THERAPISTS' ATTITUDES TOWARDS CLIENTS AS AFFECTED BY SEX OF THERAPIST, SEX OF CLIENT, AND MODE OF EXPRESSION

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PREFACE

In recent years the negative consequences of sex-role stereotyping have been delineated. The purpose of this study was to ascertain whether therapists' concepts of health are still based on sex-role stereotypes, and if they are, to examine to what extent this is actually reflected in the therapy process.

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CHAPTER I

THE PROBLEM

Review of the Literature

The Womens Liberation Movement has been the impetus for questioning the role of many social institutions in the perpetuation of sexual discrimination. Such areas as employment, marriage, religion and education have been examined for their particular contributions to sexual inequality. Recently, the implications of the Womens Liberation Movement for psychotherapy (Stevens, 1971; Rice & Rice, 1973; Barret, Berg, Eaton & Pomeroy, 1974; Kronsky, 1971) and, more specifically sexism or sex bias in psychotherapy (Chesler, 1971, 1972a, 1972b; Schlossberg & Pietrofesa, 1973; Walstedt, 1971; Torrey, 1971; Lewis, 1972; Fields, 1973) have been examined.

Barret et al. (1974) state that,

> 'Behavioral scientists' and 'clinicians' affirmation of the secondary status of women, whether explicitly stated or tacitly implied, has strengthened the myth of the inferiority of women and has directly oppressed them (p. 11).

They go on to discuss how the current personality theories tend to present a largely masculine account of personality in which women are viewed negatively as "inferior, competitive, castrating, over-emotional, and innately dependent

and weak" (p. 11). Freud, in particular, presented a view of women as being the inferior sex. Disparaging references to women are scattered throughout his works. At various times Freud described women as:

> . . . less ethical, with less of a sense of justice, more envious, weaker in social interest, more vain, narcissistic, secretive, insincere, masochistic, passive, childlike and incomplete. . . (Gilman, 1971, p. 10).

Freud attributed these qualities to innate biological differences rather than to the social conditions of the time.

Phyllis Chesler, in her book Women and Madness, quotes from several well-known theorists to show how traditional clinical ideology has defined a somewhat narrow role for women.

Bruno Bettelheim:

> As much as women want to be good scientists and engineers, they want, first and foremost, to be womanly companions of men and to be mothers.

Joseph Rheingold:

> . . . woman is nurturance . . . anatomy decrees the life of a woman. . . . When women grow up without dread of their biological functions and without subversion by feminist doctrines and therefore enter upon motherhood with a sense of fulfillment and altruistic sentiment we shall attain the goal of a good life and a secure world in which to live.

Carl Jung:

> But no one can evade the fact, that in taking up a masculine calling, studying, and working in a man's way, woman is doing something not wholly in agreement with, if not directly injurious to, her feminine nature.

Erik Erikson:

> . . . young women often ask, whether they can 'have

> an identity' before they know whom they will marry and for whom they will make a home. Granted that something in the young woman's identity must keep it open for the peculiarities of the man to be joined and of the children to be brought up, I think that much of a young woman's identity is already defined in her kind of attractiveness and in the selectivity of her search for the man (or men) by whom she wishes to be sought (Chesler, 1972b, pp. 93-94).

Such a view of women is not solely the result of male theorists. Helen Deutsch, who received her psychoanalytic training from Freud, viewed the normal woman as innately passive and masochistic, whose only true fulfillment was through motherhood. In describing the truly feminine woman, Deutsch (1944) says,

> They are the loveliest and most unaggressive of helpmates . . . they do not insist on their own rights--quite the contrary. They are easy to handle in every way--if only one loves them (p. 192).

Thus, traditional clinical ideology served to support and entrench the negative status and narrow role of women accepted by the culture at large.

Many people today are questioning whether clinicians operating under these biases can be of help to women who are seeking to reexamine their personal, social and sexual roles. Phyllis Chesler (1971, 1972a, 1972b) is perhaps the most outspoken against the role traditional psychotherapy has had in urging women to accept and adjust to their oppressed conditions. Chesler compares individual psychotherapy to the institution of marriage, saying that both serve to isolate women from each other, and offer individual rather than collective solutions to a woman's problems. Both institutions

are based on a woman's helplessness and dependence on a "stronger" authority figure--as husband or psychotherapist. In addition, Chesler (1972a) claims that the two institutions are similar in that both encourage women to talk rather than to act on their problems. She concludes that for most women, ". . . the psychotherapeutic encounter is just one more instance of a power relationship in which she is submissive and the authority-figure is dominant" (p. 1). Chesler questions whether such a structure can encourage independence--or healthy dependence--in a woman, and suggests that, perhaps for a time, male clinicians should stop treating female clients.

Others point out that therapy inevitably involves substantial modeling of the therapist by the client and significant reshaping of the clients' values toward those of the therapist, especially in the case of those clients labeled "improved" (Stevens, 1971; Barret et al., 1974). If the therapist accepts society's role "prescription" for women and the implicit assumption of the basic inferiority of women that underlies that prescription, it is likely that his or her client will also come to share that view. Also, since much of traditional psychotherapy has involved helping clients to adjust to the social norms, it may be that a therapist will begin to look for signs of psychopathology when he sees a woman who markedly deviates from traditional feminine role expectations.

That this is happening in some instances is evidenced by

responses to a questionnaire sent out by the APA Task Force on Sex Bias and Sex Role Stereotyping in Psychotherapeutic Practice. The Task Force sent out open-ended questionnaires to female members of Division 12 (clinical), 17 (counseling), 29 (psychotherapy) and 35 (women) asking them for details of incidents or circumstances illustrating sexism in psychotherapy with women. Several respondents reported that their therapists insisted on Freudian interpretations and views of women, pressuring them to have "vaginal orgasms" and branding competitiveness as "penis envy." Many women gave examples of therapists who criticized female clients' assertiveness, and there were a few examples of therapists who "actually encouraged the client to continue to be 'docile'--'passive'--'seductive'--'non-assertive' and to stay in professions 'open to women'" (Asher, 1975, p. 4). By far the largest number of comments concerned therapists fostering traditional sex roles; advocating marriage or perfecting the role of wife, deprecating the importance of a woman's career, using a client's attitude toward child bearing/rearing as an index of emotional maturity, etc. (Asher, 1975).

Even when no specific role conflicts are at issue in therapy or when "women's issues" are never mentioned, Stevens (1971) suggests that the therapist's unconscious attitude toward his/her client can be anti-therapeutic. She claims that the therapist's underlying attitude toward his female client is communicated in subtle and unconscious ways:

> If he sees her as a passive and dependent being whose true happiness is to be found in moderate

> submission to her husband, adoration of her children, and personal immersion in the joys of housekeeping, he will communicate this attitude to her, no matter how hard he attempts to be neutral. This attitude will permeate his whole stance--the areas in which he seems most interested and on which he chooses to focus, his demeanor, tone of voice, posture and most minute facial expressions (p. 14).

In addition to the aforementioned criticisms of traditional psychotherapy, Barret et al. (1974) charge clinicians with ignoring or not taking seriously several crises situations experienced by women, including the life cycle experiences of marriage--career conflict, abortion, menopause, the "empty-nest syndrome," and widowhood. These experiences are problematic for women in this culture because they are antithetical to the dominant roles of wife and mother for which they have been trained. Perhaps this is also the reason why they have been ignored by clinicians working to bring their client to terms with the female role society has prescribed for her.

In view of the anti-female bias they feel is evident in much of the male-dominated traditional psychotherapy, many of the woman's rights organizations have questioned whether a male therapist can understand and accept a woman's innermost feelings and communicate such an acceptance in a way that facilitates personal growth. Rice and Rice (1973) point out that this perceived inability of male therapists to understand women is likely to be increased rather than diminished by a woman's increased awareness of her traditionally expected role and "place" in what she perceives as a

male-dominated society. The generalized hostility towards men that is often a result of this increased awareness is likely to be directed at the male therapist. However, contrary to those who would have male clinicians stop treating female clients altogether, Rice and Rice (1973) feel that if such feelings are honestly acknowledged and dealt with in the therapeutic relationship, they can perhaps best be worked through in the therapy situation.

Although the anecdotal evidence cited by the previously mentioned articles convinces one that sex bias does exist in psychotherapy to some extent, it remains for research to determine how widespread the negative evaluation of women by therapists is, and what, if any, are the effects of this negative evaluation on the therapy process.

In one of the first studies aimed at assessing sex bias in clinical judgment, Broverman, Broverman, Clarkson, Rosenkrantz and Vogel (1970) administered a sex-role stereotype questionnaire consisting of 122 bipolar adjectives to 79 actively functioning clinicians. Each clinician was given one of the following three sets of instructions: To describe a healthy, mature, socially competent a) adult, sex unspecified, b) a man, or c) a woman. They 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" (p. 1). A second hypothesis was that "behaviors

and characteristics considered to be healthy for a sex-unspecified adult. . .will resemble behaviors judged healthy for men, but differ from behaviors judged healthy for women" (p. 1). The results confirmed both hypotheses. High agreement existed among clinicians, both male and female, about the attributes characterizing the healthy adult men, healthy adult women, and healthy adults (sex unspecified). Although ratings of a healthy adult and healthy adult man were identical, healthy women differed by being more submissive, less independent, less adventurous, less objective, more easily influenced, less aggressive, less competitive, more excitable in minor crises, more emotional, more conceited about their appearance, having their feelings more easily hurt, and disliking math and science. Broverman et al. (1970) postulate that these results reflect a double standard of mental health that exists for women, i.e., ". . . the general standard of mental health is actually only applied to men, while healthy women are perceived as significantly less healthy by adult standards" (p. 5). They suggest that this double standard stems from clinicians' acceptance of an "adjustment" notion of health: health consists of a good adjustment to one's environment. This adjustment notion of health, plus the existence of differential norms of male and female behavior, automatically lead to a double standard of mental health.

> Thus, for a woman to be healthy, from an adjustment viewpoint, she must adjust to and accept the behavioral norms for her sex, even though these behaviors are generally less socially desirable and considered

> to be less healthy for the generalized competent mature adult (Broverman et al., 1970, p. 6).

A number of studies seeking to delineate the effect of sex bias on clinical judgment have looked at counselors' responses in the vocational counseling setting. Thomas and Stewart (1971) designed a study to "determine whether secondary school counselors respond more positively to female clinets with traditionally feminine (conforming) goals than those with traditionally masculine (deviate) goals" (p. 352). Information concerning home, school, self description and personal values obtained in interviews with high school girls was presented to 64 practicing counselors and their responses were analyzed by sex and experience. They found that:

> a) Female counselors gave higher acceptance scores to both deviate and conforming clients than did male counselors; b) counselors, regardless of sex, rated conforming goals as more appropriate than deviate; c) counselors, regardless of sex, rated female clients with deviate career goals to be more in need of counseling than those with conforming goals (p. 352).

In order to test the hypothesis that counselors were biased against women entering a "masculine" occupation, Pietrofessa and Schlossberg (1970) arranged interviews between counselor trainees (29 students in a counseling practicum, 16 males and 13 females) and a coached female counselee who informed the counselor that she could not decide whether to enter the field of engineering, a "masculine" occupation, or enter the field of education, a "feminine" occupation. Each interview was tape recorded and

reviewed and tabulated as to its sex bias. Pietrofessa and Schlossberg (1970) drew the following conclusions from the results:

> 1) Counselors display more bias against females entering a so-called "masculine" occupation than for females entering a so-called "feminine" occupation; 2) female counselors display as much bias against females as their male counterparts; 3) content analysis of bias statements indicate that major stress is placed upon the 'masculinity' of the occupation (pp. 48-49).

Abramowitz, Weitz, Schwartz, Amire, Gomes and Abramowitz (1975) undertook a study with the purpose of extending the data base on the politics of psycho-vocational evaluation. They found that relatively traditional as opposed to relatively non-traditional counselors, rating the degree of maladjustment suggested by psychovocational profiles of male/female identified medical school aspirants, imputed greater maladjustment to the sex-role transgressing female students than to the identically described males. Smith (1974) obtained results contrary to the studies presented above, when she asked 198 secondary school counselors to predict the academic success and choose an appropriate career for four hypothetical cases in which sex and ethnic group designation were varied systematically. Her results indicated that sex/ethnic variations did not produce corresponding variations in counselor evaluation.

Fewer studies have been done on the effect of sex on clinicians' evaluations outside the vocational counseling area. Abramowitz, Abramowitz, Jackson and Gomes (1973) gave 71 professional counselors contrived clinical protocols

varying only in the student testee's sex and political inclination. They found that relatively conservative professional counselors attributed greater maladjustment to the politically active left-wing female client than they did to those with male-left or male/female-right protocols.

Bilick (1973) gave six case descriptions, two with masculine sex stereotypes, two with feminine sex stereotypes, and two with no sex stereotypes to two groups of clinicians. The descriptions differed only in terms of patient gender. The hypothesis predicting differences in the ways clinicians would assess male and female patients with different sex characteristics were not confirmed, indicating that these clinicians did not, when given a variety of information, make judgments based on the sex of the patient. Bilick did find that regardless of gender, descriptions of patients with feminine characteristics were perceived as having the poorest level of adjustment and being the least likely to change in treatment, while patients with masculine sex stereotypes were given the highest rating of adjustment and were seen as the most likely to change in therapy. These results seem to be in agreement with those found in the previously cited Broverman et al. (1970) study and led Bilick to suggest that it is not the sex of the patient but the sex-stereotyped characteristics which are responded to positively or negatively by clinicians.

Klein (1974) in an attempt to assess whether counselors' attitudes toward their clients reflect sex-role stereotype

bias, tested counselors' perceptions of and anticipated responses to 50 simulated statements as to the degree to which the simulated statements expressed hurt, psychological health, self-assuredness, anger, assertiveness, and maturity on the part of the hypothetical clients. In addition, the counselors were to choose one of two possible responses to the statement, one reflecting and the other failing to reflect a sex-role stereotype response bias. The results indicated that regardless of sex of counselor, counselors' perceptions of and behavior toward their clients tend to reflect attitudinal bias with regard to sex roles.

The results in a recent study by Gomes and Abramowitz (1975) countered those reported previously by a majority of studies. In this study patient sex and sex-role appropriateness were factorially varied in a clinical protocol that was sent to 640 sex-stratified, randomly-selected Members and Fellows of APA Division 29 (Psychotherapy). Approximately 30% ($\underline{N}$ = 182) of those contacted returned usable data. Information was sought from the APA members concerning their own sex-role traditionalism and evaluation of the hypothetical patients' psychological well-being. The main outcome of this investigation was the absence of consistent effects due to any of the four variables--patient sex, role-appropriateness, therapist sex, and sex-role traditonalism--previously found in the literature to be likely sources of clinical bias. Contradictory to previous findings, overall, patients were perceived as more mature when designated as

female rather than male. The sex-role deviant female in particular was perceived as more mature than her sex-role conforming counterpart and both the sex-role conforming and sex-role deviant males. In addition, the feminine stereotyped (i.e., submissive) individual was better liked than the masculine-stereotyped (i.e., dominant) individual. Gomes and Abramowitz conclude that:

> The overall failure to detect prejudice against women or sex-role nonconformists among any therapist subgroup studied would tentatively appear to exonerate clinicians of the charges of unwitting sexism and norm-reinforcement which have been pressed against them (p. 11).

