultures approach. This is similar to the first point in that values are dichotomized by sex just as roles are. Again, "masculine" values such as competitiveness and independence are given a greater status than "feminine" values such as cooperativeness and dependence. It is the masculine values which form the visible and dominant culture of this society. Since women represent an alternative culture, they
are devalued by society. Both "feminine" and "masculine" values are important qualities of "humanness." Cultural feminists do not want women to emulate male roles in order to escape oppression, but rather, to focus on the positive aspects of feminine culture.

The socialist perspective is one which views capitalism as oppressing both sexes. Sexism is particularly functional to capitalism in that women provide a cheap source of labor, thereby maximizing profits. Socialist feminists maintain that the complete elimination of capitalism is essential to women gaining equality. As long as a capitalistic system exists, there will be an unequal distribution of power and wealth, and women will continue to be oppressed.

Finally, the power analysis perspective is concerned more with how men oppress women rather than why. It views sex role and culture differences as symptomatic of the primary problem which is oppression. Rawlings and Carter (1977) have indicated that this is the position taken by "radical feminists." Drawing from the power analysis perspective, Polk has identified six sources of male power. They are as follow:

1) Normative power: Through their control of traditional sex role definitions, men are able to manipulate women's behavior by ignoring or devaluing them and their accomplishments. This is especially true when women
deviate from their traditional roles.

2) Institutional power: Positions of influence are held predominantly by men. Men control the media, the law, religion, and the educational system.

3) Control of options through reward: Not only are men able to use their power in restricting women's life choices, but they can subtly control women by rewarding them for "appropriate" behavior, and by withholding those rewards for noncompliance.

4) The power of expertise: From space technology to child-rearing and female sexuality, the experts in all areas are male. This is largely attributable to the male domination of educational institutions, and the media which controls who may or may not receive public exposure. Thus, women must rely on male experts.

5) Psychological power: By virtue of their sex, men are presumed to be experts which results in their added confidence of being "right." Thus, even incompetent men have a psychological power over women.

6) Brute force: Men may dominate women through the use of physical force. Threats of physical attack are easily reinforced by street whistling, etc., and serve to restrict women's autonomy and mobility.

Regardless of the perspective, feminism is an emotionally charged issue. One cannot read or hear words such as sexism and oppression, and not have some type of
reaction to them. As a result, feminists have been given labels such as "women's libber," "man-hater," "aggressive bitch," and "lesbian" (Schultz, 1977), or "cold," "calculating," and "emasculating" (Fowler & Van de Riet, 1972) by anti-feminists who fear the prospect of change. Though there are men who are also feminists, they generally do not have to face the same type of labelling.

There have been a few studies which have examined feminists in one of two ways. One is in the way feminists are perceived by both other feminists and nonfeminists, and the second is in feminists self-reported characteristics, interests, etc. In the former category, an interesting experiment was conducted by Goldberg, Gottesdiener and Abramson (1975). They photographed thirty women who had indicated by their attitudes that they were either supportive or nonsupportive of the feminist movement. Independent raters then rated the photographs for physical attractiveness. No differences were found between the physical attractiveness of the supportive versus nonsupportive groups. Male and female subjects were then given the task of identifying those women who were supporters of the feminist movement. The subjects significantly chose the photographs of the less attractive women, a finding true for both the male and female subjects. However, the most interesting result was that the subjects consistently chose the less attractive photographs regardless of whether
they themselves were supportive of feminism or not.

Nielson and Doyle (1975) also compared the perceptions of those who endorsed the women's movement with those who did not. Female subjects were given a seven-point bipolar check-list to describe "women in women's liberation." In this case, a negative stereotype did not emerge in the perceptions of the feminist subjects, while the nonfeminists perceived a woman in women's liberation to be both more boastful and unattractive.

As for the second category of studies, those of feminist self-report, three will be discussed because of their relevance to the subject population employed in this study. Fowler and Van de Riet (1972) compared a group of feminist women to a group of university undergraduates on an Adjective Check List. The feminist group was a sample of those who had attended a women's conference which featured noted feminist speakers. Their mean age was 22.4 years while the university sample had one of 24.5 years. The Adjective Check List consisted of twelve scales: self-confidence, self-control, personal adjustment, achievement, dominance, endurance, nurturance, affiliation, autonomy, aggression, succorance and deference. All subjects were given the instructions to describe their "Real-Selves." In addition, the feminist subjects were asked to describe their "Ideal-Selves." No significant differences were found between the feminist and university samples. However,
significant differences were found between the feminists' Real and Ideal-Self descriptions. The feminists' Real-Self significantly exceeded their Ideal-Self in both succorance and aggression, and their Ideal-Self exceeded their Real-Self in nurturance, endurance, self-control, self-confidence, and personal adjustment. The authors have suggested that these discrepancies between the Real and Ideal-Selves could be a part of a "psychological mantle" necessary to assure the movement's success.

In another study by Stein and Weston (1976), the Attitude toward Women Scale was administered to 294 female undergraduates. The study was designed to investigate the effects of type of housing, class rank, and field of study on college women's attitudes toward women. No significant differences were found in the attitudes toward women among those living in sororities, female or coed residence halls. Regarding field of study, it was found that students majoring in business or education held significantly more conservative attitudes toward women than those majoring in the liberal arts. However, it was also found that by the senior year, attitudes became more liberal regardless of the field of study.

Finally, Dempewolff (1974b) administered her own feminism scale (Dempewolff, 1974a), and a demographic questionnaire to male and female undergraduates. She found that supporters of feminism were more likely to be atheist,
agnostic, Jewish or unitarian in their religious orientation while opposers of feminism were more likely to be Catholic or Protestant.

With the preceding review of the literature on feminism and feminists serving as the backdrop, the focus now turns to feminist therapy.

**Feminist Therapy: From practice to theory**

Feminist therapy is not an entity which can be simply or unidimensionally defined without possibly overlooking some element of its meaning. Part of the problem appears to be that feminist therapy has evolved into its present definition over the course of its practice. The term has signified different things at different times, to different people. Unlike many other theoretical approaches, feminist therapy did not emerge from the ideas set forth by one individual, or one source. There is no Albert Ellis or Carl Rogers with whom the approach can be identified. In this case, the practice has woven the theory.

In its earlier stages (early 1970's), feminist therapy was more of a social movement than a theoretical orientation. There was a great discontent with the quality of traditional services being offered to women, and feminists were beginning to recognize sexist and discriminatory practices. Feminists, who were not necessarily professionally trained counselors, wanted to educate the female
general public so that they would be able to either help themselves or at least make informed choices in seeking professional help. There was a definite push to encourage women to take more control and responsibility for themselves. Some publications which document these efforts include Ernst and Goodison's (1973), *In our own hands: A women's guide to self-help therapy*; The Boston Women's health Book Collective's (1971), *Our bodies, ourselves*; Krakauer's (1973) *Ms.* magazine article on "A good therapist is hard to find;" and Women in Transition's (1973), *Before you choose a therapist*. Efforts of this nature have been continuing as is apparent in some of the more recent publications such as "A consumer's guide to nonsexist therapy" by the National Organization for Women (1978), and *A women's guide to therapy* by Friedman, Gams, Gottlieb and Nesselson (1979).

Other self-help advocates were taking a slightly different approach during the early 70's. There were some feminists who believed in "feminism as therapy," with Mander and Rush (1974) being representative of this faction. In short, this group did not believe that "therapists" were necessary in order to do "therapy." Their premise was that all women were experts on being women as long as they could get in touch with their experiential knowledge. Thus, consciousness-raising groups were viewed as the desirable substitute for traditional one to one counseling.
There were others who recognized that feminism in and of itself might not be the panacea; that some women might require individual attention and counseling. This group of feminists was composed mostly of those in the mental health field who were finally responding to the general feminist criticism directed toward their profession. Thus, many different individuals, psychologists and social workers alike, on their own accord began to incorporate feminist principles within their psychotherapeutic work (Thomas, 1977).

It is not surprising to find that early attempts at operationally describing feminist therapy were usually vague. For example, in 1972, Silveira stated that feminist therapy is "counseling which affirms women's liberation and proceeds without power differentials between counselor and counseled." Furthermore, it was difficult for counselors to communicate their ideas and experiences with one another in order to stimulate further theoretical development. There were few professional journals which could have provided such a forum. As a result, most writings were non-academic, and appeared in popular or feminist-oriented newspapers and magazines such as Intellect, Big Mama Rag, Rough Times, RT: A Journal of Radical Therapy, Off Our Backs, and Country Woman (Regan, 1975; Greenspan, 1976; Dejanikus & Pollner, 1974; Marie-child and Williams, 1974; Webbink, 1973; and Amhearst
Counseling Collective, 1976, respectively).

One way in which feminist therapy began to be more clearly defined was when small groups of feminist counselors started to form partnerships for practice. In this case, these partnerships were known as "collectives." Although the primary purpose of their formation was to provide low-cost feminist counseling to area women, the counselor members within these collectives regularly met to exchange ideas. Discussions often focused on how to incorporate feminist theory, values, and principles into the collectives' work, including their counseling.

Probably the first detailed description of feminist therapy to be published was a paper authored by the Feminist Counseling Collective (1975). The Feminist Counseling Collective (FCC) was formed in 1972 in the Washington, D.C. area. The collective consisted of ten full members and ten trainees at both the professional and paraprofessional levels. Most of the FCC's clients chose to go there because they knew the FCC was committed to helping women. Their problems tended to cluster among four major areas: 1) feelings of discomfort associated with their own strength and fearing other people's power, 2) fear of being dependent, 3) fear and difficulty expressing anger and negative emotions, and 4) a lack of body awareness and problems with their sexuality.
The FCC usually conceptualized these problems as stemming from the conflict between two ego-ideals which they described in terms of the Broverman et. al (1970) study. The FCC saw women as being in a no-win situation since, according to the Broverman et al. study, societal norms dictated that a woman could not be a healthy woman without being an unhealthy adult at the same time. They viewed the overall treatment goal as being the integration of the healthy adult ego and the healthy woman ego into one which they labelled the "feminist ego ideal." This was to allow the woman to own both her strength and vulnerability at the same time. Later, Radov, Masnick, and Hauser (1977), all members of the Brookline (Massachusetts) Feminist Collective, also endorsed the development of a new feminist ego ideal as a treatment objective in their statement on feminist therapy.

