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NON-TRADITIONAL OCCUPATIONS: NOT FOR WOMEN
ONLY.

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NON-TRADITIONAL OCCUPATIONS:

NOT FOR WOMEN ONLY

DISSERTATION

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

By

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* * * * *

The Ohio State University

1979

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For my mother, Mary High Anderson Foster,
and my husband, John O Crites,
who offered the space and encouragement
to be as nontraditional as I wished

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Crites, J. O., and Fitzgerald, L. F. The competent male. The Counseling Psychologist, 1978, 7, 10-14.

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TABLE OF CONTENTS

ACKNOWLEDGMENTS.....	iii
VITA.....	iv
LIST OF TABLES.....	vi
LIST OF FIGURES.....	vii
CHAPTER	
I. Introduction.....	1
II. Review of the literature.....	5
III. Method.....	17
IV. Results.....	23
V. Discussion.....	28
VI. Summary.....	35
TABLES.....	40
FIGURES.....	51
APPENDIXES	
A. Counselor Rating Form.....	55
B. Supplemental Measures.....	58
C. Biographical Data Sheet.....	59
D. Experimental Dialogues.....	60
E. Audiotape Instructions.....	71
F. Experimenter Instructions.....	72
REFERENCE NOTES.....	73
REFERENCES.....	74

LIST OF TABLES

TABLE		PAGE
1	Means and standard deviations of counselor dimensions by experimental condition and sex of subject.....	40
2	Analysis of CRF Scores by client sex and occupation for female subjects.....	41
3	Analysis of CRF Scores by client sex and occupation for male subjects.....	42
4	Analysis of Expertness dimension by client sex, occupation and sex of subject.....	43
5	Analysis of Attractiveness dimension by client sex, occupation and sex of subject.....	44
6	Analysis of Trustworthiness dimension by client sex, occupation and sex of subject.....	45
7	Subjects' degree of agreement with the selected occupation by experimental condition and sex of subject.....	46
8	Analysis of degree of agreement with the selected occupation by client sex, occupation and sex of subject.....	47
9	Client adjustment ratings by experimental condition and sex of subject.....	48
10	Analysis of client adjustment ratings by client sex, occupation and sex of subject.....	49
11	Degree of subjects' willingness to work with counselor by experimental condition and sex of subject.....	50
12	Analysis of subjects' degree of willingness to work with counselor by client sex, occupation and sex of subject.....	51

LIST OF FIGURES

FIGURE	PAGE
1. Subjects' degree of agreement with selected occupation by client sex and occupation.....	52
2. Client adjustment ratings by occupation and sex of subject.....	53
3. Subjects' willingness to work with counselor by sex of subject and sex of client.....	54

Introduction

During the last decade, the profession of counseling psychology has become increasingly concerned with the issue of sex role stereotyping and its possible consequences as they affect the counseling process. The literature is replete with studies documenting sex role stereotyping in career information (Heshusius-Gilsdorf & Gildorf, 1975), vocational interest inventories (Diamond, 1975), career counseling (Thomas & Stewart, 1971; Schwartz, Note 1) and psychotherapy (Chesler, 1972; Rawlings & Carter, 1977; Brodsky, et al., 1978). In addition, there is a large body of evidence supporting the existence of sex bias among those engaged in counseling and psychotherapy with women (Broverman, et al., 1970; Kaley, 1971; Bingham & House, 1973). These data strongly suggest that women are expected and encouraged by mental health professionals to display a constellation of traits which is not compatible with the models of adult mental health in our society, thus placing women in an existential "double bind" (Broverman, et al., 1970).

Concern over this issue has in recent years been translated into social policy. Reflecting the concerns of the larger society over unjust treatment of women and minority groups, and spurred by the actions of the Civil Rights Movement and its outgrowth, the Women's Liberation Movement, professional psychology has recently begun to articulate some guidelines for sex fair counseling and

psychotherapy. These guidelines reflect the belief that women clients should be encouraged to explore the full range of human possibilities, and not be restricted to that narrow segment of occupational and psychological options reflected by the traditional female role.

The most recent example of such guidelines are the Principles for the Counseling/Psychotherapy of Women (The Counseling Psychologist, 1979) which were formulated by the Ad Hoc Committee on Women in Counseling Psychology of Division 17 of the American Psychological Association. These principles attempt to address issues which have been raised with respect to sex bias in counseling and psychotherapy and to formulate an ethical and philosophical statement to guide counselors in their work with women.

Although these Principles attempted to incorporate the widest possible spectrum of opinion within the Division, there has been, perhaps inevitably, some amount of dissent and apprehension expressed as to the possible effects of such guidelines. Such apprehension can be informally expressed in the question "Does good philosophy make good therapy?", and appears concerned with the effects of such nontraditional treatment on the counseling relationship and the outcome of therapy. Although some such questions are no doubt raised out of apprehension that women clients, if left to themselves, might select goals and options of which counselors do not "approve", it is fair to say that much of the dissent has centered around authentic concern that such nontraditional interventions might threaten clients, and possibly cause them to terminate

treatment prematurely. The present study was conceived to explore these issues. Specifically, what effect, if any, will there be on the counseling relationship when a counselor attempts to broaden a client's options by suggesting nontraditional occupational choices? Will the counselor be seen as less effective? Will clients be less willing to work with such a counselor? These are legitimate issues which need to be investigated.

The study also has another purpose. For quite understandable reasons, the body of the research which has been done on sex role stereotyping and sex bias has concerned itself with women. The existence and possible effects of such bias towards men has been largely ignored. Lately, male writers have begun to question the "myth of masculine privilege" (Goldberg, 1976), and to note that stereotyping has been equally, if more subtly, limiting for men. Other writers have explored this notion theoretically (Jourard, 1964; Steiner, 1972; Farrell, 1974; Crites & Fitzgerald, 1978); however, no empirical work has been attempted to date. Therefore, the present study will attempt to determine whether or not bias does affect men...specifically, if a male client considers and explores a non-traditional occupation with a counselor, is this considered to be an appropriate choice?

It seems reasonable, upon consideration of the various "liberation" movements of the past several years (Black, Women, Gay, et cetera) to postulate that we are moving towards an era where values will reflect the belief that human beings can function most adequately when allowed a maximum of free expression in their life choices.

Hopefully, counseling psychology will at long last take up Samler's (1964) call to social action by not merely tolerating such choices, but by actively supporting them. It is in this spirit that this study is undertaken.

Review of the Literature

English and English (1966) define stereotype as a "relatively rigid and over-simplified or biased perception or conception of an aspect of reality, especially of persons or social groups" (p. 523). Ruch and Zimbardo (1971) elaborate this notion somewhat, and add the notion of preconception, writing that a stereotype is "a preconceived notion as to how people of a given race, nationality, or occupation will appear or behave" (p. 701). Hilgard, Atkinson, and Atkinson (1975) make explicit that stereotypes are inaccurate perceptions when they write "A biased generalization, usually about a social or national group, according to which individuals are falsely assigned traits they do not possess. Thus, a person may have stereotyped conceptions of the Italians or Scots which distorts his (sic) perception of any individual Italian or Scot." (p. 638). Taken together, these definitions suggest the essential attributes of a stereotype: that it is a preconceived notion about or expectation of a person, based on his or her membership in some group; that it is oversimplified and, to some degree, inaccurate; and, finally, that it is relatively rigid and difficult to alter.

Obviously, in a highly complex world, stereotypes are necessary as information organizers - they simplify and organize the immense amount of stimuli with which an individual is bombarded, and in this way, are highly functional. However, it is these same qualities,

i.e., simplification and organization, which serve to obscure perceptions of individuals' differences, and to encourage misunderstanding and misinformation.

One of the most pervasive and widely held of all stereotypes is that based on gender. The notion that certain physical, psychological and social characteristics are both inevitable and appropriate for an individual, depending on his or her sex, has been documented for an extremely broad range of groups, from kindergarten children (Schlossberg & Goodman, 1972) to mental health professionals (Broverman, Broverman, Clarkson, Rosenkrantz & Vogel, 1970). Informally, it is possible to say that we all know on some level what is masculine and what is feminine, in our society. Men are tall and women are short, or, at least, shorter. Men are physically strong, brave, aggressive and dominant - women are physically weak and/or fragile, timid and submissive. Men are instrumental - women are nurturant. The list goes on and on. And, indeed, it is just these qualities which are attributed differentially to males and females by subjects in psychological and sociological studies. O'Leary (1977) notes that studies of sex-role stereotypes, both descriptive (That is, the average or "typical" male or female) and prescriptive (the ideal male or female) have repeatedly demonstrated that men and women are considered to be opposites (Broverman, Vogel, Broverman, Clarkson and Rosenkrantz, 1972; Elman, Press & Rosenkrantz, Note 2; Fernberger, 1948; Lunneborg, 1970; McKee & Sherriffs, 1959). Subjects of both sexes, and of various ages, educational levels and marital statuses agree that men are strong, independent, worldly, aggressive, ambitious

and logical - in addition to being blunt, rough, loud, sloppy and unable to express tender feelings. Women are described almost in direct contrast, as weak, dependent, passive, not worldly, not ambitious, and illogical, as well as tactful, gentle, understanding, neat in appearance, and able to express tender feelings with ease (Broverman, et al., 1972). It appears that these adjectives and descriptions are representative of different underlying dimensions. The most highly valued characteristics for males appear to describe a "competency" cluster, i.e., objectivity, skill in business, and self confidence, while those which are valued for women comprise a "warmth - expressiveness" cluster, i.e., tenderness, understanding, and concern for others (Broverman, et al., 1972; Bakan, 1966; Constantinople, 1973; McKee & Sherriffs, 1957).

A particular class of sex-role stereotypes which has received increasing attention in recent years has been that of occupational sex-role stereotypes. Ruch and Zimbardo (1971) mention occupation as one of the "classification variables" which elicit stereotypic perceptions. Indeed, Holland (1975) has constructed an entire theory of occupational choice based on occupational stereotypes...and on the notion that such stereotypes are, to some degree, valid. Shinar (Note 3) reviews the literature on occupational stereotypes and offers the following definition:

"...occupational stereotypes (are the) images which are consciously held about members of different occupational groups."