Although they do admit to the possibility that a substantial number of the psychologists recognized the real objectives of the study and adjusted their ratings so as to reduce the likelihood of finding bias effects, they tentatively attribute the study's generally unexpected outcome to enhanced professional sensitization to the sociocultural barrier to full psychological functioning in women. In view of the extremely low return rate (30%), the former is thought to be highly likely. Those psychologists who returned the questionnaire may not be representative of psychologists as a whole.

The studies cited above indicate that clinicians' attitudes do reflect sex bias in what they consider to be mentally healthy, and that sex biases are operating in at least some therapy situations, i.e., those involving career counseling. Other studies not specifically aimed at studying

sex bias in psychotherapy, have looked at sex as a variable in personality assessment and in the therapy process. These studies, included below, indicate that the sex of therapist may have significant effects on the personality testing situation, evaluation of client, and therapy process.

Masling and Harris (1969) investigated the frequency of administration of four sexual-romantic TAT cards by 20 male and six female graduate student examiners to clinic clients. They found that male examiners gave significantly more of these cards to female clients than to male clients, but that female examiners did not make such discriminations. They suggest that the testing situation may be used by the male examiners to gratify voyeuristic needs. In another study, Harris and Masling (1970) found that female subjects gave more Rorscharch responses to male experimenters than did any other sex combination. Harris and Masling point out that the variable of sex has received more attention from psychologists in general, than from clinicians. In view of all the various behaviors and task performances that sex has been found to influence, they suggest that sex may also be a relevant variable effecting the clinical situation.

Haan and Livson (1973) found sex differences in psychologists' (10 male and 13 female) ratings of Q-sort performances of 48 male and 50 female subjects. In general, they found that women judges ascribe more favorable characteristics to females than do men, while men judges are generally more unfavorable in their judgments of both males and

females. More specifically, women psychologists were more reactive to such unfavorable male traits as condescension and overconcern with power. The male psychologists seemed to be more concerned with defections from the male stereotype, while women psychologists were more alert to excesses in stereotypic behavior. Again, in their evaluation of female subjects, women psychologists were more concerned with unfavorable excesses of the "feminine" stereotype, whereas, men psychologists were concerned with defections from stereotypic behavior.

Another study by Cowan, Weiner and Weiner (1974) also found sex differences in ratings by therapists, with a trend for male therapists to be generally more unfavorable in their judgments of both sex clients. Using the Multiple Affective Adjective Check List (MAACL), 35 male and 17 female therapists from four agencies in a midwestern university town were asked to rate their view of a typical male and female client. These results were compared to the MAACL scores obtained during initial contacts by the clients to the four agencies. They found that both male and female therapists viewed clients as more anxious, more depressed and more hostile than clients viewed themselves. An analysis of clients' self ratings revealed no actual sex differences on the three scales. Therapists did not perceive male and female clients as different on the anxiety and depression scales, however, on the hostility scale there was a trend for the therapists to see males as more hostile than females.

With respect to differences between male and female therapists' ratings of clients, there was no significant sex of therapist effect on the hostility scale. However, there was a trend for male therapists to perceive clients as more anxious and more depressed than female therapists viewed these same clients. In particular, male therapists rated female clients as significantly more anxious than the female therapists rated them.

A study by Parker (1967) found that the therapists' verbal behavior is significantly related to the sex of client being interviewed. Parker examined therapists' directive and nondirective verbal behavior during initial psychotherapy interviews as a function of the dominance dimension of the therapists' personality. Directive statements were defined as those which would tend to clearly lead, direct or control the verbal activity during the therapy session. Nondirective statements were those responses which would tend to give responsibility of decision for choice and area and direction of verbal activity largely to the client as well as those responses which reflect or clarify the client's affect. Parker found that while all therapists gave roughly equal amounts of directive responses to both male and female clients, they gave significantly more nondirective responses to female clients than to male clients. While the differences between the proportion of direct and nondirect responses given to male clients was not significant, there was a significant tendency for therapists to

give proportionately more nondirective responses than directive responses to female clients.

In the relatively few studies that controlled for both sex of therapist and sex of client there were indications that same sex pairings may be more conducive to variables thought to be important in the therapy process. Olesker and Balter (1972) found that while neither male nor female therapists surpassed one another with regard to empathy, individual therapists did show more empathy when judging people of the same sex than when judging persons of the opposite sex. Persons, Persons and Newmark (1974) had 93 psychotherapy clients who had improved as a result of therapy make a written list of the characteristics of their therapists that were helpful or nonhelpful. They found that men were more responsive to male therapists and women were especially more responsive to female therapists. When a male client had a male therapist as opposed to a female therapist, he felt that his therapist was more interested, concerned, more self-disclosing, and helpful with sexual identity concerns. When a female client had a female therapist as opposed to a male therapist, she felt that her female therapist was more perceptive and insightful, encouraged more risk-taking, was more warm and friendly, was more helpful with sexual identity concerns, gave more honest feedback, was more self-disclosing and more supportive. It was only when the therapist was of the opposite sex that clients listed no helpful therapist characteristics.

Hill (1974) found that the same sex pairings had more discussion of feelings by both counselor and client. In contrast, Fuller (1963), who also studied the interaction effect of client and therapist sex on discussion of feelings, found no significant differences in feelings expressed by clients due to counselor sex, i.e., same sex pairings did not result in more discussion of feelings. She did find that females expressed more feelings regardless of sex of counselor and that more feeling was expressed in those pairs including a female regardless of whether the female was a client or counselor.

Although the aforementioned studies do indicate that sex of client and therapist are important variables effecting the therapy process, that clinicians hold different ideals of mental health for the male and female adult, and that sex bias in clinicians' attitudes may be reflected in their evaluations of client's pathology, many questions remain unanswered. For instance, it is still not known how the attitudes found in the Broverman et al. (1970) study are reflected, if at all, in the therapy process. None of the studies looking at the effects of sex bias on clinical judgment studied clinicians' evaluations of and behavior toward real clients involved in ongoing therapy or counseling with the evaluating clinicians. Most of the studies, in fact, had clinicians evaluate complete strangers from written descriptions. It is questionable whether evaluations and responses made under these conditions reflect the same sort

of processes involved in actual therapy situations. Until it can be shown that clinicians' attitudes such as those found in the Broverman et al. (1970) study are reflected in and do affect the therapy process, charges against psychotherapists and psychotherapy by those involved with Women's Liberation would seem to be unwarranted.

In addition, there was a trend for later studies (Gomes & Abramowitz, 1975; Smith, 1974) to find no sex biases in clinicians' evaluations of clients. Does this trend reflect underlying changes in attitudes and in behavior, or does it only reflect clinicians' increased sensitization to the issue of sex bias in psychotherapy in general and what the individual instrument is measuring in particular?

The Present Study

The present study seeks to answer these questions by looking at some aspects of nonverbal behavior in actual therapy sessions in which sex of therapist and sex of client are varied factorially. Therapists' nonverbal behavior will be compared with their expressed attitudes towards what constitutes mental health for the sexes as measured by the sex-role stereotype questionnaire employed by Broverman et al. (1970). In this way a check can be made on whether attitudes expressed on such a questionnaire are actually translated into behavior effecting the therapy situation. In addition, the Bem Sex Role Inventory (Bem, 1974) will be administered to both client and therapist to ascertain if

any of the differences in nonverbal behavior of therapists can be accounted for by the sex-role identification of either the therapist or the client.

The use of nonverbal behavior was decided upon in view of the many recent studies indicating its importance in the communication of attitudes. For example, Argyle, Salter, Nicholson, Williams and Burgess (1970) and Argyle, Alkema and Gilmour (1971) found that nonverbal cues make a greater contribution than verbal cues to the communication of a more dominant attitude and a more positive attitude. Mehrabian and Wiener (1967) and Mehrabian and Ferris (1967) found that when there is inconsistency between verbally and nonverbally expressed attitudes, the nonverbal portion will dominate in determining the total message. Haase and Tepper (1972), when studying the relative contribution of verbal and non-verbal communication in the judgment of empathy, found that the non-verbal components in the model accounted for more than twice as much variance (45%) in the judged level of empathy as did the verbal component (22%). And finally, Tepper (1973) in his study of the communication of counselor empathy, respect and genuineness through verbal and nonverbal channels, found that nonverbal effects explained from 2 to 9 times the amount of variability in judgment as was explained by the verbal effects. Thus, nonverbal behaviors seem to play a significant role in the communication of therapist attitudes thought to be important in the therapy process.

Perhaps more relevant for the purposes of the present

study, it was thought that the more implicit mode of communication represented by nonverbal behaviors would give a more valid index of the therapist's attitude toward the client. There is less conscious awareness and therefore less censure of what is communicated nonverbally (Ekman & Friesen, 1969). Therefore, the implicit cues of nonverbal behavior could help to identify attitudes that the therapist is hesitant to express explicitly due to social pressures.

The nonverbal behaviors chosen for use in the present study include distance, eye contact, trunk lean and body orientation. These have been labeled as immediacy cues by Mehrabian (1969) in view of their relation to the degree of directness or immediacy of interaction between a communicator and his addressee. Mehrabian found that increased immediacy of another person is directly related to the degree of positive attitude toward that person. More specifically, he found closer distances, presence of eye contact, and a forward trunk lean all, both independently and in interaction, communicated a positive attitude, whereas farther distances, little eye contact and backward trunk lean were found to communicate a negative attitude. The effect of body orientation, described as the degree of rotation of the trunk of the body away from the other person, in the communication of a positive attitude is less consistent, but in some instances a more direct body orientation has been associated with the communication of a more positive attitude (James, 1932; Kelly, 1972).

Posture and position cues are particularly helpful in the assessment of attitudes because they seem to be more subtle and less subject to censorship and deliberate control than facial or vocal expressions of the same attitudes. Ekman and Friesen (1969) speculate that this is because facial and vocal expressions are more often consciously used to convey attitudes and thus internal and external feedback as to the information conveyed are greatest for facial and vocal expression, lesser for arms and hands and the least for other body areas. They suggest that the ego will not expend much effort censoring areas of the body that are largely ignored by others and therefore those areas of the body which have a limited repertoire of information are the primary source of "leakage and deception cues." In addition, gestures and facial expressions are thought to be more likely to communicate specific emotions and to be more closely linked to verbal messages, whereas postures are thought to be more likely to communicate gross affect, such as general attitude toward others (Ekman & Friesen, 1969; Ekman, 1964).

Several studies have related the various immediacy cues to perceived therapist characteristics. Kelly (1972) showed 60 male subjects representing 6 diverse client subgroups (acute paranoid schizophrenics, character disorders, adjustment reactions, college students with personal adjustment problems, college students with educational/vocational difficulties, college controls) 72 pictures showing all possible combinations of five therapist proxemic conditions (distance,

eye contact, trunk lean, body orientation and accessibility of posture). The subjects were asked to rate the pictures along a 5-point evaluative continuum indicating how much they thought the psychologist liked or disliked them based on how he was seated. She found the following to be significant in the communication of a more positive attitude toward the client: 1) closer interaction distances (39 inches versus 55 or 88 inches); 2) presence of eye contact; 3) foreward trunk lean (backward trunk lean having negative connotations); and 4) face-to-face body orientation (versus a rotated therapist stance). Accessibility of posture (i.e., openness versus closedness of extremities) had no ascertainable effect on the subject's perception of the therapists' attitude. Kelly found no differences in the way the 6 heterogeneous client groups perceived the cues.

Haase and Tepper (1972) in a study aimed at delineating the relative contribution of verbal and nonverbal behaviors to the judged level of empathy, had 26 counselors with an average of 1,500 hours counseling experience rate 48 combinations of eye contact, trunk lean, body orientation, distance and predetermined verbal empathy message on a modification of the Truax-Carkhuff empathy scale. The combinations were videotaped interactions between a "counselor" and a "client" and were approximately 10 minutes in length. They found that maintaining eye contact, forward trunk lean, close distance, and medium and high rated verbal empathy all independently contribute to higher levels of

judged empathy. In looking at the interactions, they conclude that an optimum combination of effects for the communication of empathy is a combination of eye contact, forward trunk lean, a medium empathic verbal message and a far distance. Equally effective is a combination of eye contact, forward trunk lean, high verbal empathy message, and a close distance. The least effective combination is that of far distance, backward trunk lean, no eye contact and a low verbal empathy message.

Finally, Tepper (1973) in his study concerning the verbal and nonverbal communication of counselor empathy, respect and genuineness, found that higher levels of all three counselor attitudes were communicated when the counselor was in a forward trunk lean position and maintained direct eye contact. These three studies indicate that the immediacy cues of distance, eye contact, trunk lean, and body orientation are involved in the communication of the therapist's attitude toward the client, and that certain combinations of these cues communicate a more positive attitude than others.

In summary, the present study, by varying therapist and client sex and measuring therapist nonverbal behavior occurring in ongoing therapy, seeks to answer the following questions:

1) Do therapists, regardless of sex, differ in their nonverbal communication of positive attitude toward male and female clients?
2) Do male and female therapists differ in their

nonverbal communication of positive attitude towards clients, regardless of sex of client?

3) Does an interaction of therapist sex and client sex bring about a corresponding variation in therapist nonverbal communication of positive attitude?

4) Does the degree of positive attitude communicated nonverbally by therapists correlate with attitudes concerning mental health and sex role as measured by the sex-role stereotype questionnaire used by Broverman et al. (1970)?

5) Are differences among the individual therapists in their nonverbal communication related to the therapist's sex-role identification (as measured by the BSRI) or that of their client?

6) Are differences among individual therapists' nonverbal communications associated with corresponding differences in their clients' ratings of them on a list of helpful characteristics?

7) Are differences among individual therapists' nonverbal communications related to how positively they feel about their client, how comfortable they are working with their client, how positively they view the relationship between them and their client, or how successful they feel therapy with the client to be?

CHAPTER II

METHOD

Subjects

Subjects were 20 clients, 10 male and 10 female, and 10 therapists, five male and five female, at the Psychological Services Center at Oklahoma State University. Clients were selected from those who had signed a consent form (see Appendix A) agreeing to participate in the study upon application for treatment at the Center. They were selected so as to fulfill requirements for one male and one female client per therapist. The therapists in the study were 10 second, third, and fourth year clinical practicum students who were working at the Center during the Fall 1975-Spring 1976 semesters.

Instruments

A shortened form of the stereotype questionnaire used by Broverman et al. (1970) was given to all participating therapists. The form (see Appendix B) contains 82 bipolar items, each of which describes a particular behavior trait or characteristic, with one pole of each item being characterized as typically masculine, the other typically feminine. Instructions and format were the same as utilized by

Broverman et al. (1970) resulting in each of the therapists describing "a mature, healthy, socially competent woman," "a mature, healthy, socially competent man," "a mature, healthy, socially competent adult person (sex unspecified)." Order of presentation was randomized. Subjects were to indicate on each item the pole to which the stimulus individual would be closer.

