

EFFECTS OF ATTITUDES TOWARD WOMEN,  
GENDER, AND ATTITUDE SIMILARITY  
ON MENTAL HEALTH RATINGS

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## CHAPTER I

### INTRODUCTION

This study was designed to examine the role of counseling graduate student attitudes in making judgments about the mental health of another person. Specifically, the attitudes of male and female counseling students toward the role of women in society were measured and related to the degree to which they perceived the other person to possess attitudes similar to themselves. The role of both gender of counseling student and gender of person being rated were investigated with respect to counseling student attitudes toward women and perceived similarity to ratee. The interaction effects of these variables were examined to determine which factors are the most influential in making mental health decisions.

The relationship between attitudes and behavior has been examined by numerous investigators (Byrne, 1971; Byrne, 1974; Kemp, 1967; Luborsky, 1971; Novak & Lerner, 1968; Rokeach, 1973). One of the main reasons that attitudes have been studied extensively is that they have, for many years been presumed to determine social behavior (Rokeach, 1973). In fact, attitudes have been defined as standards that guide actions delineating a clear

relationship to behavior (Rokeach, 1973). For the purposes of this study, however, attitudes were defined as "the organization of several beliefs around a specific object or situation" (Rokeach, p. 18).

The focus of much of the study of attitudes has been upon the person of the client in some form of psychological therapy (Kanfer & Goldstein, 1979; Rokeach, 1973). Seen as an interacting agent in a larger society, the client is thought to possess a mass of attitudes and behaviors, each influencing the other. It has been argued that attitudes are learned through interaction with persons with whom one identifies (Kanfer & Goldstein, 1979), and are based upon more stable values which are central to the personality makeup of an individual (Rokeach, 1973). It has been suggested that unless individuals have lived in complete isolation from others, they will acquire thousands of beliefs and attitudes in the course of a lifetime (Rokeach, 1973). Obviously no human is immune from this process. If it can be assumed that clients will bring their attitudes into the therapeutic relationship, then it can also be assumed that therapists will be present with attitudes of their own. Consequently, therapists and therapist-trainees are becoming increasingly aware of the importance of examining their own attitudes and values in relation to working with clients (Kemp, 1967). Of most interest and relevance here are the ways in which therapists' attitudes may influence their behavior in the therapeutic situation



and ultimately the therapeutic outcomes for their clients.

Counselor attitudes toward women have been the subject of study since the beginning of the Women's Liberation Movement (Chew, 1979). Historically, women who display traditional feminine qualities have been thought of as healthy while men are thought of as psychologically healthy if they behave in a traditionally masculine manner. However, the characteristics and behaviors judged to be those of a healthy adult were found to be the same as those of the healthy male while perceptions of the healthy woman differ significantly from that of a healthy adult (Broverman, Broverman, Clarkson, Rosenkrantz & Vogel, 1970). Clearly, a double standard of mental health has been found to exist. A review of the literature on counselor attitudes toward the roles of men and women suggests that to some degree both male and female counselors believe that it is socially desirable for men to be masculine and women to be feminine in behavior. For example, Schlossberg and Pietrofesa (1973) concluded that counselors tend to attitudinally follow stereotypes to the same degree as the general population regardless of counselor gender. These attitudes are referred to as counselor bias, which was, for the purposes of this study defined as an opinion, positive or negative, which is formed without adequate reasons and is based upon what the bias holder assumes to be appropriate for the group in question (Schlossberg & Pietrofesa, 1973). These biases

are particularly dangerous in light of research that suggests that in order for individuals to be highly effective in life situations, they should possess a balance of both masculine and feminine characteristics (Bem, 1975). Counselor biases are thought to prevent both men and women from reaching their full potentials as human beings through the process of counseling (Gardner, 1971).

Counselor attitudes toward women have become a major concern to educators, counselors, psychologists, and other professionals. This concern regarding sex-role stereotyping of female clients prompted the establishment in 1974 of a task force within the American Psychological Association to investigate sexist therapy practices and make recommendations from their findings. In their report, the Task Force explicitly states that sex-role stereotyping does exist among psychologists and that guidelines for non-sexist therapy are needed to minimize the effect of these attitudes upon female clients (American Psychological Association, 1975). The Task Force went on to recommend that it is the responsibility of psychologists to become aware of their own attitudes, values, and biases in relation to women as a step toward behaving more sensitively toward women clients (American Psychological Association, 1975).

In conjunction with the stated need for more research evidence of the effect of sex-role stereotyping in therapeutic practice (American Psychological Association,

1975), this study was designed to examine attitudes toward women as a variable in rating another's mental health. For the purpose of this study the terms sex-role stereotyping and sex bias were used interchangeably to denote societal expectations of an individual based not on knowledge of the person, but rather on a presumed knowledge of a group to which the individual is a member, for example, women (Maslin & Davis, 1975). Attitudes toward women were considered to be the beliefs that persons hold regarding the roles of women in society and were operationally defined as scores on the Attitudes Toward Women Scale.

Of further interest in this study was the role of counselor-client attitude similarity in the therapeutic decision-making process. Attitude similarity was defined as the expression of similar views about a variety of topics (Byrne, 1974). Attitude similarity was operationally defined as scores that were identical or different on no more than three items on the Survey of Attitudes.

Therapist attitudes and perceptions were first considered to be of therapeutic relevance by Sigmund Freud. With his concept of counter-transference he stated that the therapist's expectations, feelings, and perceptions toward a client may be unrealistic and based upon distortions (Freud, 1924). These misperceptions are thought to arise as therapists perceive clients in relation to themselves. Therapists who perceive their clients to be much like

themselves are likely to have very different feelings toward them than if their perception is that the client is quite different (Fiedler, 1951). A good deal of psychological research has been conducted in an effort to understand the role of attitude similarity and attraction in relation to the helping relationship, and findings generally suggest that the greater the similarity between the counselor and client, the greater the attraction they have toward each other (Kanfer & Goldstein, 1979). However, actual similarity between counselor and client may not be the most important determinant of these perceptions. Studies indicate that when counselors "assume" that they are similar to a client there is more likelihood that they will have a positive feeling toward that client (Fiedler, 1953; Fiedler & Senior, 1952). These findings suggest that counselors are influenced by the comparisons they make between clients and themselves and that the perceptions generated from these comparisons need not be based on factual similarities.

The specific influence of attitude similarity upon actual attraction behavior has been studied with consistent results. It has generally been discovered through these studies that persons tend to better like others whose attitudes are similar to themselves and will judge those persons as being more intelligent, moral, and better adjusted (Byrne, 1961; Jones & Daugherty, 1959; Smith, 1957). These findings have implications worth considering

by mental health professionals as attempts are made to discover to what degree counselor perceptions of clients determine such things as client diagnosis, treatment plan, and outcomes.

#### Statement of the Problem

The purpose of this study was to investigate the effects of counseling student attitudes toward women and perceived attitude similarity with another person upon ratings of that person's mental health. Such a study should include an examination of the effect of counseling student gender on the ratings of mental health of men and women. An additional aspect of this research was to determine the role that the client's gender plays in influencing the mental health judgments made by counseling graduate students.

#### Research Hypothesis

In order to carry out this study, the following hypothesis was formulated with an alpha level of .05:

There will be significant relationships among attitudes toward women and each of four ratings of mental health of male and female bogus clients with similar and different attitudes when counselor gender, age, and years of counseling experience are controlled.

In addition to the above hypothesis, this study examined the interactions that existed among the variables

of interest. Also the possibility of an interaction between gender of counseling student and mental health ratings assigned to the client based upon the client's gender were explored.

## CHAPTER II

### REVIEW OF RELATED RESEARCH

#### Introduction

In reviewing the research related to counselor attitudes toward women's roles in society it appears that sex-role stereotyping of female clients relates to a number of counseling behaviors. This investigation was designed to extend the current findings to determine the relationship between counselor attitudes toward women, gender, and counselor-client attitude similarity. These variables were considered in relation to their influence upon ratings of mental health.

The following review will begin with a presentation of research findings about the relationship between counselor attitudes toward women and counseling performance. Findings related to the gender of the counselor will also be reported. A discussion will follow about the results of the study of counselor and client attitude similarity.

#### Attitudes Toward Women

A growing awareness and concern about the treatment of women as counseling clients emerged in the decade of the 1970s (Moore & Strickler, 1980). That stereotypic

attitudes toward women do exist and affect the treatment women receive has been documented by several studies (Broverman, Broverman, Clarkson, Rosenkrantz & Vogel, 1970; Fernberger, 1948; Kaplan & Goldman, 1973). Counselors are now being encouraged to continue to research and sensitize themselves to the ways in which their behavior may be negatively influencing the human potential of their female clients (American Psychological Association, 1975; Doherty, 1974; Gardner, 1971). Moreover, counselors are increasingly being held accountable for considering the impact of sex-role stereotyping on their clients (Holroyd, 1976).