The existence of such occupational stereotypes has been well-established in the psychological literature. Investigators from (Bordin (1943)

through Fitzgerald (Note 4) have reliably demonstrated that such phenomena do exist, although some occupations seem to have more well-defined images than others, depending to some degree on the instrument used to measure them.

Investigation of these stereotypes reveals several dimensions, one of which is masculinity-femininity, or occupational sex-role stereotypes. Informal observation reveals, again, that we all appear to know intuitively which occupations are masculine and which are feminine. Schlossberg and Goodman (1972) demonstrated that even very young children have well-developed ideas about what constitutes "women's work" and what is appropriate for men. The children relegated women to the roles of housewife, teacher, nurse, etc., while placing men in the traditionally masculine occupations. Over the past several years, there has accumulated a considerable body of support for the concept of a sex-appropriate/sex-inappropriate dimension of occupational stereotypes. Perhaps the most definitive study is that of Shinar (1974) who has recently quantified the degree to which an occupation can be sex-typed. Shinar asked several hundred college student subjects to rate a list of over 100 occupations in terms of their masculinity and femininity, under one of three sets of instructions. Using a bi-polar scale, anchored at the masculine pole by 1 and at the feminine pole by 7, she was able to obtain a mean sex-rating for each of the occupations under study. There were no significant effects for instructional set, nor for sex of subject, demonstrating the high degree of agreement in her sample on the perception of each occupation as masculine or feminine, although the standard

deviations assigned each occupation did vary to some degree. In total, her results present clear evidence in support of the sexual dimension of occupational stereotypes.

The clarity and prevalence of occupational sex-role stereotypes has had a number of implications, most of them unfortunate, for the men and women who do not conform to them. In particular, the notion of "what is" becomes translated into "what ought to be" - so, if a miner "is" 100% masculine, (Shinar's subjects assigned this occupation a mean rating of 1, and a standard deviation of 0) then, obviously, a miner "ought to be" a man. This chain of reasoning, though not usually documented in a step-by-step fashion, can be inferred from studies demonstrating negative affect or attitudes towards persons with non-traditional occupational involvement. Perhaps the most well known of these is Matina Horner's (1975) widely reported work on "fear of success". Despite continuing methodological criticisms and much theoretical disagreement as to the meaning of her construct (See, in particular, Tresemer, 1977), it is quite clear from her results that her subjects attributed strong negative consequences to a woman (Anne) portrayed as succeeding in medicine - a traditionally masculine area. They described her as ugly and frumpy, predicted that she would be an old maid - unless she dropped out of medical school, in which case she was presumably rehabilitated and allowed to marry - and reported that her success would be meaningless to her, would turn to ashes. In some cases, the data were almost bizarre, as in one report where the subject wrote that Anne's

classmates, infuriated by her success, leapt upon her, and tore her to pieces!

This bias against non-traditional occupational involvement has been shown to operate among professionals whose task it is to counsel young people about their careers. In the last several years, there has appeared a plethora of studies demonstrating counselor bias towards young women who pursue, or wish to pursue, non-traditional careers. Among the well-known examples are the 1972 study by Bingham and House (1972) who reported that a significant number of high school counselors in their sample felt that something must be wrong with a woman who wants to perform a traditionally male job. This finding was supported by Thomas and Stewart (1971) who reported that clinicians in their sample were more likely to assess young women with sex-inappropriate choices as more in need of psychotherapy than their traditional counterparts.

More recently, Schwartz (Note 1) demonstrated that guidance counselors exhibited sex bias by making different kinds of occupational recommendations for intellectually superior female students than for similar males. Schwartz presented her subjects (206 male and 200 female guidance counselors) with four succinct case summaries. Half the subjects received materials identifying the four clients as males, the other half received materials in which the four clients were described as females. Case information included teacher comments, aptitude and interest test scores, and data as to work experience. All clients were described as financially able to attend college,

and all ranked in the top 5% of high school seniors, intellectually. Included in the experimental materials was a list of 8 occupations, which had been pre-rated as (1) requiring either upper or lower level ability, and (2) as either male role or female role occupations. The guidance counselor subjects were instructed to recommend for each case the most appropriate tentative career objectives for that student. The results indicated that the counselors recommended low ability level occupations significantly more often for female students than for identically described male subjects. In addition, Schwartz found that her counselor subjects recommended female role occupations more often for female students, thus demonstrating bias on both dimensions studied.

The studies summarized above support two conclusions: (1) that counselors have clear notions of what does and does not constitute sex-appropriate occupational involvement, and (2) that they attach importance to compliance with this norm.

Concern over the results of these investigations, and others like them, has recently been translated into policy statements and ethical guidelines by many different groups within professional psychology. Schlossberg and Pietrofessa (1973) developed a training model designed to counteract the sex biased attitudes of counselors-in-training which they had reported in a previous study (Pietrofessa & Schlossberg, 1970). The Association for Measurement and Evaluation in Guidance (AMEG, 1973) investigated the interest inventories used in educational and career counseling and concluded that use of such inventories had the effect of channeling young women into the

traditional female occupations. Responding to the AMEG investigation, and to their own national conference on the same issue, the National Institute of Education (NIE) published a set of guidelines for the assessment of sex bias and sex-fairness in interest inventories (Diamond, 1975).

In the broad area of psychotherapy, the APA Task Force on Sex Bias and Sex Role Stereotyping in Psychotherapeutic Practice was formed to investigate sexism in psychotherapy and recommend corrective action (APA, 1975). The task force has recently published guidelines for ethical and effective psychotherapy with women, (e.g., "The conduct of therapy should be free of constrictions based on gender-defined roles, and the options explored between client and practitioner should be free of sex role stereotypes") (APA, 1978), as well as a list of source materials for non-sexist therapy (Brodsky, Holroyd, Payton, Rubinstein, Rosenkrantz, Sherman, Zell, Cummings & Suber, 1978).

Most recently, the Executive Committee and membership of Division 17 (Counseling Psychology) of APA endorsed a set of principles concerning counseling and therapy of women. The Principles, developed by the Ad Hoc Committee on Women, were designed to serve as a basis for responsible professional practice in the counseling of women (e.g., "Counselors/therapists ascribe no preconceived limitations on the direction or nature of potential changes or goals in counseling/therapy for women") (Division 17, 1978).

All of these statements are designed to insure that the tools and techniques of professional psychology will no longer be used to reinforce the stereotypic sex role socialization of women clients. Rather, it is believed that it is psychology's proper role to promote growth by broadening the range of life options available to women clients.

These statements, however, have been the subject of much debate - and no little controversy - despite efforts to incorporate the widest possible range of opinion. Some writers offer alternative definitions of sex bias (Holland, 1975) while others dispute its existence, or confuse it with sexual exploitation of female clients (Stricker, 1978). Responding to the Division 17 Principles, Kirk (Note 5) has stated that such principles may not be appropriate for all clients, while Bardwick (Note 6) has suggested, with reference to career counseling, that widening options for women may create more problems than it solves.

It would appear reasonable to dismiss most such statements on the grounds that they reflect the traditional bias which the new principles and guidelines are designed to counteract. And, no doubt, some such questions are raised in apprehension that women clients might select treatment or career goals which are considered somehow inappropriate. However, it is also fair to say that much of the dissent has represented authentic concern that non-traditional interventions might threaten some clients, and lead to premature termination. Early literature on female clients' attitudes (Ohlsen, 1968) as well as later research on disconfirmation of client

expectations (Lorion, 1974; Baekeland and Lundwall, 1975; Heitler, 1976) lends support to this concern (See, however, Duckro, Beal & George, 1979, for a critical review of this research).

Although such concern appears based on a fundamental misconception of what constitutes sex-fair counseling (See Rawlings & Carter, 1977 for an excellent analysis, as well as the distinction between such counseling and feminist therapy), the question of the effect of non-traditional approaches and interventions on the counseling process is a legitimate one which should be investigated. These issues arise most clearly and saliently in the area of career counseling. Much has been written, and there appears much agreement, on the necessity of widening the career options considered by women clients (Harmon, 1977; Hansen & Rapoza, 1978; Vetter, 1976); however, little or no work has been undertaken on the possible effects (on the counseling process and relationship) of suggesting non-traditional career choices to clients. It was to investigate the existence of such effects that the present study was undertaken.

The study also had another purpose. The recent growth of interest in the restrictiveness of the masculine sex role has been briefly discussed above. Jourard (1964) was the first writer to comment on what he termed the "lethal aspects" of the male role. He noted that males engage in less self-disclosure than females in every area he investigated (attitudes and values, feelings, factual data about self, etc.) and hypothesized that the normative proscription of self-revelation for males was related to their higher levels of hypertension, coronary disease, stroke, etc. Skovholt (1978) states that such

restrictive emotionality is the most often cited trouble spot in the new literature on male sex roles, noting the titles of many popular books and articles on the subject (e.g., Fasteau, 1974 - The Male Machine, and Goldberg, 1977, The Hazards of Being Male) and suggests that males are punished for behaving in ways that are considered unmasculine (Tooley, 1978). He also states that, for a man, "vocational success is everything" (Skovholt, 1978, p. 8), a remark that is empirically supported (Morgan, Skovholt & Orr, 1978) by studies which demonstrate that occupational success accounts for a large part of the variance in male ratings of self esteem.

The salience of occupation to the male role, combined with the notion that men are punished for behaving in nonmasculine ways, suggests the hypothesis that males involved in nontraditional occupations (i.e., non-masculine occupations) would be negatively evaluated, as would be counselors who suggested such occupations.

These hypotheses, and the considerations which underlie them, leads to the conclusion that sex bias operates in a fashion that is damaging to both sexes - and, suggests that studies in this area should consider the effect on both males and females. Thus, the present study attempted to explore the issue of male clients and non-traditional occupational choices. Specifically, four hypotheses were formulated:

I. A counselor is rated less positively when he suggests a non-traditional occupation, to a client of either sex, than when he suggests a traditional occupation to that client.

II. Non-traditional occupational choices are rated as less appropriate for students of both sexes than are traditional occupational

choices.

III. Clients of either sex who select a non-traditional occupation are rated as less well adjusted than clients who select a traditional occupation.

