A correlational study of Female National Certified Counselors and their attitudes toward homosexuals

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A correlational study of Female National Certified Counselors and their attitudes toward homosexuals

Kennedy, Jelane Anne, Ed.D.
The College of William and Mary, 1994

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A Correlational Study of Female National Certified Counselors
and their Attitudes Toward Homosexuals.

A Dissertation
Presented to
The Faculty of the School of Education
The College of William and Mary in Virginia

In Partial Fulfillment
of the Requirements for the Degree
Doctor of Education

by
Jelane A. Kennedy
November 1994
A CORRELATIONAL STUDY OF FEMALE NATIONAL CERTIFIED COUNSELORS AND THEIR ATTITUDES TOWARD HOMOSEXUALS.

by

Jelane Anne Kennedy

Approved November 7, 1994 by

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Dedication:

For all trainers and educators who have the courage to help others work to understand and reduce their homophobia.

For all those who fight the darkness of the "closet" may you someday be free to be who you are.
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ABSTRACT

The purpose of this study was to investigate the relationship between sex roles and homophobia. The author also hoped to explore the relationship of age, sexual orientation, training experience, and friendship with homophobia. A nationwide random sample of 200 female National Certified Counselor's (NCC), as certified by the National Board of Certified Counselors (NBCC), was used. Each was sent a cover letter explaining the study, the Bem Sex Role Inventory (BSRI), Index of Attitudes toward Homosexuals (IAH) and a demographic questionnaire. The return rate was 49.7%. In comparing those who returned the complete survey and those only returning the demographic questionnaire it was found that the latter indicated seeing fewer gay/lesbian clients.

The data supported the following hypotheses: (1) women counselors would fall into all four levels on the IAH, (2) there would be a correlation between having taken courses and/or workshops that have discussed homosexuality and their level of homophobia/non-homophobia, (3) there would be a correlation between having friends/colleagues who have identified themselves as gay/lesbian and level of homophobia/non-homophobia, (4) there would be a correlation between sexual orientation and level of homophobia/non-homophobia, (5) the outcome measure from the IAH would be significantly predicted from the BSRI score, age, sexual orientation, training experience or friendship indicator. The data failed to support the following hypotheses: (1) there would be a correlation between sex-typed and non-sex-typed counselors and their level of homophobia/non-homophobia, (2) there would be a correlation between age and level of homophobia/non-homophobia, (3) in comparing sex-typed counselors and non-sex-typed counselors, there would be a significant difference in the percentage of those who have taken courses and/or workshops discussing homosexuality and having friends/colleagues who identify themselves as gay/lesbian.

Further study is needed to understand the effects of friendship on homophobia and the process of coming to terms with gay/lesbian friends and clients. In addition more study needs to be done on sex-role orientation with professional populations. The study also indicates a need for more homophobia reduction education with counselors.

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A Correlational Study of Female National Certified Counselors and their Attitudes Toward Homosexuals.
Chapter 1

Statement of Problem

The problem to be studied concerns the relationship between sex role orientation of female National Certified Counselors and their attitudes toward homosexuals.

Justification

In 1973 the American Psychiatric Association and in 1975 the American Psychological Association each passed resolutions taking homosexuality off the lists of potential diagnostic disorders. In the last 20 years mental health professionals have been called to examine their attitudes toward homosexuals and to provide services to gay and lesbian clients that are unbiased (Dulaney & Kelly, 1982; Gramick, 1983; Lasenza, 1989). In the last ten years there has been research examining a variety of mental health practitioners attitudes toward homosexuals (American Psychological Association, 1990; Graham, Rawlings, Halpern, & Hermes, 1984; Hochstein, 1986; McDermott & Stadler, 1988; Wisniewski & Toomey, 1987). These studies conducted primarily in the 1980's have examined social workers, psychologists, pastoral counselors and counseling
students, but there have not been any studies with National Certified Counselors.

William Blumstein (1992) discussed 11 ways in which homophobia limits all of our lives. At least two of those limits pertain to this discussion of homophobia and counseling: "homophobia locks all people into rigid gender-based roles that inhibit creativity and self-expression" (p. 8) and "homophobia inhibits appreciation of other types of diversity, making it unsafe for everyone because each person has unique traits not considered mainstream or dominant" (p. 13). Counselors work to help people to express themselves and their feelings. It is difficult for a counselor to do this if her/his own homophobia is not examined. If it can be assumed that 10 percent of the population is gay/lesbian, then it is possible that 10 percent of a counselor's clientele is also gay/lesbian. If a counselor has not examined her/his own homophobia can she/he provide unbiased counseling to her/his clientele?

Suzanne Pharr (1988) discussed the effects of discrimination and prejudice on peoples' attitudes about what is "normal". "When we do not see the differently abled, the aged, gay men and lesbians,
people of color on television, in movies, in educational books, etc.,
there is reinforcement of the idea that the Norm is the majority and
others either do not exist or do not count" (p. 58). Counselors, as
part of society, are taught to be homophobic. This homophobia, if
not examined, can effect how counselors work with their potentially
gay and lesbian clients. It is not unusual for many gay/lesbian
clients not to disclose their homosexuality for fear of their
counselor's response.

As the counseling profession struggles with educational goals
for counselors-in-training to work with a more diverse clientele,
there is a need for better understanding of potential correlations in
attitudes toward homosexuals. The National Board for Certified
Counselors, like many governing boards in the counseling profession,
states in the code of ethics that counselors should examine their
biases and to seek education for working with populations different
than their own (National Board for Certified Counselor, 1989).

In regards to research examining sex-roles and homophobia,
one finds the research examining primarily populations of
traditionally aged college students (Hansen, 1982; Newman, 1989;
Smith, Resick & Kilpatrick, 1980; Whitley, 1987). This research
indicates that there is a relationship between one's sex-role orientation and homophobic attitudes. No studies have been done with professionals or with counselors. Much of the work with sex roles and homophobia has spanned the eighties.

The purpose of this study was to examine more closely how sex-role orientation may effect female counselors' attitudes toward homosexuals. The study also examined whether training and friendship has an effect on attitudes toward homosexuals. This information would be helpful to educators working to reduce homophobia and to practitioners interested in their own professional development around issues of homophobia.

*Theoretical Rationale*

Bem (1981) suggests in all human cultures one's gender is used as a way to categorize people. One is identified as either male or female and from that point on, one is socialized to understand her or himself from the perspective of her or his maleness or femaleness. Bem (1981) proposed that in addition to learning content specific information that children also learn to use this schema to assimilate new information into sex related categories. An example would be that boys may learn that only girls play with dolls whereas
boys play with trucks. So, if a boy observes a girl playing with trucks he may tell her that it is a boy's toy. When children meet someone new, they may look for signs to fit the person into their idea of male or female, for instance the length of their hair, clothes they wear, their height, etc..

This study was based on Sandra Lipsitz Bem's work on Gender Schema Theory (1981). The theory discusses the concept of sex-typing. Basow (1992) believes that Bem's gender schema theory is the most promising of the proposed sex-role theories.

Gender Schema Theory is a process theory. It looks at schema as an organizing cognitive network of information that is used to examine old and new information. It is an ever growing and dynamic system of decision making. "In addition to learning such content-specific information about gender, the child also learns to invoke this heterogeneous network of sex-related associations in order to evaluate and assimilate new information" (Bem, 1984, p. 186). Bem believes that as children grow, they mediate the process of their cognitive development. With this in mind, she indicates that sex typing is learned; thus it can be modified. In this way it has some
similarities to cognitive-developmental ways of viewing sex-typing along with aspects of social learning theory (Bem, 1987).

Central to the theory is the idea that sex-typed individuals use their culturally provided definitions of what is masculine or feminine to develop their schema and determine what is appropriate behavior. The key is the process of determining what goes in the categories, not the content of the categories. Bem proposes that "...the phenomenon of sex typing derives, in part, from gender-based schematic processing, from a generalized readiness to process information on the basis of the sex-linked associations that constitute the gender schema" (Bem, 1981, p. 355).

"People differ in the degree to which they use gender schema in processing the world: Those who perceive the world, including themselves, in gender-specific terms, are considered gender-schematic or sex-typed; those who do not process information primarily on the basis of gender are considered non-gender-schematic ..." (Basow, 1992, p. 125) Sex-typed individuals are thought to have incorporated this gender schema into their own self concept. They examine new information using this schema as part of their decision making process.
Sex-typed individuals are thought to use this schema potentially as a primary way of making meaning of their world. The individual most probably is not even aware that she or he is processing information within a gender schema because it is such an unconscious process. "Furthermore, she proposes that the self-concept itself eventually becomes organized around the degree to which the self is perceived as congruent with the gender schema" (Hargreaves, 1987, p. 38). Whereas non-sex-typed individuals are thought to not have incorporated gender-based schematic processing into their own self-concept, thus using gender schema processing less than their sex-typed counterparts.

Bem (1981) does not propose to identify specifically the structure of this schema. Her purpose is to begin to examine how this schema affects people's responses to information. "Rather, gender schema theory proposes only that individuals come to match the template defined as sex appropriate by their culture--that is, they become sex typed--in part because they have learned to sort information into equivalence classes, to evaluate their adequacy as persons, and to regulate their behavior on the basis of gender rather than other available dimensions" (Bem, 1984, p. 196).
Within gender-based schema processing she also proposes that there is at least one subschema, that of heterosexuality. Children learn early on what is considered appropriate behavior for their sex. One of those behaviors is that one should seek the opposite sex as a partner in adult life. Thus if sex-typed individuals deviate from this structure, then Bem proposed that their self-esteem is effected (Bem, 1987). "Violation of the prescription to be exclusively heterosexual is sufficient by itself to call into question the individual's adequacy as a man or a woman" (Bem, 1981, p. 361).

