Family counselor interaction patterns as related to client gender: Differences in treatment of school-age girls and boys

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Family counselor interaction patterns as related to client gender: Differences in treatment of school-age girls and boys

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The College of William and Mary, 1994
FAMILY COUNSELOR INTERACTION PATTERNS AS RELATED TO CLIENT GENDER:
DIFFERENCES IN TREATMENT OF SCHOOL-AGE GIRLS AND BOYS

A Proposal
Presented to
The Faculty of the School of Education
The College of William and Mary

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

by
Sherry B. Rabinowitz
March 1994
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Chapter 1

Introduction

Statement of the Problem

Do counselors differ in their interaction patterns when working with school-age girls than when working with school-age boys when assessed by the counselors using direct statements, indirect statements, interrupting the client, and allowing the client to interrupt the counselor?

Justification for Study

The purpose of this study was to investigate whether counselors differed in their interaction patterns when counseling school-age girls as compared to school-age boys when measured by the communication categories of indirect statements, direct statements, interrupting the client, and being interrupted by the client.

Counselors need to be able to assist children of school age who are referred for counseling. According to the Bureau of the Census (Statistical Abstract of the United States, 1991), there were 59,750,000 school-age children in the United States in 1990. Even if only one percent of these children work with a counselor at some point during their years in school, this will mean that more than half a million children have been in counseling. Little research has been conducted to examine what impact this counseling may have on the development of a child's gender role. Both empirical and clinical research have indicated that parents
and other adults exert gender-typing pressures on children throughout the childhood years (Etaugh & Liss, 1992). Gender-typing is a complex process in which children are both influenced by and in turn influence socializing agents. For example, a parent may be more likely to assign stereotypically female chores to a child who already displays feminine interests. At the same time, gender-typical female chore assignments may help to establish or further reinforce feminine gender-typing in the child.

Etaugh and Liss (1992) found that both girls and boys who were assigned stereotypically masculine chores and who received masculine-type gifts were more likely to have more stereotypically masculine career aspirations. Girls who were given stereotypically feminine chores and given feminine toys as gifts chose more traditionally feminine occupation preferences.

Research has demonstrated that parents and adults treat boys and girls differently (Fagot, 1978; Fitzgerald, 1977; Rubin, Provenzano & Luria, 1974; Smith & Diglish, 1977), that teachers treat boys and girls differently (AAUW, 1991; Cherry, 1975; Hendrick & Stange, 1991; Merrett & Wheldall, 1992; Swann & Graddol, 1988), and that counselors treat adult men and women differently (Antill & Cunningham, 1979; Borders & Fong, 1984; Broverman, Broverman, Clarkson, Rosendrantz & Vogel, 1970; Nutt, 1979; Teri, 1982; Waisberg & Page, 1988). Little research has been done to investigate whether counselors treat school-age boys and girls differently. Research does show that the type of
behavior that is reinforced in childhood influences numerous sex differences evident in adult behavior. Coats and Overman (1992) found that professional business women had participated more in competitive sports as children, and, along with women in other nontraditional professions, reported more male playmates and fewer female playmates that did women in traditional professions. "Women in business and other nontraditional professions reported patterns of early childhood socialization and play experiences that differed from traditional ones for girls" (Coats & Overman, 1992, p. 268).

Zuckerman (1989) found sex differences in areas of ongoing stress and in reactions to stress. Women reported greater concern about mental health, and experienced depression and anxiety in reaction to stress; men were more likely to respond to stress by becoming increasingly active. In our society, self-esteem shows a positive correlation with masculinity, not with femininity (Antill & Cunningham, 1979).

A review of the research literature examining differences between men and women in power in organizations and the reasons behind these differences was conducted by Ragins and Sundstrom (1989). They state that "the development of power parallels the development of a career" (p. 52). Each stage in a career offers opportunities for the accumulation or attenuation of resources for power. Gender differences in power seem to reflect divergent paths to power traversed by men and women during the development of their careers. Achievement could be related to power in two
different ways. First, because power is inconsistent with stereotypes for female gender roles, women may avoid channeling their need for achievement into male-type, power-related activities. This could be related to social expectations and gender-role conflict. Second, to the extent that women have been socialized to seek vicarious achievement through others, they may tend to support others' advancement rather than their own (Ragins & Sundstrom, 1989).

Sex stereotypes place women into a "double-bind" situation. If they are viewed "as women" they are frequently denied access to high power positions because their presumed attributes cause them to appear incapable or their performance is ascribed to something other than competence. If, however, women are perceived as engaging in "masculine" behaviors deemed essential for a job, they are considered to be abrasive or maladjusted. Stereotypes characterize women in a manner that undermines their competence and effectiveness, and casts them as deviants when their behavior is deemed inappropriately masculine (Amicus Curias Brief for the American Psychological Association, 1991).

A sex preference can be observed in children beginning around the age of three and appears well established by the age of five (Williams, 1977). These roles are communicated by a variety of forces: parents (Lynn, 1962; Williams, 1973), other children (Nutt, 1979), school and books (Graebner, 1972; Sears & Feldman, 1974; U'Ren, 1971; Weitzman, Eifler, Hokada & Ross, 1972), and television (Bergman, 1974).
According to the culture, boys are clever, independent, brave, rational, confident, assertive, stoic, objective, resourceful, competent, noisy, active, analytical, courageous, unsentimental, autonomous, aggressive, competitive, and initiators. In contrast, girls are docile, kind, subjective, intuitive, dependent, helpful, neater, yielding, receptive, unable to risk, fragile, self-abnegating, innocent, conforming, passive, nurturant, empathic, and sensitive (Bardwick & Douvan, 1972; Lerner, 1974; Williams, 1977). These differences are also reflected in vocational aspirations, with boys typically choosing varied and active careers, and girls choosing more traditional and nurturing options (Hawley, 1972; Janman, 1989; Looft, 1971; Ossnan, Helms & Leonard, 1992). Moving into adolescence, similar messages are promulgated. Sex roles for adults vary along lines similar to those taught to children (Bee, 1992; Nutt, 1979). Men are providers; they are characterized by strength, economic power, independence, lack of emotionality, and competitiveness. Women are viewed as the nurturers; they are wives and mothers, dependent, domestic, submissive, emotional, helpless, and weak. Despite thirty years of the Women's Movement, there does not appear to be a significant change in the acceptable sex roles for males and for females (AAUW, 1991; Bem, 1974; Noddings, 1991; O'Neil & Egan, 1993).

Most adult clients of psychotherapy are women (Chesler, 1976; Fenton, Robinowitz, & Leaf, 1987; Garai, 1970; Gove & Tudor, 1973; Phillips & Segal, 1969; Zuckerman, 1989). The role
of the adult client is more compatible with the female sex role. Patient behavior includes weakness, dependency, irrationality, childishness, submission to authority, and acceptance of care and attention (Williams, 1977). In addition, some blatantly unadaptive behavior, e.g. hysterical character (Belote, 1976; Wolowitz, 1972), is seen as normal and appropriate for women.

Clinicians have demonstrated a double standard for what they considered mental health. In one study (Broverman et al., 1970), clinicians viewed behaviors judged healthy for men as fitting the ideal standard of health, but judged different behaviors healthy for women. Women were perceived as significantly less healthy by adult standards. Fabrikant (1974) reported similar stereotyped attitudes in therapists. Such therapist acceptance of stereotypes only further perpetuates these stereotypes to the detriment of adult female clients. In a study of men in the counseling profession, Thoreson, Shaughnessy, Cook and Moore (1993) found the traditional attitudes and beliefs regarding masculinity were related to violence proneness, intimacy style, perceived similarity to father, denial of problems, and seeing male clients as having career problems rather than personal problems. These attitudes influence how male counselors view their own masculinity and attribute needs to their male clients.

One general goal in counseling is to empower the client (McWhirter, 1991). Counselors attempt to assist clients in making changes that will lead to greater life satisfaction and adjustment, and to establish an increased sense of control over
their lives. Since numerous children come in contact with counselors, and since adults have an impact on shaping the acceptable sex role of a child, it was considered worthwhile to examine the interaction pattern of counselors with children. Therapists do have attitudes concerning appropriate sex roles, and these attitudes do find their way into the therapeutic process (Seymour, 1982). Therefore, it is essential that counselors become aware of their attitudes concerning sex roles and the impact of those values on their therapeutic style of interaction. Additional research was needed to explore the interactional patterns of counselors with boys as compared to those with girls, because this will influence the child throughout life.