IV. Subjects are less willing to work with a counselor when he is portrayed as suggesting a non-traditional occupational choice to a client of either sex than when he is portrayed as suggesting a traditional occupation.

Method

Measurement of variables

The primary measure of counselor effectiveness was the Counselor Rating Form (CRF) (See Appendix A). A detailed description of the theoretical design and construction of the CRF is available elsewhere (Barak & LaCrosse, 1975). The measure consists of 36 bipolar adjective pairs, each separated by a 7-point bipolar scale. The items were selected from a larger pool and classified by four expert judges to measure the three dimensions of counselor behavior extrapolated from social psychological research by Strong (1968), i.e., expertness, attractiveness and trustworthiness. Of the 36 items, 22 yielded 100% agreement from among four judges; the remaining 14 items yielded 75% agreement on which dimension they belonged. Two items were later deleted from the trustworthiness dimension and replaced by two new items because the original two had very low loadings on this dimension (LaCrosse & Barak, 1976). Each item pair was randomly distributed throughout the CRF, and the order for the positive-negative item poles was randomly determined. LaCrosse and Barak (1976) report split-half reliability coefficients of .87 (expertness), .84 (attractiveness) and .90 (trustworthiness) for the three scales. Research has demonstrated that the CRF can discriminate between counselors and among dimensions within counselors (LaCrosse & Barak, 1976; Barak & Dell, 1977) as well as being sensitive to experimental manipulation of the

EAT dimensions (Kerr & Dell, 1976; Claiborn & Schmidt, 1977).

In addition to the CRF, the subjects were required to respond to three 7-point bipolar scales which were especially constructed to measure reactions to the experimental stimuli. These scales, which measured the subjects' degree of agreement with the occupation discussed, their perception of the psychological adjustment status of the client, and their own willingness to work with this particular counselor, are shown in Appendix B.

Finally, the subjects completed a biographical data sheet, which requested information on age, sex, year in school, major, and whether or not they had ever had career counseling. This biographical data sheet is reproduced in Appendix C.

Subjects

The experimental subjects were 120 college students enrolled in an upper division course in vocational psychology at a large state university in the East, and who received credit toward their final course grade for experimental participation. In the final sample, there were 48 males and 72 females. The subjects ranged in age from 19 to 41, with 21 being the mode (Mode = 36%). The sample was comprised of 30% juniors and 70% seniors, with the overwhelming majority (83%) being psychology majors. Approximately 25% reported having participated in some form of career counseling, however, these subjects were distributed randomly across groups, and any effects, in whatever direction, were randomized and allocated to error.

Stimulus Materials

The occupations of physician and nurse were selected as examples of strongly sex-stereotyped occupations. Shinar (1975) has reported mean stereotype ratings of 2.667 for physician and 6.583 for registered nurse, with 1 representing the masculine pole and 7 the feminine pole of a bipolar, Likert-type scale.

Two scripts were developed which depicted a 10-minute segment of a career-counseling interview. The scripts were based on actual interview statements made by clients in career counseling, and many of the responses were taken verbatim from such interviews.

In each script, the client is depicted as having scientific interests (math, chemistry, biology, etc.), as well as a strong desire to work with people. In the first condition, the counselor suggests, and the client subsequently agrees, that medicine is an appropriate vocational choice. In the second version of the tape, medicine is rejected in favor of nursing. Much of the script material is identical, e.g., client, interests, background material, hospital work experience, etc., with only the portions dealing with the selection of medicine or nursing being varied. Typescripts of the two interview protocols appear in Appendix D.

When the scripts were completed, they were role-played, practiced and finally recorded on audiotape. The counselor role was portrayed by a 33 year old male Ph.D. counseling psychologist who taught graduate courses in career counseling, in addition to being a practicing counselor. The client role was filled by either a

male or a female undergraduate psychology major. Each script was recorded twice, once with a male in the client role, and once with a female filling that role. The counselor was the same in all versions of the tape. Both the "clients" and the counselor were blind to the experimental hypothesis.

These procedures resulted in four 10-minute audiotape recordings, each of which contained a different combination of the independent variables of client sex and occupational choice. Thus Tape I depicted a male client making a traditional, or sex-appropriate, occupational choice (medicine), while Tape II depicts the same male client selecting the non-traditional, or cross-sex-appropriate, occupation of nursing. Tapes III and IV depicted the female client in these same situations.

Data Collection

The subjects were randomly assigned within sex to one of the four experimental conditions. Two female experimenters ran 3 groups of 10 subjects each on each of 2 successive days, with male and female subjects being distributed proportionately across groups. Thus, each tape was played three times, to a group of 10 subjects (6 females and 4 males), resulting in a final sample of 30 subjects in each group (18 males and 12 females). Total N = 120.

Although the experimenters were aware of the hypotheses under investigation, the possibility of experimenter bias was reduced through the use of taped instructions, and controlled by rotating the experimenters through the four conditions. The introductory statement which was read to the subjects, and the instructions which

were recorded on the audiotape appear in Appendices E and F, respectively. The subjects in each group listened to the audiotape and then completed the experimental ratings. Each subject was exposed to only one version of the tape.

Manipulation Check

In order to assess the experimental manipulation of the independent variable of occupation, and to insure that the subjects had perceived the stimulus correctly, a question was included in the experimental materials requesting the subjects to select, from among four possibilities, which occupation had been agreed upon by the counselor and the client (See Appendix B). All subjects selected the occupation appropriate for the condition they were in, thus indicating that the manipulation of occupation had been both successful, and correctly perceived.

A manipulation check was not performed on sex of client, in order not to sensitize the subjects to the fact that client sex was being varied; however, the variation in pitch and timbre of the client's voices was both quite distinctive and representative of their respective sexes. In addition, the counselor addressed each client by name in the interview ("Jack" for the male client, "Jill" for the female). Thus, the possibility that the client's sex was misperceived was extremely unlikely.

Scoring

Each of the three dimensions measured by the CRF (i.e., Expertness, Attractiveness and Trustworthiness) contains 12 bipolar items,

with a possible response range of 1 to 7. The authors of the CRF (Barak & LaCrosse, 1975) as well as other investigators (Kerr & Dell, 1976) have scored each scale by adding an individual subject's responses to the 12 items and regarding that sum as the subject's score on that particular scale. Group averages were obtained by summing across subjects and dividing by N. These procedures resulted in scores which ranged from 12 to 84.

In the present study, the scales were scored somewhat differently. Rather than using the subjects' total score on each scale, it was decided to utilize a mean score, obtained by dividing a subject's scale total by 12, the number of items in the scale. This produced scale scores which ranged from 1.00 to 7.00, thus preserving the numerical identity of the scale, as well as its intuitive meaning.

Results

The means and standard deviations of the subjects' ratings of the counselor on the three dimensions of the CRF are presented in Table 1 for each of the four experimental conditions. These data

Insert Table 1 about here

were analyzed, separately for each sex, using a two-between (occupation, sex of client), one-within (dimensions) repeated measures analysis of variance. For the female subjects, this analysis revealed no significant main effect for occupation or sex of client, and no significant interactions. The analysis did show a significant effect for dimension ($F_{2, 136} = 6.17, p < .003$). These results are displayed in Table 2. Post hoc analyses, using the Scheffe method for multiple comparisons

Insert Table 2 about here

revealed that the counselor was seen as being significantly more expert and trustworthy than attractive. These differences were significant at the .01 level of confidence. The results were not, however, related to client sex or occupational choice, thus Hypothesis I was not supported for the female subjects.

The analysis for the male subjects revealed results similar to those for the females; that is, no main effects or interaction for occupation or sex of client, but a significant main effect for dimension ($F_{2, 88} = 4.35, p < .02$).

Insert Table 3 about here

Again, post hoc analyses of the group means were completed, using the Scheffe method of multiple comparisons. The results indicated that the male subjects saw the counselor as being significantly more expert than attractive ($p \leq .01$). No other comparisons reached significance. As with the female subjects, these results were not related to either client sex, or occupational choice, thus Hypothesis I was not supported.

Sex of subject was not included as a between subjects factor, in order to preclude the possibility of a higher order interaction which would be difficult to interpret. Rather, separate one-way analyses of variance were computed for the three counselor dimensions, revealing a significant main effect for sex in the subjects' perceptions of the counselor's Attractiveness ($F_{1, 112} = 4.79, p \leq .04$), and Trustworthiness ($F_{1, 112} = 5.38, p \leq .03$), with the female subjects reporting the more favorable perceptions. However, when the alpha level was adjusted to .01 to control the experiment-wise error (completing separate F tests on three highly correlated scores obtained from the same subjects), these effects are no longer significant. The data from these separate analyses of the three counselor dimensions appear in Tables 4, 5, and 6, respectively.

 Insert Table 4 about here

 Insert Table 5 about here

 Insert Table 6 about here

Hypothesis II stated that subjects would rate non-traditional career choices (i.e., medicine for females, nursing for males) as less appropriate than traditional choices. This hypothesis was investigated by requiring subjects to rate their degree of agreement with the choice on a seven-point, bipolar scale which was labeled

"strongly agree" at the positive pole, and "strongly disagree" at the negative pole. Thus, the higher the numerical ratings, the stronger the degree of agreement. The means and standard deviations for the eight groups appear in Table 7. These data were then submitted to a 2 X 3 factorial analysis of variance, the results of which appear

Insert Table 7 about here

in Table 8. Inspection of the table reveals a significant interaction between client and occupation in the expected direction ($F_{1, 112} = 11.71, p \leq .001$). That is, the subjects demonstrated a significantly

Insert Table 8 about here

stronger degree of agreement with the occupation when it was sex-appropriate for the client (e.g., medicine for males) than when it was cross sex-appropriate (e.g., nursing for males), thus supporting Hypothesis II. This interaction is demonstrated graphically in Figure 1. Post-hoc contrasts, using the Tukey HSD method, reveal

Insert Figure 1 about here

a significant difference between the mean agreement ratings of Group 1 (Male client - Medicine) and Group 2 (Male client - Nursing), and between Group 1 and Group 3 (Male client - Medicine vs. Female client - Medicine) ($p \leq .05$).