This study proposed that women counselors who were sex-typed were more likely to be homophobic than their non-sex-typed counterparts. "Because they are predisposed to process information in terms of the gender schema generally, it is proposed here that sex-typed individuals are among those who are likely to have a generalized readiness to invoke the heterosexuality subschema in their social interactions..." (Bem, 1981, p. 361) Counseling is one form of social interaction. Potentially, counselors who have not examined their own bias toward heterosexuality could actually do harm to their gay/lesbian clients' own feelings of self-worth and
their acceptance of their sexual identity. This study further examined the premises of Bem's gender schema theory.

**Definition of Terms**

**Homophobia:** "...any negative attitude, belief, or action directed against homosexual persons..." (Hudson & Ricketts, 1980)

**High grade homophobic:** Scoring from 75 and above on the Index of Attitudes toward Homosexuals (IAH) as described by Hudson and Ricketts (1980).

**Low grade homophobic:** Scoring from 50 to 75 on the Index of Attitudes toward Homosexuals (IAH) as described by Hudson and Ricketts (1980).

**High grade nonhomophobic:** Scoring from 0 to 25 on the Index of Attitudes toward Homosexuals (IAH) as described by Hudson and Ricketts (1980).

**Low grade nonhomophobic:** Scoring from 25 to 50 on the Index of Attitudes toward Homosexuals (IAH) as described by Hudson and Ricketts (1980).

**Schema:** "A schema is a cognitive structure, a network of associations that organizes and guides an individual's perception" (Bem, 1981)
Gender schema: A schema that uses gender as an organizing principle.

Sex-role orientation: Gender-linked expectations of certain behaviors and attitudes including the assumption of their meaning.

Sex-typing: "The degree to which a person identifies with societal definitions of masculinity or femininity is referred to as gender role identity or sex typing" (Basow, 1992).

Research hypotheses.

(1) Women counselors will fall into all four levels (low-grade homophobic, high-grade homophobic, low-grade non-homophobic and high-grade non-homophobic) as measured by the Index of Attitudes toward Homosexuals (IAH).

(2) There will be a correlation between sex-typed (women counselors who fall into the femininity scale), and non-sex-typed (women counselors who fall into the masculinity, androgynous and undifferentiated scales) counselors as measured by the Bem Sex Role Inventory (BSRI) and their level of homophobia/non-homophobia as measured by the IAH.
(3) There will be a correlation between having taken courses and/or workshops that have discussed homosexuality and their level of homophobia/non-homophobia on the IAH.

(4) There will be a correlation between having friends/colleagues who have identified themselves as gay/lesbian and the counselors' level of homophobia/non-homophobia on the IAH.

(5) There will be a correlation between women counselors' age and their level of homophobia/non-homophobia on the IAH.

(6) There will be a correlation between women counselors' sexual orientation and their level of homophobia/non-homophobia on the IAH.

(7) In comparing sex-typed women counselors and non-sex-typed counselors, as measured by the BSRI, there will be a significant difference in the percentage of those who have taken courses and/or workshops discussing homosexuality and having friends/colleagues who identify themselves as gay/lesbian.

(8) The outcome measure from the IAH will be significantly predicted from the BSRI score, age, sexual identity, training experience or friendship indicator.
Sample Description

This study used a mail survey for the collection of data. Three instruments were mailed to 200 female National Certified Counselors. Subjects also received a letter explaining the study and asking for their anonymous participation. The instruments consisted of a demographic questionnaire and two instruments to measure sex-typing and attitudes toward homosexuality. By returning the survey respondents indicated their consent.

Bem Sex-Role Inventory (BSRI) was used to identify whether the subjects are sex-typed or non-sex-typed. The Index of Attitudes toward Homosexuals (IAH) [formerly Index of Homophobia] was used to identify the subjects' attitudes about homosexuality. Finally, the demographic questionnaire was used to discover general information about the sample.

Limitations to the Study

Several limitations existed for this study. First, this study was limited to female counselors so it may not be generalized to male counselors. Second, due to the small numbers of minority counselors in the field, it was quite probable that the respondents were primarily white. Thus racial and ethnic minorities were
unrepresented in the study. Third, those choosing to return the surveys could have been inherently less negative or less positive toward homosexuals than those not returning the surveys. Fourth, social desirability could have influenced the responses of the respondents. Due to the present climate in the counseling profession for tolerance of gays and lesbians, respondents may have responded more positively than they actually felt.
Chapter 2

Review of the Literature

Gender Schema Theory

Gender schema theory is a relatively new theory. Sandra Lipsitz Bem first introduced the theory in 1981. Since that time there has been a flurry of dissertations and articles written using and discussing this theoretical concept. Susan Basow (1992) commented that of the integrative theories on sex role development, "... [a] particularly promising one is Sandra Bem's gender schema theory" (p. 125).

Much of Bem's initial work was on the concept of androgyny. This research led Bem to begin to conceptualize gender schema.

What gender schema theory proposes, then, is that the phenomenon of sex typing derives, in part, from gender-based schematic processing, from a generalized readiness to process information on the basis of sex-linked associations that constitute the gender schema. In particular, the theory proposes that sex typing results, in part, from the fact that
the self-concept itself gets assimilated into the gender schema (p. 355).

Though much research has been completed examining gender schema theory, not all of it has shown complete support of the theory. As with any new theory there is much controversy. The following section will review a sample of these studies.

In her initial article Bem (1981) discussed two studies. In one study she examined whether sex-typed individuals would remember words or items in clusters identified as male or female more readily than non-sex-typed individuals. The subjects were 48 male and 48 female undergraduates. Subjects initially took the Bem Sex Role Inventory (BSRI; Bem, 1974) to determine whether they identified themselves as sex-typed or non-sex-typed. This determination was made after the BSRI was scored. Afterwards subjects were shown 60 random slides including proper names, animal names and articles of clothing. One third of the items had been determined prior to the testing as being masculine, one third feminine and the other third neutral. After the slides were shown the subjects were asked to write down as many items as they could in any order. What the
experiments found was that sex-typed individuals clustered items significantly more on the basis of gender than the other group.

The second study was a timed test. Subjects were initially given the BSRI to determine whether they were sex-typed or non-sex-typed. During the experimental session subjects saw projected on the screen, slides with 60 attributes from the BSRI. They were to indicate by pushing a button whether the attribute was ME or NOT ME. The time in which it took the subject to decide was recorded. The experimenters discovered that sex-typed individuals were faster than non-sex-typed individuals in determining schema-consistent judgments about themselves and were slower than non-sex-typed individuals in making judgments about schema-inconsistent judgments. Both studies supported Bem's theory.

Andersen and Bem (1981) developed a study to examine the subschema of heterosexuality as part of gender schema theory. "...It is proposed here that sex-typed individuals are among those who are likely to have a generalized readiness to invoke heterosexuality subschema in their social interactions..." (Bem, 1981, p. 361). Andersen and Bem examine differences in responses to physical
attractiveness along same gender and cross gender for men and women.

Subjects were undergraduates enrolled in introduction to psychology. A total of 48 students were preselected using the BSRI into sex-typed and androgynous groups. Groups were of equal numbers and equal by gender. The subjects participated in get acquainted conversations over the phone. They were given true biographical information about each other. One person in the dyad was shown a alleged picture of the other, the pictures were preselected as attractive and unattractive. Before and after the conversations, each pair completed questionnaires about the other person. Later on, the tapes were listened to by blind judges and the conversations were also rated for responsiveness and precieved attractiveness.

They found that sex-typed individuals where more likely to interact with others according to societal standards of physical attractiveness. They also appeared to be more responsive to the opposite sex. Androgynous women appeared to counteract societal standards of physical attractiveness in their ways of interaction. The study supported Bem's theory.
Berstein, Hofman and Wade (1987) examined whether the preference for a female or male counselor could be related to sex role orientation or other factors. Subjects were students at a large urban university. They were not a random sample, but volunteers. One hundred and two females and 67 males participated. Seventy-four of the subjects identified themselves as black and 95 as white. Subjects were given the Counselor Preference Scale (Parham & Helms, 1981), Bem Sex Role Inventory (BSRI; Bem, 1977) and a demographic questionnaire.

The results supported gender schema theory. Berstein, Hofman and Wade (1987) found that sex-typed students had a definite preference for counselor gender whereas androgynous or non-sex-typed individuals consistently had no preference. They indicate that this is "evidence that gender schemata are indeed more salient and available for sex-typed than for androgynous individuals" (p. 25).

Moore, Graziano, and Millar (1987) examined whether androgynous and sex-typed people would "assign social attributes to others on the basis of physical appearance" (p. 97). They also examined whether social transgressions would suspend androgynous individual's use of their stereotype and whether sex-type would
continue to use their stereotype of physical attractiveness. The subjects were college students taking an introductory psychology course. Ninety-six white females and 44 white males participated.

The subjects completed the BSRI (Bem, 1974) to determine whether they were sex-typed or androgynous. Then, the participants were shown 12 slides including equal numbers of white adults and children of each gender and of various levels of predetermined physical attractiveness. After each slide, the subjects were asked to complete the Dion Social Desirability Scale (Dion, 1972). After which they read a brief scenario describing an incident in which the person from the slide committed a minor social transgression. After reading the scenario the subjects rated the transgression as to it's severity.