In addition to focusing on sex roles and the ego-ideal conflict of women, the FCC believed that feminist therapy should be conducted with the counselor clearly sharing her values with the client. Another feature of feminist therapy that they specified was to form a counselor-client relationship that was nonsexist and non-hierarchical in nature. As a corollary to these features they stated that they did not reject the belief that client dependency on the counselor was necessary for intrapsychic growth. Rather, they rejected the manner in
which this dependency was created and maintained in the traditional counseling process. The FCC believed that dependency could occur just as well when the counselor was open, genuine and nonhierarchical. Also, in this way the client could see the counselor's biases and imperfections as well as good qualities.

Beyond the emergence of collectives, there were other indications of the concern to refine and advance feminist therapy. As noted by Vaughter (1976) the year 1976 brought with it the founding of two women's institutes of psychotherapy, both committed to training feminist counselors. The two were the Women's Institute of Alternative Psychotherapy (WIAP) in Boulder, Colorado, and the Women's Institute for Psychotherapy in New York City. Also in 1976, the First National Conference of Feminist Therapists was held. It was cosponsored by the WIAP and the Women's Studies Program at the University of Colorado. Conference materials provided by Douce (1982) indicated that indeed, this was a national conference as every region of the country was represented by those who attended.

The most specific and detailed description of feminist therapy to date was presented by Rawlings and Carter (1977). Through their own work with female clients, teaching women's studies courses and having contact with other feminist therapists, Rawlings and Carter identified ten values or assumptions of feminist therapy. These are
as follow:

1. The inferior status of women is due to their having less political and economic power than men.

2. A feminist therapist does not value an upper- or middle class client more than a working class client.

3. The primary source of women's pathology is social, not personal; external, not internal.

4. The focus on environmental stress as a major source of pathology is not used as an avenue of escape from individual responsibility.

5. Feminist therapy is opposed to personal adjustment to social conditions; the goal is social and political change.

6. Other women are not the enemy.

7. Men are not the enemy either.

8. Women must be economically and psychologically autonomous.

9. Relationships of friendship, love and marriage should be equal in personal power.


Rawlings and Carter continued by delineating some strategies of feminist therapy. These included the following points:

1. Counselors should make explicit their values at the very outset.

2. An egalitarian relationship should be maintained whenever possible.

3. The technique of sex-role analysis should always be of central focus.

4. A contract should be employed.

5. Women should be taught how and when to be assertive.
6. Women should be encouraged to be autonomous.

7. Counselors should take client statements at face value and should seldom offer interpretations.

8. Counselors should confront incongruencies in client behavior.

9. Counselors should assume that the client is her own best expert.

10. The client should be taught how to be her own counselor.

11. Diagnostic testing should seldom be used, but if it is, the client should be given an explanation of the results.

12. The use of diagnostic labels is to be avoided.

13. The client should have access to read whatever is in her file.

14. Group counseling is seen as preferable and more effective than individual counseling.

15. Counselors have a professional responsibility to engage in social action.

16. Clients should be encouraged to take social action on their own behalf.

As with any other counseling approach, feminist therapy has its limitations, and has received its share of criticism. Schilling and Jacobi (1977) maintain that it is foolish to assume that all women's problems can be conceptualized as having a sociopolitical source. There may be women who need personal, intrapsychic counseling and not political solutions. Along the same lines, Marecek (1975) states that just as with other psychotherapies, psychological disorders which have physiological or biochemical components cannot be successfully altered or
eliminated by feminist therapy alone. A second warning that Marecek makes is that being feminist does not insure that one is competent. While a feminist perspective can be an enhancing element in a counselor's performance, it cannot replace the possession of a solid base in psychology and training in the counseling process.

In the case of two other frequent criticisms, Marecek responds in defense of feminist therapy. There are some who have said that psychotherapy can do very little for problems which have their basis in the social structure. These critics believe that interventions should be directed toward inducing political or institutional change, and they view individual psychotherapy as diverting energy from these higher goals. To Marecek, this is a shortsighted view. She believes that women who enter feminist therapy can then leave it, strengthened with an awareness of societal sexism, the desire to fight it, and the self-directed, assertive behavior to try it. Marecek also argues against the criticism that feminist therapy is defined too loosely. The fact that feminist counselors may disagree with each other's ideology can be attributed to the different perspectives which exist within the feminist movement itself. Marecek sees unanimity of viewpoint as undesirable. She argues that diversity stimulates new ideas, and that it offers a broader range of treatment options to the client.
Still another criticism of feminist therapy is voiced by Schilling and Jacobi (1977). They warn that,

Although the content of feminist and traditional therapies may differ, they may become indistinguishable on the process level. If both narrowly define appropriate and healthy behaviors for females and impose such definitions upon their female clients, a paradox is established in which an ideology purporting to respect and value women is prescribed or imposed in such a manner which fails to communicate respect for their unique potentials and individuality (Schilling & Jacobi, 1977, pp. 7-8).

Finally, the very use of the terms "feminist therapy" and "feminist therapist" has been challenged. Tennov (1975) stated that the term "feminist therapist" carries with it an inherent contradiction. The "therapist" by traditional definition has meant either viewing the person as the locus of the problem, or helping that person adjust to the situation. On the other hand, "feminist" connotes an activity directed toward changing societal institutions. However, even in those cases where the support of another person involves helping that person change the external environment, "therapist" is still inappropriate. Tennov suggests that using "consultant" or "counselor" is preferable "unless the feminist therapist still feels she needs the mystique of medical terminology." Approaching from a slightly different perspective, Schilling and Jacobi (1977) also make a good point when they state:

The use of the broad term "feminist therapy" probably is interpreted by the consumer as "therapy for feminists," thereby initiating
a process whereby the liberated get more liberated and the unliberated remain entrapped by their sex roles (Schilling & Jacobi, 1977, p. 9).

Research on feminist therapy

As was noted in the previous section, very little has been written about feminist therapy as a theoretical counseling approach. Unfortunately, there is even less to be found in the way of empirical research. The review which follows is an exhaustive (as opposed to a selected) review of the research literature. Only three of the studies were published in professional journals; two having appeared in psychology journals and one in social work. The remainder are unpublished manuscripts, theses or dissertations.

Thomas (1977) sought to answer two basic questions: 1) Who are feminist therapists and 2) what is feminist therapy? She sent questionnaires to a group of 175 potential feminist therapists in three major metropolitan areas on the West Coast. The questionnaire asked for personal and job information, and whether the respondent was a self-identified feminist therapist. There was a 77% return rate. Of those, 78% identified themselves as feminist therapists, and nineteen of that sample were randomly selected for further questioning via a structured interview.
Based on the analysis of the questionnaires, Thomas described the typical feminist therapist as one who is female with five years of full-time experience as a MSW working in either private practice or a public agency setting. Furthermore, the typical feminist therapist sees her clients (who are mostly women) individually and in groups, specializes in certain problem areas, and works primarily from an eclectic or gestalt theoretical orientation. Thomas did not present any actual frequency distributions which might have been more illuminating. Thomas also tried to define feminist therapy by synthesizing the statements made by the nineteen therapists who were interviewed. These "results" will not be discussed in this section as they were based purely on her own subjective interpretations.

Curtin (1981) compared the reported experiences of clients with those of their counselors to check how closely the practices of feminist counselors followed the theory of the practice of feminist therapy. Sixty-two feminist counselors and 65 clients of these counselors served as subjects. All were women. The counselor subjects were obtained through the 1980 Association of Women in Psychology Convention, women's centers in the San Jose area, and feminist therapy conferences.

There were two questionnaires developed. One was aimed toward the clients and the second, toward the
counselors. Both questionnaires asked the respondents for demographic information and had items which were concerned with the following issues:

1) the need for counselors to make their values explicit.

2) communicating the appropriateness of "shopping around" for a counselor.

3) the need for social change.

4) the role that counselor skill and expertise should play in the counseling process.

5) the extent to which sex-role stereotyping should be discussed.

6) views about reinforcing or abolishing traditional sex roles, and promoting an androgynous model of mental health.

7) negotiating a contract for counseling, including payment of fees.

8) the gender of a feminist counselor.

9) possible counselor and client relationships outside of counseling (i.e., friendship, social or political situations).

The return rate was 39% for the client questionnaires and 78% for the counselor questionnaires. Unfortunately, Curtin was selective in the items for which she chose to report the observed frequencies. As a result, only "typical" client and counselor characteristics were reported. Curtin described the typical client to be "white, under age 34, a California resident, identifies herself as a feminist, has a Bachelors degree and is in individual therapy. She heard about her therapist from a friend,
pays on a sliding scale basis, and became a feminist before entering feminist therapy." Curtin described the typical feminist therapist as "white, under 35, from California, has a Masters degree, is in private practice, became a feminist therapist by reading extensively on the subject and attending workshops, and has practiced feminist therapy for five years. She sees mostly women, individually and in groups, and has an eclectic, gestalt or humanistic orientation."

In comparing counselor-client responses, striking differences were found for two items. First, while 94% of the counselors stated that they negotiate contracts specifying counseling goals, only 32% of the clients reported their experience as being such. The second large discrepancy between responses existed in giving or receiving encouragement to shop around for a counselor. Sixty-six percent of the counselors reported they encouraged this behavior, while 71% of the clients claimed that their counselor did not encourage them to shop around.