In 1970, Broverman et al. published their findings which signalled the onset of serious research into the attitudes of counselors toward their women clients (Schlossberg & Pietrofesa, 1973). This study utilized the Stereotype Questionnaire and 79 clinically trained psychologists, psychiatrists or social workers (46 males, 33 females) - all working in a clinical setting. The researchers hypothesized that:

Clinical judgments about the characteristics of healthy individuals would differ as a function of sex of person judged, and furthermore, that these differences in clinical judgments would parallel stereotypic sex-role differences (Broverman et al., p. 1).

The Stereotype Questionnaire, which was composed of 122 bipolar items, was administered to each of the clinicians. The subjects were given one of three possible sets of



instructions asking that they indicate on each item how either the normal, healthy adult male, normal, healthy adult female, or normal, healthy adult might respond. The results showed that a high degree of agreement existed among the clinicians (both male and female) about the characteristics of the healthy adult male, healthy adult female, and healthy adult with sex unspecified.

Broverman et al. (1970) reported findings supporting their hypothesis that clinicians ascribe male-valued stereotypic traits more often to healthy men than to healthy women. The clinicians indicated that healthy women are likely to be more submissive, less adventurous, less independent, less competitive, more emotional, and less objective than healthy men. The findings also indicate that while ratings of healthy men and healthy adults did not differ significantly, there was a significant difference between the ratings of healthy women and healthy adults.

The double standard which the researchers found to exist indicates that clinicians hold sex-biased attitudes with respect to mental health. Broverman et al. (1970) conclude that clinicians accept the sex-role stereotypes prevalent in American society and by virtue of their expert status may perpetuate these attitudes.

In order to test the generalizability of the Broverman study, Nowacki and Poe (1973) utilized the Stereotype Questionnaire along with the Poe and Matias (1969) Semantic

Differential Scale which yields ratings of mental health. Subjects were 117 male and 138 female psychology students who were asked to rate a mentally healthy male and female on both the Stereotype Questionnaire and the Poe and Matias scale. The results for both instruments support the hypothesis that the conception of mental health is different for males and females. On both scales there was a significant difference between the mean ratings for a mentally healthy male and female and between the ratings made by a male and female ( $p < .05$ ). These findings lend further support to the initial hypothesis of Broverman et al. (1970).

Maslin and Davis (1975) replicated the study done by Broverman et al. (1970). Once again, the Stereotype Questionnaire was used, but it was shortened to 82 instead of the original 122 bipolar items. The subjects were 90 counselors-in-training, equally divided by sex. Twenty-two of the subjects were doctoral and 68 were masters students. The subjects were randomly selected full-time graduate counseling students from Temple University. The subjects were randomly assigned by sex to three sets of instructions resulting in six groups. Group A (male subjects) and Group B (female subjects) received instructions for a "healthy, mature, socially competent adult" (sex unspecified). Group C (males) and Group D (females) received instructions for a "healthy, mature, socially competent adult male." Group E (males) and Group F (females) received similar instructions

except for a "healthy, mature, socially competent adult female." The results indicated that males and females agreed that healthy adults (sex unspecified) and healthy males were approximately alike in stereotypic traits. However, there were gender differences found in this study which were not found by Broverman et al. (1970). The female subjects believed that the healthy female has approximately the same characteristics as the healthy male or adult while the male subjects saw the healthy female as having different traits than the healthy male or adult.

Naffziger (1971) examined the attitudes toward the roles of women among counselors, counselor educators, and teachers of both sexes. Males and females gave descriptions of what they considered to be an ideal woman. The researcher found that men and women subjects significantly differed in their perceptions of the ideal woman. The women subjects were more accepting of career women and working mothers while the male subjects stated that family oriented women were more attractive.

Perceptions of ideal sex roles among men and women were again investigated in a more recent study of Mezydlo and Betz (1980). The students were 83 male and 63 female college students who were asked to describe the "ideal" man or woman in today's society using the personality characteristics of the Bem Sex Role Inventory. Feminist subjects were distinguished from non-feminists by scores on the Attitude Toward Women Scale. No sex differences were

found in this study. Subjects with a feminist orientation described ideal males and females as possessing significantly higher levels of masculinity than femininity. Non-feminists described males and females differently, attributing higher levels of masculinity to males and higher levels of femininity to females. These results indicate that the degree of feminist orientation influences the perceptions of men and women as similar or different on "ideal characteristics."

Studies of the attitudes of secondary school counselors toward women's roles have produced further evidence of counselor bias. Friedersdorf (1969) as cited by Schlossberg and Pietrofesa (1973) examined the attitudes of high school counselors toward the career planning of female students. Twenty-seven male and 29 female counselors role-played a college bound girl while 23 males and 27 females role-played a high school girl not college bound. All 106 counselors were employees of Indiana secondary schools. After the subjects completed the role-play each was administered the Strong Vocational Interest Blank for women. Some of the results are as follows: males tended to think of women in feminine roles while females tended to expand the traditional image of female roles; male counselors thought of college bound girls as pursuing traditionally feminine occupations at the semi-skilled level while female counselors thought of college bound girls as seeking occupations requiring a college degree.

Male counselors tended to believe that women would not enjoy a career in a field traditionally thought of as male. These results suggest that high school counselors may discourage female students from pursuing career options which have historically been predominantly male.

In another study, Thomas and Stewart (1971) examined whether or not high school counselors responded more positively to female students with traditionally feminine goals. Sixty-two practicing secondary school counselors from Minnesota schools were used as subjects. Each subject was shown 5 videotapes of a high school girl in which a case history of the student's home background, self description, and values were presented. The counselors then rated the subjects on three scales designed for use in this study. The results showed that counselors, regardless of sex, regarded conforming goals as more appropriate and rated the students with non-conforming goals as more in need of counseling. However, female counselors were more accepting of non-conforming goals in students. Once again, the implication is that counselors may be negatively influencing the life selections made by their clients by discouraging non-conforming choices.

Empathy has been thought of as an important element in counseling and has been studied in conjunction with counselor sex-role attitudes (Olesker & Balter, 1972). An ex post facto study by Schwab (1974) examined counselor and client gender in relation to ability to empathize with the

client. One hundred and eighty psychology students were given the Modified Sex-Role Questionnaire and assigned to one of three groups. The Affective Sensitivity Scale (form C) was administered to the subjects to get a measure of empathy. This scale consists of video tape vignettes of actual counseling sessions. Each subject was asked to identify the feelings of the persons in the scenes on a multiple choice test accompanying the film. The results of this study clearly indicated that both male and female students demonstrated significantly more affective sensitivity toward male clients. The researchers concluded that the prevalence of sexism in American society prevents counselors from empathizing effectively with female clients.

Another study concerned with the ability of counselors to empathize with female clients was conducted by Petro (1976). The subjects for the study were 173 practicing counselors in the western New York area. Their mean years of counseling experience was 8.5. Again in this study, the Affective Sensitivity Scale (form D) was administered to all subjects as well as the Sex-Role Stereotype Questionnaire. The findings showed that counselors perceive male and female behaviors differently ( $p < .001$ ). The view of males was more positive than the view of females with the subjects showing more affective sensitivity toward the male clients regardless of counselor sex. The perceptions of males as more competent was

positively related to counselor sensitivity to males. These findings again suggest that counselors may have a more positive view of males than they do of females which affects ability to empathize with males and females.

In an effort to more scientifically study counselor reactions to female clients, a recent study investigated whether counselors are less attentive to concerns of female clients and whether vocational interests in women are minimized by counselors (Buczek, 1981). Novel tasks of incidental recall and recognition were used to examine counselor behavior. Eighty-two Ph.D. candidates in clinical psychology (53 male, 29 female) participated in the experiment. The subjects were randomly assigned to one of two groups. Each group listened to an audio tape of a client session. The two clients discussed the same concerns except that one was female and the other was male. Each subject was then asked to write down every fact that they could remember about the interview as well as to write down any questions that they would like to ask the client for the purpose of treatment planning. It was found that the counselors were equally attentive to the vocational concerns of male and female clients but male counselors asked significantly more questions related to social concerns of the female client. Both male and female counselors remembered fewer concerns of the female client although female counselors remembered more information than male counselors. This study lends further support to the

notion that women may be devalued in the counseling process with male concerns being considered more important.

Several reviews of the literature regarding counselor sex-role stereotyping (Helwig, 1976; Moore & Strickler, 1980; Schlossberg & Pietrofesa, 1973; Tanney & Birk, 1976) have consistently documented significant findings regarding the existence of sex bias among psychologists and counselors. Reviews (Doherty, 1974; Holroyd, 1976) have also documented the existence of sexism in personality theories upon which counselors base their therapeutic approaches. Although the research to date has produced overwhelming evidence of sex bias among counselors, several studies (Abramowitz, Roback, Schwartz, Abramowitz & Gomes, 1976; Billingsley, 1977; Breisinger, 1976; Hill, 1975; Stearns, Penner & Kimmel, 1980) suggest that this problem is minimal.

