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ON GENDER ISSUES AS THEY PERTAIN TO THE TRAINING OF PSYCHOTHERAPISTS WHO WORK WITH WOMEN

by

Linda R. Stob

A Thesis Submitted to the Faculty of the Graduate School of Loyola University of Chicago in Partial Fulfillment of the Requirements for the Degree of

Master of Arts

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1988

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VITA

The author, Linda Ranee Stob, is the daughter of Warren and Jean (Dykstra) Stob. She was born on November 21, 1963, in Minneapolis, Minnesota.

Her elementary education was obtained in the Christian schools of Jenison, Michigan. In 1981, she completed her secondary education at Unity Christian High School, in Hudsonville, Michigan.

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CHAPTER I

THE SOCIALIZATION OF THE PSYCHOTHERAPIST

With the rise of the women's liberation movement, there has been an increasing emphasis in the discipline of psychology on the analysis of the social and cultural contexts in which theories of psychological development and mental health were traditionally derived. The resulting consequences of those traditional theories for women's mental health have become particularly important (Miller, 1976; Eichenbaum & Orbach, 1983). Mental health professionals have also been exposed to a growing number of theories that delineate a specific psychology of women, including development, consequences, and implications for treatment (Kaplan, 1985; Miller, 1987). Furthermore, there is a growing interest in how gender-role socialization may particularly affect the person of the therapist (Rieker & Carmen, 1984; Schlachet, 1984; Kaplan, 1979).

The context of patriarchy

The basic argument that has been put forth is that gender-role socialization will, in fact, be an influence on both the person of the therapist, and the therapy relationship, since the entire process of therapy cannot be extricated from the larger social, political and economic context in which it is embedded (Schlachet, 1984; Kaplan, 1979; Kaplan, 1985; Vaughter, 1986). To be even more specific, the context of a

patriarchal society ought to be given particular consideration when examining the influence of gender socialization on the therapist and the process of psychotherapy. In a patriarchal society, females tend to be seen as "by nature", less powerful, more passive, and less able to take care of themselves than men, and moreover, as persons in whom maladjustment is considered intrinsic (Page, 1987).

It is mainly through cultural conditioning that persons learn about gender-roles, and establish a sense of who they are largely based on whether they are male or female (Gilligan, 1982). Psychotherapists, as part of the social, political, and economic culture are also likely to be affected by the values and beliefs of the environment. It is assumed that both practicing clinicians and future clinicians have internalized, to one degree or another, society's values and assumptions about gender-appropriate behavior. Therefore, clinicians ought to be held responsible for becoming aware of how their gender socialization influences their work as either male or female psychotherapists. They are also called to be especially sensitive to the effects that growing up in a patriarchal society has on their women clients. Indeed, recognizing that the psychotherapy relationship takes place within a society in which men generally hold political, economic, professional, and psychological power, and that the therapist's internalized

values and beliefs will inevitably come to bear on his or her work, is critical. Admitting that gender stereotypes have traditionally been especially restrictive and detrimental to women is also very important.

Halleck (1971) forcefully argues that values will influence therapeutic treatment and outcome. He asserts that the mental health professional cannot avoid communicating, and at times imposing his or her own values upon clients. The psychotherapist is guided by a belief system that is based on an idea of what type of changes he or she thinks would improve the quality of the client's life. The client, through the process of defining personal needs in the presence of a therapist, who is often seen as "wise and authoritarian", may be profoundly influenced in that she ends up wanting what her therapist believes she should want. The therapist's ability to be very influential in these matters should never be taken lightly, and such influence is clearly relevant when considering the impact of gender-role socialization on both the therapist and the process of psychotherapy. Indeed, it is because of this ability to influence, that psychotherapists have an ethical and professional responsibility to increase awareness of existing gender biases in both themselves, and the profession as a whole. With the influx of current writing on women's issues, this has begun to happen.

Despite the increasing awareness of how gender-role

biases may influence or possibly have a detrimental effect on both the therapeutic alliance and the woman who seeks psychotherapy, eliminating these biases still appears to be problematic (Mogul, 1982; Maslin & Davis, 1975). For example, females still tend to be judged as maladjusted or "sick" when showing gender-role incongruent behavior (i.e. uncontrollable temper, use of foul language, or use of alcohol) (Page, 1987). Also, life events affecting males are judged as more important than events affecting females; or in other words, masculinity is seen as more important and as closer to adulthood than femininity (Schaef, 1981).

This existence of gender-biased attitudes, including differences in perceptions of maladjustment, and effects on the treatment of women clients, has only been seriously addressed in the empirical literature since the late 1960's. One widely quoted study (Broverman, I.; Vogel, S.; Broverman, D.; Clarkson, F.; & Rosencrantz, P., 1970) first demonstrated how psychology as a discipline and psychotherapy as a profession may participate in the maintenance of sexist (i.e. destructive) attitudes. Broverman et. al. found that both male and female clinicians ascribed more positive characteristics to males; described the normal, healthy adult as highly similar to the normal, healthy male; and also saw less desirable traits as typical of the normal, healthy female. A more recent study reaffirmed the "male as norm" findings of Broverman et. al., by concluding that level of

masculinity is still portrayed as a "health concept" and that "healthy adults" are perceived as more masculine than feminine (Smyth & McFarlane, 1985).

Other questions related to the influence of therapist gender and gender-role socialization on the process of psychotherapy have generated numerous studies in relation to assessment (Zedlow, 1978), duration of treatment (Abramowitz, S., Abramowitz, C., Roback, Comey, & McKee, 1976), outcome (Mogul, 1982; Kirshner, Genack, & Hauser, 1978; Orlinsky & Howard, 1980), and process issues, including transference and countertransference reactions (Kaplan, 1979; Bernardez, 1987; Abramowitz, Davidson, Greene, & Edwards, 1980). Conclusions have not always been consistent, but according to one overview study (Mogul, 1982), the research supports the idea that the process of therapy can and does seem to be affected by therapist gender and beliefs about gender-appropriate roles and behavior, especially in the "nature of the alliance, the development of different transference feelings and content, and possible differences in overt difficulty and conflict" (p. 9).

Other recent studies appear to support this argument. In an analysis of current research, Page (1987) suggests that social and clinical judgments regarding gender-incongruent behavior appear to be affected not only by the seriousness of the incongruent ("unacceptable") behavior, but also by the degree of congruity with prevailing gender-role stereotypes.

More specifically, Waisberg (1984) as cited in Page (1987) reported that depressed and anxious males were seen as much more severely disturbed than were females with the same symptomatology. Page and Yee (1985) found that deviation from heterosexuality, while judged negatively in general, was seen as more serious for males. The implication is that it is more important for males to be "normal" males than for females to be "normal" females. Page (1987) concludes that clinicians often judge male disorders to be more serious than female disorders. Along the same line, Lapp and Pihl (1985) analyzed clinical judgments according to therapist gender-role orientation. Judges, who were categorized as either masculine-typed, feminine-typed, or androgynous, were asked to make various judgments about the attractiveness as well as the degree of disturbance shown by videotaped male and female clients. Clients' behavior was also deemed masculine- or feminine-typed. Results indicated that male evaluators made generally less favorable judgments about gender-role-incongruent behavior than did female evaluators; and androgynous evaluators, especially females, were the most tolerant of gender-role incongruence. It seems then, that gender biases can affect clinical assessments, especially when gender-related attitudes and gender-role orientation of the evaluator are taken into account. It also seems likely, that the therapists' gender-role biases could perpetuate psychological distress with women clients.

Gender issues and psychotherapy training

Currently, it appears that the influence of gender-role biases on psychotherapists, and particularly in therapeutic work with women, may not be sufficiently addressed in training programs that produce clinical practitioners in the several fields related to mental health (Kenworthy, Koufacos, & Sherman, 1976; Maracek & Johnson, 1980; Schlossberg & Pietrofesa, 1973). In order to work against the potentially destructive gender biases that may affect clinical work, it seems beneficial for therapists-in-training to have the opportunity to explore, in depth, their beliefs about gender-appropriate behavior, values, and characteristics. Many training programs tend to emphasize the cognitive elements of psychotherapeutic work, such as diagnostic formulations and techniques of intervention, paying little attention to how normative characteristics of women and men bear on their work as therapists. Kaplan (1987) argues that psychotherapists need to examine how they can enhance their work as clinicians by thoughtful analysis of gender-based factors that may affect both the process and outcome of therapy with women clients. She advocates training programs that include full and open discussion of gender issues. Such open discussion requires the support of, and encouragement by faculty members for intensive trainee self-exploration. It also requires a continuous working toward a genuine understanding of differences in women's and men's experiences, along with an

exploration of how these differences may be manifested in individual therapeutic work. Such training would most likely constitute a step closer to the practice of non-sexist psychotherapy by therapists of both sexes. Until such concerns are addressed in major training facilities, therapists-in-training may not experience either the motivation or the needed support to undertake an intensive self-analysis by themselves.

There are additional reasons that these issues ought to be addressed in graduate clinical training programs. First, during the formal training period, the professionalization process is often the most intensive. Identities as professional clinicians are being established, and ideologies for treatment are being taught and evaluated. A significant task for the trainee is to give thought to how her or his values may be transmitted either purposely or inadvertently to the client in the psychotherapy process. In order to confront deeply rooted beliefs about gender-appropriate behaviors and values, the clinician-in-training needs an arena where she/he can explore and work through biases with the support and feedback of more experienced clinicians. The professionalization period, prior to career entry, appears to be an advantageous time for helping future professionals examine both internal and external constraints to a non-sexist ideology and manner of conducting psychotherapy (Gallessich, J.; Gilbert, L.; & Holahan, C., 1980). The goal

of non-sexist, or sex-role transcendent psychotherapy, should be the implementation of a non-sexist science--a psychology of human behavior, based on both male and female behavior and characteristics.

Second, a report of the American Psychological Association (APA) task force (1975) summarized the findings from a research survey of over 300 participants from several divisions of the APA. Prior charges of the existence of sexist and biased attitudes toward women were supported, and two central problems with sexism in the practice of psychotherapy were identified: (1) the question of values in psychotherapy, and (2) the therapist's knowledge of the psychological processes of women. The task force charged psychotherapists with fostering traditional gender-role stereotyping in women, biased expectations and devaluation of women, sexist use of theoretical constructs, and responding to women as sex objects, including seduction. These charges are not insignificant, and ought to be addressed in clinical training programs.

Finally, since women still constitute the majority of those who seek psychotherapy, educators and trainers of clinicians should find it imperative to increase awareness of how biases against women can (negatively) affect both psychotherapy process and outcome. Without a systematic attempt to understand and resolve the issues surrounding gender-role biases and their effects on diagnosis, treatment

goals, treatment strategies, and therapeutic outcome, it seems likely that an integration of new theories and insights about the psychology of women into psychotherapeutic practice will be painstakingly slow. Training programs can offer an important avenue for this systematic examination.

Questions pertaining to the examination and implementation of gender issues

With an initial basis established for the importance of exploring gender-role socialization issues in graduate clinical training programs, the next area of emphasis will be a description of how current training programs do or do not address these issues. A few questions pertain here: (1) Are these issues addressed in a majority of clinical training programs? (2) In the programs that do address these issues, in what manner are they addressed (i.e. required coursework, experiential training)? The next section will offer strategies that indicate how graduate training programs could better incorporate the collective and individual exploration of women's issues in psychotherapy, as well as gender-role socialization and the resulting biases, as a critical aspect of training. Relevant questions here include: (1) What are the necessary components of a graduate training program that is sensitive to the influence of gender-role socialization on the person of the therapist and the process of therapy? (2) How can these issues be integrated into existing training programs? (3) How should sex-role stereotyping in training

itself be addressed and resolved? (4) Should a feminist perspective on women's concerns be imposed on all clinical trainees? (5) Are there alternative theories and models of therapy that may be appropriate for the counseling of women? and, (6) How can training programs address women's issues in such a manner that non-sexist approaches can be translated to work with male clients as well?

This thesis will offer a comprehensive proposal for graduate training programs that are sensitive and responsive to the influences of gender-role biases on both the person of the therapist and the process of psychotherapy. In addressing the questions above, it is hoped that the assertions made will be an impetus for the further acceptance and incorporation of women's concerns into clinical training programs. Therapists-in-training must be provided with alternatives for understanding the content and process of psychotherapeutic interactions with women (Rieker & Carmen, 1984). Most importantly, the elimination of sex-role biases toward women can be expected to only improve therapeutic outcome, and further the cause of a non-sexist psychology of human behavior.

CHAPTER II

CURRENT TRAINING OF PSYCHOTHERAPISTS

As noted above, the incorporation of women's issues as related to the gender-role socialization of the psychotherapist is not happening in most graduate training programs. Kaplan notes (1985) the absence of virtually any exposure for students in clinical training programs, in graduate school, or post-doctoral training, to the now vast literature on the psychology of women, especially as a required course. Perhaps it is time to recognize that there is ample evidence which suggests that gender issues should be given attention during the training of male and female therapists, and that such training and experience can go far toward eliminating differences stemming from gender and gender-role socialization (Mogul, 1982). A more detailed analysis of how clinical programs are addressing or failing to address these issues is the first step toward an integration of gender-role socialization issues into training programs.

Gender-based issues in clinical training

Current discriminatory practices in graduate training programs may be difficult to confront, but are necessary to explore when addressing the incorporation of gender-role issues into clinical training. If there are existing sexist and biased practices among faculty members, it may be quite

difficult for students to analyze their own gender biases in a constructive manner. One might expect the mental health professions to be in the forefront of those promoting the long-overdue changes which now encourage more flexible roles for both women and men, however, it seems that they are lagging behind (Pleck, 1976).

Pleck (1976) writes about his experiences with sexism in his training to become a clinical psychologist. He believes that his internship experience was a remarkable example of how gender may determine the experiences that trainees have in institutions, even though they enter the institution with identical training and are assigned identical institutional roles.

He remembers the major weekly lecture series, which began with a series of lectures by the clinical director, a nationally-known psychoanalyst, on psychopathology. In his first lecture he "charmingly" worked in the observation that "all good women are a little hysterical." Pleck describes the nervous laughter and considerable anxiety that was evoked by this statement.

He goes on to describe other blatantly sexist and biased attitudes and practices of the staff at the hospital. For example, his supervisor, in advising him on a case in which his client had been raped, told him that the reason the woman could not get rid of the recurring nightmares about the attack was that some part of her enjoyed the assault.

Attitudes toward homosexuality were just as destructive and biased. Both residents and senior analysts alike were described as being arrogant and contemptuous, often using phrases such as "fags" and "queers" in their conversations. Pleck wrote that he was sad for how limited and narrow the experiences of these professionals were, and incredulous over the dogmatic and damning judgments about women and homosexuality. Furthermore, he saw his experiences as a reflection of a social reality in which barriers to change in sex-roles for women and men, both externally, in the existing society and culture; and internally, within one's individually perceived world, still remain.