As it relates to the present investigation, one of the many similarities found among the counselor-client responses was in the area of feminist counselor gender. Thirty-nine percent of the counselors and 42% of the clients held the belief that all feminist counselors are women. Another 50% and 40%, respectively, believed that while the majority of feminist counselors are women, some
highly conscious-aware men may be feminist counselors as well.

Johnson (1976) was the first to compare clients of feminist counselors with clients in traditional counseling. Her research asked three questions: 1) Do clients seen at the Feminist Therapy Collective of Philadelphia resemble other women in counseling in terms of complaints, problems, and precounseling distress levels? 2) Do Feminist Therapy Collective (FTC) clients improve as much as clients in traditional counseling? and 3) Which therapeutic factors do the FTC clients find the most helpful? Twenty-four FTC clients in group counseling and 26 clients from the University of Pennsylvania's Research Study in psychodynamically oriented individual counseling served as subjects. Johnson did not provide much information regarding the procedure she used in gathering the data other than to say that the clients were given pre and post treatment assessments.

Johnson found that women in both groups named low self-esteem and the need for better interpersonal relationships as their two highest areas of concern. However, striking frequency differences were found between the two groups on complaints of depression, hostility, and anxiety, with the psychodynamic group indicating the greater concern. The groups were found to be similar in their amount of precounseling distress, their degree of target complaint
change at postcounseling assessment, and their level of satisfaction at termination. In addition, the FTC clients were given a list of 20 items describing potentially helpful factors in group counseling and were asked to rate each item's helpfulness in their group experiences. The two most helpful were Yalom's (1970) curative factors of group cohesiveness and universality (learning that one is not very different from others). Three of the remaining top ten were feminist therapy factors. They were "seeing counselors as competent women," "knowing that as women, counselors have shared the female experience," and "discovering that other women are central and helpful." This study, however, was plagued with methodological problems. The feminist clients were in group counseling while the traditional psychodynamic clients received individual counseling; the feminist clients saw female counselors while the traditional saw males; and the feminist clients were in counseling for four months compared to ten months for the other group.

Another comparison of women who entered feminist counseling to women who entered traditional counseling was conducted by Marecek, Kravetz and Finn (1979). Both groups of subjects were drawn from a national survey of women in consciousness-raising groups conducted in 1974 (Kravetz, 1978). They were separated into their respective groups based on how they responded to the survey's
questions regarding their possible involvement in individual counseling, and whether they had seen a feminist counselor or other. Marecek et. al then re-analyzed five sections of Kravetz's original survey data. These sections were demographic information, information on political views and involvement in the women's movement, a measure of stressful life events, a symptom check-list, and information about the respondent's counseling experience.

For the most part, the clients of feminist and traditional counselors were found to be demographically similar. Only two significant differences were found. Women who sought out feminist therapy were less likely to have children, while women who had separated from their husbands in the preceding year were more likely to enter traditional counseling.

Other results indicated that a greater number of women entering feminist therapy tended to describe their political views as radical, relative to those in traditional counseling. There were no significant differences found between the two groups on a 41-item Stressful Life Circumstances Index, nor were any differences found on level of precounseling distress. Finally, clients of feminist counselors rated counseling as more helpful than did clients in traditional counseling. The major problem of this study was that both groups were drawn from a sample
of women having been involved in a consciousness-raising group. In effect, the two groups were actually very similar to one another. The results cannot be easily generalized to women who have never had a consciousness-raising group experience. Secondly, there were at the very least, 80 separate analyses conducted on the data. Thus, there is a strong probability that given the few significant differences that were observed, many might have been due to chance.

Ward (1981) surveyed 28 out of a possible 32 female clients who had received feminist counseling at the Women's Resource Center in Lincoln, Nebraska. This service provided short-term (six-session maximum) counseling at the paraprofessional level. The mean rating for satisfaction of counseling was 6.3 on a seven-point scale with 80% of the clients having had a previous counseling experience with which to compare it. Eighty-five percent indicated that they would refer a friend, and seventy-one percent continued their involvement with the Women's Resource Center by joining one of its support groups. Reasons which clients mentioned for their preference of feminist counseling included an emphasis on issues of independence, the counselor's openness, straightforwardness, acceptance of alternative lifestyles, and the close egalitarian relationship established.
It would seem that a likely source of research for a newly-emerging area such as feminist therapy might come in the form of dissertation research. Yet, in a search covering the past eight years of dissertation research, only four studies were found. Marcus (1978) presented a case study of the rise and fall of a feminist counseling collective. Sturdivant (1979) described the philosophy underlying feminist therapy, and Sablove (1979) presented a training model for feminist counselors. All three of these studies were non-quantitatively based. However, Gordon (1981) proved to be the exception.

Gordon's subjects were 93 female clients from a feminist counseling collective in Atlanta, Georgia. They were administered a questionnaire consisting of 56 Likert-scale items which measured Therapist's Warmth, Therapist's Interest, Integrity, and Respect, Therapist's Experience/Activity Level, Severity of Problems Before Therapy, Amount of Change, and Feminist Orientation (i.e., counseling approach). Gordon's primary finding was that Therapist's Warmth, Therapist's Interest, Integrity and Respect, and Feminist Orientation were each related to the Amount of Change experienced at the $p < .01$ level.

Finally, an analogue study by Lewis, Davis and LeSmeister (1981) focused on subjects' reactions to three different female counselor descriptions. The subjects were female college students who had expressed profeminist
attitudes on an Attitude toward Women questionnaire. The subjects' reactions were based on precounseling information about the counselor's values and counseling orientation. Subjects in condition 1 received a "traditional" telephone advertisement. Subjects in condition 2 received the same advertisement only with the words, "feminist therapist" added. Subjects in the third condition received the same information as those in condition 2 along with a one-page summary sheet which specified some of the assumptions held by the feminist therapist. These assumptions were taken from Rawlings and Carter's (1977) writings. Lewis et al. found that the "traditional" and "feminist label only" counselors were perceived in an equally favorable light in their abilities to be helpful with various types of problems. However, the "explicit feminist assumptions" counselor was viewed as significantly less helpful. Furthermore, subjects indicated that they would be least willing to see this counselor as compared to the other two.

In conclusion, very little research has been conducted in the area of feminist therapy, and any of its components. Of the research that does exist, most has been methodologically poor. The present investigation chose to focus on the counselor as the variable of main interest. It is interesting to note that of the previous studies, none to date had ever included a male counselor as a variable of
interest. This investigation was designed to examine client reactions to both female and male feminist versus nonsexist, traditional-eclectic counselors.
The purpose of this study was to compare the effects of a) counselor sex, and b) approach to counseling, on subjects' perceptions of the counselor, their expectations of the counselor's helpfulness on several problems, and their willingness to see the counselor. There were four counselor conditions; male traditional, female traditional, male feminist, and female feminist. The study also controlled for effects due to the degree of subject profeminist attitudes by using profeminist attitude as a covariate in the analyses of the data.

Subjects

One-hundred and twenty female subjects volunteered via sign-up sheets from among those enrolled in either an introductory psychology or women's studies course at The Ohio State University. Subjects were given only minimal and general information about the study's purpose prior to their participation. The subjects were randomly assigned so that each of the four counselor conditions received 15 psychology and 15 women's studies students, for a total of 30 per condition.
Instruments

Attitudes toward Women Scale (AWS)—Short version.

The original AWS was developed by Spence and Helmreich (1972). It was constructed to measure the degree of contemporary, profeminist attitudes held by an individual about a number of women's roles and activities. Some of the areas covered are vocational, educational and intellectual activities; dating and sexual behavior; and marital relationships. In this study, the AWS short version was used. The short version consists of 25 items which are scored on a four-point scale ranging from "strongly agree" to "strongly disagree." These scores are then summed to obtain one total score which may range from 0 to 75. Higher scores indicate greater profeminist attitudes.

Spence, Helmreich, and Stapp (1973) reported a .97 correlation between the short 25-item version and the full, 55-item scale with both male and female student samples. The study also used an older, adult sample consisting of the students' mothers and fathers. The correlations in each case were .96. Thus, with both the student and parental samples there was an almost perfect correlation between scores on the short and long forms. Data on the original AWS has shown a test-retest reliability of .95 (Collins, 1974), and a split-half reliability of .92 (Stein & Weston, 1976). A copy of the AWS is provided in Appendix A.
Counselor Rating Form (CRF)— Short version.

Corrigan (1981) revised and shortened the original CRF which was developed by Barak and LaCrosse (1975). The CRF-short version still measures perceived expertness, attractiveness (i.e., likability), and trustworthiness; however, each dimension consists of only four items, for a total of twelve on the entire instrument. Each item consists of a positive adjective on which the counselor is rated on a seven-point scale with the extremes being "not very" and "very." Scores on each dimension range between 4 to 28. Corrigan found inter-item reliabilities for expertness, attractiveness and trustworthiness in the range of .85 to .94, .89 to .93, and .82 to .91, respectively. See Appendix B.

Problem Questionnaire

The problem questionnaire consists of nine problems to which subjects rated their degree of confidence in the counselor's ability to help them. A six-point scale was used ranging from "very doubtful" to "very confident" of the counselor's ability to help. The questionnaire yields three scores. One represents a confidence score in the counselor's ability to be helpful with "obviously-women-related" problems. The second represents a confidence score in the counselor's ability to be helpful with "subtly-women-related" problems, and the third with "non-women-related" problems. Three problems fall into each category
scale. The three scores are the sum of the three problem ratings within each category. Thus, the scores range from 6 to 18.