The studies by Billingsley (1977) and Stearns, Penner and Kimmel (1980) examined the treatment goals of therapists for male and female clients. Both studies indicate that when a variety of information about the subjects is given and when the client pathology is clear cut and severe, the treatment goals are similar regardless of sex. However, Stearns et al. (1980) found that the problems of males were considered to be more serious suggesting a sex bias.

Hill (1975) found that ability to empathize was greater between members of the same sex regardless of experience



level, while Breisinger (1976) found that experience level and not gender significantly related to ability to empathize. The results of these studies are clearly inconsistent with each other.

Abramowitz et al. (1976) found little sex bias in a study investigating therapist responses to a bogus patient. In this study, most of the participants had more than 10 years experience as a therapist and most had undergone therapy themselves suggesting that these subjects may have become sensitized to sex-role related issues through experience, personal therapy, or both. In any case, the number of studies suggesting little bias among counselors is minimal in comparison to the large quantity of highly consistent studies suggesting the opposite.

The strong evidence of a double standard for mental health for men and women cited above suggests a need for further investigation into the ways in which sexist practice manifests itself. The present investigation focused on the degree to which counselor attitudes toward women affect counselor mental health ratings of female as compared with male clients.

#### Attitude Similarity

The concern in recent years about what factors influence therapy process and outcome has increasingly been focused upon interpersonal dynamics between counselor and client (Betz, 1963; Carson & Heine, 1962; Cook, 1966;

Rogers, 1957; Sapolsky, 1965; Strupp, 1973a, 1973b). Much attention has been given to the role of attitude similarity with respect to the counselor and clients' attraction toward one another (Byrne, 1961; Byrne, 1962; Byrne & Nelson, 1965; Byrne, 1971; Byrne & Lambert, 1972; Byrne, 1974). Because of the concern about what factors influence counselor behaviors and the recent evidence suggesting that counselor-client attitude similarity should be considered as an important variable (Feuquay, Parish, Dobson & Elsom, 1978; Malloy, 1981), counselors' perceptions of clients as similar or dissimilar to themselves were investigated in this study. The following review details the research results relative to the ways in which counselor behaviors are affected by these perceptions.

The relationship between attitude similarity and interpersonal attraction was first scientifically studied by Byrne (1961). He hypothesized that a stranger known to have attitudes similar to the subject will be better liked by the subject and that the stranger will be judged to be more intelligent, moral, and better adjusted by the subject. An attitude and opinion scale of 26 items was devised on the basis of a pilot study. This instrument was administered to each of 64 subjects who were psychology students at the University of Texas. Two weeks later the subjects were falsely told that students in another class were given the same scale and that the students in the two classes had been matched on the basis of sex. The subjects

were told that they were to be given each other's tests (names removed) to see how much they could learn about one another from this information alone. Actually the tests given to the students were made up by the experimenter. The subjects were randomly assigned to four groups with subjects receiving attitude scales filled out exactly the same as theirs or opposite of theirs depending upon which group they were in. A rating scale was used where each participant rated the other person (from 1-7) in terms of likability and ability to work well with the other person. The results supported the researchers' hypotheses. The subjects responded more positively to strangers similar to themselves and perceived these persons as more intelligent, moral, better adjusted, and better informed.

Byrne (1962) conducted a subsequent study of the relationship between attitude similarity and interpersonal attraction. In this study, he was interested in determining whether the large number of items (26) of similarity or dissimilarity utilized in the previous study had produced exaggerated perceptions on those dimensions in the minds of the subjects. A similar study was designed utilizing a seven-item attitude scale which was filled out by all subjects (psychology students). As in the first study, the subjects were later given a copy of the same attitude scale purportedly filled out by a stranger. The subjects were randomly assigned to one of eight groups with respect to the relationship between the stranger's

attitudes and their own. For the first group, the stranger had similar attitudes on all seven items, for the second group they were similar on six items and dissimilar on one item and so on. Again, the subjects were asked to rate the stranger on a rating scale. The tests showed a relationship between the degree of attitude similarity-dissimilarity and attraction. It was found that complete similarity or dissimilarity is not necessary to produce a significant relationship with interpersonal attraction.

In a third study, Byrne and Nelson (1965) followed up the previous two studies by examining both the number of similar attitudes and proportion of similar attitudes in relation to interpersonal attraction. A similar experiment was designed whereby 168 psychology students filled out an attitude scale ranging in length from 4 to 48 items. The subjects were then asked to read an attitude scale purportedly filled out by a stranger and to rate that person on a number of variables including interpersonal attraction. Proportion of similar attitudes was found to be the significant ingredient with regard to attraction. The researchers, utilizing the results of the three attraction studies, were able to plot a linear relationship between proportion of similar attitudes and attraction ( $Y=5.44X + 6.62$ ) denoting a precise relationship for predictive purposes.

In a major review of quantitative research, Luborsky (1971) examined the main factors which have been found to

influence outcome of psychotherapy. Attitude similarity was one of four treatment factors which were concluded to be of major importance. Several studies documenting the effects of attitude similarity in the context of the therapeutic relationship are discussed below.

Stoler (1963) investigated client likability in relation to success in psychotherapy. Ten raters (all therapists) were shown 20, 2-minute, taped segments of therapist and client interactions drawn from 10 recorded therapy cases. Before the study began, five of the cases were rated as successful and five unsuccessful based on therapist ratings of outcome, client ratings of outcome, and a self-concept Q sort. The subjects were shown one segment of an early interview and one segment of a late interview for each client. At the end of the taped segments, the raters were asked to rate on a continuum from 1-6 the likability of the client. The results significantly showed that the successful clients received a higher mean likability rating than the unsuccessful ones. There were no significant differences between the ratings of the early and late interviews suggesting that the clients' likability as assessed initially was maintained. These findings have implications in light of Byrne's research (1961, 1962, 1965) which established a relationship between counselor-client attitude similarity and attraction. It can be argued that counselor-client similarity influences the degree to which the client is

liked by the counselor which influences subsequent outcomes in therapy.

Another study (Sapolsky, 1965) examined patient-doctor compatibility and mutual perceptions in relation to outcome of psychiatric treatment. Twenty-five hospitalized patients and three psychiatric residents served as participants. The patients and doctors were given the Fundamental Interpersonal Relations Orientation Behavior Scale (FIRO-B) to yield compatibility scores. Both doctors and patients were also given a Semantic Differential Scale which provided data regarding their perceptions of themselves in the therapeutic relationship. It was hypothesized that the more compatibility between doctor and patient, the more the patients would experience similarity existing between themselves and their doctors, feel understood by their doctors, and believe their doctors felt similar to themselves. It was further hypothesized that greater improvement would be found among the patients who were more compatible with their doctors. The findings confirmed the hypothesis that compatibility between doctor and patient was positively related to outcome of treatment. The patients who experienced themselves as similar to their doctors were found to be more compatible with them and to experience greater success as a psychiatric patient.

The relationship between therapist value system similarity and outcome of therapy was investigated by Welkowitz, Cohen and Ortmeyer (1967). The researchers

hypothesized that therapists and their own patients have more similar value systems than random pairs of therapists with patients (not their own). It was further hypothesized that there is a relationship between patient-therapist values and subjective evaluations of the patients' mental health. The study used 38 psychotherapists and a sample of 44 of their own patients. The Way to Live Scale was used to yield a set of value measures while the Strong Vocational Interest Blank was used to evaluate differences in interests. All psychotherapists and patients were administered both instruments. In addition, the therapists rated the patients as to improvements in therapy. A simple rating scale was developed for this purpose. The results indicated that the therapists and their own patients were more similar in values than random pairs of therapists and patients. As was hypothesized, the patients who were most like the therapists in values were rated as "most improved" while the dissimilar clients were rated as "least improved." Therefore, therapist judgments of success in therapy are affected by value similarity between themselves and their clients.

A study specifically designed to investigate the relationship between counselor-client attitude similarity and ratings of mental health was conducted by Feuquay, Parish, Dobson & Elsom (1978). The researchers hypothesized that behavioral and attitudinal statements about a stranger would significantly affect a counselor-trainee's

mental health rating of that person. Thirty counselor-trainees were used as subjects in the study. Each subject completed a fifteen-item Survey of Attitudes developed by the researchers. Each subject was then given three fictitious strangers to rate with regard to mental health on the Health-Sickness Rating Scale. For each subject, the three strangers had a similar behavioral statement but differed in terms of their attitude similarity to the subject. One stranger was low in similarity to the subject, one medium, and one high. Both the behavioral statements and the degree of attitude similarity were found to affect the mental health ratings assigned to the strangers in the study. The major implication of these findings is that clients are evaluated by criteria other than the behavior they exhibit. The disturbing conclusion to be drawn is that misdiagnosis may occur when counselor-client attitude similarity is a significant factor in the mental health ratings of clients.

