

DIFFERENTIAL PERCEPTIONS OF THERAPISTS
AS A FUNCTION OF THERAPISTS' GENDER AND STYLE :

by

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This study was an exploration into the effects of the sex and style of therapists on male and female subjects. Two hundred forty-four graduate and undergraduate students served as subjects. Subjects were run in groups (pre-existing classes) which ranged in size from a low of 20 students to a high of 50. Each subject received and completed an experimental protocol, which consisted of a mock therapy session transcript and measures of subjects' perceptions of the therapist.

Four variations of the experimental protocols were utilized. They reflected the conditions of (1) a responsive female therapist; (2) a non-responsive female therapist; (3) a responsive male therapist; (4) a non-responsive male therapist. Measures included (1) a semantic differential scale; (2) a questionnaire scale.

Many of the hypotheses of the experiment were supported by the data. It was found that subjects' perceptions of therapists fell under two broad categories: they were seen as either a nurturing figure or an authority figure. Responsive therapists were seen as more nurturing; non-responsive therapists were seen as more of an authority figure. Further, male therapists were seen as more of an authority figure than female therapists. Non-responsive female therapists were seen as the least nurturing.

The data suggest that sex-role stereotypes operate in the determination of subjects' impressions of therapists. Men are expected to be the authority, and are seen as such by virtue of their sex alone. Women are expected to be nurturing, and when this expectation is thwarted they are experienced as even less nurturing than a male counterpart who functions in precisely the same manner. A devaluation mechanism, as a response to the frustration of thwarted expectations of gratification, is suggested.

These results have implications for the analysis of transference and countertransference within the therapy process.

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INTRODUCTION

Statement of Purpose and Intent

The recent interest in women's issues would seem to suggest that we are witnessing a cultural upheaval. There are those who speculate that the implementation of equalitarian values between the sexes will have no less than a profound and radical effect. Certainly, there is evidence to suggest an important movement is taking place. Witness the recent formation in New York City of the first women's bank, the passage of the ERA bill in a large minority of states, the proliferation of uni-sex fashion and ideology.

And yet, despite these apparent changes, there are few accompanying extensions of sex-linked boundaries existing in those occupations which carry with them the aura of high prestige and associated financial recompense. The media would, perhaps, have us believe differently. A look at the statistics, however, reveals that strides gained in this area are minimal. The number of female lawyers has increased from 1 percent of the professional pool in 1910 to 3.5 percent--a small gain, but there has been no change in the last 10 years. True, the number of women doctors has reached an all-time high, moving from 6.1 percent of the pool in 1910 to its present 6.8 percent: an all-time high perhaps, but hardly what could be called a substantial increase. The number of female college teachers has dropped from 32 percent of the pool in 1930 to 19 percent currently. A look at the helping professions

is equally instructive. Women make up less than 10 percent of the total number of psychiatrists; and about one-half of the total number of psychologists. In the social work profession--the least prestigious and least lucrative of the helping professions--the numbers reverse themselves, and women predominate in a 2:1 ratio over men.

What is clear from the statistics cited--and more could be given, relating to bank boards, high government positions, advertising firms; in short, the whole gamut of professional life--is that the positions of high prestige have been, and continue to be, positions that are, in the main, reserved for men.

Reasons for the establishment of this particular set of circumstances are complex. They involve a convergence of factors which are sociological, psychological, and biological. It has been the intent, recently, of a number of researchers to investigate the effect of these factors on the positions, feelings and attitudes towards and of women. Theories and data are sometimes grounded in a single perspective (biological studies do not typically take into account sociological conditions); or, they sometimes reflect an interactional approach (e.g., the fertile marriage of sociology and psychology into social psychology). What they each have in common, however, is the pursuit to understand the unique position women in this culture hold, and the impediments that stand in the way of this position being meaningfully and permanently changed.

To be sure, there are cases, not altogether rare, of women moving within the ranks of traditionally all-male enclaves. They have even, on occasion, been able to do this successfully. More often,

however, immense difficulties have arisen. They are not trusted, not respected, not taken seriously. The circumstances of a woman being in a position of power and authority runs counter to her role expectation, to her socialization process, and, as some would have it, to her biological destiny.

And yet, despite the impediments that stand in her way of assuming positions of power and authority equal to man's, a small minority of women have insisted on taking on the struggle. It is the intent of this study to investigate one aspect of the difficulty women have who assume the position of therapist--a particular kind of authority role. It is argued that sex, itself, is a critical variable in determining the perceptions one has of a therapist--i.e., sex of the therapist, and sex of the percipient observer; and further, that these two variables interact with the therapeutic style of the therapist.

The issue is a timely one on two accounts. First, the current interest in women's issues emphasizes the need for understanding differential effects and perceptions of males and females. It will be seen that the data support the notion that males and females are seen differently and in stereotypic ways, based on their sex. Meltzoff and Kornreich (1970), in reviewing the literature on sex-pairings in therapy, conclude: "At present there is no clear basis for preferential assignment of a patient of either sex to a therapist of either sex. No statement can be made with confidence about the relative benefits of selected sex pairing with given types of patients." With more precise understanding of the differential effect of men and women therapists on male and female patients, predictions could be made which would lead to more

careful assessment of patient's needs, and ultimately to more successful treatment.

Secondly, the controversy between therapy styles has become, if anything, more heated in the last decade. Therapists are alternately advised to remain objective and neutral, to show emotion and become involved, to offer interpretation, to not offer interpretation. If, as the studies to be cited indicate, non-responsive female therapists evoke a large amount of negative regressive transference, one would want to assess the suitability of this analytic mode as a treatment plan for specific patients. Some theorists insist that this kind of transference is too disorganizing for the psychotic patient; others insist that it is the treatment of choice for the pre-Oedipal patient (Spotnitz, 1969). Regardless, the training therapist is surely to be confused by the contradictory information offered. The amount of empirical data to aid in understanding the different implications of different styles is sparse.

This study, then, is an attempt to further investigate the differential effect of sex and style of therapist on male and female subjects. The focus is on the stereotyped notions that we, as cultural animals, hold: the implications of these notions for women who assume positions of authority, and specifically, the position of authority as embodied in the role of therapist.

The Nature of Stereotypes

Stereotypes serve, most broadly, as a way of organizing experience. The amount of stimulation that impinges on our senses

would be, without a selective filtering out process, quite overwhelming. The attention to but a small range of sensory data allows us to move functionally in the world. When one "sees" in a stereotypic way, what becomes most important is to fit data into a given, pre-arranged scheme. Data that are dis-jointed, contradictory, or otherwise irrelevant are ignored or discarded. Thus, we rarely have the experience of being "jolted" from a perception.

It could be argued, even, that all perception is stereotypic. Experience, as it relates to perceptive ability, can be said to have three attributes: structure, stability and meaning.

Structure: Classification is an early form of description. Categorization reduces an overwhelmingly large and chaotic amount of data into a world of order. In terms of person perception, the way in which data are organized will, in part, determine the way a person is seen. A psychologist, on meeting a person, is likely to select categories of stimuli which are quite different than those of an artist. Comparing descriptions of the same stimulus person by two different people shows that the common stimulus may not even be recognized as being the same.*

Stability: Just as the size of an object's projection on the retina varies as one moves towards or away from an object, so too is

*Dornbusch et al. (1965) compared categorization employed by a common perceiver of different states with the categorization by two different perceivers of a common stimulus person. Category overlap was greatest when one perceiver described two different children (57%); when two different perceivers described the same stimulus person, overlap was smaller (45%).

behavior widely variable. And yet, despite the variation, we tend to interpret both object size and person behavior in some consistent and stable way. We focus not so much on the constantly changing behavior as on the more invariant characteristics--intents and purposes. We attribute dispositional properties to persons, and these remain so strong that, at times, when the behavior contradicts our prior attribution of property, we will, for the sake of stability, devise an argument to align the unexpected behavior into our expectation.

Meaning: Our interactions with others involve a process by which we attempt to "make sense" out of behavior. This is done through the process of organizing of data, through our noticing similarities between people, and through the feeling of familiarity. The yield is predictability. That is, we may code behavior in the same way a number of times. We may even see that certain traits are consistently and frequently correlated with each other. We then generalize and assume that there is validity to our correlations, even in situations which we have not yet encountered. The process of generalization allows us, in the future, to by-pass the building of the theory, and the matching of correlations* (i.e., unless we choose to revise our generalizations. The nature of stereotypic thinking, however, usually precludes revisionary attempts).

*A classic study on group stereotypes involved asking students at Dartmouth, Yale, Princeton and Harvard to describe students at each of the schools. The extent of stereotypic thinking is reflected in the paucity of adjectives used to describe any set of students from one college (low variability), and the difference between sets of students from different colleges (high variability) (Fink & Cantril, 1937).

Our impressions of other people are a form of stereotype; through the processes of selective attention and abstraction, organization of data, taking note of the experience of familiarity, and making correlations we begin to develop stable and meaningful perceptions. The advantages are monumental: our sensory and cognitive world is ordered, predictable, and meaningful.

We do so, however, at the risk of inaccuracy. The desire to reap the benefits of stereotyped thinking may, at times, outweigh the commitment to objectivity. The organization of data into a stereotype is rarely an organization unique to any one individual. Any stereotype has a number of supporters and proponents, and the social support of the proposition serves to further perpetuate its life. The idea of correlating objective data with the stereotype notion can be quickly lost in the face of mass support of the notion. Group support, itself, is taken as verification of the validity of the notion.

Male-Female Stereotypes

Stereotypes that have formed around the issues of male and female are among the most pervasive culturally, and until recently, perhaps the most subtle. Stereotypes are seen as stereotypes only when their validity has been called into question; they are otherwise taken as facts. Male and female differences have been traditionally assumed to reflect unequivocal facts. One psychologist even constructed a comprehensive theory based on these presumed differences (Jung: his theory of psychological functioning as grounded in his theory of masculine and feminine principles); the writings of another influential theoretician

are permeated with notions of presumed differences (Freud: notions of penis envy, castration anxiety). It has been only since women have begun to resent the pat packaging of their images that research has been generated to differentiate fact from notion.

Stereotypes begin, perhaps, with some kernel of truth. In point of fact, there is some research that attests to the fact that the way men and women are differentially perceived is not entirely mythical.

The biological evidence is, perhaps, where the strongest case is made for real differences. Strict application of this theory presumes more than the traditional interactional resolution of the nature/nurture controversy. This theory, too, must be differentiated from a biologically-based theory, such as Freud's, where the state of the body has an indirect effect on the psyche because of one's feelings and cognitive responses. Rather, the biological theory of sex differences implies that the body has a direct effect on the psyche of the individual.

Bardwick (1971), in promoting this theory, assesses the work done on the menstrual cycle and menopause, and shows the work to suggest that high levels of estrogen are correlated with high levels of positive moods, and low levels of estrogens and progesterone are correlated with significant negative emotions. She concludes that "phases of the menstrual cycle are associated with characteristic moods that are primarily dependent upon physical state rather than upon attitudes about reproductive function."

Weisstein (1971), however, is critical of theories which base assumptions on biologically-based data. She attacks the arguments used by Bardwick, and others, which remind us of the causal relationship between hormones and brain function, and then goes on to assert that since sex hormones are different, behavior too will be directly functionally different. She specifies that the argument only tells us that there are physiological differences, but that it is not clear that these differences are at all relevant to behavior. In fact, the study of Schacter and Singer (1962) has shown that a particular physiological state can itself lead to a multiplicity of felt emotional states and outward behavior, depending on the social situation.

Whether or not there are real differences,* and if so, whether or not the causes are biological, seems, however, to not affect the popularly held notions of women's capabilities. A review of the literature will show that in relation to men, women are seen as relatively incompetent and powerless. Both males and females expect women to fail. And even the qualities which are connotatively good, are less good than the qualities ascribed to men.

How Sex-Role Stereotypes are Perpetuated

In order to understand the nature of the perpetuation of sex-role stereotypes, it is perhaps helpful to understand first the profound

*Maccoby and Jacklin do a thorough survey of the literature on sex differences, and come up with only four sex differences which they consider to be well established; three of the four are documented only through adolescent years (Maccoby & Jacklin, 1974).

implications that changes in these notions might entail. Sex-role stereotypes are maintained, as will be seen, through the allocation of sex roles within the family structure. The super-structure of present-day culture is based on the family system, as we know it. The request by radical feminists who ask for more egalitarian values between the sexes has broader implications than mere employment-pay equalization. True equality between sexes means a shift within the family system, and a shift between the family as a system and the larger cultural system of which it is a part. The maintenance and continuation of the present-day family would become threatened under the pressure of radical revisions of this kind. There are already those who point to the divorce statistics as evidence of the decay of the family system.*

Thus, it is not difficult to see that the forces that stand to perpetuate the present-day allocation of sex-role behaviors would be great indeed. Four factors have been isolated which serve to maintain the traditionally held notions of male-female role differences: (1) the influence of the media; (2) the cooperation of women in perpetuating the

*This is really a specious argument, however. While it is true that the divorce statistics are higher, so are marriage statistics. The data probably reflect the increased mobility between family systems: with increase in re-marriages, a parent often finds himself having dual or triple membership in different family systems. The traditional family structure, then, remains intact. Even more common than the woman who finds a new and liberating freedom from her old sex-role allocation and rushes out to divorce is another syndrome. This is the woman who breathes in only slightly an air of new possibilities--enough to make her dissatisfied with her life, but not enough to push her to divorce; or, the "diary of the mad housewife" syndrome.

notions; (3) the socialization process within the family system; (4) the power of the status quo. Despite these pressures, however, there is some cause for optimism about the possibility of change.

The profound influence of the media on our attitudes, feelings and behavior has been studied in other regards (McLuhan, 1964; Milgram, 1971). The presentation of male and female roles in the media serves to reinforce existing male/female stereotypes, or, in the case of young children, may even serve to introduce to them the notion of male/female stereotypes.

The image presented of women is not a kind one. She is portrayed (at least, on the medium of TV) as bound to her wifely chores, the extent of her philosophical thought being the whiteness of her wash; she is seen either as the catering, doting wife or the nagging, discontented mother. Fulfillment lies with the promise of modeling herself after the fashion models with perfect hair, perfect teeth, and perfect skin, or with making the same wise decisions of the formerly discontent wife/mother who suddenly finds herself in a state of transcendent bliss through her choice of dishwashing powder.

More formally, studies have been done to compile evidence on the myth of the woman as presented through the media. An analysis of magazine fiction from 1910 to 1970 portrays the unmarried woman as interested exclusively in finding a husband. The married woman is seen as dependent on the husband, and whose definition of self comes only from her role as wife and mother. Incompetence in women is rewarded by success by having a man propose; competence in women is punished by having the man leave. Divorced or widowed women are

taught that they should not expect to raise healthy, happy children without a man. And, finally, unmarried women do not lead fulfilled lives through their careers (Franzwa, 1975).

A number of studies have analyzed children's books, and show how an inaccurate stereotyped image of women is perpetuated (Child et al., 1946; Bailyn, 1959; Stefflre, 1969; Key, 1971; Weitzman et al., 1972; Children's Media, 1972). Children's books, typically, portray most woman as not working (despite statistics that show nearly half of all adult women work), women either work or are married, but not both (despite statistics that show that 60 percent of working women are married), practically no mothers work (a sizable minority of mothers do, in fact, work) and 2/3 of the working women are employed at the professional level (despite the fact that most women are in labor, not management positions, and that professional occupations account for only 1/6 of the employed women) (Stefflre, 1969).

The portrayals of personality characteristics of males and females differ, as well. Boys are seen as exhibiting the qualities of curiosity, independence, and assertiveness; girls are seen as dependent, helpless, and lacking in curiosity. Typically, a man is seen as sure of himself, engaged in important problem-solving activities; a woman is seen as incapable of making a decision without the advice of a male. She is seen mostly in the kitchen, and with the thought uppermost in her mind of her husband coming home and the implications of that for her present home crisis.

Television commercials have also been studied. Analysis of the differences in roles men and women assumed showed that men are primarily

cast as the authority, or expert, while women are seen as the passive consumer of the product. Promises of payoffs for the use of the product also differed. Men are promised social and career advancement; women are promised that men and their family will like them (McArthur & Resko, in press; cited in Deaux, 1976).

While not enough research has been done to determine the nature of the effect of media-promulgated attitudes on the culture, there are, at least, some statements that can be made with surety. Media mythology of sex differences serves to perpetuate notions that are inaccurate, and for women, destructive to their self-concept. It is not yet clear to what extent the media can be held responsible for actually influencing the sex-role structure. Whether or not the media presentation of sex roles is a mere reflection of pre-existing structures, or whether it has a part in actually modifying structures in young children is still an open question.

The perpetuation of sex-role typing must be seen as partially attributable, also, to the cooperation of women in its maintenance. Concepts by Hacker and Lewin are helpful in understanding why this process should occur. Twenty years ago, Helen Hacker introduced the notion of "women as a minority group."* What is characteristic of minority groups

*It is interesting to note that when Hacker first wrote the article, it took her three years to find someone willing to publish it. The idea of considering women as a minority group seemed so outrageous to some scholars, it was suggested that it might be more fruitful for her to treat the stupid as a minority group. The intervening time, however, has shown the pertinence of the analogy of women to blacks (Hacker, 20 Years Later, 1975).

--pre-liberation of consciousness days--is not only their plight of discrimination, but their own accommodation to their subordinate position. Kurt Lewin (1941) suggests that group self-hatred is a predictable reaction of a minority group member to his group affiliation. The feeling becomes manifest in an undervaluation of other members of the group, and the acceptance of the dominant group's stereotyped perceptions.

Epstein (1970), too, utilizes the concept of women as a minority group, and focuses on the problems which come from a confusion of sex-roles with occupational roles. The formulations of Merton (unpublished, but cited in Epstein, 1975), agree with Epstein, and he gives an extensive analysis of the difficulties inherent in the problem. Importantly for the purposes here, the process which he describes is reinforced by the participation of both males and females.

Merton introduces the concept of "sex-typing"--i.e., a condition which accrues when a large majority of those in an occupation are of one sex, and when there is a normative expectation that this is as it should be; and secondly, the concept of "status-set typing"--which is the condition when a class of persons who share a key status (e.g., an occupation) also share other matching statuses (e.g., religion and race), and when again there is the feeling of the appropriateness of this condition. The status that is considered to be "salient" is the one that is focused upon in the interaction under observation. In some cases the sex status and occupational status are not in conflict with each other (as in the profession of social work, where it is appropriate for a woman to be a member of that professional community). And here, even though it may be true that for a woman who works, the sex status is always the salient one, no

problems occur because of the agreement between sex and status-set typing. In the case of the more highly prestigious professional woman, however, the sex status may become salient in the professional role, equal to or above the occupational status. The sex-typing of certain occupations has consequences for those who attempt entry into them, but are of the "wrong" sex. They may be considered to be "deviants" and as such will find that they are subjected to social sanctions.

Horner's work, too, is in explanation of women's own in-put in their sex-role typing (1968, 1970). The idea that women are not expected to succeed is perpetuated by the women's fear of succeeding. For the woman, the anticipation of negative consequences of succeeding is sufficient reason to prevent her from achievement.

The socialization process, too, accounts for the continuation of cultural sex-role differentiation. Again, the theory differs from the biological theories insofar as a strict application of cause and effect relationship is unnecessary. Instinct theories, heredity theories, and theories involving physiology posit their data as causative of sex differences; socialization theories disagree with each other as to the exact nature of socialization of actual formation of differences. All agree, however, that, at least minimally, the socialization process perpetuates the stereotyped notions of male and female differences and appropriate sex roles.

Theories of socialization have a distinct advantage over the other, more rigid, biological theories. Freud's well-known concept of "anatomy is destiny" connotes the pessimism of possibility of change. If biology is destiny, the only hope for changing the structures of

society resides in the possibility of changing biology.*

To be sure, socialization is a well-entrenched habit. The difficulties of altering such a process should not be underestimated, and has been attested to by various writers. Holter, for one, reviews the Marxist theory of economics and shows how the male's acquisition of private property necessitates individual as opposed to collective households and rules of inheritance. The patriarchal family where children and women are subordinate to the father is a necessary structure within such an economic system (Holter, 1971).

The essentially conservative nature of society, too, reflects the power of the status quo. Revolutions, i.e., radical departures from pre-existing ideology, are the exception, not the rule. Traditions are passed on from one generation to another in both conscious, deliberate ways, and in more subtle and insidious ways. To Freud, and to the whole field of family therapy which bears similarities to certain of Freud's considerations, we owe our understanding of the ways in which attitudes, thoughts and feelings can be unwittingly transmitted. Culture (and psychopathology) is based on this transmission of information.

*There is also some work which suggests that what has heretofore been regarded as biologically given may be subject to environmental, or other external control. Neal Miller's work (1970) has had revolutionary impact on this notion. He has demonstrated that responses of the involuntary nervous system may be subject to voluntary control, and are susceptible to the laws of instrumental learning. He feels, as well, that these principles are applicable to the hormonal system; e.g., the sex hormones.