In developing the questionnaire, five experts were asked to indicate, based on their knowledge of the psychology of women, those problems which are believed to occur much more frequently among women than men. An "expert" was defined as a counseling psychology doctoral student who, 1) had successfully completed a graduate-level course on the counseling of women, and 2) behaviorally demonstrated an on-going interest in women's issues by either a) having conducted research pertaining to women or b) having identified him/herself among colleagues at the university's counseling center as a highly desirable referral for clients with women's issues concerns. There was a 100% agreement on ten out of twelve original problems listed, and 80% on the remaining two. Thus, in its initial development, the questionnaire was composed of two categories with six problems having been identified as "women-related," and six which were not. See Appendix C.

The final version of nine problems and three category scales was prepared based on the consensual recommendation of three, "expert," licensed psychologists. The decision was made to separate the six women-related problems into those which would be obvious to a subject (i.e., unwanted pregnancy, sex discrimination and problems related
to lesbianism), and those which would only be viewed as women-related if the subject were very knowledgable in the psychology of women. Indeed, the literature indicates that depression (Radloff, 1975; Weissman & Klerman, 1977; Weissman, 1980), lack of assertiveness (Jakubowski, 1977), and eating or weight problems (Wooley & Wooley, 1980) are all problems which occur much more frequently among women than men. These three problems, then, composed the "subtly-women-related" problem scale, while general pressure and anxiety, difficulty making friends and career undecidedness represented the "non-women-related" problem scale. The final version of the Problem Questionnaire can be found in Appendix D.

Willingness to see the counselor

Subjects were asked to indicate on a six-point scale their degree of willingness to see the counselor they had heard, if they had a problem they wanted to discuss. This item appears at the bottom of the Problem Questionnaire.

Biographical Data Sheet

The biographical data sheet requests information on subject age, year in school, major, questions concerning their involvement with the women's movement, with women's groups or women's studies coursework, and their stereotypes of a woman feminist. See Appendix E.
Design and Experimental Manipulations

Two main scripts, traditional and feminist, were prepared in which a female client had just arrived for her first counseling session. The scripts were role-played onto an audiotape which was then used in the experiment. Two licensed psychologists, one male, one female, portrayed the counselor in both scripts. A second-year, female counseling psychology doctoral student acted as the client in all four conditions.

All of the scripts were developed in two segments. Each segment began with a standard dialogue between the counselor and the client for all four conditions. The manipulations were as follows.

Segment 1 — It is a widely accepted belief that a counselor's value system cannot be kept from entering the counseling process (Patterson, 1958; London, 1964; Bart, 1971). As it so often happens, the counselor in segment 1, communicated his/her values to the client without actually making them explicit. Each counselor's value system subtly emerged by virtue of a self-disclosure about his/her own particular lifestyle.

In this segment, counselor values differed as reflected by the sex-role orientation of each. The counselors portrayed themselves as being either sex-typed and traditional, or androgynous and egalitarian in their behaviors. This was accomplished by systematically varying their hobbies,
style of interaction with their children, and how they met
their spouse. During this segment, the traditional coun-
selors portrayed themselves as engaging in hobbies typical
of their own sex, being involved in activities with the
child of their own sex, and having met their spouse in an
unequal status situation (with the female spouse having
the inferior status in both the male and female traditional
counselor conditions). The feminist counselors, on the
other hand, portrayed themselves as engaging in hobbies not
typical of either sex, being involved in activities with
both children (son and daughter), and having met their
spouse in an equal status situation.

These counselor depictions were developed and used in
previous research by Banikotes and Merluzzi (1981). They
had twelve counselors-in-training rate the written descrip-
tions on a seven-point, egalitarian to traditional scale.
Significant differences were found between the egalitarian
and traditional descriptions at the p < .01 level. For the
purposes of this investigation, these written counselor
descriptions were transformed to fit a conversational
style, although the significant elements remained the same.
See Appendix F.

Segment 2 -- In this segment, each counselor informed
the client of his/her own particular approach to counseling.
Again, the counselor in each of the four conditions began
by following the same standard script. Then, the counselor
described either a traditional-eclectic approach or a feminist therapy approach.

A traditional-eclectic script was developed by incorporating the essential ingredients and assumptions of Dimond, Havens and Jones' (1978) conceptual model of "prescriptive eclecticism." The feminist script was developed by incorporating the values (assumptions) of feminist therapy as delineated by Rawlings and Carter's (1977) guidelines. It is important to note that the traditional script was nonsexist in nature, as this investigation sought to compare two equally "good" approaches to therapy -- not one which was sexist to one which was not.

The two scripts were identical in length and in the number of counselor-client dialogue exchanges. They were constructed to cover sequentially many of the same points whenever possible. Most importantly, each script followed the "spirit" of its approach as it has been communicated through the writings of Rawlings and Carter, or Dimond et. al. See Appendix G.

**Manipulation Check**

To ensure that the nonsexist traditional-eclectic and feminist tapes created were indeed both representative of their respective approaches and distinctly different from one another, a manipulation check was conducted. Twenty-three subjects from an introduction to counseling psychology course volunteered to rate one of the two female
counselor tapes. After listening to the tape, subjects were instructed to rate the counselor on eight bipolar dimensions on an eleven-point scale. Actually, the only dimension of interest was the traditional-feminist continuum which was embedded among the other seven "filler" items. The form used for this manipulation check appears in Appendix H.

A t-test was used to determine whether the two tapes were perceived as significantly different from one another on the traditional-feminist dimension. As shown in Table 1, the feminist tape was viewed as significantly more feminist than the nonsexist traditional-eclectic ($t = 9.83, p < .01$).

Procedure

The experiment began with the primary investigator introducing herself and a male confederate experimenter. The confederate experimenter was used to present the administration of the AWS as a separate experiment. This was done to minimize any impact of the AWS on the subjects' subsequent reactions to the counselors they would be hearing on audiotape. Subjects were told by the confederate experimenter that his experiment simply involved filling out an attitude questionnaire. He also stated that he could not justify using a separate sign-up procedure since the questionnaire usually only took five minutes to complete. The
Table 1
Results of Tape Manipulation Check

<table>
<thead>
<tr>
<th></th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feminist</td>
<td>10.25</td>
<td>0.97</td>
</tr>
<tr>
<td>(n=12)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traditional</td>
<td>5.73</td>
<td>1.49</td>
</tr>
<tr>
<td>(n=11)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

$t = 9.83, p < .01$
primary investigator reminded the subjects that they were under no obligation to participate. However, all 120 were willing to "help out." The confederate experimenter collected the completed questionnaires, and then offered a false purpose of his experiment. He stated that he and his advisor were comparing their AWS short forms to a much longer version. After his explanation, he left a long form with the primary investigator "in case anyone was interested in taking a look at it," thanked the subjects and the primary investigator, and left the room. The "other experiment" then began with the distribution of informed consent forms.

Subjects were given the following instructions by the primary investigator prior to listening to one of the four audiotaped conditions:

You will soon be listening to a simulated counseling session. In some ways, this counseling session is quite typical of what might happen when a person meets a counselor for the very first time. But, it isn't typical in one very major way. Usually, the counselor doesn't do so much of the talking! The reason the counselor is talking so much is because I am interested in getting your impressions about him (her). What I'd like for you to do is to put yourself in the shoes of the person who has just gone in for counseling. Listen to the counselor, and when the tape is finished, I'll be giving you some forms to fill out which will ask you for your impressions about him (her). One more thing -- the tape is in two parts. It's the same two people talking in each one, and it's still the same counseling session. It's just that we'll be skipping a section between the two parts where the person who came in for counseling
would be doing most of the talking. I don't think you'll get confused because you'll hear a voice say, "Part II," when we get to it. So, just keep listening. Are there any questions?

After listening to the audiotape, subjects completed the CRF, the Problem Questionnaire, the Willingness to See the Counselor Scale, and the Biographical Data Sheet.

At the conclusion of the experiment, all subjects were fully debriefed. They were told of the confederate experimenter, the reason for using the deception, and the purpose of the study. Those who were interested in listening to one of the other tapes were invited to stay. Finally, in appreciation for their participation, the investigator gave each subject a brief consumer information sheet on how to select a good counselor. Portions of this sheet were prepared from material found in A women's guide to therapy by Friedman, Gams, Gottlieb, and Nesselson (1979). See Appendix I.

Hypotheses

Since feminist therapy is a relatively recent development, investigations in this area have understandably been few. As such, this was an exploratory study, and no hypotheses were proposed.

Analysis

The independent variables were sex of counselor and approach of counselor, using degree of subject profeminist
attitude as a covariate. Two multivariate analyses of covariance (MANOCOVAs) were performed on the data. The first MANOCOVA analyzed the ratings of the three CRF dependent variables of expertness, attractiveness and trustworthiness. The second MANOCOVA analyzed the ratings of the three dependent variables of obviously-, subtly-, and non-women-related problems. Also, included in this analysis was a fourth dependent variable, that of willingness to see the counselor. Further, univariate analyses of covariance (ANOCOVAs) were performed, and means and standard deviations were computed for all seven dependent measures.
CHAPTER IV
RESULTS

Demographic Information

Subject demographic data are presented according to the four treatment conditions in Tables 2 and 3, and correspond to the questions asked on the Biographical Data Sheet. Table 2 consists of "yes" or "no" category frequencies, and Table 3 contains those questions for which means and standard deviations could be calculated. Also included in Table 3 are subject AWS scores.