The literature previously cited indicates that both counselor attitudes toward women and counselor-client attitude similarity influence counselor behaviors in therapy sessions. This investigation focused upon the interrelationship of these variables with respect to counselor judgments about the mental health of clients.



## CHAPTER III

### METHODOLOGY

#### Introduction

This chapter consists of a presentation and description of the methods and procedures that were utilized in this investigation. The selection of subjects for the study is detailed along with a description of the instruments used. The procedures for data collection and analysis are also described.

#### Subject Selection

The subjects for this study were 67 graduate students enrolled in beginning counseling skills courses at three Oklahoma universities. Twenty-eight subjects were taken from University 1, a major state college with an agricultural emphasis located in a town of approximately 40,000 people. Twenty-one subjects were taken from University 2, a private college with a fine arts emphasis located in a metropolitan area. Eighteen subjects were taken from University 3, a newly opened state college serving primarily commuter and part-time students and located in a city.

Of the 67 persons who served as subjects for this study, 52 were female and 15 were male. The subjects were taken from intact classrooms and had to meet the following criteria: 1) a bachelor's degree, 2) current enrollment in a basic course in counseling skills, and 3) completion of all instruments in the study.

Eighteen of the subjects for this study were between the ages of 21 and 25, 20 subjects were between 26 and 30 years old, 12 subjects were between 31 and 35 years, 9 subjects were between 36 and 40 years, 4 subjects were between the ages of 41 and 45, 3 subjects were between 46 and 50, and 1 subject was older than 51 years. The breakdown of years of counseling experience for the subjects is as follows: 43 subjects had no experience, 12 subjects had between 0 and 2 years of experience, 9 subjects had between 2 and 4 years of experience, and 3 subjects had greater than 6 years of counseling experience.

#### Instrumentation

##### The Attitudes Toward Women Scale

The Attitudes Toward Women Scale (AWS) (see Appendix A) was designed by Spence and Helmreich (1972) to measure attitudes toward the rights and roles of women in contemporary society. The AWS was used in this study to measure these attitudes among counselor candidates.

The original instrument consisted of 55 items which from previous research (Spence & Helmreich, 1972) had been

found to discriminate among subgroups on item analyses and were not redundant in content. A 15-item instrument was developed based upon this instrument for the purpose of ease of administration (Spence, Helmreich & Stapp, 1973). The 15-item instrument had a correlation of .91 with the 55-item version. The 15-item AWS was utilized in this study.

AWS items consist of declarative statements to which four response alternatives are possible: (1) Agree Strongly, (2) Agree Mildly, (3) Disagree Mildly, and (4) Disagree Strongly. Scoring for this instrument involved assigning a number from zero to three to each item with zero reflecting the most traditional, conservative attitude and three indicating the most liberal attitude. A final score is derived from summing the values for the individual items yielding possible scores from 0 to 45.

Norms. Normative data was collected on three samples which included: 420 men and 529 women at the University of Texas at Austin in 1971; 293 men and 239 women from the University of Texas in 1972; and finally, 292 women and 232 men who were parents of college men and women. Spence and Helmreich (1972) report that the women students tended to score slightly higher (i.e., more liberal) than the men and that the parents tended to score lower (i.e., more traditional) than the students.

Validity. In developing the AWS an attempt was made to

select items which describe roles and patterns of conduct for men and women in major areas. For the purpose of establishing construct validity, some items were taken from the Kirkpatrick Belief-Pattern Scale for measuring attitudes toward feminism (Kirkpatrick, 1936) while other items were designed by the researchers. The Kirkpatrick Scale was used only as a starting point for developing items related to roles and patterns of conduct among men and women. After the test was administered to 1,000 college psychology students, factor analyses and item analyses resulted in the dropping of 23 items. The final test included only those items which were found to measure the desired attitudes based upon statistical analyses.

Reliability. Spence and Helmreich (1972) utilized more than a thousand subjects in two successive administrations of the AWS. They state that because of the similarity in the distributions for the two test administrations "that a reliable phenomenon is being tapped" (Spence & Helmreich, p. 6) No other data is available on the reliability of this instrument.

#### The Survey of Attitudes

In order to get a measure for attitude similarity and difference the Survey of Attitudes (see Appendix B) accompanied the AWS. The scale that was utilized was a 15-item instrument designed by Feuquay et al. (1978) which is based on the original 26-item Survey of Attitudes by Byrne

(1961). Byrne (1965) found in his investigations that attitude scales ranging in length from 4 to 48 items will consistently produce similar results. Therefore, for the sake of expediency, the Feuquay (1976) Survey of Attitudes was used.

The Feuquay (1976) Survey of Attitudes utilizes 15 of the items from the Byrne scale (1961) in the same form. Each item has six options for the subject to select from as follows:

Belief in God (check one)

- I strongly believe that there is a God.
- I believe that there is no God.
- I feel that perhaps there is a God.
- I feel that perhaps there is no God.
- I believe that there is no God.
- I strongly believe that there is no God.

Norms. In order to have a specific set of attitudes and beliefs about which persons could agree or disagree, Byrne (1961) originally listed 26 topics that were obtained from a pilot group and designed a 26-item attitude scale. No other normative data was gathered for the Survey of Attitudes because the scale was not designed to determine if the attitudinal items endorsed actually measure the attitudes of the subject.

Validity and Reliability. This scale was designed for the purposes of comparing responses to other personality

characteristics. The validity and reliability of the Survey of Attitudes will not be analyzed here because this scale will just serve as a stimulus for an experimental situation. This study utilized the Survey of Attitudes for the purpose in which it was developed.

#### The Health-Sickness Rating Scale

The Health-Sickness Rating Scale (HSRS) (see Appendix C) was originally developed by Luborsky and his associates at the Menninger Foundation (1962) as a simple survey instrument to record in shorthand fashion the present mental health status of patients. The scale was developed as part of a psychotherapy research project aimed at providing both easy comparisons between patients and ease of measuring a patient's progress over time.

The HSRS consists of a range of mental health in numerical form from 0 to 100. A zero rating suggests that the patient is very ill and could die if unattended. The scale describes regressed schizophrenics who must be constantly cared for as constituting a 0 rating. A rating of 100 is considered to describe persons who are mentally healthy, happy, and socially effective. Between 100 and 0 are various levels of mental health with descriptions of what persons might qualify for those ratings.

Norms. Normative data for the HSRS was originally gathered by utilizing 34 patient cases and 5 raters who were psychotherapists. The participants in the norming

procedure were either patients or psychotherapists at the Menninger Foundation. The psychotherapists worked independently to rank each patient on the HSRS. No results are reported for this procedure.

Validity. A committee of Menninger psychoanalysts reviewed several mental health rating scales and consulted two other groups of psychotherapists before agreeing upon 7 criteria of mental health as follows: (1) ability to function autonomously, (2) seriousness of symptoms, (3) degree of discomfort, (4) effect upon the environment, (5) utilization of abilities, (6) quality of interpersonal relationships, and (7) breadth and depth of interests. These criteria were then built into the HSRS.

The HSRS has been found to correlate at .81 with the general personality dimension of adequacy of personality functioning. In addition, a correction of .88 was found between HSRS ratings and changes in ego strength, as judged by experienced judges. Luborsky (1974) reports a correlation of .81 for ego strength and HSRS ratings. Other personality factors found to be correlated highly with HSRS ratings are personality strength and development, level of psychosexual development, quality of interpersonal relationships, and externalization (Luborsky, 1974). These studies provide evidence for the construct validity of the HSRS.

Reliability. Four separate reliability studies show

consistency among raters on the HSRS. A reliability coefficient of .65 was established when 60 pairs of therapists and their supervisees rated the same patients on the scale. Four psychiatrists independently rated 8 patients after discussing their cases in the second reliability study. The coefficient from these ratings was .90. Two psychotherapists independently rated 12 incoming psychiatric patients after an initial evaluation. The ratings of the judges correlated .79. A year later, the same 12 judges were asked to rate the same patients as they were at the onset of therapy. A correlation of .77 was obtained.

Since the time of the original studies with the HSRS, eighteen studies have demonstrated the reliability of the scale. The interrater reliability studies report coefficients ranging from .65 (Luborsky, 1962) to .94 (Heston, 1966). Most of the interrater reliabilities reported are distributed toward the upper end of this range. Of the test-retest reliabilities reported, the range of correlation coefficients is from .72 (Luborsky, 1962) to .86 (Mayman, 1967). Luborsky (1962) states that most of the reliability data ascertained to date are based upon concurrence of clinicians. He suggests that the reliability coefficients from the HSRS are much higher than those typically found from ratings of personality traits.

