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ABSTRACT

To test a previous study on therapist bias and to investigate whether gender-role stereotypes continue to influence judgments of mental health workers, 55 Master's-level counselors-in-training, from 2 different programs, were administered questionnaires. Each item in the questionnaire was rated on a seven-point scale, with one pole being typically masculine and the other pole being typically feminine. Each questionnaire was preceded by the directions, "imagine that you are going to meet a person for the first time and the only thing you know in advance is that the person is an 'adult male,' 'adult female,' or 'adult'". Preliminary analyses of the responses suggest that gender-role stereotypes affect counselors-in-training to a lesser extent when compared to participants in a 1970 study. Nevertheless, these stereotypes are still present when judging the mental health of women, men, and adults. The results are inconclusive because of the small number of participants, particularly male participants (N=16). Additional data is being collected to follow up on the findings in both the factor analyses and the agreement scores. (RJM)

RUNNING HEAD: Gender-role stereotypes

Gender-role Stereotypes in Clinical Judgments

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Abstract

The effect of gender-roles on mental health was a question addressed by Broverman, Broverman, Clarkson, Rosenkrantz and Vogel in 1970 where they found that clinicians were strongly impacted by gender-role stereotypes. This effect has been challenged on methodological grounds. This study addresses the methodological criticism of the Broverman et al. study and is an investigation of whether gender-role stereotypes continue to affect judgments of mental health by counselors-in-training. Preliminary analysis of the data suggests that gender-role stereotypes impact counselors-in-training to a lesser extent than those participants in 1970, but are still present in the views of healthy women, healthy men and healthy adults.

Gender-role Stereotypes in Clinical Judgments

Various types of stereotypes are present in all aspects of our lives that we must deal with on a daily basis. Traits that are viewed as stereotypically masculine are often seen as more socially desirable than those that are viewed as stereotypically feminine (Broverman, Broverman, Clarkson, Rosenkrantz & Vogel, 1970). Evidence shows that these stereotypes exist and influence treatment within the mental health profession. Broverman et al. found a significant difference between how clinicians viewed adult health versus female health. However, this same significant difference was not found between the concepts of health for adults and males. Broverman et al. (1970) suggested that a double standard of health exists, wherein ideal concepts of health for mature adult, sex unspecified, are meant primarily for men, less so for women. Further, these researchers suggested that certain traits may be viewed by clinicians as pathological in one sex, but not in the other. The Broverman et al. study reported that mental health professionals seem to perpetuate, rather than challenge, gender-role stereotypes.

Widiger and Settle (1987) replicated the Broverman et al. (1970) study, but arrived at very different conclusions. They concluded that the findings of Broverman et al. were a result of a statistical artifact, due to the number of male-valued versus the number of female-valued questions. Widiger and Settle suggested the presence of a bias in the questionnaire, not in the participants, could have led to the participants' responses.

Although the Broverman et al. (1970) study was undertaken 26 years ago and generates a great deal of controversy (Phillips & Gilory, 1985; Widiger & Settle, 1987), it remains influential in the study of gender-role stereotyping. It is often cited in a wide range of college textbooks that examine the issue of gender-role stereotyping (e. g., Lott,

1994; Unger & Crawford, 1996). This investigation was an attempt to evaluate whether the results of Broverman et al. are still relevant with counselors-in-training. A modified version of Widiger and Settle's (1987) gender stereotyped items was utilized in this study in an attempt to resolve this conflict.

Method

Participants

Participants consisted of 55 master level counselors-in-training students from two CACREP-approved counseling programs located at two northeastern state universities. There were 39 women with a mean age of 23.8 years and 16 men with a mean age of 33.4 years.