It can be seen from these tables that the subjects assigned to each of the four conditions were, on the whole, very similar to one another. The total sample had a mean age of 20.5 years, and a mean class rank of sophomore. Very few subjects had ever been involved in a consciousness-raising or support group, or belonged to a women's political organization. Collectively, they had taken less than one women's studies course. The mean political viewpoint rating was 4.98 which was near the point described as "moderately supportive" of the women's movement. The mean AWS score was 62.16. Finally, sixty-three percent of the subjects were willing to label themselves as being feminist.
Table 2
Demographic Data—Categorical Frequencies

<table>
<thead>
<tr>
<th></th>
<th>Female Traditional</th>
<th>Male Traditional</th>
<th>Female Feminist</th>
<th>Male Feminist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
</tr>
<tr>
<td>At least one women's studies course?</td>
<td>16 53.3</td>
<td>14 46.7</td>
<td>16 50.3</td>
<td>14 46.7</td>
</tr>
<tr>
<td>CR or support group?</td>
<td>2 6.7</td>
<td>28 93.3</td>
<td>5 16.7</td>
<td>25 83.3</td>
</tr>
<tr>
<td>Women's political organisation?</td>
<td>2 6.7</td>
<td>28 93.3</td>
<td>3 10.0</td>
<td>27 90.0</td>
</tr>
<tr>
<td>Are you a feminist?</td>
<td>16 53.3</td>
<td>14 46.7</td>
<td>20 66.7</td>
<td>10 33.3</td>
</tr>
<tr>
<td></td>
<td>Total N</td>
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<tr>
<td>----------------------------------------------</td>
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</tr>
<tr>
<td></td>
<td>Yes</td>
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<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
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<td>87.5</td>
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<td>63.3</td>
<td>44</td>
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<td>Male Trad.</td>
<td>Female Feminist</td>
<td>Male Feminist</td>
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<td>M</td>
<td>SD</td>
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<td>2.09</td>
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</tr>
<tr>
<td>Class rank (where 1=freshperson; 4=senior)</td>
<td>2.28</td>
<td>1.19</td>
<td>2.03</td>
<td>1.15</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.14</td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td>1.14</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of women's studies courses taken</td>
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<td>1.18</td>
<td>.87</td>
<td>1.04</td>
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<td></td>
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<td>.63</td>
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</tr>
<tr>
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<td></td>
<td></td>
<td>.79</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>.93</td>
<td></td>
</tr>
<tr>
<td>Political viewpoint</td>
<td>4.63</td>
<td>1.38</td>
<td>5.00</td>
<td>1.26</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.05</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>.92</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.17</td>
<td></td>
</tr>
<tr>
<td>AWS</td>
<td>60.77</td>
<td>10.48</td>
<td>60.60</td>
<td>10.54</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>9.27</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>8.26</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9.68</td>
<td></td>
</tr>
</tbody>
</table>
Multivariate Analysis of Covariance

Leary and Altmaier (1980) noted that performing a series of separate univariate analyses of variance on each of several dependent variables, compounds the probability of making a Type I error. They suggested that Type I error may be controlled by multivariately analyzing all variables at once. Therefore, the type of analysis chosen to be performed in the present investigation was a multivariate analysis of covariance (MANOCOVA), with subject degree of profeminist attitude as the covariate. However, Leary and Altmaier also noted that there are cases when performing a single multivariate analysis on all of one's dependent measures may be overly conservative, and may serve to increase the probability of a Type II error. One such case exists when the dependent variables can be grouped into relatively homogeneous subsets. Leary and Altmaier have suggested that in such a case, a multivariate analysis may be performed on each of the subsets. Thus, it was decided to perform two MANOCOVAs in the present investigation. The dependent variables were divided so that the first MANOCOVA (MANOCOVA I) contained the three CRF variables, and the second MANOCOVA (MANOCOVA II) contained the three Problem Questionnaire and Willingness to See the Counselor variables.

Since the subjects for this study were obtained from two different sources, specifically, enrollment in either
an introductory psychology or women's studies class, it was necessary to first check for any significant effects on the dependent variables which might be due to class membership. In other words, to justify a pooling of the two sample's data for the purposes of this study, it was necessary to establish that there were no overall class, sex x class, approach x class, or sex x approach x class effects. This seemed advisable as it was not certain that the covariate of subject profeminist attitude would by itself be sufficient to control for possible class differences.

For each MANOCOVA, no significant class main or interaction effects were found, enabling data from the two classes to be pooled. The two MANOCOVAs were then carried out by removing class as an independent variable, thereby examining only the effects of counselor sex and counselor approach — i.e., the two variables of primary interest to the study. The same was done with all subsequent univariate analyses of covariance (ANOCOVAs).

Significant multivariate $F$'s were obtained for the main effect of counselor approach with both MANOCOVAs I and II ($F(3,113)=3.41, p<.020$, and $F(4,111)=18.18, p<.001$, respectively). The multivariate $F$'s yielded by each MANOCOVA for the main effect of counselor sex and the interaction of counselor sex and counselor approach were all nonsignificant.
Univariate ANOCOVAs — CRF Ratings

The means and standard deviations of the CRF ratings, collapsed by approach, appear in Table 4. The results of the univariate ANOCOVAs are presented in Table 5. The univariate ANOCOVA for attractiveness revealed a significant main effect for approach ($F=7.71, p<.01$), as did the ANOCOVA for trustworthiness ($F=6.16, p<.01$). Examination of the mean ratings for attractiveness and trustworthiness by approach reveals that in each case, the feminist counselors were rated significantly higher than the traditional-eclectic counselors ($M_{\text{attraction}} = 22.67$ and $M_{\text{trustworthiness}} = 22.95$ for feminist counselors vs. $M_{\text{attraction}} = 20.20$ and $M_{\text{trustworthiness}} = 20.73$ for traditional counselors, respectively).

No significant effects were found in the ANOCOVA for expertness. However, the AWS covariate was found to account for a significant proportion of the overall variance for both expertness ($F=3.95, p<.05$) and trustworthiness ($F=10.03, p<.001$). In the case of trustworthiness, approach accounted for a significant amount of the variance, beyond the variance accounted for by the AWS covariate, while this was not the case for expertness.

Univariate ANOCOVAs — Problem Questionnaire and Willingness Ratings

The means and standard deviations, as calculated by approach for the three Problem Questionnaire and Willingness to See the Counselor variables, appear in Table 6.
Table 4
Means and Standard Deviations of CRF as a Function of Approach

<table>
<thead>
<tr>
<th></th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expertness</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feminist</td>
<td>22.17</td>
<td>3.60</td>
</tr>
<tr>
<td>Traditional</td>
<td>21.30</td>
<td>4.92</td>
</tr>
<tr>
<td><strong>Attractiveness</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feminist</td>
<td>22.67</td>
<td>3.49</td>
</tr>
<tr>
<td>Traditional</td>
<td>20.20</td>
<td>5.49</td>
</tr>
<tr>
<td><strong>Trustworthiness</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feminist</td>
<td>22.95</td>
<td>3.45</td>
</tr>
<tr>
<td>Traditional</td>
<td>20.73</td>
<td>4.84</td>
</tr>
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</table>
**Table 5**

Univariate ANOCOVAs of CRF Variables

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>SS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expertness</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AWS (covariate)</td>
<td>1</td>
<td>72.66</td>
<td>3.95&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Sex</td>
<td>1</td>
<td>0.02</td>
<td>0.00</td>
</tr>
<tr>
<td>Approach</td>
<td>1</td>
<td>9.71</td>
<td>0.53</td>
</tr>
<tr>
<td>Sex x Approach</td>
<td>1</td>
<td>3.88</td>
<td>0.21</td>
</tr>
<tr>
<td>Error</td>
<td>115</td>
<td>2114.37</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>119</td>
<td>2210.79</td>
<td></td>
</tr>
<tr>
<td><strong>Attractiveness</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AWS (covariate)</td>
<td>1</td>
<td>11.35</td>
<td>0.53</td>
</tr>
<tr>
<td>Sex</td>
<td>1</td>
<td>20.37</td>
<td>0.95</td>
</tr>
<tr>
<td>Approach</td>
<td>1</td>
<td>164.75</td>
<td>7.71&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Sex x Approach</td>
<td>1</td>
<td>9.76</td>
<td>0.46</td>
</tr>
<tr>
<td>Error</td>
<td>115</td>
<td>2457.12</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>119</td>
<td>2681.47</td>
<td></td>
</tr>
<tr>
<td><strong>Trustworthiness</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AWS (covariate)</td>
<td>1</td>
<td>163.99</td>
<td>10.03&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>Sex</td>
<td>1</td>
<td>26.99</td>
<td>1.65</td>
</tr>
<tr>
<td>Approach</td>
<td>1</td>
<td>100.75</td>
<td>6.16&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Sex x Approach</td>
<td>1</td>
<td>11.94</td>
<td>0.73</td>
</tr>
<tr>
<td>Error</td>
<td>115</td>
<td>1880.17</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>119</td>
<td>2231.99</td>
<td></td>
</tr>
</tbody>
</table>

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

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

<sup>c</sup> p < .001
As noted, the MANOCOVA for these variables was found to be significant (p < .01). Table 7 presents the results of the four ANOCOVAs. Significant main effects for counselor approach were found for three of the four dependent variables. They are as follows: Obviously-women-related problems (F=61.60, p < .001); non-women-related problems (F=4.01, p < .05); and willingness to see the counselor (F=6.68, p < .01). As indicated by the means, the feminist counselors again were given significantly higher ratings than those given to the traditional-eclectic (M_{obviously}=13.66, 8.70; M_{non-related}=14.10, 13.03; and M_{willingness}=4.18, 3.40 for feminist and traditional counselors, respectively.