It became apparent that in order to establish the intrarater reliability of the Health-Sickness Rating Scale



for use with limited information about the person being rated, a reliability study would need to be conducted under these conditions. To accomplish this, four counseling students (2 male, 2 female) were randomly selected from a beginning counseling course at University 1. They were told that they were being used to help determine the accuracy of the HSRS. Each subject was given 20 copies of the Survey of Attitudes which had purportedly been filled out by clients. Each survey had a bogus last name and first initial at the top to serve as an identifier. The surveys had actually been filled out by the researcher. The subjects were asked to rate each person on the HSRS based on their responses on the Survey of Attitudes. The surveys that the subjects received were identical.

One week later, the four raters were told that there were 20 different surveys to be rated. In reality, the raters were asked to rate the same 20 surveys only with different names on each of them. On the basis of the two sets of ratings gathered from each of the four subjects, Spearman correlation coefficients were calculated.

For female 1 a correlation coefficient of .14 was found. This correlation was not significant at the .05 level of significance. For female 2 a correlation of .74 was found which was significant at the .05 level of significance. For male 1 a correlation of .67 was found which was also significant at the .05 level of significance. The correlation found from the testing of male 2 was .69 which

was significant at the .05 level of significance. These results show that 3 of the 4 subjects rated the first and second sets of surveys similarly to a significant extent while one subject did not rate the two sets similarly. Although this process was designed to establish the intrarater reliability of the Health-Sickness Rating Scale under the conditions in which it was to be used in this study, the resulting correlation coefficients do not strongly confirm the reliability of this instrument when used in this manner.

#### Procedures

Data were collected during the summer and fall 1982, and spring 1983 academic semesters during regularly scheduled classes in beginning counseling skills. The sixty-seven counselor candidates were requested to complete both the Survey of Attitudes and the Attitudes Toward Women Scale. After gathering the above materials, the investigator prepared four bogus clients for each participant to rate with regard to mental health. Each subject received four Survey of Attitudes which were purportedly filled out by four clients. Each scale had either an obvious male name or an obvious female name at the top with no other identifying data. The participants were requested to rate the mental health of each of the clients on the Health-Sickness Rating Scale by using only the information provided to them on the four bogus surveys.

For the purposes of gathering data for this study, the investigator distributed both the AWS and the Survey of Attitudes to the participants in a classroom setting. The counseling students were informed that the researcher was gathering data concerning common attitudes among persons who choose a career in the field of counseling. The confidentiality of all information gathered was assured by the investigator.

The counseling students received the following oral instructions for self-administration on the two scales:

Please put your student identification number at the top of each form which you have just received. Each instrument has instructions which are self explanatory but if you have any questions, please raise your hand and I will attempt to answer them. Please read all of the items carefully and answer as honestly as you can. There are no right and wrong answers.

Upon completion of the administration of the two instruments all materials were gathered by the researcher. The scores for the AWS were recorded and coded for scoring. The completed Survey of Attitudes were used to develop an experimental packet for each participant.

Within one to two weeks after the first testing, the subjects were each given experimental packets designed for them by the investigator based upon their responses to items on the Survey of Attitudes. Each packet contained one instruction sheet, one copy of the HSRS, and four completed copies of the Survey of Attitudes. Each of the subjects were given one Survey of Attitudes purportedly filled out by a female client with attitudes similar to

themselves, one scale of a female client with attitudes dissimilar to themselves, one scale of a male client with attitudes similar to themselves, and one scale for a male with dissimilar attitudes. Thus, each participant rated four clients, yielding four measures of the dependent variable. Similar attitudes consisted of each item of the scale being filled out exactly as the subject or with 20% of the items being responded to slightly differently. The items that were different were chosen by a table of random numbers, and were different from the original subject's response only by one response in the same direction. For example, if subjects endorsed items saying that they feel better if people always act on impulse, then similar responses for the bogus client might be: I feel better if people usually act on impulse. This item is one item away from the first response in the same direction when six possibilities are given.

The subjects were asked to open the packets and to remove the instruction sheet (see Appendix D). The investigator read these instructions aloud as the participants followed. The instructions were as follows:

This research is an attempt to determine the accuracy of the Health-Sickness Rating Scale when judgments reflected by it are based on a minimal amount of information. In your packet you have copies of attitude surveys for four different clients. You are asked to read all of the information about each client, and give him or her a rating from 0-100 on the Health-Sickness Rating Scale. The scale describes the ratings and what they mean. You may use any number from 0 to 100 on your ratings even though the scale only denotes the numbers 0, 10, 25, 35, 50, 65, 75 and 100.

Please put your rating of each client in the blank marked "mental health rating" on the front of the client's survey of attitudes form. Please keep all your materials together and return them to me in the manila envelope.

The experimental packets were collected by the investigator following their completion by the counseling students. The mental health ratings for each of the Survey of Attitudes were coded and prepared for analysis.

#### Analysis of Data

A canonical variate analysis was used with all four dependent variables (mental health ratings) in one variate and with the independent variable (attitudes toward women) and demographic variables (sex of subject, age of subject, and years of counseling experience) in the other variate. The resulting correlations were examined. Once significance of the overall correlations was established, further analysis was needed to determine where the significant relationships were.

Four multiple regression analyses were performed (one for each dependent variable) in order to determine the amount of variance contributed by the independent variable. Years of counseling experience, gender of subject, and subject age were controlled for in the analysis.

#### Summary

Subjects for this study were 52 female and 15 male graduate counseling students from three Oklahoma

universities. Procedures for the administration of the instruments and the collection of data were discussed. The instruments which were used in this study were also discussed, including: the Attitudes Toward Women Scale, the Survey of Attitudes, and the Health-Sickness Rating Scale which was applied to the attitude surveys of bogus clients. A description of the statistical procedure which was used to analyze the data was given. Details of the findings resulting from the application of statistical techniques to the data obtained are presented in Chapter IV.

## CHAPTER IV

### ANALYSIS OF THE DATA

#### Introduction

The findings of the present investigation are presented in this chapter. This study was designed to identify the salient factors contributing to prediction of counseling students' mental health ratings of bogus clients whose attitudes were similar and different from their own. Canonical variate analysis was used to determine the overall correlations between the four dependent variables (mental health ratings) in one variate with the independent variable (attitudes toward women scores) along with the demographic variables (gender, age, and years of counseling experience) in the other variate. Three canonical correlations were performed, one each for male and female subject scores and one for scores of both sexes combined. Four multiple regression analyses were performed to control for the effects of years of counseling experience, age, and gender of subject for each of the dependent variables and to partial the effects of the variance due to attitude toward women scores.

The research hypothesis for this study was as follows:

There will be significant relationships among attitudes toward women and each of four ratings

of mental health of male and female bogus clients with similar and different attitudes when counselor gender, age, and years of counseling experience are controlled.

Table 1 shows the correlation matrix of correlation coefficients for all the variables of interest for male and female subjects combined. With 65 degrees of freedom at the .05 level of significance, a critical value of .24 was needed for significance. Scores on the AWS were found to significantly relate to Female Similar Scores. In addition, a number of correlations were found among the demographic variables.

TABLE 1  
CORRELATION MATRIX FOR MALE  
AND FEMALE SUBJECTS  
(N=67)

	Sex	Age	YrExp	ATW	MSim	MDif	FSim	FDif
Sex	-	-.09	-.48*	-.07	-.07	-.13	.07	-.29
Age	-	-	.17	-.21	-.04	-.225	-.195	-.12
YrExp	-	-	-	-.01	-.07	-.07	-.49*	-.04
ATW	-	-	-	-	.02	.18	.33*	.21
MSim	-	-	-	-	-	.24	.435*	.14
MDif	-	-	-	-	-	-	.375*	.75*
FSim	-	-	-	-	-	-	-	.34*
FDif	-	-	-	-	-	-	-	-

\*Significant at the .05 level



Table 2 shows both the correlation matrix for male subjects and female subjects. With 13 degrees of freedom at the .05 level of significance a critical value of .51 was needed for significance with the male group. At .05 level of significance with 50 degrees of freedom a value of .27 was needed for significance with the female group.

Scores on the AWS were not found to relate significantly to any of the dependent variables for the male group, although several of the demographic variables were correlated. For the female group, AWS scores were significantly correlated with both Female Similar and Female Different scores. This group also showed several significant correlations among the demographic variables.

Table 3 shows the canonical correlations for the three sets of subjects. Eigenvalues and chi-squares are also reported as well as significance levels. A canonical correlation of .695 was found when all the variables of the first set (sex, age, years experience, and AWS scores) were correlated with all the variables of the second set (Male Different Scores, Male Similar Scores, Female Different Scores, and Female Similar Scores). With 16 degrees of freedom, this correlation was significant ( $p < .001$ ). These findings show that there is an overall significant relationship between all the variables of the first set with all the variables of the second set. No other significant canonical correlations were found in this group.