A second instrument administered to both the clients and the therapists in the study was the BSRI--the Bem Sex Role Inventory (Bem, 1974). The BSRI (see Appendix C) requires the subject to indicate on a 7-point scale how well each of 60 personality characteristics describes themself. The BSRI treats masculinity and femininity as two independent dimensions and therefore each subject received both a masculinity and a femininity score based on the extent to which they endorsed masculine and feminine personality characteristics as self-descriptive. In addition, an androgeny score which reflected the relative amounts of masculinity and femininity items that the individual has endorsed was computed.

A third instrument (see Appendix D) was administered only to the therapists. It asked them to rate their clients on four separate questions on a scale of one to seven. Ratings on the first question (How do you feel toward this client?) and third question (How would you describe the relationship between you and this client?) could range from very negative to very positive. Ratings on the second

question (How comfortable are you working with this client?) could range from very uncomfortable to very comfortable. Ratings to the fourth question (How successful do you think therapy has been with this client up to this point?) could range from very unsuccessful to very successful.

A fourth instrument was administered only to the clients who served as subjects. It asked them to indicate how well, on a scale of one to five, ranging from not at all descriptive to very descriptive, a series of characteristics thought to be helpful to the therapy process described their therapist (see Appendix E). The characteristics were adopted from therapist characteristics reported to be helpful by clients in the study by Person et al. (1974).

Apparatus

Sony videotaping equipment with a wide angle lens was used to record the therapy sessions. A Sony TV monitor was used to play back the videotapes for the raters.

Procedure

Phase I

In the first phase of the study, all participating therapists were requested to fill out the Broverman sex-role questionnaire and the Bem Sex-Role Inventory (BSRI).

Phase II

This phase of the study involved the actual videotaping

of the therapy sessions. The subjects (both the therapists and clients) were told that the third and fourth therapy sessions were to be videotaped, although only the fourth session was actually videotaped. It was hoped that by the fourth session, subjects would be accustomed enough to the idea of being videotaped that it would not have considerable effects upon their behavior. The first five minutes of the first, second and third portions of the 50 minute interview were videotaped. Thus, if the session started on the half hour, taping would proceed from 9:30 to 9:35, 9:46 2/3 to 9:51 2/3, and from 10:03 1/3 to 10:08 1/3. If the session started on the hour, taping would proceed from 9:00 to 9:05, 9:16 2/3 to 9:21 2/3 and from 9:33 1/3 to 9:38 1/3. All videotaping was done behind permanently installed one-way mirrors. The fourth session had to occur within two months of the first session to be used.

Upon completion of the videotaped session, the client was asked to complete the BSRI and the rating scale of their therapist's characteristics. The therapist was asked to rate their clients on the four questions described above.

Phase III

Upon completion of the collection of the data, two raters (one male and one female) were chosen from the first year clinical practicum students working at the Psychological Services Center. They were taught to rate the videotapes on the four nonverbal communication measures (distance,

observation, trunk lean, and body orientation). Observation was substituted for eye contact as the quality of video recordings made it difficult to ascertain if eye-contact was present. Observation was scored if the therapists' face was directed at the face of the client.

There were seven possible rating categories for trunk lean: +3 for a 45 degree forward trunk lean, +2 for a 30 degree forward trunk lean, +1 for a 15 degree forward trunk lean, 0 for an upright trunk lean, -1 for a 15 degree backward trunk lean, -2 for a 30 degree backward trunk lean, and -3 for a 45 degree backward trunk lean. There were two possible rating categories for observation: 1 for present and 0 for absent. Orientation was comprised of four possible rating categories: 0 for direct, -1 for 30 degree rotation in either direction -2 for 60 degree rotation in either direction, and -3 for 90 degree rotation in either direction. Distance was measured in inches from the center of one chair to the center of the other. There were five possible rating categories for distance: +2 for very close distances (around 30 inches), +1 for close distances (around 39 inches), 0 for average distances (around 50 inches), -1 for far distances (around 66 inches) and -2 for very far distances (around 76 inches). Both the therapist and client were seated in chairs with rollers and that swiveled so that both distance and orientation could vary throughout the session. Raters were first shown videorecordings illustrating various degrees of the variables (for example close,

medium and far distance) made especially for training purposes. They then rated practice sessions until reliability coefficients over .90 for each of the four variables was reached.

When a sufficient reliability level was reached the actual 15 minute excerpts were presented randomly. The 15 minute excerpt was divided into five second intervals for rating purposes. A tape recording with the words "trunk lean," "observation," "orientation," and "distance" repeated continuously separated by five second intervals for 15 minutes, cued raters when to make each rating. Therefore, raters were rating the therapists on one of the variables every five seconds. Ratings of the therapist on the four variables were made on recording forms especially constructed for this purpose (see Appendix F). This method of rating resulted in 45 ratings on each variable for each client/therapist dyad.

CHAPTER III

RESULTS

Introduction

Presentation of results will be divided into five separate sections: 1) Ratings of the therapists on the four nonverbal communication measures, 2) Therapists' responses to the Broverman Sex-Role Questionnaire, 3) Therapists' and clients' self-ratings on the Bem Sex-Role Inventory, 4) Therapists' ratings of feelings towards clients, comfortableness with clients, the client/therapist relationship, and success of therapy, and 5) Clients' ratings of therapists on helpful characteristics. In general, Analysis of Variance (ANOVA) results and t-test results will be presented first, followed by correlation results. The correlations between the nonverbal communication measures and the other dependent measures will not be presented in the nonverbal communication section, but at the end of each of the other four sections.

Ratings of the Therapists on the Four Nonverbal Communication Measures

The effects of sex of therapist and sex of client on each of the four nonverbal communication variables

(orientation, trunk lean, observation and distance) were analyzed by 2 x 2 split plot factorial ANOVA's. The results of these ANOVA's and the corresponding cell means and standard deviations are presented in Tables I through IV. Due to accidental erasure of one of the tapes, the four nonverbal communication scores for one female therapist/male client pairing were estimated using the procedure described in Kirk (1968, p. 281). This resulted in the loss of one degree of freedom for the error terms in these four ANOVA's.

All of the F tests for the main effects of sex of therapist and sex of client yielded nonsignificant results. Interaction effects between sex of client and sex of therapist were also found to be nonsignificant. The analysis of trunk lean (see Table II) did indicate a tendency towards significance on the main effect of sex of therapist, $F(1, 7) = 4.399$, $p < .10$. These results reflect male therapists' tendency to lean approximately 15 degrees backward with either sex client, while female therapists tend to maintain an upright position. The interaction of sex of therapist and sex of client also tended towards significance on the trunk lean dependent measure, $F(1, 7) = 3.908$, $p < .10$). Simple effects tests indicated that male therapists tend to lean further backward with female than with male clients, $F(1, 8) = 4.99$, $p < .10$. Female therapists' trunk lean did not differ significantly with male and female clients, $F(1, 7) = .017$. Male and female therapists did not differ significantly in their amount of trunk lean with female clients,

TABLE I

ANALYSIS OF VARIANCE SUMMARY TABLE FOR EFFECTS OF SEX OF THERAPIST AND SEX OF CLIENT ON THERAPIST BODY ORIENTATION AND CORRESPONDING MEANS AND STANDARD DEVIATIONS FOR BODY ORIENTATION*

Summary of Analysis of Variance

Source	SS	df	MS	F	p
Between Ss					
Sex of Therapist (A)	.0032	1	.0032	.0138	NS
Ss w.in groups	1.6185	7	.2312		
Within Ss					
Sex of Client (B)	.0401	1	.0401	.3645	NS
A x B	.1607	1	.1607	1.4611	NS
B x Ss w.in groups	.7697	7	.1100		

			Sex of Client		
			Male	Female	Total M
Sex of Therapist	Male	M	-0.515	-0.247	-0.381
		SD	.375	.214	
	Female	M	-0.361	-0.451	-0.406
		SD	.303	.415	
	Total M		-0.438	-0.349	-0.394

*Scores range from 0 to -3, with 0 equal to direct orientation, and more negative scores corresponding to higher amounts of rotation.

TABLE II

ANALYSIS OF VARIANCE SUMMARY TABLE FOR EFFECTS OF SEX OF THERAPIST AND SEX OF CLIENT ON THERAPIST TRUNK LEAN AND CORRESPONDING MEANS AND STANDARD DEVIATIONS FOR TRUNK LEAN*

Summary of Analysis of Variance

Source	SS	df	MS	F	p
Between Ss					
Sex of Therapist (A)	5.1694	1	5.169	4.399	.10
Ss w.in groups	8.2217	7	1.175		
Within Ss					
Sex of Client (B)	.0715	1	.072	1.108	NS
A x B	.2536	1	.254	3.908	.10
B x Ss w.in groups	.4519	7	.065		

			Sex of Client		
			Male	Female	Total M
Sex of Therapist	Male	M	-0.844	-1.189	-1.017
		SD	.823	.665	
	Female	M	-0.052	0.053	0.001
		SD	.045	.110	
	Total	M	-0.448	-0.568	-0.508

*Positive numbers reflect degree of forward trunk lean, 0 is equal to an upright trunk lean, and negative numbers reflect degree of backward trunk lean.

TABLE III

ANALYSIS OF VARIANCE SUMMARY TABLE FOR EFFECTS OF SEX OF THERAPIST AND SEX OF CLIENT ON THERAPIST OBSERVATION OF THE CLIENT AND CORRESPONDING MEANS AND STANDARD DEVIATIONS FOR OBSERVATION*

Summary of Analysis of Variance

Source	SS	df	MS	F	p
Between Ss					
Sex of Therapist (A)	.0015	1	.0015	1.07	NS
Ss w.in groups	.0095	7	.0014		
Within Ss					
Sex of Client (B)	.0012	1	.0012	1.09	NS
A x B	.0036	1	.0036	3.27	.25
B x Ss w.in groups	.0079	7	.0011		

			Sex of Client		
			Male	Female	Total M
Sex of Therapist	Male	M	.953	.996	.975
		SD	.063	.000	
	Female	M	.998	.986	.992
		SD	.000	.032	
	Total	M	.976	.991	.984

*Scores range from 0 to 1 with 1 representing continuous observation.

TABLE IV

ANALYSIS OF VARIANCE SUMMARY TABLE FOR EFFECTS OF SEX OF THERAPIST AND SEX OF CLIENT ON THERAPIST DISTANCE FROM THE CLIENT AND CORRESPONDING MEANS AND STANDARD DEVIATIONS FOR DISTANCE*

Summary of Analysis of Variance

Source	SS	df	MS	F	p
Between Ss					
Sex of Therapist (A)	.187	1	.187	.353	NS
Ss w.in groups	3.718	7	.531		
Within Ss					
Sex of Client (B)	.179	1	.179	2.766	.25
A x B	.009	1	.009	.136	NS
B x Ss w.in groups	.453	7	.065		

			Sex of Client		
			Male	Female	Total M
Sex of Therapist	Male	M	0.000	-0.231	-0.116
		SD	.000	.389	
	Female	M	0.152	0.004	0.078
		SD	.539	.625	
	Total M		0.076	-0.114	0.019

*Scores can range from -2 to +2 with higher numbers indicating closer distance.

F (1, 8) = .405, or with male clients, F (1, 7) = .194.

The four nonverbal communication measures for the most part did not correlate highly with one another (see Appendix G for correlation matrix). Trunk lean did not correlate significantly with any of the other three nonverbal communication measures, its highest correlation being with orientation, r (17) = .19, $p < .56$. Observation and distance both correlated significantly with orientation, r (17) = .47, $p < .04$ (observation and orientation); r (17) = -.46, $p < .05$ (distance and orientation), but not with any of the other nonverbal communication variables.

Therapists' Responses on the Broverman Sex-Role Questionnaire

Therapists' ratings on the Broverman Sex-Role Questionnaire were analyzed on 38 stereotypic items (see Table V) which have been found to reflect highly consensual, clear distinctions between men and women, as perceived by lay people. These are the same 38 stereotypic items analyzed by Broverman et al. (1970). Agreement scores, consisting of the proportion of therapists on that pole of each item which was marked by the majority of therapists, were computed separately for both the male and female therapists. Three agreement scores for each item were computed: a "masculinity agreement score" based on ratings from questionnaires with the "male" instructions, a "femininity agreement score" and and "adult agreement score" derived

TABLE V

MALE-VALUED AND FEMALE-VALUED STEREOTYPIC ITEMS

Feminine Pole	Masculine Pole
Male-Valued Items	
Not at all aggressive	Very aggressive
Not at all independent	Very independent
Very emotional	Not at all emotional
Does not hide emotions at all	Almost always hides emotions
Very subjective	Very objective
Very easily influenced	Not at all easily influenced
Very submissive	Very dominant
Dislikes math and science very much	Likes math and science very much
Very excitable in a minor crisis	Not at all excitable in a minor crisis
Very passive	Very active
Not at all competitive	Very competitive
Very illogical	Very logical
Very home oriented	Very worldly
Not at all skilled in business	Very skilled in business
Very sneaky	Very direct

TABLE V (Continued)

Feminine Pole	Masculine Pole
Does not know the way of the world	Knows the way of the world
Feelings easily hurt	Feelings not very easily hurt
Not at all adventurous	Very adventurous
Has difficulty making decisions	Can make decisions easily
Cries very easily	Never cries
Almost never acts as a leader	Always acts as a leader
Not at all self-confident	Very self-confident
Very uncomfortable about being aggressive	Not at all uncomfortable about being aggressive
Not at all ambitious	Very ambitious
Unable to separate feelings from ideas	Easily able to separate feelings from ideas
Very dependent	Not at all dependent
Very conceited about appearance	Never conceited about appearance
Female-Valued Items	
Very talkative	Not at all talkative
Very tactful	Very blunt

TABLE V (Continued)

Feminine Pole	Masculine Pole
Very gentle	Very rough
Very aware of feelings of others	Not at all aware of feelings of others
Very religious	Not at all religious
Very interested in own appearance	Not at all interested in own appearance
Very neat in habits	Very sloppy in habits
Very quiet	Very loud
Very strong need for security	Very little need for security
Enjoys art and literature very much	Does not enjoy art and literature very much
Easily expresses tender feelings	Does not express tender feelings at all

from the ratings from questionnaires with the "female" and "adult" instructions, respectively. The mean agreement scores for male and female therapists are presented in Table VI.

TABLE VI

MALE AND FEMALE THERAPISTS' ADULT, MASCULINITY, AND FEMININITY MEAN AGREEMENT SCORES ON 38 STEREOTYPIC ITEMS AND CORRESPONDING MATCHED-PAIR *t*-TEST RESULTS

Agreement Score		Male Therapists	Female Therapists	*t* obs Values
Adult	M	.69	.83	3.960**
	SD	1.12	1.286	
Masculinity	M	.74	.86	4.079**
	SD	1.30	.843	
Femininity	M	.73	.82	2.165*
	SD	1.714	1.124	

*$p < .025$

**$p < .001$

Three matched-pairs *t*-tests were used, one for each of the three agreement scores, to examine how male and female therapists differed in their agreement on the 38 stereotypic items. Female therapists had significantly higher

agreement than male therapists on what characteristics constitute a healthy adult, t (36) = 3.96, $p < .001$, a healthy male adult, t (36) = 4.079, $p < .001$, and a healthy female adult, t (36) = 2.1645, $p < .025$.