Theoretical Rationale

Jane Loevinger has proposed a theory of the stages of ego development (Loevinger, 1962, 1966, 1970, 1976, 1979, 1983, 1985, 1987) (see Appendix 1). The earliest stage or stages of development of the ego/self occur when a person is an infant. Ego development is both a developmental sequence and a dimension of individual differences in any age cohort. This is not a complete definition because what changes in the course of ego development is a complexly interwoven blending of impulse control, morals, character, interpersonal relations, conscious preoccupations and cognitive complexity, among other things. The ego encompasses a wide scope of dimensions (Loevinger, 1976).
According to Loevinger Ego Development Theory (1966), the stages span from birth through adulthood, each building on the one that precedes it. The shift to the next stage occurs only when the person has completed the development of his/her current stage. The stages in her theory are sequential and cumulative, but are not inevitable. Although the first few stages are typically completed in childhood, the stages have only very loose connections to any age (Bee, 1992). Since the stages of ego development build on one another, it was deemed worthwhile to examine differences in experiences between school-age girls and school-age boys to determine if these variations influence the level of ego development in adults. Different experiences during the school-age period for boys and girls would probably affect the development of their egos.

In the first Presocial Stage of the ego, the problem is to distinguish self from nonself (Loevinger, 1976). This becomes the construction of reality, the realization that there is a stable world of objects.

During the second Symbiotic Stage, the baby has a strong relation to mother (or surrogate) and is able to distinguish mother from environment, but self is not clearly distinguished from mother (Loevinger, 1976). The process of differentiating self from nonself is significantly advanced as the baby emerges from that symbiosis. Language plays a significant role in consolidating the baby's sense of being a separate individual.
Next is the Impulsive Stage in which the child confirms his/her separate existence from mother by exercise of his/her own will (Loevinger, 1976). The emphatic "No!" and the later "Do it myself" are evidences of this. During this stage, the child's impulses are curbed initially by constraint, and later by immediate rewards and punishments. Interpersonal relations are exploitive and dependent, but the dependence is not seen as such. People are seen as a source of supply. Conscious concern with sexual and aggressive drives is high; at least for women and girls, unsocialized expressions of sexual and aggressive drives are pathognomonic for this stage (Loevinger, 1966).

The first step towards self-control of impulses is taken when the child learns to anticipate immediate, short-term rewards and punishments. Loevinger (1976) terms this the Self-protection Stage. The child has the notion of blame, but s/he externalizes it to other people or to circumstances. Conscious preoccupation is with control and advantage, domination, and deception. Life is a zero-sum game; what you win, I lose.

During the Conformist Stage, a momentous step is taken when the child begins to identify his/her own welfare with that of the group (Loevinger, 1976). This is usually the family for a small child and the peer group for an older child. At this stage rules are partially internalized and are obeyed just because they are the rules. Chief sanction for transgression is shame. The person at this stage tends to perceive him/herself and others in the group as conforming to socially acceptable norms, and may
reject any and all outgroups. S/he is particularly prone to stereotyped conception of sex roles. Taking the form of interest in appearance, in social acceptance and in reputation, and in material things, the concern for the externals of life results in security being equated with belonging.

Loevinger (1976) terms the next stage the Self-Aware Level; it can be called the Conscientious-Conformist Level. It is characterized by an increase in self-awareness and by the appreciation of multiple possibilities in situations. The moral issue is coping with inner conflict, conflicting duties, conflicting needs, and conflict between needs and duties. At this Self-Aware Stage, the major elements of an adult conscience are present (Loevinger, 1976). They include long-term, self-evaluated goals and ideals, differentiated self-criticism, and a sense of responsibility. According to Loevinger (1966), a few persons reach this stage as early as thirteen or fourteen years of age. Along with coping with one's own conflicts comes greater toleration for those choosing other solutions than one's own. Interpersonal relations remain intense; they involve a recognition of inevitable mutual interdependence, and involve the recognition of other people's need for autonomy.

The Individualistic Level is marked by a heightened sense of individuality and a concern for emotional dependence (Loevinger, 1976). The problem of dependence and independence is a recurrent one throughout development. What characterizes this level is the awareness that it is an emotional rather than a purely pragmatic
problem, that one can remain emotionally dependent on others even when no longer physically or financially dependent.

A distinctive mark of the Autonomous Stage is the capacity to acknowledge and to cope with inner conflict (Loevinger, 1976). At this stage the person partly transcends the tendency to construe the world in terms of polar opposites. Rather, the person sees reality as complex and multifaceted, taking a broad view of life as a whole. S/he aspires to be realistic and objective about him/herself and others.

Loevinger (1976) terms the last level as the Integrated Stage, implying some transcending of the conflicts of the Autonomous Stage. For the most part the description of the Autonomous Stage holds also for the Integrated Stage. What is added is a consolidation of a sense of identity. This stage could be equated to Maslow's Self-Actualized Person (Zucker, Aronoff & Rabin, 1984). However, according to Loevinger (1966), growth does not proceed by a straight line from one low level to another higher level. There are many way stations, and they are all important as stages of life and as illuminations of the conception. Moreover, in some sense, "there is no highest stage but only an opening to new possibilities" (Loevinger, 1976, p. 26).

Jeanne H. Block (1972; 1981; 1983; 1984) has taken Jane Loevinger's (1966, 1976) theoretical framework and extrapolated it to include sex role development (see Appendix 2). Block integrated sex role development with ego development as viewed by
Loevinger. Block views sex role as "the constellation of qualities an individual understands to characterize males or females in the culture" (1984, p. 2). Taking her sex role definition and embedding it in the larger context of ego and cognitive development, Block related the development of sex role to the forces for socialization that derive from parents and culture. Therefore, according to Block (1984), an individual's conception of sex roles will influence his/her behavior and self-evaluation in numerous and important ways. The examination of experiences during the formative school-age years was considered worthwhile to explore the results of the differences in socialization for boys and for girls. Differences in their experiences would lead to the assumption that their development of sex roles would also differ.

The development of sex role identity is influenced by both biological and historical/cultural factors complexly interacting, with changing degrees of ascendancy at different critical periods (Block, 1984; Block, Buss, Block & Gjerde, 1981; Roberts, Block & Block, 1984). Rejecting Freud's absolutist dictum that "anatomy is destiny," Block is in accord with Erikson (1968) that anatomy, history, and personality combine to form one's destiny. Block (1984) regarded as a fundamental task of the developing individual, the mediation between internal biological impulses and external cultural forces as they coexist in a person's life space and life span. The process of mediation is a complex derivative of contemporaneous ego and cognitive development.
(Harrington, Block, & Block, 1978). According to Block (1984), sex role definition represents a synthesis of biological and cultural forces as they are mediated by cognitive and ego functions.

In Block's (1984) expansion of Loevinger's Stages of Ego Development, she considered the development task of the infant in the earliest period was to distinguish self from nonself. Gender is too sophisticated a concept to be relevant at this time. Following at the Impulse-Ridden Level, the infant begins to develop primitive notions of gender identity that are essentially denotative—"I am a boy" is understood in the same way as "It is a cat." Gender identity at this level is essentially sexless, although the characteristic behaviors of the child during this period include those that have been defined traditionally as masculine—concern with self-assertion, self-expression, and self-interest. The young child is oriented toward an un-self-conscious, and still unsocialized, expression of sexual and aggressive impulses—"I do it" (Block, Von Der Lippe, & Block, 1973).

The next level, the Self-Protective Stage, represents a dialectic between the imposition of rules by socializing agents and the child's determination to maximize his/her own advantage. The young child is still concerned primarily with the extension and enhancement of self. The other person is seen as someone to be controlled, bested, deceived, and exploited for one's own gain. The conflict of wills between child and other at this
period encourages the invocation of parental authority and the implacable pressures of socialization (Block, 1971; Block, Block, & Morrison, 1981; Olweus, Block & Radke-Yarrow, 1986).

At the next level, conformity becomes the mode, with respect to both rules and roles. It is at this Conformity Level of development that a critical bifurcation in the sex role development of boys and girls occurs. Socialization patterns impinge differently on the two sexes--boys are encouraged to control affect, while girls are encouraged to control aggression. As Gilligan (1982) suggests, it is at this period that the development of sex role stereotypes begins. Gilligan's (1982) findings suggest that women find safety in relationships and fear losing connectedness, and that men find psychological safety in independence and fear closeness. She suggests that this is not just because of socialization, but that their early developmental experiences set the foundation for such differences.

At the Conscientious Level, introspection and self-consciousness permit self-criticism. Notions about the "kind of person I would like to be" are developed, and behaviors are modified in accordance with internalized values. These internalized values reflect what the child has been taught about what is expected or not expected of him/her. This is the period of moderated masculinity/femininity; sex roles are altered by notions of responsibility and duty (Block, 1984).

Differentiation of self, feelings, values, and roles require the individual to engage in a series of attempts at conflict
resolution, at the Autonomous Level (Block, 1984). With the articulation of notions about the self, an awareness develops of values, predispositions, and behaviors that depart from traditional sex role definitions. These more complex, sometimes conflicting, aspects of self, aspects of masculinity/femininity, must be integrated.

At the Integrated Level of ego functioning, the individual has evolved for him/herself an identity consonant with his/her personal, unique history and aspiration. With respect to sex role identity, the definition given by the individual represents an integration of traits and values, both masculine and feminine. Block (1984) referred to such sex role definitions that integrated both aspects conventionally considered masculine and those traditionally defined as feminine as "androgynous." This study further investigated the work of Loevinger and Block.