Hypothesis III, which stated that clients making non-traditional career choices would be rated as less well-adjusted than clients making more traditional choices, was investigated by having subjects rank the client on a continuum of adjustment from 1 (extremely poorly adjusted) to 7 (extremely well adjusted). The resulting means and standard deviations are reported in Table 9.

Insert Table 9 about here

When these scores were subjected to a 2 X 3 factorial analysis of variance, there emerged a significant interaction between occupation and sex of subject ($F_{1, 112} = 5.08, p \leq .026$). These results appear in Table 10. Collapsing over the non-significant sex-of-client factor produced the marginal cell means which entered into this interaction, and which appear graphically in Figure 2. Inspection of Figure 2 revealed that clients were rated as better adjusted when

 Insert Figure 2 about here

they chose occupations which were sex-appropriate for the subjects doing the ratings. That is, male subjects rated clients who aspired to medicine as better adjusted than clients who aspired to nursing, whereas female subjects demonstrated the opposite effect. These ratings were unaffected by the sex of the client, thus Hypothesis III was not supported. Post-hoc analyses, using the Steel-Torrie extension of Tukey HSD, appropriate for unequal n , revealed that the female subjects rated nursing aspirants as significantly better adjusted than those clients who aspired to be doctors. Other contrasts failed to reach significance.

The final hypothesis suggested that subjects would be more willing to work with the counselor when he appeared in the traditional condition, than when he was portrayed in the non-traditional condition. This hypothesis was investigated by asking the subjects to assume that they wanted career counseling and asking them to rate, on a 7 - point scale, their willingness to work with this particular counselor. A rating of 1 signified that the subject was "unwilling", while 7 signified the opposite. The resulting means and standard deviations are given in Table 11. When these scores are arranged in a 2 X 3

 Insert Table 11 about here

factorial analysis of variance design, they yield a significant interaction between sex of client and sex of subject ($F_{1, 112} = 4.63,$

$p \leq .04$). No other analyses reached significance; thus, Hypothesis IV was not supported. These results appear in Table 12. Inspection of

Insert Table 12 about here

the marginal means, which are plotted in Figure 3, reveal that subjects expressed greater willingness to work with the counselor when he was portrayed as working with a client of their (the subject's own) sex. Post-hoc analyses were performed, utilizing Tukey's HSD,

Insert Figure 3 about here

or the Steel-Torrie extension for unequal n where appropriate, and revealed that the female subjects were significantly more willing to work with the counselor when he was counseling with the female client than when he was with the male client. No other contrasts reached significance.

Discussion

The main conclusion that can be drawn from the pattern of results reported above appears to be that, although the subjects were clearly biased in favor of traditional occupational choices, this bias did not affect either their evaluations of the counselor who suggested and supported non-traditional role choices, or their own willingness to work with that counselor. It is apparent from the analysis of the subjects' agreement scores (See Table 8 and Figure 1) that they agreed significantly more strongly with the client's choice when that choice was in the sex-appropriate direction - that is, they agreed that the male client should choose medicine and that the female client should choose nursing. This was an expected and predictable result in light of previous research in this area, e.g., Thomas and Stewart (1971), Schlossberg and Goodman (1972), and Schlossberg and Pietrofessa (1973). What is somewhat surprising is that the subjects did not negatively evaluate the counselor when he suggested the non-traditional occupations. This was an unexpected, but encouraging result for a profession engaged in an effort to deliver sex-fair counseling services. The "upending" of the client's expectations (Fitzgerald & Crites, Note 8) has been proposed as a technique for broadening the career options considered by women (obviously, it applies equally to the career counseling of men.) An important implication of the present findings is that

such "upending" can take place without adversely affecting counselor-client relationships.

A second unexpected result was that the non-traditional clients were not judged to be less well-adjusted than the traditional clients. This finding is in apparent conflict with those of earlier researchers (Thomas & Stewart, 1971, and others). Rather, the present sample, particularly the female subjects, rated the client as better adjusted when s/he selected an occupation which was congruent with the rater's own sex role. A possible explanation for this finding can be extrapolated from the experimental dialogues (See Appendix D). In the "nursing" condition, the client is portrayed as wanting a career that will not require graduate education, nor intrude on leisure or private time ("You're never at home, you're always gone, people call in the middle of the night..." - client rejecting the medical profession in favor of nursing). In particular, the "nursing" client felt that family was important, that s/he wanted to have several children, and to have time to spend with those children. Obviously, these are the attitudes and concerns that have been for so long associated with the traditional female role. It seems logical to suggest that if the female subjects possessed such traditional role orientation, they might well rate as well-adjusted a client who was expressing what would in effect be their own value system.

Abramowitz, Abramowitz, Jackson and Gomes (1973) have reported evidence suggesting that the degree of liberalism of subjects' attitudes acts as a moderator variable in assessments such as those required of

the present sample. Although no direct measure of the sample's sex role attitudes was taken in the present study, the subjects' rejection of non-traditional occupations can be taken as an indication. Further research in this area should take this variable into account.

The final finding, that the experimental manipulation had no effect on the subjects' willingness to work with the counselor is consistent with the finding that the manipulation did not affect their ratings of his expertness, attractiveness, and trustworthiness. The fact that the subjects were more willing to work with the counselor when he was portrayed with a client of their own sex seems a logical, though minor, finding. Previous research has indicated that the counselor/client sex pairing appears to exert a consistent, but complex effect (Tanney & Birk, 1976) with various samples differing in their preferences depending on a wide variety of other variables. It seems that no consistent pattern has yet emerged.

Taken as a whole, the overall pattern of results indicates that the subjects rated the non-traditional counselor as being no less effective than the traditional counselor, and that they were equally willing to work with either. This finding has important implications for the present interest in and advocacy of sex fair counseling. If the present results are replicated and generalized, the profession can feel more comfortable about the possible impact of their attempts to widen clients' occupational horizons beyond sex-role constrictions.

An equally important implication is that suggested by the finding that subjects rejected non-traditional choices for males as well as for females. Abramowitz, et al. (1973) have suggested that men are allowed a wider latitude of normal behaviors than are women. The present results indicate that this may not always be the case. Another way of saying this is that, while the male sex role may encompass many more acceptable behaviors than the female sex role, the male is still limited to those behaviors and options encompassed by that role. Research has, understandably, focused on the deleterious effects of sex role stereotypes and social roles on women. It is only beginning to become apparent that men are also limited by the rigid expectations of their sex role. Although the present study investigated the attitudes and reactions of a potential client population, the question arises immediately of the possible attitudes and reactions of counselors toward non-traditional males. The literature is replete with studies supporting the existence of counselor bias toward non-traditional women. Future research should certainly investigate the possibility that such bias extends also to men.

The present study suffers from the usual limitation of questionable generalizability. Although the sample studied was appropriate to the population of interest (college students), these particular results are limited to white, presumably middle class, Eastern psychology majors. Further research should be undertaken to investigate the possible moderating effects of race, social class, region and area of academic concentration.

A potentially more important limitation on the generalizability of the present results is inherent in the methodology of the study; that is, the limitations of the analogue method itself. Munley (1974) notes in his review of counseling analogue research methods that analogue results have relevance for counseling practice to the degree that the investigation satisfies the five boundary conditions proposed by Strong (1971): (a) Counseling is a conversation between or among people. (b) Status differences between or among interactants constrain the conversation. (c) The duration of contact between interactants in counseling varies and at times is extended. (d) Many clients are motivated to change and actively seek counseling. (e) Many clients are psychologically distressed and are heavily invested in the behaviors they wish to change. The present study can be classified by Munley's (1974) framework as an "audio/visual study - client behavior dependent variable" and, like all such studies, meets none of the boundary conditions of actual counseling. First, the subjects were not themselves engaged in conversation with the counselor; their participation was entirely vicarious, and, as Munley points out, the possible effects of differences between actual and vicarious participation are not clear. Similar criticisms can be applied to consideration of the other four boundary conditions, i.e., the relatively brief intervention (a 10-minute audiotape) does not approximate the (sometimes) extended duration of the normal counseling process. Thus it seems more appropriate to view the present results as having implications for counseling, rather than direct application to the process of treatment (Strong, 1971).

Many of the limitations imposed by the use of an audio-visual analogue (vicarious participation, brief intervention, detached observer rather than distressed client) can be removed through the utilization of a quasi-counseling interview methodology (Munley, 1974). This methodology simulates a counseling interview by arranging for a confederate counselor to engage in prearranged behaviors which are systematically varied to assess their effect on client behavior. Well known examples of this type of research are the studies investigating Strong's theory of counseling as an interpersonal influence process (Schmidt & Strong, 1971; Strong & Dixon, 1971; Strong & Schmidt, 1970a, 1970b). These studies typically involved a quasi-counseling interview, in which the counselor engaged in specific verbal and/or nonverbal behaviors which were selected in advance and designed to manipulate the variables of counselor expertness, attractiveness and trustworthiness. These variables are then studied in relation to the counselor's effectiveness in influencing the client's self-ratings of his/her need for achievement. Such an approach could be modified for application to the present problem. Munley (1974) remarks that in terms of Strong's five boundary conditions, the client quasi-interview studies come the closest to approximating the natural setting.

The present results are provocative; however, it is a truism that any research raises more questions than it answers and the present study is no exception. Future research should first address the methodological limitations discussed above, and attempt to

produce results more closely approximating those which would be produced in an actual interview situation.

A second issue which needs to be investigated is that of counselor gender; that is, could the same results be obtained by a female counselor? Given the greater status and credibility presently attributed to males in this society, it seems logical to hypothesize that a female counselor might be more negatively evaluated for suggesting non-traditional alternatives than her male counterpart.

Another question is raised by the finding that subjects rated nursing as a less appropriate occupational choice for the male client than medicine. It seems important to investigate whether this bias also exists among counselors who work with young men to clarify and plan their educational and vocational objectives. There is scattered evidence that this may, indeed, be the case (Young, Note 7; Schwartz, Note 1); however, no study has yet been reported which explicitly investigates this possibility. Given the recent focus on issues in counseling men (Skovholt, Gormally, Schauble & Davis, 1978), such an investigation would appear to be timely.

