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ABSTRACT

Feminist therapists' writings, while focusing on the needs of female clients, do not always consider the limitations of the therapist. Gender differences in beginning psychotherapists' behaviors and client interactions were investigated to determine the effect of sex-role stereotyping on therapeutic interactions and interventions. Verbatim transcripts of therapy sessions conducted by 28 graduate students in counseling psychology were rated for the therapist activity style. The ratings were done independently by a male and a female experienced therapist along 13 7-point rating scales, mostly taken from the original list of semantic-differential. The Bem Sex Role Inventory (BSRI) was completed by subjects to assess sex-role stereotyping. Significant correlations were found between femininity and androgyny scores on the BSRI and low ratings of therapist activity level. Masculinity scores on the BSRI were not strongly related to the activity level of the therapist. The findings suggest that, compared to beginning male therapists, beginning female therapists are less likely to be confident, directive and interpretive in therapeutic interactions, and more likely to behave in an unsure, weak, passive manner with their clients.
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The Impact of Gender Stereotypes on the Therapeutic
Behavior of Beginning Psychotherapists

Irrespective of theoretical orientations and personality differences, therapists share certain basic conceptions. Being a psychotherapist means being an empathic listener, providing acceptance, understanding, and trust. It also means being active, analytical, and in charge of guiding the client (Strupp 1973). Empathic understanding is consonant with the nurturant, expressive sex role stereotype of females in our society; it requires therapists to be sensitive to client feelings, to understand, and to follow the client. Being active, providing objective interpretations, is consonant with the authoritative instrumental sex role stereotype of males in our society; it requires the therapist to be in charge and to show the client the dynamics "below the surface" (Broverman 1970; Chesler 1972).

Recent studies focused on the need to help women clients become aware of societal constraints on their lives (Worell 1980), analyzed how traditional values and stereotypes are transmitted in treatment (Johnson 1976, Hare-Mustin 1978), and stressed the need for "feminist therapy."

Most feminist therapists' writings, while suggesting what needs to be done for the female client, do not always take into account the limitations of the therapist. Their basic assumption is that therapists have overcome these restraints and behave in a gender-stereotype-free way. However, this assumption should not be made.

The purpose of this pilot study is to investigate gender differences in beginning psychotherapists' behavior and client interaction. The focus is on whether and in what ways sex role stereotypes affect therapeutic interactions and interventions.

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Methods

Subjects

Subjects for this pilot study were 28 graduate students in counseling psychology, 23 female, 5 male. All students participated in a practicum in which, for the first time they conducted psychotherapy.

Instruments

The Bem Sex Role Inventory (BSRI Bem 1974) was administered to assess sex role stereotyping of student therapists and was scored in the recommended manner.

Verbatim scripts of therapists' sessions with clients were made from tape recordings. Based on these transcripts, therapist activity style was rated independently along 13 seven-point-rating scales, mostly taken from the original list of the semantic-differential. Ratings included the following anchors:

- | | |
|-----------------------------|-----------------------|
| 1) blunt-tactful | 2) Relaxed-tense |
| 3) active-passive | 4) rough-gentle |
| 5) distant-close | 6) masculine-feminine |
| 7) precise-vague | 8) strong-weak |
| 9) directive-nondirective | 10) sharp-dull |
| 11) bold-meek | 12) confident-unsure |
| 13) interpretive-reflective | |

Ratings were done independently by one male and one female experienced therapist. Neither rater knew the student therapist's sex or score on the BSRI.

Results

The BSRI yielded the following results:

4 male and 2 female subjects scored masculine
1 male and 15 female subjects scored androgynous
6 subjects, all female, scored feminine

To develop an internally consistent, reliable therapist activity style rating, hierarchical cluster analyses (Revelle, 1978) were performed separately for each rater. Using a variant of Revelle and Rocklin's (1979) very simple structure criterion, a one-cluster solution was extracted for each rater, accounting for 41% of the total variance. After an item analysis (Nunnally, 1978), the final scale included eight of the original 13 items (#1, 3, 6, 8, 9, 11, 12, 13), with coefficient alpha equal to .90. For a total score obtained by summing these items, inter-rater reliability (intraclass) was .57. Thus, while raters independently see the same style factor, they do not agree completely when rating each therapist on that factor. This finding would not pose any systematic bias, but will make it harder to detect significant effects.

Correlations between an average rating of therapist activity style on this scale and the sex-role inventory scores were .10 (Masculinity), .51 (Femininity), and .37 (Androgeny), the latter two correlations being significant ($p = .05$). Therapists having a high masculine score displayed no clear-cut style; high scores on the feminine or androgynous scales were significantly related to therapist ratings.

Discussion

Masculinity scores on BSRI are not strongly related to the activity level of the therapist because many masculine attributes used in the BSRI are not relevant to psychotherapy and to the relationship between

therapist and client, e.g. athletic, competitive, ambitious. However, femininity scores on BSRI are strongly related to the activity level of the therapist, because most feminine attributes used in the BSRI are relevant to the therapeutic relationship, e.g. affectionate, sympathetic, sensitive to needs of others, understanding, compassionate, eager to soothe hurt feelings, warm, tender, gentle.

Eight items included in the final scale of therapist activity style are masculine, active, strong, blunt, directive, bold, confident and interpretive. All psychotherapists, irrespective of personality and/or orientation, need to be able to be active, confident, strong, directive, and interpretive to be effective. They also need to be able to interact with clients and to have in their repertoire skills representing understanding, empathy, warmth and sensitivity.

Findings that there are significant correlations between femininity and androgynous scores on BSRI and low-rated levels of therapist activity have important implications. In our sample all six subjects who received feminine scores on the BSRI, and 15 out of the 16 who received androgynous scores were female. These results suggest that, as compared to beginning male therapists, beginning female psychotherapists are less likely to be confident, directive and interpretive in therapeutic interactions and more likely to behave with their clients in an unsure, weak, passive way.

Supervisors and teachers in charge of training psychotherapists should be aware of these findings and train female therapists to be confrontive, directive, and interpretive when needed, as well as empathic and understanding, which is easier for them, when interacting with clients.

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