Summary of Results

The results indicated that both the male and female feminist counselors were perceived to possess significantly greater attractiveness and trustworthiness than the male and female traditional counselors. The feminist counselors were also given significantly higher ratings in their ability to be helpful with both obviously-women-related and non-women-related problems. Finally, subjects indicated a significantly higher degree of willingness to be counseled by the feminist counselors relative to the traditional ones.
<table>
<thead>
<tr>
<th>Approach</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Obviously-women-related</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feminist</td>
<td>13.66</td>
<td>3.34</td>
</tr>
<tr>
<td>Traditional</td>
<td>8.70</td>
<td>3.41</td>
</tr>
<tr>
<td><strong>Subtly-women-related</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feminist</td>
<td>13.28</td>
<td>2.50</td>
</tr>
<tr>
<td>Traditional</td>
<td>12.08</td>
<td>3.31</td>
</tr>
<tr>
<td><strong>Non-women-related</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feminist</td>
<td>14.10</td>
<td>2.43</td>
</tr>
<tr>
<td>Traditional</td>
<td>13.03</td>
<td>2.72</td>
</tr>
<tr>
<td><strong>Willingness</strong></td>
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<td></td>
</tr>
<tr>
<td>Feminist</td>
<td>4.18</td>
<td>1.36</td>
</tr>
<tr>
<td>Traditional</td>
<td>3.40</td>
<td>1.55</td>
</tr>
</tbody>
</table>
Table 7
Univariate ANOCOVAs of Problems
and Willingness to See the Counselor

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>SS</th>
<th>( \bar{F} )</th>
</tr>
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<tbody>
<tr>
<td><strong>Obviously-women-related</strong></td>
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<td></td>
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</tr>
<tr>
<td>AWS (covariate)</td>
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<td>Sex</td>
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<tr>
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<td>703.76</td>
<td>61.60c</td>
</tr>
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<td>10.59</td>
<td>0.93</td>
</tr>
<tr>
<td>Error</td>
<td>114</td>
<td>1302.36</td>
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</tr>
<tr>
<td>Total</td>
<td>118</td>
<td>2063.97</td>
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</tr>
<tr>
<td><strong>Subtly-women-related</strong></td>
<td></td>
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</tr>
<tr>
<td>AWS (covariate)</td>
<td>1</td>
<td>11.15</td>
<td>1.31</td>
</tr>
<tr>
<td>Sex</td>
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<td>8.69</td>
<td>1.02</td>
</tr>
<tr>
<td>Approach</td>
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<td>3.57</td>
</tr>
<tr>
<td>Sex x Approach</td>
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<td>2.91</td>
<td>0.34</td>
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<tr>
<td>Error</td>
<td>114</td>
<td>970.89</td>
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<tr>
<td>Total</td>
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<td>1031.46</td>
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<tr>
<td><strong>Non-women-related</strong></td>
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<tr>
<td>AWS (covariate)</td>
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<td>0.53</td>
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<td>Approach</td>
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<td>0.01</td>
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<tr>
<td><strong>Willingness</strong></td>
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<td></td>
</tr>
<tr>
<td>AWS (covariate)</td>
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<td>3.49</td>
<td>1.63</td>
</tr>
<tr>
<td>Sex</td>
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<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Approach</td>
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<td>6.68b</td>
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<td>0.08</td>
</tr>
<tr>
<td>Error</td>
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<td>Total</td>
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<td>264.87</td>
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</tbody>
</table>

* \( p < .05 \)

** \( p < .01 \)

*** \( p < .001 \)
CHAPTER V
DISCUSSION

The present investigation was exploratory in nature, and sought to examine the variability in college women's reactions to male and female traditional and feminist counselors. An a priori decision was made to control for any variability which might have been due to the degree of the subjects' profeminist attitude. A strong and consistent pattern was found for five of the seven dependent variables. It is highly unlikely that these findings may have been spurious or due to chance, as the type of statistical analysis employed was a conservative one which reduces the probability of a Type I error (Leary & Altmaier, 1980).

The results indicated that regardless of counselor sex, the feminist counselors were perceived to be significantly more attractive and trustworthy than the traditional counselors. They were also perceived to possess significantly greater ability to help with both obviously-women-related and non-women-related problems. Finally, subjects showed a significantly higher degree of willingness to be counseled by the feminist counselors relative to the traditional ones. However, it should be noted
that although the feminist counselors were perceived more favorably than the traditional counselors, the mean ratings of their ability to be helpful with various types of problems were not exceptionally high. Subjects indicated only a slight to moderate degree of confidence in the feminist counselors' ability to help. On the other hand, for the traditional counselors, the subjects' mean ratings ranged from slightly confident to moderately doubtful of the traditional counselors' ability to help. A similar pattern of scores existed in the subjects' degree of willingness to see the feminist counselors. Subjects indicated that they would be slightly unwilling to see the traditional counselors while they would be slightly willing to see the feminist counselors. Finally, no significant differences were found for counselor expertness or counselor ability to help with subtly-women-related problems.

A closer examination of the results will now be presented, especially as these results relate to the existing literature. The problems and limitations of the study are also addressed, and recommendations are made for future research.

One very popular question in recent years has been whether men should counsel women (Kronsky, 1971; Rice & Rice, 1973; Tanney & Birk, 1976). Some women feminist counselors believe that only a woman can best serve another woman (Chesler, 1972). Others believe that men can
be feminist counselors and engage in counseling women except in particular cases such as client hostility or seductiveness toward men (Rawlings & Carter, 1977). Still others maintain that even with all things being equal, a male counselor is a much less potent role model than a female (Tennov, 1975; Rawlings & Carter, 1977). While the debate continues, the results of this study indicate that male and female feminist counselors are viewed as equally "good," at least from the subject's/client's perspective. Both counselors were seen to possess equivalent amounts of the three core therapeutic characteristics of counselor expertness, attractiveness, and trustworthiness. Also, both were seen as being equally able to help with many types of problems, including those problems which were heavily women-oriented.

These findings are interesting from another standpoint. There have been indications that professional women are often judged to be less competent than professional men (Goldberg, 1968; Hagen & Kahn, 1975). In addition, Gilbert, Lee, and Chiddix (1981) lend supportive evidence to the belief that women who are concerned with sex fairness in counseling are viewed as less competent and less effective than men who are concerned with the same issue. Yet, as was previously stated, the male and female feminist counselors of the present study received equally favorable ratings.
In view of the fact that the feminist counselors were judged superior to the traditional counselors on five of the seven measurements employed in this study, it may be worthwhile to speculate about the reasons for the counselors' equivalent ratings on the remaining two. The variable of counselor expertness will be considered first.

The approach of feminist therapy advocates an egalitarian relationship between the counselor and client (Rawlings & Carter, 1977; Gilbert, 1980). The feminist counselor attempts to deemphasize his or her role as an authority figure. Intuitively (though unsupportable to date, due to the lack of research), it would stand to follow that a feminist counselor might be perceived as less expert than a traditional counselor. Certainly, one would not expect a feminist counselor to be perceived as displaying a greater degree of expertness than a traditional counselor. In the present study, the counselors representative of each approach were judged to be equally expert. Perhaps, this finding indicates that it is indeed possible to dethrone the counselor from his/her traditional role of the mystic, all-knowing authority, yet still have that same counselor retain the qualities of counselor expertness.

The second variable for which feminist and traditional counselors received equivalent ratings was that of confidence in the counselor's ability to be helpful with subtly-
women-related problems. This is a puzzling finding in view of the fact that the feminist counselors were rated superior to the traditional counselors on their ability to help with both non-women-related as well as obviously-women-related problems. All three of these scales were contained in the Problem Questionnaire (Appendix D). One possible explanation may lie in the questionnaire itself in that it was never tested for construct validity and reliability.

Finally, the overall findings of the present investigation are in direct conflict with the findings of Lewis et al (1981). In their study, the college women rated the feminist counselor who had made her feminist value system explicit as possessing a much lesser degree of ability to be helpful with various problems than the "traditional" or "feminist label only" counselors. The subjects also indicated a greater reluctance in seeking the "explicit feminist assumptions" counselor for help than in seeking the help of the other two counselors. Of course, in the present investigation, the results were just the opposite. That is, the feminist counselors were rated more favorably than the traditional ones.

It is the present author's contention that these conflicting findings may be due to the methodological differences between the two analogues (Munley, 1974). Interestingly, the scripts of both of the analogues were
developed utilizing Rawlings and Carter's description of feminist therapy. However, in the Lewis, et. al study, the feminist counselor's values and approach to counseling were communicated via a written counselor monologue, while in the present study these were communicated through use of an audiotaped, simulated dialogue between the counselor and the client. It is possible that the written statements employed in the Lewis, et. al study were perceived as too strong, too biased, and insensitively made, on the part of the counselor, in the absence of her human voice to communicate and explain their meanings more fully.

Thus, to illustrate, one of the statements employed in the Lewis et. al script read, "Feminist therapy is opposed to personal adjustment to social conditions; the goal is social and political change." Without further explanation, this statement could have been translated by a subject-client to mean that she could not receive any help from the feminist counselor for a personal problem -- that the feminist counselor would only intervene at a social or political level. In another statement made, "Women must be psychologically and financially independent," subject-clients may have perceived this to mean that the feminist counselor was advocating separatism (from men). It is likely that the present investigation circumvented these problems through its use of audiotape which allowed for more detailed explanations of beliefs, and presented the
counselors in a much more caring and sensitive manner.

Limitations

The limitations of the present study are primarily methodological, and concern the generalizability of its findings to the actual practice of counseling. First and foremost, it is important to consider the characteristics of the subject sample employed. The sample was one of college women who as a whole, had a mean age of 20.5 years and a mean class rank of sophomore. The overwhelming majority had never been involved in any women's political organization, consciousness-raising or support group. Behaviorally, therefore, this sample of college women appears to be representative of the overall population of college women, with one exception. One-half of the sample was concurrently enrolled in a women's studies course while the other half was not. Although there were no differences found between these two groups on any of the dependent measures, it is not known whether the two groups were truly both representative of the same population of college women. In addition, the findings may not be generalizable to clients from older or non-college populations.