TABLE 2  
CORRELATION MATRIX FOR ALL SUBJECTS  
SEPARATED BY GENDER

	Age	YrExp	ATW	MSim	MDif	FSim	FDif
Age	-	.40	-.155	-.45	-.485	-.58	-.205
YrExp	.01	-	-.11	-.57*	-.54*	-.66	-.32
ATW	-.23	-.03	-	-.15	.21	.45	-.415
MSim	.06	.30*	.055	-	.47	.61*	.50
MDif	-.17	.02	.16	.18	-	.86*	.595*
FSim	-.01	-.41	.30*	.40*	.21	-	.27
FDif	-.15	-.23	.28*	.90	.80*	.45*	-

\*Significant at the .05 level

Note: Correlations for males (N=15) are above diagonal  
Correlations for females (N=52) are below diagonal

For the female subjects a canonical correlation of .705 was found between the variables of the first set (age, years experience, and AWS scores) and variables of the second set (Male Similar Scores, Male Different Scores, Female Similar Scores, and Female Different Scores). With 12 degrees of freedom, this correlation was significant ( $p < .001$ ). These findings show that the variables of the first set were significantly related to the variables of the second set for female subjects. Subsequent canonical correlations did not yield significant results.

For the male subjects a canonical correlation of .875

was found between the first set (age, years experience, and AWS scores) and the variables of the second set (Male Similar Scores, Male Different Scores, Female Similar Scores, and Female Different Scores). With 12 degrees of freedom this correlation was significant ( $p < .05$ ). This suggests that the variables of the first set were significantly related to the variables of the second set for male subjects. No further significance was found with this group.

TABLE 3  
CANONICAL CORRELATIONS  
OF THE INDEPENDENT AND DEMOGRAPHIC VARIABLE SET  
WITH THE DEPENDENT VARIABLES

Subjects	Eigen- value	Canonical Correlation	Chi-Square	D.F.	Significance
All	.48	.695	52.84	16	.000
Female	.50	.705	36.54	12	.000
Male	.77	.875	21.23	12	.047

The initial findings resulting from the canonical correlations show that for each group of subjects (males only, females only, and both sexes combined) there exists

an overall significant relationship between the independent and demographic variables with the dependent variables. These findings support the research hypothesis. To further determine the variance that each of the variates shared with its own variate set, correlations were performed. Each variate was correlated with its own variate set for the overall canonical correlations and the results are shown in Table 4.

Of the independent and demographic variables, years of counseling experience had the highest correlation with its variate set (-.83). Years of counseling experience shared 69% of its variance with set 1. Attitudes toward women scores correlated .51 with set 1 sharing 26% of its variance with that set. Thus, years of counseling experience and AWS scores appeared to be the most important variables of interest in set 1.

Within the variate set of dependent variables (set 2) Female Similar Scores had a much higher correlation with the overall set than the other variables (.88). Seventy-seven percent of the variance in Female Similar Scores was shared with set 2. Thus, of the dependent variables, Female Similar Scores appeared to be the most important variable of interest.

TABLE 4  
CORRELATIONS OF VARIABLES WITH THEIR VARIATES  
FOR OVERALL CANONICAL CORRELATIONS

Variate	Variables			
Independent Variables and Control Variables	Sex	Age	YrsExp	ATW
	.151	-.27	-.83	.512
Dependent Variables	MSim	MDif	FSim	FDif
	-.04	.275	.88	.32

In order to determine the variance contributed by AWS scores when counselor gender, age, and years counseling experience are controlled, multiple regression analysis was used. Four multiple regression analyses were performed, one each for the four dependent variables, controlling for the effects of counselor gender, age, and years experience. Table 5 shows the results of the multiple regression analyses.

Years of counseling experience, age, and gender were not found to be significantly related to Male Similar Scores. When the variance contributed by these three variables was removed from the relationship between AWS scores and Male Similar Scores, no significance was found. Therefore, the Attitude Toward Women variable is not significantly related to Male Similar Scores.

Years of counseling experience, age, and sex were not

found to relate significantly to Male Different Scores. In partialling out the effects of these three variables it was discovered that AWS scores were not significantly related to Male Different Scores. Thus, for the subjects scoring male bogus clients, neither attitudes toward women nor counseling student age, gender, or years of experience proved to be significantly related to the mental health ratings of the men.

TABLE 5  
MULTIPLE REGRESSION ANALYSES

Dependent Variables	Overall		R <sup>2</sup> Increase for AWS Scores	
	R <sup>2</sup>	significance	R <sup>2</sup>	significance
Male Similar	.01	NS	.00	NS
Male Different	.09	NS	.01	NS
Female Similar	.29	.0001	.08	.005
Female Different	.14	.02	.03	NS

Note: df for control variables R<sup>2</sup>=3, 63  
df for independent variable R<sup>2</sup>=4, 62

For Female Similar Scores the  $R^2$  of .29 shows that 29% of the variance in Female Similar Scores is being predicted by the three control variables. This relationship was significant ( $p < .05$ ). Of these three variables, years of counseling experience with a Beta weight of  $-.57$  was found to be the best predictor of Female Similar Scores. Mean scores for years of counseling experience for the Female Similar Scores are shown in Table 6. The subjects with more counseling experience rated females who were similar to themselves lower on the mental health rating scale.

The relationship between AWS scores and Female Similar Scores is illustrated in Table 5. The  $R^2$  increase was .08 with a partial correlation of .35 when the variance contributed by the other three variables was removed. Thus, 12% of the variance of Female Similar Scores can be accounted for by Attitudes Toward Women Scores. This relationship was significant ( $p < .05$ ).

Thus, it is apparent that the subjects' attitudes toward women influenced the manner in which they rated females who were similar to themselves. Subjects with more liberal attitudes toward women rated female bogus clients who were similar to themselves higher on the Health-Sickness Rating Scale.

The results of the multiple regression analysis utilized with Female Different Scores yielded an  $R^2$  of .14 indicating that 14% of the variance in Female Different Scores was accounted for by the three control variables.

This relationship was significant ( $p < .05$ ). Of the control variables, gender of subject with a Beta weight of  $-.40$  was found to be the best predictor of Female Different Scores. Table 7 shows the mean Female Different Scores for male and female subjects. An inverse relationship was found between gender of subject and Female Different Scores, suggesting that female subjects rated females different from themselves lower on the Health-Sickness Rating Scale. Attitude toward women scores did not significantly relate to Female Different Scores when the variance contributed by years experience, age, and sex was removed.

TABLE 6  
TABLE OF MEAN FEMALE SIMILAR SCORES  
FOR YEARS OF EXPERIENCE

Category	Mean	Number of Subjects
1 No experience	90.93	43
2 0-2 years	94.17	12
3 2+ years	79.58	12



TABLE 7  
TABLE OF MEAN FEMALE DIFFERENT  
SCORES FOR GENDER

Category	Mean	Number of Subjects
1 Male	76.6	15
2 Female	63.8	52

### Discussion

The hypothesis for this study stated that there would be significant relationships among attitudes toward women and each of four ratings of mental health of male and female bogus clients with similar and different attitudes when counselor gender, age, and years of counseling experience are controlled. A significant relationship was found between attitudes toward women and one of the four dependent variables (Female Similar Scores). In addition, significant relationships were found between the demographic variables (sex, age, and years of experience) in combination with both Female Similar and Female Different Scores. Years of counseling experience was found to be the most significant predictor of Female Similar Scores while gender of counselor was found to be the most significant predictor of Female Different Scores.

These findings suggest that sex biases in the perceptions of healthy males versus healthy females may, in fact, exist as hypothesized by Broverman et al. (1970) but that these biases are mediated by the similarity or difference between the person doing the judging and the person being judged. The variable of similarity/difference appears to be an important one as suggested by Byrne (1961) in that these findings show great disparity between the ratings of persons who are similar to, as opposed to different from, the rater in terms of attitudes.

Although no actual hypothesis was formulated for the effects of years of counseling experience, it was reported by Abramowitz et al. (1976) that this variable was important with regard to sex bias. These researchers found little sex bias among counselors as years of experience increased. Years of counseling experience was found to be a predictor of Female Similar Scores in this study. The more experienced the counselor, the lower the ratings were on the Female Similar variable. However, years of counseling experience was not found to be significantly related to the other dependent variables.

The effects of gender were included in this study because of the mixed findings from the literature of the effects of gender upon sex bias. This study showed gender to be an important predictor of the ratings of female bogus clients with different attitudes from the rater. These results are contrary to the findings of Naffziger (1971)

who found that female subjects were more accepting of differences in other women than male subjects. The results of this study show that female counseling students are less accepting of women with attitudes different from their own than are male counseling students.