In conclusion, it should be reemphasized that the results reported here are far from conclusive. There remain replications to be completed, extensions to be conducted, and many questions to be asked and answered. Despite such caveats, it seems possible to say that the present study represents a first step toward investigating and evaluating sex-fair counseling process - and that the results are very encouraging.

Summary

Over the last decade, the attention of counseling psychology has been increasingly focused on its relationship with its women clients. Beginning with Chesler's (1972) book, and the Brovermans' classic study (Broverman, et al., 1970), a virtual explosion of research has occurred on this subject. Study after study has appeared, each documenting in a slightly different way the existence of a "double standard" of mental health which penalized women who deviated in some way from the cultural stereotype of feminine behavior.

Recently, the concern of the profession has begun to be expressed through the formulation and dissemination of policy statements which explicitly abjure discrimination against women clients in vocational interest testing (Diamond, 1975), psychotherapy (Task Force on Sex Bias and Sex Role Stereotyping in Psychotherapeutic Practice, 1978) and counseling (Ad Hoc Committee on Women, Division 17, 1978).

The Principles for Counseling/Therapy with Women Clients recently adopted by Division 17 (Counseling Psychology) of the American Psychological Association have been the subject of some debate. The most serious consideration appears to concern the effect of non-traditional counseling techniques upon the counseling relationship. While Rawlings and Carter (1977) discuss sex role analysis as a critical technique in feminist therapy, and Fitzgerald and Crites (Note 8) suggest "upending" client sex role expectations as a method

of broadening client career options, other professionals (Kirk, Note 5; Bardwick, Note 6) have suggested that such non-traditional interventions are not appropriate and may lead to premature termination on the part of the client. The present study was undertaken to explore this issue.

The study also had another purpose. Recent attention to women's issues and focus on the necessity for sex-fair counseling and therapy have stimulated much thinking about the restrictive effect of sex role on men as well as women. Some writers (Jourard, 1964; Farrell, 1974; Steiner, 1972; Crites and Fitzgerald, 1978) have discussed the possibility that males are equally, if not more, negatively evaluated for transgressing sex role expectations. The present study attempted an initial investigation of this issue.

Two scripts were developed which depicted a 10-minute segment of a career counseling interview between a male counselor and a college student client. Though much of the script material was identical, portions were systematically varied so that in one version, the counselor and client agree on medicine as an appropriate occupational choice, while in the other version, nursing is selected. These occupations have previously been shown to be strongly stereotyped as masculine (medicine) and feminine (nursing) (Shinar, 1975). Each interview was recorded twice, once with a female client and once with a male. This resulted in four 10-minute audiotapes, representing all possible combinations of client sex and occupational stereotype.

One hundred and twenty college student subjects (48 males and 72 females) were assigned randomly within sex to one of the four experimental conditions. After listening to the appropriate tape,

each subject evaluated the counselor on the Counselor Rating Form (CRF), which consists of 36 bipolar scales and yields scores on counselor expertness, attractiveness, and trustworthiness (Barak & LaCrosse, 1975). In addition, each subject described, on 7-point, bipolar scales, her/his degree of agreement with the occupation selected, her/his perception of the client's adjustment status, and her/his own willingness to work with this particular counselor. It was hypothesized that, when the counselor was portrayed as suggesting sex-inappropriate occupational choices (e.g., nursing for males, medicine for females), he would be rated as less expert, attractive and trustworthy than when he suggested sex appropriate choices. It was further hypothesized that subjects would express less agreement with the non-traditional occupational choices, would rate the non-traditional client as less well adjusted, and would be less willing to work with the non-traditional counselor.

The results of the data analysis indicated (1) that counselor CRF scores did not differ significantly in any of the experimental conditions. Thus, the hypothesis that the "non-traditional" counselor would be evaluated less positively was rejected; (2) When subjects' "agreement scores" were analyzed, there emerged a significant interaction between sex of client and occupation, in the expected direction; thus supporting the hypothesis that subjects' would exhibit less agreement with non-traditional occupational choices for males as well as females. (3) When client adjustment ratings were analyzed, a significant interaction was demonstrated between sex of subject and occupation, with females rating nursing aspirants as better adjusted, and male

subjects exhibiting the opposite effect. These results were not related to client sex, thus the hypothesized relationship was not supported; (4) The final portion of the analysis indicated that subjects were significantly more willing to work with the counselor when he was portrayed with a member of their own sex. That is, female subjects were more willing to work with the counselor when he was with a female client, and vice-versa. Thus, the hypothesis that subjects would be less willing to work with the counselor in the "non-traditional" condition was not supported.

The pattern of results reported above suggested that, even though subjects in this study clearly perceived non-traditional occupational choices as less appropriate than traditional occupational choices, they did not negatively evaluate the counselor who suggested such choices. Nor were they less willing to work with this counselor. Although certainly tentative, these results are encouraging for a profession engaged in an attempt to deliver sex-fair counseling services, and newly committed to widening career/life options for women. It should, however, be noted that the results also make clear that sex role restrictions operate for both sexes, raising the possibility that counselors may be perpetuating sex stereotypic roles for male clients in much the same fashion as they have previously for female clients. Research into this issue is clearly needed.

The conclusions presented here are subject to the familiar limitations of generalizability, as well as the more serious deficiencies of the analogue method. The oft-cited negative relationship between

experimental rigor and generalizability of results appears to be supported! A program of research designed to systematically approximate the actual counseling relationship is needed to clarify the validity of the present results.

Table 1
Means and Standard Deviations of Counselor Dimensions
by Experimental Condition and Sex of Subject

	<u>Dimension</u>					
	<u>Expertness</u>		<u>Attractiveness</u>		<u>Trustworthiness</u>	
<u>Females</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Group I ¹	6.14	.512	5.75	.530	5.98	.539
Group II	5.89	.779	5.81	.697	5.97	.603
Group III	6.07	.469	5.95	.587	6.08	.503
Group IV	6.05	.784	5.89	.785	5.90	.856
<u>Males</u>						
Group I	5.76	.822	5.31	.728	5.63	.479
Group II	5.95	.539	5.78	.384	5.80	.485
Group III	5.76	.668	5.51	.323	5.67	.420
Group IV	5.86	.707	5.80	.548	5.83	.500

¹ Group I = Male client - Nurse, Group II = Male client - Doctor, Group III = Female client - Nurse, Group IV = Female client - Doctor

Table 2
 Analysis of CRF Scores by Client Sex and Occupation
 for Female Subjects

Source	Sum of Squares	Degrees of Freedom	Mean Square	F	Probability
C	.25148	1	.25148	.24055	.625
O	.33627	1	.33527	.32071	.573
CO	.00436	1	.00436	.00417	.949
Error	71.08768	68	1.04541		
D	1.37147	2	.68574	6.17166	.003
DC	.15352	2	.07676	.69083	.503
DO	.17315	2	.08657	.77916	.461
DCO	.43132	2	.21566	1.94097	.148
Error	16.11101	136	.11111		

Table 3

Analysis of CRF Scores by Client Sex and Occupation

for Male Subjects

Source	Sum of Squares	Degrees of Freedom	Mean Square	F	Probability
C	.03642	1	.03642	.05349	.818
O	1.85641	1	1.85641	2.72650	.106
CO	.07701	1	.07701	.11310	.738
Error	29.95858	44	.68088		
D	1.26427	2	.63213	4.35162	.016
DC	.15284	2	.07642	.52609	.593
DO	.39823	2	.19911	1.37071	.259
DCO	.04129	2	.02064	.14211	.868
Error	12.78724	88	.14526		

Table 4

Analysis of Expertness Dimension

by Client Sex, Occupation and Sex of Subject

Source	Sum of Squares	Degrees of Freedom	Mean Square	F	p
C	.00004	1	.00004	.00009	.993
O	.00001	1	.00001	.00001	.997
S	1.26253	1	1.26253	2.82812	.095
CO	.04065	1	.04065	.09106	.763
CS	.06517	1	.06517	.14598	.703
OS	.55722	1	.55722	1.24820	.266
COS	.17892	1	.17892	.40079	.528
Error	49.99923	112	.44842		

Table 5

Analysis of Attractiveness Dimension

by Client Sex, Occupation and Sex of Subject

Source	Sum of Squares	Degrees of	Mean Square	F	p
C	.45905	1	.45905	1.24540	.267
O	.99756	1	.99756	2.70636	.103
S	1.76616	1	1.76616	4.79157	.031
CO	.15724	1	.15724	.42658	.515
CS	.00684	1	.00684	.01857	.892
OS	1.02756	1	1.02756	2.78774	.098
COS	.00748	1	.00748	.02028	.887
Error	41.28304	112	.36860		

Table 6

Analysis of Trustworthiness Dimension

by Client Sex, Occupation and Sex of Subject

Source	Sum of Squares	Degrees of Freedom	Mean Square	F	p
C	.01800	1	.01800	.05354	.817
O	.03698	1	.03698	.10999	.741
S	1.81002	1	1.81002	5.38321	.022
CO	.06235	1	.06235	.18543	.668
CS	.00200	1	.00200	.00595	.939
OS	.49298	1	.49298	1.46618	.228
COS	.04387	1	.04387	.13047	.719
Error	37.65823	112	.33623		

Table 7

Subject's Degree of Agreement with the Selected Occupation
by Experimental Condition and Sex of Subject

	<u>Degree of Agreement</u>			
	Males		Females	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Group I ¹	5.25	1.422	5.39	1.577
Group II	6.33	.779	6.56	.616
Group III	5.83	.718	5.89	1.079
Group IV	5.25	1.658	5.72	1.128

¹Group I = Male client - Nurse, Group II = Male client - Doctor,
Group III = Female client - Nurse, Group IV = Female client - Doctor

Table 8

Analysis of Degree of Agreement with the Selected Occupation
by Client Sex, Occupation and Sex of Subject

Source	Sum of Squares	Degrees of Freedom	Mean Square	F	p
C	1.25000	1	1.25000	.90355	.344
O	4.05000	1	4.05000	2.92750	.090
S	1.42222	1	1.42222	1.02804	.313
CO	16.20000	1	16.20000	11.71001	.001***
CS	.05000	1	.05000	.03614	.850
OS	.45000	1	.45000	.32528	.570
COS	.20000	1	.20000	.14457	.705
Error	154.94439	112	1.38343		