Materials

A revised version of Widiger's and Settle's Stereotype Questionnaire (1987) was utilized in this project. The questionnaire consisted of 54 bipolar items listed in Table 1 of Widiger and Settle, as well as nine additional items. Five items appeared to have a potential bias for different levels of social desirability for the two poles. For example, it seemed possible that "strong" would be more desirable than "weak," which could trigger automatic gender-role stereotyping by the participants (e. g., Banaji & Hardin, 1996). The changes are as follows:

1. The pair strong-weak was replaced with strong-not at all strong and weak-not at all weak.
2. The pair subjective-very objective was replaced by very subjective-not at all subjective and very objective-not at all objective.

3. The pairs very home oriented-not at all home oriented, and very worldly-not at all worldly were substituted for the pair very home oriented-very worldly.
4. The pair very passive-very active was replaced by very passive-not at all passive and very active-not at all active.
5. The pairs very sneaky-not at all sneaky and very direct-not at all direct were exchanged for the pair very sneaky-very direct.
6. The pair very gentle-very rough was replaced by the pairs of very gentle-not at all gentle and very rough-not at all rough.
7. The pair very soft-very harsh was replaced by very soft-not at all soft and very harsh-not at all harsh.
8. The pairs very warm in relations with others-not at all warm in relations with others, and very cold-not at all cold were exchanged for very warm in relations with others-very cold in relations with others.

The questionnaire was constructed in such a way that male-valued and female-valued items were interspersed throughout the questionnaire. In order to avoid a response bias, roughly half of the masculine poles and half of the feminine poles were presented on the left side of the scale and the other half were presented on the right side.

Procedure

Each item in the questionnaire was rated on a seven-point scale, with one pole being typically masculine and the other pole typically feminine. The questionnaire consisted of three sections: adult male questionnaire, adult female questionnaire and adult (sex unspecified) questionnaire. All three questionnaires

consisted of the same items in counterbalanced order. They differed only in regard to the directions preceding each questionnaire. Each questionnaire was preceded by the directions, "imagine that you are going to meet a person for the first time and the only thing you know in advance is that the person is an "adult male," "adult female," or "adult." The questionnaires were counterbalanced so that half of the participants received the adult male version first, while the other half of the participants received the adult female version first. All participants than completed the third questionnaire, where they were told to imagine meeting an adult for the first time.

Results and Discussion

Principle axis factor analyses (PAF) were conducted utilizing a varimax rotation. Five factors were retained for each of the following PAF analyses: (1) adult health scores, (2) women's health scores, and (3) men's health scores. Within all three health PAF analyses, the scree test suggested retaining only the first five factors. Within the adult health PAF analysis, the five factors accounted for 66.5% of the variance. (See Table 1 for the eigenvalues and percent of variance explained by each factor). Within the women's health PAF analysis, the five factors accounted for 60.7% of the total variance. (See Table 2 for the eigenvalues and percent of variance explained by each factor). Within the men's health PAF analysis, the five factors accounted for 65.0% of the total variance. (See Table 3 for the eigenvalues and percent of variance explained by each factor).

When comparing the factors found within the adult health scores and the women's health scores, one finds high overlap in Factor 1, but little overlap with the remaining factors. In the women's health scores, the remaining four factors tend to represent stereotypically feminine characteristics, such as loving, being aware of other's feelings and being dependent. The remaining four factors in the adult health scores, however, tend to comprise both stereotypically masculine and feminine characteristics, and include such descriptors as competitive, concerned about others, loving, and authoritative.

In contrast, when comparing the factors found within the adult health scores and the men's health scores, one notices that Factors 1 and 2 are reversed. This reversal seems to indicate that the participants wanted to highlight the softer side of men, as is often reflected in the notion that men are "nice guys." When looking at the remaining three factors, there seems to be little overlap. As mentioned earlier, the remaining three factors for adults consist of a blend of masculine and feminine traits, while the factors for men do not seem to align well with typical masculine stereotypes. Rather, the remaining three health factors for men seem to reflect the idea that men are more sensitive and gentle. It is possible that the participants are imagining a character like Sam (played by Patrick Swayze) in the movie *Ghost* rather than the traditional "Marlboro Man."