Another experience with discriminatory practices in clinical training is offered by Simek-Downing (1987). The personal experiences she discusses include biased practices in undergraduate education, sexual exploits of professors in undergraduate and graduate school, her beliefs about women's role differentiation difficulties (i.e mother, student, career woman), child bearing, and why women find it difficult to retaliate against discriminatory practices.

Downing expresses a great deal of frustration in her analysis of why women often do not retaliate against either subtle or blatant discrimination. She writes that "we were never taught how to fight; we have been taught not to fight; we're scared; we have a lot to lose; we're outnumbered (the higher the advancement in academia, the worse it gets); and

we know we can't bite the hand that feeds us!" (p. 20). It seems that women are often caught in a double-bind; they can become whatever they want to if they are willing to forfeit some freedoms along the way. Downing insists that women should not "mutate themselves" to fit into a system that is basically unjust, but rather they should change the system through new approaches to the problems. Unfortunately, she does not elaborate on what these new approaches might be.

Admitting that sexual discrimination continues to exist in graduate, clinical, training programs may be difficult and embarrassing for mental health professionals, when most at least verbally espouse more flexible roles, attitudes, and behaviors for both women and men. However, if clinical trainees are to fully explore their existing and gender-role biases, it is imperative that educators and trainers first become aware of their own biased attitudes and practices. An in-depth exploration of oneself and one's institution for gender stereotypes and biases is crucial for all educators and supervisors of trainees (APA Task Force, 1978; Pleck, 1976; Downing, 1987).

Academic Representation

If trainers and educators of mental health professionals are to seriously consider how sexism and gender-role biases may influence clinical psychotherapeutic work, it also seems important to consider the percentage of academic positions in departments of psychology, or other related fields, held by

women. Certainly it is crucial to consider whom it is that is training clinicians to work with women, and it would seem that an equal distribution of female and male faculty members as representative role-models may be necessary in order to address these issues in an unbiased manner.

The most recently published APA statistics on women and minorities in psychology indicate that the percentage of academic positions held by women is still relatively small (Bronstein, Black, Pfennig, & White, 1986). In another analysis of how women are represented in counselor education faculties and in professional organizations, Hollis and Wantz's (1983) directory of counselor education programs showed that 22.5% of the faculty were women. Bronstein et. al. further report that in graduate programs offering the PhD, women make up only 21% of the faculty and 13% of the tenured faculty. It is also noted that in all academic settings, women faculty are less likely to be tenured and more likely to have lower academic rank and part-time appointments. For example, in a 1983 survey of counselor education faculties at four public universities in Illinois (Anderson & Rawlins, 1985) it was found that only 12 of the reported 37 full-time faculty (32.4%) were women. Women constituted 22% of the professors, 44% of the associate professors, and 60% of the assistant professors.

Interestingly, the percentage of women doctorate recipients has greatly increased from 27% in 1972 to 45.5% in

1982 (Committee on Women in Psychology, 1982-1983). Given this increase in the pool of qualified women psychologists, one would hope that the present imbalance were being widely redressed. The expectation is that an overrepresentation of new female PhD's should be found, in proportion to their numbers in entry level academic positions, as departments attempt to reach proposed affirmative action goals of having the percentage of women in each department equal the percentage of women in the current availability pool. Instead, the increase in the percentage of academic jobs going to new female PhD's (from 31% to 41% between 1975 and 1978) appears to reflect only the increase in the number of new female PhD's during that time period.

Bronstein et. al. (1986) also studied the academic job application process, and suggest that the hiring process of women for academic positions may not be objective, due to bias. A systematic, in-depth analysis of 97 applications (66 from men and 31 from women) that arrived in response to an ad in the APA monitor for a tenure-track position in social psychology was conducted. Contents of men's and women's curriculum vitae, and letters of recommendation were analyzed to see whether there were differences in their actual accomplishments or in how they were perceived and described by their recommenders. There was no indication, either in the curriculum vitae or the letters of recommendation, that female applicants were any less

qualified than male applicants. The final analysis focused on what became of the applicants (i.e. what jobs, if any, they ended up getting), and compared that information with the credentials they had submitted, in relation to the sex of each applicant. It is noted that the average male-to-female applicant ratio was 4:1, so that despite the fact that women now comprise more than 45% of new psychology PhD's, the overall number of women actually applying for academic jobs appears to be small compared to the number of men. Several possible reasons are offered for this, the most disturbing being that the way women are perceived or evaluated is a factor in their not being hired in greater numbers. This explanation, however, is only speculative.

The final phase of the research (what positions they had eventually obtained for 1982-1983) offers the most interesting information of the study. By September of 1983, 90% of female and male candidates had academic jobs. Thus, the actual numerical sex ratio for hiring by academic departments, for this sample, was 2:1, male. No overrepresentation of females proportionate to their numbers in the hiring of this sample for entry-level positions was found. Furthermore, for both years, 63% of the male applicants but only 42% of the female applicants had academic positions at the assistant professor level or higher. And finally, averaging over the two years, 80% of the men but only 69% of the women held positions in universities, medical

schools, or prestigious four-year colleges, whereas 28% of the women but only 11% of the men held positions at lower prestige four-year or two-year colleges. So, the women in the sample tended to obtain jobs with lower status and at institutions of lower prestige. The authors state that the data from their study describes what is currently happening to women attempting to begin academic careers, but that it does not directly explain why it is happening. They assert that continuing to examine the hiring process itself is critical, if an understanding about and reversal of the continuing underrepresentation of women in the faculty ranks of graduate departments of psychology is to begin.

If this underrepresentation of women faculty in academic programs that train clinicians who work with women is not confronted, it does not seem likely that gender issues in psychotherapy will be adequately addressed in training programs. Many current, tenured psychology faculty (men), have not been exposed to contemporary writing on women's issues and the psychology of women, and might find it quite difficult to incorporate these concerns into their teaching. An equal representation of male and female faculty might provide not only an increase in awareness of women's issues among male faculty, but also an example of the existing options for careers in academia that should be considered by female graduate students-in-training. Finally, female faculty members are presently, and generally, more attuned to

the issues of gender-role socialization and the effects on the person of the therapist and the process of psychotherapy. It seems likely that graduate clinical training programs need this special sensitivity, especially during the period when they are attempting to integrate gender issues into their current training. Future research should address this assumption in empirical study, since a current overview notes the lack of research regarding this issue.

Sex-bias in counseling materials

Another important area to assess when considering how graduate programs currently address gender issues, is if the materials used in the classroom reflect biased or sexist stereotypes. This issue was examined beginning in 1972, when the APA appointed a task force to examine the issues of sexual bias in graduate education in psychology (APA Task Force on Issues of Sexual Bias in Graduate Education, 1975). Six criteria were established for a content analysis of the thirteen most commonly used textbooks in graduate psychology departments: proportion of content devoted to women and to men; generalizations to human behavior with reference to sex of norm group; sex-associated descriptors; sexist colloquialisms; sexist commentaries; and sex differences. Data indicate that most examples of sexism within the textbooks were due more to omission than to commission. Women were cited as critical reviewers much less frequently than men (10 women, 77 men). Also, women were noted as being

strikingly absent as research subjects, suggesting that generalizations to people in general are often based on research that has used only male subjects. The area of most concern to the Task Force, however, was the clear bias of the language toward masculinity. The task force formulated literary guidelines and suggested their inclusion in the APA publication manual. These guidelines are currently included in the manual, and will later be described.

In another study, Harway and Astin (1977) performed a content analysis of three frequently used counseling textbooks. It was determined that all of the books described men in their pages more frequently than women. And when women were represented, the texts often referred to them in stereotypical terms (i.e. females shown as girl scouts, mothers, and insecure students, receptionists or secretaries, contemplating divorce and looking for career options; males portrayed as possessors of free will, group leaders, trying to decide between medicine, dentistry, and engineering careers.) It was also noted that many of the graphs and citations in these books reflected a sex-bias.

Textbooks are not the only counseling materials that ought to be examined for existing gender biases. Harway (1979) reviewed the findings of bias in counseling materials through the presentation of results of several different studies. One important study examined the contents of career guidance materials. She cites Birk, Cooper and Tanney's

(1975) study which indicates that the presence of women is not accurately portrayed in nontraditional professions in the Occupational Outlook Handbook (OOH). Recent editions of the OOH, however, have gone through changes specifically designed to eliminate sex bias. It would be interesting to produce another content analysis study to determine if the efforts have been effective and worthwhile. Meanwhile, Harway (1977) recommends that counselors actively work to counter any possible detrimental effects of the biases of this material. For example, persons in one counseling center posted a sign above career guidance materials that warned clients of the possible bias of the materials, but assured them that the counselors would attempt to explore all options when they met together.

Harway (1977) offers further suggestions for the elimination of sex bias in counseling textbooks and materials. She asserts that graduate departments must encourage faculty to be aware of these issues, and to develop sex-fair materials or books. The examination of currently used materials for sex-biased theories of psychological development, sexist use of language, and stereotypical references to gender-roles is also suggested. If therapists take seriously their responsibility to help clients maximize their full potential, then biases and stereotypes which limit that potential should not be portrayed as acceptable in any academic textbooks or counseling materials.

Coursework

The question of whether the majority of clinical training programs include a course on women's issues as either required or elective seems to be especially important when considering how gender-role socialization issues are being integrated. A course on women's concerns seems to be one of the easiest and most effective ways of addressing the influence of gender and gender identity on the process of psychotherapy. A survey by Wantz, Scherman, and Hollis (1982) concentrated on ongoing trends in counselor preparation programs, and focused specifically on courses, program emphases, philosophical orientations and experiential components. All counselor preparation programs offered through higher education institutions in the U.S. and its territories were used, and only primary data obtained directly from an official of an administrative unit within each program were included. There were 552 identified program administrative units located in 475 institutions who received questionnaires. Responses were received from 445 program administrative units located at 407 institutions; a total of 44 states and 4 territories.

Data indicate that modifications in course offerings are evident in most preparation programs (Wantz, Scherman, & Hollis, 1982). It seems that courses are being added at a rapid rate. Specifically, the average number of courses being added per two-years, per administrative unit was 2.8.

The implication here is that additions are in response to trends in the profession, and thus also in response to current needs. Courses in marriage and family counseling, consultation, geriatrics counseling, career and life planning, and women's studies accounted for 436 of the 939 courses that were added in the past two years or are expected to be added in the coming two years.

Marriage and family counseling courses were reported to be added most frequently; fully one-third of the programs stated that they added a course in this specialty. This could be interpreted as encouraging, since within the context of this course one would expect the issues of gender-roles and gender-role socialization to be raised. But information on the content of these courses is not offered, so the optimism is only speculative.

A more realistic optimism can be expressed over the addition of women's studies courses by 75 of the institutions. But, again, no data were collected on the content of these courses. Therefore, more information is needed to clarify how gender-role socialization issues are actually being addressed in the classroom. Presently, these data appear to be simply unavailable.

Internship experiences

Since the internship is the primary learning and training period for beginning psychotherapists, it is important to examine how the practicum experience required by

graduate programs may or may not address how gender-role biases might influence clinical work, with women in particular. Kenworthy, Koufacos, and Sherman (1976) sought to examine these very issues in their study of internship programs. The basic information that they gathered from existing clinical and counseling internship programs included: inquiries about provisions for training to work with women clients in internship training, related projects participated in by interns, relevant training and experience for work with women considered necessary before the internship program, efforts to alleviate discrimination problems for female interns, recommended changes for current programs, qualities that qualify or disqualify a therapist to work with women, and reactions to licensing/certification for work with women.

A questionnaire regarding training practices was sent to all known clinical or counseling internship programs in the United States, and to several graduate programs that assumed to have an internship program. The 94 usable replies were from 55% of all APA approved programs.

To summarize, results indicated that only a minority of training facilities systematically address the issues of sex-bias and sex-role stereotyping in the practice of psychotherapy. More specifically, in response to a question about the content of programs that is relevant to work with women clients, only 4.3% of the respondents reported offering

seminars on psychotherapy with women, seminars on abortion, pregnancy and parenting issues, and workshops on career planning.

Regarding special training that existed for trainees during their internships, the data offer a more positive picture. Twenty-nine percent of the programs report offering research on sex-role stereotyping, assertiveness training, career planning for women, and supervised consultation to an obstetrics-gynecology clinic. Supervision of therapy was also noted as the primary vehicle for training, and the single most common method of coping with sex-role issues. Twenty-three percent of the respondents stated that in an attempt to increase awareness of women's issues, they offered workshops and/or groups as arenas for discussion. These included groups for divorced and divorcing women, assertiveness training, workshops for midcareer women, and human sexuality workshops.

The possibilities for intern projects were also a focus of this study. Of the responding institutions, 39% reported that in the last three years interns had worked in or initiated projects specialized to meet the needs of women. Activities engaged in were reported as role-playing, study meetings, seminars, rape counseling, assertiveness training, staff-intern consciousness raising groups, weekly meetings on women's problems, abortion counseling, school consultation on female discrimination, surveys of therapist's attitudes

toward women, and courses of didactic presentation on the psychology of women.

Finally, when respondents were asked to comment on the internship program's ability to facilitate the skills of women and men interns in work with women clients, 20.2% stated a need for change. Suggested changes included: more female supervisors, more female trainees, more readings in the psychology of women, more discussion and awareness of sex-role issues, and working with community women as consultants.

On the whole, the data indicate that only a minority of the training facilities address the issues of sex bias and sex-role stereotyping in any kind of systematic manner. Kenworthy et. al. (1976) argue that a fundamental issue is whether those persons with the power in academic departments, believe in the necessity of future clinicians learning how cultural influences can affect both the person of the therapist, and the process and outcome of psychotherapy. They further assert that if a widespread acceptance of the importance of sex-role issues occurs, then there should be a parallel willingness to improve training for psychotherapists on all levels of training.

Examples of existing programs

Although it appears that, currently, graduate clinical training programs do not sufficiently address the issues of gender-role bias and socialization within psychotherapy,

there are existing programs which take these issues seriously. An exploration of a few of these programs can be helpful when proposing ideas for a training program that integrates these issues in the most competent, professional manner possible.