Yet, as has been indicated, the theory allows for optimism with caution. While Marxist theory outlines the necessary implications of present economic structure, it does not see the economic structure as unalterable. Holter outlines explicit measures that would need to be taken, and can be taken, to modify societal structure. These include the breaking of the psychological maintenance of sex roles whose perpetuation is owed partially to the feeling of devaluation women experience due to the unequal pay scale. The payment of all work women do (meaning housework, child care, etc.) would result in an increased sense of self-respect, and would help to dissolve the attitude of sex-role inequality.

And while Freud never directly addressed the issue of alteration of sex roles (indeed, as stated earlier, his theory even promulgates the differences), his whole theory of technique must be seen as a means to that end. Through the working through of repressed and denied material, the unconscious is made conscious. The power of stereotypic thinking lies, partially, in the blindness with which the stereotypes are maintained. The strengthening of the ego through the analytic technique allows rationality to assume decision-making powers. But when one regards one's unconscious assumptions, such as stereotyped thinking, the assumptions are seen as inappropriate and as no longer necessary.*

Further optimism comes from those studies which have regarded differences in socialization processes, and found differences in outlooks on sex roles. Socialization theories, typically, do not differentiate

*The premise here is that unconscious assumptions, of which stereotypic thinking is one, serve as defenses. When it is seen that the defense may have previously been functional, but is now extra baggage, the defense can be dropped.

between the growing up experience for children of different social classes. When the notion of family--its perimeters, its concomitants, and its implications--is discussed, it is talked about as though it were a unified and uniform concept. This notion does not take into account the vast differences of meaning "family" can have between social classes. While it would be tangential to the purposes here to give an extended analysis of what these differences are, let it be sufficient to name a few: lower and lower-middle class families have a larger number of family members contributing to the labor force, as compared with upper-middle and upper classes. For the process of socialization, this means that the primary models for identification are out of the house more often. Lower and lower-middle class families, perhaps as a response to the gap in the nuclear family created by the necessity of sending out more of its able bodies into the work force, typically have strong extended family ties. As one moves up the social ladder, one finds that the family network moves from an horizontal patterning to a vertical patterning. that is, the nuclear family becomes a more concentrated entity in the upper classes, and the emphasis is not so much on horizontal broadening of the family (aunts, uncles, cousins), but on generational transmission (mother and father to son and daughter). In short, the experience of what it means to be in a family is different for different classes. The socialization process is dependent on the definition of family. If the meaning of "family" is different, so too must be the socializing experience.

At least one study confirms this notion. Hartley (1964) looked

at children's perceptions of sex-roles by dividing them into classes (upper-middle and lower-middle) and those with working mothers and those with non-working mothers. Differences were found with children who had a history of maternal employment. These scored highest in measures of egalitarian experience and showed the greatest variety of views on sex-role assignments. Children who were identified as lower-middle class showed higher scores on both female-role acceptance and male role striving. Results indicate that: (1) differences in the socialization process do affect the nature of one's conceptions about appropriate male and female roles; (2) this difference is, specifically, that the exposure of a child to a primary female who exhibits behavior that is both male and female-associated, will result in the lessening of the power of stereotypic notions about male and female roles.

The data cited which account for the perpetuation of stereotypical notions about sex roles have implications for the causal attribution of the failure of women to be more highly successful. The problem is seen as social. Even, insofar as the woman contributes to the maintenance of her subordinate position, it is seen that she is fulfilling a sex-role expectation, and that her whole socialization has been a training for her to do so. Remediable intervention thus becomes possible.

REVIEW OF THE LITERATURE

Theory of Socialization (Parsons & Bales)

The theory of socialization which this author finds to be most comprehensive is that of Parsons and Bales (1955). The theory has the advantage of articulating the nature and function of age and sex roles through the various systems of culture, family, small group and personality.

Parsons and Bales begin with an appreciation of the family as a system within the larger cultural system. One of the points of interface between the two systems is the movement that one or more of the family members must take away from the family and into the larger cultural system. This movement is instigated by the necessity of maintaining the family structure, which can be done only if the family has a viable income. Thus, the adult member(s) who fulfill(s) this role has dual membership in both the family and the occupational world. It is by virtue of this role assignment that the husband/father (the person traditionally assigned this role) is designated as the "instrumental" leader of the family system. The area of instrumental function concerns the maintenance of the equilibrium of the system, establishing viable relations with systems external to the family system, and establishing relations to external goal-objects. It is described as specific, affectively neutral, universalistic, achievement oriented, rational, concerned with performance.

While the role of the husband/father is seen to be not fundamentally

pre-determined, but rather, arises out of necessity, the same is not true for the wife/mother. The fact of the bearing and nursing of the child establishes the basis for the assumed role function of the female. Through these experiences with the infant, the mother participates in a relationship of absolute primacy to the child. In being exempted from these biological functions, the man is left free to specialize in the alternate instrumental direction.

The wife/mother, thus, finds her role-appropriate behavior tied to the home and to the children. She represents "expressive" functioning, and is concerned with the internal affairs of the system, the maintenance of harmonious relations between system members, and the regulation of patterns and tension levels of its component parts. Expressive functioning is described as responsive, supportive, harmonizing, pleasurable, and relational.*

The instrumental/expressive functioning is not the only means of differentiation of role assignments between family members. Age, too, is a critical determinant. It is a biological given that the child cannot approximate the level of power of the adult. Thus, a hierarchical

*Does the inclusion of women in the labor force threaten the instrumental functioning of the father, as defined by Parsons and Bales? Several considerations suggest not. First, women's salaries are rarely competitive with men's (this, of course being one of the bones of contention of the women's movement), and so, in terms of actual quantity of monetary contribution to the maintenance of the family system, men remain as the primary breadwinners. Second, while there are an increasing number of women joining the labor force, their status within the traditional family paradigm should be taken into account. Among those working are some divorced, widowed, single, or those whose children are grown. The residual--working women with children who remain within the domestic residence--becomes a minority. Finally, even the distribution of women within the labor force confirms the approbation of sex role behavior. Jobs available to women tend to have a primarily expressive component--

relationship, based on generation, is established within the family system. The older generation is in a position of relational power to the younger generation. Superior power means that those who are invested with this quality "know better," have more of a right to direct and control, are stronger and more competent. The superior power in the family structure is the father.

What has accrued, then, is that the family is constituted of four main role-types, different from each other by the criteria of generation and sex. Family members are placed in position, then according to the physiological determinants of age and sex:

		<u>Instrumental Priority</u>	<u>Expressive Priority</u>
Superior +	Power	Instrumental superior father (husband)	expressive superior mother (wife)
Inferior -		instrumental inferior son (brother)	expressive inferior daughter (sister)

Because of the process of identification in children, familial role relationships become internalized values. Boys are trained to assume those instrumental/superior power modes of functioning, like their fathers, and girls are trained to assume expressive/inferior power modes of functioning like their mothers.

teacher, secretary, nurse, social worker, and are often supportive to the masculine roles. Even within the high level professions, the pattern is replicated. There are more women pediatricians and psychiatrists than surgeons. The women's position in the labor force parallels, then, her position in the family structure as wife/mother representing primarily expressive functioning.

The process of identification, however, is not as simple as one would have it, because of the intrafamilial developmental phases. The infant is, initially, in an oral-dependent phase, where the mother cares for the passive child. The power differential is at its strongest here, and the mother as a separate ego-object is not perceived. The beginning of the parent-child differentiation is made on the basis of age, and so, for the child, the mother assumes a superior power position. She performs instrumental modes of functioning, as well as expressive. However, compared to the child, who is primarily expressive, she is primarily instrumental. It is not until the Oedipal period that the child begins to internalize sex differences between parents. "Here we assume that the biological differentiations of the sexes provide ascriptive foci for allocation of the individual to one or another socially institutionalized sex category. . . . But they serve as symbols. The penis is the symbol of masculinity, and its absence of femininity" (Parsons & Bales, 1955). The father, then, now assumes the instrumental/superior power role position--replacing the mother. He is the primary source of the new demands on the child for conformity and autonomous functioning. Mother becomes equated with expressive, inferior role position, but with the memory retained in the child of her having been instrumental and superior power. She remains the primary source of "security" or "acceptance" in the love relationship. Sex role typing, within the family system, is now a fait accompli. All that remains, for the socialization of sex role typing to be complete, is for the child to make the transfer of appropriate modes of functioning to paradigms outside the family system (e.g., teacher/student; doctor/patient;

policeman/citizen; and ultimately man/woman within the development of the grown child's own nuclear family).

Experimental Support for the Theory of Socialization

The experimental literature is unambiguously supportive of the notion that the male superior power/instrumental mode of functioning is the culturally favored one. And further, that both men and women have a part in the perpetuation of this state.

Experiments investigating the superior/male position (as represented by the power axis in Parsons and Bales) measure the degree to which traits which are typically identified as masculine are socially desired, sought after, and in some cases idealized.

Broverman et al. (1972) did the, what is now, classic study to determine the nature and pervasiveness of sex-role stereotype thinking. Practicing mental health workers were asked to indicate adjectives describing (1) "a mature, healthy, socially competent adult man" (2) "a mature, healthy, socially competent adult woman" (3) "a mature, healthy, socially competent adult person." Adjectives used to describe the adult male were in high correlation with those used to describe the adult person.

The study has broader implication, though, than the mere fact of existence of sex-role stereotypes. Additionally, the study gives us data that the stereotype notions are not only pervasive, and approved of, but actually idealized by large segments of society, including that bastion of radical thought, the university. College men, when asked to indicate qualities which are desirable for women to personify, indicated a

preference for less independence, less rationality, less ambition. The data of Elman et al. (1970) corroborate the finding that the concepts of the ideal man and woman parallel the stereotypic notions of male and female.

That the socialization process can be held critically accountable for the sex-role typing is demonstrated in the Broverman study by the use of adjectives descriptive of male/female qualities. These clustered around those same concepts of masculine/feminine that are promulgated in the socialization process. Positively-valued masculine traits cluster around the notions of competence, rationality, and activity (instrumental functioning); positively-valued feminine traits cluster around the notions of warmth and expressiveness (expressive functioning). Characteristics ascribed to men are positively valued more often than characteristics ascribed to women.

Other studies support the notion that the male position is the culturally favored one. McKee and Sherriffs (1957) asked subjects to indicate which traits they felt belonged to males and which to females, and these were rated for favorability. Males were ascribed significantly more favorable traits than females. Other literature shows that the field is virtually replete in studies which support the notion that the characteristics of men are the more highly favored ones in this culture (Smith, 1939; Kitay, 1940; Fernberger, 1948; White, 1950; Sherriffs & Jarrett, 1953; Dinitz, Dynes & Clark, 1954; McKee & Sherriffs, 1957, 1959; Sherriffs & McKee, 1957; Lynn, 1959).

Studies that investigate the instrumental/expressive functioning of males and females are concerned with those characteristics that are

descriptive of those modes of functioning. Specifically, studies looking at stereotypic notions about instrumental functioning are concerned with the evaluation of competence, or the critical assessment of performance--these being characteristics that reflect instrumental functioning.

Goldberg (1968) did one of the early studies on performance evaluation. Subjects were educated women. They were given articles to read in which the author was identified either as a woman, or as a man. Ratings determining competence of the author indicated that identical papers were rated higher when they were attributed to male authors. Aside from the indication of differential evaluation of male and female writers, the study has an additional importance. It shows that the stereotyped notion of man's competence over women is not an idea peculiar to and advanced by men alone; rather it permeates the thinking of woman about herself, as well.

A later study (Pheterson, 1969), found contradictory results, using uneducated women as subjects. Here, male and female authors were rated equally. A third study was done in an attempt to reconcile the discrepant findings (Pheterson, Kiesler, Goldberg, 1971). It was hypothesized that the fact of publication per se would serve as prima facie evidence of competence to the uneducated women. Thus, the additional variable of "success" was included in the study. Women were asked to rate paintings. Where the paintings were designated as "winners," ratings of male and female artists remained equal. Where the paintings were designated as "entries," the same pattern of undervaluation of the female occurred, and competence of the male artist was rated higher than

that of the female.

The Goldberg studies point to another phenomenon, which is embedded in the Parsons and Bales theory, though never made explicit. This is the differential expectations of men and women. The expectation operates as an important variable in performance evaluation. A woman's success can be seen as an accomplishment against odds, and as such can be overvalued. The Pheterson, Kiesler, Goldberg study investigated this hypothesis, and found no statistical support, but informal discussion with subjects convinced them that the principle was operative and that it was the subjects' perception of the demand characteristics of the experiment that prevented the concept from showing up statistically.

A later study, however, by Deaux and Taynor (1973) assesses more completely the role of expectation in performance evaluation. Subjects were asked to listen to male and female scholastic candidate applicants. Consistent with the sex-role data supporting the notion of man's privileged position, male applicants were rated above female applicants when both did equally well. However, when both did equally badly, the male applicant was rated considerably below the female applicant. Similar results were obtained when the success or failure at several occupations were rated. The expectation of success of men leads to over-valuation of men's performance, and the disappointment of that expectation leads to under-valuation in performance assessment.

Studies investigating expressive functioning of males and females look at those characteristics which are associated with and descriptive of that mode of functioning--nurturant behavior, helping behavior, etc. Fewer studies of this kind have been done and this fact,

too, is probably reflective of sex bias thinking. Instrumental functioning is not only the culturally favored mode, it is, apparently, the mode of functioning of most interest to researchers.

One study, however, has been done which looks at the evaluation of nurturant ability (Taynor & Deaux, 1957). Subjects were asked to evaluate a man who demonstrated nurturant ability in relating to a small child. Paralleling the Pheterson, Kiesler, Goldberg study, which demonstrated the importance of recognition of success from external "authority" sources, the authors included a commendation to the helpful man from an hypothetical police force.* Results show that the man was not seen as particularly deserving of reward. The implication would be, here, that activities associated with expressive functioning are so under-valued in our society, that demonstrated competence at such an activity is something which is considered to be hardly worthy of taking seriously.

Deviation from the Sex-Role Stereotype

As suggested earlier in the presentation of the theoretical formulations of Robert K. Merton, a peculiar set of circumstances arises when the sex-typing is inconsistent with the status-set typing (or, more broadly for the purposes here, the particular activity under analysis). This inconsistency is referred to by researchers in the field as a deviation from the sex-role stereotype. Expectation, as seen in the

*The dates of the studies should be noted. Although the Pheterson, Kiesler, Goldberg study was done after the Taynor and Deaux study, there is no mention of acknowledgment of their thinking which leads them to include a "success" variable.

Pheterson, Kiesler, Goldberg and the Taynor and Deaux studies, are an important component in the differential assessment of males and females in their respective sex roles. We expect to see a man performing instrumental activities; we expect to see a woman performing expressive activities; to see otherwise comes as a surprise. The nature and extent of the deviation from the expected stereotype are factors influential in performance evaluation and impression formation.

One obvious deviation a woman can make from her expected role is to assume a career. Early studies of career women, of which the most notable example is E. C. Lewis' studies of Vassar women, reflected a less than flattering stereotype. Women who had chosen careers were seen as personally dissatisfied, seeking an outlet for their frustrations in their work, victims of childhood traumata, rejecting of their femininity, maladjusted, lacking a close relationship with their fathers (Lewis, 1968; Hoyt & Kennedy, 1958). Helson (1972) reviews the old literature, and more recent research which casts the career woman in a more favorable light (Maccoby, 1963; Bernard, 1964; Roe & Siegelman, 1964; Rossi, 1965a, 1965b, 1969; Ginzburg, 1966; Cartwright, 1970; Bachtold & Werner, 1970; Astin, Suniewick, & Dweck, 1971; Tangri, 1972). These studies give a picture of the career woman being competent, highly individualistic, serious and committed to her profession, and would seem to put at rest the old notion of women performing instrumental type functioning as being maladjusted. Gump (1972) contributes a study which suggests that women who were in college in the late sixties had a host of role possibilities formerly unavailable to their sex. The women who take seriously these non-traditional possibilities were seen to be stronger than those who

conformed to the more conventional stereotyped notions. These women, attempting to maximize their options, did not reject traditional values (of marriage and child-rearing), rather they had a two-role conception of their future.*

As seen, men are expected to succeed at performing instrumental tasks. When women succeed at these same tasks, some cognitive adjustment must be made to re-align the demonstrated facts with the prior expectation. Deaux and Emswiller (1974) tested the proposition that this cognitive adjustment would take the form of differential attribution of causation. Male and female subjects were asked to evaluate performances by students who were engaged in masculine and feminine-associated tasks. When the task was a masculine one, male students were seen as skillful (internal attribution); female students were seen as lucky (external attribution). Feldman-Summers and Kiesler (1974) asked subjects to attribute causes for the successful careers of a male and female MD. Sex of the subjects, as well as sex of the MD, proved to be a significant variable. Male subjects attributed more ability to the male doctor than to the female doctor, in support of the earlier Deaux and Emswiller findings. Male subjects attributed two additional factors in explanation of the success of the female MD: the task was easier, and she tried

*There is a whole body of literature dealing with measures of masculinity and femininity relevant to this point. Recent research indicates that masculinity and femininity traits are orthogonal. Bem (1974) is partially responsible for popularizing the notion of androgyny and has found that those people who score high on both masculine and feminine scales (thus, reflecting an androgynous state) are psychologically healthier.

harder. Female subjects agreed that the female doctor had put forth more effort, but felt that her job was more difficult, rather than easier, than the male doctor's job.

Deviation from the expected sex-role behavior may have different consequences for men than for women. One would expect, though, that the kinds of behaviors exhibited are an important variable in the differential effect on observers. Maracek (1974), for instance, devised a test where both males and females were seen as behaving in ways deviant from their sex-role expectation. Protocols were of hypothetical patients: male patients exhibited a high degree of dependent behavior (a traditionally female characteristic) and female patients exhibited a high degree of aggressive behavior (a traditionally male characteristic). Results indicated that dependent men were judged to be more seriously disturbed than dependent women, and aggressive women were judged to be more seriously disturbed than aggressive men. There was, then, here, no difference in evaluations; both male and female "deviants" were seen as behaving equally inappropriately.

Spence, Helmreich and Stapp (1972), however, found a differential evaluation when males and females acted in sex-role deviant ways. Here it was found that subjects liked both men and women better when they showed a preference for masculine activities. That is, the woman who deviated from her traditional feminine interest was evaluated positively, but there was no correlate positive evaluation of the man who deviated from his expected masculine interests. In her analysis of the

study, Deaux (1976), points out the contradictions in the finding:* on the one hand, it is not surprising given the evidence that male-associated activities are viewed more positively than female-associated activities. On the other hand, the finding is contradictory to other data (previously cited) which shows that the stereotypic female is preferred, approved of, and idealized, and, as well, to data showing that when women hold opinions that run counter to their traditionally held feminine values, they are less liked than the woman who holds traditional values (Seyfried & Hendrick, 1973; Shaffer & Wegley, 1974).

Deaux's resolution of the contradiction is to note that the deviations were towards positive characteristics. The resolution is a good one because it resolves as well, the contradiction between the Maracek study and the Spence, Helmreich and Stapp study. The Maracek study presented the "deviants" as patients, already a label which suggests that their behavior might be less than ideal. The importance of external authority labeling to the evaluation of behavior has already been demonstrated through the series of Goldberg studies. And so, it is

*She also notes methodological considerations, which may have contributed to the results. In the Spence, Helmreich and Staff study, hypothetical "deviants" were seen on video tape. If there had been any expectation by subjects that a woman who had masculine interests would be dikey, ugly and maladjusted, this notion was quickly put to rest. In fact, the woman deviant was quite attractive, thus embodying the best feminine characteristics, and as well those all-time favored masculine-associated interests. Probably the variable of "attractiveness" entered into the study as an interfering variable.

not surprising to see that subjects' ratings reflect the same negative connotations implicit in the paradigm itself. In the Spence, Helmreich and Stapp study, built into the design was a manipulation of a competence/incompetence variable. Where "deviants" were seen as otherwise competent (the woman with masculine interests was also pretty and likeable), ratings were positive, paralleling the finding of Maracek, where the "patient" label served as the equivalent variable. Whether or not the deviant behavior is a move towards positively or negatively connoted behavior, then, seems to be an explanation sufficient to explain the contradictions found between these experiments.

Authority as a Special Case of Deviance

When seen within a larger framework, however, the resolution Deaux makes is found to be inadequate. The differential evaluations of women who are seen performing "deviant" functions may have more contributing variables than the positive or negative valence of the activity. The studies thus far cited have in common that the "deviant" behavior has no direct or important effect on the subjects. "Deviants" are seen to be performing activities at which they are either better or worse; these activities may be more or less emotionally-laden for subjects. When the deviant activity, however, is one that directly concerns the subject, and represents an issue that is emotionally charged, a new variable has been added.

As seen earlier, the socialization process described by Parsons and Bales represents a training for the assumption of authority roles, as well as sex roles. It is the superior power position of the adult

male that represents the authority figure, first in the family, and then later within other societal paradigms. The women and children are taught that in relation to the male authority, they are to be submissive and powerless. When a woman assumes a position of authority, then, there is a basic incongruity between the role requirements of the position and the sex-linked role conception that has been learned.