"Contrary to the contentions of gender schema theory, androgynous persons are responsive to attractiveness; they did attribute positive social characteristics to both adults and children according to the physical attractiveness stereotype" (p. 101) They did find that androgynous people suspended their stereotype when evaluating the social transgression. The physical attractiveness stereotype was endorsed by the sex-typed persons. Although
physical attractiveness did affect how sex-type persons rated the transgression, it was not consistent with the stereotype.

Critique

As demonstrated by the above studies, there is still much to be learned about gender schema and also the subschema of heterosexuality. Although there appears to be evidence of a gender schema, many of the studies have been completed using college students as volunteers. Other studies not mentioned here, have been done with children. This research needs to be expanded into other areas and with other subjects.

The current study attempted to add to the understanding of gender schema theory. This was done first by examining adult professionals (ie. female National Certified Counselors). Second, this study attempted to add to our knowledge about the proposed subschema of heterosexuality by examining attitudes toward homosexuals. Finally, the study used a randomly drawn sample, thus reducing the external validity problems of volunteer samples.

Homophobia in Counselors

Since 1973 when the American Psychiatric Association voted to take homosexuality out of the Diagnostic and Statistical Manual of
Mental Disorders (DSM) as a psychopathology, there has been an interest in determining the attitudes of counselors toward homosexuals. Studies have been completed with a variety of mental health workers (American Psychological Association, 1990; Graham, Rawlings, Halpern & Hermes, 1984; Hochstein, 1986; McDermott & Stadler, 1988; Wisniewski & Toomey, 1987). The following section will review these studies and their outcomes.

Wisniewski and Toomey (1987), who examined the attitudes of social workers (MSW) in Columbus, Ohio. A representative sample of social workers in Columbus, Ohio were given the Index of Attitudes toward Homosexuals (IAH). This administration was done as part of a larger study examining "whether social workers evaluate gay and heterosexual males differently based on information obtained in a case history" (p. 454). They had a 61 percent return rate of their survey's. The majority of the respondents were white (all but three), females (66 percent), around 37 years of age (range 23-67) and married (61 percent).

Within the IAH the authors had also embedded 50 items from a New F (Authoritarianism) Scale. This was used to examine, cynicism, intolerance of ambiguity, conformity and anti-intellectual
attitudes. Using a stepwise multiple regression analysis with the
IAH as the dependent variable they found the best predictor of
homophobia was conformity and anti-intellectual attitudes.
Approximately a third of the sample was shown to score in the area
of homophobia.

Hochstein (1986) conducted a random sample study of members
of the American Association of Pastoral Counselors. The
respondents were sent one of four case studies (four combinations:
males, females, heterosexuals, homosexuals) of an initial interview of a
hypothetical client who either presented symptoms of a depressive
episode or grief reaction. Along with the case they also received the
Broverman Sex·Role Stereotype Questionnaire (Broverman,
Broverman, Clarkson, Rosenkrantz, & Vogel, 1970) open ended
questions about diagnoses and treatment goals, along with
demographic data sheet and the IAH (Hudson & Ricketts, 1980). The
respondents were asked to complete the Broverman Sex·Role
Stereotype Questionnaire in two ways. The first was to complete it
for a healthy adult and the second for the case client they received.
She obtained a return rate of 51 percent. The sample was primarily
male (179 males, 11 females) with an average age of 47. Ninety-
three percent of the sample was Protestant and the other 6 percent were Roman Catholic.

Hochstein found that the counselors rated male and female clients differently regardless of sexual orientation. She also found that 29.7 percent of the counselors "scored in the homophobic range" (p. 162) on the IAH.

The American Psychological Association, Committee on Lesbian and Gay Concerns conducted a study entitled "Bias in Psychotherapy with Lesbians and Gay Men" (1990). A four page questionnaire was developed by the Task Force for this study. The questionnaire solicited instances of biased therapeutic care and good therapeutic care in working with lesbian and gay clients as shared with the responding therapist by clients or others in their community.

A broad sample of psychologists were mailed questionnaires. 6580 questionnaires were mailed and 38.9 percent were returned. Ninety-six percent of the sample was white, 69 percent of the respondents were female, and the age range was 26 to 86 years. The task force concluded that there were "25 different ways in which bias can affect psychotherapy with lesbians and gay men" (p. 10).
Themes were identified and example statements were listed for each theme. The task force also listed "20 different ways in which therapists can show knowledge about and sensitivity to gay and lesbian issues" (p. 21). Again, themes were identified and example statements were listed for each theme. In the final analysis they concluded that "many actual practices are out of step with APA policies" (p. 30).

Graham, Rawlings, Halpern and Hermes (1984) conducted a survey of present day counselors examining their attitudes, knowledge, concerns and strategies for working with gay and lesbian clients. A population of 400 degree holding therapists (psychology, psychiatry and social work) in the greater Cincinnati area were surveyed. Twenty-eight percent responded to the survey. The questionnaire was comprised of 51 items, three of which were open-ended questions. "The questions addressed six basic areas: background information about the respondent, respondent's therapeutic strategies in counseling 'homosexual' clients, knowledge of 'homosexuality' and life-styles, attitudes toward 'homosexuality,' and interest in receiving information about special training, local lesbian/gay groups, and/or results of the study" (p. 485). Of those
who returned the survey's 54 percent were male and 45 percent female. Forty-one percent indicated eclectic as their theoretical orientation or psychoanalytic, 33 percent.

In examining attitudes toward homosexuals 81 percent of the respondents agreed with the statement 'the APA's current position that homosexuality is not a mental disorder' (p. 486). They further indicate that although there were positive attitudes toward homosexuals as a group, the therapists "demonstrated only a modicum of basic information about lesbian and gay male lifestyles that is available in scientific literature" (p. 486). In examining therapeutic strategies 62 percent "felt it is possible for therapy to change a person's sexual orientation" and 37 percent "would 'treat a homosexual with the direct aim of changing her/his sexual orientation'" (p. 487).

Finally, McDermott and Stadler (1988) examined 120 counseling students attitudes toward minority clients. The respondents were primarily white (79 percent) with a mean age of 32. The Purdue Master Attitude Scale (Remmers, 1960) was used to measure attitudes about Blacks, American Indians, Hispanics and Asians. The Index of Homophobia (IHP; Hudson & Ricketts, 1977) (the
original version of The Index of Attitudes toward Homosexuals, IAH) was used to examine attitudes toward homosexuals. They also completed the Defining Issues Test (Rest, 1979) along with demographic information. Ten counseling programs across the United States administered the questionnaires to their beginning counseling students. The mean score for the sample on the IHP was 72.3, indicating low-grade homophobics. Basically they found that the "more negative the attitude the lower the level of moral reasoning and in the case of homosexuals, the less frequent the contact" (p. 67).

Critique

Each of the above studies had shortcomings. Wisniewski and Toomey (1987) used only social workers in Columbus, Ohio. This than limited the generalizability of the study to only those areas in the Midwest that are similar to Columbus. It was also limited by it's use of only MSW's. Although they did find approximately a third of social workers in Columbus, Ohio to be homophobic it is important to understand more. Their study also found that conformity and anti-intellectual attitudes only account for 16 percent of the
variability of the relationship toward homophobia. Although this is helpful in understanding homophobia, more still needs to be known.

Hochstein's (1986) research looked at a random sample of pastoral counselors and provided some good information on that particular segment of the counseling profession. She also had a good return rate on her survey's thus adding to the power of her study. Her study, though, was limited in it's generalizablity to other segments of the counseling profession, although the insights of her study are helpful.

The American Psychological Association's (1990) study looked at a broad sample of psychologists but their return rate on their survey was only 38.9 percent, thus reducing the power of the study. Although their information was helpful in providing a guide as to bias and unbiased practice, it was limited. The information for this report was gleaned from incidents that the respondent had heard about other mental health workers and are not substantiated in any way. They also do not take into account the effect of personal bias on the part of the reporting psychologist. The study was also limited to psychologists and thus only one sector of the counseling profession.
Graham, Rawlings, Helpern and Hermes (1984) study looked at a broad group of mental health professionals but was restricted to the Cincinnati area, thus limiting the generalizability of their study to places similar to Cincinnati in the Midwest. They, too, had a low return rate of 28 percent that limits the power of their data. Their study gives some insight, with 81 percent of the study agreeing that homosexuality was not a mental disorder. The startling finding was that 62 percent of the respondents felt that therapy could change one's sexual orientation.

Finally, McDermott and Stadler (1988) examined counseling students, not professionals presently working in the field. They also did not indicate the sex of their respondents or whether the students had any training background in working with gay or lesbian clients or minorities of any kind. The study does indicate though that the sample was homophobic.

In summary, most of the literature on homophobia in counselors examined at particular geographic segments or certain segments of the profession leaving out the National Certified Counselor. The studies confirm that homophobia exists in the mental health profession. Many of the studies did not help in
understanding homophobia or educating counselors to treat gay men and lesbians more effectively. The studies also have not examined the relationship between homophobia in counselors and their own sex role orientation.

The current study examined the attitudes of female National Certified Counselors and the potential relationship between sex role orientation and homophobia. Finally, this study will also used a randomly selected nationwide sample.

Sex Roles and Homophobia

Over the last 10 years a number of studies have examined sex roles and homosexuality in college aged students (Hansen, 1982; Newman, 1989; Smith, Resick & Kilpatrick, 1980; Whitley, 1987). These studies have found interesting trends. The following section will review these studies and their outcomes.