Agreement scores were computed separately for women and for men in contrast to the method utilized in Broverman et al. (1970). Eight items preferred pole varied when these scores were computed in this manner. For example, female participants and male participants varied in how they viewed these items

for either a "typical woman," a "typical man," and a "typical adult" (See Table 4). This type of difference may reflect ways in which women and men differ in how they view gender-role stereotypes.

The results are inconclusive because of the small n and number of male participants. However, the data suggest that gender-role stereotypes impact counselors-in-training to a lesser extent than those participants in 1970, but are still present in judgments of health for men, women and adults. Additional data is currently being collected to follow up on the findings in both the factor analyses and the agreement scores. These methods should supply current ways in which counselors-in-training view gender-role stereotypes and provide information that will be useful in skill development.

Table 1

First Five Factors Found for Adult Health Scores

Factor 1 – Adventure

eigenvalue - 11.1

percent of Variance - 37%

brave

not excitable

not rough

enjoys art and literature

direct

creative

shows no compassion

takes risks

Factor 2 -- Communion

eigenvalue - 2.26

percent of Variance - 11.2%

understanding

aware of other's feelings

soft

considerate

adventurous

sentimental

Factor 3 - Competitive

eigenvalue - 2.16

percent of variance - 7.2%

competitive

strong willed

active

enjoys a challenge

concerned about others

Factor 4 - Compassionate

eigenvalue - 1.95

percent of variance - 6.5%

forgiving

loving

interested in own appearance

Factor 5 - Suave

eigenvalue - 1.37

percent of variance - 4.6%

controls emotions

knows the ways of the world

authoritative

Table 2

First Five Factors Found for Women's Health Scores

Factor 1 - Adventure	**Factor 2 - Dependent**
eigenvalue - 7.28	eigenvalue - 4.09
percent of variance - 24.3%	percent of variance - 13.6%
brave	relies on others
risk taker	does not know the way of the world
adventurous	dependent
compassionate	excitable in a minor crisis
enjoys a challenge	
understanding of others	
Factor 3 - Feminine	**Factor 4 - Innocent**
eigenvalue - 2.67	eigenvalue - 2.20
percent of variance - 8.9%	percent of variance - 7.3%
not competitive	loving
not firm	creative
not active	soft
not authoritative	
not strong willed	
Factor 5 - Considerate	
eigenvalue - 1.97	
percent of the variance - 6.6%	
considerate	
aware of other's feelings	
enjoys art and literature	

Table 3

First Five Factors Found for Men's Health Scores

Factor 1 - Communion

eigenvalue - 8.58

percent of variance - 28.6%

sensitive

affectionate

concern for others

enjoys art and literature

soft

aware of other's feelings

creative

understand of other's feelings

considerate

not rough

loving

forgiving

Factor 2 - Adventure

eigenvalue - 4.84

percent of variance - 16.1%

brave

strong willed

direct

adventurous

knows the way of the world

not compassionate

risk taker

Factor 3 - Team Player

eigenvalue - 2.39

percent of variance - 8.0%

not independent

enjoys a challenge

Factor 4 - Gentle

eigenvalue - 4.84

percent of variance - 6.7%

not competitive

not authoritative

Factor 5 - Sensitive

eigenvalue - 1.66

percent of variance - 5.5%

interested in own appearance

does not control emotions

Table 4

Agreement Poles

	Female Participants			Male Participants		
Item	Women	Men	Adult	Women	Men	Adult
Sentimental	n	y	n	n	n	n
Understanding of others	y	y	y	y	n	n
Interested in appearance	y	y	y	y	n	y
Affectionate	y	y	y	y	n	y
Not afraid to take risks	y	y	y	n	y	y
Soft	y	n	y	y	n	n
Forgiving	y	y	y	y	n	y

note. y = yes; n = no

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