## CHAPTER V

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### Summary

The purpose of this study was to examine the role of counseling student attitudes in making judgments about the mental health of another person. This study was designed to investigate the attitudes of male and female counseling students toward the role of women in society in relation to their own perceptions of the mental health of male and female bogus clients when these clients possess similar or different attitudes than the rater. The roles of gender, age, and years of counseling experience of the counseling students were considered to determine their relationships to these major variables of interest.

The subjects in this study were fifteen male and fifty-two female counseling graduate students from three Oklahoma universities. Each subject participated in two phases of the testing process.

Test data consisted of the subjects' scores on the Attitude Toward Women Scale (AWS), the subject's ratings of themselves on the Survey of Attitudes, and the subjects'

ratings of four bogus clients on the Health-Sickness Rating Scale (HSRS).

The hypothesis for this study stated that there would be significant relationships among attitudes toward women and each of four ratings of mental health of male and female bogus clients with similar and different attitudes when counselor gender, age, and years of counseling experience were controlled. Multiple regression analysis was used to determine whether these relationships existed while controlling for counselor gender, age, and years of counseling experience. A significant relationship was found between counseling student attitudes toward women and their mental health ratings of women with attitudes similar to their own. It was discovered that counseling students with more liberal views of the roles of women in society tended to score women with attitudes similar to themselves higher on the mental health dimension. Attitudes Toward Women scores were not found to be significantly related to any of the other mental health ratings.

Of the control variables being examined (age, sex, and years of counseling experience), years of counseling experience was found to be the best predictor of Female Similar Scores. It was found that counseling students with more years of counseling experience tended to rate women who have attitudes similar to their own lower on the mental health dimension.

Gender of counseling student was found to be the best predictor of Female Different Scores. This study showed that female subjects gave lower mental health ratings to the women clients who had attitudes different from their own. There were no significant findings for any of the variables in relation to the mental health ratings of the male bogus clients.

Attitudes toward women were not found to relate significantly to each of the four ratings of mental health in this study as hypothesized. Therefore, the hypothesis as a whole was not supported. However, one of the four mental health ratings was found to be significantly influenced by counseling student attitudes toward women. Thus, one aspect of the hypothesis was supported suggesting that counseling student attitudes toward women do affect mental health ratings for female clients who are similar to the rater.

#### Conclusions

Although the results of this study are not blatantly suggestive of sex bias among counseling students in making mental health judgments about clients, some evidence of a sex bias is present. Years of counseling experience did not affect the mental health ratings of the male bogus clients, however, it did affect the ratings of females who were similar to the subject. The more experienced counseling students rated the women clients who were

similar to themselves lower on the HSRS. One plausible explanation for this finding is that the inexperienced counseling students used their similarity to the female client to form positive perceptions of her mental health. It may be argued that the process of gaining experience may make a counselor less likely to rely on a subjective factor such as similarity to the ratee as criteria for judging the mental health of another. However, the increase in counseling experience does not minimize the use of this subjective element in judging male clients. This suggests a sex bias in that male and female clients were not judged according to the same criteria as a result of the counseling student gaining experience.

Gender of counseling student did not significantly influence the ratings of any of the male bogus clients, however, it did affect the ratings of females who were different from the rater. The female subjects scored women who were different from themselves lower on the HSRS. This finding suggests that female counseling students may be less tolerant of women clients whose attitudes are different from their own. Female counseling students may tend to subscribe to the attitude that males appropriately may choose from a wider range of options than females. Broverman et al. (1970) found this sex bias evident among both male and female subjects and subsequent studies have confirmed this bias among counselors (Mezydlo & Betz, 1980; Naffziger, 1971). The results of the present investigation

suggest that male counseling students may have made more progress toward addressing these attitudes than have female counseling students.

The concept of attitude similarity and difference was shown in this study to greatly affect the influence of attitudes upon mental health ratings of females. The effect that the subjects' attitudes toward women had upon mental health ratings differed greatly depending upon the similarity or difference between rater and ratee. The mental health ratings of the female clients tended to be more influenced by counseling student attitudes toward women as was expected, however the tendency of the subjects to rate persons similar to themselves higher on the mental health scale seemed to mediate the results. It appears that although the students' attitudes toward women may have been affecting their judgments, their similarity or difference in attitudes from the client being rated was also a strong influencing factor.

Counseling student attitudes toward women were found to significantly affect the mental health ratings of female bogus clients who were similar to the subjects. The subjects who believed that women should have all the options that men have in society (a liberal rating) tended to score females similar to themselves higher on the HSRS. One possible explanation for this is that a more liberal attitude toward women yields more positive perceptions of the mental health of women. However, this was not found to



be entirely true in this study because counseling students with liberal attitudes toward women did not rate female clients who were different from themselves higher on the HSRS. Therefore, the most plausible conclusion to be drawn from the results of this study is that when women clients are different in attitudes from the subject, that difference exerts a greater influence on the subject's perceptions than the subject's attitudes toward women. Counseling students generally see persons as less psychologically healthy if they have different attitudes from their own, regardless of sex. Conversely, students tend to see persons similar to themselves as more psychologically healthy. However, societal male/female role expectations appear to continue to influence the perceptions of counseling students when judging some female clients. This appears to confirm the results of the study by Broverman et al. (1970) that healthy males and healthy adults are perceived similarly but that expectations for healthy females are quite different.

#### Recommendations

1. Counseling graduate students should be encouraged to examine their personal views about women and their roles in society. Practicing counselors are encouraged to examine their own social conditioning, to become aware of their own attitudes toward sex roles, and to consider the possible effects which their biases may have upon female

clients.

2. Counseling graduate students should be aware that their attitudes on a wide variety of issues may influence the way in which they perceive potential clients. As a part of the academic curriculum, training could be formulated to assist students in addressing the transference/countertransference issues inherent in the similarities and differences between counselors and clients. The potential effects of these issues upon treatment planning, diagnosis, and outcome need to be considered.

3. Further research is needed to determine the effects of similarity and difference in attitudes between counselors and their female clients.

4. Graduate training programs are encouraged to examine counseling students' flexibility in examining their own attitudes as part of admission criteria.

5. A replication of this study is recommended utilizing a larger sample of male subjects. A different sampling procedure may prove useful in balancing the male-to-female ratio. A stratified random sampling procedure may prove useful in selecting a group of males and females which is representative of students enrolled in counseling skills classes.

6. This research utilized the Health-Sickness Rating Scale as a measure for mental health ratings. The reliability of this instrument for use under the conditions

of this study was questionable based upon the results of the researcher's reliability study. It is recommended that in considering this instrument for use in future studies that its reliability be established under the conditions in which it will be used and that the raters be trained in its use.

7. Further research is needed to determine the influence of gender and years of counseling experience on perceptions of the mental health of female clients.

8. Female counseling students, in particular, should be encouraged to explore their own attitudes and reactions to female clients who are different from themselves.

It is hoped that this study, by examining several attitudinal variables in relation to each other, may have contributed new understanding to the previous knowledge about how attitudinal factors affect counselor judgments. Perhaps it will serve as a stimulus to researchers and educators to examine the relationship between counseling student attitudes and outcomes in counseling.

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**APPENDICES**

APPENDIX A

ATTITUDES TOWARD WOMEN SCALE

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ATTITUDES TOWARD WOMEN SCALE

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

A                      B                      C                      D

---

Agree                  Agree                  Disagree              Disagree  
Strongly              Mildly                  Mildly                  Strongly

11. Women earning as much as their dates should bear equally the expense when they go out together.

A                      B                      C                      D

---

Agree                  Agree                  Disagree              Disagree  
Strongly              Mildly                  Mildly                  Strongly

12. Sons in a family should be given more encouragement to go to college than daughters.

A                      B                      C                      D

---

Agree                  Agree                  Disagree              Disagree  
Strongly              Mildly                  Mildly                  Strongly

13. In general, the father should have greater authority than the mother in bringing up of children.

A                      B                      C                      D

---

Agree                  Agree                  Disagree              Disagree  
Strongly              Mildly                  Mildly                  Strongly

14. Economic and social freedom is worth far more to women than acceptance of the ideal of femininity which has been set up by men.

A                      B                      C                      D

---

Agree                  Agree                  Disagree              Disagree  
Strongly              Mildly                  Mildly                  Strongly

15. There are many jobs in which men should be given preference over women in being hired or promoted.

A

B

C

D

---

Agree  
Strongly

Agree  
Mildly

Disagree  
Mildly

Disagree  
Strongly



APPENDIX B

SURVEY OF ATTITUDES

## SURVEY OF ATTITUDES

Name \_\_\_\_\_

## 1. Fraternities and Sororities (check one)

- I am very much against fraternities and sororities as they usually function.
- I am against fraternities and sororities as they usually function.
- To a slight degree, I am against fraternities and sororities as they usually function.
- To a slight degree, I am in favor of fraternities and sororities as they usually function.
- I am in favor of fraternities and sororities as they usually function.
- I am very much in favor of fraternities and sororities as they usually function.