Definition of Terms

The following definitions of terms should be of benefit in clarifying some of the major constructs of this study:

Direct Responses by the Counselor--give information, directions, or positive confrontation or criticism.

Ego Development -- a major dimension of individual differences in any age cohort, at least beyond the youngest.

Indirect Responses by the Counselor--accept feelings, praise or encourage, accept content, or ask content or feeling questions.
Initiative -- make the first move, to lead, to begin, to introduce an idea or concept for the first time, to express one's own will.

Response -- take action after an initiation, to counter, to amplify or react to ideas which have already been expressed, to conform or even to comply to the will expressed by others.

Sex Role -- the constellation of qualities a person understands to characterize males or females in the culture.

Research Hypotheses

Hypothesis #1:
Counselors will use more indirect-type statements with school-age girl clients than they will with school-age boy clients during a counseling session.

Hypothesis #2:
Counselors will use more direct-type statements with school-age boy clients than they will with school-age girl clients during a counseling session.

Hypothesis #3:
Counselors will interrupt school-age girl clients more often than school-age boy clients during a counseling session.

Hypothesis #4:
School-age boy clients will interrupt counselors more often than school-age girl clients during a counseling session.
Sample Description and General Date Gathering Procedures

The target population was counselors who worked with school-age children. The sample consisted of counselors who currently work or have worked at Peninsula Area Cooperative Educational Services (PACES) Family Counseling Center, The College of William and Mary, Williamsburg, VA.

This was a descriptive study, no "treatment" per se was given. Only videotapes of sessions were used. Each family had previously signed a "Release to Allow Videotaping" (see Appendix 3) in order for the videotapes to be made. Included in the Release was the statement that this may be used for research purposes.

The five study raters were trained to an inter-rater reliability of 90% or better on the Interaction Analysis, Adapted Flanders for Counseling (IA) (see Appendix 4). Each of the five study evaluators were given videotapes of 5 minute sections of counseling sessions with 5 school-age girls and 5 school-age boys. In addition, the same section of a girl and one of a boy were included on each tape to check inter-rater reliability. Each study evaluator then rated the 12 sections of counseling sessions using the IA.

Limitations of the Study

All the raters were volunteers. This raises the possibility of biased raters since volunteers have been found to be different from non-volunteers.
No special consideration was given for the following demographic variables for the counselors who were rated: ethnic background, gender, religion, or family of origin system. This was not a random sample which limits generalization of results.

No special consideration was given for the demographic variables of ethnic background, religion, or family of origin system for the school-age clients who were rated. Patterns of ethnic background, religion, or family of origin system did not emerge, and they were not examined. This was not be a random sample and limits generalization of results.

This was a naturalistic study. Using videotapes prevented changes due to an observer being in the room, and enabled the evaluators to examine what actually happened during counseling sessions. This enabled us to look at what counselors did as compared to what they say they did.
Chapter 2
Review of the Literature

**Historical and Theoretical Development: Ego Development**

Researchers interested in studying ego development beyond the adolescent years have struggled to find a conceptual framework adequate to study lifelong development. Whereas various stage theories have proven valuable as frameworks for the study of children and adolescents, their usefulness and feasibility for studying developmental changes over the lifespan is unclear. One theoretical model that has proven valuable for understanding development from childhood through adulthood is Loevinger's (1962, 1966, 1970, 1976, 1979, 1983, 1985, 1987) Model of Ego Development (see Appendix 1) (Bursik, 1991).

According to most theorists ego development begins in infancy. Ego development is considered a dimension of personal differences in any age group and, additionally, a progression of growth. The concept of development of the ego or self encompasses an intricate interweaving of such facets as morals, character, impulse control, interpersonal relations, conscious concerns, and cognitive ability. Numerous other aspects of the ego are involved because the development of the self entails a wide array of dimensions (Loevinger, 1976). According to Loevinger (1976), the continuum referred to as ego development resembles what has been described elsewhere in terms of moral development (Kohlberg, 1964), interpersonal integration...
(Sullivan, Grant & Grant, 1957), character development (Peck & Havigurthst, 1960), relatability (Issacs, 1956), conceptual systems (Harvey, Hunt & Schroder, 1961), and intraception (Murray, 1938). Loevinger does not provide a formal definition of ego development.

However, Loevinger (1976) does not consider ego development to be the same as development of all the functions exercised by the ego. Ego development is conceptually distinct from intellectual development, from psychosexual development, and from adjustment, regardless of the relations among these variables. Ego development is an abstraction, a juncture of a developmental sequence and a characterology. According to Loevinger (1976), the defining manifestations of any stage must be those that are not age specific. The suggestion that Loevinger (1976) applied the term ego development to an abstraction rather than to the concrete stages of growth observable in normal children may seem strange, even though we are used to it in the concept of mental age. Based on Loevinger's concepts (1976), all aspects of growth are occurring simultaneously; therefore, some criterion rather than the normal sequence is required to distinguish physical growth from intellectual, or intellectual from ego. Loevinger (1976) views ego development not as one interesting personality trait among many, but as the main trait; it is second only to intelligence in accounting for human variability and diversity.

Jane Loevinger's work has provided psychology with both an important integration of a body of developmental theory which
goes back to the beginning of the twentieth century, and a useful instrument for measuring a person's level of what she calls "ego development" (Holt, 1980). Ego development, a construct conceptualized by Loevinger (1976), is a "master" trait reflecting character development which is related to various aspects of cognitive and interpersonal development, but which represents more than any of them considered individually (Hauser, 1976).

Following are the stages in Loevinger's Model of Ego Development:

- Presocial/Symbiotic
- Impulse-Ridden
- Self-Protective/Opportunistic
- Conformity
- Self-Aware/Conscientious
- Individualistic/Autonomous
- Integrated

Loevinger's model has proven useful to counselors and theorists attempting to determine an individual's level of ego development and to understand what factors are involved in that process. Each stage in Loevinger's (1976) model attempts to integrate "strands" of personality development across the dimensions of impulse control, interpersonal style, conscious preoccupation, and cognitive style (Bursik, 1991).

Loevinger's (1966, 1976) theory states that the unfolding of ego development is based on sequentiality; the progression
through the various stages is the result of a compelling internal logic. Therefore, no stage can be skipped in the course of development, and each subsequent stage is more complex than what preceded it. Evidence for the sequentiality of the Washington University Sentence Completion Test of Ego Development (SCT), one aspect of Loevinger's model of ego development, is fairly strong. The SCT is not copyrighted but has been made freely available by Loevinger for research use. It has been widely used and has extensive theoretical and empirical backing (Broughton & Zahaykevich, 1988; Hauser, 1976).

Cross-sectional studies of children, adolescents, and college students typically find a progression in ego level with increasing age (Bursik, 1991). Several longitudinal studies, again using adolescents and college students, also provide support for the sequential hypothesis by demonstrating either stability or increase in ego level over time (Blasi & Milton, 1991; Garbarino, Kostelny & Dubrow, 1991; Luthar, 1991). Avery and Ryan (1988) use the SCT to study ego development in a middle childhood population. Results showed that the SCT was primarily related to cognitive complexity variables.

Redmore and Loevinger (1979) found mean increases in ego development for eight samples of adolescents who were administered the SCT, where the testing intervals ranged from 2 to 6 years. Redmore (1983) found significant increases in ego level with a 4-year testing interval. Retest scores were typically half a stage higher than those at the initial time of
of testing. Other studies have sought to promote change in ego level as a function of a theoretically relevant intervention. As reviewed by Loevinger (1979), several attempts to experimentally produce an increase in ego level have not been successful when the intervention was short-term (several weeks or less). This was true whether the subjects were children or adults. On the other hand, several studies involving interventions of six months or more have yielded significant increases in ego development for those people initially at the lower stages.

Lee and Snarey (1988) conducted a study to explore the relationship between ego and moral development. Doing a comprehensive secondary analysis of the combined subject data from nine previous studies, Lee and Snarey compared ego and moral stages using standardized measurements, partitioned stage outcomes by individual factors, and included longitudinal subject measures as a means to monitor temporal changes in the ego-moral relationship. What emerged was evidence that ego development and moral development are empirically related to one another throughout the life span. What is less clear is evidence for a consistent one-to-one relationship between the stages in the two systems. The relationship between "general ego" and the moral development domain, however, is not settled. The question involves the fundamental independence of components of development within the ego. In Loevinger's (1976) view, the ego represents one unified structure composed of interwoven, inseparable threads, one of which is moral development. In
contrast to this view, Kohlberg (1979, 1986) views the ego as comprised of relatively circumscribed and self-contained components, each possessing a distinct substructure and capable of empirical separation. Kohlberg (1979, 1986) has hypothesized that development in one component may precede and be necessary but not sufficient for equivalent development in contiguous subdomains.