Smith, Resick & Kilpatrick (1980) examined the possible differences between men and women related to sex-role attitudes, sexual attitudes and behavior. The subjects were 107 men and 96 women who were taking lower level courses in psychology. The sample was predominately white, with the mean age of 19 for women and 19.3 for men.
The subjects completed the Attitudes toward Women Scale (Spence & Helmreich, 1972) and the Sexual Attitude and Behavior Survey (Smith, Kilpatrick, Sutker, & Morcotte, 1976). As part of the survey the students also answered five questions examining general issues related to homosexuality. After completing the Attitudes toward Women Scale the respondents were separated into either Profeminist or Traditional group according to sex.

They found that women have more profeminist attitudes than men. The study also found that both genders had more difficulty with homosexuality for their same gender and were more tolerant of their opposite gender. Profeminist men and women had more tolerant attitudes of sexual behaviors of others than traditionalists whether male or female.

Hansen (1982) examined the relationship between sex-role orientation and homosexuality. The subjects were men and women enrolled in two sections of a sociology class. The subjects were predominately white, 87 males and 119 females, with a mean age of 20.6. A questionnaire was specifically developed for this study using a variation on Bem's Sex Role Inventory, items from Brogan and
Kutner's (1976) sex-role orientation scale, and items the author designed to examine homosexism.

He found that males were less androgynous, more homosexist and more traditional in their sex-role orientation than women. In females he found homosexism was related to being less androgynous and more traditional in sex-role orientation. He also found that androgynous women were less traditional. Also, in women, he found that traditional sex-role orientation and homosexism was related to greater religiosity. Finally, he found that there was a relationship to age and sex-role orientation and homosexism. The greater the age the less traditional in sex-role orientation and less homosexist. He concluded by stating that for men and women, "homosexism is a far more powerful predictor of sex-role orientation than any of the other variables included in this study" (p. 44).

Whitley (1987) examined the relationship between sex-role orientation and attitudes toward homosexuals. The subjects for the study were 124 women and 98 men student who identified themselves as exclusively heterosexual and were enrolled in an introductory psychology courses. The mean age for women was 18.6 and for men 19. The subjects were given a questionnaire booklet to
complete with the following: Self-Concept Inventory (Sherwood, 1965), Conservatism Scale (Wilson & Paterson's, 1968), Attitudes Toward Women Scale (Spence & Helmreich, 1972), Attitudes Toward Male's Role Scale (Doyle & Moore, 1978), Personal Attributes Questionnaire (Spence, Helmreich, & Stapp, 1975), Sex-Role Behavior Scale (Orlofsky, Ramsden & Cohen 1982), Heterosexual Attitudes Toward Homosexuality Scale (Larsen, Reed, & Hoffman, 1980) and Index of Homophobia (Hudson & Ricketts, 1980).

He found that women had less traditional sex role beliefs than men. Women and men had less negative attitudes toward homosexuals of their opposite gender than their same gender. For both men and women, older respondents had fewer negative attitudes in most of the areas studied. There also seems to be a relationship between sex role beliefs and homosexuality. Women and men with less traditional beliefs had less negative attitudes toward homosexuals. Less negative attitudes toward homosexuality in women was related to more stereotypically masculine behavior. He concluded that "it appears sex role beliefs -- and for women, sex role behavior patterns -- are related to attitudes toward
homosexuals, with less traditional individuals holding less negative attitudes" (p. 112).

Finally, Newman (1989) examined male and female gender role attitudes toward lesbians. Subjects were undergraduate, heterosexual residence hall students. The response rate was reported as 43.8 percent. Thirty-eight percent of the sample was male and 62 percent female with a mean age of 20. They completed a 15-page questionnaire with five Likert-type attitude scales and two self-reports of behavior. The questionnaire was a combination of a variety of different scales for example: Attitudes toward Women Scale (Spence, Helmreich, & Strapp, 1973); Potentiality for Fascism (F) Scale (Form 40, Adorno, Frenkel-Brunswik, Levinson & Sanford, 1950); Heterosexual Attitudes Toward Homosexuals Scale (Larsen, Reed & Hoffman, 1980).

For males he found that gender role attitudes contributed to male's attitudes toward lesbians. For females he found that first parents' attitudes and then gender role contributed most to females attitudes toward lesbians. He also found that besides gender role and parental attitudes that for females a wider array of variables
influenced their attitudes, such as authoritarianism, and education and media.

Critique

Each of the above studies had shortcomings. Smith, Resick & Kilpatrick (1980) used undergraduate students taking lower level psychology courses for their sample. It was not a random sample, thus not allowing for generalizability to an older adult population of professionals, or to all students. Also, when examining attitudes toward homosexuality, the researcher did not use a separate instrument designed for this purpose. He used instead five questions for examining attitudes toward homosexuality. It is uncertain that he chose the most appropriate questions to use.

Hansen (1982) used a non-random sample of undergraduate students enrolled in sociology classes which limits generalizability. Also, his data was collected on a questionnaire designed for this experiment. It is uncertain whether the questions had been tested for reliability and validity for this particular format. He used items from several other instruments, but one could question whether he choose the most accurate items to assess the variable he wanted to
study. Also the items on homosexuality were not taken from a tested instrument but items designed by the author.

Whitley's (1987) results are also not generalizable because he did not use a random sample. His sample consisted of undergraduate students enrolled in introductory psychology classes. Although he used instruments that were specifically designed to examine certain attributes, there were eight instruments for students to complete. He does not indicate how they were distributed and whether they were completed in one sitting. The data could be less accurate if the students became tired and hurried to complete the questionnaires.

Finally, Newman's (1989) sample consisted of undergraduate students from the residence halls which limited the generalizability of the data. The questionnaire used was made up of items from a number of instruments. Again one is not sure that the researcher selected the best items to represent the attitudes the researcher was examining. This calls into question the accuracy of the data.

In summary, there are many questions as to potential generalizability of the above data for older adults in professional careers. The data available did not examine attitudes of counselors.
The data did indicate that there was for female college students a relationship between sex roles and attitudes about homosexuality.

The current study examined the potential relationship of sex-roles and attitudes toward homosexuality in female National Certified Counselors, thus extending the research on sex roles and homophobia. The instruments that were used had been used in other research studies. This study used a randomly selected nationwide sample and it examined attitudes of adults over the traditional college age.

**Homophobia Reduction Education**

The counseling field has begun to struggle with teaching homophobia reduction education over the last two decades. In recent years there has been a call for counselor education and training programs to include coursework about lesbian/gay issues (Dulaney & Kelly, 1982; Gramick, 1983; Lasenza, 1989). There has been some research completed to determine what works and what does not in reducing counselor homophobia. The following studies are examples of some of the work taking place in the field.

First, Schneider and Tremble (1986), examined homophobia reduction training taking place on the job. Their study examined the
attitudes of service providers working with adolescents. A three hour workshop was developed and presented in the participant's work place. The workshop consisted of lecture and discussion. The time was divided into six segments, the first an introduction, second information on the gay and lesbian community, third developmental issues for teens, fourth coming out to family, fifth working with adolescents dealing with confusion about their sexual identity and last working with gay and lesbian teens with multiple problems. The participants completed two questionnaires, one before the workshop, assessing special concerns or issues. The second was completed after the workshop to evaluate the impact of the workshop. Schneider and Tremble report "the questionnaire data suggests that participants had a more positive and supportive attitude toward homosexuality after attending the workshop, as well as a more accurate perception of the homosexual population as it is understood to exist" (p. 99).

Rudolph (1989a) also developed a workshop for mental health workers and trainees. He did a quasiexperimental study. One group consisted of mental health practioners and mental health trainees who volunteered for the three day workshop. The other group
consisted of graduate students enrolled in a variety of counseling courses. All participants in the two groups completed all the measures before the workshop and were tested again after the workshop. The measures included a modified version of the Index of Attitudes toward Homosexuals (IAH; Hudson & Ricketts, 1980), the Homosexuality Attitude Scale (HAS; Milham, San Miguel, & Kellog, 1976), and the Gay/lesbian counseling effectiveness measure (CEM), that appears to have been designed for this study.

The treatment group participated in a three day, 20 hour workshop, using a multimodal presentation. The first half of the workshop consisted of background information on the gay/lesbian population and their concerns. Rudolph describes the second half as "devoted to the process and content of affirmative gay/lesbian counseling" (p. 82). The format consisted of lecture, small group discussion, role-plays, and videotape.

The pretest indicated that both groups were approximately equal. Posttest results indicated that the treatment group was more tolerant after the workshop and more effective than the comparison group. An eight week follow-up study indicated that the gains made by the treatment groups were maintained.
During the same workshop mentioned above Rudolph (1989b) also examined another aspect of the effect of homophobia reduction training and reported this in a separate article. He examined whether a counselor's authoritarianism could be effected by this educational program. To examine this he had participants in both groups take before, after and two months later the Ray Directiveness Scale (Ray, 1976) to measure authoritarianism. He found the following "treated subjects score less authoritarian at posttest and follow-up than the comparison subjects" (p. 946).

Finally, Buhrke (1989) examined the perspectives of female doctoral students as to the training they received on lesbian and gay issues. The respondents consisted of 213 female counseling psychology students from counseling psychology programs across the United States. Each respondent completed a "33-item survey designed to examine their perceptions of the frequency and manner in which lesbian and gay issues have been addressed in counseling psychology doctoral programs" (p. 631).

She concluded that a general theme from the data indicated that the students perceived that they have received very little exposure to lesbian and gay issues from their coursework, client
work and research. Those who did have exposure they indicated an average of 1.61 classes dealing with lesbian and gay concerns.

Critique

Each of the above studies had shortcomings. Schneider and Tremble (1986) did not use a random sample of service providers, but a group of participants from a worksite. They also did not determine the level of homophobia prior to the workshop or after the workshop. The only data was gleaned from their questionnaire after the workshop. They stated that the workshop had a positive impact.