One such program is a master's level specialization for counselors of women offered at Boston University, in the Counseling Psychology Department (Nickerson, Espin, & Gawalek, 1982). This program was developed out of the belief that existing training programs are inadequate and insufficient in regard to the training of nonsexist professional helpers of women. The aim of the program is stated to be the training of more effective counselors of women at the master's degree level. Specific objectives of the program are listed as follows: 1) To establish a forum for the examination, analysis, and discussion of women's developmental issues. 2) To provide teaching, research, and counseling opportunities in women's development to Boston University faculty members and students in such fields as counseling, education, psychology, and social work. 3) To provide training and supervision for helping professionals interested in the developmental counseling of women. 4) To provide developmental counseling and other helping services to women of varying ages and needs in the several counseling components of the university. 5) To serve as a model for practitioners and scholars who are involved in women's

development and developmental issues (Nickerson, et. al.,1982). The objectives of this specialization program imply that educators of mental health practitioners must take active steps toward training clinicians to be aware of sexism in society, and to bring a feminist consciousness and set of skills to their work with women.

There are several features of Boston University's program that are worth explaining in detail. The program includes courses in counseling theory and practice, group and family counseling, research methods, and psychological assessment. Perhaps one of the most important points is that a feminist perspective is integrated into these typical graduate psychology courses. Thus, students are taught to be aware of women's issues throughout their entire training, and not only in one specific course on women's studies.

Other unique features of the program include the following: 1) Practicum internships at placement sites equipped to provide for specialized training and supervision in working with women on women's developmental issues. 2) Supervision provided at both the internship sites and the university by experienced women professionals with expertise in helping women. 3) Course content that emphasizes both a comprehensive theoretical understanding of women's development and developmental issues as well as the acquisition of nontraditional skills, specifically developed for working with women. 4) A year-long, continuous

evaluation of the specialization's effectiveness in terms of goals and objectives, and in comparison of the regular master's degree program.

Furthermore, all students in the specialization program are required to take a two-semester seminar in women's issues, collaboratively taught by the faculty associated with the specialization. Emphasis is on the formulation of theory in relation to the factors that affect the psychological development of women, as well as a review of the current research on women. Another requirement is a semester course in counseling women that utilizes a developmental framework for examining contemporary counseling interventions, and creates, through experiential training, more functional ones. Finally, a two-semester clinical practicum is required in which experiences with clientele of all ages and circumstances are explored, critiqued, and supported (Nickerson, et. al., 1982).

An evaluation of the specialization program is also given by the authors. Some of the more important findings include documentation that the "regular" master's students seem to be different in some respects from those that choose the specialization program. This was determined by comparing responses to the Attitude Toward Women Scale, the Bem Sex-Role Inventory, and the Personality Relationships Form Andro Scales. Not surprisingly, those students who elect the specialization track appear to already have a sensitivity to

gender issues before they come to the program. Related to this, and interesting to note is that no male has ever applied to the specialization program. One criticism of specialization programs is that they tend to create another form of sexism by advocating separate principles for counseling rather than nonsexist, universal principles for counseling. Perhaps, the fact that no men have applied to the program makes that criticism relevant here. However, Boston University's program should be commended for addressing these issues at all, and much can be learned through their systematic approach to becoming aware of, and hopefully eliminating gender-role biases and stereotypes in psychotherapeutic work with women.

Another example of a program that systematically deals with the issues of gender-role socialization and identity, including biases and stereotypes, is the Women's Therapy Centre Institute, located in both London, and New York City. Although this program is not housed within a university, it is worth describing some special characteristics that might be integrated into existing graduate clinical training programs.

The Institute operates with a feminist philosophy of psychotherapy; a belief in the importance of culture in shaping needs, desires and the psychic life of both women and men. Femininity and masculinity are seen as "psychological entities within a social context" (Eichenbaum & Orbach, 1983,

pg. 25), rather than biologically determined. It is this philosophy that encourages the Institute to also consider the impact of socialization and gender-identity on the psychotherapist and his or her clinical work. The Women's Therapy Centre Institute offers a comprehensive training program in which psychotherapists can systematically address the impact of society on their personal and professional lives.

Eichenbaum and Orbach (1983) focus specifically on training female, feminist therapists to work with women, but their insights can be applied equally as well to the training of male, feminist therapists. The proposed training program is three years in length, two semesters per year. Included in the first year is an overview course that explores anthropological, historical, economic, and sociological perspectives on the organization of social life. Issues addressed are the family, gender relations, the distinctions between public and private life, work and authority, and the development of subjectivity. Critical analysis of specific views of psychic structure from Freud through modern object relations theory are also incorporated in the course.

There are two other courses required during the first year in training. The first is a developmental psychology course which explores the development of the self from a Feminist Object Relational viewpoint, in which major contemporary feminist writers in psychology are studied. The

second is a Clinical Case Conference class that focuses on fundamentals of treatment such as the goals of therapy, the first session, how to listen, how to create the relationship, and the first phase of treatment. Case material from faculty and students is presented and examined.

The second year offers two courses, "Problems in Development", and another Clinical Case Conference. The first course analyzes psychopathology, and how the individual's social class, race, gender, ethnicity and particular family history can combine to put severe stresses on the developing self. The functions of defenses are also examined. The second case conference examines cases, this time through the lens of specific techniques. Readings address transference, countertransference, interpretation, resistance, empathy, how to acknowledge the role and internalization of society, and the effects of gender difference or sameness between therapist and client. In the final year, the feminist perspective is applied to various themes that seem to appear frequently in work with women clients. These themes include the dynamics of couples and friendships, feelings of competence, mastery and intellectual ability, as well as distortions and violations of dependence and intimacy as displayed in the occurrence of sexual or physical abuse. Again, another case conference is required in which student's cases are discussed, and each student does a major case presentation. The last semester is for elective

specialization, which may be a course on eating problems (i.e. bulimia, anorexia, and compulsive eating), or others to be announced, based on the interests of the students and faculty.

In the book Understanding Women: A Feminist Psychoanalytic Approach, (Eichenbaum & Orbach, 1983), the importance of clinical training for the therapist's examination of gender-identity and gender-role socialization is further addressed. The authors assert a careful scrutiny of a wide variety of emotional responses to one's clients, including responses to the client's transference, how the client elicits empathy, the therapist's identification with the client, and the therapist's own countertransference with the client. The assumption is that since no person has access to all the complexities of his or her psyche, no person can have worked through all the troublesome issues with which he or she struggles. Thus, the therapist must be alert to the feelings that are aroused by the client, so that he or she may distinguish not only where they originate, but also how they may be affecting the process of therapy or the therapy relationship itself. As Eichenbaum and Orbach note, without constant monitoring of personal feelings, and awareness of the possibility of countertransference, the therapist is in danger of offering interpretations or insights that are more relevant for her or him than they are for the client.

The Women's Therapy Centre Institute program also requires personal, intensive psychotherapy for all trainees. Through the process of therapy, the trainee should become sufficiently aware of personal conflicts and biases, so that he or she does not attempt to use the therapy relationship to resolve individual conflicts or to satisfy personal needs. Psychoanalytic psychotherapy, two hours per week, for at least three years, is the specific requirement.

At the Institute, supervision is also believed to be an important tool for addressing the issues of gender-role socialization and resulting biases. In addition to the requirement of a minimum of 40 individual supervisory hours per year (a total of at least 120 hours over the three year program), a five-step peer group supervision model is offered as a supplementary method for addressing the issues of gender-bias and stereotyping.

The peer-group supervision model is explained in greater detail. The first step is a description by a designated therapist of a client with whom she (or he) is working, giving details of her family, class and ethnic background, current situation, sexual orientation, presenting problems, and the course of therapy so far.

In the second step, the therapists share their identification with the client, discussing the areas in which they feel their lives resemble the client's. They also pinpoint any times during the presentation when the

presenting therapist seemed especially affected.

In step three, the therapists are asked to question themselves on the following: How do I understand this woman's distress? What does the distress have to do with the experience of being a woman? How is her gender central to what she is experiencing? And, how does the presenting problem relate to her struggle to be an adult woman?

Step four involves technical questions: How would one work with this client? What would the therapy goals be? What is happening in the transference? How would we distinguish the countertransference or identification?

The final step, number five, takes place about a month after the initial discussion. The therapist then reports to the group what has occurred in the sessions after the first presentation.

Eichenbaum and Orbach (1983) suggest that cultural and gender-related biases might be addressed not only in supervision, or personal psychotherapy, but also in training workshops. They offer some general themes that they believe should be addressed in such workshops. Particularly important, in their opinion, would be a workshop concerning the issues of class and ethnicity. To facilitate the exploration of these issues, they suggest that participants in this workshop should consider: 1) One's own class and ethnic background and the degree of awareness of it. 2) The background of one's personal therapist and its role in one's

therapy. 3) The background of one's supervisor and how it influenced oneself. 4) The ideas one holds about black, Hispanic, and Asian people, immigrants from Europe, working-class people, and therapy. 5) The need to rethink one's work with clients in light of the potential tensions that arise around class and ethnicity.

Other relevant themes for workshops range from dependency, competition, sexuality, mothers and daughters, anger, jealousy, power issues, giving and receiving, and fathers and daughters. These topics are significant for male as well as female therapists. Both emotional and intellectual reactions, and discussions about the elicited reactions should be included in each workshop.

A final example of the manner in which some programs are addressing the issues of gender-biases and sexism within psychotherapy, is a specific class that is co-taught by a psychiatrist and a sociologist. Perri-Rieker and Hilberman-Carmen developed a model for teaching a course on gender and psychotherapy, and they describe in detail the process they went through in teaching the class for the first time (Rieker & Carmen, 1984; Carmen & Driver, 1982). They based the course on the belief that therapists-in-training ought to be confronted with the extent to which sex-role socialization has shaped both their own values and the values and behaviors of those with whom they work. They believe that traditional teaching formats have been limited in their ability to

increase trainee's awareness of the ways in which personal attitudes and values, as reflective of a specific culture and society, can affect and even alter diagnostic and treatment processes.

The gender course focused on identifying how a person's underlying conceptual models influence his or her thinking and practice, and was designed to facilitate an heightened awareness of both personal attitudes and intellectual values, as well as the presentation of new knowledge. Specific cognitive and affective course objectives are given: 1) To understand the psychological and behavioral consequences of sexual inequality. 2) To become aware of gender attitudes in psychiatric and psychological theory, training, and practice. 3) To introduce the new knowledge about the psychology of women, men, and sex-roles. 4) To identify one's own attitudes/biases about women and men. 5) To explore the impact of one's gender values on the treatment of clients.

The course is an elective, is six months in duration, and meets every two weeks for three hours. Each seminar is based on a specific content area, which include social science and values in psychiatry, the psychological consequences of gender inequality, the psychology of men and women, sexuality, anger, and aggression, victimization, family and professional roles, and implications for clinical practice.

Other practical aspects of the class are the stipulation that no first year students are eligible, due to lack of experience and just developing identities as therapists, a limited enrollment of 10 students, and an attempt to have a balance between women and men participants.

The instructors work with the conviction that in order to change values and attitudes about gender, and to understand the implications for clinical practice, learning must occur at both the intellectual and emotional level. Thus, the required readings of the course provide the intellectual framework within which new information can be integrated, while the experiential events of the group discussions and processes provide the context within which participants are forced to confront deeply rooted sex-role stereotypes and behavioral norms.

The authors describe the stages in value change and what they call "professional resocialization" through which the participants of the class most often pass. The first stage is one of "feeling different and being discredited." Those who elected the course had seemed to identify themselves as being more sensitive to and aware of sex-role socialization and gender issues. However, most students described experiencing a considerable amount of anxiety before the class began, possibly related to not wanting to discover that they had biased attitudes after all. The instructors task at this point was to help participants

understand that all psychotherapists have values, beliefs, and perspectives, and that it is important to explore the constraints and limitations imposed by any intellectual framework.

Stage number two is called "Moral and Intellectual Confusion." During this stage, the first major conflict between the instructors and the students usually occurs, catalyzed by the participants' recognition of the connection between their personal values and their clinical perspectives and work. Rieker and Carmen stated that all participants found their professional values and identities challenged during this phase. Still, despite the confusion and defensiveness, it appeared that they also attempted to apply the new knowledge to their clinical work.

The authors write that during the third stage, "numbness and exhaustion", the lack of immediate success in utilizing new ways of thinking about gender, and integrating these ideas with clinical practice, created a temporary emotional withdrawal among participants. Group members appeared to be discouraged and felt as though the problems were so pervasive that nothing would ever change. The authors also note, however, their positive impression of the participants' abilities to tolerate a great deal of tension, personal pain, and "disorientation", a reaction of the group to having their gender values clarified and challenged.

The fourth stage, called "The Moment of Truth",

occurred within the context of working through both the risks and benefits of changing and growth. The participants began to increase their awareness, on a more affective level, of gender conflicts and values that were previously either unaccessible, or available only at an intellectual level. The authors describe that insight for the participants seemed to happen in highly individualized ways. Insight was facilitated by an interaction between course content and process, personal life issues, and ongoing inner dialogue. Furthermore, the insight, or increase in awareness, seemed to produce a significant reduction in defensiveness, and an increase in the ability to understand, both cognitively and affectively, the consequences of gender-bias in both personal and professional relationships.

The final stage is called "Redefining Professional and Personal Identities." Now the participants attempted to actively integrate the new material into their personal and professional roles. Many students expressed discouragement as they looked to the institutions in which they worked for support, and found instead, minimal opportunities for making changes in their clinical work. In response to the resulting disappointment and anger, participants seemed to experience an increase in their degree of conflict and disillusionment with the "old world." They expressed frustration with the instructors for having presented them with information that turned out to be both difficult to incorporate, and

impossible to ignore in their clinical endeavors.

A specific topic that brought about intense discussion during this phase was the issue of erotic or sexual countertransference feelings within the psychotherapy relationship. Most participants reported that their supervisors rarely addressed these issues, and it was implicitly understood that this material was taboo. The authors note that the students seemed relieved to have had the opportunity in class to openly explore these issues and to develop models for discussion with both supervisors and clients.

Rieker and Carmen (1984) agree that the question of the permanence of their observed changes in the participants cannot be answered at this time. Future research should address this question. The authors strongly believe that the conditions necessary for the maintenance and building on new knowledge of gender issues is a work environment in which value clarification efforts are positively reinforced. They expressed optimism that the participants acquired a systematic plan for examining their own perspectives and the consequential influence on clinical work, as well as a responsibility to continually monitor their work. The authors conclude that "a requirement for effective therapeutic role-performance is the ability to stand outside the self, to observe the cognitive-value interaction, and to question one's own values and intellectual framework without

paralyzing fear of personal or professional annihilation" (p. 347). It is their hope that the values clarification course facilitates this ability in therapists-in-training.