A second caution should be mentioned. It will be remembered that subject degree of profeminist attitude, as measured by the Attitude toward Women Scale, was used as a covariate in the analysis of the data. The mean of the
subjects' AWS scores was 62.16. This is approximately one standard deviation higher than the normative mean of 50.26 and standard deviation of 11.68 presented by Spence, et al (1973). At first glance, therefore, the subject sample of this study appears to be more profeminist in their attitudes than the overall average college female population. However, an equally plausible interpretation could be that the subjects' higher AWS scores reflect the amount of attitude change that has occurred over the last ten years. Spence et al's norms were computed from data collected during the 1971-1972 academic year. In view of such historical events as the push for an Equal Rights Amendment and the first appointment of a woman to the United States Supreme Court, one could speculate that attitudes toward women may have undergone some degree of a profeminist shift in the past decade. This ten-year shift has been recently reviewed by both Steinem (1982) and Cocks (1982). Thus, whether the subject sample employed in this study is viewed as representative of the overall female college population may depend upon where one's sympathies lie.

Probably the most significant limitation of the present study was that it was not conducted within a naturalistic setting with actual clients and counselors. Also, since this study was exploratory in nature, the counselor-client scripts were developed to represent the purest forms possible of feminist and nonsexist traditional-eclectic
counseling. The number of counselors who actually practice these "pure" forms is undeterminable. It is more likely that feminist and traditional counselors practice some variations of these theoretical orientations. These variations may in turn affect client perceptions in directions and magnitudes different from those implied by the present study.

**Future Research Directions**

As the preceding discussion suggests, a number of future research directions are possible. A replication of this study in a naturalistic setting such as a university or community mental health center would help to address the generalizability of the results. Second, it would be benefical to undertake research which would examine some of the components of feminist therapy more closely. For instance, what elements were contributory to the feminist counselors' greater appeal than the traditional counselors in this study? One might hypothesize that it was their modeling of androgynous sex-role behavior and their egalitarianism within the counseling relationship. If this were the case then there are definite implications for both the selection and training of future counselors.

Although in the present study, the male and female feminist counselors were not differentially perceived, this is an area meriting further research. There may be
circumstances under which some differences could emerge. For example, it would be interesting to replicate this study, changing only the marital and parental status of the counselors. Perhaps, the "man-hating-and-against-the-family" stereotype of a woman feminist was counteracted by the female counselor having had both a husband and children. It may be possible that clients will not react as positively to an unmarried female feminist counselor as they will to her male counterpart.

Finally, research is needed with the focus on men as the clients of feminist counselors. Although it is true that feminist counselors specialize in the psychosociotherapeutic treatment of women, this does not exclude men from becoming their clients. A situation which readily comes to mind is that of marriage or couples counseling.

By now, it seems apparent that the present study served to generate many more questions about feminist therapy than it has answered. Hopefully, however, the investigation has provided an empirical base and a starting point from which future research can build.
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APPENDIX A

Attitudes toward Women Scale
INSTRUCTIONS

The statements listed below describe attitudes toward the role of women in society which different people have. There are no right or wrong answers, only opinions. You are asked to express your feelings about each statement by indicating whether you (A) Agree strongly, (B) Agree mildly, (C) Disagree mildly, or (D) Disagree strongly. Please indicate your opinion by placing a check on the line under the category which best describes your personal attitude. Please respond to every item.

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<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
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<tr>
<td>1. Swearing and obscenity are more repulsive in the speech of a woman than of a man.</td>
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<td>2. Women should take increasing responsibility for leadership in solving the intellectual and social problems of the day.</td>
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<td>3. Both husband and wife should be allowed the same grounds for divorce.</td>
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<td>4. Telling dirty jokes should be mostly a masculine prerogative.</td>
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<td>5. Intoxication among women is worse than intoxication among men.</td>
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<td>6. Under modern economic conditions with women being active outside the home, men should share in household tasks such as washing dishes and doing the laundry.</td>
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<td>7. It is insulting to women to have the &quot;obey&quot; clause remain in the marriage service.</td>
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<td>8. There should be a strict merit system in job appointment and promotion without regard to sex.</td>
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<td>9. A woman should be as free as a man to propose marriage.</td>
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<td>10. Women should worry less about their rights and more about becoming good wives and mothers.</td>
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<td>11. Women earning as much as their dates should bear equally the expense when they go out together.</td>
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12. Women should assume their rightful place in business and all the professions along with men.
13. A woman should not expect to go to exactly the same places or to have quite the same freedom of action as a man.
14. Sons in a family should be given more encouragement to go to college than daughters.
15. It is ridiculous for a woman to run a locomotive and for a man to darn socks.
16. In general, the father should have greater authority than the mother in the bringing up of children.
17. Women should be encouraged not to become sexually intimate with anyone before marriage, even their fiances.
18. The husband should not be favored by law over the wife in the disposal of family property or income.
19. Women should be concerned with their duties of childbearing and house tending rather than with desires for professional and business careers.
20. The intellectual leadership of a community should be largely in the hands of men.
21. Economic and social freedom is worth far more to women than acceptance of the ideal of femininity which has been set up by men.
22. On the average, women should be regarded as less capable of contributing to economic production than are men.
23. There are many jobs in which men should be given preference over women in being hired or promoted.

24. Women should be given equal opportunity with men for apprenticeship in the various trades.

25. The modern girl is entitled to the same freedom from regulation and control that is given to the modern boy.
APPENDIX B

Counselor Rating Form
INSTRUCTIONS

We would like you to rate several characteristics of the counselor you have just heard. For each characteristic on the following page, there is a seven-point scale that ranges from "not very" to "very." Please mark an "X" at the point on the scale that best represents how you view the counselor. For example:

FUNNY

not very ___:___:___:___:____:___:___very

WELL DRESSED

not very ___:___:___:___:____:___:___very

These ratings might show that the counselor does not joke around much, but dresses wisely.

Though all of the following characteristics are desirable, counselors differ in their strengths. We are interested in knowing how you view these differences. Remember, your responses are anonymous.
FRIENDLY
not very ___________ very

EXPERIENCED
not very ___________ very

HONEST
not very ___________ very

LIKEABLE
not very ___________ very

EXPERT
not very ___________ very

RELIABLE
not very ___________ very

SOCIABLE
not very ___________ very

PREPARED
not very ___________ very

SINCERE
not very ___________ very

WARM
not very ___________ very

SKILLFUL
not very ___________ very

TRUSTWORTHY
not very ___________ very
APPENDIX C

Summary of Expert Ratings of Problems
Summary of Expert Ratings of Problems

Instructions

Based on your knowledge of the Psychology of Women, please check the problems which are believed to occur much more frequently among women than men.

- general pressure and anxiety -- 100% agreement as a non-women-related prob.
- difficulty making friends -- 100% agreement as a non-women-related prob.
- unwanted pregnancy -- 100% agreement as a women-related prob.
- depression -- 80% agreement as a women-related prob.
- career undecidedness -- 80% agreement as a non-women-related prob.
- lack of assertiveness -- 100% agreement as a women-related prob.
- dating difficulties -- 100% agreement as a non-women-related prob.
- eating or weight problems -- 100% agreement as a women-related prob.
- trouble concentrating on work -- 100% agreement as a non-women-related prob.
- sexual harassment or discrimination -- 100% agreement as a women-related prob.
- alcohol problem -- 100% agreement as a non-women-related prob.
- problems related to lesbianism 100% agreement as a women-related prob.
APPENDIX D

Problem Questionnaire
Problem Questionnaire

Please read carefully:

I now wish to learn your expectations about how helpful the counselor on the tape would be for particular types of difficulties which people sometimes have. Let's suppose that you sought counseling for a problem you have and that this individual is to be your counselor. How confident (or doubtful) are you that this counselor could help you with each of the particular problems listed below? Use the scale which follows to indicate your ratings.

I realize that your exposure to the counselor has been rather brief and that you will have to rely on your impressions in order to make the ratings. Please respond to each item. There are no right or wrong answers, and your answers are held confidentially.

1 - I am very doubtful that this person could help.
2 - I am moderately doubtful that this person could help.
3 - I am slightly doubtful that this person could help.
4 - I am slightly confident that this person could help.
5 - I am moderately confident that this person could help.
6 - I am very confident that this person could help.

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My impression is:

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<td>Problems related to lesbianism</td>
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Now, please indicate your degree of willingness to see the counselor you just heard if you had a problem you wanted to discuss. (1=very unwilling, 6=very willing)
APPENDIX E

Biographical Data Sheet
BIOGRAPHICAL SHEET

Age ______
Rank __________________
Major __________________

1. Have you ever taken a course in the area of Women's Studies? How many?

2. Have you ever been in a women's consciousness-raising or support group?

3. Do you belong to any political women's organization such as N.O.W.?

4. Below is a continuum of attitudes about the women's movement. Please indicate your political viewpoint by circling one of the six choice points.

   1 ________ 2 ________ 3 ________ 4 ________ 5 ________ 6 ________
   very opposed moderately opposed slightly opposed slightly in favor moderately in favor very in favor

5. What adjectives would you use to describe a woman who calls herself a feminist?

6. If you had to answer with either a "yes" or a "no", how would you answer the question, "Are you a feminist?"
APPENDIX F

Audiotape Transcripts -- Segment 1
SEGMENT 1

Standard for all 4 conditions

T: Hi Lisa. I'm Dr. Jones, but I'd much rather you just call me Chris. Have a seat, wherever you feel comfortable.

Cl: Thanks... I think I should tell you that I'm feeling kind of nervous about being here.

T: I'm glad you told me. Is there anything I can do to help you feel more comfortable?

Cl: Hmm... well, could you tell me something about yourself?

T: Sure, I'd be happy to do that. I think that spending a few minutes just to get acquainted is a really good idea! (in reference to the client having had the idea).