Rudolph (1989 a & b) did not use a random sample but volunteers in the community and students who participated in the workshop. The comparison group consisted of students in a graduate training program but it was difficult to understand whether the two groups were matched. Rudolph's workshop also used a format that included a variety of teaching methods and he did not determine which methods were effective and which were not or neutral. His study did show that there was a difference in pre-test and post-test levels of homophobia that could be attributed to the workshop.

Finally, Buhrke (1989) examined the perspectives of female doctoral students. The study relied totally on self-reported
information and student perception. The examination also only covered one segment of the counseling profession, that of counseling psychologists, and was not a random sample. The study also did not indicate the level of homophobia of the respondents. Buhrke was only able to estimate a return rate because of the inability to know if all potential participants actually received the survey. The estimated return rate was still low (42.96%), thus reducing the power of her study. The study, however indicated that female students felt there was a lack of education and preparation for counseling lesbian/gay clients.

In summary there has been little research conducted on the effects of homophobia reduction education in the counseling field. What little information exists, does indicate that homophobia reduction education and exposure to the topic of lesbian/gay issues lowers the level of homophobia. The studies are limited in the quantity and do not tell us if National Certified Counselors are receiving any education in this area. They also did not tell us if there was a type of student/counselor that may be more open to homophobia reduction education.
The current study examined whether National Certified Counselors have attended classes or workshops on homophobia. It also examined whether a counselor's sex role orientation was related to participation in homophobia reduction education. Finally, as mentioned earlier, this study used a randomly selected nationwide sample.
Chapter 3

Collection of Data

This study used a mail survey for the collection of data. Three instruments were mailed to 200 counselors. The instruments consisted of a demographic questionnaire and two instruments to measure sex-typing and attitudes toward homosexuality. Subjects also received a letter explaining the study and asking for their anonymous participation. By returning the survey, they gave their consent.

Sample Population.

The population of this study was comprised of women who have been certified as National Certified Counselors (NCC) by meeting the stated requirements of the National Board of Certified Counselors (NBCC). These requirements included at least a master's degree in counseling or a related field, with coursework required in eight stated areas of study. Candidates must have also passed a written exam, assessing knowledge of generic counseling information and skills. NCC's come from all 50 states. A computer generated random sample was drawn from this population thus
allowing for each person to have had an equal opportunity to be part of the study. This type of sample allowed for greater generalizability of the findings. A sample of 200 women were taken from a total population of roughly 13,300 women NCC's.

Instrumentation.

Bem Sex-Role Inventory (BSRI; Bem, 1981) was used to identify whether the subjects are sex-typed or non-sex-typed. The Index of Attitudes toward Homosexuals (IAH; Hudson & Rickets, 1990) (formerly Index of Homophobia) was used to identify the subjects attitudes about homosexuality. Finally the demographic instrument was used to discover general information about the sample.

Bem Sex-Role Inventory (BSRI)

Bem Sex-Role Inventory (BSRI), developed by Sandra Lipsitz Bem, was used to identify whether the subjects are sex-typed or non-sex-typed (Bem, 1981). The BSRI was a 60-item 7-point Likert-style inventory designed to measure the subjects' self-reported personality characteristics. The inventory consisted of two 20-item scales, one designated as Femininity (F) and the other Masculinity (M). The other 20-items are gender neutral. The items
that made up the Femininity scale were items that were thought to be desirable for women. The items that make up the Masculinity scale were those thought to be desirable for men and the neutral items were thought to be desirable for either. For this study if a counselor receives a score indicating Femininity she was identified as sex-typed. If a counselor receives a score indicating cross-sex-typed, androynous, or undifferentiated she was identified as non-sex-typed. The score was determined by following the instructions in the manual.

The professional manual (1981) for the original BSRI stated that the internal consistency for women ranges from .75 coefficient alpha to .78 on Femininity scale, .87 to .86 on the masculinity scale and the F-M difference scale has a .78 to .82 range. The test-retest reliability product-moment correlations for females was femininity .82, masculinity .94 and F-M difference .88.

Larson and Seidman (1986) studied whether the BSRI was appropriate to use for understanding gender schema theory. They were interested in whether the BSRI could be used to identify sex-typed individuals and non-sex-typed individuals. Bem has indicated the BSRI could be used as a tool for this purpose. Using factor
analyses of sex-typed and non-sex-typed groups Larson and Seidman (1986) concluded that "the psychometric behavior of the BSRI ... appears to be sufficiently consistent with the propositions of gender schema theory to warrant their [sic] use in investigations of this construct" (p. 210).

Index of Attitudes toward Homosexuals (IAH)

The Index of Attitudes toward Homosexuals (formerly Index of Homophobia, IHP), developed by Walter W. Hudson and Wendell A. Ricketts, was used to identify the subjects attitudes about homosexuality (Hudson & Ricketts, 1980). The IAH is a 25-item, 5-point Likert-style inventory designed to measure the subjects self-reported attitudes toward homosexuality. A subject may score from 0 to 100. If a subject scores 0 to 25 she was identified as high grade non-homophobics and those who score between 25 and 50 were low grade non-homophobics. A subject scoring 50 to 75 was identified as a low grade homophobic and those scoring 75 to 100 were high grade homophobics. Scoring was completed as suggested in the Walmyr Assessment Scales Scoring Manual (1992).
Hudson and Ricketts (1980) indicated that the reliability coefficient alpha to be .90 for the IHP, however, Rudolph (1989a) indicated the reliability to be verified at a range from .90 to .97.

Hudson and Ricketts (1980) in their study also obtained scores on the Sexual Attitude Scale (SAS; Hudson & Murphy, 1978) and this was used to examine the construct validity of the IHP. The SAS measures "an individual's liberal vs. conservative beliefs about the expression of human sexuality" (p. 362). The correlation between the two measures was .53 significant at p<.0001. Thus showing acceptable construct validity. Wisniewski and Toomey (1987) state in their article that their research study also supports the construct validity of this instrument.

Each question was examined by Hudson and Ricketts (1980) to determine whether it's content fit the construct definition. They state the IHP has "very high content validity" (p. 366). Four items were found to be questionable. These items have been replaced on the IAH along with a fifth item. Hudson and Ricketts indicated that the factorial validity of the replacement items was excellent according to further research mentioned in their article. They also did a study of factorial validity which indicated "virtually all of the
item-total correlations were statistically significant at p<.05" (p. 366). Hudson and Ricketts go on to suggest a change in the name of the instrument from the Index of Homophobia to the Index of attitudes toward Homosexuals to reduce the possibility of subjects responding in a "socially desirable" way.

The IAH has been used at this time in approximately 25 dissertation studies as noted in dissertation abstracts. There have also been at this point at least nine published studies using this instrument.

**Demographics**

Subjects were asked if they were aware of colleagues or friends who have identified themselves as being lesbian or gay and if they have participated in any training on lesbian/gay issues. Respondents were also be asked to identify their age, sexual orientation, race, and information about their counseling clientele.

**Research Design & Statistical Analysis.**

As Borg and Gall (1989) stated "The purpose of the correlation coefficient is to express in mathematical terms the degree of relationship between any two variables" (p. 573). This allows researchers to determine how effectively they can predict a persons
score on one instrument from their score on another instrument. This study used Pearson product-moment correlation, multiple regression and chi square to analyze the respective data for each hypotheses stated. Borg and Gall (1989) indicated that the "Product-moment correlation is the most used bivariate correlational technique because $r$ has a small standard error and because most educational measures yield continuous scores" (p. 590).

Specific Research Hypotheses.

The research hypotheses from Chapter 1 are restated below as null hypotheses:

(1) Women counselors are not homophobic.

(2) There is no relationship between being identified as sex-typed or non-sex-typed as measured by the BSRI and the homophobia/non-homophobia level as measured by the IAH in women counselors.

(3) There is no relationship between having taken classes or workshops discussing lesbian/gay issues as indicated on demographics questionnaire and the homophobia/non-homophobia level as measured by the IAH in women counselors.
(4) There is no relationship between having friends and/or colleagues who have identified themselves as lesbian/gay as indicated on demographic questionnaire and the homophobia/non-homophobia level as measured by the IAH in women counselors.

(5) There will be no correlation between women counselors' age and their level of homophobia/non-homophobia on the IAH.

(6) There will be no correlation between women counselors' sexual orientation and their level of homophobia/non-homophobia on the IAH.

(7) In comparing sex-typed and non-sex-typed, as measured by the BSRI, there will be no significant difference in those who have taken courses and/or workshops discussing homosexuality and having friends/coworkers who have identified themselves as lesbian/gay.

(8) The outcome measure from the IAH cannot be significantly predicted from the BSRI score, age, sexual identity, training experience or friendship indicator.
Ethical Considerations

The research proposal was submitted to the Committee for Research on Human Subjects at the College of William and Mary, before the research began. In view of the sensitive nature of this research the anonymity of subjects was assured.
Chapter 4

Analysis of Results

Sample

The surveys were sent to a nation-wide sample of 200 women who are National Certified Counselors through National Board of Certified Counselors (NBCC). The original sample of 200 reduced to 197 due to the following reasons: one survey was returned by the post office and two persons received the surveys twice due to an error in the mailing list. Of the remaining 197, a total of 98 returned complete surveys, giving a return rate of 49.7%. Another three were returned incomplete and were not usable.

Because of the low response rate, the demographics data sheet was mailed to nonrespondents. The response of the 38 nonrespondents was compared to the 98 responders to determine whether the groups differed.