The contention here is that the assumption of an authority position by a woman is a special kind of deviant behavior; it differs from the instrumental-type activities that have been studied in most of the studies cited. That is, it is more than an exhibition of competence (Goldberg, Deaux & Emswiller) and, it is more than just preference (Spence, Helmreich & Stapp). It is an actual assumption of a role that may have real, and emotionally-laden consequences for those who interact with the person embodying the role. The extent of the potential meaning and power of the female authority may be reflected in the monumental investment in keeping her from assuming that position.

Within the socialization process, the roots of the intensity of the experience of the female as authority can be traced to the early contact of the mother with the infant. While it is true that she is in an inferior power position in relation to the father, she is in a position of primary authority over the children. The time she spends with the infant is quantitatively more, as compared to the father, and probably qualitatively more intense. As the superior power to the children, it is her role to socialize them. This means that she is the agent for the infant's frustrations and deprivations of gratifications (Parsons, 1954). She is, for the child, the earliest experience of

authority. As such, she becomes the target of early sadistic impulses of the child (Bayes & Newton, 1976). Freud (1932) and Horney (1967) both consider this process to be a major factor in the subsequent development in males of a fear, terror and dread of women. Lerner (1974) agrees, and suggests that the idealization of men and the penis may be an effort to devalue the omnipotence and power of the maternal figure. Chasseguet-Smirgel (1970) contends that both the male and female child will maintain a terrifying image of the mother, despite her objective goodness and kindness. Neuman (1955) and Slater (1966) both present anthropological and mythical data suggestive of the power of the female, and the terror of her. Summing, then, as primary caretaker of the child, the position of the mother is an intensely powerful one: her warmth is sustaining; her neglect or abuse can be destructive and terrifying.

The emergence of resistance to the maternal authority is a developmental milestone for the growing child. The process is different for the male child than for the female child. For the male, the relationship to the mother becomes translated from a relation based on power with mother initially as dominant, to a relation based on sex-role, where the male assumes dominance. For the growing son, then, the emergent independence of the son reflects a reversal of the original infant/mother paradigm. If this transfer of power from mother to son is interfered with, prolonged subordination to the maternal authority occurs. For a male child, societal scorn for this disruption of the normal socialization process is particularly strong. Thus, a female in a position of authority over an adult male, re-creates for that male this

early situation. Insofar as the conflict is unresolved, the experience is likely to be a regressive one.

The situation is different for the female child. She is not reinforced for assertive behavior, so the pull to separate from the maternal authority is not so intense. Indeed, her socialization trains her to be comfortable in the subordinate position, so she is less likely to challenge authority of either sex. In the cases where the female child does attempt to assert herself over maternal authority, the struggle is between persons only of unequal power, not between persons of unequal power and in addition of different sexes. The same-sex affiliation results in the process of identification, an added factor in the female's response to female authority.

Women Therapists as a Special Case of Authority

Women have been studied in a variety of authority positions: in management positions (Willett, 1971; Loring & Wells, 1972; Bayes & Newton, 1976); as medical students (Cartwright, 1972); as politicians (Costantini & Craik, 1969). Women as therapists represent a particular kind of authority position. Parsons and Bales point out the parallels between the family paradigm and the therapy paradigm, which make the therapy situation an especially pertinent one to study. Insofar as they are structurally analogous to each other, one may expect the original family conflicts to be re-created in the therapy interaction. It is, in fact, this understanding which led Freud to posit the concept of "transference" by which he meant that important and early feelings for the original loved-object are "irrationally" transferred onto the

analyst. The analyst/patient relationship is a structural recreation of the parent/child relationship.

Specifically, the patient in therapy comes into the situation with a complaint. (S)he exists in an unsatisfactory state, and seeks help, or relief from his/her frustration. (S)he builds a positive transference to the therapist and puts some belief in the notion that the therapist will be an agent for the help or relief from the frustrations. The child, too, is in a similar position. (S)he is, biologically, in a dependent state, and learns to expect that the parent will meet his/her needs and relieve him/her of his/her frustrations. The dependent attachment the child forms to the parent parallels the positive transference the patient develops toward the analyst. Both patient and child begin to experience that there is a difference in power between him/her self and the authority person, in that the socializing agent (therapist or parent) controls the sources of gratification and frustration which are beyond the reach of the ego's control. The "cure" in therapy parallels the child's emotional maturation. Both learn appropriate skills by which (s)he masters his/her own sources of gratification. (S)he becomes no longer dependent on the "authority figure." The patient's analysis is terminated; the child becomes a mature adult. There is a cessation of conflict around the issues of dependency needs, and around the consequent aggression as a response to the frustration from an authority figure not meeting those needs.

That sex of the therapist is considered to be an important variable is empirically validated in a number of studies. Chesler (1971)

studied sex preferences for therapists in male and female patients, and found that men and women both prefer male therapists: all male patients requested male therapists; single women preferred a male therapist significantly more than a female therapist. Pendergrass (1974), in her survey of mental health practitioners, found that no female therapists reported men as the primary clientele. Fuller (1963) polled over 1000 students--clients and non-clients--at the University of Texas, and found that male students preferred male counselors, and female students preferred male counselors more than male students preferred female counselors. Among the clients, there was less frequent preference for female counselors as compared to non-clients. And, the preference of a male client for a female counselor was a rare phenomenon, totaling less than one percent of the sampled population.

Chesler offers an explanation for her data, which is applicable to the other studies, as well. She suggests that a woman may be seeking psychotherapy for very different reasons than a man; and that these reasons are probably related to, or strictly determined by her relationship (or, lack of one) to a man. A more precise elaboration may also be offered. For psychotherapy to continue for any sustained period of time, it must be an experience which is, in some way, gratifying to the patient. We have been led to believe that modes of gratification differ for the different sexes. Men expect, and probably receive, gratification from problem-solving activities. It is not seen as unmanly to seek aid from another man in goal-directed striving; it is, however, seen as unmanly to seek the kind of emotional nurturance and support that is more

forthcoming from a woman. (No one doubts that men have these needs; it is simply within the role expectation that they hide them.) Women, more comfortable with the expressive mode, are not embarrassed to seek some level of emotional and nurturant gratification. And, when a woman is in a love relationship with a man, there is less need for her to re-create that dynamic in the therapist/patient relationship with a male therapist.

Chesler's data give empirical validation of another variable, already pointed to in the discussions of Neumann, Slater, and Lerner. This is, that there may be, as well as a turning towards the male authority, an actual dread of the female authority. The extreme disproportion in statistics of preference of male therapists over female therapists may represent an actual avoidance of women in authority positions. In the Chesler study, when patients were asked to give reasons for requesting a male therapist, some answers verified the attraction-to-male hypothesis: greater respect for and confidence in a man's competence and authority, feeling generally more comfortable with and relating better to men than to women. Other answers, however, pointed to an active discomfort with women in the therapist role: general discomfort with women, specific fear and mistrust of women as authorities, embarrassment about discussing sexual matters. She concludes: "In general, both men and women stated that they trusted and respected men--as people and as authorities--more than they did women, whom they generally mistrusted or feared."

The Chesler, Pendergrass and Fuller studies point to a preference male and female patients have for male or female therapists. That is,

implicit is an assumed difference. Whether or not there are real differences in the treatment of patients as relates to the sex of the therapist is an issue addressed in other studies. Methodological problems in these studies make much of the data questionable. Patients' own protocols are rarely used as the dependent variable. Where patient protocols are used, questions typically asked relate to success of treatment rather than to the differential perceptions of male and female therapists. Measures of success of treatment vary, but they are sometimes so inadequate as to be defined as length of stay by the patient in treatment. Further, sex pairings of therapist and patient are not usually the essential issue in the research, but treated more as happenstance data, and so controls are often inadequate.

Mendelsohn and Geller (1963) looked at sex-pairings of client-counselor dyads (male counselor-male client, male counselor-female client, female counselor-male client, female counselor-female client) and used length of time of counseling as the dependent measure. Statistical analysis revealed no significant findings, and they concluded that sex matching has no appreciable effect on length of counseling. A later replication of the work (Mendelsohn, 1966) again showed no significance.

A study of effectiveness of therapy with chronic, hospitalized female patients found no difference after a year of treatment by male and female psychiatric aides. Dependent measures were behavior rating scales, MMPI scores, and pre- and post-therapy clinical ratings (Sines, Silver & Lucero, 1966).

Cartwright and Lerner (1963) studied improvement of male and female patients paired with same-sex or opposite-sex therapists.

Dependent measures were obtained by therapists' rating scales filled out after the second and last interviews. Initially opposite-sex pairings received higher empathy scores, but the difference was eliminated by the end of therapy.

Several studies regard the sex of the therapist as a possible causative factor in termination of therapy. Re-analysis of the Mendelsohn study (1966) showed significantly more continuers than terminators were same-sex pairings. A later sample replicated the results, but found the difference to be reduced (Mendelsohn & Geller, 1967). Another study (McNair, Lorr & Callahan, 1963) again found no difference in length of treatment, but found post hoc that female therapists were able to keep more patients than male therapists.

Fuller's study (1968) is a carefully controlled one which relates directly to the theoretical formulations of Parsons and Bales on sex-role typing. He hypothesized that there would be an interaction between sex of therapist and amount of verbalization of feeling by the client. Specifically, it was thought that female clients would express more feeling than male clients regardless of sex of counselor, and that male clients would express more feeling when paired with male counselors than when paired with female counselors. He found that in the intake interviews and in the actual therapy sessions, female clients expressed significantly more feeling than males. Further, he found significant client-sex X counselor-sex interaction: more feelings were expressed by the client when the dyad contained a female, either client or counselor. In the Parsons and Bales' model, it would seem that the traditional expressive functioning of the female served to free the emotional flow of the client, regardless of whether the expressive

functioning was represented in the talker or the listener.

Fuller also analyzed the variance of shift of amount of verbalization of feeling from the original intake interviews to the counseling sessions. He found that expressions of feeling by clients who expressed no preference for male or female counselors increased significantly more than scores for those who preferred male counselors. Again, tying these findings with the theory of Parsons and Bales, male functioning seems to be instrumental, and compared to the expressive functioning of women, non-expressive of feeling. A male client who would actually prefer a male counselor is possibly one who feels comfortable in the instrumental mode of functioning and who might feel uncomfortable in the expressive mode as represented by a female. It makes sense that a male with instrumental mode preference would show consistently less expression of feeling than either a male or female who shows no such preference.*

Differential perceptions of men and women as therapists have been studied in the group setting, as well. Studies of this kind have several advantages over other types of studies. First, the data for analysis consist of verbalization by the group members, and their rated impressions of group leaders. Thus, the problem of the questionable validity of such indirect measures as length of treatment is eliminated.

*Aries (1976) analyzed gender composition of group members, and while the study is not directly relevant here, the close relationship to Fuller's work should be noted. Both found that where women were included in the interaction, the communication was more intimate and more open about feelings. The notion that women serve the function of freeing men to manifest more expressive-type modes of communication is supported in both studies.

Scales for impression ratings of leaders are multi-dimensional (typically, a semantic differential, modified to the purposes of the study, is used), and so the gross measure of "preference" is changed into a finer, more sensitive measure. Further, the participation in the study is experiential rather than didactic. Bion, in his formulation of group theory, suggests that the process of the group approximates psychosis; or that regressive impulses pre-dominate. The experience of being in a group with a male or female authority figure activates early, primitive and often unresolved characterological issues. Thus, feelings one has towards the group leader become highly charged.

The self-study group is the paradigm that has been used most often in studying the interaction of sex and authority in the group setting. The self-study group is defined as a collection of individuals whose primary task is to understand its own behavior. In order to do this, the emphasis is on group process; individual dynamics are not understood as intra-psychic dynamics, but rather as a reflection of an aspect of the group process. The leader is referred to as a consultant, and it is his job to observe and interpret group process. His stance is non directive and impersonal; he avoids intimate and personal relationships with group members. In that his self-presentation is that of a demanding and non-nurturing figure, the paradigm is a good one for evoking feelings and thoughts of group members around the issue of authority. It is, in fact, in the observations that the consultant makes on group members' perceptions of his authority position that he is considered to be "leading" the group.

It is this essentially non-responsive style (N-R) which parallels the instrumental functioning of the father in the family system. Both are unemotional, impersonal, concerned with goal-directed activity. The expectation is that the person fulfilling such a role would be a man. Thus, when a woman assumes this role, she is seen as behaving in a way contrary to her sex-role expectation.

Mills (1963) was the first to demonstrate experimentally the interaction effect of sex of leader, style of leader, and sex of group members. He posited a frustration-aggression model of group interactions which would account for the development of hostility towards authority, and the relationship of this aggression to the degree of solidarity among group members. His contention is that leaders such as self-study consultants, who do not reciprocate the feelings of affection and anger of members, are particularly effective in evoking hostility of members towards the leader. Further, his non-responsive stance has the added effect of increasing solidarity among group members. Interestingly, and relevant to the purposes here, he shows that this effect is achieved only when the leader and members are of the same sex, but not when they are of opposite sexes. He posits an "ideal sequence" to account for this sex-difference phenomenon. This ideal sequence consists of, first, the desire on the part of group members for exclusive union with the leader. The leader, however, is committed to the implementation of a "universalistic principle"; that is, his interventions are designed to address the collectivity as a unit. His commitment to this goal leads him to decline any such overtures for union by group members. As a result, the group experiences frustration and

anger at not getting their dependency needs met. The leader allows himself to become the target of attack for these aggressive feelings. The hostility generated towards the leader is simultaneous to an increased feeling of solidarity among group members, but this will only occur when the leader and group members are of the same sex. A sex difference between the leader and group member intensifies the reciprocal desire for exclusive union. This intensification affects the group member by inhibiting expression of hostility towards the leader. It affects the leader by reducing the capacity to respond to the group according to the universalistic principle.

A study done by Harrow, Astrachan, Tucker, Klein and Miller (1971) varied only the style of the leader, and is important here because the work has been integrated into later work where sex and style are co-varied. Styles of leaders were (1) "non-responsive"--operationally defined as avoiding eye contact with group members, and the use of only impersonal, group process interpretations (this being the self-study model)--and (2) "responsive"--operationally defined as using first names of members, allowing for eye contact with the group members, and participating in direct, personal communication with members (this being the T-group model). Self-study group leaders were rated as more distant, less gratifying, less emotional, and more authoritarian than the T-group leaders.

Wright (1972) integrated the experimental findings of Mills and of Harrow et al. in a design in which style of leader, sex of leader, and sex of group member varied. Comparing responsive and non-responsive leadership styles, he found results comparable to the Harrow

et al. study. That is, where leadership style was non-responsive and non-gratifying to dependency needs, rating of leaders was seen to differ significantly on certain personal qualities from the responsive style. Non-responsive consultants were found to be less "pleasant" and "stronger" than their more responsive colleagues, as rated on a semantic differential scale. Testing Mills' proposition that the sex of the leader is an important variable, Wright also found data to support the notion that female leaders are experienced as more frustrating than male leaders when their styles are held constant. When the leader was non-responsive and female, she was rated on the semantic differential as least "warm" and least "friendly" of all other sex and style combinations. The non-responsive male, on the other hand, was rated as most "warm" and moderately "friendly." The suggestion is that the non-responsive style is role-incongruent with female behavior, and because of the thwarting of expectation, the withholding female is experienced as intensely frustrating. On the other hand, the non-responsive style is role-congruent for the male, and fulfills expectations. Wright is even doubtful whether or not a non-responsive male can be experienced as depriving, given that his behavior fulfills role expectations.

Beauvais' (unpublished doctoral dissertation) assumptions are close to Wright's, and she too manipulated sex and style of consultant in self-study groups. In addition, she manipulated sex of group, where groups were all composed of same sex members. Four conditions were studied: female consultant-female group; female consultant-male group;

male consultant-male group; male consultant-female group. Consistent with Wright's earlier findings, Beauvais found the non-responsive female to be seen as more "solid," "distant," and "contemptuous" than her male counterpart. The inclusion of sex of group as a manipulated variable provides additional data: female group members find consultants more "distant," "abandoning," and "contemptuous" than male group members. Male members find the consultants more "tuned into group behavior" and "trusted" than female group members. Beauvais summarizes these findings: ". . . perception of consultants as distant and contemptuous emerges as a female-associated item. . . . Thus in the frustrating and regressive self-study situation, non-responsiveness by a woman authority is likely to evoke an experience of a negative anal transference in the members. Also, nonexpressiveness from any authority is likely to evoke an experience of a negative anal transference in the woman." As the measure of differential response by men and women of male and female consultants was not the major thrust of Beauvais' research, she suggests the need for further research to explore the suggested findings.

Summary and Implications

Empirical research on the self-study group establishes the differential effects of sex and style of leaders on group members, with the additional variable of either (1) sex of the individual group member (Wright) or (2) sex of the group as a unit where all members in the group are of the same sex (Mills & Beauvais). Perceptions, as rated by a semantic differential scale, of the leaders differ for

each of these conditions. Other measures (TAT protocols and childhood memories) suggest that the non-responsive leadership style is conducive to producing a negative and regressive transference in the group member. This phenomenon is generally accounted for by the frustrations by the leader of dependency needs. Non-responsive female consultants are seen as more frustrating than their male counterparts. Here, what is critical is the added factor of the augmented expectation of dependency needs being met by the female leader because of the early family position of the mother, and the subsequent thwarting of this expectation. Further, female group members seem to suffer more than their male member counterparts with the non-responsive mode, this being explained by the role incongruence of a female in a non-expressive authority position, to which another female would be most sensitive.

All studies on the self-study group utilize the concept of two modes of leadership: responsive and non-responsive. When these leadership styles are understood in light of cultural sex-role stereotypes it is seen that the non-responsive (instrumental) mode of functioning is associated with authority and is masculine, and the responsive (expressive) mode is associated with mother, and is thus experienced as nurturant. Empirical findings on sex-role stereotypes indicated a cultural bias, and it is the masculine, authority role position that is the more highly favored one. When role position and sex identification are co-varied, stereotypical expectations are interfered with, and some cognitive adjustment of percept must be made.

Sex of Therapist as a Variable

Experimental and empirical findings support the notion that sex identification of therapist would be expected to be a variable significant in determining whether male therapists are, in fact, seen differently than female therapists. The theoretical rationale for such a prediction is the suggested family patterning model as offered by Parsons and Bales. Difference in percepts should be along the traditional father and mother functions. Father serves as an authority figure; mother serves as a nurturing figure. If the sex role stereotype operates, one would assume a male therapist to be seen as more of an authority figure than a female therapist, and a female therapist would be seen as more of a nurturing figure than a male therapist.

Sex and Style of Therapist as Interacting Variables

As seen through the tracing of the intrafamilial developmental phases of Parsons and Bales, there is no familial role for the woman to be non-responsive. In the early stages of development, the mother represents primarily instrumentality. But the mother's role is dual at this early stage of her infant's development: her tasks require expressive, as well as instrumental, functioning. Thus, the perception the infant has of the mother consists of aspects of both modes of functioning. It is only at the Oedipal level of development that the mother's role switches from being primarily instrumental to primarily expressive. Here, it is the father who then assumes the role of instrumental functioning. Thus, for both the pre- and post-Oedipal child, there is a role expectation for the woman to be nurturing and giving. As seen through the tracing of the family pattern, this expectation is augmented as the child moves through and past the Oedipal stage.

One would expect, then, where male and female both exhibit equal amounts of expressive functioning (or behavior), it is likely that the sex-role expectation for the female would augment the perception of nurturance of the female over the male. Where the expectation of female sex-role stereotype is disappointed, however, she would tend to be seen, rather than as fulfilling an alternative role commitment, instead as deliberately withholding. Thus, devaluation of her success in the role she is expected to fulfill would occur. With a male, on the other hand, non-responsive behavior is role consonant. Thus, no devaluation is necessary in order to make cognitive sense of his behavior. If devaluation of the non-responsive female is severe enough, one would expect the female to be perceived as even less nurturing than a male of an equal non-responsive stance. In fact, following the suggested findings of Wright and Beauvais, it would be expected that the non-responsive female would be seen as less nurturing than any other condition (responsive male, responsive female, and non-responsive male). And, in that the non-responsive male is fulfilling a role-consonant position, he will be seen as a less nurturing figure when compared to all other conditions, except that of the non-responsive female (responsive male and responsive female).

And conversely, it is non-responsiveness that is role-consonant with the male authority figure. Following the same reasoning, a responsive male deviates from sex-role expectation, and his success of expected role fulfillment as an authority figure will need to be devaluated. With women, on the other hand, responsive behavior is role consonant with her sex, and so no devaluation is necessary. Again, if

devaluation is severe enough, one would expect the male to be perceived as less of an authority figure than a female of an equally responsive stance.