These examples of programs may signify a growing recognition that the impact of gender biases on the therapist and on the process of therapy ought to be systematically examined. Yet, however comprehensive and impressive these programs may be, a more widespread integration of gender issues into training programs is still necessary. As has been noted, discriminatory and sexist practices and experiences continue to occur within graduate clinical training programs. Also, male faculty continue to outnumber female faculty in graduate clinical departments. Furthermore, sexism and sex-role stereotyping may still be a problem in textbooks and other counseling materials currently in use. The coursework required and/or presently offered in most training programs does not appear to integrate an analysis of gender issues into the curricula. Internship placements also appear to reflect a lack of opportunity for trainees to become sensitive to issues of women's psychological development and concerns that women often bring to therapy. And finally, only three examples were identified as having taken gender issues seriously, and integrating them into all levels of training. It is hoped that a proposal for a comprehensive training program responsive to these concerns, could be a catalyst for the incorporation of gender

issues into training. Therefore, it is this proposal that will be the next area of emphasis.

CHAPTER III

THE INTEGRATION OF GENDER ISSUES INTO CLINICAL TRAINING PROGRAMS

Overview

A proposal for a graduate clinical training program should be comprehensive, including strategies for the incorporation of gender issues on all levels of existing education programs. There are two major issues that create the framework for this incorporation. One issue is women's psychological development within a patriarchal society, including the resulting concerns that women clients commonly bring to psychotherapy. The second is how gender and gender-role biases, developed from the specific socialization experiences of the counselor-in-training, may come to bear on her or his work with women clients. It has been argued above that current clinical training programs do not adequately address these issues, so that gender bias still appears to be a problem within the profession. In order to help counselors-in-training effectively address the issues of sex-role biases within their work, changes in training programs must occur.

Strategies for implementing changes in existing training programs are important. Suggestions for specific changes will include different theoretical and philosophical

orientations for incorporating gender issues, topics to be addressed in courses designed to examine gender issues, guidelines for experiential training components, internship experiences with women clients and supervisors, and working toward a more even balance of women and men faculty members in graduate departments. These suggestions for change are offered with encouragement for a widespread examination and reorganization of graduate clinical training programs.

Models for incorporation

A proposal for a clinical graduate program that is sensitive to these issues will be based on a specific theoretical model. While many graduate training programs are optimistic about incorporating these issues into their curricula, there are several different ideas about the manner in which to approach the incorporation. These different ideas appear to be represented by four basic models. All of the models attempt to generate a heightened awareness in clinical trainees of how gender and gender-biases may come to bear on their work as psychotherapists.

Copeland (1982) summarized these models, along with the advantages and disadvantages of each. All are based on the assumption that traditional counseling theories and practices were developed to meet the needs of white middle-class clients, and are, so far, inadequate for the clinical treatment of women. Although Copeland is specifically suggesting models by which cultural and ethnic concerns may

be integrated into existing counselor education programs, the models described can also be directly applied to an integration of women's issues and gender-role biases into counselor education programs. While based on Copeland's writing about integrating minority and cross-cultural issues into training programs, it is the application to gender, and gender socialization issues in psychotherapy that will be considered in the following sections.

Separate Course Model

The first model described is the separate course model, which means that an institution attempts to address gender issues through the teaching of a special course on gender-role identity or perhaps women's issues. The separate course model seems to be one of the most adaptable since only one course is added to the existing program. Still, it is suggested that it be adopted only after considerable planning. Choosing a faculty member who has expertise in the area of women's issues should be the first step in the plan to implement the separate course model. Also important are clearly defined course objectives. It is also asserted (Copeland, 1982) that if only one course is to be added, then it is crucial that three content areas be included: 1) A historical overview and theoretical base from which to study the particular group in question (i.e. women). 2) The development of both cognitive and affective skills to incorporate the attitudes that are necessary to work with

women, or any other minority group. 3) The opportunity to interact in cross-cultural or cross-gendered settings.

The advantages of this model are considerable. First, thorough coverage of the topic is assured, since the course is focused, and is taught by a faculty member who has expertise in the area of women's issues and gender-role stereotypes. Second, adding one course does not require a total program evaluation, which takes time and motivation. Another advantage is that it is relatively easy to employ faculty with a particular expertise to teach a class in their area of interest.

There are however, disadvantages to the separate course model. One is that all faculty members are not required to be involved or to give a commitment to the facilitation of an increased awareness in the area of women's issues. The course may also be viewed as ancillary. And finally, the course is not likely to be required, so that not all clinical trainees will have the opportunity to examine their own gender-role identities, and other issues related to working with women clients.

Area of concentration model

The second approach to incorporating of issues that are related to counseling women is the area of concentration model, also called a specialization model. This approach generally includes skill-building activities and a practicum or internship in an appropriate setting, along with a core of

required courses. This model is intended for clinical trainees who plan to work with women in particular, and who are thus in need of in-depth training. The master's level program, discussed earlier, that is offered at Boston University is an example of this model.

Margolis and Rungta (1986) discuss the rationale for a specialization model. Those who advocate a specialization model choose to focus on groups of persons (i.e. women) that have typically been discriminated against by both society and psychological theory. Also of concern is that negative stereotyping, lack of knowledge, or anxiety about working with women clients may result in an ineffective or at least inadequate treatment by counselors. These concerns are used as the basis for establishing a specialization training model within an educational institution.

There are advantages and disadvantages to this model. The advantages include an in-depth analysis and study of women's issues and the role of gender-role identity in work with women clients. A specialization model also offers an opportunity for practice with the population with whom the trainee desires to work in the future. This practical experience further provides the counselor-in-training with the chance to observe differences and similarities in approaches of the other clinicians who work with women at the practicum or internship site.

One disadvantage of this model is that although

training is provided for students who have an interest in working with women, not all students who will have women clients will have the exposure to information in such a program. Thus, this approach may not address the problem of gender-role stereotyping in psychotherapy on a widescale basis. Another criticism is that the subgroup differences (in this case women), are often accentuated, and separate standards of counseling and strategies of intervention are often advocated. Many have expressed concern that this approach only creates a new form of sexism (Pederson, 1977; Spiegel, 1979; Wilgosh, 1983). Spiegel (1979) voices the specific concern that by focusing on one characteristic of a client (i.e. gender), the therapist may lose sight of the person as a whole. Final disadvantages to this approach may include pragmatic concerns such as budget restraint, and marketability of graduates.

Interdisciplinary model

A third approach to the incorporation of women's issues and the influence of gender socialization into clinical training programs is the interdisciplinary model. Not all counseling programs may be able to adopt this approach, since students are not usually encouraged to select courses outside of their home department. The incorporation of other disciplines into the education of psychotherapists has been suggested, however, as a progressive alternative to the traditional methods. It is argued that this approach provides students

with a wide theoretical base from which to draw in their work, by increasing their awareness of the relevance of other disciplines including anthropology, sociology, economics, political science, and ethnic studies. One further advantage related to this is that redundancy in course offerings is rare since students are allowed to utilize a greater portion of university resources.

A disadvantage of this approach is that again, some students may not utilize the program. Also, communication between professors across disciplines would be critical, and motivation and commitment would be required of faculty, in order to facilitate the success of this type of model.

Integration model

There is one last model that takes a different stance from the three previously mentioned. This approach is based on the belief that women's concerns should be systematically integrated into the entire counseling curriculum. Argued to be the most desirable but also the most difficult to implement, this approach attempts to structure course syllabi, references, and practical experiences so that it reflects relevant and contemporary content related to women's issues. Each course would include as one of its goals the increasing of students' awareness of issues related to women's concerns. Advocates of this approach seem to especially dislike the separate course model, stating that the amount learned in one course can only be superficial as

the issues are more deep and complex than could be sufficiently related in one semester. Furthermore, in some instances, adding a course on women`s issues may create the illusion that students are being trained effectively. Also, the consequences of establishing boundaries in the form of separate courses is that educators may tend to limit the ability of trainees to transfer their learning about a specific population (i.e. women) to other populations with whom they might be working (Margolis & Rungta, 1986).

With these arguments in mind, advocates of the integration model (Margolis & Rungta, 1986; Copeland, 1982) insist that inherent in this model are several positive outcomes. First, all individuals involved in the program are engaged in offering cooperation and input. Also, faculty, students, practicing professionals, and potential client populations can take an active role in evaluation of the program. These groups must have the opportunity to interact on a continual basis, so that a review of program offerings along with comments from those in the field can provide useful information for modification of the program if necessary.

The disadvantage of this approach is that it would not be likely to work without the faculty's commitment to giving considerable time and energy before, during, and after implementation.

Educational institutions that are training clinical

practitioners of mental health should carefully and thoughtfully consider these models for the incorporation of women's issues and gender biases into their existing clinical training programs. Which model the institution chooses does not seem to be as important as the fact that a model is chosen as a basis on which to implement necessary changes. Currently, the separate course model seems to be the one of choice, as noted earlier. Perhaps this is a first step toward a more thorough integration of women's issues into graduate clinical training programs.

Coursework

The first component of a training program that is addressing gender issues as a part of counselor education is an expansion of the cognitive understanding of students regarding the psychology of women and other issues related to gender and psychotherapy, through lectures and readings. This intellectual dimension can be provided in a specially designed course, or several courses. Whatever model is chosen as a means of incorporating these issues, there are some basic topics that need to be addressed in detail in the coursework of a clinical program sensitive to these concerns.

Theories of women's psychological development

The first component of either one or several courses that address gender issues might be an overview of contemporary writings on theories of female psychological development. Educators should be sure that the psychology of women is

included as part of the knowledge background for trainees. Different theories, research, and applications of theories to women and men could be examined. Students would become familiar with the literature in such areas as androgyny, sex-role transcendence, and the psychology of sex differences, achievement motivation and career development. The limitations that certain theories have in explaining women's development should also be acknowledged and discussed.

Some basic material that might be included as required reading are Jean Baker-Miller's Toward a New Psychology of Women, (1976); Carol Gilligan's In A Different Voice, (1982); and Louise Eichenbaum and Susie Orbach's Understanding Women: A Feminist Psychoanalytical Approach, (1983). Psychotherapy for Women, (Rawlings and Carter, 1977); along with the Psychology of Women Quarterly, and Sex-roles: A Journal of Research, might also be used. Other authors that should be studied if a more thorough historical overview of the writings on the psychology of women is possible, include Nancy Chodorow, Melanie Klein, Anna Freud, and Phyllis Chesler. All of these authors attempt to consider psychological development from a female perspective, and as different from male psychological development.

Theories of treatment

Another component of a course or series of courses that address women's issues and gender biases within psychotherapy, might be an overview of current theories of

treatment for women clients. Perhaps the most widely known theory of treatment is feminist therapy, about which a great deal has been written (Rieker & Carmen, 1984; Lerman, 1976; Brodsky & Hare-Mustin, 1980). Unger (1982) summarizes the value system characterized in feminist research and practice. First, conscious awareness of women's issues is believed to be an important source of personal and social change. Factors such as luck, or the influence of powerful others are also important for understanding an individual's effort to control his or her environment, as well as the outcome of such efforts. Next, power must be viewed in terms of both societal structure and the degree of control over circumstances that the individual perceives herself or himself to possess. Furthermore, social and environmental conditioning processes are more useful for understanding sex-related behaviors than are biological mechanisms. The feminist therapist or researcher also asserts that seeking social change is a legitimate aspiration both within and outside of the psychological establishment. And finally, feminist psychology assumes the importance of questioning the way any knowledge base is generated and maintained.

Psychotherapists and researchers who espouse a feminist theory of treatment have addressed a wide range of issues of which psychotherapists working with women ought to be aware. These include power issues within the therapy relationship, (Miller, 1987); the role of the therapist's personal

disclosure within therapy (Greenspan, 1986; Olarte, 1985); consciousness-raising groups and group psychotherapy as alternative resources for women (Kravetz, 1976), feminist concepts of therapy outcome, (Klein, 1976) and the taboos against female anger (Lerner, 1977). A course or series of courses could easily be devoted to the principles of feminist therapy, along with discussions of personal thoughts and feelings about the implications for work with women in contemporary society.

Another recent philosophy about the therapeutic treatment of women that could be included in the coursework of trainees is the "sliding focus" theory of treatment, which is based on the principles of feminist therapy, while adding other concepts as well (Powell, 1987). Powell argues that an awareness of the importance of socio-political factors does not preclude individual psychotherapy. She recommends that clinicians use a "sliding focus" in psychotherapy. This requires perceiving their clients not only as individual persons, but also as members of small groups (i.e. families), and very importantly, as members of a patriarchal society.

She illustrates the process by presenting the case histories of three female psychiatric clients, and the story of one "non-client", first in "close-focus", then in "middle-distant focus", and finally in "far-distant focus". The close-up view sees an individual with particular feelings,

problems, issues, personal strengths and weaknesses, certain ways of expressing herself and certain ways of behaving in therapy. The middle-distant view sees an immediate social environment, including her family, friends, neighbors, peers and employers. The far-distant view sees the woman client as a small figure against the broad ground of the patriarchal society in which she lives.

It is recommended that the psychotherapist use a "sliding" approach not only for conceptualization, but also for intervention. This requires making reflections and interpretations about the client`s situation as seen by the therapist through all three frames of reference. Defining treatment goals that are appropriate for each individual woman will be based on her unique characteristics, her particular immediate environment, and the larger context of a patriarchal society. Powell (1987) concludes that once therapists begin to appreciate the implications of the close-up, the middle-distant, and the far-distant focus, it may be impossible to confine themselves to interventions aimed at helping women achieve only individual goals. Therapists may find that political action might also be desirable, manifesting itself in ways such as the increased confrontation of patriarchal mores within the workplace, research into phenomena such as domestic violence, or becoming involved in social action that supplements daily work. She concludes by reiterating the importance of a

theory of psychotherapy that is based on the individual's internalization of the society's culture.

An important result for students taking a course that studies these theories of development and treatment may be an increased awareness of how existing social arrangements affect social identities and psychological states. Many trainees will be unaware of the extent to which current social structures (i.e. unequal distribution of power and status) influence both men and women in the they ways they think, feel and behave. Thus, a greater sensitivity to the differences in the socialization process of both women and men is the first step toward an understanding of how these differences may come to affect their work as psychotherapists (Fodor & Rothblum, 1984; Schlachet, 1984; Kaplan, 1979).

Principles for the counseling and therapy of women

Another aspect that may be included in a course on women's issues and gender-role bias within psychotherapy, is a copy of the principles concerning the counseling and therapy of women that were unanimously endorsed by the Division 17 Ad Hoc Committee on Women, the Executive Committee of Division 17, and the entire membership of Division 17 during the August 1978 meeting of the APA in Toronto. Discussion of these principles in one or several lectures might begin to increase students' awareness of the relevance of women's issues in the profession of psychotherapy.