Chi square analyses revealed no significant differences between the groups for the variables of age, degree status, race, sexual orientation, whether counselor were seeing clients, whether they had friends or colleagues who identified as gay/lesbian,
whether in their close circle of friends they had colleagues and/or friends who identified themselves as gay/lesbian, whether they had a class that discussed gay/lesbian issues, and whether the class was required by their graduate program or by work or how many hours of class time. A significant difference was found in the number of clients that each group had seen in all their professional work. The group who had returned the full survey indicated having seen more clients than those who returned only the demographics.

**Demographics**

The following includes the other demographic information collected. In regards to age, the range was from 20 to over 61 with the median category of 41-50 (63%, n=63). The ethnic background of the sample was primarily Caucasian (92.6%, n=126), followed by African American (3.7%, n=5) and biracial (2.2%, n=3). The sexual orientation of the sample was primarily heterosexual (96.3%, n=131) with a small group of gay/lesbian (2.2%, n=3) and bisexual (0.7%, n=1) respondents. Nearly all reported having a Master's (94%, n=94) and most reported providing counseling services in their present work (86.8%, n=118) while the rest have in the past (12.5%, n=17). The average percentage of time spent counseling was 58.6% and the
respondents estimated that 6.5% of their clients were gay/lesbian. In their counseling, the respondents reported seeing 6-10 gay/lesbian clients (20.6%, n=28).

In response to the question of whether they had friends and/or colleagues who have identified themselves as gay/lesbian, 84.6% (n=115) indicated yes. Also whether they had in their close circle of friends and/or colleagues gay/lesbian people 62.5% (n=85) said yes.

On an average the respondents indicated they had taken a class that discussed gay/lesbian issues (61.8%, n=84) with a smaller group indicating they had not taken a class that discussed lesbian/gay issues (38.2%, n=52). Of those indicating they had taken a class, when asked if this class was required for graduate training, a small group indicate yes (19.9%, n=27) and the larger group indicated no (41.9%, n=57). When asked if the class was required work training, the majority indicated no (53.7%, n=73) and a small group indicated yes (8.1%, n=11). Of those taking a class, the median time category indicated was 4 or more hours (41.2%, n=56).
Data for Statistical Hypotheses

In this section, each of the research hypotheses are restated as null hypotheses and are followed by the results.

Hypothesis (1): Women counselors are not homophobic. Of the respondents who completed the IAH, 22.4% (n=22) are high grade nonhomophobic, 57.1% (n=56) are low grade nonhomophobic, 16.3 % (n=16) are low grade homophobic and 4.1% (n=4) are high grade homophobic. Approximately 80% of the respondents answered in a nonhomophobic way and 20% answered in a homophobic way.

Hypothesis (2): There is no relationship between being identified as sex-typed or non-sex-typed, as measured by the BSRI, and the homophobia/non-homophobia level, as measured by the IAH, in women counselors. The scores were converted from raw scores to standard scores. Then median was calculated from the sample and was used to determine the groups. Those with a score greater than 55 were indentified as sex-typed. Those with a score less than or equal to 55 were indentified as non-sex typed. The Pearson correlation coefficient (r = -.0114) indicated that the null hypothesis should be accepted.
Hypothesis (3): For women counselors there is no relationship between having taken classes or workshops discussing lesbian/gay issues and the homophobia/non-homophobia level as measured by the IAH. A significant Pearson correlation coefficient \((r = .2455, p< .05)\) indicated that the null hypothesis could be rejected.

Hypothesis (4): There is no relationship between having friends and/or colleagues who have identified themselves as lesbian/gay as indicated on demographic questionnaire and the homophobia/non-homophobia level as measured by the IAH in women counselors. This hypothesis was measured at two levels. Respondents were asked if they had friends and/or colleagues who identified as gay/lesbian and if they had friends and/or colleagues in their close circle of friends. In both cases the null hypothesis was rejected. The Pearson correlation coefficient for friends was \(r = .4548, p< .01\). The Pearson correlation coefficient for close friends was \(r = .5849, p< .01\).

Hypothesis (5): There will be no correlation between women counselors' age and their level of homophobia/non-homophobia on the IAH. The Pearson correlation coefficient \((r = .0204)\) indicated that the null hypothesis should be accepted.
Hypothesis (6): There will be no correlation between women counselors' sexual orientation and their level of homophobia/non-homophobia on the IAH. This null hypothesis was rejected. A significant Pearson correlation coefficient $r = -.3014$, $p < .01$ was indicated. A negative relationship was shown, indicating that if the respondent was bisexual or gay/lesbian their score on the IAH was lower.

Hypothesis (7): In comparing sex-typed and non-sex-typed individuals, as measured by the BSRI, their will be no significant difference in the proportion who have taken courses and/or workshops discussing homosexuality or the proportion having friends/colleagues who have identified themselves as lesbian/gay. Chi square indicated that there was no difference in taking a class ($p = .19$), having a gay/lesbian friend and/or colleague in their close circle of friends ($p = .63$), or for having a gay/lesbian colleague or friend ($p = .86$). The null hypothesis was retained.

Hypothesis (8): The outcome measure from the IAH cannot be significantly predicted from the BSRI score, age, sexual orientation, training experience or friendship indicator. A stepwise multiple regression using the IAH score as the dependent variable and BSRI
score, age, sexual orientation (p<.01), having taken a class (p<.05),
having gay/lesbian friends and/or colleagues (p<.01), and having in
your close circle of friends gay/lesbian friends (p<.01) as predictor
variables was run. The results indicated that having a gay/lesbian
friend in their close circle of friends, having a gay/lesbian colleague
or friend, and sexual orientation was able to predict scores on the
IAH. The regression indicated Multiple R = .67. The R square
indicated that 45% of the variance in IAH score can be predicted by
the three mentioned factors (R square = .45). See Table 1 for more
information.
Table 1

Stepwise Multiple Regression

Dependent Variable: IAH

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Analysis of Variance

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F = 24.77589 Signif F = .0000

Variables in the Equation

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Chapter 5

Conclusions and Discussion

Limitations to the Research

Several limitations existed for this study. The sample surveyed was primarily white, thus it may not be generalized to minority women counselors in the field. Because the sample was limited to those who chose to return the surveys, the respondents could have been inherently less negative or less positive toward homosexuals than those not returning the surveys. Third, social desirability could have influenced the respondents. Due to the present climate in the counseling profession for increased tolerance of gays and lesbians, respondents may have answered more positively than they actually felt.

Discussion

In examining the data from this study, four areas of importance present themselves: (1) homophobia in counselors, (2) sex roles and homophobia, (3) homophobia reduction education and (4) friendship and homophobia.
Homophobia in Counselors

Several studies completed with a variety of mental health workers have confirmed that homophobia exists in the mental health professions (American Psychological Association, 1990; Graham, Rawlings, Halpern & Hermes, 1984; Hochstein, 1986; McDermott & Stadler, 1988; Wisniewski & Toomey, 1987). This study confirmed that female National Certified Counselors (NCC) were homophobic as well. A client seeking help from a female NCC would have a one and five chance of going to a counselor who was homophobic according to this study. Why is this important? Casas, Brady and Ponterotto (1983) found that mental health professionals made more errors in processing information about gay and lesbian clients. They also found that mental health professionals retained information better if the client followed expected stereotypes. Thus pointing to the effects of bias on the counseling relationship. Rudolph (1989) reports in his research that homosexual clients (a) feel a lack of understanding from their counselors, (b) perceive negative attitudes, and (c) are dissatisfied with counseling even though many psychotherapists stress neutrality or acceptance of homosexuality.
It was found that there was a significant correlation between the counselor's sexual orientation and her level of homophobia. Those who indicated that they were lesbian/gay or bisexual were less homophobic than those who indicated they were heterosexual. This correlation is made more significant when examining the percentage of heterosexual counselors (96.3%), gay/lesbian counselors (2.2%) and bisexual counselors (0.7%). This would seem to support McDermott, Tyndall and Lichtenberg's (1989) study which indicated that gay and lesbian clients tended to prefer gay or lesbian counselor.

The respondents to this study were women. Women on a whole are thought to be more communal and friendly as compared to their male counterparts (Basow, 1992). With this in mind one might assume women counselors not be homophobic. Yet this study and studies by Newman (1989) and Whitley (1987) found that women are homophobic.

**Sex Roles and Homophobia**

The theoretical underpinning of this study examined Sandra Lipitz Bem's Gender Schema Theory. Gender Schema Theory proposed that one's sex role orientation had an effect on how one makes
meaning of their world. It was proposed that there would be a
correlation between one's sex role orientation and level of
homophobia based on prior studies on Gender Schema Theory (Bem,
1981; Andersen & Bem, 1981; Berstein, Hofman & Wade, 1987; Moore,
Graziano, & Millar, 1987) and sex roles and homophobia (Hansen,
1982; Newman, 1989; Smith, Resick & Kilpatrick, 1980; Whitley,
1987). The findings of this study showed no significant correlation
between sex role orientation and level of homophobia. Although this
study does not wholly support Gender Schema Theory, it does support
Bem's contention that schema as a cognitive network is an ever
growing and dynamic system of decision making. Previous studies
were conducted on college students and not with professionals
educated to be nonjudgemental. This study did not use traditional
college aged students. Instead the subjects were highly educated,
with Master's degrees or more, and primarily in the age category 41-
50. It is likely that they have had more life experience and
sophistication as compared to college aged subjects. All of these
factors could add together to support that gender schema is
modifiable and flexible. This study also found there was no
significant correlation between age and level of homophobia which
supports Hansen's (1982) and Whitley's (1987) studies in which they found that older female college students were less traditional in their sex-role orientation and less homosexist than their younger counterparts.