Critique

Although Loevinger's model of ego development is empirically testable, a number of theoretical questions regarding this construct remain unanswered (Bursik, 1991). It is not known precisely when or how people achieve their maximum ego level or whether there are nonmaturational mechanisms or nonexperimental events that may cause ego development in the years after college. In adulthood, the majority of adults appear to stabilize far below the upper regions of Loevinger's model; although this would imply an internal or an external equilibration that maintains stability, there is still no clear answer as to why the majority of normal adults do not approach the hypothetical maximum level. According to Erikson's (1968) Stages of Development, growth is possible throughout adulthood. Loevinger (1976) attempted to explain this fact by suggesting that ego development represents a structure of expectations about primarily interpersonal phenomena, phenomena that she believed become more stable in adulthood:
As long as the child is operating in an environment that does not conform to his expectations and that disconfirms them in a way to pace his growth, he has the potential for further growth. When the child's view of his interpersonal surroundings conforms to what really exists, when his expectations match the conduct of those around him, equilibration is achieved and the likelihood of change is small. (p. 311)

The presumed rarity of ego development in adulthood follows from these considerations. Loevinger (1976) speculates that the transition from the conformist stage to the conscientious stage, the self-aware level, "is probably the modal level for adults in our society" (p. 19). In a sense, the structures at this junction appear to equilibrate the process of ego development for many people in much the same way that formal structures equalibrate the process of cognitive development for many people. Both Loevinger and many neo-Piagetian theorists agree that these stages are not the final points of equilibration for all people. Unfortunately, these models lack a clear description of the specific mechanisms by which some people negotiate movement to the postconformist and postformal operational levels. These theorists do, however, agree that wide individual differences in the resolution of specific stages and the rate of progression are expected. Thus, the range of life experiences with the potential to affect individual trajectories would appear to be extremely broad. Furthermore, it is likely that change, even growth, may
feel costly and therefore may not be considered beneficial by all people at all times.

According to Broughton and Zahaykevich (1988), Loewinger does not give a clear answer to the question, "What is ego development?" Loewinger states, "The subject of ego development cannot be encompassed by a formal definition" (Loewinger, 1976, p. 54). Broughton and Zahaykevich (1977, 1988) regard Loewinger's distinct contribution to be her avoidance of a trait psychology, and her submitting in its place of an account of the self in terms of its passage through qualitatively different levels of organization, each of which gives another function to old content. Loewinger (1983) assumes that the basic terms used to outline the levels of ego development are commonsensical and self-evident descriptors, requiring no reflection or justification. Broughton & Zahaykevich submit that Loewinger's "terms" are in reality "constructs" with their inferential baggage. Loewinger's version of ego development fails to include the way in which the needs of the individual are brought forward through dialogue and action (Broughton & Zahaykevich, 1988; Habermas, 1975). However, Broughton & Zabykevich (1988) state the following:

Ironically, Loewinger's theory may not be untrue; despite being ideological. The ego development that it describes is most likely a more or less accurate plotting of the apparently spontaneous, step-by-step production of organized, adapted monads that exhibit a compliant balance
between their internal preoccupation with system governance and the external norms of system stability (p. 200).

**Historical and Theoretical Development: Sex Role Development**


- Presocial/symbiotic
- Impulse-Ridden
- Self-Protective/Opportunistic
- Conformity
- Conscientious
- Autonomous
- Integrated

Both therapists and applied researchers have found Block's work useful for therapy and research (Bursik, 1991). Her theory of the development of sex roles has made a significant contribution to the understanding of the individual's conceptions of his/her sex role over stages (Biernat, 1991). Block's work has helped counselors and researchers to identify the process of sex role development over the lifespan.

Block (1973, 1976, 1979, 1983, 1984) proposed that traditional sex role socialization tends to extend the range of available experiences for boys but tends to be restrictive for
girls. Boys are permitted relatively greater freedom to explore; curiosity, independence, competition, and achievement-related behaviors tend to be actively, positively encouraged. For girls, by contrast, socialization pressures tend to circumscribe or delineate the spheres of experience and activity made available, proprieties are stressed, and there tends to be close and cautionary adult supervision. As a consequence of these gender-differentiated socialization emphases, different orientations toward the self can be expected to evolve. Boys will tend to "develop a premise system about the self that presumes or anticipates having consequences, instrumental competence, and mastery" (Block, 1983, p. 1345). Boys are also encouraged to rely on assertive, even aggressive, behaviors to achieve important life goals (Eron, 1980). Girls, on the other hand, because of their reduced exposure to situations encouraging awareness of "the evocative role they themselves play in eliciting effects from the environment" (Block, 1983, p. 1345) will be less likely to develop a sense of resourcefulness on which later instrumental competence builds, because they are taught to be relatively passive and diffident. The self-precepts of girls, therefore, are less likely to include such attributes as initiative or a sense of personal enablement (Galambos, Almeida, & Petersen, 1990).

Katz and Walsh (1991) examined some of the factors involved in modifying a child's gender-stereotyped behavior in order to reduce gender inequities and to utilize individual potential more
productively, as advocated by Block (1973). They found that children learn lessons about adult gender differences in power from a variety of sources in their environment. Cantor, Norem, Langston, Zirkel, Fleeson, & Cook-Flannagan (1991) explored the assumptions that the goals on which an individual works structure the experience of daily life. Whereas two late adolescents may share the task of becoming independent, the meaning of this task for their daily life experience may differ strikingly if one is reacting to the norms of marriage and family and the other to the demands of college and career (Block, 1973). Indeed, women were more emotionally involved in events that they saw as highly relevant to their life tasks than in less relevant events and, for each person, positive affect and emotional involvement in task-relevant events were related to her initial life task appraisals (Cantor et al., 1991).

Block's work (1973, 1976, 1978, 1983, 1984) has been useful in examining a wide variety of questions including the relationship among extreme marital discord, child rearing and child behavior problems (Holden & Richie, 1991); adolescent adjustment and substance use before and after a parental divorce (Doherty & Needle, 1991); childhood antecedents of conventional social accomplishments in midlife adults (Franz, McClelland, & Weinberger, 1991); and adaptation to divorce and ego development in adult women (Bursik, 1991). Developmental shifts in the use of global gender stereotypes and individuating gender-relevant information when making social judgments, and the perceived
association between masculinity and femininity based on Block's work (1973) has been investigated by Biernat (1991). This study found that reliance on gender labels as judgment cues remained stable developmentally, that the use of individuating information (particularly masculine individuating information) increases with age, and that the relationship between femininity and masculinity becomes increasingly negative with age. This suggests that gender may be initially viewed in dualistic terms but may be seen later as a unidimensional construct (Biernat, 1991).

In addition, Davenport and Yurich (1991) have used Block's work to investigate multicultural gender issues. They examined the dynamic relationship between gender and ethnicity. The interaction between ethnicity and gender appears to be complex in cultures. Davenport and Yurich (1991) state, "If we are to understand the individuals with whom we work, we must understand how these two dominant statuses have both supported and limited them in their search for fuller, richer lives" (p. 70).

Critique

Block's (1973, 1976, 1979, 1983, 1984) extrapolation on Loevinger's (1966, 1976) Model of Ego Development has been useful in examining what factors are involved in the development of an individual's sex role (Block, Gjerde, & Block, 1991; Gjerde, Block, & Block, 1986) and what influences a person's sex role identity over time (Biernat, 1991; Funder, Block, & Block, 1983). However, developmental literature cannot tell whether differential socialization precedes differentiation of the
behavior of boys and girls or whether it follows and augments such differentiation. Additional research is needed on the relative timing of various experiences and various behaviors, to see which came first. Also, research is needed that involves changing antecedent conditions in order to observe the eventual consequences.

Attempts to evaluate the literature in any area are always difficult and contention-inducing, particularly when inconsistencies characterize many of the research findings. In the area of sex differences, the attempt to develop and convey conclusions is particularly hazardous, not only because of problems characterizing the data base, but also because the topic of sex differences has become politicized. The conclusions drawn may have a consequential effect on social policies and therefore on people; yet, conclusions represent only inferences. To properly evaluate such inferences, the auxiliary set of premises and prior assumptions on which these inferences depend should be made explicit insofar as possible. Block (1984) has attempted to delineate and discuss her evaluative principles. The framework for the development of sexual identity presented by Block (1973) attempted to integrate changes in sex role definition with the larger developmental tasks faced by individuals, the tasks of ego and cognitive development. Her model deviates from traditional approaches in that the ultimate goal in development of sexual identity is not the achievement of masculinity or femininity as popularly conceived. Rather, sexual identity means the "earning
of a sense of self that included a recognition of gender secure enough to permit the individual to manifest human qualities that our society, until now, has labeled unmanly or unwomanly" (Block, 1984, p. 1). According to Block's formulation, hypotheses can be derived and tested empirically that would attempt to investigate the relation between personal ego maturity and less traditional definitions of sex role.