On the issue of authority, a non-responsive female is in a role incongruent position, but she is also fulfilling the cultural expectation of behavior of an authority figure by her depriving stance. She may well be seen as a woman doing a task that is unnatural and difficult for her, and thus valuation of her success in this unexpected role may be inflated. Data on the so-called "feminine" traits being seen as less favorable than the "masculine" traits explain the over-valuation of a depriving female and under-valuation of a responsive male--both sex-role incongruent positions. Given the devaluation of the responsive male as an authority figure, and the inflated valuation of the non-responsive female as an authority figure, one would expect the male to be perceived as less of an authority figure than a female of an equally non-responsive stance. And, the devaluation of the responsive male may be sufficient to allow for him to be seen as less of an authority figure than the female who is not expected to perform this kind of task anyway. When the non-responsive female is compared to the responsive female, she is acting in accordance with the role expectation for the role, but not for her sex, and will be seen as more of an authority figure. And finally, the non-responsive male is fulfilling role-expected behavior for both his role and his sex, and when compared to all other conditions (responsive female, non-responsive female, responsive male), he will be seen as more of an authority figure.

Sex and Style of Therapist and Sex of Subject
(Percipient Observer) as Interacting Variables

Finally, the addition of the sex of the percipient observer as a determining variable in the perception of nurturing and authoritative qualities in a therapist will be considered. Again, family patterning will be the model for predictions. Typically, family patterns yield daughter identification with the mother. The express domain of the mother is nurturance. Insofar as the same sex identification is made, the daughter emulates and expects nurturant behavior from the mother. The son, on the other hand, in patterning himself after the father, has less overt need for expressive behavior (he may, in fact, become quite uncomfortable with a demonstration of overtly expressive behavior). The female expectation of nurturance from another female, following the mother/daughter paradigm, is higher, then, than the male expectation. When the role expectation from a female is frustrated--i.e., when the female is non-responsive--one would expect the disappointment to be higher with female percipient observers than with males. The augmented disappointment of the female subject would lead her to devalue the success of the expected nurturant behavior, whereas no devaluation would occur with male subjects because there has been no disappointed expectation.

The Oedipal identification of the son with the father results in the responsive mode of functioning being incongruent with role expectation of authority for the male. At earlier psycho-sexual stages, however, the expressive/instrumental functioning is not so separate in the mother. The daughter, in identifying with the mother, learns that expressive and instrumental functioning can be effectively combined.

Authority for the female, then, can be responsive as well as non-responsive, whereas the male is tied to the notion that authority must be non-responsive. One would expect, then, male percipient observers to see a responsive female as less of an authority than female percipient observers would.

HYPOTHESES

Main Effects

A. Sex of Therapist

(1) Both male and female subjects will see the female therapist as more of a nurturing figure than the male therapist.

(2) Both male and female subjects will see the male therapist as more of an authority figure than the female therapist.

B. Style of Therapist

(3) Both male and female subjects will see the responsive style as more nurturing than the non-responsive style.

(4) Both male and female subjects will see the non-responsive style therapist as more of an authority figure than the responsive style therapist.

Interactions

A. Sex of Therapist x Style of Therapist on Nurturance

(5) Both male and female subjects will see the non-responsive male therapist as more nurturing than the non-responsive female therapist.

(6) Both male and female subjects will see the responsive female therapist as more nurturing than the responsive male therapist.

(7) Both male and female subjects will see the responsive female therapist as more nurturing than the non-responsive female therapist.

(8) Both male and female subjects will see the responsive female therapist as more nurturing than the non-responsive male therapist.

(9) Both male and female subjects will see the responsive male therapist as more nurturing than the non-responsive male therapist.

(10) Both male and female subjects will see the responsive male therapist as more nurturing than the non-responsive female therapist.

B. Sex of Therapist x Style of Therapist on Authority

(11) Both male and female subjects will see the non-responsive male therapist as more of an authority figure than the non-responsive female therapist.

(12) Both male and female subjects will see the responsive female therapist as more of an authority figure than the responsive male therapist.

(13) Both male and female subjects will see the non-responsive female therapist as more of an authority figure than the responsive male therapist.

(14) Both male and female subjects will see the non-responsive male therapist as more of an authority figure than the responsive female therapist.

(15) Both male and female subjects will see the non-responsive female therapist as more of an authority figure than the responsive female therapist.

(16) Both male and female subjects will see the non-responsive male therapist as more of an authority figure than the responsive male therapist.

More concisely, a list can be drawn of expected order. On the scale of nurturance for the interaction between sex and style of therapist with the highest rating of nurturance listed first, the order is:

resonsive female
 responsive male
 non-responsive male
 non-responsive female

And, on the scale of authority, the order of ratings is expected to look like:

non-responsive male
 responsive male
 non-responsive female
 responsive female.

C. Sex of Subject x Sex of Therapist x Style of Therapist

(17) Male subjects will see the non-responsive female therapist as more of an authority figure than female subjects will see her.

(18) Female subjects will see the responsive female therapist as more of an authority figure than male subjects will see her.

METHOD

Design

The procedure for the experiment was to submit written transcripts of mock therapy sessions to male and female subjects. Three variables were manipulated: 1) sex of therapist, 2) style of therapist, 3) sex of subjects.

For the manipulation of the first variable, transcripts of a session were identical--the only difference being that in one condition the therapist was identified as female and in the other condition the therapist was identified as male.

For the manipulation of the second variable, transcripts of a session were identical for the patient's verbalizations, but the therapist's verbalizations differed. The style "responsive" was defined by a larger number of therapist's verbalizations (26), supportive rather than interpretive statements, and personal references to the patient (occasional use of first name, reference to statements the patient has made in the past). The style "non-responsive" was defined by fewer number of therapist's verbalizations (6), interpretive rather than supportive statements, and no personal references to the patient (no first name usage, no references to material brought up by the patient at any other time).

For the manipulation of the third variable, both male and female subjects were used.

The sex of the patient was not a variable considered in the present

study. Male subjects were told that the patient was a male; female subjects were told that the patient was a female. This particular process of sex of patient identification was done for the purpose of facilitating each subject's feeling of empathy and identification with the patient, in hope that the affective response to the therapist would be intensified.

Subjects

244 subjects were run; 106 male subjects and 138 female subjects. Subjects were both graduate and undergraduate students from around the New York City area, with an age range of from 18 to 35. All subjects participated in the experiment on a voluntary basis.

Measures

Two instruments were administered immediately following subjects' reading of the transcripts: 1) a semantic differential 2) a questionnaire (see Appendix). Both were designed to tap subjects' feelings and perceptions about the therapist in the transcript which they had just read; both were based on a 7 point scale, with -3 being the lowest possible score and +3 being the highest possible score.

1) The semantic differential consisted of 28 bi-polar items or descriptive adjectives. Items chosen were largely from a modified semantic differential as used by Harrow, et al. (1971) in their study of the effects of different kind of group training experiences. Other items were taken from Beauvais' and Wright's modifications of Harrow's modification. These items reflected a sensitivity to sexual stereotypes, as supported by the theoretical work of Parsons and Bales (1955)

and the empirical work of Broverman, et al. (1970).

2) The questionnaire consisted of 15 items or descriptive adjectives or phrases. Items chosen were original with the researcher, but based on the theoretical and empirical work on group processes and sex-role stereotypes, as outlined in the literature review. Items were conceptualized to fall into two categories: a) nurturance b) authority, as per the hypotheses of the study.

Finally, questions relating to the subject's own therapeutic experiences were asked at the end of the experimental protocol.

Procedure

The entire experimental protocol (see Appendix) was handed out to members of pre-existing classes. Classes were of different sizes, ranging from 20 to 50 students, and had been meeting for 2-3 months. After each student had received the protocol, the assigned teacher of the class informed the class that, if they chose, they could participate in an experiment. Students interested were instructed to read the materials, and answer whatever questions were asked. When each student completed the experiment he returned the entire protocol to the teacher. When all protocols had been returned by students the lessons of the class proceeded normally. At a later date, the teachers passed on to the experimenter the bunches of protocols from their classes. Each class received approximately the same number of each of the experimental conditions.

Scoring

Scoring was done by a computer programmer. A professional key-puncher transformed the raw data directly from the protocols onto computer cards in coded form. This process was independently checked

by another professional key-puncher. Both key-punchers and computer programmer were unaware of the design or intent of the experiment.

All data analysis was done on the computer, except for the t-tests, which were done by hand.

RESULTS

Statistical Tests

Two separate factor analyses were run (principal components factor analysis with varimax notation)--one on each measurement instrument (Factor Analysis 1: items 1-28; and Factor Analysis 2: items 29-44). Items which grouped together at a correlation coefficient of more than .5 were considered to comprise a cluster. Meaningful clusters of descriptive items were found, and a correlation analysis was run between the sets of factors as found in each factor analysis. Analyses of variance were run on factors, comparing the three separate experimental conditions (sex of therapist, style of therapist, sex of subject), and, finally, t-tests between means were run to determine levels of significance between mean scores.

Factor Analysis 1

Results from the factor analysis computed on the semantic differential measure (items 1-28) are exhibited in Table 1. The 4th and 5th factors had no items with a score of .5 or higher; the 3rd factor consisted of only two items within the cluster with a score of .5 or higher. Because of the sparseness of items of these clusters, they were considered to be insignificant and were not used in the rest of the data analysis.

Meaningful clustering was found on factors 1₁ and 2₁. The factor 1₁ cluster consisted of the following descriptive items: satisfying, close, warm, nurturing, giving, supportive, gentle,

TABLE 1

Rotated Factor Loadings for Analysis on Semantic Differential Measurement Scale

	<u>Factor 1</u>	<u>Factor 2</u>	<u>Factor 3</u>	<u>Factor 4</u>	<u>Factor 5</u>
1. strong/weak*	-0.21701	0.66966	0.41197	-0.05868	0.05225
2. frustrating/satisfying	0.62044	-0.34750	0.09769	0.19659	0.15579
3. distant/close	0.78830	-0.14223	-0.03469	0.21083	0.00273
4. not powerful/powerful	0.19697	-0.38137	-0.43672	0.14909	-0.09556
5. warm/cold	-0.80399	0.12381	-0.00147	-0.18626	0.12684
6. active/passive	-0.52320	-0.00231	0.46185	-0.12390	0.03844
7. authoritarian/non-authoritarian	0.19753	0.03642	0.61359	0.22637	-0.15155
8. incompetent/competent	0.36763	-0.71028	-0.07186	0.05354	-0.09366
9. nurturing/not nurturing	-0.63164	0.00413	-0.0-501	0.00668	0.00440
10. depriving/giving	0.72852	-0.22182	-0.01650	0.14227	0.04952
11. not easily influenced/easily influenced	0.26458	0.48227	0.09938	0.23806	-0.10295
12. submissive/dominant	-0.14556	-0.34609	-0.38599	-0.29522	0.16796
13. subjective/objective	-0.11836	-0.45280	0.09249	-0.03231	0.21916
14. novice in field/expert in field	0.14729	-0.68312	-0.02129	-0.04182	0.04001
15. supportive/not supportive	-0.71139	0.19451	-0.05851	0.03107	0.06861
16. gentle/rough	-0.76514	-0.05484	-0.21239	0.07152	0.08482
17. not helpful/helpful	0.58033	-0.52646	-0.07947	0.19458	0.04686
18. assertive/not assertive	-0.21148	0.29051	0.47863	0.13667	-0.15188
19. logical/intuitive	0.08724	0.06787	0.06293	0.03497	-0.36295
20. aggressive/not aggressive	0.05600	-0.00893	0.55353	-0.07726	0.04673
21. intervenes too much/intervenes too little	-0.46057	-0.14537	0.17945	0.12698	0.19336
22. guides/doesn't guide	-0.46140	0.01417	0.20369	-0.01898	-0.17407
23. sexual/asexual	-0.39029	-0.07821	0.11197	-0.26341	0.08903
24. loving/indifferent	-0.76545	0.04809	0.06712	-0.12209	0.41496
25. sensitive to feelings/insensitive to feelings	-0.75038	0.19065	0.03925	0.06011	0.25286
26. independent/dependent	0.13099	0.42657	0.10784	0.44401	-0.05451
27. knowledgeable/not knowledgeable	-0.39449	0.65661	0.11343	0.15936	0.01262
28. friendly/not friendly	-0.82650	0.07215	-0.00553	-0.07484	0.22471

*These items comprise the measurement scales. Maximum scoring for items on the left was -3. Maximum scoring for items on the right was +3. (See Appendix.)

helpful, loving, sensitive, friendly. This factor is named the nurturance₁ factor. The factor 2₁ cluster consisted of the following descriptive items: strong, competent, expert in field, knowledgeable. This factor is named the authority₁ factor.

Factor Analysis 2

Results from the factor analysis computed on the author's own questionnaire measure (items 29-44) are exhibited in Table 2 and revealed 3 factors. The third factor consisted of only two items within the cluster with a score of .5 or higher, and, was thus considered to be not essentially significant. It was not considered in further data analysis.

Meaningful clustering was found in factors 2₂ and 1₂. The factor 1₂ cluster consisted of the following descriptive items: the experience of the therapist being comforting to the patient, feelings of affection from the therapist for the patient, expectation that the therapist would be relatively indulgent with his/her patients, perception of the therapist as an emotional person, experience of the therapist as a giving, gentle person. Because of the similarity of descriptive content of these factors to the first factor on the semantic differential factor analysis, it was decided to name this factor the nurturance₂ factor. The factor 2₂ cluster consisted of the following descriptive items: the therapist's concern with developing a sense of independence in the patient, therapist's concern with the patient's functioning well in the outside world, perception of the therapist as an expert in his/her field, experience of the therapist being able

TABLE 2

Rotated Factor Loadings for Analysis on Questionnaire Measure Scale

	<u>Factor 1</u>	<u>Factor 2</u>	<u>Factor 3</u>
29. Comforting	0.66915	0.41556	-0.12046
30. Concern with patient's independence	0.03788	0.71776	0.01440
31. Affectionate	0.70398	0.16128	-0.07582
32. Demanding	-0.06448	0.01252	0.42355
33. Indulgent	0.47471	-0.15504	-0.06858
34. Concern with patient's outside functioning	0.14244	0.78796	0.00351
35. Emotional	0.73266	0.09886	-0.08990
36. Concerned with discipline	-0.16549	0.41466	0.32760
37. Nurturing	0.69762	-0.03071	-0.01006
38. Patient's ability to get therapist to do what he wanted him/her to do	0.40033	-0.42000	-0.31836
39. Concern with emotional relationship between therapist and patient	0.45300	0.23241	0.00939
40. Expert in field	0.21172	0.68805	0.17104
41. Giving, gentle person	0.78671	0.28529	-0.23667
42. Authority figure	-0.14518	0.03505	0.70233
43. Concern with meeting patient's needs	0.44218	0.66175	-0.05209
44. Powerful	0.15575	0.53621	0.54257

to meet the needs of the patient. Because of the similarity of descriptive content of this factor with the second factor on the semantic differential factor analysis, it was decided to name this factor the authority₂ factor.

Correlation

Because of the seeming descriptive content similarities of Factor Analysis₁ clusters and Factor Analysis₂ clusters, it was decided to run a correlation analysis between these factors. A high correlation index would reveal that the two separate instruments of measurement were essentially repetitive, and that one could do the job as easily as the other.

The correlation coefficient computed in comparing the nurturance₁ factor (from Factor Analysis₁) with nurturance₂ factor (from Factor Analysis₂) was .815. The correlation coefficient computed in comparing the authority₁ factor (from Factor Analysis₁) with authority₂ factor (from Factor Analysis₂) was .753.

The correlation coefficients computed are sufficiently high to indicate that the semantic differential scale and the author's own questionnaire scale are similar in respect to the nature of the material being tapped. One, or the other, would suffice.

Analysis of Variance

Mean scores are presented in Table 3.

Four separate analyses of variance were run, one on each considered factor (nurturance₁, nurturance₂, authority₁, authority₂). It should be said that the high number of degrees of freedom yields

TABLE 3
 Semantic Differential Scale on Nurturance (N_1) and Authority (A_1)
 and for Questionnaire Scale on Nurturance (N_2) and Authority (A_2)
 (Means and Standard Deviations)

	RF					NRF					RM					NRM					
	N_1	A_1	N_2	A_2	n	N_1	A_1	N_2	A_2	n	N_1	A_1	N_2	A_2	n	N_1	A_1	N_2	A_2	n	
MALE:																					
Means	.80	-.1	.81	+.11	21	-.87	+.24	-.85	+.19	22	.56	-.33	.50	-.14	32	-.44	+.09	-.35	.13	31	
Standard Deviations	.50	.71	.59	.62	.89	.94	.69	.76			.54	.67	.65	.80		.76	1.30	.60	.14		
FEMALE:																					
Means	.75	-.09	.60	-.04	39	-.65	+.38	-.71	+.18	38	.42	-.25	.56	.32	28	-.54	.00	-.47	-.06	33	
Standard Deviations	.68	.90	.85	1.02		.78	.97	.74	1.00		.66	.84	.76	1.05		.89	.69	.68	.65		

an extremely potent test.

Nurturance₁

Factor scores were computed and compared for main effects and interaction effects, and are reported in Table 4:

Table 4
Analysis of Variance: Semantic Differential
Scale on Nurturance

Source	df	MS	F	P
sex of subject	1	.02	.04	-
sex of therapist	1	.01	.02	-
style	1	92.69	175.4	.0001*
sex S x sex T	1	.61	1.16	-
sex S x style	1	.33	.62	-
sex T x style	1	4.51	8.54	.004*
sex S x sex T x style	1	.19	.37	-
Error	236	.53		

Significance is found on two effects: 1) the main effect of style of therapist 2) interaction effect of sex of therapist and style of therapist.

1) Main effect of style of therapist: On the semantic differential scale of nurturance (nurturance₁), there is a significant difference in scoring for the responsive and non-responsive styles. The direction of the differences, as presented in Figure 1, shows that the responsive style is rated as more nurturing than the non-responsive style when averaged over the four possible sex of therapist x sex of subject combinations (hypothesis 3). The illustration represents both the numerical values and a graphic picture of the effect.

NR	-.61
R	.63

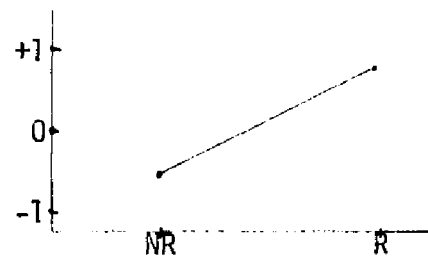


Figure 1

STYLE OF THERAPIST for Nurturance₁

2) Interaction effect of sex of therapist and style of therapist: On the semantic differential scale of nurturance (nurturance₁), there is, as well, a significant interaction between sex and style of therapist. Figure 2 shows both the numerical values and a graphic picture of this interaction:

	F	M
NR	-.732	-.498
R	.772	.491

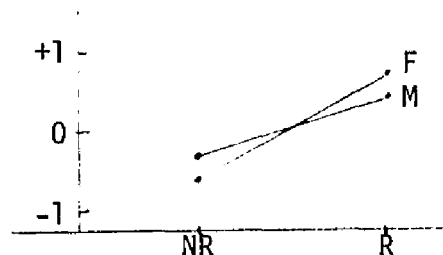


Figure 2

SEX OF THERAPIST x STYLE OF THERAPIST for Nurturance₁

T-tests between means were performed and show that 1) the non-responsive male is seen as more nurturing than the non-responsive female (hypothesis 5) ($t(122) = 1.8, p < .05$); 2) the responsive female is seen as more nurturing than the responsive male (hypothesis 6) ($t(122) = 2.15, p < .05$); 3) the responsive female is seen as more nurturing than the non-responsive

female (hypothesis 7) ($t(122) = 11.54, p < .001$); 4) the responsive female is seen as more nurturing than the non-responsive male (hypothesis 8) ($t(122) = 9.77, p < .001$); 5) the responsive male is seen as more nurturing than the non-responsive male (hypothesis 9) ($t(122) = 7.61, p < .001$); 6) the responsive male is seen as more nurturing than the non-responsive female (hypothesis 10) ($t(122) = 9.41, p < .001$). Or, more concisely, the predicted order of rated perceptions of nurturance is found with the highest rating of nurturance listed first:

responsive female
 responsive male
 non-responsive male
 non-responsive female

Authority

Factor scores were computed and compared for main-effects and interaction effects, and are reported in Table 5:

Table 5

Analysis of Variance: Semantic
 Differential Scale on Authority

Source	df	MS	F	P
sex of subject	1	.07	.09	-
sex of therapist	1	3.04	3.71	.05*
style	1	8.10	9.90	.002*
sex S x sex T	1	.09	.11	-
sex S x style	1	.00	.01	-
sex T x style	1	.08	.10	-
sex S x sex T x style	1	.35	.42	-
Error	236	.82		

Significance is found on two effects: 1) the main effect of sex of therapist 2) the main effect of style of therapist. 1) main effect of sex of therapist: On the semantic differential scale of authority

there is a significant difference in scoring by subjects for the different sexes of the therapists. The direction of the means differences, as presented in Figure 3, shows that the male therapist is seen as more of an authority figure than the female therapist (hypothesis 2).