Health scores, based on the assumption that the pole which the majority of the therapists consider to be healthy for an adult, independent of sex, reflects an ideal standard of health, were also computed separately for male and female therapists. The stereotypic items were divided into male-valued stereotypic items, i.e., those items on which the masculine pole is more socially-desirable, and female valued stereotypic items, i.e., those items on which the feminine pole is more socially-desirable. Feminine and masculine health scores were then computed separately on the male-valued and female-valued stereotypic items. For example, the proportion of therapists with male instructions who marked that pole of a male-valued stereotypic item which was most often designated as healthy for an adult was taken as the masculine health score on a male-valued stereotypic item. Although in the Broverman et al. (1970) study there were 28 male-valued stereotypic items, only 27 were used as therapists in the present study were equally divided as to which pole of "very conceited about appearance/never conceited about appearance" was more socially desirable. There were eleven female-valued stereotypic items, the same as used by Broverman et al. (1970). Male and female therapists' mean masculine and feminine health scores on male-valued and

female-valued stereotypic items and female-valued stereotypic items are presented in Table VII.

Results of matched-pair t-tests between male and female therapists health scores are presented in Table VII. Female therapists gave significantly higher health scores than male therapists to all combinations, with the exception of female health scores on female-valued stereotypic items. Female therapists did not significantly differ on the health scores they gave to male and female adults on male-valued stereotypic items, t (25) = 1.00, or on female-valued stereotypic items, t (10) = 1.53. However, male therapists gave significantly higher health scores to males than females on male-valued stereotypic items, t (25) = 2.39, $p < .01$, and significantly higher health scores to females than males on female-valued stereotypic items, t (10) = 1.812, $p < .05$.

Mean masculinity and femininity health scores were compared to adult agreement scores for both sex therapists to determine if concepts of health for either males or females significantly differ from those of an adult. Again, 37 rather than 38 stereotypic items were analyzed due to the reason stated above. Mean health scores and results of matched-pairs t-tests between adult agreement scores and masculinity health scores, and between adult agreements scores and femininity health scores are presented in Table VIII.

Matched-pairs t-tests examining the differences between male therapists' and female therapists' scores indicated

TABLE VII

MALE AND FEMALE THERAPISTS' MEAN MASCULINE AND FEMININE HEALTH SCORES ON MALE AND FEMALE VALUED STEREOTYPIC ITEMS, AND CORRESPONDING STANDARD DEVIATIONS AND MATCHED-PAIR *t*-TEST RESULTS

	Health Score		Male Therapists	Female Therapists	t
Male-Valued Stereotypic Items	Feminine	M	.59	.84	4.16**
		SD	1.37	1.21	
	Masculine	M	.77	.88	3.03*
		SD	1.18	.51	
Female-Valued Stereotypic Items	Feminine	M	.73	.80	.77
		SD	1.59	1.21	
	Masculine	M	.53	.80	4.03*
		SD	.79	.57	

*$p < .005$

**$p < .001$

TABLE VIII

RELATION OF ADULT HEALTH SCORES TO MASCULINITY HEALTH SCORES AND TO FEMININITY HEALTH SCORES FOR MALE AND FEMALE THERAPISTS

Health Score		Male Therapists	Female Therapists
Masculinity	M	.70	.85
	SD	1.83	3.20
	t	.00	1.00
Adult	M	.69	.83
	SD	1.12	1.29
	t	1.50*	.00
Femininity	M	.63	.83
	SD	2.11	1.74

*$p < .10$

that female therapists gave significantly higher health scores than male therapists to females, t (36) = 3.808, $p < .001$, males, t (36) = 4.625, $p < .001$, and adults, t (36) = 3.96, $p < .001$.

Male therapists do not differ significantly in their adult and masculine concepts of health, t (36) = .00. However, there is a tendency for male therapists to differ in their adult and feminine concepts of health, t (36) = 1.50, $p < .10$, with the female health scores being lower than that of either the masculine or adult health scores. Neither the masculine or feminine health score differed significantly from the adult health score for female therapists.

Means were computed across all 82 items for each therapists' three sets of ratings (mature, healthy, socially competent adult man, adult woman and adult sex unspecified) on the Broverman Sex-role Questionnaire. This was done after the scores had been keyed so that a high score was always socially more desirable. Table IX presents the means, standard deviations and results of the 2 x 3 split plot factorial ANOVA used to analyze individual therapists' responses on the questionnaire.

The main effect of sex of therapist was found to be significant, F (1, 8) = 5.517, $p < .05$. Female therapists rated the three classifications combined (adult male, adult female and adult sex unspecified) significantly higher than male therapists. The ratings of the three classifications across the combined male and female therapists did not

differ significantly, F (2, 16) = 1.461, nor was the overall (2 x 3) interaction between sex of therapist and sex specification of the rated adult significant, F (2, 16) = .213.

Therapist ratings of a healthy adult woman and a healthy adult correlated significantly with trunk lean, r (17) = .64, $p < .003$ (adult woman versus trunk lean), r (17) = .51, $p < .02$ (adult versus trunk lean), and the correlation between ratings of a healthy adult man and trunk lean tended towards significance, r (17) = .39, $p < .09$. Thus a more forward trunk lean is associated with higher ratings on the Broverman Sex-Role Questionnaire, and conversely, a backward trunk lean is associated with lower ratings. Therapist ratings on the Broverman Sex-Role Questionnaire did not correlate significantly with any of the other nonverbal communication measures.

Therapists' and Clients' Self-Ratings on the Bem Sex-Role Inventory

An androgyny score was computed for each of the ten therapists and the 20 clients from their self-ratings on the Bem Sex-Role Inventory (BSRI). This was done by separately computing the means for the individual's ratings on the 20 masculine and 20 feminine adjectives. This resulted in a masculinity score and a femininity score for each subject. The masculinity score was then subtracted from the femininity score and the resulting score was multiplied by a conversion factor of 2.322. A score under -2.0 indicates that an

TABLE IX

ANALYSIS OF VARIANCE SUMMARY TABLE FOR EFFECTS OF SEX OF THERAPIST ON RATINGS OF A HEALTHY MALE ADULT, HEALTHY FEMALE ADULT, AND HEALTHY ADULT SEX UNSPECIFIED AND CORRESPONDING MEANS AND STANDARD DEVIATIONS

Summary of Analysis of Variance

Source	SS	df	MS	F	P
Between Ss					
Sex of Therapist (A)	1.236	1	1.236	5.517	.05
Ss w.in groups	1.793	8	.224		
Within Ss					
Instructions Sex Specification (B)	.072	2	.036	1.461	NS
A x B	.010	2	.005	.213	NS
B x Ss w.in groups	.392	16	.024		

		Sex Specification on Instructions			
		Female	Male	Adult	Total M
Male	M	4.47	4.63	4.56	4.55
	SD	.71	.57	.55	
Female	M	4.91	4.98	4.98	4.96
	SD	.58	.53	.65	
Total	M	4.69	4.81	4.77	4.76

individual has more highly endorsed the masculine items than the feminine items. Scores ranging from -2 to +2 indicate that an individual has endorsed a relatively equal amount of masculine and feminine adjectives, and thus is seen as having an androgynous orientation. The most androgynous score is 0, with scores from 0 to -2 indicating a tendency for the individual to rate themself higher on masculine characteristics, and scores 0 to +2 pointing toward a tendency for the individual to rate themself higher on feminine characteristics. Finally, a score over +2 indicates that the individual has endorsed many more feminine characteristics than masculine ones.

Seven of the 10 therapists obtained scores that fell into the androgynous category (see Appendix H for a listing of client and therapist BSRI scores); two obtained scores placing them in the feminine category, and one in the masculine category. Four of the androgynous scores were obtained by female therapists, with the other female therapists obtaining a feminine score. Three of the male therapists were included in the androgynous category, with one each in the masculine and feminine categories.

Eight of the 10 female clients obtained scores within the feminine category. The other two were included in the androgynous category. The androgynous category was the one most frequently obtained by male clients, with seven of the 10 falling within this category, while only one obtained a masculine score, and two obtained a feminine score.

There was a significant correlation, r (17) = .51, $p < .02$, between therapist's BSRI scores and the amount of trunk lean displayed by therapists. A positive, or more feminine score on the BSRI was associated with forward trunk lean, and a negative or more masculine score with backward trunk lean. Therapists' BSRI scores did not correlate significantly with the other nonverbal communication measures.

Clients' BSRI scores did not appear to be related to the nonverbal communication of their therapists. Correlations between client BSRI scores and the four nonverbal communication measures ranged from -.16 to .23.

Therapists' Ratings of Feelings Toward Clients, Comfortableness With Clients, the Client/Therapist Relationship and Success of Therapy

Separate 2 x 2 split plot factorial ANOVA's were used to analyze the effects of sex of therapist and sex of client on the four questions on which therapists rated their clients. Tables X through XIII present the results of these ANOVA's along with the corresponding means and standard deviations.

Answers to the first question (How do you feel toward this client?), the second question (How comfortable are you working with this client?) and the fourth question (How successful do you think therapy has been with this client up to this point?) were not significantly affected by sex of therapist, sex of client, or an interaction between sex of

TABLE X

ANALYSIS OF VARIANCE SUMMARY TABLE FOR EFFECTS OF SEX OF THERAPIST AND SEX OF CLIENT ON THERAPISTS RATINGS* OF FEELINGS TOWARDS THEIR CLIENT AND CORRESPONDING MEANS AND STANDARD DEVIATIONS

Summary of Analysis of Variance

Source	SS	df	MS	F	p
Between Ss					
Sex of Therapist (A)	6.05	1	6.05	4.654	.10
Ss w.in groups	10.40	8	1.30		
Within Ss					
Sex of Client (B)	.45	1	.45	.257	NS
A x B	.05	1	.05	.029	NS
B x Ss w.in groups	14.00	8	1.75		

			Sex of Client		
			Male	Female	Total M
Sex of Therapist	Male	M	4.80	5.00	4.90
		SD	1.48	1.55	
	Female	M	5.80	6.20	6.00
		SD	.40	.40	
	Total M		5.30	5.60	5.45

*Ratings could vary from 1 (very negative) to 7 (very positive).

TABLE XI

ANALYSIS OF VARIANCE SUMMARY TABLE FOR EFFECTS OF SEX OF THERAPIST AND SEX OF CLIENT ON THERAPISTS' RATINGS* OF COMFORTABLENESS WITH CLIENT AND CORRESPONDING MEANS AND STANDARD DEVIATIONS

Summary of Analysis of Variance

Source	SS	df	MS	F	p
Between Ss					
Sex of Therapist (A)	1.80	1	1.80	1.714	NS
Ss w.in groups	8.40	8	1.05		
Within Ss					
Sex of Client (B)	3.20	1	3.20	2.667	.25
A x B	3.20	1	3.20	2.667	.25
B x Ss w.in groups	9.60	8	1.20		

			Sex of Client		
			Male	Female	Total M
Sex of Therapist	Male	M	4.60	6.20	5.40
		SD	1.36	.40	
	Female	M	6.00	6.00	6.00
		SD	.63	1.10	
	Total	M	5.30	6.10	5.70

*Ratings could vary from 1 (very uncomfortable) to 7 (very comfortable).

TABLE XII

ANALYSIS OF VARIANCE SUMMARY TABLE FOR EFFECTS OF SEX OF THERAPIST AND SEX OF CLIENT ON THERAPISTS' RATINGS* OF THE RELATIONSHIP BETWEEN THEM AND THEIR CLIENT AND CORRESPONDING MEANS AND STANDARD DEVIATIONS

Summary of Analysis of Variance

Source	SS	df	MS	F	p
Between Ss					
Sex of Therapist (A)	6.05	1	6.05	9.76	.05
Ss w.in groups	5.00	8	.62		
Within Ss					
Sex of Client (B)	1.25	1	1.25	1.02	NS
A x B	.45	1	.45	.37	NS
B x Ss w.in groups	9.80	8	1.22		

			Sex of Client		
			Male	Female	Total M
Sex of Therapist	Male	M	4.20	5.00	4.60
		SD	.75	1.10	
	Female	M	5.60	5.80	5.70
		SD	.49	.98	
	Total M		4.90	5.40	5.20

*Ratings could vary from 1 (very negative) to 7 (very positive).

TABLE XIII

ANALYSIS OF VARIANCE SUMMARY TABLE FOR EFFECTS OF SEX OF THERAPIST AND SEX OF CLIENT ON THERAPISTS' RATINGS* OF THE SUCCESS OF THEIR THERAPY AND CORRESPONDING MEANS AND STANDARD DEVIATIONS

Summary of Analysis of Variance

Source	SS	df	MS	F	p
Between Ss					
Sex of Therapist (A)	.80	1	.80	.45	NS
Ss w.in groups	14.20	8	1.77		
Within Ss					
Sex of Client (B)	1.80	1	1.80	1.07	NS
A x B	.80	1	.80	.47	NS
B x Ss w.in groups	13.40	8	1.67		

			Sex of Client		
			Male	Female	Total M
Sex of Therapist	Male	M	3.80	4.80	4.30
		SD	1.17	1.47	
	Female	M	4.60	4.80	4.70
		SD	1.20	.98	
	Total M		4.20	4.80	4.50

*Ratings could vary from 1 (very unsuccessful) to 7 (very successful).

therapist and sex of client.

In answer to the third question (How would you describe the relationship between you and this client?) female therapists rated their relationship with both sexes of clients significantly more positively than did male therapists, F (1, 8) = 9.68, $p < .05$. Neither client sex, nor an interaction between client and therapist sex appeared to affect the ratings, F (1, 8) = 1.0204 (client sex), F (1, 8) = .3674 (client sex by therapist sex interaction).

Therapist ratings on how comfortable they feel with their client were the only ratings which correlated significantly with any of the nonverbal communication measures. Higher levels of observation are associated with higher ratings of comfortableness, r (17) = .58, $p < .01$, with the client.

Clients' Ratings of Therapists on Helpful Characteristics

The effects of sex of therapist and sex of client on clients' ratings of therapists were analyzed in a 2 x 2 split plot factorial ANOVA. Results of this ANOVA and corresponding means and standard deviations are presented in Table XIV.

Client ratings of therapist helpful characteristics were not significantly affected by sex of therapist, F (1, 8) = .3205, sex of client, F (1, 8) = .0740, or an interaction of sex of therapist and sex of client, F (1, 8) = 0.00.

Client ratings of therapists on helpful characteristics

TABLE XIV

ANALYSIS OF VARIANCE SUMMARY TABLE FOR EFFECTS OF SEX OF THERAPIST AND SEX OF CLIENT ON CLIENT RATINGS* OF THERAPISTS ON HELPFUL CHARACTERISTICS AND CORRESPONDING MEANS AND STANDARD DEVIATIONS

Summary of Analysis of Variance

Source	SS	df	MS	F	p
Between Ss					
Sex of Therapist (A)	.231	1	.231	.32	NS
Ss w.in groups	5.769	8	.721		
Within Ss					
Sex of Client (B)	.025	1	.025	.07	NS
A x B	.000	1	.000	.00	NS
B x Ss w.in groups	2.723	8	.340		

			Sex of Client		
			Male	Female	Total M
Sex of Therapist	Male	M	3.31	3.39	3.35
		SD	.45	.95	
	Female	M	3.53	3.60	3.57
		SD	.51	.58	
	Total M		3.42	3.50	3.46

*Scores range from 1 to 5, with 5 being the most positive rating.

did not appear to be at all related to therapists' body language. The correlations of client ratings with the four nonverbal communication measures ranged from -.23 to .03.