Generally, the data available on sex differences have emerged from studies comparing only levels of response for males and females. A focus on response levels is, of course, not uninteresting, but it tells us little about the pattern or organization existing among variables within males and within females. Understanding these sex-related differences in psychological organization remains a task for the future, but Block's (1973, 1976, 1979, 1983, 1984) work is a significant step in unfolding that understanding (Bursik, 1991).

Descriptive Topics

Gender Bias and the Behavior of Parents/Adults

Most researchers agree that gender role socialization and bias begins at the time of an infant's birth (Antill, 1987; Birns, 1979; Honig, 1983; Katz, 1979). Most parents are interested in learning whether their newborn infant is a boy or a girl. Intentionally or not, this knowledge produces in parents a set of expectations consistent with their beliefs concerning sex role appropriate traits and behaviors (Pogrebin, 1978; Provenzano
Evidence supports that these initial expectations, which form the basis of gender schemas (Bem, 1981), can have a powerful impact on parents' and adults' perceptions of and behavior towards infants (Fagot, 1978; Fitzgerald, 1977; Rubin, Provenzano & Luria, 1974; Smith & Diglish, 1977). Gender contributes to the initial context within which parents respond to an infant, and therefore becomes an influential agent in the socialization process and development of the child's self-identity (Archer & Lloyd, 1985; Berndt & Heller, 1986).

Stereotyped expectations may influence gender role socialization and the acquisition of sex-type behavior through a self-fulfilling prophecy process (Darley & Fazio, 1980; Deaux & Lewis, 1984). Preconceived gender-based expectations may cause the parent to elicit expected behavior from the child and to reinforce expected behavior when it occurs, thereby confirming the parent's initial expectations. According to Block (1984), this process of early learning accounts for many of the sex differences observed in adult behavior. Over time, children are encouraged by parents and other adults to conform to expected sex-typed behaviors and eventually adopt sex role identities consistent with their parents' initial expectations (Jacklin, 1989; Stern & Karraker, 1989). "Adults in the child's world rarely notice or remark upon how strong a little girl is or how nurturant a little boy is becoming, despite their readiness to note precisely these attributes in the 'appropriate' sex" (Bem, 1983, p. 604).
Studies of gender differences, gender role stereotyping, and gender role socialization have examined parent and child behavior. Differential parental attitudes toward and expectations regarding sons and daughters are evident immediately after birth; and, indeed, studies have shown that parents treat male and female children differently (Stern & Karraker, 1989). Fagot (1978) observed that parents reacted differently to boys' and girls' behavior. Parents responded more positively to girls than to boys when they played with dolls, and more critically to girls than boys when they engaged in large motor activities. Parental approval and reinforcement elicits behavioral sex differences in children's choice and manner of play. Children's toy preferences match adult expectations and stereotypes. Smith & Daglish (1977) have found that girls play more with soft toys and dolls, dance significantly more, ask for help more often, and dress up in adult clothes more than boys. Boys show more active play, show more play with transportation toys and blocks, and manipulate toys significantly more than girls. According to Stern & Karraker (1989), studies suggest that adult and child responses coincide with culturally specified sex stereotypes associated with the gender label given to an infant and is independent of the actual infant gender differences.

Toys provide children with a setting for the rehearsal of adult roles. That children's use and preference for toys has tended to be highly stereotyped by sex is well known and has been largely assumed to be the normal manifestation of sex-role
identification and preference (Rabban, 1950; DeLucia, 1963). After a decade of awareness of the potentially harmful effects of the stereotyping of toys and the potentially beneficial effects of removing their sex-typed labels, Frasher, Nurss, and Brogan (1980) examined changes in children's traditional sex-typed preference for toys. Their study of kindergarten children's toy preference indicated that the children were as rigidly stereotyped by sex as those of children of previous decades.

According to Block's Sex Role Development Model (Block, 1984), the infant begins to develop primitive notions of gender identity as s/he begins the early developmental task of distinguishing self from non-self. Review of the literature on infant gender labeling does reveal that labeling an infant does result in sex-stereotyped responses from adults (Stern & Karraker, 1989). Additional analyses reveal that children responded more strongly than adults to gender labeling manipulation. Between the ages of 2 and 6 years old, children learn sex role stereotypes as cognitive-structural rules for understanding and organizing their social environment; and, they tend to perceive gender-related stimuli in more extreme and inflexible terms than adults in order to maintain their self-identity (Cohn, 1991).

Sex differences in personality development can be attributed to one of the three following factors: sex differences in cognitive abilities (specifically, verbal skills), sex differences in biological maturation, or sex differences in
socialization experiences (Block, 1984). The first explanation is not supported by available evidence. Sex differences in ego development are at least twice the magnitude of sex differences in verbal skills. Hyde and Linn's (1988) review of 165 studies revealed no sex differences in vocabulary skills or reading comprehension. The second explanation assumes that psychological maturity accompanies physiological maturity. However, psychological reactions to puberty depend upon a number of factors, including one's gender and one's relative status among peers. Early developing girls, for example, may have the most difficulty adapting to puberty, whereas early developing boys may show fewer problems (Brooks-Gunn & Petersen, 1983; Simmons & Blyth, 1987). With the exception of a single study of ego development and menarcheal age (Petersen & Crockett, 1985), the relationship of pubertal change to advances in ego development is unknown and requires additional study. The third, and most likely, explanation for the rise of gender differences lies in the social experiences of boys and girls. Sex differences in personality are frequently attributed to socialization practices that encourage boys to value agentic traits and girls to value communal traits; and parental encouragement of appropriate sex-typed behavior is an important influence (Cohn, 1991).

Research has demonstrated that many people prefer that their children adhere to traditional sex roles and are concerned when they do not (Cohn, 1991). When children behave in ways that run
counter to traditional roles, their activities are often discouraged by parents, teachers, and peers (Atkinson & Endsley, 1976; Carter & McCloskey, 1984; Lamb, Esterbroosk, & Holden, 1980; Lamb & Roopnarine, 1979; Langlois & Downs, 1980; Martin, 1990).

According to Eccles, Jacobs, and Harold (1990), if parents hold gender-differentiated perceptions of, and expectations for, their children's competencies in various areas, then, through self-fulfilling prophecies, parents could play a critical role in socializing gender differences in children's self-preceptions, interests, and skill acquisition. They state the following:

We believe that parents' gender role stereotypes, in interaction with their children's gender, affect the following mediators: (a) parents' causal attributes for the children's performance, (b) parents' emotional reactions to their children's performance in various activities, (c) the importance parents attach to their children acquiring various skills, (d) the advice parents provide their children regarding involvement in various skills, and (e) the activities and toys parents provide for their children. In turn, we predict that these subtle and explicit mediators influence development of the following child outcomes across various gender role stereotyped activity domains: (a) children's confidence in their abilities, (b) children's interest in mastering various skills, (c) children's affective reactions to participating in various activities,
and (d) as a consequence of these self- and task-perceptions, the amount of time and type of effort that children end up devoting to mastering and demonstrating various skills (p. 198).

The type of jobs and activities that females and males seek out and qualify for are influenced by these differences in self-perceptions and skills. As a consequence of making female-typed occupational choices, females reduce their earnings potential significantly (Eccles, Jacobs, & Harold, 1990). Sex role socialization remains a virulent force that reduces the choices of females despite the negative economic results of these constricted choices (Van Buren, Kelly, & Hall, 1993).

Critique

Studies have found that the knowledge of an infant's sex influences the adult's behavior towards that infant. According to Stern and Karraker (1989), knowledge of an infant's sex is most likely to influence adults' interpretations of ambiguous infant behavior, preceptions of infant physical characteristics, and beliefs about appropriate infant activities, but it is unlikely to affect attributions of infant personality traits. The gender label effects on adult behaviors and toy choices suggest that adults are motivated to direct infant behavior towards sex-stereotyped conduct (Antill, 1987; Cohn, 1991; Fagot, 1978; Smith & Daglish, 1977).
Fagot (1978) suggests that cultural associations of objects and qualities with one sex or the other do not depend solely on observing or being taught specific associations, such as that trucks are for boys and dolls are for girls. Rather, it appears that children make inferences on the basis of what they see or know about the nature of things. Children, even as early as age 2, have begun to connect certain qualities with males and other qualities with females. In keeping with Bem's (1981) claim that some people are more gender-schematic that others, Fagot's study shows that mothers' sex-typed attitudes and behaviors are related to sex typing in their children. This appears to confirm the relationship between gender labeling and gender stereotyping that supports the notion that even very young children's gender knowledge is schematic; its bits and pieces are not acquired in isolation, but assimilated into a schema built around the theme of gender.

However, an infant's sex is only one influence on an adult's reaction to the infant. Adults may have reacted most strongly to the actual behavior and physical characteristics of the infant to which they were exposed (Stern & Karraker, 1989). The constraints of the laboratory setting may limit the strength of the gender labeling manipulation. The generally well-educated subjects in most studies may have studiously avoided reacting to the infant in a sex-biased manner.