***F_{1,112} = p/ .001

Table 9
Client Adjustment Ratings
by Experimental Condition and Sex of Subject

	<u>Degree of Adjustment</u>			
	Males		Females	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Group I ¹	4.42	1.311	5.17	1.098
Group II	4.92	1.443	4.44	1.580
Group III	4.42	.996	5.61	1.145
Group IV	5.00	1.348	5.28	1.179

¹Group I = Male client - Nurse, Group II = Male client - Doctor,
Group III = Female client - Nurse, Group IV = Female client - Doctor

Table 10

Analysis of Client Adjustment Ratings

by Client Sex, Occupation and Sex of Subject

Source	Sum of Squares	Degrees of Freedom	Mean Square	F	p
C	3.33472	1	3.33472	2.05686	.154
O	.00139	1	.00139	.00086	.977
S	5.51250	1	5.51250	3.40009	.068
CO	.40139	1	.40139	.24757	.620
CS	2.56805	1	2.56805	1.58397	.211
OS	8.23472	1	8.23472	5.07915	.026**
COS	.16805	1	.16805	.10366	.748
Error	181.58328	112	1.62128		

Table 11

Degree of Subjects' Willingness to Work with Counselor
by Experimental Condition and Sex of Subject

	<u>Degree of Willingness</u>			
	Males		Females	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Group I ¹	5.83	.937	5.56	1.338
Group II	6.08	.793	6.17	.618
Group III	4.67	1.826	6.28	.958
Group IV	5.50	2.023	5.83	1.689

¹Group I = Male client - Nurse; Group II = Male client - Doctor;
Group III = Female client - Nurse; Group IV = Female client - Doctor

Table 12

Analysis of Subjects' Degree of Willingness to Work with Counselor
by Client Sex, Occupation and Sex of Subject

Source	Sum of Squares	Degrees of Freedom	Mean Square	F	<u>p</u>
C	3.33472	1	3.33472	1.87395	.174
O	2.81250	1	2.81250	1.58049	.211
S	5.51250	1	5.51250	3.09776	.081
CO	.40139	1	.40139	.22556	.636
CS	8.23472	1	8.23472	4.62751	.034*
OS	1.51250	1	1.51250	.84995	.359
COS	4.83472	1	4.83472	2.71688	.102
Error	199.30551	112	1.77951		

Figure 1

Figure 2

Figure 3

APPENDIX A

COUNSELOR RATING FORM

Listed below are several scales which contain word pairs at either end of the scale and seven spaces between the pairs. Please rate the counselor you just heard on each of the scales.

If you feel that the counselor very closely resembles the word at one end of the scale, place a check mark as follows:

fair__ : __ : __ : __ : __ : __ : X : unfair

OR

fair X : __ : __ : __ : __ : __ : __ : unfair

If you think that one end of the scale quite closely describes the counselor, then make your check mark as follows:

rough__ : X : __ : __ : __ : __ : __ : smooth

OR

rough__ : __ : __ : __ : __ : X : __ : smooth

If you feel that one end of the scale only slightly describes the counselor, then check the scale as follows:

active__ : __ : X : __ : __ : __ : __ : passive

OR

active__ : __ : __ : __ : X : __ : __ : passive

If both sides of the scale seem equally associated with your impression of the counselor, or if the scale is irrelevant, then place a check mark in the middle space:

hard__ : __ : __ : X : __ : __ : __ : soft

Your first impression is the best answer.

PLEASE NOTE: PLACE CHECK MARKS IN THE MIDDLE OF THE SPACES

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agreeable	___:___:___:___:___:___:___	disagreeable
unalert	___:___:___:___:___:___:___	alert
analytic	___:___:___:___:___:___:___	diffuse
unappreciative	___:___:___:___:___:___:___	appreciative
attractive	___:___:___:___:___:___:___	unattractive
casual	___:___:___:___:___:___:___	formal
cheerful	___:___:___:___:___:___:___	depressed
vague	___:___:___:___:___:___:___	clear
distant	___:___:___:___:___:___:___	close
compatible	___:___:___:___:___:___:___	incompatible
unsure	___:___:___:___:___:___:___	confident
suspicious	___:___:___:___:___:___:___	believable
undependable	___:___:___:___:___:___:___	dependable
indifferent	___:___:___:___:___:___:___	enthusiastic
inexperienced	___:___:___:___:___:___:___	experienced
inexpert	___:___:___:___:___:___:___	expert
unfriendly	___:___:___:___:___:___:___	friendly
honest	___:___:___:___:___:___:___	dishonest
informed	___:___:___:___:___:___:___	ignorant
insightful	___:___:___:___:___:___:___	insightless
stupid	___:___:___:___:___:___:___	intelligent
unlikeable	___:___:___:___:___:___:___	likeable
logical	___:___:___:___:___:___:___	illogical
open	___:___:___:___:___:___:___	closed
prepared	___:___:___:___:___:___:___	unprepared

unreliable ____:____:____:____:____:____:____ reliable
disrespectful ____:____:____:____:____:____:____ respectful
irresponsible ____:____:____:____:____:____:____ responsible
selfless ____:____:____:____:____:____:____ selfish
sincere ____:____:____:____:____:____:____ insincere
skillful ____:____:____:____:____:____:____ unskillful
sociable ____:____:____:____:____:____:____ unsociable
deceitful ____:____:____:____:____:____:____ straightforward
trustworthy ____:____:____:____:____:____:____ untrustworthy
genuine ____:____:____:____:____:____:____ phony
warm ____:____:____:____:____:____:____ cold

As with all of the information obtained in this experiment, the contents of this questionnaire are strictly confidential.

APPENDIX B

Please answer the following questions concerning the interview you just heard.

1. In the interview, the counselor and the client agreed on which of the following occupations as a good choice for the client? Circle the letter of the correct answer.

- a. pharmacist
- b. nurse
- c. dentist
- d. physician

2. In your personal opinion, do you agree that this was an appropriate occupational choice for the client?

strongly agree __:__:__:__:__:__:__:__:disagree
strongly

3. In your opinion, what was the psychological adjustment status of the client?

extremely poorly - extremely well -
adjusted __:__:__:__:__:__:__:adjusted

4. Assume that you have not chosen an occupation, and that you decide you need career counseling. On the basis of the interview you just heard, how willing would you be to work with the counselor on the audiotape?

willing __:__:__:__:__:__:__:unwilling

APPENDIX C

BIOGRAPHICAL DATA SHEET

Subject number _____

Sex _____

Age _____

Year in school _____

Major _____

Have you ever had career counseling? _____

THANK YOU FOR YOUR PARTICIPATION IN THIS EXPERIMENT. PLEASE RETURN ALL MATERIALS TO THE BROWN ENVELOPE, AND RAISE YOUR HAND FOR THE EXPERIMENTOR. AS IN ALL EXPERIMENTS, YOUR DATA ARE COMPLETELY CONFIDENTIAL.

IMPORTANT: DO NOT - REPEAT - DO NOT DISCUSS THE EXPERIMENT WITH ANYONE UNTIL YOU ARE TOLD YOU MAY DO SO.

APPENDIX D

Nursing Dialogue

- J: I've been thinking since we talked last time...you know, about how the test showed I had strong interests in science and math..chemistry ...I mean, that pretty much confirms what I already knew - but I still don't know what to do..I don't know where to go with all that.
- C: So...it sounds like you're having difficulty narrowing down... translating that information into an occupation, a choice.
- J: Well, it just seems like there are a lot of possibilities.
- C: Such as?
- J: Well..I don't know..some sort of scientist, I guess. You know, a biologist, or chemist - maybe engineering or physics. But those things all sound sort of cold and abstract to me. I guess I want to do something that seems more related to people, to real life.
- C: So, on the one hand, you're saying you like science - it interests you...challenges you. On the other, you don't want to be stuck off somewhere in a lab all day, isolated.
- J: Yeah, exactly. I like working with other people..being around people. (Pause) But those things don't really go together, do they, I mean, liking science and liking people. I can't think of how they would.
- C: Well, it sounds like that's our task...to come up with some options that combine those two things. (Pause) Let's brainstorm a little bit...what kinds of things occur to you?

- J: I don't know...that's what I was saying. The things I might like, you know, the science things, don't have anything to do with people...and when I think of "people" occupations, I think of being a salesman or something, you know, where you're dealing with the public all day...and that sure isn't what I have in mind.
- C: You know (name), I think we're neglecting the obvious...what about medicine? That certainly requires scientific interests and training - and yet, the very nature of a physician's work is dealing with people. (Pause) You know, you'll recall that your interest test indicated that your interests were quite similar to those of physicians...which suggests that, if you went into that occupation, you would most likely be satisfied with it.
- J: Well, I thought about that...but I really don't think I could hack medical school...The competition is incredible, and, besides, I just don't want to go to school that long.
- C: It is a long time...two more years here...four years of medical school...then an internship...and even more if you want to specialize.
- J: That's exactly what I mean - I just don't want to do that...and besides, you're never home, you work all the time...sometimes all night...and people are always calling you up in the middle of the night. I'm just not willing to do all that. I'm planning to be married soon, you know, and I think having a family and being with them a lot is going to be important to me. That's

not the way it was in my family - my folks weren't with us a lot - and I think that made a big difference to me. It's too bad in a way...because I think I'd like medicine...but I guess I'm just not that ambitious...other things are more important to me.

C: Well, those "other things", those values...are very important in choosing a career...and it sounds like you're real clear that you don't want to do that.

J: Yeah...(laughing)...I'm clear all right on what I don't want to do...it's just too bad I'm not that clear on what I do want to do.

C: Well, you know...going to medical school is not the only option. There are many kinds of medical occupations besides physician.

J: You mean, like being a dentist or something. That's almost as much trouble as going to medical school...and doesn't appeal to me nearly as much. It's the same for pharmacy...(voice trails off)

C: What about something more service-oriented, and not quite so demanding in terms of educational preparation...like, say, nursing?

J: Nursing? (Small laugh) Somehow I never thought of that.

C: Well, it combines an interest in science and an interest in people...it doesn't require graduate education, you could complete your studies in two more years...and it's not the kind of job that requires a lot of extra time. You'd be able to spend your

time with your family.