The preamble begins:

"Although competent counseling/therapy processes are essentially the same for all counselor/therapist interactions, special subgroups require specialized skill, attitudes and knowledge. Women constitute a special subgroup. Competent counseling/therapy requires recognition and appreciation that contemporary society is not sex fair. Many institutions, test standards and attitudes of mental health professionals limit the options of women clients. Counselors/therapists should sensitize women clients to these real-world limitations, confront them with both the external and their own internalized limitations and explore with them their reactions to these constraints" (p. 21).

Next, the principles for the competent counseling/therapy of women are presented: 1) Counselors/therapists are knowledgeable about women, particularly with regard to biological, psychological and social issues which have impact on women in general or on particular groups of women in our society. 2) Counselors/therapists are aware that the assumptions and precepts of theories relevant to their practice may apply differently to men and women. Counselors/therapists are aware of those theories and models that proscribe or limit the potential of women clients, as well as those that may have particular usefulness for women clients. 3) After formal training, counselors/therapists continue to explore and learn of issues related to women, including the special problems of female subgroups, throughout their professional careers. 4) Counselors/therapists recognize and are aware of all forms of oppression and how these interact with sexism. 5) Counselors/therapists are knowledgeable and aware of

verbal and non-verbal process variables (particularly with regard to power in the relationship) as these affect women in counseling/therapy so that the counselor/therapist-client interactions are not adversely affected. The need for shared responsibility between clients and counselors/therapists is acknowledged and implemented. 6) Counselors/therapists have the capability of utilizing skills that are particularly facilitative to women in general and to particular subgroups of women. 7) Counselors/therapists ascribe no pre-conceived limitations on the direction or nature of potential changes or goals in counseling/therapy for women. 8) Counselors/therapists are sensitive to circumstances where it is more desirable for a woman client to be seen by a female or male counselor/therapist. 9) Counselors/therapists use non-sexist language in counseling/therapy, supervision, teaching and journal publications. 10) Counselors/therapists do not engage in sexual activity with their women clients under any circumstances. 11) Counselors/therapists are aware of and continually review their own values and biases and the effects of these on their women clients. Counselors/therapists understand the effects of sex-role socialization upon their own development and functioning and the consequent values and attitudes they hold for themselves and others. They

recognize that behaviors and roles need not be sex based. 12) Counselors/therapists are aware of how their personal functioning may influence their effectiveness in counseling/therapy with women clients. They monitor their functioning through consultation, supervision or therapy so that it does not adversely affect their work with women clients. 13) Counselors/therapists support the elimination of sex bias within institutions and individuals.

Again, it seems important to provide trainees with an intellectual framework by structured readings, and discussions of those readings, so that their awareness of women's issues and gender biases in psychotherapy is increased. The exposure to contemporary theories of development, treatment, and suggested principles for the counseling and therapy of women in a specially designed course or courses, can establish this cognitive framework and perhaps facilitate an advanced understanding of the importance that these issues have for clinical work.

An educational example

Selfridge-Merrill (1982) examined the effects of an educational program designed to increase the awareness of students-in-training to sex-role issues in mental health. Subjects were 60 doctoral students enrolled in the Educational Psychology Department at the University of Texas at Austin. The educational program included two

parts, a focused interview in which students' awareness of and sensitivity to sex-role issues were examined through a thorough discussion of specific topics and exposure to specific sex-role issues; and a book that participants read which addressed the issues of sex-roles that are related to mental health. There were three groups: the first received the full educational program, the second received the reading portion only, and the control group received no treatment at all. To assess the effectiveness of the program, all subjects completed two measures, the Sex-Role Sensitivity Scale, and a self-report Measure of Treatment Satisfaction. The hypothesis was that subjects receiving the full educational program would show a greater increase, pre- to post-treatment, in their awareness of sex-role issues in mental health, as assessed by the two previously stated measures. This hypothesis was marginally supported. Information explaining why the hypothesis was only marginally supported was unavailable. Still, this study offers some evidence for the effectiveness of incorporating into training programs strategies that increase awareness of gender-role issues and biases.

Gender-based issues and the psychotherapist

Along with theories of development, treatment, and principles for therapy with women, there are other issues that deserve recognition in a course on gender and

psychotherapy. After learning about the differences between female and male psychological development, trainees might benefit from learning how these differences may affect clinical work as either a female psychotherapist or male psychotherapist. This point is explored in detail in several recent articles (Kaplan, 1979, 1985, 1987; Schlachet, 1984, 1986).

The initial assumption, as has been detailed earlier, is that the therapeutic process is reflective of the broader social context in which it is embedded, and furthermore, that the actions and reactions of the therapist will, in part, be influenced by his or her internalized concepts of gender-appropriate behaviors. Kaplan explains (1979) both what the differences between women and men are, in terms of how they generally relate to others, and how these differences are manifested in the basic roles of the therapist. It can be argued that gender-role identity seems to be a crucial part of a therapist's core identity, and a thorough exploration of the formation process and resulting influences may be helpful in the struggle to eliminate gender biases from the psychotherapy relationship. The following philosophical assertions offered by contemporary writers on the impact of gender socialization on the work of the therapist are critical when considering the topics to be covered in a course, or courses for therapists-in-

training.

To summarize, Kaplan (1979) argues that as a result of differential socialization for women and men, females are seen as having an emotionally open, nurturant, and affiliative stance toward others. Males are seen as having a more emotionally inhibited, self-assertive, and interpersonally distant stance.

These different orientations are further seen as being related to the "structural and functional" components of the therapist's role. The structural aspects of the therapist's role include responsibility for establishing and monitoring issues such as when and where to meet, appropriate topics for discussion, and what is expected of each participant. Characteristics that appear to be most conducive to an effective handling of this dimension of authority include independence, assertiveness, and emotional distance. It is obvious that these qualities are most often consistent with masculine rather than feminine patterns of socialization. Thus, Kaplan proposes, it seems reasonable to expect that the stances of male and female therapists will differentially reflect their greater or lesser preparation for the authority component of their role.

The functional component, on the other hand, relates to different types of qualities that therapists are expected to display in therapeutic relationships with

their clients. These qualities include empathic ability, intuition, sensitivity to intrapsychic dynamics, and capability of showing compassion for others. These traits appear to be representative of the empathic dimension of the therapist's role, and are generally consistent with the nurturant traits emphasized in female psychosocial development. Again, this differential socialization should be reflected in how male and female therapists handle the empathic component of their role.

Schlachet (1986) writes about the differences between men and women in their roles as therapists as well. She begins with a definition of what she considers to be a role. She explains role as a part of a task or work system, carrying particular delegation or authorization to perform certain work. She argues that roles exist in a hierarchical relationship to each other, carrying different levels of authority and responsibility for the task. Furthermore, roles and tasks have boundaries that must be managed and monitored if the necessary work is to be carried out.

How roles are related to therapeutic work is described next. First of all, both the male and the female therapist are members of at least two systems simultaneously: a gender system, which is lifelong and deeply rooted into who one believes one is, as well as who others see one as; and a work system, that of

psychotherapy, which must draw on the gender system through dynamics like transference and countertransference. Schlachet argues that gender is traditionally referred to as a total role, representing a primary role identity and superceding work role. Thus, for a woman to become a psychotherapist has a different meaning than for a man to become one, and likewise, for a man to become a client has a different meaning than for a woman.

A comparison of how gender-role and work-role identities are different for female and male therapists is given in greater detail. Schlachet believes that each gender has been socialized to perform gender-roles in the culture in very different ways. For example, women's socialization is such that more of their person and personal experience is available to them (i.e. the impact of the feelings of others is taken in with more weight.) Therefore, female therapists ought to be especially aware of the responsibilities of the therapeutic role as connected to, but also different from their socialized gender role. Specifically, the gender-role requirement to know and to respond to the feelings of others involves for the woman the total use of her person. This may cause her to feel exposed and vulnerable within the professional therapeutic role, as a result of the blurring of the boundaries between the analytic and total

female gender role. The female therapist ought to recognize that the particular role of the therapist is not to "make it better," even though she may feel constantly faced with that pressure.

Conversely, men's socialization, in that it allows for more separateness, may lead to a greater ability to emphasize the work role when practicing psychotherapy. He may more easily establish the parameters of the work system including the frequency of sessions, length, fees, or generally managing, supervising, evaluating, and in an ongoing way, sustaining the process of the work with the client. In other words, a male therapist may have a less difficult time establishing boundaries between his work role and his gender role, and may feel less exposed and unbounded because of this. However, the male therapist has a particular responsibility to increase his ability to be sensitive and responsive to the sometimes subtle expression of feelings and needs of his clients, since his gender-role socialization has not traditionally prepared him to be able to do this.

It is important that, for clinicians of both sexes, both characteristics, authority and empathy, along with a sensitivity to the influences of work role and gender role, are desirable for a healthy, effective therapeutic relationship. Therapists-in-training are often unaware of how to integrate both aspects into their role as a

therapist. They might also be unaware that a successful integration of both of these traits may be somewhat different for male and female therapists.

Impact of gender on the authority role: Female therapists

The female therapist brings to her role a background that may not have particularly prepared her for the assumption of the authority component. She may sometimes question, and regularly be questioned as to whether her age, her theoretical orientation, her marital status, or her level of training makes her suitable for a client's specific concerns (Kaplan, 1985; Schlachet, 1984). A female therapist's vulnerability to adverse judgments by others may keep her from taking a stand when it appears that an intervention may not be what the client wants. Female therapists may also often struggle with what seems to be a socialized, moral injunction against hurting, and a responsibility for caring for others. Thus, behaving in what might seem like an authoritarian manner might be considered counter to her gender and work role. Reading and discussion of these issues could lead to an increased awareness of this conflict, and would allow the female trainee to become especially attentive to ways in which she might be undermining or belittling her own authority as a therapist.

Kaplan (1979) points out specific behaviors for

female trainees to pinpoint, such as indecisiveness, a tendency to smile too frequently or to giggle, or a willingness to relax the boundaries of the therapeutic hour. All of these behaviors may be seen as subtle communications to the client of a position of less than sufficient authority. Therefore, by offering a course that focuses on how the authority component of the therapist`s role might be experienced as encompassing some degree of conflict for females, the female trainee may be able to work through some of her own individual feelings about power and authority, and be better able to work through her client's feelings regarding the same issues.

Impact of gender on the authority role: Male therapists

Just as the female therapist-in-training may benefit from coursework that focuses on a sex-role analysis of the therapeutic relationship in connection to the authority component of the therapist's role, male trainees may also do well to increase their awareness of the special dynamics created by them as persons with authority in a therapy relationship (Kaplan, 1979). The male therapist, as a person growing up within a patriarchal society, may represent a different form of authority to his female clients. He may also experience his authority differently than his female counterpart. Thus, it seems important that students read about and discuss how the

authority aspect of the therapist's role operates differently for male and female trainees. Kaplan suggests that the male trainee should first attempt to scrutinize his behavior for signs that he may be assuming an overly authoritarian stance to which his female client is inclined either to acquiesce or rebel. Also important is an examination of the extent to which a female client's reaction to a male therapist might be reflective of her generalized attitude (i.e. anger) toward men. Rice and Rice (1973) make the point that since it is likely that women have experienced in their lives some type of discrimination that has negatively impacted them, part of a female client's anger toward men, including her therapist, can be seen as justified. The therapy situation can be an appropriate place to honestly and openly acknowledge those feelings and work them through, an important point of which both male and female trainees ought to become aware.

Other dynamics to which male therapists should be alerted relate to the overly dependent female client. Dependency in women is still likely to be seen as an appropriate rather than a problematic trait, thus more likely to be accepted rather than dealt with and worked on (Miller, 1976). A female client who is expressing anger about a situation in her life, is also something that male therapists may have difficulty accepting and

acknowledging, since anger is not typically a feeling which our culture validates for women (Lerner, 1977). The male therapist may have as one task, then, to help his client differentiate between the legitimacy of the angry feelings and perhaps, the particular form of expression she may be using.

Again, whether one or several courses are offered as a means to address these issues, reading and discussion will expose students to new ideas and concepts, increase awareness of and sensitivity to these dynamics, and hopefully facilitate an application of insight to actual therapy relationships in which they may be or will be involved.

Impact of gender on the empathic role: Female therapists

Just as the authoritative component of the therapist's role may be experienced differently for female and male therapists, the empathic role may also be experienced differently. It can be argued that this is another dynamic of sufficient importance to be addressed in a course on gender and psychotherapy.

There is some evidence to suggest that female therapists are able to use empathy more effectively in psychotherapy relationships, as well as facilitate self-disclosure more easily, than male therapists (Hoffman, 1977; and Hill, 1975). These abilities seem to carry with them the possibility of being either constructive or

destructive. In a positive way, because women are socialized to develop finely tuned emotional antennae so that other's needs and feelings are easily perceived, female therapist's may have a natural propensity for the understanding and intuition that is necessary for the empathic component of the therapist role.

However, the female therapist may experience some conflict with the empathic role. Clients may be likely to expect and acknowledge the empathic quality of their female therapists. However, even mild empathic responses are in danger of being perceived by the client as indicative of the more pervasive nurturant or protective maternal role. Chodorow (1982) asserts that there are deeply rooted expectations of women to be nurturing, whether they are mothers or not. Indeed, mothering is seen not as a role, task, or occupation, but rather as a set of intrinsic qualities and dispositions that persons come to expect of all females. The female therapist may be perceived as the mother-giver, and the client feels herself to be the daughter-receiver. Furthermore, the female therapist is faced with the pressure to "make everything alright", when the therapeutic task is not that. Thus, the client's anger and resistance in the face of non-nurturance may evoke within the female therapist feelings of being "bad" and of not understanding (Schlachet, 1986). The female therapist

may feel the guilt associated with those experiences on a basic gender level. In other words, in a gender-syntonic fashion, withholding nurturance goes against, while offering nurturance is congruent with her desire to relieve pain. Indeed, even when she refuses to "take care of" a client for therapeutic purposes, the conflict she feels may be very uncomfortable.

Impact of gender on the empathic role: Male therapists

In comparison to female therapists, male therapists may face other conflicts with the empathic aspect of their therapeutic role. For example, they will also be put in the role of "bad mother" at times, but because of their differential socialization, they will be likely to feel differently about it (i.e. perhaps they will feel less "bad" inside), (Schlachet, 1986). This seems to be related to the fact that the male therapist has been conditioned, as a man, toward separateness, independence and autonomy. Thus, a more distinct boundary between himself and the client may help the male therapist to experience less blurring between subjective and objective states.