**Homophobia Reduction Education**

In recent years there has been a call for counselor education and training programs to include coursework about lesbian/gay issues (Dulaney & Kelly, 1982; Grammick, 1983; Lasenza, 1989). Of the NCC's who responded to the survey, 61.8% indicated they have taken a class or workshop where lesbian/gay issues have been discussed. This was a good indicator that the counselors have heard the call and have responded. However, most counselors indicated they have not taken a class or workshop as a required part of their graduate training or work inservices (41.9% and 53.7% respectively). Thus both in graduate training programs and work settings, there has been a lag in responding to the call.

This study found that there was a significant correlation between having taken a class and/or workshop on lesbian/gay issues and the counselor's level of homophobia. Prior studies with mental health workers (Schneider & Tremble, 1986; Burke, 1989; Rudolph,
1989a; Rudolph, 1989b) have indicated that immediately and in some studies eight weeks after attending a workshop aimed at homophobia reduction that there has been a reduction in homophobia. This present study seemed to indicate that there may be a lasting effect from attending a homophobia reduction class and/or workshop.

**Friendship and Homophobia**

The study found that there was a significant correlation with the level of homophobia and whether one had colleagues and friends who identified himself or herself as gay or lesbian. A second level question was also asked if the counselor had in her close circle of friends and/or colleagues someone who identified herself or himself as lesbian or gay. There was also found to be a significant correlation between close friendships and level of homophobia. In both cases, if one had a friend or close friend, her level of homophobia was lower than if she did not indicate having a friend or close friend. When a test of multiple regression was done, close friendship, friends and sexual orientation, respectively, were shown to be predictive of level of homophobia. These findings are supported by the premises of contact theory.
When contact theory was first proposed it was written to discuss issues around racial prejudice (Allport, 1954). Since that time studies have been done testing this theory with a variety of non-majority populations (Jackman & Crane, 1986; Roper, 1990). The basic premise is that one's lack of contact with those people who are different than oneself breeds prejudices. With this in mind, it is thought that having contact with those different from oneself leads to tolerance. The theory indicates that there are five conditions that promote effective contact, those conditions are (1) the contact should be approved by authority relevant to the person, (2) contact needs to take place over a period of time, not just once, (3) contact must be informal and personal (4) contact should not take place within a competitive arena and (5) both parties need to be of equal status.

Within the context of this present study, it would appear that the five conditions of contact may be met, although specifics of the respondents friendships and/or collegual relationships is not available. The findings do support that the respondents' level of homophobia is related to their friendships and/or collegual relationships with other, thus supporting contact theory.
Implications for Counseling

The implications for homophobia in counselors and homophobia reduction education seem to be connected. This study confirms that because counselors are homophobic, there is a need to continue to provide homophobia reduction education both in graduate school coursework and through a variety of other forums. Those forums could be professional development workshops, work inservices, and through conference program sessions at national conventions. The good news for educators involved in homophobia reduction education, is that what has been done in the past seems to have worked.

The profession must also continue to encourage counselors to examine their biases and assumptions about their clients. For example, counselors should not assume that all their clients are heterosexual. Counselors need to make their offices gay friendly by displaying books and materials in support of gays and lesbians. Also counselors should be to be willing to read articles and journal pieces about gay and lesbian issues.

There is a continued need for the professional organizations to lead the way in supporting counselors to become educated about issues that face gay/lesbian individuals and couples. Potentially,
this could come in the form of making multicultural education part of the required curriculum of graduate training programs. Rather than a open statement to add multicultural education, there need to be specific guidelines as to the type of education and topics including gay and lesbian issues as part of multicultural education. Another show of support would be to provide grants to further research on issues related to the gay and lesbian culture.

As sex roles continue to be part of society's view of men and women, counselors need to examine the effect of sex roles in their counseling. Counselors should consciously examine their beliefs around appropriate behavior for men and women. They need to continue to challenge their ideals of masculinity and femininity along with their ability to be tolerant and accepting of those who challenge the stereotypes whether they are heterosexual, bisexual or homosexual. It is also important that they examine the language they use and consciously work to use nonsexist language. Finally it is important for counselors to examine their beliefs as to what constitutes "family" and examine their biases in view of what makes an equal relationship.
Finally, in reference to the findings on homophobia and friendship, it seems important that counselors look at their relationships with others. It appears that the more female counselors understand and come in contact with those different from themselves, the more open to different people they become. As a female counselor working in a multicultural society, she should challenge herself to develop friendships with those different from herself, expanding her circles of friends. In understanding homophobia better, it would appear that counselors need to make an effort to become acquainted with gay and lesbian people. Gay and lesbian counselors who are "out" also help to challenge other counselors beliefs and biases. Counselors in a multicultural society have a responsibility to become comfortable in that multicultural society, which includes lesbian and gay people, a counselor can not ask her clients to do more than she would do herself.

Recommendations for Research

As in most studies, more questions become apparent as the research project comes to a close. This particular study brought out more questions about sex roles and friendship in relationship to homophobia. In the examination of sex roles, more study is needed.
to provide an understanding of the function sex role orientation has in a person's life beyond the college years. Most of the subjects in studies on sex roles were college students. Little seems to be known about professionals. There is a need for a longitudinal studies from college age to beyond. This would facilitate a better understanding of what may have an effect on one's sex role orientation (i.e. education, life experience, counseling, etc.).

More study is also needed around the issues of homophobia. In relationship to homophobia reduction education, there is a need to do long-term follow-up with participants beyond the eight weeks as Rudolph (1989 a & b) has done. More study needs to be done to find out from participants what made an impact and if they have gone on to study gay/lesbian issues more extensively. There is still a need to determine the methods which are most effective in the educational process. Study in the area of what is effective for homophobia reduction for counselors is limited. The more that can be known as to the best delivery of information and how to have the greatest impact on participants would be helpful to educators who plan and conduct classes and/or training sessions.
There is also a need to understand how "coming out" to one's counselor affects the therapeutic relationship and the counselor's own biases. This study has shown the importance of friendship in predicting homophobia, but is not the therapeutic relationship to counselors also important? It is the basis in which change is thought to occur. This study found that those who responded to the full survey had a tendency to have seen more clients than those who only responded to the call to complete the demographic information. Could this mean that those who have seen more clients are more sensitive to lesbian/gay issues and more open than those who have seen fewer lesbian/gay clients?

To perform this research, more instruments need to be developed for the use to study homophobia and those instruments that have already been developed need to have their reliability and validity confirmed with more studies. In the study of homophobia, it would be good to have instrumentation available that examines homophobia in relationship to gay men and lesbians separately along with examining internalized homophobia. The reasoning being that both groups have separate and yet similar issues at different times.
and to study more fully the effects of same gender and opposite gender relationships to homophobia (Gentry, 1987).

Finally in the study of homophobia there is a need to better understand the process that friends, relatives, and colleagues go through in dealing with their own homophobia. There are models available to understand the "coming out" process for gay men and lesbians but at this time their has not been much research understanding the process of those in close relationships with gay and lesbian individuals. This study has shown that familiarity with lesbian/gay people increases acceptance and perhaps further information on the process of developing relationships would assist in understanding this phenomenon further.
References


Spence, J. T. & Helmreich, R. L. (1972). The Attitudes Toward Women Scale: An objective instrument to measure attitudes toward the rights and roles of women in contemporary society. JSAS Catalog of Selected Documents in Psychology, 2, 66.


Appendix A: Survey Materials
June 1, 1994

Dear National Certified Counselor,

Please find enclosed three survey instruments that I am using for my dissertation. I am presently a doctoral student in the Counseling program at The College of William and Mary. You have been selected from a random sample of National Certified Women Counselor's from across the United States. NBCC granted approval for the selection of this random sample. Little study has been done on National Certified Counselors regarding gender schema and homosexuality.

Your response will be used to further our understanding of counselor's responses to gender schema and homosexuality. The validity of this study is dependent on open and honest responses to the instruments rather than socially desirable responses. The instruments enclosed were selected for their ease of completion and their ability to examine the research hypotheses of this project. You should experience little or no discomfort in completing the enclosed materials. The estimated time to complete the two instruments and demographic information is approximately 30 minutes.

It would be appreciated if you would complete the enclosed instruments and return them prior to July 1, 1994. I have enclose a stamped and addressed envelope to ease your mailing of the materials. Your response to the surveys will be anonymous and kept in strict confidence. The number on the back of the return envelope is to ease in follow-up mailings but will not in anyway be used for the identification of results.

Thank you for taking the time from your busy schedule to complete the following information.

Sincerely,

Jelane A. Kennedy
Directions

On the next page, you will find listed a number of personality characteristics. We would like you to use those characteristics to describe yourself, that is, we would like you to indicate, on a scale from 1 to 7, how true of you each of these characteristics is. Please do not leave any characteristic unmarked.

Example: sly

Write a 1 if it is never or almost never true that you are sly.
Write a 2 if it is usually not true that you are sly.
Write a 3 if it is sometimes but infrequently true that you are sly.
Write a 4 if it is occasionally true that you are sly.
Write a 5 if it is often true that you are sly.
Write a 6 if it is usually true that you are sly.
Write a 7 if it is always or almost always true that you are sly.