J: Yeah...well, that's important to me...I know it's not very fashionable to say so...but we want to have a lot of kids...a big family, you know? And I want to be able to be with them, to spend time bringing them up...I think that's one of the most important things you can do.

C: So, on the one hand, you want a career that's meaningful to you...that fits with your interests and challenges you. And on the other, you're very clear that your family comes first.

J: That's it...

C: So...how does nursing fit with those two things?

J: Well, it does, obviously...fit, I mean. It's like you said, it's a bachelor's degree, and that's what I want, and it does fit my interests, and I think it would allow me to spend time with my family...

C: But...

J: But, well, ...I don't know...It just seems like, on some level, I'd be copping out...I mean, my parents are always saying "Be all you can be; use your abilities" "Be the best".

C: And the "best" is...

J: I don't know...some high-level thing...like doctor...or dentist...or whatever. I mean, I know that I don't want that...It's like you said...I'm really clear on that. But I don't know.....

C: How they'd feel...if you came home and said..."Look, I've decided to go into nursing."

J: Yeah...(Pause)...You know, it's funny...you picking up on it and all...about it being obvious...it really is the obvious choice...and I think I've always sort of subconsciously known... well, consciously known, really...that I didn't want the demanding, exacting kind of life that I would have to live in order to have the career they want for me...I'm not like that...and I know I'd like nursing - I even worked in a hospital one summer.

C: What did you do?

J: I spent the summer working as a surgical technician at Charity Hospital. I was looking for a job - I needed money - and I was going through the want ads - and I saw this ad for surgical technician, and it said "No experience necessary" and gave a number to call. It sounded a lot more interesting than the other ads I'd seen, like sales clerk, or whatever.

C: Really. That's interesting. (Pause) So what did you do? What were your job duties?

J: Well, first of all we were trained for about two weeks - in a classroom. There was a certain amount of training in microbiology, and then we had to memorize the names of all the surgical instruments - there are about a hundred of them - and be able to recognize them - and all.

C: So then what did you do when you had finished your training?

J: Well, in the operating room, what we did...we were simply what you call a scrub nurse. I would stand right at the operating table with this tray in front of me, with instruments on it,

and when the surgeon would ask for an instrument, I would have to have it ready, have to hand it to him. And part of what I was supposed to do...as a good technician, you were supposed to anticipate what he's gonna ask for next, ...

C: Ummhmmm (spoken right after "next", while client goes on)

J: ...and have it ready for him. So you really have to pay attention to the surgery, to anticipate what the doctor's going to need.

C: Did you like it?

J: Oh yeah, I liked it a lot...it was extremely hard work physically...we'd be on our feet in the operating room from seven in the morning until noon sometimes - but I liked it. Every operation was different - and often very exciting.

C: Hmmm...that's fascinating. (Pause) And given that you had that experience, and you liked it...you never thought of choosing nursing as a career?

J: Well...I think I thought about it at the time, but I guess I've just never very seriously thought about it because...as I said before, my parents have always urged me to go for the best, whatever that is...

C: It sounds like maybe your ideas of "the best" are different than those of your parents...like maybe you value different things...and that feels scary...

J: Yeah...it does...it really does...

C: (Softly) Let's talk about that...about that feeling.

END

Physician Dialogue

- J: I've been thinking since we talked last time...you know, about how the test showed I had strong interests in science and math ...chemistry...I mean, that pretty much just confirms what I already know - but I still don't know what to do...I don't know where to go with all that.
- C: So...it sounds like you're having difficulty narrowing down... translating that information into an occupation, a choice.
- J: Well, it just seems like there are a lot of possibilities.
- C: Such as?
- J: Well...I don't know...some sort of scientist, I guess. You know, a biologist, or a chemist - maybe engineering or physics. But those things all sound sort of cold and abstract to me. I guess I want to do something that seems more related to people, to real life.
- C: So, on the one hand, you're saying you like science - it interests you...challenges you. On the other, you don't want to be stuck off somewhere in a lab all day, isolated.
- J: Yeah, exactly. I like working with other people...being around people. (Pause) But those things don't really go together, do they? I mean, liking science and liking people? I can't think of how they would.
- C: Well, it sounds like that's our task...to come up with some options that combine those two things. (Pause) Let's brainstorm a little bit...what kinds of things occur to you?
- J: I don't know...that's what I was saying. The things I might

like, you know, the science things, don't have anything to do with people...and when I think of "people" occupations, I think of being a salesman or something, you know, where you're dealing with the public all day...and that sure isn't what I have in mind.

C: You know (name), I think we're neglecting the obvious...what about medicine? That certainly requires scientific interests and training - and yet, the very nature of a physician's work is dealing with people. (Pause) You know, you'll recall that your interest test indicated that your interests were quite similar to those of physicians...which suggests that, if you went into that occupation, you would most likely be satisfied with it.

J: Physician? You mean, go to medical school?

C: Um hmmm

J: Do you really think I could do that? (Slight laugh) Somehow, it never occurred to me. Maybe I just assumed I never had the aptitude for that. But you think...

C: Well, I gather you do quite well in your studies...is that not so?

J: Well, yeah, I mean...I have a 3.5 overall average - a 3.8 if you only count my upper division work, which is mostly science courses.

C: Um hmmm...and your SATs were...

J: I had around 760 in math, but only about 700 in verbal.

C: So...it appears that you're in about the top 5% or so of your

class...how does that fit in with your assumption that you don't have the aptitude for medical school?

J; Well, O.K. I admit I've done fairly well so far...but really, the competition hasn't been that rough. And I went to a really good high school - so I was ahead of a lot of people when I got here...but I just never thought...I mean...do you really think it's possible???

C: Well, of course, it's true that medical school admissions are quite competitive...but, from what we know of your academic performance...it certainly sounds like you'd be an attractive candidate. (Pause) Would that be something that appeals to you, then? Being a doctor?

J: Well, yes - I think that's a fantastic idea. I guess the only reason I never considered it is that I've always heard how practically impossible it is to get into medical school, and... I've always thought of medicine as a very, very prestigious profession...

C: Um hmmm

J: And, although I have always made good grades, and I know that I have good abilities in science and everything, but I just never thought of them as being in the running for that, because I just always sort of thought of that as the top.

C: Well, I suppose...but what's wrong with going for the top? Assuming that's what you want, of course?

J: Oh...I want it. (Pause) You know, it's funny...you picking

up on it and all...about my ignoring the obvious, I mean...it really is the obvious choice. And I think on some level, I've always sort of subconsciously headed for it...I mean, I never really let myself think about it, but, looking back, I can see I've always done the things along the way that one would need to do to be pre-med...took all the right courses and all. I even worked in a hospital one summer.

C: What did you do?

J: I spent the summer working as a surgical technician at Charity Hospital. I was looking for a job - I needed money - and I was going through the want ads - and I saw this ad for surgical technician, and it said "No experience necessary" and gave a number to call. It sounded a lot more interesting than the other ads I'd seen, like sales clerk, or whatever.

C: Really. That's interesting. (Pause) So what did you do?
What were your job duties?

J: Well, first of all we were trained for about two weeks - in a classroom. There was a certain amount of training in microbiology, and then we had to memorize the names of all the surgical instruments - there are about a hundred of them - and be able to recognize them - and all.

C: So then what did you do when you had finished your training?

J: Well, in the operating room, what we did...we were simply what you would call a scrub nurse. I would stand right at the operating table with this tray in front of me, with instruments on it, and when the surgeon would ask for an instrument, I

would have to have it ready, have to hand it to him. And part of what I was supposed to do...as a good technician, you were supposed to anticipate what he's gonna ask for next,...

C: Ummhmm (spoken right after "next", while client goes on)

J:and have it ready for him. So you really have to pay attention to the surgery, to anticipate what the doctor's going to need.

C: Did you like it?

J: Oh, yeah, I like it a lot - it was extremely hard work physically - we'd be on our feet in the operating room from seven in the morning until noon sometimes - but I liked it. Every operation was different - and often very exciting.

C: Hmmm...that's fascinating. And given that you had that experience, and you liked it...you never thought of choosing medicine as a career?

J: Well...I've thought about it, but I guess I've just never very seriously thought about it because...as I said before, I think about it as being the most prestigious profession there is... and it's hard for me...I guess it's a little bit hard for me to think that I...qualify...to do that.

C: (slowly) It seems hard for you to believe that you could be that..... (Pause)

J: (Somewhat sharply, frustrated) Good! Special! ...unh..I don't know!

C: Let's talk about that...about that feeling. (Spoken softly)

APPENDIX E

Audiotape Instructions

Welcome to Experiment Career Counseling. We appreciate your participation and hope the experience will be an interesting one for you. Each of you has been given an envelope with a 3-letter code on the front. DO NOT - repeat - DO NOT open these envelopes until you are instructed to do so.

During the next few minutes you will be listening to a brief segment of an actual career counseling interview which was recorded on audiotape, with the knowledge and permission of both the counselor and the client. At the conclusion of the tape, you will be asked to record your reactions to the interview and to answer several questions about it. So, please, listen carefully. This concludes the preliminary instructions. Again, please listen carefully to this tape.

APPENDIX F

Experimenter's Instructions

That concludes the audiotape portion of the experiment. When I have finished reading these instructions, you will open your envelopes, and remove the materials inside. Please read the instructions carefully, and complete the questionnaires in the order they are presented. When you are finished, raise your hand, and I will check your materials and give you your credit slip for participation. If you have any questions, or require assistance in any way, please raise your hand. You may now open your envelopes and complete the materials inside.

REFERENCE NOTES

1. Schwartz, J. L. A study of guidance counselor sex biases in the occupational recommendations made for female students of superior intelligence. Dissertation Abstracts International, 1975, 35, (11-A) 7069.
2. Elman, J. B., Press, A., and Rosenkrantz, P. S. Sex-roles and self-concepts: Real and ideal. Paper presented at the annual convention of the American Psychological Association, Miami, August, 1970.
3. Shinar, E. H. Interpersonal perception as a function of occupation and sex. Unpublished doctoral dissertation, The Ohio State University, 1974.
4. Fitzgerald, L. F. Sex, occupation and the measurement of psychological androgyny. Paper presented at the annual convention of the American Psychological Association, Washington, D. C., August, 1976.
5. Kirk, B. Personal communication, 1978.
6. Bardwick, J. Personal communication, 1978.
7. Young, F. A. Sex-role stereotyping in career counseling. Dissertation Abstracts International, 1976, 37, (5-B), 2581-2582.
8. Fitzgerald, L. F., and Crites, J. O. Toward a career psychology of women: What do we know? What do we need to know? Paper submitted to Journal of Counseling Psychology.