Clearly, much work remains to be done to produce a complete understanding of how sex differences in children's behavior
emerge. Research suggests that knowledge of an infant's sex has subtle rather than pervasive effects on the cognitions and behaviors of adults. Future research must become more process oriented in order to define more precisely how adults influence the emergence of early sex differences. The scope of gender bias studies must be expanded to test hypothesized relations between gender knowledge and adult cognitions about and behavior toward children and infants. Research may also need to recognize that active sex role socialization may not take place during brief laboratory encounters with unfamiliar infants and children, but only during recurring interactions in the natural environment.

Gender Bias and the Behavior of Teachers

In its 1991 report, *Shortchanging Girls, Shortchanging America*, the American Association of University Women (AAUW) urged educators to continue their efforts to establish gender equity in schools. Girls' achievement is still problematic; even though girls start out with academic advantage, their achievement scores decline as they advance through the grade levels. Although both boys and girls face problems with self-esteem during adolescence, girls experience a marked and long-lasting decline in their self-esteem. In contrast to boys, who generally judge themselves by what they are able to do, girls generally portray their worth in terms of their physical appearance. Thus, girls exhibit constrained views of their potential and their "place" in society, and much less confidence in their abilities
found that black and female students were represented at a disproportionately low rate when compared to white males in current Virginia science and technology magnet school enrollment.

These observations are not new. Twenty years of research in gender bias has delivered similar insights and presented speculations about the source of these school outcomes. Documented in the research is evidence that teacher-student interactions favor boys (Cherry, 1975; Hendrick & Stange, 1991; Merrett & Wheldall, 1992; Swann & Graddol, 1988). Boys have received more teacher attention, more praise, and were asked more higher level questions. Research also suggests that curriculum is usually derived from the productive world, which is often associated with a male culture, rather than the reproductive world, which is often associated with a female culture. Discrimination against girls may be manifested in the institutionalization of standardized testing, distribution of remedial programs, absence of role models, and expectations of female passivity in a society that rewards action and assertiveness. The cumulative effect of these forces puts girls at risk (Harris & Pickle, 1992).

Eisenman (1991, 1992) found that female applicants are discriminated against by Ivy League colleges. Male and female applicants who attended the Select 16 boarding schools and were in the top third of their class had different chances of getting into Ivy League Colleges. Even though both male and female
applicants were from the pool of what elite colleges might consider to be the most qualified candidates, 92% of the boys but only 77% of the girls were accepted by these colleges.

Cherry (1975) tested the hypotheses that teachers verbally interacted and initiated more verbal interactions with boys than girls; that teachers speech to boys would contain more attention-getting devices, directives and repetitions than speech to girls; and that teachers would give more verbal acknowledgement to boys than girls. The results of this study showed that teachers did verbally interact more, verbally initiated more, and used more attention-marked utterances in speech with boys than with girls. The results obtained by Merrett & Wheldall (1992) demonstrated that more than twenty years after the Cherry (1975) study, boys continue to receive significantly more positive responses from teachers. The importance of teacher response with regard to the use of attention through contingent praise has been thoroughly researched by behavioral analysts (Merrett & Wheldall, 1992) in educational settings and have repeatedly demonstrated that attention given by teachers has a powerful influence on the classroom actions of pupils.

According to Block (1984), many children reach the Conformity Level in the development of their sex role at about the same age as they enter school. This Level marks the period of development at which a critical bifurcation in the sex role development of boys and girls occurs. Socialization patterns
impinge differently on the two sexes. At this Conformity Level, children, by virtue of a complex of determinants, including their cognitive conceptualization of gender identity, identification with the same-sex parent, and the differential socialization pressures to which they have been subjected during the earlier stages, now develop a set of sex role stereotypes conforming to the cultural definitions of appropriate boy or girl roles. It is at this point in development that a critical branching occurs whereby the interests, activities, and attitudes of boys and girls diverge dramatically. According to Block (1984), little boys are taught to control the expression of feelings and affects, while assertion and extension of self are abetted. Little girls are taught to control aggression, including assertion and extension, while being encouraged to regard the inner, familial world as the proper sphere of their interest. Communication is emphasized in the development of girls but is explicitly discouraged in boys. Review of the literature on teacher-student interaction (Harris & Pickle, 1992) demonstrates that teachers do treat boys differently than girls in the classroom. Teachers encourage boys to be more assertive and girls to be more passive (Harris & Pickle, 1992).

Educators have come to understand the importance of children's participation in classroom talk (Swann & Graddol, 1988). Through talking, children are said to make meanings their own, to work through and solve problems, and to spur each other on to explicit understandings. Indeed, children's talk is seen
as a prerequisite to learning. However, analyses of classroom talk has shown how little time was in fact made available to pupils. Flanders (1971), in a study of American classrooms, put forward the well known two-thirds rule: two-thirds of talk is taken by the teacher, one-third by the students. By restricting opportunities for pupil talk, teachers have been restricting access to learning. According to recent research of classroom interactions (Hendrick & Stange, 1991; Swann & Graddol, 1988), talk is not only unequally distributed between teacher and pupils, but also between students themselves. In particular, girls contribute far less to classroom talk than boys.

According to Barnes (1976), this gender inequality in talk is not a feature peculiar to schools. It is now well known that mixed-sex talk among adults is often dominated by men (Tannen, 1990). Men talk more, seem to control topics, interrupt more, and use various aggressive tactics in order to get to speak. This inequality of talk among adults is not an incidental feature of women's reluctance to talk, but is the result of a complex social process which appears to endow men with greater power in social interactions (Barnes, 1976). The fact that social processes which occur in the classroom mirror those in the outside world is no surprise. Schools and classrooms are not isolated from their wider social and political environment. However, such findings are of serious concern to educators since the distribution of talk is one of those aspects of classroom life supposedly mediated, if not controlled, by teachers.
Research has demonstrated that teachers respond to boys differently from the way in which they respond to girls (Hendrich & Stange, 1991; Swann & Graddol, 1988; Tannen, 1990). Teachers interrupted boys significantly less frequently during group conversation than they did girls, thus enabling the boys to dominate the conversation. Boys consistently interrupted the teacher more frequently than girls did. It appears that boys learn that it is their role to be heard without interruption, and, also, that it is acceptable for them to be assertive and interrupt adults when they wish to do so. Teachers encourage this behavior by interrupting less when the boys spoke. Moreover, teachers made no attempt to balance the large number of interruptions made by boys as compared to those made by girls by encouraging the girls to speak up, or suggesting that the boys allow the girls to join the conversation. Thus, the message about what constitutes appropriate male behavior was made clear (Hendrick & Stange, 1991; Swann & Graddol, 1988). What were the girls learning in this situation? They, too, were learning their place in society, and what constitutes socially acceptable sex-role behavior for females. The girls learned to assume a less aggressive social role in conversation. Because what they had to say was treated with less respect and interest, girls may also have learned that they are less important than their male counterparts. Boys are acquiring and practicing skills in competitive public speaking— the skill and confidence to seize the floor, to control topics, and to develop discourse strategies
which ensure that the flow of talk returns to them (Hendrick & Stange, 1991; Swann & Graddol, 1988; Tannen, 1990).

**Critique**

Although findings appear to be consistent in demonstrating that boys receive more responses from teachers than girls (Cherry, 1975; Merrett & Wheldall, 1992), it is possible that when boys are off-task they are more overtly disruptive than girls who are off-task. Teachers may believe that boys are more troublesome than girls; and, therefore, teachers respond more quickly and more often to boys' behavior than to girls'.

Naturalistic studies, such as the one by Cherry (1975), point to the contributions of differential socialization processes to sex-role acquisition. In such studies, it is necessary to attempt to overcome such hidden variables as the sex-role expectations of the observers. In addition, as socialization is conceptualized as an interactive process between teacher and student, it is necessary to assess the contribution of each member of the dyad. Cherry's (1975) study demonstrates that measures of verbal dyadic interaction as well as measures of the speech of individuals can aid in understanding the communication patterns of children and teachers in the classroom. However, the results of this study can only be generalized to middle-class, English-speaking teachers with middle-class, English-speaking children.

Research examining the differences in teacher evaluation of male and female students (AAUW, 1991; Hendrick & Stange, 1991;
Swann & Graddol, 1988) have been cited by some researchers as a cause of "learned helplessness," or lack of academic performance, in females. "Learned helplessness" refers to a lack of perseverance and a debilitating lack of self-confidence (Abramson, Seligman, & Teasdale, 1978). This concept has been used to explain why girls sometimes abandon, while boys persistently pursue, academic challenges for which both are equally qualified. While girls are more likely to attribute their success to luck, boys are more likely to attribute their success to ability (Abramson, et al., 1978). As a result of these different causal attributions, boys are more likely to feel mastery and control over academic challenges, while girls are more likely to feel powerless in academic situations. However, the concepts of learned helplessness and motivation constructs are complex. There is a wide variation within each student in terms of motivation to try. It is too soon to state a definite connection between a specific teacher behavior and a specific student outcome. Further research on the effects of teacher behavior and on student performance is needed.