## 2. Undergraduates Getting Married (check one)

- In general, I am very much in favor of undergraduates getting married.
- In general, I am in favor of undergraduates getting married.
- In general, I am mildly in favor of undergraduates getting married.
- In general, I am mildly against undergraduates getting married.
- In general, I am against undergraduates getting married.
- In general, I am very much against undergraduates getting married.

## 3. Belief in God (check one)

- I strongly believe that there is a God.
- I believe that there is a God.
- I feel that perhaps there is a God.
- I feel that perhaps there is no God.
- I believe that there is no God.
- I strongly believe that there is no God.

## 4. Professors and Student Needs (check one)

- I feel that university professors are completely indifferent to student needs.
- I feel that university professors are indifferent to student needs.
- I feel that university professors are slightly indifferent to student needs.

- I feel that university professors are slightly concerned about student needs.
- I feel that university professors are concerned about student needs.
- I feel that university professors are very much concerned about student needs.

5. Sexual Activity (check one)

- I am very much against sexual activity among couples in college.
- I am against sexual activity among couples in college.
- I am mildly against sexual activity among couples in college.
- I am mildly for sexual activity among couples in college.
- I am in favor of sexual activity among couples in college.
- I am very much in favor of sexual activity among couples in college.

6. Integration in Public Schools (check one)

- Racial integration in public schools is a mistake, and I am very much against it.
- Racial integration in public schools is a mistake, and I am against it.
- Racial integration in public schools is a mistake, and I am mildly against it.
- Racial integration in public schools is a good plan, and I am mildly in favor of it.
- Racial integration in public schools is a good plan, and I am in favor of it.
- Racial integration in public schools is a good plan, and I am very much in favor of it.

7. Acting on Impulse vs. Careful Consideration of Alternatives (check one)

- I feel that it is better if people always act on impulse.
- I feel that it is better if people usually act on impulse.
- I feel that it is better if people often act on impulse.
- I feel that it is better if people often engage in a careful consideration of the alternatives.
- I feel that it is better if people usually engage in a careful consideration of alternatives.
- I feel that it is better if people always engage in a careful consideration of the alternatives.

## 8. Social Aspects of College Life (check one)

- I am very much against an emphasis on the social aspects of college life.
- I am against an emphasis on the social aspects of college life.
- I am mildly against an emphasis on the social aspects of college life.
- I am mildly in favor of an emphasis on the social aspects of college life.
- I am in favor of an emphasis on the social aspects of college life.
- I am very much in favor of an emphasis on the social aspects of college life.

## 9. Birth Control (check one)

- I am very much in favor of most birth control techniques.
- I am in favor of most birth control techniques.
- I am mildly in favor of most birth control techniques.
- I am mildly opposed to most birth control techniques.
- I am opposed to most birth control techniques.
- I am very opposed to most birth control techniques.

## 10. Drinking (check one)

- I am very much in favor of college students drinking alcoholic beverages.
- I am in favor of college students drinking alcoholic beverages.
- I am mildly in favor of college students drinking alcoholic beverages.
- I am mildly opposed to college students drinking alcoholic beverages.
- I am opposed to college students drinking alcoholic beverages.
- I am very much opposed to college students drinking alcoholic beverages.

## 11. American Way of Life (check one)

- I strongly believe that the American way of life is not the best.
- I believe that the American way of life is not the best.
- I feel that perhaps the American way of life is not the best.
- I feel that perhaps the American way of life is the best.
- I believe that the American way of life is the best.
- I strongly believe that the American way of life is the best.

## 12. Money (check one)

- I strongly believe that money is not one of the most important goals in life.
- I believe that money is not one of the most important goals in life.
- I feel that perhaps money is not one of the most important goals in life.
- I feel that perhaps money is one of the most important goals in life.
- I believe that money is one of the most important goals in life.
- I strongly believe that money is one of the most important goals in life.

## 13. Preparedness for War (check one)

- I strongly believe that preparedness for war will not tend to precipitate war.
- I believe that preparedness for war will not tend to precipitate war.
- I feel that perhaps preparedness for war will not tend to precipitate war.
- I feel that perhaps preparedness for war will tend to precipitate war.
- I believe that preparedness for war will tend to precipitate war.
- I strongly believe that preparedness for war will tend to precipitate war.

## 14. Welfare Legislation (check one)

- I am very much opposed to increased welfare legislation.
- I am opposed to increased welfare legislation.
- I am mildly opposed to increased welfare legislation.
- I am mildly in favor of increased welfare legislation.
- I am in favor of increased welfare legislation.
- I am very much in favor of increased welfare legislation.

## 15. Exhibitions of Modern Art (check one)

- I dislike looking at exhibitions of modern art very much.
- I dislike looking at exhibitions of modern art.
- I dislike looking at exhibitions of modern art to a slight degree.
- I enjoy looking at exhibitions of modern art to a slight degree.
- I enjoy looking at exhibitions of modern art.
- I enjoy looking at exhibitions of modern art very much.

APPENDIX C

HEALTH-SICKNESS RATING SCALE

Health-Sickness Rating Scale

Definition of Scale Points

Examples of Scale Points

At 100: An ideal state of 100  
complete functioning inte-  
gration, of resiliency in  
the face of stress, of  
happiness and social effec-  
tiveness.

Some patients who complete  
treatment, and some who  
come for and only need  
"situational" counseling.

(From 99 to 76: Degrees of  
"everyday" adjustment. Few  
individuals in this range  
seek treatment.)

At 75: Inhibitions, symp- 75  
toms, character problems  
become severe enough to  
cause more than "everyday"  
discomfort. These indivi-  
duals may occasionally  
seek treatment.

Patients with very mild  
neuroses or mild addictions  
and behavior disorders  
begin here and go on down,  
depending on severity.

At 65: Generally func- 65  
tioning well but have  
focalized problem or more  
generalized lack of effec-  
tiveness without specific  
symptoms.

Clearly neurotic conditions  
(most phobias, anxiety  
neuroses, neurotic charac-  
ters).

At 50: Definitely needs 50  
treatment to continue work  
satisfactorily and has  
increasing difficulty in  
maintaining himself autono-  
mously (even without  
expressed or recognized  
need for formal treatment).  
Patient may either be in a  
stable unsatisfactory  
adjustment (where most  
energy is bound in the  
conflicts) or an unstable  
adjustment from which he  
will likely regress.

Severe neuroses such as  
severe obsessive-compulsive,  
may be rated at 50 or lower,  
rarely below 35. Some  
compensated psychoses.  
Many character disorders,  
neurotic depressions.

- At 25: Obviously unable to function autonomously. Needs hospital protection or would need if it were not for the support of the therapist. The fact that the patient is in the hospital does not mean that he must be rated at this point--he may have changed since admission or be hospitalized for a variety of reasons.
- (From 24 to 11: Increased loss of contact with reality; need for protection of patient or others from the patient; high degree of regression.)
- At 10: Extremely difficult to make any contact with patient. Needs closed ward care. Not much chance of continued existence without care.
- At 0: Any condition which, if unattended, would quickly result in the patient's death, but not necessarily by his own hand.
- 35 Most borderline schizophrenias; severe character problems. Psychotic depressions may be this high or go all the way to 0.
- 25 Most clear-cut, overt psychoses, psychotic characters, severe addictions (which require hospital care).
- 10 "Closed ward" patients, such as chronic schizophrenics, excited manics, profound suicidal depressions.
- 0 Completely regressed schizophrenics (incontinent, out-of-contact) who require complete nursing care, tube feedings.



APPENDIX D

INSTRUCTIONS

## INSTRUCTIONS

This research is an attempt to determine the accuracy of the Health-Sickness Rating Scale when judgments reflected by it are based on a minimal amount of information. In your packet you have copies of attitude surveys for four different clients. You are asked to read all of the information about each client and give him or her a rating of 0 to 100 on the Health-Sickness Rating Scale. The scale describes the ratings and what they mean. You may use any number from 0 to 100 on your ratings even though the scale only denotes the number 0, 10, 25, 35, 50, 65, 75, and 100. Please put your rating of each client in the blank marked "mental health rating" on the front page of the client's survey of attitudes form. Please keep all your materials together and return them in the manila envelope. Thank you.

VITA

Julie Powell-Ward

Candidate for the Degree of

Doctor of Philosophy

Thesis: EFFECTS OF ATTITUDES TOWARD WOMEN, GENDER, AND  
ATTITUDE SIMILARITY ON MENTAL HEALTH RATINGS

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