REFERENCES

- Abramowitz, S. I., Abramowitz, C., Jackson, C., & Gomes, B. The politics of clinical judgment: What nonliberal examiners infer about women who do not stifle themselves. Journal of Consulting and Clinical Psychology, 1973, 41, 385-391.
- Ad Hoc Committee on Women, Division 17, Newsletter. The Counseling Psychologist, 1978, 4, 74-77.
- Association for Measurement and Evaluation in Guidance. AMEG commission report on sex bias in interest measurement. Measurement and Evaluation in Guidance, 1973, 6, 171-177.
- American Psychological Association, Report of the Task Force on Sex Bias and Sex-Role Stereotyping in Psychotherapeutic Practice. American Psychologist, 1975, 30, 1169-1175.
- Baekeland, F., and Lundwall, L. Dropping out of treatment: A critical review. Psychological Bulletin, 1975, 82, 738-783.
- Bakan, D. The duality of human existence. Chicago: Rand McNally, 1966.
- Barak, A., and Dell, D. M. Differential perceptions of counselor behavior: Replication and extension. Journal of Counseling Psychology, 1977, 24, 288-292.
- Barak, A., and LaCrosse, M. B. Multidimensional perception of counselor behavior. Journal of Counseling Psychology, 1975, 22, 471-476.
- Bingham, W. C., and House, E. W. Counselor's attitudes toward women and work. Vocational Guidance Quarterly, 1973, 1, 16-23.
- Bordin, E. S. A theory of vocational interests as dynamic phenomena. Educational and Psychological Measurement, 1943, 3, 49-65.
- Brodsky, A. M., Holroyd, J., Payton, C. R., Rubinstein, E. A., Rosenkrantz, P., Sherman, J., Zell, F., Cummings, T., and Suber, C. J. Source materials for nonsexist therapy. JSAS Catalog of Selected Documents in Psychology, 1978, 3, 40. (Ms. No. 1685).

- Broverman, I. K., Broverman, D. M., Clarkson, F. E., Rosenkrantz, P. S. and Vogel, S. R. Sex-role stereotypes and clinical judgments of mental health. Journal of Consulting and Clinical Psychology, 1970, 34, 1-7.
- Broverman, I. K., Vogel, R. S., Broverman, D. M., Clarkson, T. E., and Rosenkrantz, P. S. Sex-role stereotypes: A current appraisal. Journal of Social Issues, 1972, 28, 59-78.
- Chesler, P. Women and madness. New York: Doubleday and Company, Inc., 1972.
- Claiborn, C. D., and Schmidt, L. D. Effects of presession information on the perception of the counselor in an interview. Journal of Counseling Psychology, 1977, 24, 259-263.
- Constantinople, A. Masculinity-femininity: An exception to a famous dictum. Psychological Bulletin, 1973, 80, 389-407.
- Crites, J. O., and Fitzgerald, L. F. The competent male. The Counseling Psychologist, 1978, 7, 10-14.
- Diamond, E. (Ed.) Issues of sex bias and sex fairness in career interest measurement. National Institute of Education, 1975.
- Duckro, P., Beal, D., and George, C. Research on the effects of disconfirmed client role expectations in psychotherapy: A critical review. Psychological Bulletin, 1979, 86, 260-275.
- English, H. B., and English, A. C. A comprehensive dictionary of psychological and psychoanalytic terms. New York: David McKay Company, Inc., 1958.
- Farrell, W. The liberated man. New York: Bantom Books, 1974.
- Fasteau, M. F. The male machine. New York: McGraw-Hill, 1974.
- Fernberger, S. W. Persistence of stereotypes concerning sex differences. Journal of Abnormal and Social Psychology, 1948, 43, 97-101.
- Goldberg, H. The hazards of being male. New York: Nash, 1976.
- Hansen, L. S., and Rapoza, R. S. Career development and counseling of women. Springfield, Ill.: Charles C. Thomas, 1978.
- Harmon, L. H. Career counseling for women. In E. I. Rawlings and D. K. Carter, (Eds.) Psychotherapy for women: Treatment toward equality. Springfield, Ill.: Charles C. Thomas, 1977.

- Heitler, J. Preparatory techniques in initiating expressive psychotherapy with lower-class, unsophisticated patients. Psychological Bulletin, 1976, 83, 339-352.
- Heshusius-Gilsdorf, L. T., and Gilsdorf, D. L. Girls are females, boys are males: A content analysis of career materials. The Personnel and Guidance Journal, 1975, 54, 206-211.
- Hilgard, E. R., Atkinson, R. C., and Atkinson, R. L. Introduction to psychology (6th ed.). New York: Harcourt, Brace, Jovanovich, 1975.
- Holland, J. L. Making vocational choices: A theory of careers. Englewood Cliffs, N. J.: Prentice-Hall, 1973.
- Holland, J. L. The use and evaluation of interest inventories, and simulations. In E. Diamond, Ed., Issues of sex bias and sex fairness in career interest measurement. National Institute of Education, 1975.
- Horner, M. S. Toward an understanding of achievement-related conflicts in women. In R. K. Unger and F. L. Denmark (Eds.). Woman: Dependent or independent variable. New York: Psychological Dimensions, 1975.
- Jourard, S. The transparent self. New York: Van Nostrand, 1964.
- Kaley, M. M. Attitudes toward the dual role of the married professional woman. American Psychologist, 1971, 26, 301-306.
- Kerr, B. A., and Dell, D. M. Perceived interviewer expertness and attractiveness: Effects of interviewer behavior and attire and interview setting. Journal of Counseling Psychology, 1976, 23, 553-556.
- LaCrosse, M. B., and Barak, A. Differential perception of counselor behavior. Journal of Counseling Psychology, 1976, 23, 170-172.
- Lunneborg, P. W. Stereotypic aspects in masculinity-femininity measurement. Journal of Consulting and Clinical Psychology, 1970, 34, 113-118.
- Lorion, R. Patient and therapist variables in the treatment of low income patients. Psychological Bulletin, 1974, 81, 344-354.
- McKee, J. P., and Sherriffs, A. C. The differential evaluation of males and females. Journal of Personality, 1957, 25, 356-371.

- McKee, J. P., and Sherriffs, A. C. Men's and women's beliefs, ideals, and self-concepts. American Journal of Sociology, 1959, 65, 356-363.
- Morgan, J., Skovholt, T., and Orr, J. Career counseling with men: The shifting focus. In S. Weinrach (Ed.) Vocational counseling: Theory and techniques. New York: McGraw-Hill, 1978.
- Munley, P. H. A review of analogue research methods. Journal of Counseling Psychology, 1974, 21, 320-330.
- Ohlsen, M. M. Vocational counseling for girls and women. Vocational Guidance Quarterly, 1968, 17, 124-127.
- O'Leary, V. E. Toward understanding women. Monterey, Calif.: Brooks/Cole Publishing Company, 1977.
- Pietrofessa, J. J., and Schlossberg, N. K. Counselor bias and the female occupational role. Detroit: Wayne State University, 1970, ERIC, Document CG oo6 056, 1970.
- Rawlings, E. I., and Carter, D. K. Psychotherapy for women: Treatment toward equality. Springfield, Ill.: Charles C. Thomas, 1977.
- Ruch, F. L., and Zimbardo, P. G. Psychology and life. (8th edition). Glenview, Ill.: Scott, Foresman, and Company, 1971.
- Samler, J. Where do counseling psychologists work? What do they do? What should they do? In Thompson, A. S. and Super, D. E. The professional preparation of counseling psychologists: Report of the 1964 Greyston Conference. New York: Bureau of Publications, Teachers College, Columbia University, 1964.
- Schlossberg, N. K., and Pietrofessa, J. J. Perspectives on counseling bias: Implications for counselor training. The Counseling Psychologist, 1973, 44-54.
- Schmidt, L. D., and Strong, S. R. Attractiveness and influence in counseling. Journal of Counseling Psychology, 1971, 18, 348-351.
- Shinar, E. Sexual stereotypes of occupations. Journal of Vocational Behavior, 1975, 7, 99-112.

- Skovholt, T. M. Feminism and men's lives. The Counseling Psychologist, 1978, 7, 3-10.
- Skovholt, T., Gormally, J., Schauble, P., Davis, R. (Eds.)
Counseling men. The Counseling Psychologist, 1978, 7, pp.1-67.
- Steiner, C. Scripts people live. New York: Grove, 1974.
- Stricker, G. Implications of research for psychotherapeutic treatment of women. American Psychologist, 1977, 32, 14-22.
- Strong, S. R. Counseling: An interpersonal influence process. Journal of Counseling Psychology, 1968, 15, 215-224.
- Strong, S. R. Experimental laboratory research in counseling. Journal of Counseling Psychology, 1971, 18, 106-110.
- Strong, S. R., and Dixon, D. N. Expertness, attractiveness and influence in counseling. Journal of Counseling Psychology, 1971, 18, 562-570.
- Strong, S. R., and Schmidt, L. D. Trustworthiness and influence in counseling. Journal of Counseling Psychology, 1970, 17, 197-204.
- Tanney, M. F., and Birk, J. M. Women counselors for women clients? A review of the research. The Counseling Psychologist, 1976, 6, 28-33.
- Task Force on Sex Bias and Sex-Role Stereotyping in Psychotherapeutic Practice, Guidelines for therapy with women. American Psychologist, 1978, 33, 1122-1123.
- Thomas, H., and Stewart, N. R. Counselor responses to female clients with deviate and conforming career goals. Journal of Counseling Psychology, 1971, 18, 352-357.
- Tooley, K. M. "Johnny, I hardly knew ye": Toward revision of the theory of male psychosexual development. American Journal of Orthopsychiatry, 1977, 47, 184-195.