CHAPTER IV

DISCUSSION

The first three areas this study investigated concerned therapists' nonverbal communication. Results of the data analysis indicate that three of the four nonverbal communication measures (orientation, observation and distance) are relatively unaffected by sex of therapist, sex of client or an interaction of the two. In fact, there is little variability among therapists on these three measures, with most therapists exhibiting a slightly rotated orientation, constant observation and average distance with their clients. Female therapists also exhibited very little variability on the fourth measure, trunk lean, having for the most part an upright trunk lean. There was a larger amount of variability in trunk lean among male therapists. They tended to lean backward approximately 15 degrees, and this effect tended to be significantly more pronounced in the male therapist/female client dyad. With the exception of trunk lean then, it would seem that therapists' nonverbal communication is highly consistent across both sex of therapist and sex of client.

The fourth question this study sought to answer concerned therapists' responses on the Broverman Sex-Role

Questionnaire. Analysis of therapists' responses on the questionnaire indicated that contrary to the findings of Broverman et al. (1970) there were significant differences in male therapists' and female therapists' responses. Female therapists had significantly higher agreement than male therapists on what characteristics constitute a healthy male adult, healthy female adult, and healthy adult sex unspecified. Female therapists also gave significantly higher health scores than male therapists to all three groups. When male and female therapists' masculinity and femininity health scores were computed separately for male-valued stereotypic items and female-valued stereotypic items, the results for the male therapists paralleled those found by Broverman et al. (1970) for their entire sample (male and female therapists combined), whereas the results for female therapists did not. Male therapists considered socially-desirable masculine characteristics as more healthy for men than for women, and conversely they considered socially-desirable female characteristics as more healthy for women than for men. In other words, male therapists tend to have different concepts of health for men and women and these differences parallel the sex-role stereotypes prevalent in our society. The female therapists did not make these distinctions. They considered socially desirable masculine characteristics to be equally healthy for both males and females, and likewise socially-desirable feminine characteristics to be equally healthy for both males and females.

Comparison of therapists' masculinity and femininity health scores with their adult health scores revealed that while female therapists' concepts of health for male adult, female adult and adult sex unspecified do not differ significantly, the health score male therapists gave to females tended to be significantly lower than the health scores they gave to male adults or adults sex unspecified. The masculinity health score and adult health score did not differ significantly for male therapists. Thus, male therapists tend to be less likely to attribute traits which characterize healthy adults to a healthy woman than to a healthy man. This tendency of male therapists again parallels the results found by Broverman et al. (1970) for their entire sample.

On the basis of the findings of this study it would seem that the female therapists have become aware of sex-role stereotyping and its effects on concepts of mental health, and have altered their responses accordingly. Male therapists in this study have not changed considerably from therapists in the Broverman et al. (1970) study in the amount of sex-role stereotyping involved in their concepts of health for male and female adults. Either they are not aware of the role of sex-role stereotyping in their formation of concepts of health, or they feel that the use of sex-role stereotypes is a valid way to form such concepts. Perhaps female therapists have been quicker to alter the way in which they arrive at their standards of health because sex-ro stereotyping in this culture seems to have had more ne

consequences for females in general (less vocational opportunities, lower pay, less political power, etc.) than for males. Thus, females would seem to have more to gain from a change towards less sex-role stereotyping.

Scores on the Broverman Sex-Role Questionnaire for individual therapists were computed so that higher scores resulted from ratings more towards the socially-desirable pole of items. When the social desirability of characteristics ascribed to each group (male adult, female adult, and adult sex unspecified) are compared in this way there are no significant differences found between ratings on the three groups by female or male therapists. This suggests that the difference previously cited between male therapists' femininity health score and their adult and masculinity scores which were based on 37 stereotypic items may be due to the larger number of socially-desirable male characteristics being rated (26 as compared to only 11 female-valued stereotypic items). Thus, although male therapists appear to have different concepts of mental health for males and females, these concepts do not differ in the amount of social desirability associated with them. Female therapists did, as before, give all three groups combined significantly higher ratings than did male therapists.

Individual therapists' ratings on the Broverman Sex-Role Questionnaire were compared with the four nonverbal communication measures. They did not correlate significantly with therapist observation, orientation or distance.

More forward degrees of trunk lean were significantly correlated with higher ratings of a healthy adult woman and a healthy adult sex unspecified, and tended to be significantly correlated with higher ratings of a healthy man. In view of the fact that all three combinations (healthy adult, healthy female adult, healthy male adult) tend to correlate significantly with more forward trunk lean, it is likely that these correlations largely result from female therapists' tendency to both exhibit a more forward trunk lean and to give higher ratings than male therapists give. However, since male therapists did tend to lean backward more with their female clients than with their male clients, did give female adults the lowest mean ratings on the Broverman (4.47 as compared to 4.56 for adult males and 4.63 for adult sex unspecified), and the correlations are highest between more forward trunk lean and higher ratings for adult females (.64, $p < .003$, as compared to .39, $p < .09$, for adult males, and .51, $p < .02$, for adult sex unspecified), the possibility of some degree of translation of sex-role stereotyping into nonverbal communication with clients cannot be totally ruled out.

The fifth area of concern in this study involved therapists' and clients' responses on the BSRI. Of the ten therapists, seven obtained scores that were androgynous. These are very encouraging results in view of the recent findings that in two separate experiments:

> Androgynous individuals were able to remain sensitive to the changing constraints of the situation

> and engage in whatever behavior seems most effective at the moment, regardless of its stereotype as appropriate for one sex or the other; whereas non androgynous subjects were found to display behavioral deficits of one sort or another, with the feminine females showing perhaps the greatest deficit of all (Bem, 1975, pp. 634-635).

Eight of the 10 female clients obtained scores within the feminine category on the BSRI. The other two were in the androgynous category. Of the male clients only one obtained a masculine score, two a feminine score and seven and androgynous one. At first glance the fact that nine out of 20 clients obtained an androgynous score would seem to be contrary to Bem's (1975) finding of increased adaptability on the part of androgynous individuals. However, if one views therapy as an adaptive way to work through problems these results do not seem contradictory. The high number of feminine scores (10) and low number of masculine scores (1) among clients can possibly be explained by the nature of the characteristics that contribute to these scores. Many of the characteristics designated as feminine are of an affiliative nature (affectionate, sympathetic, sensitive to the needs of others, understanding, eager to soothe hurt feelings, tender). An individual who is more affiliative would perhaps be more likely to enter into a situation such as therapy that involves an intimate relationship with another. On the other hand many of the masculine designated characteristics (self-reliant, independent, self-sufficient, individualistic) describe an individual who would be more likely to try and work through problems on their own.

Therapists' scores on the BSRI did not correlate significantly with their orientation, observation or distance. Higher or more feminine scores on the BSRI did correlate significantly with a more forward trunk lean. This is not merely a result of females getting more feminine scores on the BSRI and also exhibiting more forward trunk lean, as the only male therapist who obtained a female score on the BSRI also showed more forward trunk lean than any other therapist. Many of the feminine characteristics on the BSRI are of an affiliative nature (warm, sympathetic, sensitive to the needs of others, understanding, compassionate). Perhaps a more forward trunk lean, which in past studies has been shown to be indicative of a more positive feeling towards the other, is an expression of these affiliative characteristics. It would seem that trunk lean does not vary merely as a function of sex, but that it varies with certain characteristics that tend to be associated with one sex or the other.

Client scores on the BSRI were not correlated with any of the four nonverbal communication measures. The degree of masculinity or femininity of the individual client does not appear to be related to therapists' nonverbal communication with them on the four measures.

The sixth area explored in this study was whether therapists' ratings of clients would match up with their nonverbal communication with these clients. If the four nonverbal measures really are indications of a more positive

attitude, one would expect therapists who showed more direct orientation, forward trunk lean, closer distance and more observation to also express more positive feelings towards their client and to describe the client/therapist relationship as being more positive. In general, this was not the case. Therapists' ratings of degree of positiveness of their feelings toward their client, or the client/therapist relationship did not correlate significantly with any of the four nonverbal communication measures. Nor did their ratings of degree of success of therapy correlate significantly with the nonverbal communication measures. Higher amounts of observation were associated with increased expression of comfortableness with clients. Degree of comfortableness was not associated with any of the other three variables.

Lack of correlation between therapist ratings and therapist nonverbal communication can be explained in part by the small amount of variability in therapist nonverbal communication. It seems that therapists consistently looked directly at their clients, faced directly toward or only slightly rotated from them, and maintained an average distance from them, regardless of whether they liked them, felt comfortable with them, or felt they had a positive relationship. Since trunk lean was more variable, its failure to correlate with therapists' ratings cannot be explained away as easily. There are several possible explanations for the failure of a supposedly more positive trunk lean to correlate with a more positive verbal description of feelings

towards the client and the therapist/client relationship. A therapists' trunk lean may be representative of the therapists' true feelings towards their client. Thus therapists may feel more negatively about some clients than others. However, they may rate their feelings as being fairly positive towards all clients because they feel that that is the way they ought to feel. Another explanation is that trunk lean is not only varying along a positive/negative dimension towards the client but also along some other dimension.

Another possible dimension along which trunk lean may vary is that of communicator and addressee status. Mehrabian and Friar (1969) asked subjects to imagine themselves in situations involving different kinds of addressees and to sit in ways in which they would if they were actually interacting with those addressees. The four independent factors employed were: communicator attitude, addressee status, addressee sex and communicator sex. They found that the degree of communicator (analogous to therapists in the present study) relaxation varied as a function of the status of addressee (analogous to clients in the present study) with a high degree of relaxation shown with a low status addressee. The postural configuration they described as showing a high degree of relaxation was greater than 20 degrees backward trunk lean and a greater than 10 degrees sideways lean. Mehrabian and Friar also found that opposite-sexed communicators were more relaxed with each other than same-sexed communicators. Although the mean backward trunk

lean for males was 15 degrees, several of the male therapists consistently leaned back about 30 degrees. It is possible that the backward trunk lean on the part of male therapists was a function of their perceived status difference with their clients. Their increased backward trunk lean with female clients could result from either increased relaxation with an opposite sex addressee or from a greater perceived status difference with female clients. One way in which this hypothesis could be checked is to examine other indices of relaxation such as sidewards trunk lean along with backward trunk lean, to see if the backward trunk lean really does appear to be part of a postural configuration indicative of relaxation.

The last area explored was the relationship of clients' ratings of therapists on helpful characteristics to therapists' nonverbal communication. There appears to be no relation between clients' ratings and therapists' nonverbal communications as evidenced by the low correlation between the two. In view of the low variability among therapists on observation, orientation and distance, this lack of correlation is understandable. However even trunk lean which was more variable did not have an effect on clients' perception of therapists. In fact, the therapist who exhibited the second highest amount of backward trunk lean with a client (averaging over 30 degrees backward) also received the highest ratings of any therapist from the same client. Thus, even if backward trunk lean is indicative of a more

negative attitude, or a larger perceived difference in status, it does not appear to be related to clients' perception of the helpfulness of their therapists.

CHAPTER V

SUMMARY AND CONCLUSIONS

When interpreting the generality of the results of this study, the small number of therapists used (10), and the location of the study (a small midwestern university town) should be kept in mind. The results and corresponding conclusions made in this study may not be applicable to therapists in other locations.

In this investigation of the effect of therapist sex and client sex on therapists' nonverbal communication on four separate measures (trunk lean, observation, orientation and distance), it was found that, with the exception of trunk lean, therapists' nonverbal communication was neither affected by therapist sex nor client sex. Male therapists did have a tendency to lean further backward than female therapists, and a tendency to lean further backward with female clients than with male clients. Differences were found between male and female therapists in their responses to the Broverman Sex-Role Questionnaire. Male therapists used sex-role stereotyping in their formation of health standards for male and female adults, whereas female therapists did not. Although male therapists' were found to have different concepts of mental health for males and females,

these concepts did not differ in the amount of social desirability associated with them. Female therapists also had higher standards of what constitutes healthy adults, healthy male adults and healthy female adults, than did male therapists; and they showed higher agreement among themselves on their standards, than did male therapists.

The use of sex-role stereotyping in their formation of health standards for male and female adults does not appear to be linearly related to their nonverbal communications in therapy. In fact, the only significant correlation between ratings on the Broverman and trunk lean, appear to be largely a result of female therapists' tendency to have higher standards of health (and thus higher ratings) for the three groups, in addition to a tendency to lean more forward than do male therapists.

Therapist ratings of clients also do not appear to be related to their nonverbal communication with clients, with the one exception of higher amounts of therapist observation being significantly correlated with increased expressions of comfortableness working with a client. Clients' ratings of their therapists appeared to be totally unrelated to their therapist's nonverbal communications.

In conclusion, it would seem that therapists' nonverbal communication is mainly dictated by the therapy situation itself, and to a much lesser extent by the characteristics of the therapist themself, or those of their client. Although sex-role stereotyping was found in male therapists'

concepts of mental health for male adults and for female adults, it did not appear to be significantly related to the therapy process in any way, as evidenced by the nonverbal communication measures, client ratings of therapists and therapist ratings of clients. Thus, the results of this study would suggest that advocations that male therapists do not treat female clients are unwarranted. This is especially true when one examines individual differences between therapists. The therapist with the most forward trunk lean towards a female client was a male. The only therapist to identify exactly the same characteristics, and the same amounts of them, as being healthy for male and female adults was also a male. Therefore, this study suggests that therapists should be judged individually. If any warning needs to be given to females seeking professional help for their emotional difficulties, it is not that they should avoid male therapists altogether, but that they should try to become aware of the personal biases of their therapist, whether that therapist be male or female, and how those biases effect them as an individual. This same warning is equally valid for male clients seeking professional help, as sex-role stereotyping on the part of therapists can adversely effect males as well as females.

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APPENDIX A

CLIENT AND THERAPIST CONSENT FORM

EXPLANATION TO BE GIVEN TO THE CLIENT ALONG WITH THE COVER LETTER AND THE CONSENT FORM

These forms involve a research project one of our psychological associates is undertaking. This first page is a letter written by Dr. Elliot Weiner stating that the administrative staff of the Psychological Services Center have reviewed the study, that they consider the study to be worthwhile and would like you to consider participation. The letter also stresses that participation in this study is entirely optional and in no way will affect the therapeutic services you will receive.

This second form explains what the study would involve if you agree to participate.

Please read both of these carefully and check the appropriate boxes on the second page as to whether you agree to participate, and if you do participate whether or not you would like to be informed of the results upon completion of the study. Sign your name at the bottom when you are through completing the form.