On another level, it would seem that male therapists may be at a disadvantage when it comes to the management of boundaries and personal feelings in the psychotherapy relationship. Males bring to their role as therapist a background which has traditionally not

encouraged the open expression of feelings, intimate sharing between peers, or a particular sensitivity to the emotional states of others. While there are differences in the extent to which male therapists have internalized these prescriptions for behavior, the knowledge that such behaviors are still regarded by society as unmanly may sufficiently inhibit their ability to express empathy even in clinical relationships. All trainees, but perhaps especially males, ought to develop the two components necessary for effective clinical empathy: an accurate assessment of the client's emotional state, and the ability to respond nonjudgmentally to the material that the client reveals. Male trainees may have to recognize that they might have to work somewhat harder than female trainees in order to develop effective clinical empathy. Furthermore, if a male therapist feels uncertain about his ability to relate to women, or insecure in the presence of women's strengths, clinical empathy may be even more difficult.

Understanding the dynamics of bias

Another topic that may be included in a course or several courses that address the issues of gender and psychotherapy is the dynamics of bias. Schlossberg (1977) argues that recognizing the existence of bias is not the same thing as understanding why it comes into being and how it operates. She also asserts that a

deeper understanding of the dynamics is the first step in controlling bias.

The specific dynamics of bias are based on general social and anthropological study. Human beings learn to survive within a culture by developing a shared set of normative expectations. These expectations lead to the formulation of categorizations, so that people can assess situations quickly and react almost as if by instinct. Furthermore, all cultures not only categorize and generalize, they also stigmatize. It may be a human characteristic to attach value labels to events, places, behaviors, attitudes, even groups of persons. Unfortunately, when a value label is attached to a category of people, the detrimental effects may be far reaching. Schlossberg contends that an individual's life chances can be limited by false assumptions based largely on that individual's membership in a particular group. As a way of accurately assessing and even "shaking up" one`s assumptions, categorizations, and value judgments, Schlossberg offers several suggestions for structured activities that have as their goal, consciousness-raising and behavior change. These suggestions will be elaborated upon in a later section on experiential components of training programs for clinicians.

All of these issues--empathy, authority, and the dynamics of bias--could be integrated into existing

coursework, or developed into one or several courses targeted toward an increase in awareness and an expansion of cognitive understanding. From what has been noted above, it seems that trainees could begin to control biased reactions toward their clients by being provided an intellectual and cognitive framework in the form of a specially designed course, or several courses. It appears to be especially important that they learn about how differential socialization may lead to different experiences for women and men therapists, especially in relation to the empathic and authoritative aspects of the therapist role. Strategies for an integration of the material presented in class into clinical work should also be given, and could facilitate for students a more healthy balance between the empathic and authoritative roles for both male and female therapists.

In an attempt to secure a greater understanding of how biases may result from the normative expectations about how men and women ought or ought not to behave, educators of clinicians should also incorporate into their coursework a deeper analysis of the dynamics of bias. By reading about these issues, discussing them as topics in various lectures or coursework, and engaging in discussion regarding individual experiences in clinical work or personal relationships, therapists-in-training can take a step forward in eliminating detrimental gender

biases from psychotherapy.

Experiential components of training

An increased cognitive understanding about gender issues in psychotherapy provides the intellectual framework for therapists-in-training, but in order to integrate the new knowledge so that it is manifested in new behavior, learning must take place on an affective level as well. Thus, another important component of training is experiential learning in the form of both group and individual exercises that focus on increasing awareness of gender issues, but also on the application of insight, so that actual behavior change (i.e. removal of restrictive gender expectations for client) is the end result.

Birk (1976) offers a number of exercises through which one can not only become more aware of one's own biases, but can also take steps to check and correct them. One example is for a group to discuss how they would raise an infant if they could not know its gender, or in other words, androgynously. Discussion of the confusions and the difficulties that might ensue from such an effort could help to clarify what an important role early socialization plays in determining an individual's goals, attitudes, and behavior. Birk's manual also contains a Resource Materials Checklist to serve as a guide to counselors in evaluating possible sex

bias in different types of career materials. A Non-sexist Vocational Card Sort is also included for use in helping women to explore a variety of occupations that they might not ordinarily consider.

Gallessich, Gilbert, and Holahan (1980) offer a thorough training model that attempts to help professional psychology students examine both internal and external constraints to a flexible use of power, and to increase their effectiveness in power-salient and sex-salient situations.

Their model is based on the assumption that while professional development is a continuing process, it is during the formal training period that the professionalization process is usually the most intensive. The critical dimension of this period that they choose to focus on is the power-related attitudes that are learned in graduate school, and how they can affect further professional growth. They also link power-related attitudes to attitudes about gender-roles, and offer their training model as a reaction to their belief that although organizational barriers against women in positions of authority may be slowly disappearing, internally imposed constraints continue to prevent a full recognition of the leadership potential of women.

The example they give is a course that they offered

at the University of Texas at Austin which extended over a period of five weeks, and involved 15 hours of laboratory work and classroom discussion. One laboratory exercise is given in detail as it was said to have dramatically heightened sex-role and power issues. First, the men and women are separated into two groups, and each group is directed to discuss for 5 minutes what the most significant aspects of their professional lives are. Next, each member in each group is asked to discuss with the others the personal advantages and disadvantages of women moving into positions of power and influence. The third step is to have each group summarize and write down the lists of advantages and disadvantages. Lists are then posted on separate walls, and the opposite lists are studied by each group. Groups return to their meeting spots and discuss the differences between the men's and women's lists. Interpretations of the differences are also discussed. The men's group is asked to discuss what they have discovered for themselves personally, and the women's group is given a set of printed instructions and asked to join the men's group, leading them in a discussion according to the instructions they have received. The content of the discussion is of much less interest than the processes by which the women cope with leadership responsibility and the reactions of the males to female authority. Finally,

after 20-30 minutes in which the women "lead" the men's group, the discussion is stopped and the entire group is asked to describe what has just occurred. Participants are asked, "What happened? How did you feel at the beginning? During the discussion? Where are you now? What kind of entry by the women would have been more constructive? More destructive? What could you have done to improve the quality of the interaction? The typical laboratory process that coincides with each step in the exercise is also given by the authors.

The training model designed by Gallessich et. al. (1980), can be further summarized by explaining the process of weeks two through five. The second and third week focused on the laboratory rationale and a brief review of relevant literature. Video playback of the laboratory excercise beginning with the "group entry" into the other group, and including the following discussion was shown during the second week, and continued through the third week. Students were asked to establish behavioral objectives so that they could be collected and used in planning for subsequent meetings. Some examples of stated objectives are as follows. Both sexes reported management of conflict to be a common problem, and most wanted to increase their competencies in openly confronting conflict. Some males expressed a desire to increase their skills in supporting leadership

in others; some females wanted to become less anxious about being liked and to become comfortable in expressing assertive behavior. Weeks four and five were targeted for experimentation with new behavior. An "exchange exercise" in which the original laboratory groups were asked to choose a certain number of their members to exchange with the other group's chosen exchanged members was also tried. The blended groups were asked to share their experiences and learning in relation to the course. Participants were encouraged to be especially aware of the processes of these meetings in order to increase their awareness of power- and sex-salient variables, and to also take chances in experimenting with leadership behavior. The final class meeting reviewed the work of the preceding four weeks, and the instructors led a final, informal discussion of class experiences and implications for increasing effectiveness within professional therapeutic roles.

An evaluation of the course was administered to students both at the end of the course and two months later. A 7-point scale ranging from (1) "not at all" to (7) "to a great extent" was used in assessing the responses to four objectives. The first objective was to increase the awareness regarding influence of sex-role expectations on professional performance. The second, to increase individual effectiveness in work situations

which could be affected by sex-role expectations. The third objective was the achievement of personal behavioral objective. And the last objective, the overall usefulness of the course. To summarize the findings, the student evaluations indicated that a brief, experiential training model was successful in helping both male and female professional psychology students gain a greater awareness of issues related to power, and in particular, of the effect of sex-role expectancies on behavior in power-salient situations. Other variables that the authors considered important to the success of this model was video playback, and the female leadership of the laboratory exercise. However, authors cogently suggest that the addition of male faculty in leading postlaboratory discussions could perhaps extend the utility of the course through the addition of more varied role models. The male leaders could also provide students the opportunity to obtain feedback from a male perspective.

Another example of an experiential learning activity that could increase awareness of gender issues in psychotherapy is based on Paul Pederson's triad model of cross-cultural counselor training (1977). Pedersons's model is based on evidence that trained counselors are often not prepared to deal with individuals whose values, attitudes, and general life-styles are different from

middle-class norms (Gordon 1965; Padilla, Boxley & Wagner, 1972). Thus, he offers the "triad model " to train counselors to better understand the client's problem when it appears that the client has very different values and life-styles than the counselor. The case of a radical feminist therapist working with a woman who values the more traditional role of housewife and mother might be illustrative here. Pederson's triad model would address the above situation by creating a simulated interview, with client, therapist, and what he calls an "anti-counselor." The anti-counselor is a person who is selected, having similar beliefs and values as the client, to represent the "problem" that the client brings to the interview. The anti-counselor is not neutral during the interview, but deliberately pulls toward maintaining the problem, by utilizing strategies such as attempting to confuse, distort, distract or otherwise frustrate the counselor. The client is seen as the necessary partner sought out by both the counselor and the anti-counselor. The client chooses which alternative, the cross-cultural counselor, or the same culture anti-counselor can offer the most meaningful ally. Effective counseling results in the client's choice against the anti-counselor ("problem").

Pederson reports that persons who have used the triad model for training counselors have stated that they

are better able to articulate the problem after a series of cross-cultural interviews with the client/anti-counselor teams. He states that the model has been used both for preservice training as a unit in a prepracticum counseling course, and through a series of in-service training workshops. He further asserts that the model has been used with a number of different populations, including training counselors to be more aware of sexist attitudes in counseling. The conditions that facilitate the effectiveness of this model are several. Some of them include (1) when there is positive as well as negative feedback to the counselor, (2) when all three persons interact with one another rather than just he counselor and the client, (3) when the anticounselor is articulate and gives direct, immediate verbal and/or nonverbal feedback to the counselor, and (4) when the facilitator introducing the model and leading the discussion is well acquainted with how the model operates.

Finally, Pederson (1977) offers a moderate amount of evidence to support the effectiveness of his model in training counselors, as well as the advantages he sees that his model has over alternative training strategies.

A final example of an experiential model that could be incorporated into the training programs of mental health practitioners, is based on an 8-week program

designed to raise the cultural awareness of a group of psychotherapists at a small women's college (Copeland, 1982). The stated objectives for this program were: to raise the awareness of their own and other cultures; to identify, clarify, and break through stereotypes and prejudices of cultural groups, especially relating to sex-roles; and to explore how their own sex-roles, as defined by society and their ethnicity, enhance or obscure the therapeutic process.

Specific exercises that this model used are offered here in a slightly altered format, so that they are geared toward an analysis of gender issues, rather than the issues of cultural identity. They are designed for a group of six to eight, so that discussion can be intimate.

The first exercise that can be used in a course which focuses on increasing awareness of gender issues has the following objectives: To introduce the concept of gender as an integral part of one's identity; to describe oneself within the context of gender-roles; and to start the process of self-exploration. Directions are given to the group, or groups, so that each person introduces himself or herself based on a concept of his or her's personal gender identity, and as though the others know nothing about what it presently means to be a man or woman. Groups are further instructed to let the

images flow, and to communicate what first comes to mind, utilizing as much creativity as possible. Materials for writing and/or drawing are made available. Each person introduces him or herself, and time for processing is allowed. This opportunity to explore the sometimes subtle stereotypes and biases about gender-roles that might exist for trainees may be a startling experience. However, it should also help to increase trainee's awareness of personal biases that could affect their clinical work.

Another exercise is designed to identify the stereotypes and feelings about gender-roles that are represented in the group. Directions for this exercise are as follows. A facilitator asks participants to write down the first thing that immediately comes to mind when she or he says "career woman" or "house husband", "mother" or "father". Then each participant is asked to write down three feelings that are aroused by the word chosen by the facilitator. Other gender-related images can be added as well. Discussion of the exercise and what it might mean for psychotherapy process and/or outcome further clarifies the possible influence of gender biases on clinical work.

One final exercise is designed more specifically to help participants integrate their heightened awareness into their work as therapists. Objectives for this

activity are to explore how cultural images of men and women hinders one in becoming a psychotherapist; to explore how one's cultural images about men and women can become an effective tool for therapy; and to integrate cultural awareness of gender identity, and gender-roles into one's role as a psychotherapist. The facilitator asks the questions, "Given what has been learned in the group about gender biases and gender identity, what does one do with it in the therapy situation? How does cultural and social baggage affect work with clients of the same, and of different beliefs and values regarding the roles of women and men in terms of relationships? In terms of one's own values and expectations?" Discussion should involve all of the participants, so that awareness is further heightened, and specific strategies for integration into one's work are given.

Supervision

In addition to incorporating one or several courses, (the intellectual component) and experiential activities (the affective component) into clinical training programs, it is also suggested that the issues of gender-role expectations be addressed during the supervision of trainees' practicum or internship placements (Alonso & Rutan, 1978; Beiser, 1977; and Kaplan, 1979).

Supervision, the most typical vehicle of psychotherapy training, represents a simple approach to

the integration of gender role issues into the clinical training of mental health professionals. Kenworthy et. al. (1976) assert that in order to function effectively with regard to gender-role issues, the supervisor of practicum students must be aware of how these issues affect him or her personally, how they influence relationships with clients and colleagues, and how gender-role expectations influence the attitudes of clients and colleagues toward him or her. An ideal setting in supervision includes an aware supervisor and an atmosphere open to learning, so that a basic attitude of support exists in the supervisor's attempts to explore with the intern, gender-role issues that may be influencing personal functioning and work with clients.

Sex-role related countertransference is a specific issue that appears to be connected to gender issues in psychotherapy, and thus might be effectively handled in the supervisory relationship with the intern. Gender-based countertransference has been addressed, although minimally, in the clinical and empirical literature. Abramowitz, Abramowitz, Roback, Corney, and McKee (1976) offer data in support of the hypothesis that psychotherapists' treatment decisions for opposite-sex clients may be influenced by sex-role prescriptions for dealing with sexual impulses. In particular, male therapists were hypothesized to prolong, and female

therapists to avoid treatment situations that might arouse their sexual curiosities. The study is based on information gathered from one psychological and one psychiatric agency, offered to 160 clients by 23 male and 11 female pre-doctoral clinical and counseling psychology trainees, and 156 clients seen by one female and eight male second-year psychiatric residents, plus two female masters of social work respectively. The data reported are said to reinforce the hypothesis that sex-role linked mechanisms come into play when dealing with sexual impulses. The male therapists in the group were found to see female clients longer than male clients, whereas no association between the help-seekers sex and number of sessions were found among the female therapists. A trend for female therapists to treat other women rather than men was also found. In order to help determine whether or not a sexual basis existed in regard to the female trainee's apparent disinclination to work with men clients, further analyses were performed using available data about the therapists' and clients' marital status (single, divorced, separated, or married). Data indicate that three of the four sexually uncommitted male clients (i.e. single, divorced, or separated) were seen by the married female therapist, while none of the 12 clients seen by the single, female therapists were male. The implication here is that "patterned exposure to cultural

expectations regulating sexual conduct may render female therapists especially sensitive to superego constraints regarding sexual arousal" (Abramowitz et. al., 1976, p. 73).