F	M
-.11	.12

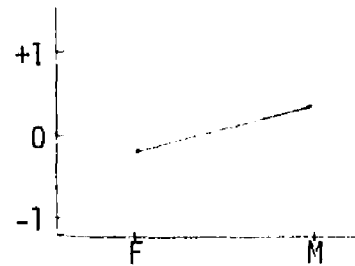


Figure 3

SEX OF THERAPIST for Authority₁

2) Main effect of style of therapist: On the semantic differential scale of authority, there is, as well, a significant difference in scoring by subjects for the differential styles of the therapists. The direction of the means differences, as presented in Figure 4, shows that the non-responsive therapist is seen as more of an authority figure than the responsive therapist (hypothesis 4).

NR	.17
R	-.19

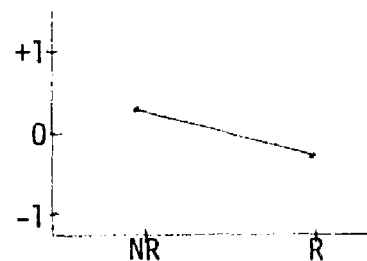


Figure 4

STYLE OF THERAPIST for Authority₁

Nurturance₂

Factor scores were computed and compared for main effects and interaction effects are reported in Table 6:

Table 6
Analysis of Variance: Questionnaire
Scale on Nurturance

Source	df	MS	F	P
sex of subject	1	.05	.11	-
sex of therapist	1	.53	1.06	-
style	1	85.63	170.32	.0001*
sex S x sex T	1	.00	.00	-
sex S x style	1	.10	.21	-
sex T x style	1	4.27	8.50	.004*
sex S x sex T x style	1	1.09	2.16	.14
Error	236	.50		

Significance is found on two effects: 1) the main effect of style of therapist 2) the interaction of sex of therapist and style of therapist.

1) Main effect of style of therapist: On the questionnaire scale of nurturance (nurturance₂), then, there is a significant difference in scoring for the responsive and non-responsive styles. The direction of the means differences as presented in Figure 5, shows that the responsive style is rated as more nurturing than the non-responsive style by both male and female subjects, and for both male and female therapists (hypothesis 3).

NR	-.59
R	.61

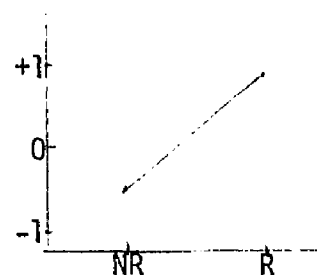


Figure 5

STYLE OF THERAPIST for Nurturance₂

As can easily be seen, these results closely parallel subject's ratings between responsive and non-responsive styles for the nurturance variable as measured by the semantic differential scale.

2) Interaction effect of sex of therapist and style of therapist: On the questionnaire scale of nurturance ($nurturance_2$), there is, as well, significance on the interaction between sex and style of therapist.

Figure 6 shows both the numerical values and a graphic picture of this interaction.

	F	M
NR	-.78	-.41
R	1.4	1.05

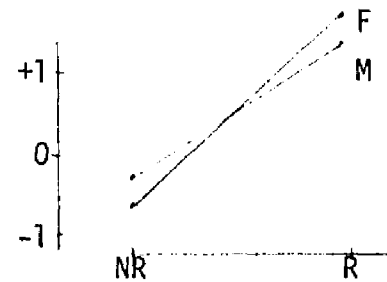


Figure 6

SEX OF THERAPIST x STYLE OF THERAPIST for $Nurturance_2$

T-tests between means were performed and show that: 1) the non-responsive male is seen as more nurturing than the non-responsive female (hypothesis 5) ($t(122) = 6.17, p < .001$); 2) the responsive female is seen as more nurturing than the responsive male (hypothesis 6) ($t(122) = 5.83, p < .001$); 3) the responsive female is seen as more nurturing than the non-responsive female (hypothesis 7) ($t(122) = 36.33, p < .001$); 4) the responsive female is seen as more nurturing than the non-responsive male (hypothesis 8) ($t(122) = 30.17, p < .001$); 5) the responsive male is seen as more nurturing than the non-responsive male (hypothesis 9) ($t(122) = 24.33, p < .001$); 6) the responsive male is seen as more nurturing than the non-responsive female (hypothesis 10) ($t(122) = 30.5, p < .001$). Or,

more concisely, the predicted order of rated perceptions of nurturance with the highest rating of nurturance listed first:

responsive female
responsive male
non-responsive male
non-responsive female

As can be seen, these results parallel the results for sex and style interaction for the nurturance variable as measured by the semantic differential scale.

Authority₂

Factor scores were computed and compared for main effects and interaction effects, and are reported in Table 7:

Table 7
Analysis of Variance: Questionnaire
Scale on Authority

Source	df	MS	F	P
sex of subject	1	1.09	1.30	-
sex of therapist	1	2.53	3.00	.085
style	1	2.47	2.93	.088
sex S x sex T	1	.17	.20	-
sex S x style	1	.08	.09	-
sex T x style	1	.19	.23	-
sex S x sex T x style	1	.09	.10	-
Error	236	.84		

Significance at a less conservative $\alpha = .10$ is found on two effects:

1) the main effect of sex of therapist 2) the main effect of style of therapist.

1) Main effect of sex of therapist: On the questionnaire scale of authority (authority₂), there is significance ($\alpha = .10$) on scoring by subjects for the different sexes of the therapists. The direction of

the means differences as presented in Figure 7, shows that the male therapist is seen as more of an authority figure than the female therapist (hypothesis 2).

F	M
-.11	.05

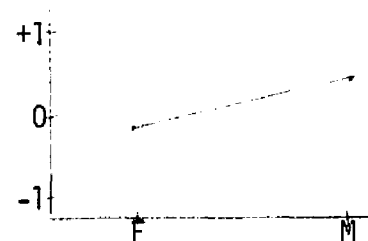


Figure 7

SEX OF THERAPIST for Authority₂

As can be seen, these results closely parallel subject ratings between male and female therapists on the authority variable as measured by the semantic differential scale.

2) Main effect of style of therapist: On the questionnaire scale of authority, there is, as well, significance ($\alpha = .10$) on scoring by subjects for the differential styles of the therapists. The direction of the means differences, as presented in Figure 8, shows that the non-responsive therapist is seen as more of an authority figure than the responsive therapist (hypothesis 4);

NR	.43
R	-.25

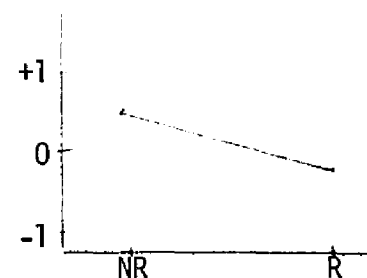


Figure 8

STYLE OF THERAPIST for Authority₂

As can be seen, these results closely parallel subject's ratings between responsive and non-responsive therapists on the authority variable as measured by the semantic differential.

DISCUSSION

Analysis of the data reveals a number of statistically significant results which are consonant with the predicted hypotheses of the experiment.

The Effect of Sex of Therapist

The variable of sex of therapist is significant on the scales of instrumental/authority, as hypothesized. Rationale for this prediction was based on the fact of the father's position of authority and power in the nuclear family, and the subsequent transfer of this role-expectation to, more generally, all men. The Parsons and Bales' power axis depicting role and sex positions in the family is relevant in this regard.

The variable of sex of therapist is not significant on the scales of expressive/nurturance, contrary to the predicted result. Rationale for this hypothesis was derived from the conceptualization that the infant's experience of the mother's initially primarily expressive mode of functioning would, in later development, generalize to yield a perception of all females as being nurturing.

Why, then, is significance for sex of therapist seen on the instrumental/authority trait, whereas none is seen on the expressive/nurturance trait? It would seem to suggest that the associative link between male and authority is stronger or more salient, than the associative link between female and nurturance.

When regarded from the view of biology, the finding becomes especially meaningful. The notion of a female being a nurturing figure is derived, initially, from her life-giving and life-sustaining capacity in her functions as a mother to her dependent infant. Her fulfillment of her nurturing role has literal life and death consequences for the infant. Conversely, the linkage between male and authority has its evolutionary counterpart in the physiological function of superior strength of the male--a linkage less salient, perhaps, in contemporary culture, but no less important archetypically and unconsciously. Here too, the survival of the infant--but, even more--the survival of the entire family unit--is dependent on the male's fulfillment of his obligations to the role position of protector and fighter.

Insofar as archetypal memories persist, then, the maintenance of the power position for the male may have more dire and radical consequences for the family unit than the nurturance position of the female may have. On a strictly biological level, inadequate role fulfillment, in the case of nurturing, may lead to the suffering or death of just one of the family's members. The rest of the family, no longer dependent on the accessibility of the mother's breast for life sustainment, may remain, relatively intact. In the case of the instrumental/authority position, however, inadequate role fulfillment can lead to the suffering of many or all of the unit's members. As seen by Parsons and Bales, instrumental/authority functioning of the father deals with communication between the family system and systems outside that primary unit. Insufficient protection from outside systems, or too intensive a barrier between the family unit and outside systems, can

threaten the dissolution of the entire family system.

Thus, the more drastic consequences for the inadequate role fulfillment of the male authority may be partial explanation for the strength of the associative link between male and authority and the weakness of the link between female and nurturance.

The dilution of the associative link between female and nurturance may, as well, be related to the fact that there has been cultural precedent for ersatz motherhood, but none for substitute fatherhood. Functions of motherhood have, traditionally, been bought or borrowed. Breast feeding has been known to be done by women other than the natural mother, and now by instruments (baby bottles) that make that function of the mother obsolete. Cooking and cleaning duties are now done as often as not by "hired mothers." The tradition of buying even the most profound level of expressive functioning of the woman--love-making--has manifested a history and strength unparalleled by the logical equivalent for males.

The easy transference of expressive/nurturing roles from one woman to another (or, from woman to bottle), then, may further clarify the reason for the evidenced relative weakness of associative link between female and nurturance. In short, mothers are replaceable, and thus, expendable; cultural precedent has no such equivalent, facile substitution process for father/authority role functions.

The Effect of Style of Therapist

The variable of style of therapist is seen to be significant on the scales of instrumental/authority and expressive/nurturance,

as predicted. Rationale for these hypotheses was based on the associative link between expressive/nurturance and responsiveness, and instrumental/authority and non-responsivity. While the Parsons and Bales schemata articulates the linkage of gender to modes of functioning, the results here indicate differential perception of modes of functioning even without the additional variable of sex. The results are consonant with previous experimental studies showing that both perception of therapeutic styles and affect in response to those styles differ according to the demonstrated style. Therapists exhibiting interactive behavior that is impersonal and relatively non-responsive will be seen as an authority figure; therapists exhibiting interactive behavior that is personal and responsive will be seen as a nurturing figure.

Interaction Effect of Sex and Style of Therapist

The interaction between sex and style of therapist is significant on the scales of expressive/nurturing, but not for the instrumental/authority measures. Basis for these predictions was the model of the mother whose obligation to fulfill her expressive/nurturing role function leads her to be more accessible and more intimate in her accessibility to the infant, and the model of the father whose obligation to fulfill his instrumental/authority role function leads him to be more impersonal and less responsive. Why, then, do the data indicate a gender/style relationship for the female therapist, and not for the male therapist?

The socialization process clearly defines for both males and females within what range their behavior may vary such that they will still be considered to be performing normal sex-role duties. Within

this process, there is greater flexibility for the role model behavior for the male than for the female, due to the permissibility of incorporation of female characteristics by males, but a concomitant absence of incorporation of male characteristics by females. Ideally, the desirable woman embodies all the aspects of good mothering (warmth, nurturance, comfort) and none of the aspects of an authority (power, dominance, control). The male, on the other hand, is imbued with all of these characteristics: the expressive/nurturing ones from his experience of good mothering, and the instrumental/authority ones from his experience of the reversal of the early matriarchy, where he assumes the male/authority role position. In the transition, he does not lose the nurturant qualities of the good mother. Thus, the situation is created whereby the male is dominant and in control of the female object, on whom he was initially dependent, and retains the ability to be nurturing. The female is both initially and finally powerless and submissive.

The responsive female is seen, then, as supremely fulfilling her expected role, and as such, is imbued with the qualities of good mothering. The non-responsive female is given no permission to deviate, and because of the thwarted expectation, is seen as even less nurturing than the non-responsive male who functions in precisely the same fashion. The favorability of the male position, as has been documented, seems to be evident here. The finding parallels Wright's, where non-responsive males were perceived as "warm" and "friendly," and supports the notion of males having accessibility into either sex-role stereotype.

Wright's speculation that, in fact, men may not be perceived as

ungiving no matter what they do may provide a clue as to why there was no significant interaction between gender and style on the instrumental/authority scales. Men are imbued with favorable qualities whether they are responsive or non-responsive. It is because of this "halo effect" that percipient observers would not be sensitive to style changes in male authority role functions.

Style and gender interaction is seen, then, for the female because deviation from her expected role is marked; conformity to her expected role is immensely gratifying; both induce intense feelings. For the male, however, "deviation from expected role" seems to be a concept without meaning because all behavior is tolerated, and regarded favorably. The lack of differentiation between behaviors exhibited by the male therapist disallows significant interaction between style and sex.

The Effect of Sex on Subject

The variable of sex of subject is seen to be, essentially, an insignificant factor in the differential perceptions of male and female therapists. Strict application of socialization theory leads one, however, to postulate otherwise.

Resolution of the discrepancy between theoretical prediction and found results may be begun by comparing and analyzing results from previous studies where sex of subject differences were found. Wright (1972), Beauvais (1976) and Eisman (1975), working independently, found that both the leader gender and leader style differentially affected the perceptions and behaviors of male and female subjects.

These studies, when taken together, reveal a consistent pattern of effects, where the sex of subject is seen to be an important variable. Specifically, responsive leaders tended to produce in female group members, more than in male group members, positive feelings towards themselves and their peers. Non-responsive leaders tended to produce in female group members, more than in male group members, negative feelings. Sex of subject differences are seen to be sensitive to the interaction of leader sex and gender, as well. When the non-responsive leader was a female, those effects became more marked for female group members than for male group members, who showed similar, though less extreme, patterns of responses (Wright and Gould, 1977).

Further, sex of subject differences have been found in amount of verbalization. Wright found that non-responsive leaders produced less verbal output in male group members than in female group members. Responsive leaders, on the other hand, had the effect of augmenting verbalization by male group members above the level of female group members (Wright, 1972).

Analysis of the designs of each of these studies show that the male/female issue was explicitly under investigation. Orne's concept of demand characteristics (Orne, 1962) supposes that subjects can glean from the experimenter hoped-for results, and will often respond to the experimental paradigm in such a way as to produce hypothesized results. The design of the present study was careful in insuring no obviousness of experimenter intent, and no leakage of information from subject to subject.

More specifically, Beauvais' and Eisman's experimental paradigm

involved the use of same-sex groups--an obvious indicator that sex difference was a variable of interest to the experimenter. While Wright's study utilized mixed-sex groups, leaders were alternately male and female. Although subjects were cautioned to not discuss the experimental paradigm with fellow subjects, the obtaining of such a pledge from students who spent the entire day together, or, in one case, a succession of two weekends, is of questionable reliability.

The present study, on the other hand, reduced the possibility of subjects becoming sensitive to experimenter expectations through subject to subject leakage. The design here was one where, even though subjects were run in groups, subjects performed the actual experiment in isolation, so that there was no awareness of his/her protocol being different from anyone else's. If such information was shared, it was done only after the experiment was completed. To insure against leakage from class to class, only one group from a school was chosen to participate. Thus, the possibility of subject to subject leakage between experimental runs was significantly reduced.

With tighter experimental control, reducing the possibility of demand characteristics confounding of data, the possibility of occurrence of another intruding variable may have also been reduced. Social desirability, as formulated by Crowne and Marlowe (1964), is understood as the tendency of subjects to produce experimental data that reflects their own notion of how they would like to be seen. This conceptualization usually parallels cultural notions of socially desirable traits. The issue of subjects' responses being a reflection of desired traits rather than genuine traits is particularly relevant in a study on sex-role

stereotypes because of the timeliness of the issue. The recent calling attention to sex-role prejudices has made both men and women sensitive to the sex-role attitudinal presentation of their social selves. Simply, men sympathetic to feminist issues would not like to be seen as a male chauvinist pig, and men antagonistic to those issues might relish the name calling. Women, too, differ in their sensibilities regarding female issues, and either want to be seen as within the camp of feminism, or out of it. Both men and women have taken pains to reflect to each other explicitly their notions about male/female equalization.

Again, comparison with the earlier studies is pertinent, insofar as their results contradict the results found here. The explicitness of the male/female issue in the other studies would suggest that social desirability would be more likely to be an influencing variable in those studies than in the present study. The assumption of this proposition leads one to conclude that the results of the present study may reflect a more firmly rooted, genuine attitude.

Finally, the fact that the other studies finding sex of subject differences were group studies is critical. The literature debates the question of whether or not a separate psychology is needed to conceptualize group dynamics. If, indeed, group psychology is different from individual psychology, one would expect that separate and differing laws would govern the differing circumstances. The fact that sex of subject findings are different for this study than for those studies utilizing groups as the experimental entity, is consistent with the notion of different psychologies. Effects found in studies using the individual as the paradigm may be augmented or changed in studies using the group as the paradigm.

IMPLICATIONS

There is now existent in the literature a fairly consistent body of work which indicates differential perceptions and feelings regarding male and female therapists and group leaders. When restricted to the paradigm of therapy, these findings have significance for the analysis of transference and countertransference.

Wright and Gould (1977) gives the best integration of the literature in regard to these issues. They suggest:

A woman therapist in our culture may . . . find herself more often the target of negative transferences than her male counterparts, and consequently have more negative or distressing countertransferential reactions, e.g., she may find herself often feeling de-skilled, incompetent, isolated, or ignored, or valued only for her supposed maternal and nurturant qualities rather than her analytic competence. . . . Male therapists, by contrast, may find group members striving to deify them more often than their female colleagues. Consequently, they may have to be particularly alert to the countertransferential experience of being seduced into omnipotent or protective roles in their groups.

Transference

Early psychoanalytic literature focused mainly on the positive transference, and understanding the role that transference love has in curing the patient. Reich was the first to warn against the dangers of a premature establishment of a positive transference--among which he lists premature termination of the treatment, or, more seriously, suicide of the patient (Reich, 1976). He goes so far as to suggest that without an early investigation of the negative transference, which the patient usually has an interest in concealing, the treatment is

begun badly, and perhaps unable to be later salvaged.

While Reich is explicit on those matters, when it comes to giving the analyst formulas for precisely how to go about evoking the negative transference material he becomes less clear. He repeatedly assures us that each case is different, and that there are different kinds of resistances (which he says will one day be enumerated and defined--a prediction borne out), and that the practitioner of psychoanalysis must come to understand each individual case and resistance. It is sparse comfort to the beginning analyst, who is likely to feel overwhelmed by the nature of the job, the material from the patient, and his still-yet unformed conceptualization of his role.

Spotnitz applies the emphasis on negative transference to the analysis of frankly psychotic patients, formerly considered unresponsive to the technique, or "unanalyzable" by Freud himself (Spotnitz, 1969). He sees schizophrenia as a disorder with pre-Oedipal origins, in which the ability to appropriately experience and discharge aggressive impulses has become dysfunctional. He agrees with Reich that cure of these patients lies in the analyst's ability to evoke, early in the treatment, a freeing from the inhibition of the experiencing and verbalization of these aggressive impulses, and that this should be done within the context of the transference. That is, successful treatment of these patients necessarily involves the patient coming to feel and verbalize his hatred, contempt, disappointment, distrust, etc. of the analyst.

Unlike Reich, however, Spotnitz gives us precise instructions for how to go about eliciting this negative transference. He sees the

communications of the analyst being the means by which the analyst can control the affective level of the patient during the session. Treatment in the formative stages of the therapeutic relationship should proceed at a level of tension for the patient that is tolerable to his ego. For the severely disturbed patient, too much communication--which Spohnitz defines as 10-100 units of communication per session--creates more excitation than the patient can discharge; too little communication--which Spohnitz defines as 1-2 units of communication per session--likewise creates an intensification of resistance with relative inadequacy of motoric output, resulting in a regression too severe to be resolved in the course of the session.

The idea is not restricted to the frankly psychotic patients, however. The stronger ego and the more highly developed defenses of the neurotic allow for greater tolerance of both the minimally and maximally excitation conditions. The idea that frustration yields aggression is one that has been widely applied clinically and finds its experimental equivalent in the studies comparing responsive and non-responsive leadership styles. The emphasis Reich and Spohnitz put on establishing this paradigm early in the treatment adds extra burden to the therapist. The therapist who takes seriously the value of establishing an early negative transference will attempt to mobilize the patient's aggression within the confines of the treatment relationship. The literature shows that an objective (i.e., interpretive), non-ego supportive stance with relatively infrequent communications is an effective way for the therapist to achieve that end. Ideally, then, the patient should be complaining early in treatment about the

therapist's faults, incompetence, lack of responsiveness, etc.