Oklahoma State University

PSYCHOLOGICAL SERVICES CENTER

STILLWATER, OKLAHOMA 74074
118 NORTH MURRAY HALL
(405) 372-6211, EXT. 6250

To Our Clients:

The research project represented by the attached consent form has been reviewed by the administrative staff of the Psychological Services Center. We wish to point out that your decision to participate or not is completely voluntary and will in no way affect your therapy/counseling relationship with the Center or any of its staff. Further we want to inform you of our view that the study does appear worthwhile and that all guarantees of confidentiality will be kept. The research project is attempting to broaden our base of information about factors affecting the client/therapist realationship and therefore may add to our ability to provide optimal services to our clients.

Please give it your consideration, remembering that participation is totally voluntary.

Elliot A. Weiner, Ph.D.
Clinical Psychologist
Program Co-ordinator

EAW/jb

SUBJECT CONSENT FORM

I would like to ask you for your participation in a research project concerning the therapy process. Research in this area helps us to better understand the therapy process so that we can alter our services to be more effective and more responsive to the needs of our clients.

If you agree to participate, several 5 minute segments of two consecutive therapy sessions will be videotaped. You will be informed beforehand which sessions are being videotaped. The videotapes will not be removed from the Psychological Services Center, and upon completion of the study they will be erased. The tapes will be viewed only by the research team members from the Psychological Services Staff for data analysis. None of the researchers will be involved in your therapeutic services.

After the second session in which videotaping occurs, you will be asked to complete two forms, one which involves rating yourself on several personality characteristics, and one which involves rating your therapist on several characteristics. These forms will be strictly confidential and will not be shown to or discussed with your therapist.

Your participation or nonparticipation in this project will in no way effect the therapeutic services that you will receive. Please check the appropriate boxes below concerning your willingness to participate.

Thank you,

Tricia A. Zigrang
Psychological Associate

☐ Yes, I agree to participate in the research project described above.

☐ No, I do not wish to participate in the research project.

If Yes is checked above, please indicate whether you would like to be informed of the results upon completion of the study:

☐ Yes ☐ No

Please sign here _____

To the second, third, and fourth year practicum students:

I would like to ask you for your participation in a research project concerning the therapy process. Your participation will involve the videotaping of several 5 minute segments from 4 of your therapy sessions. You will be informed beforehand which sessions are to be videotaped. The videotapes will not be removed from the Center, and upon completion of the study they will be erased. The tapes will be viewed only by the research team members from the Psychological Services Staff for data analysis.

In addition to the videotaping you will be asked to complete a series of forms concerning your views on personality characteristics and mental health, and one form which involves rating yourself on several personality characteristics. These forms should only take about 2 hours at maximum to complete.

I would greatly appreciate your cooperation in this because I need participation of almost every therapist to complete my required N. I would be happy to share the results of the study with you upon completion. Please sign below if you have read the above and agree to participate. Please return this sheet to my mailbox here in the Center as soon as possible.

Thank you,

Tricia A. Zigrang

Please sign here_____

APPENDIX B

THE BROVERMAN SEX-ROLE QUESTIONNAIRE

THINK OF NORMAL, ADULT MEN AND THEN INDICATE ON EACH ITEM THE POLE TO WHICH A MATURE, HEALTHY, SOCIALLY COMPETENT ADULT MAN WOULD BE CLOSER.

For example:

strong dislike for color red 1.....2.....3...../....4.....5.....6.....7 strong liking for color red

ON THE FOLLOWING PAGES ARE A NUMBER OF SCALES LIKE THE ONE ABOVE. YOU MAY PUT YOUR SLASH ANYWHERE ON THE SCALE, NOT JUST AT THE NUMBERS. PLEASE BE SURE TO MARK EVERY ITEM.

1.	Not at all aggressive	1.....2.....3.....4.....5.....6.....7	Very aggressive*
2.	Very irrational	1.....2.....3.....4.....5.....6.....7	Very rational
3.	Very practical	1.....2.....3.....4.....5.....6.....7	Very impractical
4.	Not at all independent	1.....2.....3.....4.....5.....6.....7	Very independent
5.	Not at all consistent	1.....2.....3.....4.....5.....6.....7	Very consistent
6.	Very emotional	1.....2.....3.....4.....5.....6.....7	Not at all emotional
7.	Very realistic	1.....2.....3.....4.....5.....6.....7	Not at all realistic
8.	Not at all idealistic	1.....2.....3.....4.....5.....6.....7	Very idealistic
9.	Does not hide emotions at all	1.....2.....3.....4.....5.....6.....7	Almost always hides emotions
10.	Very subjective	1.....2.....3.....4.....5.....6.....7	Very objective
11.	Mainly interested in details	1.....2.....3.....4.....5.....6.....7	Mainly interested in generalities
12.	Always thinks before acting	1.....2.....3.....4.....5.....6.....7	Never thinks before acting
13.	Not at all easily influenced	1.....2.....3.....4.....5.....6.....7	Very easily influenced
14.	Not at all talkative	1.....2.....3.....4.....5.....6.....7	Very talkative
15.	Very grateful	1.....2.....3...../....4.....5.....6.....7	Very ungrateful
16.	Doesn't mind at all when things are not clear	1.....2.....3.....4.....5.....6.....7	Minds very much when things are not clear
17.	Very dominant	1.....2.....3.....4.....5.....6.....7	Very submissive
18.	Dislikes math and science very much	1.....2.....3.....4.....5.....6.....7	Likes math and science very much
19.	Not at all reckless	1.....2.....3.....4.....5.....6.....7	Very reckless
20.	Not at all excitable in a major crisis	1.....2.....3.....4.....5.....6.....7	Very excitable in a major crisis
21.	Not at all excitable in a minor crisis	1.....2.....3.....4.....5.....6.....7	Very excitable in a minor crisis
22.	Not at all strict	1.....2.....3.....4.....5.....6.....7	Very strict
23.	Very weak personality	1.....2.....3.....4.....5.....6.....7	Very strong personality
24.	Not at all able to devote self completely to others	1.....2.....3.....4.....5.....6.....7	Able to devote self completely to others
25.	Very blunt	1.....2.....3.....4.....5.....6.....7	Very tactful
26.	Very gentle	1.....2.....3.....4.....5.....6.....7	Very rough
27.	Very helpful to others	1.....2.....3.....4.....5.....6.....7	Not at all helpful to others

*(Note: the space between each digit on the item scale represents ten units of measure, e.g. 1.....2.....3.....4.....5.....6.....7)

28.	Very active	1.....2.....3.....4.....5.....6.....7	Very passive
29.	Not at all competitive	1.....2.....3.....4.....5.....6.....7	Very competitive
30.	Very logical	1.....2.....3.....4.....5.....6.....7	Very illogical
31.	Not at all competent	1.....2.....3.....4.....5.....6.....7	Very competent
32.	Very worldly	1.....2.....3.....4.....5.....6.....7	Very home oriented
33.	Not at all skilled in business	1.....2.....3.....4.....5.....6.....7	Very skilled in business
34.	Very direct	1.....2.....3.....4.....5.....6.....7	Very sneaky
35.	Knows the ways of the world	1.....2.....3.....4.....5.....6.....7	Does not know the ways of the world
36.	Not at all kind	1.....2.....3.....4.....5.....6.....7	Very kind
37.	Not at all willing to accept change	1.....2.....3.....4.....5.....6.....7	Very willing to accept change
38.	Feelings not easily hurt	1.....2.....3.....4.....5.....6.....7	Feelings easily hurt
39.	Not at all adventurous	1.....2.....3.....4.....5.....6.....7	Very adventurous
40	Very aware of the feelings of others	1.....2.....3.....4.....5.....6.....7	Not at all aware of the feelings of others
41.	Not at all religious	1.....2.....3.....4.....5.....6.....7	Very religious
42.	Not at all intelligent	1.....2.....3.....4.....5.....6.....7	Very intelligent
43.	Not at all interested in own appearance	1.....2.....3.....4.....5.....6.....7	Very interested in own appearance
44.	Can make decisions easily	1.....2.....3.....4.....5.....6.....7	Has difficulty making decisions
45.	Gives up very easily	1.....2.....3.....4.....5.....6.....7	Never gives up easily
46.	Very shy	1.....2.....3.....4.....5.....6.....7	Very outgoing
47.	Always does things without being told	1.....2.....3.....4.....5.....6.....7	Never does things without being told
48.	Never cries	1.....2.....3.....4.....5.....6.....7	Cries very easily
49.	Almost never acts as a leader	1.....2.....3.....4.....5.....6.....7	Almost always acts as a leader
50.	Never worried	1.....2.....3.....4.....5.....6.....7	Always worried
51.	Very neat in habits	1.....2.....3.....4.....5.....6.....7	Very sloppy in habits
52.	Very quiet	1.....2.....3.....4.....5.....6.....7	Very loud
53.	Not at all intellectual	1.....2.....3.....4.....5.....6.....7	Very intellectual
54.	Very careful	1.....2.....3.....4.....5.....6.....7	Very careless
55	Not at all self-confident	1.....2.....3.....4.....5.....6.....7	Very self-confident
56.	Feels very superior	1.....2.....3.....4.....5.....6.....7	Feels very inferior
57	Always sees self as running the show	1.....2.....3.....4.....5.....6.....7	Never sees self as running the show
58.	Not at all uncomfortable about being aggressive	1.....2.....3.....4.....5.....6.....7	Very uncomfortable about being aggressive
59.	Very good sense of humor	1.....2.....3.....4.....5.....6.....7	Very poor sense of humor
60.	Not at all understanding of others	1.....2.....3.....4.....5.....6.....7	Very understanding of others

61.	Very warm in relations with others	1.....2.....3.....4.....5.....6.....7	Very cold in relations with others
62.	Doesn't care about being in a group	1.....2.....3.....4.....5.....6.....7	Greatly prefers being in a group
63.	Very little need for security	1.....2.....3.....4.....5.....6.....7	Very strong need for security
64.	Not at all ambitious	1.....2.....3.....4.....5.....6.....7	Very ambitious
65.	Very rarely takes extreme positions	1.....2.....3.....4.....5.....6.....7	Very frequently takes extreme positions
66.	Able to separate feelings from ideas	1.....2.....3.....4.....5.....6.....7	Unable to separate feelings from ideas
67.	Not at all dependent	1.....2.....3.....4.....5.....6.....7	Very dependent
68.	Does not enjoy art and literature at all	1.....2.....3.....4.....5.....6.....7	Enjoys art and literature very much
69.	Seeks out new experiences	1.....2.....3.....4.....5.....6.....7	Avoids new experiences
70.	Not at all restless	1.....2.....3.....4.....5.....6.....7	Very restless
71.	Very uncomfortable when people express emotions	1.....2.....3.....4.....5.....6.....7	Not at all uncomfortable when people express emotions
72.	Easily expresses tender feelings	1.....2.....3.....4.....5.....6.....7	Does not express tender feelings easily
73.	Very conceited about appearance	1.....2.....3.....4.....5.....6.....7	Never conceited about appearance
74.	Retiring	1.....2.....3.....4.....5.....6.....7	Forward
75.	Thinks men are superior to women	1.....2.....3.....4.....5.....6.....7	Does not think men are superior to women
76.	Very sociable	1.....2.....3.....4.....5.....6.....7	Not at all sociable
77.	Very affectionate	1.....2.....3.....4.....5.....6.....7	Not at all affectionate
78.	Very conventional	1.....2.....3.....4.....5.....6.....7	Not at all conventional
79.	Very masculine	1.....2.....3.....4.....5.....6.....7	Not at all masculine
80.	Very feminine	1.....2.....3.....4.....5.....6.....7	Not at all feminine
81.	Very assertive	1.....2.....3.....4.....5.....6.....7	Not at all assertive
82.	Very impulsive	1.....2.....3.....4.....5.....6.....7	Not at all impulsive

THINK OF NORMAL, ADULT WOMEN AND THEN INDICATE ON EACH ITEM THE POLE TO WHICH A MATURE, HEALTHY, SOCIALLY COMPETENT ADULT WOMAN WOULD BE CLOSER.

For example:

strong dislike for color red 1... .... 2.....3..../....4.....5.....6.....7 strong liking for color red

ON THE FOLLOWING PAGES ARE A NUMBER OF SCALES LIKE THE ONE ABOVE. YOU MAY PUT YOUR SLASH ANYWHERE ON THE SCALE, NOT JUST AT THE NUMBERS. PLEASE BE SURE TO MARK EVERY ITEM.

1.	Not at all aggressive	1.....2.....3.....4.....5.....6.....7	Very aggressive*
2.	Very irrational	1.....2.....3.....4.....5.....6.....7	Very rational
3.	Very practical	1.....2.....3.....4.....5.....6.....7	Very impractical
4.	Not at all independent	1.....2.....3.....4.....5.....6.....7	Very independent
5.	Not at all consistent	1.....2.....3.....4.....5.....6.....7	Very consistent
6.	Very emotional	1.....2.....3.....4.....5.....6.....7	Not at all emotional
7.	Very realistic	1.....2.....3.....4.....5.....6.....7	Not at all realistic
8.	Not at all idealistic	1.....2.....3.....4.....5.....6.....7	Very idealistic
9.	Does not hide emotions at all	1.....2.....3.....4.....5.....6.....7	Almost always hides emotions
10.	Very subjective	1.....2.....3.....4.....5.....6.....7	Very objective
11.	Mainly interested in details	1.....2.....3.....4.....5.....6.....7	Mainly interested in generalities
12.	Always thinks before acting	1.....2.....3.....4.....5.....6.....7	Never thinks before acting
13.	Not at all easily influenced	1.....2.....3.....4.....5.....6.....7	Very easily influenced
14.	Not at all talkative	1.....2.....3.....4.....5.....6.....7	Very talkative
15.	Very grateful	1.....2.....3.....4.....5.....6.....7	Very ungrateful
16.	Doesn't mind at all when things are not clear	1.....2.....3.....4.....5.....6.....7	Minds very much when things are not clear
17.	Very dominant	1.....2.....3.....4.....5.....6.....7	Very submissive
18.	Dislikes math and science very much	1.....2.....3.....4.....5.....6.....7	Likes math and science very much
19.	Not at all reckless	1.....2.....3.....4.....5.....6.....7	Very reckless
20.	Not at all excitable in a major crisis	1.....2.....3.....4.....5.....6.....7	Very excitable in a major crisis
21.	Not at all excitable in a minor crisis	1.....2.....3.....4.....5.....6.....7	Very excitable in a minor crisis
22	Not at all strict	1.....2.....3.....4.....5.....6.....7	Very strict
23.	Very weak personality	1.....2.....3.....4.....5.....6.....7	Very strong personality
24.	Not at all able to devote self completely to others	1.....2.....3.....4.....5.....6.....7	Able to devote self completely to others
25.	Very blunt	1.....2.....3.....4.....5.....6.....7	Very tactful
26.	Very gentle	1.....2.....3.....4.....5.....6.....7	Very rough
27.	Very helpful to others	1.....2.....3.....4.....5.....6.....7	Not at all helpful to others

*(Note: the space between each digit on the item scale represents ten units of measure, e.g. 1.....2.....3.....4.....5.....6.....7)