Other studies that have focused on the existence of sex-role related countertransference, and the relative neglect of these issues in supervision include Abramowitz et.al. (1980), Brodey and Detre (1972), and Goin and Kline (1976). Altogether, the evidence appears to encourage a call for increased attention to the issue of gender-role related countertransference. Carmen and Driver (1982) state that although individual supervision explores transference and countertransference phenomena, the basic attitudes and biases of the trainee are usually not questioned, especially when the supervisor and trainee share similar values. They concur that current training models have been limited in their ability to enhance trainees' awareness of the ways in which attitudes (i.e. about gender and gender-roles) can influence diagnostic and treatment processes.

One example of a study that focuses on gender-based countertransference is Bienek, Barton, and Benedek's (1981) analysis of, and model for training female mental health professionals to deal with sexual countertransference issues. Countertransference is defined by the authors as the sum total of the

therapist's reactions to the client, both conscious and unconscious. Sexuality is also broadly defined to include a wide range of sexual functioning, including erotic feelings. They focus specifically on training female mental health practitioners, but it appears that their model can be applied to male clinical trainees as well.

Several common themes regarding sexual countertransference issues were found by the authors, and are illustrated by case examples, anecdotes, and vignettes. One of these themes was a recognition of feelings of attraction to, or, alternately, fear of male clients. Although many were aware of these feelings, most trainees reported little help from their supervisors or peers in using these feelings to facilitate the progress of therapy. Several examples of typical experiences are given.

The first example is of social worker "A", a young woman who completed her training in her early 20`s, and found that many of the male clients she saw were close to her in age. She was troubled by her sexual attraction to some of the clients, and wondered if her behavior had any influence on her client's behavior. When she addressed these concerns with her supervisor, an older woman with daughters about the same age as the supervisee, "social worker A" believed that the supervisor seemed

uncharacteristically ill at ease. The supervisor suggested that the social worker wear longer dresses and/or discontinue seeing those male clients.

Another social worker, "B", who was experiencing marital problems during training, expressed concern when she developed intense feelings of personal and physical attraction for one of her male clients. She felt unable to discuss these feelings with her female supervisor, whom she believed had already displayed ambivalence about supervision by frequently missing supervisory appointments.

On the other hand, a positive supervisory experience was described by therapist "C", who was working with a male co-therapist. She developed a sexualized countertransference toward a participant during a group therapy session. Through the medium of role-playing, she and her co-therapist discussed what issues in her current life seemed to be reawakening certain kinds of feelings toward the particular client. A more flexible relationship with her clients was described as the result of directly addressing her feelings.

Other themes also emerged as common among female therapists. One theme was that despite their professed sympathy with feminism and a nonsexist philosophy of treatment, the therapists in the study recognized some

evidence of sex-role stereotyping in the treatment of their clients. For example, one therapist realized her impatience with dependent male clients, while another saw that she tended to encourage male clients to focus on assertiveness and risk taking, and encouraged female clients to focus more on physical attractiveness.

Other themes included countertransference issues relating to pregnancy, either of the therapist or the client; and countertransference issues relating to homosexuality.

Although this study dealt with female therapists-in-training, it seem likely that similar themes would emerge regarding countertransference issues and male therapists-in-training. What seems especially significant is that most trainees felt uncomfortable and awkward bringing these issues to supervision. Several general observations are drawn by the authors from the interview data: 1) There was ample confirmation of inadequate training in the handling of countertransference related to sexuality. 2) The interviewees indicated that the sex of the supervisor did not seem to be related to skill in handling countertransference discussions. The authors also point out that the omission of discussion of countertransference by the supervisors, may be due to the fact that supervisors, like trainees, also came from

backgrounds of repressed sexuality and so did not feel comfortable addressing such topics. 3) Coping strategies devised by the trainees varied widely, ranging from avoidance and denial to active attempts at discussion with supervisors, spouses, or personal therapists.

The women that were interviewed for this study offered many valuable insights that training programs should seriously consider when attempting to create a program that raises awareness and helps to eliminate gender biases from psychotherapy relationships. First, all trainees agreed with the need for a more scientific investigation of countertransference issues in training. Second, an augmented didactic training in the area of countertransference was viewed to be potentially helpful. Third, informal peer discussion groups where role-playing would be practiced as a training model were repeatedly proposed. Also, intensive, informed supervision was viewed by the majority as an essential component of training. The respondents who believed that the handling of sexual countertransference belonged in the supervision process gave specific suggestions for ways to approach this issue. For example, the supervisor, as well as the supervisee, should initiate discussion of sexual countertransference. Such discussions need not be intrusive in nature; a general remark such as "During intensive therapy, many feelings are likely to develop in

both patient and therapist, including those of a sexual nature. When you are aware of such feelings in yourself, it would be helpful to discuss them" could be effective. Furthermore, all interviewees recommended training in supervision for potential supervisors, with consciousness-raising sessions for those supervisors who felt uncomfortable in dealing with sexual countertransference. Finally, the authors express their hope that by encouraging therapists and trainees to share more of their own experiences, it can be possible to recognize and deal more effectively with countertransference.

Schlachet (1986) also asserts the importance of addressing countertransference issues in psychotherapy, along with what the gender differences in these issues might be. She wonders if the therapeutic situation might cultivate a highly charged erotic transference between male therapists and female clients, since the ideal of a more powerful man helping a more dependent woman is still largely accepted within today's culture. She also points out that the opposite situation in therapy, a more powerful woman helping a more dependent man, can certainly give rise to other conflictual feelings that might best be addressed within the supervisory relationship.

Bernardez (1987) offers still another analysis of

gender-based countertransference, focusing specifically on female therapists working with female clients. Again, although the basis is women working with women, the issues seem to be just as relevant for male therapists working with women. She begins by explaining how countertransference reactions are connected to expectations of gender role behaviors, and are the product of one's socialization. Gender-based countertransferential reactions have become observable as a result of the increasing awareness of biased assumptions about gender role behavior, along with the recent insistence that gender issues be examined in the therapeutic and supervisory relationships. She further asserts that, in general, gender biases are resistant to change not only because they may or may not be outside of conscious awareness, but also because they are continuously reinforced in everyday life.

Bernardez (1987) summarizes three specific, observed reactions of 12 therapists to the women they saw in a university affiliated agency are offered as an example of subtle biases that may both be resistant to change, and exert an influence on the process of psychotherapy. The first observation was the discouragement and disapproval of clients' behaviors that did not conform with traditional role prescriptions for the female (i.e. rejection of motherhood, role reversal

in marriage, lesbianism). The second observed reaction was a disparagement and inhibition of the expression of anger and other "negative" affects, as well as a whole spectrum of aggressive behaviors not often expected of women. The third observation was the absence of confrontation, interpretation, or exploration of client passive-submissive and compliant behavior, both in and outside of the therapeutic situation.

She notes that male therapists may face other gender related issues in the therapy relationship, issues of which they should become aware. For example, male therapists may be more inclined to "reproduce the dominant-subordinate position by unconscious encouragement of the female's compliance, submissiveness and passivity" (p. 27).

A problem for therapists of both sexes is believed to be the strong gender role prohibition against female anger, criticism, rebellion or domination. Bernardez (1987) further asserts that the reactions of the therapist to the female client's aggressive behavior are critical. Intolerance to the client's expression of negative feelings is not likely to facilitate growth. The ability to maintain a healthy neutrality toward the client while she expresses negative affect, should be what therapists of both sexes strive for. An inability to do so should alert the therapist to the existence of

his or her own conflicted feelings regarding negative affect. If this inability appears to be the case, then these feelings might be best analyzed and worked through in a supervisory relationship. Bernardez insists that if a therapist cannot tolerate criticism from a female client, then the client will find it difficult not only to use her discriminating judgement, but also to express her opinion with authority and comfort, and to trust and express her dislikes.

It is in the supervisory relationship, that trainees can further learn to be aware of their own gender role biases, and their personal views of gender restrictions. Through the exploration of the beliefs and emotions associated with these issues, trainees can work against both succumbing to the client's domination or control, or attempting to usurp control themselves. The supervisor of the trainee can be an effective role-model, by exhibiting the same attitudes and awareness that he or she wants to promote in the trainee (i.e. allowing the expression of negative affect directed at the supervisor). Furthermore, if the supervisor is tolerant and nonjudgmental of negative behavior in the supervisee, and inquires about the reasons for such reactions in a sensitive manner, then the supervisee will have the opportunity to uncover the beliefs that may be manifested as biased reactions toward his or her clients.

To summarize, specific gender related countertransference reactions may occur in the clinical work of therapists-in-training. Supervision offers the arena within which these reactions can be examined and worked through, so that there is no detrimental impact on either the process or outcome of therapy with female clients. The supervisor has an ethical and professional responsibility to increase his or her own awareness of both subtle and overt biases that may be manifested in his or her work, so that trainees' biases will not be inadvertently reinforced by modeling behavior after the supervisor.

Internships and practicum placements

An integrative approach to sensitizing graduate clinical training programs to women's issues and gender biases in psychotherapy should not only incorporate specially designed coursework, experiential activities, and a philosophy of supervision that includes the discussion of gender-based countertransference, but should also provide internship placements that allow newly acquired insight to be translated into practical, clinical work. In a study by Sherman, Koufacos, and Kenworthy (1975), 70% of a sample of practicing therapists (n=184) indicated a need for better and more adequate knowledge and training for work with women. This seems to imply that internship programs on the whole

are not currently sensitive to the needs of those in training.

One fundamental concern for programs setting up internship programs where trainees can work with women as both clients and supervisors, is whether those individuals with the power to influence the structure of internship training, believe in the importance of future therapists learning how cultural influences have affected males and females, and how therapists themselves are affected as they relate to their clients. If gender issues are accepted as relevant, then there should be a consequent willingness to improve psychotherapy training beginning at the level of the internship.

Kenworthy et. al. (1976) raise questions, and also offer several suggestions for the improvement of internship training. Initially, the authors wonder whether it is best to approach the problems of traditional training "from the top or the bottom" (p. 135). For instance, if there were more stringent licensing and/or certification requirements for doing psychotherapy with women, then future clinicians would be forced to attain a minimum intellectual level of knowledge relevant to sex-role issues, and the psychology of women. Yet, on a practical level, graduate schools and internship programs would face anxiety surrounding the possibility of students who are unable to transfer

knowledge to a testing situation, and fail to pass these examinations.

Training programs may also feel at a loss due to lack of adequate training materials, or even lack of adequate knowledge on the part of faculty members. It is suggested that the use of scales that assess sex-role attitudes could promote productive interaction and discussion between staff and interns when examining the results.

Other suggestions for improving training at the internship level include planning seminars with feminist therapists, and encouraging interns to involve themselves in conferences, projects, and cases related to women. Also, graduate programs could attempt to discover and create a list of agencies and placements where the staff is known to be responsive to gender-role issues, the subsequent influence on the psychotherapy relationship, and to the types of concerns that women often bring to psychotherapy.

Faculty concerns

A basic change that graduate clinical training programs ought to make in order to effectively integrate gender issues into existing programs, is to move toward creating a climate in which current faculty can openly explore and work through their own thoughts and feelings about women's psychological development and other gender-

related issues. In addition, graduate programs should also attempt to create a more equal balance between male and female faculty members. These issues will be explored in greater detail.

Four areas for professional development

In order to create an atmosphere conducive to faculty exploration and integration of gender issues into training programs, there are needs within graduate programs that must first be recognized. Sundal-Hansen and Watt (1979) argue that the needs for professional development in sex equality fall into four categories. The first need is for awareness. Faculty should develop an awareness of the issues of sex bias, sexism, and sex-role socialization, along with ways in which they pervade personal and professional attitudes, behaviors, communications, and especially counseling. Next, curricular materials must be analyzed. Faculty should carefully examine the counselor education curriculum and materials for ways in which bias occurs, either by omission or commission, and then design specific interventions to change them. Third, communication and modeling should be considered. Faculty should determine whether the oral and written communications between themselves and students are models of sex-fair behavior. Fourth, a proactive program design ought to be implemented. Institutions must develop active strategies

to help reduce sex bias in preparation programs and field settings. A proactive design will also include continuing staff development for colleagues in other educational disciplines.

Modeling sex-fair behavior and communication

Further elaboration is given regarding the need for faculty to model sex-fair behavior and communication (Bernardez, 1987). It seems quite difficult for counseling personnel to recognize and accept the need for change in their own behavior and attitudes. However, if counselor educators expect graduate students to acquire non-sexist attitudes and competencies, they must model these attitudes and competencies themselves. Although it constitutes a serious responsibility for counselor educators, those willing to explore their own gender biases may discover positive consequences in their personal and professional relationships. By acknowledging their own sex-role conditioning, faculty can then take active steps to see that the biases are not inadvertently transferred into coursework, communications with students, or clinical work.

Some indicators of a faculty's appropriate sensitivity to gender issues are an avoidance of exploitative relationships with students, use of sex-fair language in lectures, having equal expectations of women and minority students, not treating male or female

students as sex objects, taking issues of affirmative action seriously, and showing genuine regard for all students as persons.

Guidelines for non-sexist use of language

An APA Task Force (1975) endorsed guidelines for the nonsexist use of language. A complete and updated copy of these guidelines can be found in the APA publication manual (1983). There are two basic principles upon which the guidelines rest. The first are stylistic guidelines, established to overcome "the impression presently embedded in the English language that (a) people in general are of the male gender, and (b) certain social roles are automatically sex-linked" (APA Task Force, 1975, p. 682). The stylistic guidelines also insure that psychological writing does not "degrade or circumscribe human beings" (p. 682). The second category of guidelines are substantive guidelines, whose purpose is to "overcome errors of methodology and content (both of omission and commission) regarding sex differences, and to improve the accuracy of materials presented" (p. 683). Educators of future clinicians should become familiar with these guidelines, and require that their students use them in the writing required in any coursework.

Current faculty representation

Graduate training that is seeking to incorporate a psychology of women, and gender-role issues into the

program, should also examine the current representation of women faculty members. To help graduate programs begin to redress the current unbalance, Anderson and Rawlins (1985) give specific strategies for the recruitment, selection, and advancement of women in counselor education programs.