So, let's see... what can I tell you about myself? Well,...
SEGMENT 1

Male Traditional

T: I'm married, and I have two children, a son and a daughter. My wife is a pretty active woman, at least compared to other housewives that I know. She's a room mother for our daughter's class and she belongs to a bridge club. I met her, ... oh... almost 15 years ago when I ended up becoming her math tutor. But, getting back to me, I really like sports a lot, and I especially enjoy playing football or going hunting with my son. (Pause)... and, I've been working here as a psychologist for about six years. So, now tell me something about yourself.

SEGMENT 1

Female Traditional

T: I'm married, and I have two children, a son and a daughter. My husband is a lawyer. I met him during the summer, ... oh... almost 15 years ago when he was a law-clerk, and I was working as a typist. Anyway, in my free-time, what I really enjoy doing most is needlepoint, and teaching my daughter how to cook. My husband is very athletic and he spends a lot of time with our son. (Pause)... and I've been working here as a psychologist for about six years. So, now tell me something about yourself.
T: I'm married, and I have two children, a son and a daughter. My husband (wife) is a photographer. We met in college... oh... almost 15 years ago while we were both writing for the school newspaper. I still enjoy writing, and every once in a while Ms. magazine publishes one of my articles. Anyway, other than writing, I like to spend my vacations either skiing or sailing with the kids and my husband (wife). The four of us can really have a lot of fun together. (Pause)... and, I've been working here as a psychologist for about six years. So, now tell me something about yourself.
APPENDIX G

Audiotape Transcripts -- Segment 2
Cl: I'm not feeling so nervous anymore.

T: Good! I'm glad to hear that. Well, before we go any further today and begin to talk about some of your concerns, or what brought you in for counseling, I'd like to make you aware of my particular approach to counseling. In other words, I'd like to explain some of my values and beliefs, and the framework that I'll most likely be coming from as we talk, so that you understand. I tend to get a bit wordy whenever I do this, but just bear with me and please, jump in anytime you have a question or something isn't clear. Okay?

Cl: Sure -- okay!
T: Alright, then. Let's see... I guess I'll start by saying that for the most part, I assume that most of the problems which people experience are a result of their own individual personalities interacting with pressures from their own particular environments. In other words, it's my opinion that most of the problems that people come in here with aren't due to personality factors alone, or to environmental factors alone, but are caused by a combination of the two together. Also, I think that if you asked around you'd find that there are a lot of other counselors who think the same way I do. It's a fairly popular approach.

Cl: OK, wait a second and let me see if I've got this. You're saying that you believe that most of the problems I might have are due to a combination of who I am as a person and also what my circumstances are in my environment. You haven't really emphasized one over the other.

T: Yes! That's exactly right.

Cl: Well, that's reassuring. I mean that my problems aren't totally due to my personality.

T: Yeah, you seem to understand what I'm saying so I'll go on. The next point I wanted to share with you is that I don't align myself with any one particular psychological theory, and I don't use only one specific set of counseling techniques. Instead, I draw and use what appears to be the best for each case from a wide variety of different techniques and viewpoints.

Cl: Hmm... that makes sense, I guess.

T: This whole approach that I've been describing to you is what those of us in the counseling field call an eclectic approach to therapy. The word eclectic means drawing from many sources. Just to explain this approach a little more, it's a framework that includes everything from psychiatry, sociology, and anthropology to all aspects of psychology. You don't really need to remember any of this, but basically the personality has four parts to it -- the behavioral, the biological, the conscious, and the unconscious. And the environment has two types of forces -- one being the interpersonal kind and the other being cultural. Are you following me?
SEGMENT 2

Male and Female Traditional (con't)

Cl: Ah-huh. I think so. It's kind of interesting.

T: Well, good... what we'll do in counseling, then, is to figure out which of all of these factors are contributing to whatever problems you may be experiencing. It'll be your job to help me understand what those problems are, and together we'll set some goals that you'd like to reach. Of course, I'll be making a professional judgment as to how you might best reach those goals. And, the other thing that I'll do is to periodically evaluate how the counseling is going, in case we need to refocus on something different.

Cl: Boy, you know... I think it's really interesting how much time you're spending in trying to explain things and making sure I understand your approach to counseling. I guess you really must feel it's important.

T: Yeah, it's somewhat important, although, it's certainly not crucial. I just thought it would be nice to let you know how I work. Well, let me try to wrap this up. The last thing that I want to say is that at the very base of my eclectic approach is an appreciation of each person that I see as a unique individual. That's really the whole purpose of having an eclectic framework. It allows me to tailor-fit the best possible counseling available for each individual person. Well... I guess that about covers it. Do you have any other questions?
T: Alright, then. Let's see... I guess I'll start by saying that for the most part, I assume that the primary source of many women's problems is societal, and not personal. I think that most of the problems that women come in here with, can be traced to external causes rather than internal ones. What I'm saying is that merely by the way our culture is designed, there's a lot of built-in environmental stress that women end up experiencing as a result. And, I think that it's this kind of stress that is the basic cause of most women's problems.

Cl: OK, wait a second and let me see if I've got this. You're saying that you believe that most of the problems I might have are due to my experiences as a woman in our culture, rather than say... I've got some kind of personality defect or something.

T: Yes! That's exactly right.

Cl: Well, that's reassuring.

T: Yeah, but at the same time, the focus on our environment as a major cause of women's problems shouldn't be used as an escape from individual responsibility. What I mean is that women can't just blame their environment and then not do anything to take some initiative and try to change some things in order to get what they want, whatever that might be.

Cl: Hmm... that makes sense, I guess.

T: This whole approach that I've been describing to you is what those of us in the counseling field call feminist therapy. Just to explain this approach a little more, in our culture, women as a whole have an inferior status to men which is due to their having less political and economic power. Feminist therapy is opposed to personal adjustment to these and other societal conditions. So, as a feminist therapist, I not only try to help women with their individual problems, but I also get myself involved in taking social action whenever it's appropriate or it seems necessary, so that all women may benefit. Are you following me?

Cl: Ah-huh. I think so. It's kind of interesting.
T: Well good. Along the same lines, I think that friendship, love and marriage relationships should be equal in personal power. In fact, the relationship here between the two of us in counseling should be one of equality. Together, we'll openly discuss, decide, and set goals for you to work towards.

Cl: Boy, you know... I think it's really interesting how much time you're spending in trying to explain things and making sure I understand your approach to counseling. I guess you must really feel it's important.

T: Yeah, you're right. I think it really is important for a counselor to be "up-front," and that's what I try to be as best I can. Well, let me wrap this up by saying that I use many different types of techniques, but my approach to counseling is basically influenced by my feminist outlook... I try to help women shed cultural expectations, and broaden their awareness of the many different roles and opportunities open to them, beyond the usual, traditional ones. I guess I believe that the more choices a person has, the better chance they have in finding those things that make them happiest. Well, I guess that about covers it. Do you have any other questions?
APPENDIX H

Manipulation Check Form
INSTRUCTIONS

I'd like you to rate the counselor you just heard on several characteristics which appear below. These characteristics appear in pairs on opposite ends of an 11 point scale. Please mark an "X" at the point on the scale that best represents your impression of the counselor. For example:

intelligent: X:________________________ stupid

funny: ______X:________________________ serious

These ratings show that the counselor is extremely intelligent, and does not joke around much, yet is not too serious either.

passive: ____________________________ active

warm: ______X:________________________ cold

clear: ____________________________ vague

closed: ____________________________ open

traditional: __________________________ feminist

trustworthy: __________________________ untrustworthy

unfriendly: __________________________ friendly

inexpert: __________________________ expert
APPENDIX I

Consumer Information Sheet
SELECTING A COUNSELOR: CONSUMER TIPS FOR WOMEN

You, as a consumer seeking a psychological service, should initially approach the task of finding a good counselor just as you would to find a good quality car or stereo system. That is, you should shop around. Your decision will be much sounder if you:

1) Familiarize yourself with the different psychological theories which exist. Ask your counselor which of these theories were emphasized in her/his training. These theories affect the counselor's assumptions and attitudes toward you as a person and as a woman. Many interpretations that a counselor makes about the things you talk about are based on her/his theoretical framework. You may even find that a counselor is willing to label her/himself as "Freudian," "Gestalt," "Behaviorist," or "Feminist," for example.

2) Learn about the meanings of different titles. They usually reflect differences in the type and amount of training the counselor has received (e.g., psychologist, psychiatrist, psychoanalyst, social worker, intern).

3) Explore how relevant or important a counselor's demographic characteristics are in your level of comfort to talk (e.g., age, sex, race, religious background, or sexual preference). Then choose your counselor accordingly. You have the right when first visiting a counseling center or mental health agency, to request a counselor who matches those characteristics which are important to you.

4) Call a women's center or an organization such as the National Organization for Women in your area, and ask for a list of recommended counselors. If you want a feminist counselor, check in the Yellow Pages for counselors using that label or in the backs of feminist magazines, and also again with a women's center or organization. However, remember that any label alone does not necessarily guarantee a good counselor; she/he may be a "lemon."

5) Ask your potential counselor:
   a) what kinds of training she/he has had in women's issues,
   b) to share what she/he knows of community resources for women and how she/he uses them,
   c) what her/his attitude is about feminism,
   d) what her/his attitudes are about a specific issue that concerns you such as abortion or a gay lifestyle,
   e) how she/he views the counseling relationship between the two of you,
   f) if she/he would allow you to inspect your file.

6) Can spot sex-bias during a conversation -- for example, the counselor assumes you want to follow the traditional roles of wife and mother without you ever having stated as such. A sex-biased counselor thus, may subtly limit your exploration of various options, solutions and alternatives, and therefore, should be avoided.

If you are not satisfied with your initial selection of a counselor, you have the right to ask for, or find another.