The dynamic source of the aggression towards the therapist is the thwarting of the dependency expectations. The patient comes into the treatment situation with preconceived notions about what the process will mean for him. He generally expects relief from his suffering and hopes for the ability to live a happier, more meaningful life. He also comes in with preconceived notions about what the practitioner of the process will be like. These notions may be based on sexist stereotypes, on past experiences with other therapists, or on past life-history patterns--all of which form the basis of the transference.

The gender-related aspects of the transference, based on sex-role stereotypes, are clarified in the experimental research. Male therapists are seen in more favorable terms, and as more of an authority figure. Presumably, there would be more of a tendency for the patient to deify the male therapist. Insofar as the positive transference is more easily established with a male therapist, there are important implications for therapy.

Spotnitz and others' instructions, then, to utilize the non-responsive mode of treatment as a means of facilitating the negative transference, may not be sensitive to the gender-related aspects of the transference. Insofar as the non-responsive mode is seen as consonant with the male authority role, there is a concomitant reduction of thwarted dependency needs. That is a patient will expect fewer communications with a male therapist, and will not feel frustrated when they are not ensuing. Thus, the establishment of the negative

transference may be more difficult with a male therapist than with a female therapist.

The success of the analysis depends on the patient's ability to verbalize his thoughts and feelings. Cure may be considered to be the point at which the patient can comfortably tolerate all of his thoughts and feelings. And so, while the female therapist may, by nature of her sex, have the capacity to evoke more negative feelings, it does not mean, necessarily, that she will be able to evoke the verbalization of that material. In point of fact, Wright's study indicates that amount of disclosure of group members is significantly reduced when the group leader is a female. Beauvais showed that group members tended to produce more negative comments in reference to each other when the group leader was a female, thus suggesting the operation of a displacement defense, where the object of dependence is protected against the aggression. The displacement of aggression away from the female therapist in a group setting is possible, still within the confines of the therapeutic setting, because of the availability of other objects for attack (other group members). In one-to-one therapy, however, there are no other immediate objects on which to discharge the aggression, and the elimination of displacement as a defense may have severe consequences. The patient who experiences aggressive impulses, but without avenues of discharge, may employ other, more regressive defense maneuvers to protect the object: he will turn his aggression inward and may become severely depressed, schizophrenic, or psychosomatic.

The caveat, then, in understanding the relationship between therapist style and therapist sex is double-edged. The male analyst

runs the risk of never adequately getting the establishment of a negative transference. The female analyst, seemingly, has a less difficult time with the establishment of the negative transference, but runs the risk that stereotypical notions about her fragility or such, may inhibit the verbalization of the negative transference. Without each--that is, both the establishment of the negative transference and the verbalization of those feelings--there can be no working through of the aggressive impulses.

Countertransference

Countertransference, as conceptualized by Freud, is that set of feelings "which arises in the physician as a result of the patient's influence on his (the physician's) unconscious feelings (Freud, 1933a). Freud warns against any tendency to countertransference (Freud, 1933b), as he sees it as interfering with the analyst's objective neutrality, and refers to it as "one of the most difficult problems technically in psychoanalysis" (Freud, 1957).

More recently, analysts have begun to understand the implications of reciprocal interchanges in the analytic relationship, and the notion of countertransference has been revised. Herbert Rosenfeld sees countertransference as a sensitive "receiving set" and often the "only guide" to interpretation (Rosenfeld, 1952). Harold Searles refers to countertransference as his "most reliable source of data as to what is transpiring between the patient and (him)self, and within the patient" (Searles, 1967). Spontitz encourages the free experiencing of all feelings on the part of the analyst, and the controlled and

appropriate communication of those feelings to the patient (Spotnitz, 1969).

Disagreement about the term has arisen from its dual usage. Winnicott, in agreement with the notion of countertransference as an invaluable tool in the analysis, sees that the practitioner who allows himself to experience the full impact of the feelings transferred by the patient, and who can, as well, clearly identify his own emotional responses, has at his disposal what he calls "truly objective countertransference . . . the analyst's love and hate in reaction to the actual personality and behavior of the patient based on objective observation" (Winnicott, 1958). Spotnitz distinguishes between this use of the term, which he calls objective countertransference, and use of the term which refers to reactions attributable to insufficiently analyzed adjustment patterns in the therapist, as Freud used the term. This latter understanding of the term, Spotnitz calls subjective countertransference.

Sex-role stereotypes have implications for both subjective and objective countertransference reactions. That is, the patient who begins treatment with preconceived notions about the virtues or vices of the sex of the therapist will respond to the therapist in such a way as to induce feelings in the therapist related to his (the therapist's) sex-role identity (objective countertransference). Likewise, the analyst, too, practices treatment with preconceived notions about his appropriate sex role, and insofar as (s)he is identified with a particular role (s)he limits his ability to move freely with the emotional responses of the patient (subjective countertransference).

The preference an analyst has for experiencing him/herself in

habitual sex-role ways may be viewed as subjective countertransference, and further, as a countertransference resistance. The unwillingness on the analyst's part to experience the full gamut of feelings induced by the patient prevents him/her from using his/her own feelings as therapeutic leverage, and interferes with his/her ability to understand the patient's emotional history. Spohnitz enumerates some of the major countertransference resistances--the need to not feel hate, the need to be liked, the need to be right, the need to be good, the need to be better than the original object. We could add the need to be an authority figure, the need to be a nurturing figure, and, more generally, the need to be an appropriate sex-role model.

When these countertransference resistances are examined in light of male/female stereotypes, it becomes clear that some are more associated with one sex than with the other sex. We would expect, then, certain countertransference resistances to be found more often and more intensely in females, and others in males. The literature makes it abundantly clear which of these needs are associated with which sex.

Insofar as the expressive/nurturing functioning is identified with females, women analysts may tend to personify these characteristics more frequently than men. Her need to be supportive--derived from the patient's expectation and her own sense of role-appropriate behavior--may interfere with her ability to set limits, if need be, or other instrumental/authority type tasks. If she is able to remain sufficiently free from her own demands for role-appropriateness, she may experience her patients' and her colleagues' valuing her only for her

nurturant qualities, and she may feel that her instrumental/authority competence is not being recognized.

The clinical case study of Bayes and Newton (1976) is a poignant example of the manifestation of these dynamics. Here the case of a woman assuming a position of authority formerly male-inhabited, is presented and analyzed. The authors content that the difficulty of the role-position arises from two sources: 1) the inability of the female authority to exercise her power so that she would be able to adequately fulfill her obligations to the instrumental/authority role (counter-transference resistance), and 2) the inability of her workers to allow for the possibility that she was capable of adequately assuming leadership position (transference resistance).

Both men, and women too because they fall prey to the social stereotype heaped on them by the culturally favored other sex, see that a woman cannot adequately assume an authority position. Insofar as she believes this notion about herself, she may, more often than not, experience feelings of doubt and inadequacy about herself. Again, data from other studies indicate that this is the case. Fabian (1972) sees that professional women regard themselves as being appropriately dealt with when they are subtly derogated or isolated on the basis of gender. Bayes and Newton found the same paradigm in their case study. Strauss (1975), in studying co-therapy pairs, found that both male and female therapists perceived the strength of the female therapist to reside in her ability to be warm and supportive; neither male nor female therapists regarded her ability or power as an authority figure for the patients.

Males, too, are not exempt from identifying themselves with certain role requirements. Patients have the need to deify their therapist (positive transference resistance), and, as has been seen in the present study rarely differentiate between the quantitative and qualitative levels of communication the male therapist makes. The feeling that is induced in the therapist, then, is that he is good, and most often, right. Insofar as this induced feeling is one that he is familiar and comfortable with, the male therapist will not be motivated to examine the latent aggressive impulses of either his patient or himself. He may "sail along" the analysis without proper critical evaluation of his functioning.

The situation has been described, then, where the transference resistance on the part of the patient can induce in the therapist a countertransference reaction appropriate to the interaction. This objective countertransference serves the analyst well in providing him with data which aid in his understanding of the transference. When, however, the subjective countertransference mirrors the objective countertransference, the analyst has difficulty separating out induced feelings from feelings arising from his own, only partially analyzed, self. Unfortunately, the socialization process aids in masking this differentiation by making subjective countertransference feelings ego-syntonic: that is, men expect to feel that they're good (and patients relate to them appropriate to this expectation), and women expect to feel that they're inadequate (and patients relate to them appropriate to this expectation). Because the socialization process has rendered these subjective countertransference resistances ego-syntonic, they

are particularly difficult to resolve. The recent research and interest on women in positions of authority has begun to allow women to distance themselves from stereotyped notions of who and how they should be. But while they are beginning to feel more comfortable assuming positions in formerly exclusively male-inhabited regions, it is not clear that there has been, what is called in analysis, structural, characterological change. That is to say, the fact of women assuming formerly male positions does not mean that they do so with concomitant emotional, or even behavioral change. Women have been seen as inadequate in instrumental/authority tasks and women experience themselves as inadequate in instrumental/authority tasks. It would seem to be an appropriate defense against the experiencing of unpleasant feelings of inadequacy to operate in an authority position in the style that has given her, in the past, the most gratification. Thus, we see situations as found in the Strauss and Bayes and Newton studies where women in authority positions continue to operate in sex-role stereotypic ways. The danger in the therapeutic relationship is that a traditional model for sex-role identification is being provided inadvertently.

Males have hardly even had yet the good fortune to have the benefit of a movement to aid them in their understanding of their fixation into role-appropriateness. Interestingly, the data of this and other studies indicate that their countertransference resistances to presenting a more varied and flexible model may be an unwarranted worry. The favorability of their position allows them to exhibit a wide variety of behaviors without being seen as inappropriate.

The resolution of countertransference on the part of the

therapist has important implications for the successful outcome of treatment. It means first, that the analyst is conscious of his intent, and its effect, so that the model of identification he presents to the patient is a self-selected one, rather than an inadvertent one. And, equally important, it means that insofar as he is able to present flexibility in sex-role behavior, he is able, as well, to facilitate a wider variety of therapeutic change in the patient. The notion of "transference," then may broaden to mean the transfer of feelings from significant others, rather than a transference from one significant other, as is the more usual case in individual analysis. The analyst who has worked through his countertransference resistance to being male and female to the patient has the chance of successful resolution of parallel resistances in the patient. The notion of cure, then, is freed from its sex-role connotations, and takes on its literal meaning--mature, adult functioning.

CONCLUSIONS AND FURTHER CONSIDERATIONS

The aim of this study has been to investigate gender and style related aspects of the therapy dyad. The concept of transference implies that the patient will experience and see the therapist as being either like a mother or like a father. Family patterning, and the sex-role positions that are reflected in this patterning, are responsible for the stereotypic expectations of men being authority figures and women being nurturing figures.

The study confirms that people do differentially experience and perceive therapists according to the therapeutic style and the sex of the therapist.

Although Freud himself indicated that the sex of the therapist may affect the transference relationship, since that postulation, there has been very little research to attempt to explore the nature of this phenomenon. Despite this scarcity of data, the implications are far-reaching, and, in particular the notions of transference, counter-transference are affected in important ways.

One would suspect that clinicians, who are daily and empirically confronted with these issues have long been aware of the importance of sex and style of the therapist in the transference and countertransference resistances. It is only the research that lags behind the astute observations of clinicians.

More detailed understanding of style and gender-related aspects of the therapy dyad would have dramatic consequences for the

pairing of dyads. Presently, pairing between therapist and patient approximates more closely a random event rather than a well thought-out decision. Stricter control over this process may, ultimately, have consequences for the success of treatment.

It is with the hope that this beginning and exploratory study may spark the interest of future researchers that this project was undertaken. Many questions remain unanswered. For instance, the present study combined all subjects together without regard for therapeutic experience. (These data were gathered, but unexamined.) It is possible that the stereotypic notions of male and female sex-roles fades somewhat as one goes through the experience of therapy. If, as has been proposed, stereotypic thinking serves as a once-needed, but not longer appropriate, defense, and the aim of treatment is to aid in the discarding of such unnecessary defenses, then this fading is precisely what one would expect. The resolution of the transference resistance is understood to be the final resistance to cure that is resolved. Cured patients, then, would presumably no longer hold sex-role stereotypic notions.

In addition, the results from both factor analyses suggest that either of the instruments used (semantic differential on the author's own questionnaire) may be valid ways of investigating the concepts of nurturing and authority figures. Careful examination reveals interesting data, though not directly related to this study. For example, equally important to the items included in a factor are those items excluded. Certainly there is no difficulty in making sense of the inclusion under the authority figure factor those represented items (strong, competent,

expert in field, knowledgeable). But, would one not also expect the inclusion of some items which were not contained under this factor, such as assertive, aggressive, powerful, active, and authoritarian?

Further analysis of the separation of nurturing and authority factors reveals yet another aspect of the issue. Differentiation is clearly made between instrumental (as authority) and expressive (as nurturing). One sees, also, though, a differentiation between what would appear to be verbal (authority) and non-verbal (nurturing) modes of interacting. The connections between expressive and non-verbal functioning and instrumental and verbal functioning are made implicitly here, and open up possibilities for further research.

Finally, the promise of psychoanalysis as a curative process, with the hoped-for consequences for us as both individuals and as a culture, has been somewhat disappointing since Freud's original formulations in the early part of the century. Any attempt made to more precisely understand the process is a step towards the control and predictability of cure. This research, on sex-role stereotypes, can, in fact, be seen as a natural fulfillment of Freud's original aim--the attempt to make that which is held unconscious conscious.

APPENDIX

The first protocol presented here is complete with the therapy transcript and measures. Protocols 2, 3, 4 omit the measures only in this presentation, because they are repetitive with the first protocol. Subjects each received complete protocols, and titling of the protocols (as is done here) was omitted.

PROTOCOL 1
RESPONSIVE FEMALE THERAPIST

The following several sheets comprise an experiment. You will see that the first few pages are an excerpt from a therapy session, and consist of a verbatim record of the dialogue between the patient and the therapist.

If you would like to participate in this study, please read the therapy transcript, and answer all the questions on the 4 pages following the transcript.

IMPORTANT:

The sex of the patient is the same sex as yourself.

The sex of the therapist is a female.

(please answer) What is your sex? (please circle)

male

female

Patient: I've been feeling horrible this week--I mean--really shitty. To tell you the truth, I didn't even feel like coming in today. It's lucky I made it at all.

Therapist: My goodness (with concern). I'm sure sorry to hear that you haven't been feeling well. But I'm glad to see that you made it to your session. What's been the matter?

Patient: I've had this incredible stomach ache for 2 days now. I went to the doctor yesterday, and there's nothing physically wrong. He says it's my nerves. I guess I just have to accept that it must be psychological.

T: So--you think maybe you're making yourself sick? Well--we could explore what psychological reasons there may be behind your stomach aches. Did you have stomach aches when you were young?

P: You know, I remember--I did used to get stomach aches when I was young. Sometimes I would get them before school and my mother would let me stay home that day. I remember whenever that happened my father would come into my bedroom and sit on the end of the bed and we would play this game together. Those were the only times that my father ever really payed attention to me.

T: So--you got the feeling that the only time your father cared about you was when you were sick?

P: Yeah (as though reminiscing).

T: This must have made sickness a premium for you?

P: (laughs) I would try to get him to stay in my room for a long time. I never wanted him to leave. I guess actually I was what they would call a sick child. Even now I don't feel good a lot of the time.

T: You know, there may still be dividends that you get out of your being sick, or feeling sick.

P: Hey--do you think I make myself sick so people can feel sorry for me and then I can get attention.

T: That sounds like a good insight you're having about yourself. But--you know, Pat--you're an attractive and intelligent person. I wonder why you feel you need to be sick to get what you want.

P: Oh--I don't know. I guess I really do like people caring for me as though they were my nurse-maid.

30 seconds of silence

T: (with interest): What are you thinking about now?

- P: I was thinking--it's almost summer now and you haven't mentioned whether or not you're going away for part of it. Well--I'll tell you one thing. I'm sure going away.
- T: I bet that'll be nice for you.
- P: (with some hesitation about asking) Are you going away?
- T: Well--as a matter of fact, I'm glad that you brought that up because I did want to talk about that. I will be taking my vacation the first 2 weeks in August--so we won't be meeting then. Is there anything you would like to discuss about that?
- P: (again, some hesitation) Well--yeah--where are you going?
- T: My plans aren't finalized yet, but I'm thinking it would be nice to rent a cabin in the Catskills.
- P: Uhmmm. To tell you the truth, I haven't quite decided where I wanted to spend my vacation--so I thought maybe I could take where you're going as a suggestion.
- T: (warmly) You think you'd like to go to the same place as I'm going?
- P: Listen--now. Don't go and get the wrong idea about that. I mean it was just a simple question. There was nothing in it to make a big deal out of. I mean--it's not like you're my mother or father and I need to be near you all the time--or that nurse-maid bit.
- T: Oh--I was thinking it would be nice for us to vacation in the same place. But--you sound angry at me. As you were talking, I was thinking about what you talked about last week--about your parents leaving you when they went on their vacations every year, and how abandoned you felt by them.
- P: I'm really angry at you right now.
- T: Yes, I hear that.
- P: I'm not sure why.
- T: Can I help you find out why?
- P: Do you have any ideas why I'm so angry at you?
- T: Well--I thought maybe you were feeling about me what you used to feel when your parents would leave you for a few weeks.
- P: Yeah--I see what you mean. That makes a lot of sense--what you just said. What I really wanted from my father was for him to never leave me. And, when he did, I would get angry and hurt. Boy--I used to really let him have it too.

T: How are you feeling now?

P: I must say--I feel a lot better now that I know that. But--you know--he deserved it--he's such a bastard. He treats me like a stranger. I mean--for all he cares, I could just as soon be a bum off the streets. I used to really treat him like shit, though sometimes.

T: Maybe you feel he deserved your treating him like shit because it sounds like he didn't treat you so hot either.

P: Hey--you want to know something?

T: Sure--what?

P: I feel much better now. I feel relaxed. My stomach even stopped hurting. You're a great therapist.

T: Thanks Pat. You're a great patient. It sounds like you're making terrific strides in self-understanding.

P: You know--I think it's really helpful when I can get angry at you.

T: If its helpful to you, then you certainly should do it. I can handle your anger--so don't worry about how it affects me.

P: Yeah--most of the time I'm here I feel like I have to be nice to you--and that sort of inhibits me. I would like to be able to really let you have it sometimes--like I used to do with my father. But only when you've done something I don't like.

T: I wonder if the reason you don't is because you're afraid if you do get angry at me, I might reject you.

P: I guess you wouldn't reject me if I did that--I mean, you wouldn't throw me out of therapy or anything like that. But you might not like me. And if you didn't like me you wouldn't be friendly to me.

T: What would be so awful if I weren't friendly?

P: If you weren't friendly and didn't like me--well--I'd feel that there was no point in my coming here any more.

T: You need me to be friendly and to like you for you to feel there's a reason to come.

P: I guess it doesn't make that much sense--what I'm saying. But I'm afraid that I might start caring about you--and you might not care about me. It would be a one-sided relationship then, and I would be embarrassed about my feelings towards you.

- T: Why would you be embarrassed?
- P: What I mean to say is that you might not take my feelings seriously.
- T: If you felt you cared about me, of course I would take those feelings seriously. But what it sounds like you're saying is that I might not reciprocate with the same kind of feelings. You know-- we've been working together now for 2 years. Of course I've developed very strong feelings about you. But, if we spent the time here with me expressing my feelings the same way you did, then we might not be able to tell who was the therapist and who was the patient. (both laugh)
- P: Yeah--I guess you have a point there.
- T: Well--Pat. We have to stop now for today. But I must say, I feel this was a very productive session. You seem to be coming to some important insights about yourself. See you next week (with warmth).

Immediately following these instructions, you will see a list of bi-polar adjectives. Describe your impressions of the therapist on the basis of the 7 point scales presented.

Check the space that you feel most closely approximates how you would describe the therapist. For example, if you feel the therapist is closely related to the "active" end of the "active-passive" scale (but not extremely), then check like this

active : x: : : : : passive

If your impression falls right in the middle of the two extremes, then check like this

active : : : x: : : passive

And so on. Feel free to use the entire range of scores (all 7 spaces).

Work quickly--putting down your first impressions.

Often a vague impression will be all you have on which to base your ratings. In some cases you may doubt that a certain scale is applicable, but you should be able to make the decision quite easily if you work quickly and rely on your first impression.

There are no right or wrong answers.

Don't worry about being consistent in your judgments.

Please be sure to place one, and only one, mark (x) on each scale, and inside the space, not on the boundary.