Gender Bias and the Behavior of Counseling Professionals

Evidence of the existence of sex-role stereotypes, that is highly consensual norms and beliefs about the differing characteristics of men and women, is abundantly present in the literature (Antill & Cunningham, 1979; Borders & Fong, 1984; Broverman et al., 1970; Nutt, 1979; Teri, 1982; Waisberg & Page,
Similarly, the differential valuations of behaviors and characteristics stereotypically ascribed to men and women are well established (Antill & Cunningham, 1979; Teri, 1982; Waisberg & Page, 1988). Stereotypically masculine traits are more often perceived as socially desirable than are attributes which are stereotypically feminine. Given the relationships existing between masculine versus feminine characteristics and social desirability, and between mental health and social desirability, it seems reasonable to expect that clinicians will maintain parallel distinctions in their concepts of what is healthy or pathological when considering men as compared to women. Specific behaviors and characteristics may be considered to be indicative of pathology in members of one sex, but not pathological in members of the opposite sex. Indeed, based on research studies (APA Report on Sex Bias and Sex Role Stereotyping in Psychotherapeutic Practice, 1985; Broverman, et al, 1970), it can be assumed that at least a significant proportion of therapists who work with women clients allow sex role bias or a double standard of mental health to influence their dealings with their clients.

According to Block (1984), individuals at the Conscientious Level engage in self-criticism through the examination and evaluation of self with respect to abstract values and ideals. Notions about the "kind of person I would like to be" are developed, and behaviors are moderated in accordance with internalized values. With respect to sex role definition, it is
a period of moderated masculinity/femininity; sex roles are moderated by notions of responsibility and duty. At the next stage, the Autonomous Level, differentiation of self, feelings, values, and roles requires the individual to engage in a series of attempts at conflict resolution. With the articulation of notions about self, an awareness develops of values, predispositions, and behaviors that depart from traditional sex role definitions; and these more complex, sometimes conflicting, aspects of self must be integrated. During both the Conscientious and the Autonomous Levels, as individuals grapple with their own sex-role identity, they are influenced by those around them. Since each therapist has his/her own sex-role stereotypes, as does each adult, any individual who entered counseling would be influenced by the sex-role stereotypes of their therapist. These stereotypes would impact and shape the interactions between the counselor and the client.

The results of the Broverman et al. (1970) study indicated that a high agreement exists among clinicians as to the attributes characterizing healthy adult men, healthy adult women, and healthy adults, sex unspecified. This agreement held for both male and female therapists. Clinicians were found to have different concepts of health for men and women, and that these differences paralleled the sex-role stereotypes prevalent in our society. The concepts of a healthy, mature male did not differ significantly from the concept of a healthy adult. However, concepts of a mature, healthy woman do differ significantly from
that of a healthy adult. Broverman et al. (1970) suggest that the clinicians are merely reflecting the sex-role stereotypes, and the differing valuations of these stereotypes, prevalent in our society. It is the attitudes of our society that create the difficulty. However, clinicians do appear to accept these stereotypes, at least implicitly, and, by so doing, help to perpetuate the stereotypes.

Waisberg and Page (1988) explored the hypothesis that clinicians' perceptions of psychological maladjustment was related to the deviation of symptoms from the prevailing gender role stereotypes. They sent case history descriptions to practicing clinicians. These clinicians viewed female patients with "masculine" symptoms (e.g., alcoholism or antisocial behavior) as more psychologically disturbed than males with the same symptoms; the clinicians also perceived male patients with "feminine" symptoms (e.g., depression and anxiety) as more psychologically disturbed than their female counterparts. Their findings seem to indicate that gender role nonconformity is an important factor in terms of how disturbed behavior is conceptualized, and of how it is categorized and dealt with in terms of specific treatment recommendations rendered by professionals. Waisberg and Page (1988) state that they are of the opinion that recent research supports the findings of Broverman et al. (1970) that "females, relative to males, tended to be seen by professionals as intrinisically more maladjusted" (p. 15).
Teri (1982) investigated the effects of client and therapist sex and sex-role style on clinical judgment. Therapists were asked to rate various aspects of functioning for bogus clinical descriptions which manipulated client characteristics. Analyses indicated that client sex-role style significantly affected ratings of current functioning, and client sex significantly affected ratings of expected functioning. The results appeared to support an interpretation of sex bias in clinical judgments. Therapists negatively evaluated behaviors stereotypically female, and expected females to be more amenable to intervention. Teri (1982) found therapist sex to be noninfluential.

Antill and Cunningham (1979) tested the hypothesis that while androgyny has been advocated as the most adaptive mode of human functioning, empirical studies suggest that masculinity alone may be the key factor in self-esteem. Their results indicated that for both males and females, it was the level of masculinity in self-description that was the major contributing factor to self-esteem. The description of oneself in terms of feminine characteristics was irrelevant to males' self-esteem, and in females it tended to be linked with low self-esteem. This study supported that traditional view that masculinity should be associated with health and high self-esteem in males.

According to Nutt (1979), most patients of psychotherapy are women. Clinicians have demonstrated a double standard for what they consider mental health (Broverman et al., 1970; Teri, 1982;
Waisberg & Page, 1988). Such therapist acceptance of stereotypes only further perpetuates stereotypes to the detriment of female clients. Female clients with deviate career goals (e.g., doctor, engineer, manager) were rated to be more in need of counseling than clients with conforming goals (e.g., teacher, nurse, wife and mother) (Nutt, 1979). A survey of therapists' attitudes towards women (APA Report on Sex Bias and Sex Role Stereotyping in Psychotherapeutic Practice, 1975) found bias occurring in four areas of psychotherapy: (1) fostering traditional sex roles, (2) bias in expectations and devaluations of women, (3) sexist use of psychoanalytic concepts, and (4) responding to women as sex objects, including seduction of female clients. The largest number fell into the first category, with biases in advocating marriage, deprecating careers, and viewing attitudes toward childbearing and rearing as indices of emotional maturity. The APA Task Force on Sex Bias and Sex Role Stereotyping in Psychotherapeutic Practice (1978) published guidelines for therapists working with women patients.

Smyth and McFarlane (1986) conducted a further study of sex-role stereotyping by professionals. Their results revealed that mature adults and males are still considered healthier than mature females. Ciano-Boyce, Turner, and Turner (1988) replicated the Broverman et al. (1970) study, and state "our results provide still more support for the conclusion that many therapists characterize the mental health of men and women differently" (p. 67). They state that women clients may be
especially vulnerable when seeing male therapists. Another study
(Fenton, Robinowitz, & Leaf, 1987) found that many male
therapists' female clients were experiencing marital disruption.
Such clients typically confront decisions about labor force
reentry or improvement in occupational position. Therapists who
believe that healthy women dislike math and science and are less
competitive than men may steer women clients away from highly
paid and prestigious occupations, thereby compounding their
clients' occupational disadvantages. According to Ciano-Boyce et
al. (1988), the findings of Broverman et al. (1970) still appear
to be robust and that the perceptions have endured over time.

Sesan (1988) found that women with the least amount of
education appeared to experience more sex bias in counseling.
This bias was usually in acts of omission, by fostering
traditional roles, devaluation of women, bias in expectations,
and not accepting women's anger. It would appear that the
counselor's personal beliefs and issues around sex roles
contributed to acts of omission in therapy with certain clients
and client issues.

Critique

The central problem in the therapy-gender debate involves
the discrepancy between what can be consistently proven and what
is suspected. This problem has faced therapists for years as
they have tried to demonstrate empirically that therapy actually
is beneficial to clients. Periodically, evidence seems to
suggest that it is not. Yet as Sheridan (1982) points out, even
more compelling evidence exists to suggest that it is—therapists continue to do a burgeoning business. Sheridan (1982) suggests that studies of the effectiveness of therapy have simply failed to define accurately the dependent variable. Helping professionals who are willing to accept this argument must also be willing to accept its logical extension— if we cannot draw conclusions about the effectiveness of psychotherapy, then we certainly cannot expect to demonstrate easily the far more subtle effects of sexist therapy. What the literature on gender and therapy shows us at this point is how little we know, how few questions we have asked, how irrelevant the questions we have asked may be to the actual therapeutic process, and how far researchers have to go in developing effective and credible procedures for examining variables affecting the therapeutic process.