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

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<th>Characteristic</th>
<th>Rating</th>
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<tr>
<td>Sly</td>
<td>3</td>
</tr>
<tr>
<td>Malicious</td>
<td>1</td>
</tr>
<tr>
<td>Irresponsible</td>
<td>7</td>
</tr>
<tr>
<td>Carefree</td>
<td>5</td>
</tr>
</tbody>
</table>

Please provide the following information:

Name ____________________________
Date ____________________________ Gender (Circle): M F
Phone No. or Address ____________________________
If a student: School ____________________________ Year in school __________
If not a student: Occupation ____________________________

FOR ADMINISTRATION USE ONLY

<table>
<thead>
<tr>
<th>R.S.</th>
<th>b</th>
<th>Class</th>
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</thead>
<tbody>
<tr>
<td>S.S.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a-b  T-score
### Original Form

1 Never or almost never true  
2 Usually not true  
3 Sometimes but infrequently true  
4 Occasionally true  
5 Often true  
6 Usually true  
7 Always or almost always true

<p>| | |</p>
<table>
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<th></th>
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<tr>
<td>1</td>
<td>Defend my own beliefs</td>
</tr>
<tr>
<td>2</td>
<td>Affectionate</td>
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<tr>
<td>3</td>
<td>Conscientious</td>
</tr>
<tr>
<td>4</td>
<td>Independent</td>
</tr>
<tr>
<td>5</td>
<td>Sympathetic</td>
</tr>
<tr>
<td>6</td>
<td>Moody</td>
</tr>
<tr>
<td>7</td>
<td>Assertive</td>
</tr>
<tr>
<td>8</td>
<td>Sensitive to needs of others</td>
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<tr>
<td>9</td>
<td>Reliable</td>
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<tr>
<td>10</td>
<td>Strong personality</td>
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<tr>
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<td>Understanding</td>
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<td>Jealous</td>
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<td>Forceful</td>
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<td>Compassionate</td>
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<tr>
<td>15</td>
<td>Truthful</td>
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<tr>
<td>16</td>
<td>Have leadership abilities</td>
</tr>
<tr>
<td>17</td>
<td>Eager to soothe hurt feelings</td>
</tr>
<tr>
<td>18</td>
<td>Secretive</td>
</tr>
<tr>
<td>19</td>
<td>Willing to take risks</td>
</tr>
<tr>
<td>20</td>
<td>Warm</td>
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<tr>
<td>21</td>
<td>Adaptable</td>
</tr>
<tr>
<td>22</td>
<td>Dominant</td>
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<tr>
<td>23</td>
<td>Tender</td>
</tr>
<tr>
<td>24</td>
<td>Conceited</td>
</tr>
<tr>
<td>25</td>
<td>Willing to take a stand</td>
</tr>
<tr>
<td>26</td>
<td>Love children</td>
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<td>27</td>
<td>Tactful</td>
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<td>Aggressive</td>
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<td>Make decisions easily</td>
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<td>41</td>
<td>Flatterable</td>
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<td>42</td>
<td>Theatrical</td>
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<td>43</td>
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<td>Happy</td>
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<td>46</td>
<td>Individualistic</td>
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<td>47</td>
<td>Soft-spoken</td>
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<td>48</td>
<td>Unpredictable</td>
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<td>Gullible</td>
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<td>Solemn</td>
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<tr>
<td>52</td>
<td>Competitive</td>
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<td>53</td>
<td>Childlike</td>
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<td>54</td>
<td>Likable</td>
</tr>
<tr>
<td>55</td>
<td>Ambitious</td>
</tr>
<tr>
<td>56</td>
<td>Do not use harsh language</td>
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<tr>
<td>57</td>
<td>Sincere</td>
</tr>
<tr>
<td>58</td>
<td>Act as a leader</td>
</tr>
<tr>
<td>59</td>
<td>Feminine</td>
</tr>
<tr>
<td>60</td>
<td>Friendly</td>
</tr>
</tbody>
</table>

BEMSP Permissions Test Booklet
INDEX OF ATTITUDES TOWARD HOMOSEXUALS (IAH)

This questionnaire is designed to measure the way you feel about working or associating with homosexuals. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows.

1 = Strongly Agree
2 = Agree
3 = Neither agree nor disagree
4 = Disagree
5 = Strongly disagree

1. __ I would feel comfortable working closely with a male homosexual.
2. __ I would enjoy attending social functions at which homosexuals were present.
3. __ I would feel uncomfortable if I learned that my neighbor was homosexual.
4. __ If a member of my sex made a sexual advance toward me I would feel angry.
5. __ I would feel comfortable knowing that I was attractive to members of my sex.
6. __ I would feel uncomfortable being seen in a gay bar.
7. __ I would feel comfortable if a member of my sex made an advance toward me.
8. __ I would be comfortable if I found myself attracted to a member of my sex.
9. __ I would feel disappointed if I learned that my child was homosexual.
10. __ I would feel nervous being in a group of homosexuals.
11. __ I would feel comfortable knowing that my clergyman was homosexual.
12. __ I would be upset if I learned that my brother or sister was homosexual.
13. __ I would feel that I had failed as a parent if I learned that my child was gay.
14. __ If I saw two men holding hands in public I would feel disgusted.
15. __ If a member of my sex made an advance toward me I would be offended.
16. __ I would feel comfortable if I learned that my daughter's teacher was a lesbian.
17. __ I would feel uncomfortable if I learned that my spouse or partner was attracted to members of his or her sex.
18. __ I would feel at ease talking with a homosexual person at a party.
19. __ I would feel uncomfortable if I learned that my boss was homosexual.
20. __ It would not bother me to walk through a predominantly gay section of town.
21. __ It would disturb me to find out that my doctor was homosexual.
22. __ I would feel comfortable if I learned that my best friend of my sex was homosexual.
23. __ If a member of my sex made an advance toward me I would feel flattered.
24. __ I would feel uncomfortable knowing that my son's male teacher was homosexual.
25. __ I would feel comfortable working closely with a female homosexual.

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3, 4, 6, 9, 10, 12, 13, 14, 15, 17, 19, 21, 24.
Demographics

1.) Age: __ 20 - 30 __ 31 - 40 __ 41 - 50 __ 51 - 60 __ 61 plus

2.) Educational Level: __ Masters __ EdS, CAGS __ PH.D., Ed.D __ Other ___ (please specify)

3.) Do you provide counseling services:
   ___ Yes ___ Not currently, but have in the past. ___ No (skip to question 7)

4.) What percentage of time do/did you engage in counseling? ___% 

5.) To the best of your knowledge, what percentage of your clients are gay or lesbian? ___% 

6.) In all your professional work, how many lesbian or gay clients have you seen?
   ___ None ___ 1-2 ___ 3-5 ___ 6-10 ___ 11-20 ___ 20 or more

7.) Do you have friends and/or colleagues who have identified themselves as gay/lesbian?
   ___ Yes ___ No

8.) Do you have in your close circle of friends and/or colleagues people who have identified themselves as gay/lesbian? ___ Yes ___ No

9.) Have you attended a Gay/Lesbian Awareness Workshop or graduate class that discussed gay/lesbian issues (examples: Psychology of Women, Human Sexuality, Multicultural Counseling, etc.)? ___ Yes ___ No (Skip to question 13)

10.) Was this a required part of your training in graduate school? ___ Yes ___ No

11.) Was this a required part of your training at work? ___ Yes ___ No

12.) To the best of your knowledge, how many hours of workshops or class time have you participated in discussing gay/lesbian issues?
    ___ None ___ 1 hour ___ 2-3 hours ___ 4 or more hours

13.) Your ethnic background? (check as many as apply)
    ___ Caucasian/European American (not of Hispanic origin)
    ___ African-American (not of Hispanic origin)
    ___ Latina/Latino (Hispanic, regardless of race)
    ___ Asian or Pacific Islander
    ___ Native American or Alaskan Native
    ___ Arab American
    ___ Biracial/bicultural ______________________ (please specify)
    ___ Other ________________________________ (please specify)

14.) What is your sexual orientation?
    ___ heterosexual ___ bisexual ___ Gay/Lesbian
June 24, 1994

Dear National Certified Counselor,

Three weeks ago you should have received three surveys in the mail from me for my dissertation research on gender schemas and homosexuality. Little study has been done on National Certified Counselor's regarding gender schemas and homosexuality. If you have not yet returned the survey materials please consider doing so as soon as possible. Your response would be much appreciated. Thank you for taking the time from your busy schedule to complete the surveys.

Sincerely,

Jelane A. Kennedy
July 13, 1994

Dear National Certified Counselor,

Please find enclosed a demographic survey that I am using for my dissertation. At the beginning of June you should have received a survey packet from me containing three surveys. According to my follow-up records I did not, at the time of this writing, receive those back from you. It would be helpful to me in completing my dissertation research for you to complete and return this demographic survey. It should only take approximately 10 minutes for you to complete and for your ease of return I have enclosed a stamped self address envelope. If you would like to share why you chose not to respond to the original survey please feel free to address this on the back of the demographic survey.

I am presently a doctoral student in the Counseling program at The College of William and Mary. You were selected from a random sample of National Certified Women Counselor's from across the United States. NBCC granted approval for the selection of this random sample. The original survey packet is to be used to examine gender schema and homosexuality.

It would be appreciated if you would complete the enclosed instrument and return it as soon as possible. Your response to the survey will be anonymous and kept in strict confidence.

Thank you for taking the time from your busy schedule to complete the following information. If you have sent back the original survey materials please disregard this letter and survey. I apologize for any inconvenience this may have caused.

Sincerely,

Jelane A. Kennedy
Vita

Jelane Anne Kennedy

Birthdate: October 10, 1961

Birthplace: Greenville, Michigan

Education:

1992-1993  The College of William and Mary
            Williamsburg, Virginia
            Educational Specialist, Counseling

1983-1985  The Ohio State University
            Columbus, Ohio
            Masters of Arts, College Student
            Personnel

1979-1983  Alma College
            Alma, Michigan
            Bachelor of Arts, POE: Recreation
            and Leisure Services