The authors state that several issues ought to be addressed within the higher education community, if the status of women in counselor education programs is to advance and improve. One issue is the fact that women continue to pursue traditionally female fields (i.e. education, the arts, and the social sciences) despite limited employment and income opportunities. Another is that at the graduate and undergraduate collegiate levels, women's grades, confidence, and academic career aspirations decline during the course of their study, while those of men's rise. Also significant is that educational expectations of, opportunities for, and treatment by professors, appear to be inequitable for female undergraduate and graduate students. And finally, present curricula seems to perpetuate the stereotypic differences of women and men in behavior, personality, aspirations, and achievement (Anderson & Rawlins, 1985).

Two resource guides to help institutions address these issues are listed: <u>The Classroom Climate: A Chilly One for Women,</u> (Hall, 1982); and <u>Academic Mentoring for</u>

Women Students and Faculty: A New Look at an Old Way to Get Ahead, (Hall & Sandler, 1983). These two guides were published by the Project on the Status and Education of Women (Association of American Colleges, 1818 R. Street, N.W.. Washington D.C. 20009). A hoped-for result of institutions using these resources, is an increase in the number of women in applicant pools for faculty positions.

Other methods for recruitment are offered as well. The authors suggest that counselor education departments establish follow-up systems to track graduates who may be prospective faculty, or who might be enlisted in recruiting other women for positions. Also suggested is the use of networks, in an attempt to identify and recruit women for the pool of applicants. Departments are encouraged to contact "ACES Women Network", a committee that is addressing topics such as mentoring for new women in the profession and graduate students, training programs to attend to sex issues, institutional demands on nontenured women faculty, exchanging and sharing resources, opportunities for women and men in ACES, and linking with women in other divisions (Anderson & Rawlins, 1985). Additional information can be received by contacting Patricia Arrendondo, Division of Counseling, Boston University, 605 Commonwealth Avenue, Boston, MA 02215.

One last suggestion for recruitment is that the

screening committee used in the selection process should consist of both men and women who are sensitive to and supportive of the need to attract women for available positions.

Strategies for selection are also offered. One suggestion is that guidelines for interviewing can be developed, that consist of job-related questions to be asked of both male and female applicants. In this way, screening committees will avoid asking questions prohibited by law. Guidelines can also help the selection committee to work against often unconscious biases. Traditional stereotypes of men and women may influence both informal and formal academic advancement evaluations. In other words, the "evidence that is evaluated consciously may not be the evidence that actually determines the decision" (Rawlins & Carter, 1985, p. 62). Research by Fidell (1975) as cited in Rawlins and Carter (1985), provides an example of this tendency. One hundred forty seven chairs of academic psychology departments were asked to evaluate vita summaries of eight PhDs and recommend academic rank at which each should be considered for hiring. Each description was identical, with half of the participants receiving "female" vita, and half receiving "male". The average rank suggested for women was assistant professor, yet the same descriptions were given recommendations for

associate professorships for men. It seems that an unconscious discrimination causes identical levels of ability, effort, and productivity to be evaluated lower for a woman than for a man.

Therefore, it is suggested that selection and evaluation procedures that counteract the tendency toward an unconscious, perceptual bias against women should be developed. Unfortunately, the authors do not give suggestions for how such procedures could be devised.

One final suggestion for selection committees is in regard to the number of dual-career couples that may have one person in the applicant pool. Departments need to respond in a manner that will increase rather that decrease the number of women applying for academic positions. Departments could help the relocating spouse by including information about the job market in the new location, setting up networks of professional contacts, and paying employment agency fees (Maynard & Azwacki, 1979).

Rawlins and Carter (1985) assert that departments must not only recruit and hire women for counselor education positions, but should also support and encourage their professional development. Monitoring research and release time for creative projects, and developing support groups to encourage research efforts are two suggestions given. Scott (1980) emphasizes the

importance of female professionals establishing visibility and a positive public image. Academic mentors and networks are also suggested as means of supporting students and faculty on all levels. For example, academic mentors can share information about the covert politics within departments and institutions, as well as other informal and unwritten information, and open doors to a variety of professional opportunities (Rawlins & Carter, 1985).

It seems clear that the availability and representation of women in counselor education programs is an issue that clinical training departments should address. Women still seem to face a number of barriers to gaining access and advancing in the profession, particularly within academia. Because counselor educators have a professional and ethical responsibility to enhance the full potential of individuals, they must accept "the challenge of becoming catalysts within institutions and counselor education programs to support access and development of female faculty members" (Rawlins & Carter, 1985, p. 64).

Conclusions

All of the components described above--theories of development, theories of treatment, specific issues for the therapist, experiential learning, supervision, internship experiences, academic representation, and

other faculty concerns--are advocated as necessary for a comprehensive, clinical training program sensitive and responsive to women's issues and gender bias in psychotherapy. An integration of these components should begin with the establishment of several important conditions. In this way, counselor educators and counselors-in-training can move from an awareness stage to a behavior change and program development stage.

CHAPTER IV

FUTURE DIRECTIONS

The Facilitation of Change and Implementation

If program development and change regarding women's issues and gender socialization is to occur, then it appears that several conditions must first be established within educational institutions. First and foremost is that counselor educators, supervisors and practitioners must be convinced of the need for change. It seems pointless to provide solutions, if institutions and departments within institutions are unaware that there is a problem. Discussions in departmental meetings about the relevance of these issues for therapists-in-training could be the impetus for the beginning of a renewal process in clinical training programs (Sundal-Hansen & Watt, 1979).

The second necessary condition is related closely to the first. Educators and therapists must realize that sex-equity and sex-fair psychotherapy affects both men and women. Teaching students to be non-sexist counselors is a responsibility to be taken very seriously by both male and female faculty and professionals. This responsibility should not be casually turned over to female faculty members or feminist students to teach a unit, course, or series of

courses, on gender issues in psychotherapy (Sundal-Hansen & Watt, 1979).

Another change that seems important for departments to encourage is for training programs to give particular attention to the expanded concept of career as a focus for students in their work, due to the enormous amount of changes occurring in the work force and in family and career patterns for women (Hansen & Hatfield, 1978; Hansen & Keierleber, 1978; Sundal-Hansen & Watt, 1979).

Furthermore, working against sexism in psychotherapy is an ongoing, continuous process of personal and professional growth. Constant personal awareness of, and sensitivity to the interactions and communications with members of both sexes is required of educators and supervisors of students, if training programs are to experience a movement from awareness to behavior change.

Clinical training programs should also encourage faculty to learn the skills of organizational development and change process. Fear of change and the security of tradition can be combated by learning these types of skills (Sundal-Hansen & Watt, 1979).

Finally, educators and supervisors of future psychotherapists who recognize a problem and are motivated to address that problem can gain knowledge, support and resources through the process of network-building. It is encouraging to note that there are a number professionals

interested in the increase of knowledge regarding therapy with women, therapy with men, sex-role socialization, along with creative workshops and educational program development. Building networks among these individuals and groups can help establish a base for further renewal, and can engender support for a non-sexist psychology of human behavior and therapeutic treatment.

Recommendations for research

Not only are there several conditions that might help to facilitate changes in the education and supervision of future therapists, but future research that addresses the development of a non-sexist psychology of human behavior, and the influences of gender-role socialization on the process and outcome of psychotherapy are also important. As noted earlier, there appear to be inconsistent conclusions in the research about the influence of gender on psychotherapy. Moreover, there is a lack of empirical research addressing gender-role socialization as it differentially influences male and female therapists. It is also difficult to obtain data that provide information about how current graduate clinical training programs are integrating these issues into their educational programs. Finally, the examples of existing programs that address these issues are few, and empirical data that suggest the benefits of such a program are nearly nonexistent. Therefore, empirical research that addresses these topics is critical, if an increased

acceptance of the relevance of these issues for the training of future therapists is to occur.

A feminist perspective

There is a growing number of those in the field of psychology who advocate a feminist perspective in research (Klein, 1976; Unger, 1982; Eichenbaum & Orbach, 1983). Klein (1976) particularly criticizes traditional research on therapeutic outcome with female clients. She believes that traditional theory too often focuses on the way that the individual learns and carries the cultural values and social roles, and that traditional therapy seems to be concerned with helping the individual adjust when things go wrong. Research based on traditional theories of development and therapy tend to establish measures that are concerned with identifying values and cultural demands, and with assessing adjustment in terms of stable, shared behavior patterns or personality traits (i.e. "feminine behavior").

On the other hand, research based on a feminist perspective is more concerned with individuality than with societal conformity. The measures of assessment for health that feminist researchers are more likely to use, analyze the processes that the individual uses to internalize and personalize values and roles, rather than looking at the specific content. One of the goals for feminist-based research might be to establish the success of therapeutic outcome when an individual learns to "shape his or her

identity actively by choosing roles and adapting them to fit personal needs, rather than passively accepting roles and role definitions and living them out" (Klein, p. 94). Indeed, if researchers were to commit themselves to using a feminist basis from which to ask their questions, then empirical research might provide us with alternative, less biased (e.g. the "adjustment model" of mental health) interpretations of data.

So then, an increase in research studies that work from a feminist perspective in the establishment of research priorities, data collection, and data interpretation is desirable. In particular, the generation of studies that 1) further analyze the influence of gender-role socialization on the therapist, in relation to the process and outcome of psychotherapy with women, and that 2) analyze the effectiveness of graduate clinical training programs that systematically address gender issues, could help facilitate a widespread integration of these issues into existing training programs.

Evaluation of implementation

Evaluating the extent to which training programs have incorporated gender issues, may also be a valuable endeavor for empirical research as training programs begin to view an integration of these issues as desirable and even imperative. One such method of evaluation has already been proposed (Tetreault, 1985). She suggests that for faculty members

engaged in curriculum revision, research, and faculty development, an experience-based model of evaluation can be used. The "feminist phase theory" can provide a "systematic map gauging where a department has been, where they are, and where they might be going" (p. 366).

Feminist phase theory is a classification schema of the evolution in thought during the past fifteen years, about the incorporation of women's traditions, history, and experiences into selected disciplines. Research reported by women's studies scholars in anthropology, history, literature, and psychology provide the framework for the theory. The model identifies five common stages of thinking about women: male scholarship, compensatory scholarship, bifocal scholarship, feminist scholarship, and multifocal or relational scholarship.

It can be suggested that this evaluation model be used to document changes in the faculty's conceptualization of how gender issues have been or are being integrated into education and training. Measuring changes in facultys' conceptualization is seen to be particularly important, since faculty are the ones who "continually contribute to definitions of legitimate knowledge by making decisions about what is researched and taught" (p. 366).

Tetreault suggests the effectiveness of the model by providing information about the participation of a group of faculty in a development seminar. Those who participated in

the seminar overwhelmingly concluded that using the model helped them to be more conscious of how they conceptualized the inclusion of women and women's issues in their courses and disciplines.

New methods of inquiry

Utilizing a feminist perspective in research should also encourage the recognition that psychological theory needs to be based on observations and studies of both sexes, and that, currently, an increase in studies using female participants is needed to supplement already existing knowledge. Traditional research is guilty of too often using white, middle-class men as sample populations. Since the APA has established guidelines for the counseling and therapy of women, minorities, and cross-cultural counseling, new research designs must seriously consider these groups as population samples. For this to happen, a restructuring of the methods, subjects, apparatus, materials, procedures, discussions, and references with regard to empirical research on a psychology of women may be called for. Vaughter (1976) argues that research on sex differences and on a psychology of women can do a great deal to further the cause of a non-sexist psychology of human behavior. She says, "to the extent that the psychology of women does not restrict itself to the well-developed theories, methods, and visions of psychology past, the psychology of women may well be the most significant process in the evolution of

psychology..." (p. 143).

Other Issues for Program Development and Change

In addition to considering a feminist perspective in research, counselor education programs will discover other issues related to the integration of contemporary theories of development and treatment of women into their training. Currently, there is a debate between different groups of those who identify themselves with feminist or non-sexist therapy that may need to be discussed. In connection to the different models of incorporation previously discussed, this disagreement is between those who advocate a separatist and those who advocate a generalist model of therapy. Separatists seek the development of separate principles for the counseling/therapy of women clients. They focus mainly on the failure of traditional theories of psychological development and treatment to explain accurately the experiences of women. Those who advocate separatism often stress that research should uncover and praise the strengths of women on both a biological and a cultural level, rather than downplaying women's differences from men (Unger, 1982).

Those who advocate a generalist model of therapy believe that non-sexist values are the basis for all good therapy, not just therapy with women, and that to advocate separate principles for the counseling of women is to advocate another form of sexism. Spiegel (1979) states this point forcefully: "with regard to values, sexism follows when a double standard

exists... I am opposed to developing a separate set of values, no matter how optimal and generally applicable they appear to be, if they are to be enforced only for those who choose to work with women clients... a single set of standards should be adopted for all counselor/therapists" (p. 50).

Clinical training programs may find that there is a division among faculty members about which philosophy of therapy to encourage. But just as there are differing theoretical orientations among faculty, differences that are generally apparent to students, it may be beneficial for future therapists to be exposed to advocates of both models. Therapists-in-training should have the opportunity to determine how gender issues influence their clinical work in their own individual ways.

The responsibility for implementation

Clinical training programs may worry that actually integrating contemporary theories about the psychology of women, as well as examining the influence of gender-role socialization on the process and outcome of psychotherapy with women, may be a long, tedious process. Some argue that a total integration is neither possible nor desirable, without major changes in psychology as it presently exists (Unger, 1982). For example, psychology may have particular difficulty incorporating certain feminist-based concepts (i.e. the idea that psychology can be neither objective, nor

value-free).

Nevertheless, difficulty with integration does not alter the responsibility of the educators of future clinicians. Currently, there is a tremendous amount that has been written about the psychology of women, and how the process of psychotherapy with women might be influenced by this particular type of development. It is imperative that future clinicians be exposed to contemporary theories and ideas. Whatever the cause may be for the apparent resistance to incorporating a psychology of women into training programs, counselor educators cannot continue to disregard the relevance of women's issues. Faculty members must also accept personal responsibility for the implications of their ideological, scholarly, and political commitments. Furthermore, the APA has an ethical and professional responsibility when considering and reviewing accreditation requests, to take an active stance and require that clinical education programs systematically integrate gender issues, along with the consequent influences on both the psychotherapist and the process of psychotherapy, into their training. Finally, everyone committed to an incorporation of gender issues must remember, that although the pervasiveness of gender bias remains evident in individuals, families, and societies, any efforts to promote change, no matter how small or great, will combine together to facilitate a non-sexist psychology of human development and treatment. With this

hope, the reevaluation and reorganization of graduate clinical training programs, so that gender issues are systematically integrated and analyzed, can promote a widespread belief in the benefits of unbiased, non-sexist psychotherapy for both women and men.

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The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated, and that the thesis is now given final approval by the Committee with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Arts.

12/2/88 ______________________ Kevin J. Hartigan ______________________

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