DO THIS

 : : x: : : :

NOT THIS

 : x: : : : :

Do not omit any.

strong ___:___:___:___:___:___:___ weak
 frustrating ___:___:___:___:___:___:___ satisfying
 distant ___:___:___:___:___:___:___ close
 not powerful ___:___:___:___:___:___:___ powerful
 warm ___:___:___:___:___:___:___ cold
 active ___:___:___:___:___:___:___ passive
 authoritarian ___:___:___:___:___:___:___ non-authoritarian
 incompetent ___:___:___:___:___:___:___ competent
 nurturing ___:___:___:___:___:___:___ not nurturing
 depriving ___:___:___:___:___:___:___ giving
 not easily influenced ___:___:___:___:___:___:___ easily influenced
 submissive ___:___:___:___:___:___:___ dominant
 subjective ___:___:___:___:___:___:___ objective
 novice in field ___:___:___:___:___:___:___ expert in field
 supportive ___:___:___:___:___:___:___ not supportive
 gentle ___:___:___:___:___:___:___ rough
 not helpful ___:___:___:___:___:___:___ helpful
 assertive ___:___:___:___:___:___:___ not assertive
 logical ___:___:___:___:___:___:___ intuitive
 aggressive ___:___:___:___:___:___:___ not aggressive
 intervenes too much ___:___:___:___:___:___:___ intervenes too little
 guides ___:___:___:___:___:___:___ doesn't guide
 sexual ___:___:___:___:___:___:___ asexual
 loving ___:___:___:___:___:___:___ indifferent
 sensitive to feelings ___:___:___:___:___:___:___ insensitive to feelings
 independent ___:___:___:___:___:___:___ dependent
 knowledgeable ___:___:___:___:___:___:___ not knowledgeable
 friendly ___:___:___:___:___:___:___ not friendly

The next 16 questions should again be answered on the basis of a 7 point scale. The answer "not at all" represents one side of the scale, and "very much so" the other side. Use the scales in the same way you did before with thebi-polar adjectives, and again feel free to use all 7 spaces.

- 1) If this were your therapist, would you experience him/her as comforting:
not at all ___:___:___:___:___:___:___ very much so
- 2) Does this therapist seem to be concerned with developing the patient's sense of independence?
not at all ___:___:___:___:___:___:___ very much so
- 3) Do you think this therapist has feelings of affection for his/her patients?
not at all ___:___:___:___:___:___:___ very much so
- 4) If this were your therapist, would you experience him/her as demanding?
not at all ___:___:___:___:___:___:___ very much so
- 5) Do you imagine this therapist to be relatively indulgent with his/her patients?
not at all ___:___:___:___:___:___:___ very much so
- 6) How concerned do you see this therapist to be with getting the patient to function well in the outside world?
not at all ___:___:___:___:___:___:___ very much so
- 7) Does the therapist seem to be an emotional person?
not at all ___:___:___:___:___:___:___ very much so
- 8) Do you think this therapist would be concerned with discipline for the patient?
not at all ___:___:___:___:___:___:___ very much so
- 9) Do you see this therapist as a nurturing figure?
not at all ___:___:___:___:___:___:___ very much so
- 10) Do you think that a patient of this therapist would feel that he was able to get the therapist to do whatever (s)he wanted him/her to do?
not at all ___:___:___:___:___:___:___ very much so

11) How concerned do you see this therapist to be with the emotional relationship between him/herself and the patient?

not at all __:__:__:__:__:__ very much so

12) Does the therapist seem to be an expert in his/her field?

not at all __:__:__:__:__:__ very much so

13) Do you see the therapist as a giving, gentle person?

not at all __:__:__:__:__:__ very much so

14) Do you see this therapist as an authority figure?

not at all __:__:__:__:__:__ very much so

15) If this were your therapist, would you experience him/her as meeting your needs?

not at all __:__:__:__:__:__ very much so

16) Do you see this therapist as a powerful person?

not at all __:__:__:__:__:__ very much so

If you have ever been in therapy, or are currently in therapy, please answer the next 3 questions (17, 18 and 19).

If you have never been in therapy (and are not currently), then please skip the next 3 questions and answer the following 3 (skip 17, 18, and 19. Answer 20, 21 and 22.)

17) Do you see this therapist as more nurturing than your own?

not at all __:__:__:__:__:__ very much so

18) Do you see this therapist as more of an authority figure than your own?

not at all __:__:__:__:__:__ very much so

19) Is your therapist a man or woman? (please circle)

man

woman

20) Would you say that this therapist is more nurturing than you would expect from a therapist?

not at all ___:___:___:___:___:___ very much so

21) Would you say that this therapist presents him/herself as more of an authority figure than you would expect?

not at all ___:___:___:___:___:___ very much so

22) If you were to pick a therapist, would you choose a man or woman?
(please circle)

man

woman

You've now completed the experiment. Please return all sheets (answer sheets and transcript sheets) to the appropriate person or place. Thank you for participating in the study.

PROTOCOL 2
RESPONSIVE MALE THERAPIST

The following several sheets comprise an experiment. You will see that the first few pages are an excerpt from a therapy session, and consist of a verbatim record of the dialogue between the therapist and patient.

If you would like to participate in this study, please read the therapy transcript, and answer all the questions on the pages following the transcript.

IMPORTANT:

The sex of the patient is the same sex as yourself

The sex of the therapist is male.

(please answer) What is your sex? (please circle)

male

female

Patient: I've been feeling horrible this week--I mean--really shitty. To tell you the truth, I didn't even feel like coming in today. It's lucky I made it at all.

Therapist: My goodness (with concern). I'm sure sorry to hear that you haven't been feeling well. But I'm glad to see that you made it to your session. What's been the matter?

Patient: I've had this incredible stomach ache for 2 days now. I went to the doctor yesterday, and there's nothing physically wrong. He says it's my nerves. I guess I just have to accept that it must be psychological.

T: So--you think maybe you're making yourself sick? Well--we could explore what psychological reasons there may be behind your stomach aches. Did you have stomach aches when you were young?

P: You know, I remember--I did used to get stomach aches when I was young. Sometimes I would get them before school and my mother would let me stay home that day. I remember whenever that happened my father would come into my bedroom and sit on the end of the bed and we would play this game together. Those were the only times that my father ever really paid attention to me.

T: So--you got the feeling that the only time your father cared about you was when you were sick?

P: Yeah (as though reminiscing).

T: This must have made sickness a premium for you?

P: (laughs) I would try to get him to stay in my room for a long time. I never wanted him to leave. I guess actually I was what they would call a sick child. Even now I don't feel good a lot of the time.

T: You know, there may still be dividends that you get out of your being sick, or feeling sick.

P: Hey--do you think I make myself sick so people can feel sorry for me and then I can get attention.

T: That sounds like a good insight you're having about yourself. But--you know, Pat--you're an attractive and intelligent person. I wonder why you feel you need to be sick to get what you want.

P: Oh--I don't know. I guess I really do like people caring for me as though they were my nurse-maid.

30 seconds of silence

- T: (with interest): What are you thinking about now?
- P: I was thinking--it's almost summer now and you haven't mentioned whether or not you're going away for part of it. Well--I'll tell you one thing. I'm sure going away.
- T: I bet that'll be nice for you.
- P: (with some hesitation about asking) Are you going away?
- T: Well--as a matter of fact, I'm glad that you brought that up because I did want to talk about that. I will be taking my vacation the first 2 weeks in August--so we won't be meeting then. Is there anything you would like to discuss about that?
- P: (again, some hesitation) Well--yeah--where are you going?
- T: My plans aren't finalized yet, but I'm thinking it would be nice to rent a cabin in the Catskills.
- P: Uhhmm. To tell you the truth, I haven't quite decided where I wanted to spend my vacation--so I thought maybe I could take where you're going as a suggestion.
- T: (warmly) You think you'd like to go to the same place as I'm going?
- P: Listen--now. Don't go and get the wrong idea about that. I mean it was just a simple question. There was nothing in it to make a big deal out of. I mean--its not like you're my mother or father and I need to be near you all the time--or that nurse-maid bit.
- T: Oh--I was thinking it would be nice for us to vacation in the same place. But--you sound angry at me. As you were talking, I was thinking about what you talked about last week--about your parents leaving you when they went on their vacations every year, and how abandoned you felt by them.
- P: I'm really angry at you right now.
- T: Yes, I hear that.
- P: I'm not sure why.
- T: Can I help you find out why?
- P: Do you have any ideas why I'm so angry at you?
- T: Well--I thought maybe you were feeling about me what you used to feel when your parents would leave you for a few weeks.

P: Yeah--I see what you mean. That makes a lot of sense--what you just said. What I really wanted from my father was for him to never leave me. And, when he did, I would get angry and hurt. Boy-- I used to really let him have it too.

T: How are you feeling now?

P: I must say--I feel a lot better now that I know that. But--you know-- he deserved it--he's such a bastard. He treats me like a stranger. I mean--for all he cares, I could just as soon be a bum off the streets. I used to really treat him like shit, though sometimes.

T: Maybe you feel he deserved your treating him like shit because it sounds like he didn't treat you so hot either.

P: Hey--you want to know something?

T: Sure--what?

P: I feel much better now. I feel relaxed. My stomach even stopped hurting. You're a great therapist.

T: Thanks Pat. You're a great patient. It sounds like you're making terrific strides in self-understanding.

P: You know--I think it's really helpful when I can get angry at you.

T: If its helpful to you, then you certainly should do it. I can handle your anger--so don't worry about how it affects me.

P: Yeah--most of the time I'm here I feel like I have to be nice to you--and that sort of inhibits me. I would like to be able to really let you have it sometimes--like I used to do with my father. But only when you've done something I don't like.

T: I wonder if the reason you don't is because you're afraid if you do get angry at me, I might reject you.

P: I guess you wouldn't reject me if I did that--I mean, you wouldn't throw me out of therapy or anything like that. But you might not like me. And if you didn't like me you wouldn't be friendly to me.

T: What would be so awful if I weren't friendly?

P: If you weren't friendly and din't like me--well--I'd feel that there was no point in my coming here any more.

T: You need me to be friendly and to like you for you to feel there's a reason to come.

P: I guess it doesn't make that much sense--what I'm saying. But I'm afraid that I might start caring about you--and you might not care about me. It would be a one-sided relationship then, and I would be embarrassed about my feelings towards you.

T: Why would you be embarrassed?

P: What I mean to say is that you might not take my feelings seriously.

T: If you felt you cared about me, of course I would take those feelings seriously. But what it sounds like you're saying is that I might not reciprocate with the same kind of feelings. You know--we've been working together now for 2 years. Of course I've developed very strong feelings about you. But, if we spent the time here with me expressing my feelings the same way you did, then we might not be able to tell who was the therapist and who was the patient. (Both laugh.)

P: Yeah--I guess you have a point there.

T: Well--Pat. We have to stop now for today. But I must say, I feel this was a very productive session. You seem to be coming to some important insights about yourself. See you next week (with warmth).

PROTOCOL 3

NON-RESPONSIVE MALE THERAPIST

The following several sheets comprise an experiment. You will see that the first few pages are an excerpt from a therapy session, and consist of a verbatim record of the dialogue between the therapist and patient.

If you would like to participate in this study, please read the therapy transcript, and answer all the questions on the pages following the transcript.

IMPORTANT:

The sex of the patient is the same sex as yourself

The sex of the therapist is male.

(please answer) What is your sex? (please circle)

male

female

Patient: I've been feeling horrible this week, I mean--really shitty. To tell you the truth, I didn't even feel like coming in today. It's lucky I made it at all.

(10 seconds of silence)

I've had this incredible stomach ache for 2 days now. I went to the doctor yesterday, and there's nothing physically wrong. He says it's my nerves. I guess I just have to accept that it must be psychological.

(15 second silence)

You know, I remember--I used to get stomach aches when I was young. Sometimes I would get them before school and my mother would let me stay home that day. I remember whenever that happened my father would come into my bedroom and sit on the end of the bed and we would play this game together. Those were the only times that my father ever really paid attention to me.

(10 second silence)

Yeah--(as though reminiscing, and then laughs) I would try to get him to stay in my room for a long time. I never wanted him to leave. I guess actually I was what they would call a sick child. Even now, I don't feel good a lot of the time.

(20 second silence)

Hey--do you think I make myself sick so people can feel sorry for me and then I can get attention?

Therapist: There is some reason why you feel sick.

Patient: Oh--I don't know. I guess I really do like people caring for me as though they were my nurse-maid.

(1 minute silence)

Patient: I was thinking--it's almost summer now and you haven't mentioned whether or not you're going away for part of it. Well--I'll tell you one thing. I'm sure going away.

(with some hesitation about asking) Are you going away?

Therapist: I'll be away for the last 2 weeks in August.

Patient: (again, with hesitation) Well--yeah--where are you going?

Therapist: Why do you ask?

Patient: Ummm. To tell you the truth, I haven't quite decided where I wanted to spend my vacation--so I thought maybe I could take where you're going as a suggestion.

But--listen now--don't go and get the wrong idea about that. I mean it was just a simple question. There was nothing in it to make a big deal out of. I mean--it's not like you're my mommy or daddy and I need to be near you all the time--of that nurse-maid bit.

(25 second silence)

I'm really angry at you right now.

(15 second silence)

I'm not sure why.

(15 second silence)

Do you have any ideas why I'm so angry at you?

Therapist: You're angry because you feel I'm abandoning you the same way you felt your parents abandoned you when you were young and they went on their vacations.

Patient: Yeah--I see what you mean. That makes a lot of sense--what you just said. What I really wanted from my father was for him to never leave me. And when he did, I would get angry and hurt. Boy--I used to really let him have it too.

(10 second silence)

I must say I feel a lot better now that I know that. But--you know--he deserved it--he's such a bastard. He treats me like a stranger. I mean--for all he cares, I could just as soon be a bum off the streets. I used to really treat him like shit though sometimes.

Hey--you want to know something?

(5 second silence)

I feel much better now. I feel relaxed. My stomach even stopped hurting. You're a great therapist.

(20 second silence)

You know--I think it's really helpful when I can get angry at you.

Therapist: Perhaps the reason why you feel warmly towards me is because you feel that my explanation sort of lets you off the hook--that I'm excusing your behavior.

Patient: Yeah--most of the time I'm here I feel like I have to be nice to you--and that sort of inhibits me. I would like to be able to really let you have it sometimes--like I used to do with my father. But only when you've done something I don't like.

I guess you wouldn't reject me if I did that--I mean you wouldn't throw me out of therapy or anything like that. But you might not like me. And if you didn't like me you wouldn't be friendly to me.

(15 second silence)

If you weren't friendly and didn't like me--well--I'd feel that there was no point in my coming here any more.

(10 second silence)

I guess it doesn't make much sense--what I'm saying--but I'm afraid that I might start caring about you--and you might not care about me. It would be a one-sided relationship then and I would be embarrassed about my feelings towards you.

What I mean to say is that you might not take my feelings seriously.

Therapist: I wouldn't reciprocate with the same kind of feeling, if that's what you mean, because then this wouldn't be a therapeutic situation for you.

Patient: Yeah--I guess you have a point there.

PROTOCOL 4

NON-RESPONSIVE FEMALE THERAPIST

The following several sheets comprise an experiment. You will see that the first few pages are an excerpt from a therapy session, and consist of a verbatim record of the dialogue between the patient and the therapist.

If you would like to participate in this study, please read the therapy transcript, and answer all the questions on the 4 pages following the transcript.

IMPORTANT:

The sex of the patient is the same sex as yourself

The sex of the therapist is female.

(please answer) What is your sex? (please circle)

male

female

Patient: I've been feeling horrible this week. I mean--really shitty. To tell you the truth, I didn't even feel like coming in today. It's lucky I made it at all.

(10 seconds of silence)

I've had this incredible stomach ache for 2 days now. I went to the doctor yesterday, and there's nothing physically wrong. He says it's my nerves. I guess I just have to accept that it must be psychological.

(15 second silence)

You know, I remember--I used to get stomach aches when I was young. Sometimes I would get them before school and my mother would let me stay home that day. I remember whenever that happened my father would come into my bedroom and sit on the end of the bed and we would play this game together. Those were the only times that my father ever really paid attention to me.

(10 second silence)

Yeah--(as though reminiscing, and then laughs) I would try to get him to stay in my room for a long time. I never wanted him to leave. I guess actually I was what they would call a sick child. Even now, I don't feel good a lot of the time.

(20 second silence)

Hey--do you think I make myself sick so people can feel so-ry for me and then I can get attention?

Therapist: There is some reason why you feel sick.

Patient: Oh--I don't know. I guess I really do like people caring for me as though they were my nurse-maid.

(1 minute silence)

Patient: I was thinking--it's almost summer now and you haven't mentioned whether or not you're going away for part of it. Well--I'll tell you one thing. I'm sure going away.

(with some hesitation about asking) Are you going away?

Therapist: I'll be away for the last 2 weeks in August.

Patient: (again, with hesitation) Well--yeah--where are you going?

Therapist: Why do you ask?

Patient: Uhmmm. To tell you the truth, I haven't quite decided where I wanted to spend my vacation--so I thought maybe I could take where you're going as a suggestion.

But--listen now--don't go and get the wrong idea about that. I mean it was just a simple question. There was nothing in it to make a big deal out of. I mean--it's not like you're my mommy or daddy and I need to be near you all the time--of that nurse-maid bit.

(25 second silence)

I'm really angry at you right now.

(15 second silence)

I'm not sure why.

(15 second silence)

Do you have any ideas why I'm so angry at you?

Therapist: You're angry because you feel I'm abandoning you the same way you felt your parents abandoned you when you were young and they went on their vacations.

Patient: Yeah--I see what you mean. That makes a lot of sense--what you just said. What I really wanted from my father was for him to never leave me. And when he did, I would get angry and hurt. Boy--I used to really let him have it too.

(10 second silence)

I must say I feel a lot better now that I know that. But--you know--he deserved it--he's such a bastard. He treats me like a stranger. I mean--for all he cares, I could just as soon be a bum off the streets. I used to really treat him like shit though sometimes.

Hey--you want to know something?

(5 second silence)

I feel much better now. I feel relaxed. My stomach even stopped hurting. You're a great therapist.

(20 second silence)

You know--I think it's really helpful when I can get angry at you.

Therapist: Perhaps the reason why you feel warmly towards me is because you feel that my explanation sort of lets you off the hook--that I'm excusing your behavior.

Patient: Yeah--most of the time I'm here I feel like I have to be nice to you--and that sort of inhibits me. I would like to be able to really let you have it sometimes--like I used to do with my father. But only when you've done something I don't like.

I guess you wouldn't reject me if I did that--I mean you wouldn't throw me out of therapy or anything like that. But you might not like me. And if you didn't like me you wouldn't be friendly to me.

(15 second silence)

If you weren't friendly and didn't like me--well--I'd feel that there was no point in my coming here any more.

(10 second silence)

I guess it doesn't make much sense--what I'm saying--but I'm afraid that I might start caring about you--and you might not care about me. It would be a one-sided relationship then and I would be embarrassed about my feelings towards you.

What I mean to say is that you might not take my feelings seriously.

Therapist: I wouldn't reciprocate with the same kind of feeling, if that's what you mean, because then this wouldn't be a therapeutic situation for you.

Patient: Yeah--I guess you have a point there.

BIBLIOGRAPHY

- Aires, E. "Interaction patterns and themes of male, female, and mixed groups," Small Group Behavior, 7, 1976, 7-18.
- Argyle, M. Social Interaction. Chicago, Ill.: Aldine Publishing Co., 1969, chapters 4, 5, 8, and 9.
- Austin, H. S., Suniewick, N., Dweck, S. Women: A Bibliography on their Education and Careers. Washington, D.C.: Human Service Press, 1971.
- Astrachan, B. M. "Towards a social systems model of therapeutic groups." Social Psychology 5, 2, 1970.
- Bachtold, L. M., and Werner, E. E. "Personality profiles of gifted women: Psychologists," American Psychologist, 25, 1970, 234-243.
- Bailyn, L. "Mass media and children." Psychological Monographs, 23, 1959, 1-37.
- Bardwick, J. M. Psychology of Women. New York: Harper & Row, 1971.
- Bayes, M. and Newton, P. "Women in authority: A socio-psychological analysis." Presented at the Scientific meetings of the A. K. Rice Institute, April 1976.
- Beauvais, C. "The family and the work-group: Dilemmas for women in authority." Unpublished doctoral dissertation, City University of New York, 1976.
- Bem, S. "The measurement of psychological androgyny." Journal of Consulting and Clinical Psychology, 42, 1974, 155-162.
- Bernard, J. Academic Women. University Park, Penn.: Penn State University Press, 1964.
- Binswanger, L. Sigmund Freud: Reminiscences of a Friendship. New York: Grune and Stratton, 1957.
- Bion, W. R. "Group dynamics: A Re-view." in New Directions in Psychoanalysis. Edited by M. Klein, P. Heimann, and R. Money-Kyrle. New York: Basic Books, 1955.
- _____. Experiences in Groups. London: Tavistock Publications, 1961.