28.	Very active	1.....2.....3.....4.....5.....6.....7	Very passive
29.	Not at all competitive	1.....2.....3.....4.....5.....6.....7	Very competitive
30.	Very logical	1.....2.....3.....4.....5.....6.....7	Very illogical
31.	Not at all competent	1.....2.....3.....4.....5.....6.....7	Very competent
32.	Very worldly	1.....2.....3.....4.....5.....6.....7	Very home oriented
33.	Not at all skilled in business	1.....2.....3.....4.....5.....6.....7	Very skilled in business
34.	Very direct	1.....2.....3.....4.....5.....6.....7	Very sneaky
35.	Knows the ways of the world	1.....2.....3.....4.....5.....6.....7	Does not know the ways of the world
36.	Not at all kind	1.....2.....3.....4.....5.....6.....7	Very kind
37.	Not at all willing to accept change	1.....2.....3.....4.....5.....6.....7	Very willing to accept change
38.	Feelings not easily hurt	1.....2.....3.....4.....5.....6.....7	Feelings easily hurt
39.	Not at all adventurous	1.....2.....3.....4.....5.....6.....7	Very adventurous
40	Very aware of the feelings of others	1.....2.....3.....4.....5.....6.....7	Not at all aware of the feelings of others
41.	Not at all religious	1.....2.....3.....4.....5.....6.....7	Very religious
42.	Not at all intelligent	1.....2.....3.....4.....5.....6.....7	Very intelligent
43.	Not at all interested in own appearance	1.....2.....3.....4.....5.....6.....7	Very interested in own appearance
44.	Can make decisions easily	1.....2.....3.....4.....5.....6.....7	Has difficulty making decisions
45.	Gives up very easily	1.....2.....3.....4.....5.....6.....7	Never gives up easily
46.	Very shy	1.....2.....3.....4.....5.....6.....7	Very outgoing
47.	Always does things without being told	1.....2.....3.....4.....5.....6.....7	Never does things without being told
48.	Never cries	1.....2.....3.....4.....5.....6.....7	Cries very easily
49.	Almost never acts as a leader	1.....2.....3.....4.....5.....6.....7	Almost always acts as a leader
50.	Never worried	1.....2.....3.....4.....5.....6.....7	Always worried
51.	Very neat in habits	1.....2.....3.....4.....5.....6.....7	Very sloppy in habits
52.	Very quiet	1.....2.....3.....4.....5.....6.....7	Very loud
53.	Not at all intellectual	1.....2.....3.....4.....5.....6.....7	Very intellectual
54.	Very careful	1.....2.....3.....4.....5.....6.....7	Very careless
55	Not at all self-confident	1.....2.....3.....4.....5.....6.....7	Very self-confident
56.	Feels very superior	1.....2.....3.....4.....5.....6.....7	Feels very inferior
57	Always sees self as running the show	1.....2.....3.....4.....5.....6.....7	Never sees self as running the show
58.	Not at all uncomfortable about being aggressive	1.....2.....3.....4.....5.....6.....7	Very uncomfortable about being aggressive
59.	Very good sense of humor	1.....2.....3.....4.....5.....6.....7	Very poor sense of humor
60.	Not at all understanding of others	1.....2.....3.....4.....5.....6.....7	Very understanding of others

61.	Very warm in relations with others	1.....2.....3.....4.....5.....6.....7	Very cold in relations with others
62.	Doesn't care about being in a group	1.....2.....3.....4.....5.....6.....7	Greatly prefers being in a group
63.	Very little need for security	1.....2.....3.....4.....5.....6.....7	Very strong need for security
64.	Not at all ambitious	1.....2.....3.....4.....5.....6.....7	Very ambitious
65.	Very rarely takes extreme positions	1.....2.....3.....4.....5.....6.....7	Very frequently takes extreme positions
66.	Able to separate feelings from ideas	1.....2.....3.....4.....5.....6.....7	Unable to separate feelings from ideas
67.	Not at all dependent	1.....2.....3.....4.....5.....6.....7	Very dependent
68.	Does not enjoy art and literature at all	1.....2.....3.....4.....5.....6.....7	Enjoys art and literature very much
69.	Seeks out new experiences	1.....2.....3.....4.....5.....6.....7	Avoids new experiences
70.	Not at all restless	1.....2.....3.....4.....5.....6.....7	Very restless
71.	Very uncomfortable when people express emotions	1.....2.....3.....4.....5.....6.....7	Not at all uncomfortable when people express emotions
72.	Easily expresses tender feelings	1.....2.....3.....4.....5.....6.....7	Does not express tender feelings easily
73.	Very conceited about appearance	1.....2.....3.....4.....5.....6.....7	Never conceited about appearance
74.	Retiring	1.....2.....3.....4.....5.....6.....7	Forward
75.	Thinks men are superior to women	1.....2.....3.....4.....5.....6.....7	Does not think men are superior to women
76.	Very sociable	1.....2.....3.....4.....5.....6.....7	Not at all sociable
77.	Very affectionate	1.....2.....3.....4.....5.....6.....7	Not at all affectionate
78.	Very conventional	1.....2.....3.....4.....5.....6.....7	Not at all conventional
79.	Very masculine	1.....2.....3.....4.....5.....6.....7	Not at all masculine
80.	Very feminine	1.....2.....3.....4.....5.....6.....7	Not at all feminine
81.	Very assertive	1.....2.....3.....4.....5.....6.....7	Not at all assertive
82.	Very impulsive	1.....2.....3.....4.....5.....6.....7	Not at all impulsive

THINK OF NORMAL ADULTS AND THEN INDICATE ON EACH ITEM THE POLE TO WHICH A MATURE, HEALTHY, SOCIALLY COMPETENT ADULT PERSON WOULD BE CLOSER.

For example:

strong dislike for color red 1.....2.....3.../.....4.....5.....6.....7 strong liking for color red

ON THE FOLLOWING PAGES ARE A NUMBER OF SCALES LIKE THE ONE ABOVE. YOU MAY PUT YOUR SLASH ANYWHERE ON THE SCALE, NOT JUST AT THE NUMBERS. PLEASE BE SURE TO MARK EVERY ITEM.

1.	Not at all aggressive	1.....2.....3.....4.....5.....6.....7	Very aggressive*
2.	Very irrational	1.....2.....3.....4.....5.....6.....7	Very rational
3.	Very practical	1.....2.....3.....4.....5.....6.....7	Very impractical
4.	Not at all independent	1.....2.....3.....4.....5.....6.....7	Very independent
5.	Very emotional	1.....2.....3.....4.....5.....,6.....7	Very consistent
6.	Very emotional	1.....2.....3.....4.....5.....6.....7	Not at all emotional
7.	Very realistic	1.....2.....3.....4.....5.....6.....7	Not at all realistic
8.	Not at all idealistic	1.....2.....3.....4.....5.....6.....7	Very idealistic
9.	Does not hide emotions at all	1.....2.....3.....4.....5.....6.....7	Almost always hides emotions
10.	Very subjective	1.....2.....3.....4.....5.....6.....7	Very objective
11.	Mainly interested in details	1.....2.....3.....4.....5.....6.....7	Mainly interested in generalities
12.	Always thinks before acting	1.....2.....3.....4.....5.....6.....7	Never thinks before acting
13.	Not at all easily influenced	1.....2.....3.....4.....5.....6.....7	Very easily influenced
14.	Not at all talkative	1.....2.....3.....4.....5.....6.....7	Very talkative
15.	Very grateful	1.....2.....3.....4.....5.....6.....7	Very ungrateful
16.	Doesn't mind at all when things are not clear	1.....2.....3.....4.....5.....6.....7	Minds very much when things are not clear
17.	Very dominant	1.....2.....3.....4.....5.....6.....7	Very submissive
18.	Dislikes math and science very much	1.....2.....3.....4.....5.....6.....7	Likes math and science very much
19.	Not al all reckless	1.....2.....3.....4.....5.....6.....7	Very reckless
20.	Not at all excitable in a major crisis	1.....2.....3.....4.....5.....6.....7	Very excitable in a major crisis
21.	Not at all excitable in a minor crisis	1.....2.....3.....4.....5.....6.....7	Very excitable in a minor crisis
22.	Not at all strict	1.....2.....3.....4.....5.....6.....7	Very strict
23.	Very weak personality	1.....2.....3.....4.....5.....6.....7	Very strong personality
24.	Not at all able to devote self completely to others	1.....2.....3.....4.....5.....6.....7	Able to devote self completely to others
25.	Very blunt	1.....2.....3.....4.....5.....6.....7	Very tactful
26.	Very gentle	1.....2.....3.....4.....5.....6.....7	Very rough
27.	Very helpful to others	1.....2.....3.....4.....5.....6.....7	Not at all helpful to others

*(Note: the space between each digit on the item scale represents ten units of measure, e.g. 1.....2.....3.....4.....5.....6.....7)

28.	Very active	1.....2.....3.....4.....5.....6.....7	Very passive
29.	Not at all competitive	1.....2.....3.....4.....5.....6.....7	Very competitive
30.	Very logical	1.....2.....3.....4.....5.....6.....7	Very illogical
31.	Not at all competent	1.....2.....3.....4.....5.....6.....7	Very competent
32.	Very worldly	1.....2.....3.....4.....5.....6.....7	Very home oriented
33.	Not at all skilled in business	1.....2.....3.....4.....5.....6.....7	Very skilled in business
34.	Very direct	1.....2.....3.....4.....5.....6.....7	Very sneaky
35.	Knows the ways of the world	1.....2.....3.....4.....5.....6.....7	Does not know the ways of the world
36.	Not at all kind	1.....2.....3.....4.....5.....6.....7	Very kind
37.	Not at all willing to accept change	1.....2.....3.....4.....5.....6.....7	Very willing to accept change
38.	Feelings not easily hurt	1.....2.....3.....4.....5.....6.....7	Feelings easily hurt
39.	Not at all adventurous	1.....2.....3.....4.....5.....6.....7	Very adventurous
40	Very aware of the feelings of others	1.....2.....3.....4.....5.....6.....7	Not at all aware of the feelings of others
41.	Not at all religious	1.....2.....3.....4.....5.....6.....7	Very religious
42.	Not at all intelligent	1.....2.....3.....4.....5.....6.....7	Very intelligent
43.	Not at all interested in own appearance	1.....2.....3.....4.....5.....6.....7	Very interested in own appearance
44.	Can make decisions easily	1.....2.....3.....4.....5.....6.....7	Has difficulty making decisions
45.	Gives up very easily	1.....2.....3.....4.....5.....6.....7	Never gives up easily
46.	Very shy	1.....2.....3.....4.....5.....6.....7	Very outgoing
47.	Always does things without being told	1.....2.....3.....4.....5.....6.....7	Never does things without being told
48.	Never cries	1.....2.....3.....4.....5.....6.....7	Cries very easily
49.	Almost never acts as a leader	1.....2.....3.....4.....5.....6.....7	Almost always acts as a leader
50.	Never worried	1.....2.....3.....4.....5.....6.....7	Always worried
51.	Very neat in habits	1.....2.....3.....4.....5.....6.....7	Very sloppy in habits
52.	Very quiet	1.....2.....3.....4.....5.....6.....7	Very loud
53.	Not at all intellectual	1.....2.....3.....4.....5.....6.....7	Very intellectual
54.	Very careful	1.....2.....3.....4.....5.....6.....7	Very careless
55	Not at all self-confident	1.....2.....3.....4.....5.....6.....7	Very self-confident
56.	Feels very superior	1.....2.....3.....4.....5.....6.....7	Feels very inferior
57.	Always sees self as running the show	1.....2.....3.....4.....5.....6.....7	Never sees self as running the show
58.	Not at all uncomfortable about being aggressive	1.....2.....3.....4.....5.....6.....7	Very uncomfortable about being aggressive
59.	Very good sense of humor	1.....2.....3.....4.....5.....6.....7	Very poor sense of humor
60.	Not at all understanding of others	1.....2.....3.....4.....5.....6.....7	Very understanding of others

61.	Very warm in relations with others	1.....2.....3.....4.....5.....6.....7	Very cold in relations with others
62.	Doesn't care about being in a group	1.....2.....3.....4.....5.....6.....7	Greatly prefers being in a group
63.	Very little need for security	1.....2.....3.....4.....5.....6.....7	Very strong need for security
64.	Not at all ambitious	1.....2.....3.....4.....5.....6.....7	Very ambitious
65.	Very rarely takes extreme positions	1.....2.....3.....4.....5.....6.....7	Very frequently takes extreme positions
66.	Able to separate feelings from ideas	1.....2.....3.....4.....5.....6.....7	Unable to separate feelings from ideas
67.	Not at all dependent	1.....2.....3.....4.....5.....6.....7	Very dependent
68.	Does not enjoy art and literature at all	1.....2.....3.....4.....5.....6.....7	Enjoys art and literature very much
69.	Seeks out new experiences	1.....2.....3.....4.....5.....6.....7	Avoids new experiences
70.	Not at all restless	1.....2.....3.....4.....5.....6.....7	Very restless
71.	Very uncomfortable when people express emotions	1.....2.....3.....4.....5.....6.....7	Not at all uncomfortable when people express emotions
72.	Easily expresses tender feelings	1.....2.....3.....4.....5.....6.....7	Does not express tender feelings easily
73.	Very conceited about appearance	1.....2.....3.....4.....5.....6.....7	Never conceited about appearance
74.	Retiring	1.....2.....3.....4.....5.....6.....7	Forward
75.	Thinks men are superior to women	1.....2.....3.....4.....5.....6.....7	Does not think men are superior to women
76.	Very sociable	1.....2.....3.....4.....5.....6.....7	Not at all sociable
77.	Very affectionate	1.....2.....3.....4.....5.....6.....7	Not at all affectionate
78.	Very conventional	1.....2.....3.....4.....5.....6.....7	Not at all conventional
79.	Very masculine	1.....2.....3.....4.....5.....6.....7	Not at all masculine
80.	Very feminine	1.....2.....3.....4.....5.....6.....7	Not at all feminine
81.	Very assertive	1.....2.....3.....4.....5.....6.....7	Not at all assertive
82.	Very impulsive	1.....2.....3.....4.....5.....6.....7	Not at all impulsive

APPENDIX C

THE BEM SEX-ROLE INVENTORY

Full Name _____
(Please print)

Sex:_____ Age:_____ School:_____

Year in School:_____ Occupation:_____
(if not a student)

**TELEPHONE:_____ (If you have no phone, please give us some way of contacting you, e.g., your address)

On the back you will be shown a large number of personality characteristics. We would like you to use those characteristics in order to describe yourself. That is, we would like you to indicate, on a scale from 1 to 7, how true of you these various characteristics are. Please do not leave any characteristic unmarked.

Example: sly

Mark a 1 if it is NEVER OR ALMOST NEVER TRUE that you are sly.

Mark a 2 if it is USUALLY NOT TRUE that you are sly.

Mark a 3 if it is SOMETIMES BUT INFREQUENTLY TRUE that you are sly.

Mark a 4 if it is OCCASIONALLY TRUE that you are sly.

Mark a 5 if it is OFTEN TRUE that you are sly.

Mark a 6 if it is USUALLY TRUE that you are sly.

Mark a 7 if it is ALWAYS OR ALMOST ALWAYS TRUE that you are sly.