- Broverman, I. K. "Sex role stereotypes: A current appraisal." Journal of Social Issues, 2, 1972, 59-78.
- Broverman, I. K., Broverman, D. M., Clarkson, F. E., Rosenkrantz, P. S., Vogel, S. R. "Sex role stereotypes and clinical judgements of mental health." Journal of Consulting Psychology, 34, 1972, 1-7.
- Cartwright, L. K. "Women in medical school." Unpublished doctoral dissertation, University of Calif., Berkeley, 1970.
- _____. "Conscious factors entering into decisions of women to study medicine." Journal of Social Issues, 28, 2, 1972, 201-215.
- Cartwright, R. D., and Lerner, B. "Empathy, need to change, and improvement with psychotherapy." Journal of Consulting Psychology, 27, 1963.
- Chasseguet-Smirgel, J. "Feminine guilt and the Oedipus complex." In Female Sexuality: New Psychoanalytic Views. Edited by J. Chasseguet et al. Ann Arbor, Mich.: University of Michigan Press, 1970, 94-134.
- Chesler, P. "Women as psychiatric and psychotherapeutic patients." Journal of Marriage and the Family. (November 1971).
- Child, I. L., Potter, E. H., and Levine, E. M. "Children's textbooks and personality development. An exploration in the social psychology of education." Psychology Monographs, 60, 1946, 1-54.
- Cook, M. Interpersonal Perception. Middlesex, England: Penguin, 1971.
- Costantini, E. and Craik, K. H. "Competing elites within a political party: A study of Republican leadership." Western Political Quarterly, 22, 4, Dec. 1969, 879-903.
- Crowne, D. P. and Marlowe, D. The Approval Motive: Studies in Evaluative Dependence. New York: John Wiley, 1964.
- Deaux, K. The Behavior of Women and Men. Belmont, Calif.: Wadsworth Publishing Co., 1976.
- Deaux, K. and Emswiller, T. "Explanation of Successful performance on sex-linked tasks: What is skill for the male is luck for the female." Journal of Personality and Social Psychology, 29, 1974, 80-85.
- Deaux, K. and Taynor, J. "Evaluation of male and female ability: Bias works two ways." Psychological Reports, 32, 1973, 261-262.

- Dinitz, S., Dynes, R. R., and Clark, A. C. "Preference for male or female children: Traditional or affectional." Marriage and Family Living, 16, 1954, 128-130.
- Dornbusch, S. M., Hastorf, A. H., Richardson, S. A., Muzzy, R. E., and Vreeland, R. S. "The perceiver and perceived: Their relative influence on categories of interpersonal perception." Journal of Personality and Social Psychology, 1, 1965, 434-440.
- Droppleman, L. F., and Schaefer, E. S. "Boys' and girls' reports of maternal and paternal behavior." Journal of Abnormal and Social Psychology, 67, 1963, 648-654.
- Eisman, B. "The effects of leader sex and self-disclosure on member self-disclosure in marathon encounter groups." Unpublished doctoral dissertation, Boston University, 1975.
- Engels, F. The Origin of the Family, Private Property and the State. New York: International Publishing Co., 1942.
- Epstein, C. F. "Encountering the male establishment: Sex-status limits on women's careers in the professions." American Journal of Sociology, 75, 6, 1970, 965-982.
- Fabian, J. J. "The hazards of being a professional woman." Professional Psychology, 3, 1972, 324-325.
- Fabrikant, B. "The psychotherapist and the female patient: Perceptions, misperceptions and change." In Women in Therapy. Edited by V. Franks and V. Burtie. New York: Bruner Mazel, 1974.
- Feather, N. T. and Simon, J. G. "Reactions to male and female success and failure in sex-linked occupations: Impressions of personality, causal attributions, and perceived likelihood of different consequences." Journal of Personality and Social Psychology, 31, 1975, 20-31.
- Feldman-Summers, S. and Kiesler, S. B. "Those who are number two try harder: The effect of sex on attribution of causality." Journal of Personality and Social Psychology, 30, 1974, 846-855.
- Fernberger, S. W. "Persistence of stereotypes concerning sex differences." Journal of Abnormal and Social Psychology, 43, 1948, 97-101.
- Fidell, L. "Empirical verification of sex discrimination in hiring practices in psychology." American Psychologist, 25, 1970, 1094-1098.
- Fink, K. and Cantril, H. "The collegiate stereotype as frame of reference." Journal of Abnormal and Social Psychology, 32, 1937, 352-356.

- Franzwa, H. H. "Female roles in women's magazine fiction." In Woman: Dependent or Independent Variable. Edited by R. K. Unger and F. L. Denmark. New York: Psychology Dimensions, 1975, 41-54.
- Freud, S. "Female sexuality." International Journal of Psychoanalysis, 13, 1932, 281-297.
- _____. "The future prospects of psychoanalytic therapy." In Collected Papers, vol. 2. London: Hogarth, 1933 (a).
- _____. "Observations on transference love." In Collected Papers, vol. 2. London: Hogarth, 1933 (b).
- _____. Group psychology and the Analysis of the Ego. New York: Norton, 1959.
- Fuller, F. F. "Influence of sex of counselor and of client on client expressions of feeling." Journal of Counseling Psychology, 10, 1963.
- Gardner, R. C. "Ethnic stereotypes: The traditional approach, a new look." Canadian Psychologist, 14, April, 1973.
- Gibbard, G. S. and Hartman, J. J. "The Oedipal paradigm in group development." Small Group Behavior, 4, 3, 1973.
- Ginzberg, E. Life Styles of Educated Women. New York: Columbia
- Goldberg, P. "Are women prejudiced against women." Transaction, 5, 1960, 28-30.
- Gould, L. L. "Attitudes towards women in authority." In Women and Men: Roles, Attitudes and Power Relationships. Edited by E. Zuckerman. New York: Radcliff Club of New York, 1975.
- Gump, J. P. "Sex role attitudes and psychological well-being." Journal of Social Issues, 28, 1972, 79-92.
- Hacker, H. M. "Women as a minority group." Social Forces, 30, 1951, 60-69.
- _____. "Woman as a minority group: Some twenty years later." In Woman: Dependent and Independent Variable. Edited by R. K. Unger and F. L. Denmark. New York: Psychological Dimensions, 1975, 103-116.
- Harrow, M., Astrachan, B. M., Tucker, G. J., Klein, E. B., and Miller, J. C. "The T-group and study group laboratory experiences." Journal of Social Psychology, 85, 1971.

- Hartley, R. E. "A developmental view of female sex-role definition and identification." Merrill-Palmer Quarterly of Behavior and Development, 10, 1964, 3-16.
- Helson, R. "The changing image of the career woman." Journal of Social Issues, 28.2, 1972, 33-46.
- Henshel, A. "Anti-feminist bias in traditional measurements of masculinity-femininity." Paper presented at National Council on Family Relations, Estes Park, Colorado, 1971.
- Holter, H. "Sex roles and social change." Acta Sociologica, 14, 1971, 2-12.
- Horner, M. "Sex differences in achievement motivation and performance in competitive and non-competitive situations." Unpublished doctoral dissertation, University of Michigan, 1968.
- _____. "Femininity and successful achievement: a basic inconsistency." In Feminine Personality and Conflict. Edited by J. Bardwick, E. M. Douvan, M. Horner and D. Gutmann. Belmont, Calif.: Brooks-Cole, 1970.
- _____. "Why women fear success." In Women and Men: Roles, Attitudes, and Power Relationships. Edited by E. Zuckerman. New York: The Radcliff Club of New York, 1975.
- Horney, K. Feminine Psychology. New York: Norton, 1967.
- Hoyt, D. and Kennedy, C. "Interest and personality correlates of career-motivated and home-making-motivated college women." Journal of Counseling Psychology, 5, 1958, 44-48.
- Keller, S. "The female role: Constants and change." In Women in Therapy. Edited by V. Franks and V. Burtie. New York: Bruner Mazel, 1974.
- Key, M. R. "The role of male and female in children's books--dispelling all doubts." Wilson Library Bulletin (October 1971), 167-176.
- Kitay, P. M. "A comparison of the sexes in their attitudes and beliefs about women." Sociometry, 34, 1940, 399-407.
- Klein, V. "The stereotype of feminity." Journal of Social Issues, 6, 1950, 3-12.
- Lerner, H. "Early origins of envy and devaluation of women: Implications for sex role stereotypes." Bulletin of the Menninger Clinic, 38, 1974, 538-553.

- Levenson, H., Burford, B., Bonno, B., and Davis, L. "Are women still prejudiced against women? a replication and extension of Goldberg's study." Journal of Psychology, 89, 1975, 67-71.
- Lewin, K. "Self-hatred among Jews." Contemporary Jewish Record, IV, 1941, 219-232.
- Lewis, E. C. Developing Woman's Potential. Ames, Iowa: Iowa State University Press, 1968.
- Loring, R., and Wells, T. Breakthrough: Women into Management. New York: Van Nostrand Reinhold Co., 1972.
- Lynn, D. B. "A note on sex differences in the development of masculine and feminine identification." Psychological Review, 66, 1959, 126-135.
- MacBrayer, C. T. "Differences in perception of the opposite sex by males and females." Journal of Social Psychology, 52, 1960, 309-314.
- McArthur, L. L. and Resko, B. B. "The portrayal of men and women in American television commercials." Journal of Social Psychology, in press.
- McKee, J. P., and Sherriffs, A. C. "The differential evaluation of males and females." Journal of Personality, 25, 1957, 356-371.
- McKee, J. P., and Sherriffs, A. C. "Men's and women's beliefs, ideals, and self-concepts." American Journal of Sociology, 1964, 1959, 356-363.
- McLuhan, M. Understanding Media. New York: Signet, 1964.
- McNair, D. M., Lorr, M., and Callahan, D. M. "Patient and therapist influences on quitting psychotherapy." Journal of Consulting Psychology, 27, 1963.
- Mackie, M. "Arriving at 'truth' by definition: the case of stereotype inaccuracy." Social Problems, 20, 4, 1973.
- Maccoby, E. "Woman's intellect." In The Potential of Women. Edited by S. M. Farber and R. H. Wilson. New York: McGraw-Hill, 1963.
- Maccoby, E. E. "Sex differences in intellectual functioning." In The Development of Sex Differences. Stanford: Stanford University Press, 1966.

- Maccoby, E. E., and Jacklin, C. N. The Psychology of Sex Differences. Stanford, Calif.: Stanford University Press, 1974.
- Marecek, J. "When stereotypes hurt: responses to dependent and aggressive communications." Paper presented at Eastern Psychological meeting, 1974.
- Marke, S., and Gottfries, I. "Measurement of sex-role perception and its relation to psychological masculinity-femininity." Psychological Research Bulletin. Sweden: Lund University, X, 5, 1970.
- Mednick, M. "New Social psychological perspectives on women." Journal of Social Issues, 28, 2, 1972.
- Mednick, M., and Weissman, H. J. "The psychology of women: selected topics." Annual Review of Psychology, 1975.
- Meltzoff, J., and Kornreich, M. Research in Psychotherapy. New York: Atherton Press, 1970.
- Menaker, E. "Early development of attitudes towards male identity: an unorthodox psychoanalytic view." In Women and Men. Edited by E. Zuckerman. New York: Radcliff Club of New York, 1975.
- Mendelsohn, G. A. "Effects of client personality and client-counselor similarity on the duration of counseling: a replication and extension." Journal of Counseling Psychology, 13, 1966.
- Mendelsohn, G. A., and Geller, M. H. "Similarity, missed sessions and early termination." Journal of Counseling Psychology, 14, 1967.
- Milgram, S. Colloquium given at New School for Social Research, 1971.
- Miller, N. "Visceral learning." Colloquium given at Rutgers University, Nov., 1970.
- Mills, T. M. "Authority and group emotion." In Interpersonal Dynamics. Edited by W. G. Bennis et al. Homewood, Ill.: Dorsey, 1964.
- Mischel, H. "Sex bias in the evaluation of professional achievements." Journal of Educational Psychology, 66, 1974, 157-166.
- Newmann, E. The Great Mother. Princeton, N.J.: Princeton University Press, 1955.
- Newton, P. M. "Social structure and process in psychotherapy: a social-psychological analysis of transference, resistance and change." International Journal of Psychiatry, 11, 1973, 480-512.

- Newton, P. M., and Levinson, D. J. "The work group within the organization: A sociopsychological approach." Psychiatry, 36, May 1973.
- O'Leary, V. "Some attitudinal barriers to occupational aspirations in women." Psychological Bulletin, 81, 1974.
- O'Leary, V., and Depner, C. "College males' ideal female: changes in sex-role stereotypes." Journal of Social Psychology, 95, 1975, 139-140.
- Ormont, L. R. "The use of the objective counter-transference to resolve group resistance." Group Process, 1970.
- _____. "The treatment of pre-Oedipal resistances in the group setting." Psychoanalytic Review, 61, 1975.
- Orne, M. T. "On the social psychology of the psychological experiment: With particular reference to demand characteristics and their implications." American Psychologist, 17, 1962, 776-83.
- Osmond, H., Franks, V., Burtle, V. "Changing views of women and therapeutic approaches: some historical considerations." In Women in Therapy. Edited by V. Franks and V. Burtle. New York: Bruner Mazel, 1974.
- Parsons, T. "The incest taboo in relation to social structure and the socialization of the child." British Journal of Sociology, 5, 1954, 101-117.
- Parsons, T., and Bales, R. Family: Socialization and Interaction Process. Glencoe, Ill.: The Free Press, 1955.
- Pendergrass, V. E. "Women as clinicians in private practice." American Psychologist, 29, 7, July 1974.
- Pheterson, G. I. "Female prejudice against men." Unpublished manuscript, Connecticut College, 1969.
- Pheterson, G. I., Kiesler, S. B., and Goldberg, P. A. "Evaluations of the performance of women as a function of their sex, achievement, and personal history." Journal of Personality and Social Psychology, 19, 1971, 114-118.
- Plech, J. "Men's responses to the changing consciousness of women." In Women and Men: Roles, Attitudes and Power Relationships. Edited by E. Zuckerman. New York: Radcliff Club of New York, 1975.

- Reich, W. Character Analysis. New York: Pocket Books, 1976.
- Rice, A. K. Learning for Leadership. London: Tavistock Publishers, 1965.
- _____. "Individual, group and intergroup processes." Human Relations, 22, 6.
- Rice, J. K., and Rice, D. G. "Implications of the women's liberation movement for psychotherapy." American Journal of Psychiatry, 130, 2, Feb. 1973.
- Rioch, M. J. "The work of Wilfred Bion on groups." Psychiatry 33, 1, 1970.
- Roe, A., and Siegelman, M. The Origin of Interests. Washington, D.C.: American Personnel and Guidance Association, 1964.
- Rosenfeld, H. A. "Notes on the psychoanalysis of a super-ego conflict of an acute schizophrenic patient." International Journal of Psychology, 33, 1952, 111-131.
- Rosenkrantz, P. S., Vogel, S. R., Bee, H., Broverman, I. K., and Broverman, D. M. "Sex role stereotypes and self-concepts in college students." Journal of Consulting and Clinical Psychology, 32, 1968, 287-295.
- Rossi, A. S. "Equality between the sexes: an immodest proposal." In The Woman in America. Edited by R. J. Lifton. Boston: Houghton and Mifflin, 1965 (a).
- _____. "Women in science: Why so few?" Science, 148, 1965 (b), 1196-1202.
- _____. "Sex equality: the beginning of ideology." Humanist, 29, 5, 1969, 3-6.
- Schachter, S., and Singer, J. "Cognitive, social and physiological determinants of emotional state." Psychological Review, 69, 5, 1962, 379-399.
- Schein, V. E. "The relationship between sex role stereotypes and requisite management characteristics." Journal of Applied Psychology, 57, 1973, 95-100.
- Schofield, W. Psychotherapy: The Purchase of Friendship. Englewood Cliffs, N.J.: Prentice-Hall, 1963.
- Searles, H. "Concerning the development of an identity." Psychoanalytic Review, 53, 1967, 507-530.

- Seyfried, B. A., and Hendrick, C. "When do opposites attract? When they are opposite in sex and sex-role attitudes." Journal of Personality and Social Psychology, 25, 1973, 15-20.
- Shaffer, D. R., and Wegley, C. "Success orientation and sex-role congruence as determinants of the attractiveness of competent women." Journal of Personality, 42, 1974, 586-600.
- Shainess, N. "Power relations in the family." In Women and Men: Roles, Attitudes and Power Relationships. Edited by E. Zuckerman. New York: Radcliff Club of New York, 1975.
- Sherriffs, A. C., and Jarrett, R. F. "Sex differences in attitudes about sex differences." Journal of Psychology, 35, 1953.
- Sherriffs, A. C., and McKee, J. P. "Qualitative aspects of beliefs about men and women." Journal of Personality, 25, 1957, 451-464.
- Shields, S. "Functionalism, Darwinism and the psychology of women." American Psychologist, 30, 1975.
- Sines, L. K., Silver, R. J., and Lucero, R. J. "The effect of therapeutic intervention by untrained 'therapists.'" Journal of Clinical Psychology, 77, 1961.
- Slater, P. E. Microcosm: Structural, Psychological and Religious Evolution in Groups. New York: John Wiley, 1966.
- Smith, S. "Age and sex differences in children's opinions concerning sex differences." Journal of Genetic Psychology, 54, 1939, 17-25.
- Spence, J. T., and Helmreich, R. "Who likes competent women: competence, sex-role congruence of interests, and subjects' attitudes toward women as determinants of interpersonal attraction." Journal of Applied Social Psychology, 2, 1972, 197-213.
- Spence, J. T., Helmreich, R., and Stapp, J. "Likability, sex-role congruence of interest and competence: it all depends on how you ask." Journal of Applied Social Psychology. In press.
- Spotnitz, H. Modern Psychoanalysis of a Schizophrenic Patient. New York: Grune and Stratton, 1969.
- _____. Psychotherapy of Pre-Oedipal Conditions. New York: Jason Aronson, 1976.
- Stefflre, B. "Run, mama, run: women workers in elementary readers." Vocational Guidance Quarterly, 17, 1969, 99-102.

- Steinmann, A. "Cultural values, female role expectancies and therapeutic goals: research and interpretation." In Women in Therapy. Edited by V. Franks and V. Burtle. New York: Bruner Mazel, 1974.
- Steinmann, A., and Fox, D. J. "Male-female perceptions of the female sex-role in the United States." Journal of Psychology, 64, 1966, 265-276.
- Strauss, J. "Two face the group: a study of the relationship between co-therapists." In Group Therapy 1975: An Overview. Edited by L. Wolberg and M. Aronson. New York: Stratton Intercontinental Medical Book Corp., 1975.
- Tagiuri, R., and Petrullo. Person Perception and Interpersonal Behavior. Stanford, Calif.: Stanford University Press, 1958.
- Tangri, S. S. "Determinants of occupational role innovation among college women." Journal of Social Issues, 28, 1972, 177-200.
- Taynor, J., and Deaux, K. "Equity and perceived sex differences: role behavior as defined by the task, the mode, and the actor." Journal of Personality and Social Psychology, 32, 1957, 381-390.
- _____. "When women are more deserving than men: equity, attribution, and perceived sex differences." Journal of Personality and Social Psychology, 28, 1973, 360-369.
- Tiger, Lionel. Men in Groups. New York: Random House, 1969.
- US Dept. of Labor. Changes in Women's Occupations: 1940-1950, Women's Bureau Bulletin No. 253. Washington, D.C.: Government Printing Office.
- US Bureau of the Census. 1960 Subject Reports, Occupational Characteristics, Final Report PC (2)-7 A. Washington, D.C.: Government Printing Office, 1963.
- Vogel, S. R., Broverman, I. K., Broverman, D. M., Clarkson, F. E., and Rosenkrantz, P. S. "Maternal employment and perception of sex-roles among college students." Developmental Psychology, 3, 1970, 384-391.
- Weisstein, N. "Psychology constructs the female." In Roles Women Play. Edited by M. H. Garskof. Belmont, Calif.: Brooks-Cole, 1971.
- Weitzman, L. J., Eifler, D., Hokada, E., and Ross, C. "Sex-role socialization in picture books for pre-school children." American Journal of Sociology, 77, 1972, 1125-1150.

- White, L., Jr. Educating Our Daughters. New York: Harper, 1950.
- Willett, R. S. "Working in 'A man's world': the woman executive." In Women in Sexist Society: Studies in Power and Powerlessness. Edited by V. Gornick and B. Moran. New York: Basic Books, 1971, pp. 367-383.
- Winnicott, D. W. "Hate in the countertransference." In Collected Papers. New York: Basic Books, 1958.
- Women on Words and Images. "Dick and Jane as Victims: Sex Stereotyping in Children's Readers." Princeton, N.J., 1972.
- Wright, F. "Sex and style of consultant as variables in self-study groups." Unpublished doctoral dissertation, City University of New York, 1972.
- Wright, F. and Gould, L. J. "Recent research and sex-linked aspects of group behavior: Implications for group psychotherapy." In Group Therapy 1977: An Overview. Edited by G. R. Wolberg and M. L. Aronson. New York: Stratton Intercontinental Medical Book Corp., 1977.
- Zuckerman, E. "Women, leadership, and power: A psychological and organizational perspective." In Women and Men: Roles, Attitudes, and Power Relationships. Edited by E. Zuckerman. New York: Radcliff Club of New York, 1975.
- _____. "Masculinity and the changing woman." In Women and Men: Roles, Attitudes, and Power Relationships. Edited by E. Zuckerman. New York: Radcliff Club of New York, 1975.