Thus, if you feel it is sometimes but infrequently true that you are "sly", never or almost never true that you are "malicious", always or almost always true that you are "irresponsible", and often true that you are "carefree", then you would rate these characteristics as follows:

Sly	3	Irresponsible	7
Malicious	1	Carefree	5

DESCRIBE YOURSELF

1	2	3	4	5	6	7
NEVER OR ALMOST NEVER TRUE	USUALLY NOT TRUE	SOMETIMES BUT INFREQUENTLY TRUE	OCCASIONALLY TRUE	OFTEN TRUE	USUALLY TRUE	ALWAYS OR ALMOST ALWAYS TRUE

Self reliant	
Yielding	
Helpful	
Defends own beliefs	
Cheerful	
Moody	
Independent	
Shy	
Conscientious	
Athletic	
Affectionate	
Theatrical	
Assertive	
Flatterable	
Happy	
Strong personality	
Loyal	
Unpredictable	
Forceful	
Feminine	

Reliable	
Analytical	
Sympathetic	
Jealous	
Has leadership abilities	
Sensitive to the needs of others	
Truthful	
Willing to take risks	
Understanding	
Secretive	
Makes decisions easily	
Compassionate	
Sincere	
Self-sufficient	
Eager to soothe hurt feelings	
Conceited	
Dominant	
Soft-spoken	
Likable	
Masculine	

Warm	
Solemn	
Willing to take a stand	
Tender	
Friendly	
Aggressive	
Gullible	
Inefficient	
Acts as a leader	
Childlike	
Adaptable	
Individualistic	
Does not use harsh language	
Unsystematic	
Competitive	
Loves children	
Tactful	
Ambitious	
Gentle	
Conventional	

APPENDIX D

CLIENT RATING FORM

On the following page, you will be shown several characteristics that have been used to describe therapists. I would like you to use these characteristics in order to describe your therapist. That is, I would like you to indicate on a scale from 1 to 5, how descriptive of your therapist you feel these various characteristics are. Please do not leave any characteristic unmarked. This form is strictly confidential and will not be seen by or discussed with your therapist.

Example: friendly

Mark a 1 if you feel that the characteristic, friendly is NOT AT ALL DESCRIPTIVE of your therapist.

Mark a 2 if you feel that the characteristic, friendly is SLIGHTLY DESCRIPTIVE of your therapist.

Mark a 3 if you feel that the characteristic, friendly is MODERATELY DESCRIPTIVE of your therapist.

Mark a 4 if you feel that the characteristic, friendly is MOSTLY DESCRIPTIVE of your therapist.

Mark a 5 if you feel that the characteristic, friendly is VERY DESCRIPTIVE of your therapist.

Thus, if you feel that "friendly" is slightly descriptive of your therapist, "interested" is descriptive of your therapist, "supportive" is very descriptive of your therapist and "warm" is not at all descriptive of your therapist, then you would rate these characteristics as follows:

Friendly	2
Interested	4

Supportive	5
Warm	1

DESCRIBE YOUR THERAPIST

1	2	3	4	5
NOT AT ALL DESCRIPTIVE	SLIGHTLY DESCRIPTIVE	MODERATELY DESCRIPTIVE	MOSTLY DESCRIPTIVE	VERY DESCRIPTIVE

Good listener	
Gives honest feedback	
Interested	
Concerned	
Insightful	
Warm	
Helpful with sexual identity concerns	

Friendly	
Understanding	
Supportive	
Encourages risk taking	
Sensitive	
Relaxed	
Shared own experiences	

APPENDIX E

THERAPIST RATING FORM

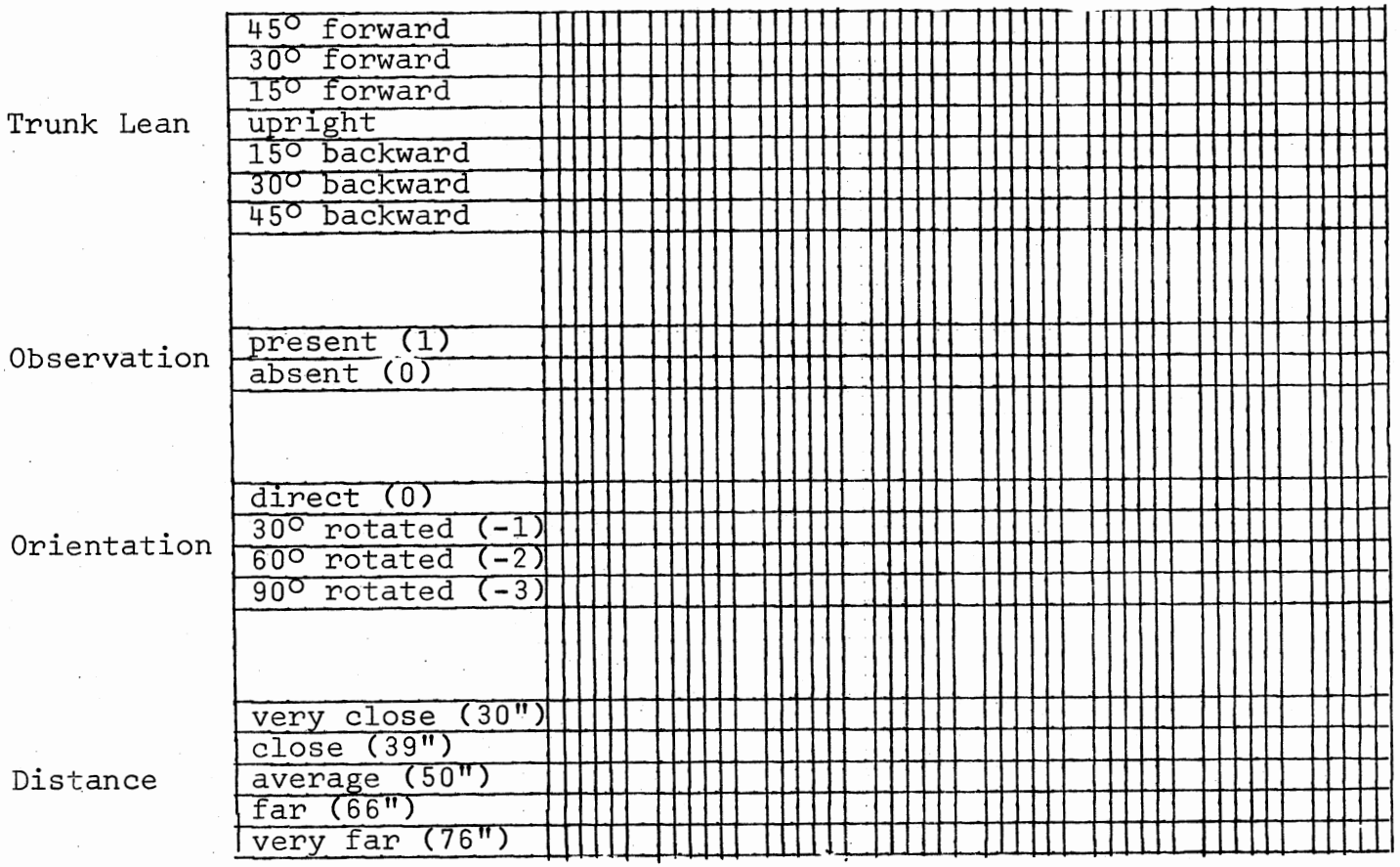
Please answer the following questions concerning your client by circling the number most appropriate. An example of how the scales can be read is as follows: 1 = very negative, 2 = somewhat negative, 3 = slightly negative, 4 = neutral, 5 = slightly positive, 6 = somewhat positive, 7 = positive. Note that the particular adjective used changes from question to question.

How do you feel toward this client?	very negative	1	2	3	4	5	6	7	very positive
How comfortable are you working with this client?	very uncomfortable	1	2	3	4	5	6	7	very comfortable
How would you describe the relationship between you and this client?	very negative	1	2	3	4	5	6	7	very positive
How successful do you think therapy has been with this client up to this point?	very unsuccessful	1	2	3	4	5	6	7	very successful

If you have any additional comments or wish to clarify any of the above, please feel free to do so.

APPENDIX F

NONVERBAL COMMUNICATION RATING FORM



Therapist # _____ Client # _____ Rater _____

APPENDIX G

CORRELATION MATRIX FOR DEPENDENT MEASURES USED IN STUDY

PART 1

	Orientation	Trunk Lean	Observation	Distance	Client Ratings
Orientation	1.00*	.194 (.569)	.468 (.041)	-.446 (.053)	-.021 (.930)
Trunk Lean		1.000	.149 (.550)	.075 (.756)	.038 (.873)
Observation			1.000	-.098 (.693)	-.226 (.645)
Distance				1.000	-.019 (.936)
Client Ratings					1.000
Therapist Ratings Question 1					
Therapist Ratings Question 2					
Therapist Ratings Question 3					
Therapist Ratings Question 4					
Therapist BSRI					
Healthy Adult Woman					
Healthy Adult Man					
Heathy Adult					
Client BSRI					

Part 2

	Therapist Ratings Ques 1	Therapist Ratings Ques 2	Therapist Ratings Ques 3	Therapist Ratings Ques 4	Therapist BSRI
Orientation	-.272 (.259)	.269 (.265)	.053 (.822)	-.077 (.753)	.095 (.700)
Trunk Lean	.229 (.652)	.070 (.774)	.269 (.265)	.139 (.577)	.511 (.024)
Observation	-.109 (.661)	.577 (.010)	.217 (.625)	-.016 (.948)	-.267 (.269)
Distance	.020 (.932)	-.236 (.332)	-.292 (.233)	-.349 (.140)	-.260 (.282)
Client Ratings	.342 (.137)	.214 (.633)	.422 (.061)	.006 (.979)	.361 (.115)
Therapist Ratings Question 1	1.000	.341 (.139)	.744 (.000)	.662 (.002)	.440 (.050)
Therapist Ratings Question 2		1.000	.654 (.002)	.281 (.229)	-.076 (.748)
Therapist Ratings Question 3			1.000	.624 (.004)	.461 (.039)
Therapist Ratings Question 4				1.000	.291 (.212)
Therapist BSRI					1.000
Healthy Adult Woman					
Healthy Adult Man					
Healthy Adult					
Client BSRI					

Part 3

	Healthy Adult Woman	Healthy Adult Man	Healthy Adult	Client BSRI
Orientation	.156 (.530)	.140 (.572)	.124 (.620)	-.153 (.538)
Trunk Lean	.644 (.003)	.392 (.094)	.511 (.024)	.001 (.991)
Observation	.070 (.773)	.289 (.228)	.235 (.665)	.234 (.664)
Distance	-.207 (.602)	-.069 (.775)	-.139 (.576)	-.157 (.527)
Client Ratings	-.226 (.661)	-.205 (.611)	-.320 (.166)	-.076 (.749)
Therapist Ratings Question 1	.282 (.226)	.142 (.558)	.181 (.550)	.055 (.813)
Therapist Ratings Question 2	.006 (.978)	.241 (.308)	.136 (.574)	.331 (.151)
Therapist Ratings Question 3	.414 (.067)	.285 (.221)	.332 (.150)	.222 (.652)
Therapist Ratings Question 4	.531 (.015)	.335 (.145)	.455 (.042)	.103 (.670)
Therapist BSRI	.529 (.016)	.007 (.975)	.189 (.569)	.060 (.798)
Healthy Adult Woman	1.000	.675 (.001)	.891 (.000)	-.020 (.930)
Healthy Adult Man		1.000	.922 (.000)	-.102 (.673)
Healthy Adult			1.000	-.052 (.821)
Client BSRI				1.000

* The top number in each pair is the correlation value; the bottom number is the probability of that correlation. The probability of obtaining this correlation or one more deviant is calculated under the hypothesis that Rho = 0 in a two-tailed test.

APPENDIX H

RAW DATA TABLE

Part 1

Table ID	Sex of Therapist	Sex of Client	Orientation	Trunk Lean	Observation	Distance
1	Male	Male	-1.078	-2.000	0.855	0.000
2	Male	Female	-0.411	-2.111	1.000	-0.156
3	Male	Male	-0.522	0.322	0.922	0.000
4	Male	Female	-0.100	0.644	0.978	0.000
5	Male	Male	0.000	-1.486	1.000	0.000
6	Male	Female	-0.711	-2.022	1.000	0.000
7	Male	Male	-0.733	-0.722	0.989	0.000
8	Male	Female	-0.011	-1.621	1.000	0.000
9	Male	Male	-0.244	-0.333	1.000	0.000
10	Male	Female	0.000	-0.833	1.000	-1.000
11	Female	Male	0.000	0.000	1.000	0.067
12	Female	Female	-0.167	0.222	1.000	0.000
13	Female	Male	-0.822*	-0.106*	0.989*	1.147*
14	Female	Female	-0.911	0.000	0.977	1.000
15	Female	Male	-0.586	0.000	1.000	0.044
16	Female	Female	-1.000	0.000	1.000	0.000
17	Female	Male	-0.222	-0.111	1.000	-0.500
18	Female	Female	-0.111	-0.088	0.977	-0.978
19	Female	Male	-0.176	-0.044	1.000	0.000
20	Female	Female	-0.066	0.133	0.977	0.000

* These scores have been estimated.

Part 2

Table ID	Client Ratings	Therapist Ratings Ques. 1	Therapist Ratings Ques. 2	Therapist Ratings Ques. 3	Therapist Ratings Ques. 4	Therapist BSRI
1	3.64	6	3	4	5	0.46
2	2.71	6	6	6	6	0.46
3	3.86	5	5	5	4	2.55
4	3.79	6	6	5	5	2.55
5	3.14	5	6	4	2	-1.63
6	5.00	6	7	6	5	-1.63
7	3.36	6	6	5	5	-2.90
8	3.14	2	6	3	2	-2.90
9	2.57	2	3	3	3	-1.28
10	2.29	5	6	5	6	-1.28
11	3.79	6	6	6	5	1.05
12	3.79	7	7	7	6	1.05
13	4.07	5	7	6	3	-0.46
14	3.36	6	4	4	3	-0.46
15	2.64	6	6	5	5	0.00
16	2.71	6	7	6	5	0.00
17	3.86	6	5	6	4	3.02
18	4.50	6	6	6	5	3.02
19	3.29	6	6	5	6	-0.46
20	3.64	6	6	6	5	-0.46

Part 3

Table ID	Healthy Adult Woman	Healthy Adult Man	Healthy Adult	Client BSRI
1	4.62	4.62	4.62	-0.46
2	4.62	4.62	4.62	3.48
3	4.67	4.47	4.48	0.58
4	4.67	4.47	4.48	3.48
5	3.98	4.30	4.12	-0.46
6	3.98	4.30	4.12	3.14
7	4.24	5.07	4.73	-0.35
8	4.24	5.07	4.73	3.14
9	4.84	4.69	4.84	0.46
10	4.84	4.69	4.84	3.95
11	5.22	5.27	5.30	-5.92
12	5.22	5.27	5.30	5.57
13	4.45	4.57	4.50	3.72
14	4.45	4.57	4.50	2.67
15	5.09	5.14	5.25	1.05
16	5.09	5.14	5.25	6.04
17	4.88	4.90	4.86	3.72
18	4.88	4.90	4.86	1.86
19	4.91	5.04	5.00	1.39
20	4.91	5.04	5.00	-0.35

VITA

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Candidate for the Degree of

Master of Science

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