Questions concerning the generalizability of studies must be asked. For example, Teri's (1982) study must evaluate whether the ratings made were accurate reflections of decisions made in real life decisions or not. In addition, therapists may be influenced by different cues in their assessment of different aspects of functioning in one study when compared to others. Therefore, different studies may be providing different cues and thus producing different results. Therapeutic judgment has long been considered a multifaceted variable (Waisberg & Page, 1988). Critical evaluation of research is an on-going process.
This study entailed an evaluation of actual counseling sessions. It examined the interactions between school-age girls and boys and their counselors. Research has demonstrated that parents and adults treat boys and girls differently (Fagot, 1978; Fitzgerald, 1977; Rubin, Provenzano & Luria, 1974; Smith & Diglish, 1977; Tannen, 1990), that teachers treat boys and girls differently (AAUW, 1991; Cherry, 1975; Hendrick & Stange, 1991; Merrett & Whelall, 1992; Swann & Graddol, 1988), and that counselors treat adult men and women differently (Antill & Cunningham, 1979; Borders & Fong, 1984; Broverman et al., 1970; Nutt, 1979; Teri, 1982; Waisberg & Page, 1988). This study was designed to investigate whether counselors treat school-age boys and girls differently. Research shows that the type of behavior that is reinforced in childhood influences numerous sex differences evident in adult behavior (Block, 1984; Coats & Overman, 1992; Zuckerman, 1989). Prior to this study it does not appear that the issue of sex bias in clinical work had been studied during actual counseling sessions with school-age children and professionals. Prout and Frederickson (1991), using an analogue case study format, examined sex bias in clinical judgment among school psychologists. The main finding of the study was that it was rated as more important to intervene when the case study subject was a male with a problem. However, previously research had not investigated any sex bias that may occur during sessions when working with school-age children. Counselors work with children and with their families, and
influence the interactions that occur within that family. According to Loevinger (1976), socialization of children impacts the development of their ego. Since numerous school-age children work with counselors, and since adults have an impact on shaping the appropriate sex role of a child, it was considered of value to investigate the interactional patterns that occur between a child and a counselor during the therapy session.
Sample Population

The subjects for this study included counselors who were currently working or who had worked at the Peninsula Area Cooperative Educational Services (PACES) Family Counseling Center and families with whom they had worked. Only videotapes of actual counseling sessions were used. All families videotaped had signed a form authorizing the counselor to videotape the session (see Appendix 3). All counselors videotaping their sessions also signed this Release form. The Release included a statement that the videotapes may be used for research.

Data Gathering

Taken from existing videotapes of actual counseling sessions, five minute sections were taken at the 30 minute point of a session between just the client and the counselor on the videotapes. A sample size of 25 sessions with school-age boys and 25 sessions with school-age girls was used to create new videotapes. The order of presentation of sessions with boys and girls was randomized.

Five raters had been trained to use the Interactional Analysis (IA), Adapted Flanders for Counseling, until they reach an inter-rater reliability of 90% or better. Each rater completed the IA for 12 sections. Five of the sections were a
counseling session with a school-age girl and five were with a school-age boy. In addition, each videotape included the same sessions of a counselor working with one girl and a session with one boy in order to re-check the level of inter-rater reliability. The order of presentation of sections with boys and girls was randomized on the videotapes.

All materials given to the raters were coded with a number. Neither the counselor's name or the client's name appeared on any material. The raters were people who did not live on the Peninsula and who did not have any connection with the PACES Family Counseling Center or The College of William and Mary.

Instrumentation

Models of the Flanders Interaction Analysis System (FIAS) (Flanders, 1970, 1973) have been adapted for counseling and have been found to be reliable measures of evaluating counseling interview effectiveness (Fowler & DeVito, 1980; Mosher & Sprinthall, 1970; Sprinthall & Mosher, 1978). The counseling adaptation design to be used in this study was developed by Dr. Norman Sprinthall (Ned A. Flanders, personal communication with Norman Sprinthall, January 15, 1989). It has been used extensively in research on training beginning counselors and on supervising counselors (Borders & Leddick, 1988; Ford, 1979; Fowler & Devito, 1988; Friedlander & Ward, 1984; Holloway & Wolleat, 1981).
The Interactional Analysis (IA), Adapted Flanders for Counseling (see Appendix 4), is a check-off sheet which contains categories of interaction between a counselor and a client. The IA serves as a diagnostic and prescriptive tool for the following purposes:

1. To separate a counseling session into discrete, observable behaviors.
2. Review/teach one behavior at a time. Collect data on behavior focus during each session.
3. To analyze counseling tapes for assessing a profile of counselor behaviors: Compute Indirect/Direct ratio for counselor responses.
4. To focus on the process of communication analyzing the interaction between counselor and client: Compute Counselor/client ratio.

The interactions noted by the IA include: 4 type of Indirect Responses by the Counselor; 3 type of Direct Responses by the Counselor; and 3 type of Client Responses. The Indirect Responses by the Counselor are as follows:

(1) accepts feeling
(2) praises or encourages
(3) accepts content
(4) asks content or feeling questions

Following are the Direct Responses by the Counselor:

(1) gives information
(2) gives directions
(3) positive confrontation or criticism

Following are the Client Responses:

(1) content or feeling response to counselor questions

(2) content or feeling initiation by client

(3) working or "dead air" silence

There is also a check-off for each time the client interrupted the counselor and each time the counselor interrupted the client.

There is no scale implied by these numbers. Each number is classificatory; it designates a particular kind of communication event. To check-off these numbers during observation is to enumerate, not to judge a position on a scale.

The FIAS (Flanders, 1970), on which the IA is based, is a procedure which codes pupil/pupil or teacher/pupil classroom interactions into categories. These categories are used in analyzing the follows: (1) the characteristic links between the responsive acts of a teacher and pupil initiation; (2) how classroom interactions vary with changes in instructional purpose, and (3) how these patterns are associated with different measures of teacher effectiveness. Observers record the symbols at a rate of approximately one every three to five seconds. The FIAS was developed to gather research data on teachers' classroom behavior and as an objective tool to improve teacher effectiveness (Flanders, 1970; Flanders & Amidon, 1962). The technique has been used to show how the responsive acts of teachers are related to positive pupil attitudes and content achievement (Freiburg, 1981). The three main elements of the
FIAS technique are as follows: (1) a set of categories; (2) a standardized procedure of observing, coding, and decoding; and (3) ways of tabulating and displaying the data to serve different purposes (Freiburg, 1981).

The major feature of this category system lies in the analysis of initiative and response which is a characteristic of interaction between two or more individuals. The teacher, in most instances, will show more initiative than the pupils. With the FIAS multiple-category system, an estimate of the balance between initiative and response can be inferred from the percent time of teacher talk, pupil talk, and silence or confusion. These percentages alone are not very good predictors of pupil learning and attitudes because the quality of the statements is associated with educational outcomes just as much, if not more, than the quantity. Since the teacher has more authority than any pupil, it is not surprising to discover that the teacher's communication will be the most potent single factor in establishing a balance of initiation and response. It is for this reason that Flanders (1970) devoted seven of the categories to discriminations among teacher statements.

A more accurate estimate of the initiative-response balance of classroom/counseling session interaction can be reached by comparing the teacher/counselor tallies in Categories 1, 2, and 3 with those in 5, 6, and 7. The teacher/counselor is responding to pupil/client behavior in a supportive manner when s/he uses ideas expressed by them, praises or encourages their behavior,
and makes constructive reactions to their attitudes or feelings. S/he is initiating her/his own will and making use of authority whenever s/he expresses her/his own ideas, gives directions with the expectation of compliance, or becomes critical of pupil/client behavior.

The reliability, validity, and normative data for the FIAS and IA are well established (Altekruse & Brown, 1969; Amidon, 1965; Amidon & Flanders, 1967; Coladarci & Gage, 1984; Flanders, 1970; Fowler & DeVito, 1988; Friedlander & Ward, 1984; Mitchell, 1971; Peace, 1992; Silverman & Buschner, 1981; Van Hassel, Hersen & Bellack, 1981). Flanders completed five separate research projects before dissemination of the FIAS started on a national scale (Flanders, 1970). The FIAS and IA have played a significant role in numerous research studies since the 1960's.

In summary, the FIAS and IA are multiple category, pencil and paper systems for analyzing interaction between teachers and pupils, and counselors and clients. Every category has a purpose, and this category system can be used to study the balance between the initiation and response. With seven categories of teacher/counselor talk, and only two for pupil/client talk, more information is provided about the teacher/counselor, and therefore how the teacher/counselor statements influence this balance can be studied with this particular set of categories. The FIAS and IA have the observer rate the ongoing interaction every three to five seconds.
Specific Hypotheses

1) There will be no significant difference in the number of times counselors use IA Indirect-type statements with school-age boys as compared to school-age girls during a counseling session.

2) There will be no significant difference in the number of times counselors use IA Direct-type statements with school-age boys as compared to school-age girls during a counseling session.

3) There will be no significant difference in the number of times a counselor will interrupt school-age boys as compared to school-age girls during a counseling session.

4) There will be no significant difference in the number of times school-age boys as compared to school-age girls interrupt counselors during a counseling session.

Research Design

The design of this study was descriptive in nature. The primary focus was whether counselors differ in their interaction pattern when counseling school-age boys than they when they counsel school-age girls.

To test research hypothesis #1 the scores of counselors using IA indirect statements were compared on sessions working with school-age boys to sessions working with school-age girls. To test research hypothesis #2 the scores of counselors using IA direct statements were compared on sessions working with school-age boys to sessions working with school-age girls. To test research hypothesis #3 the number of times counselors
interrupt school-age boys was compared to the number of times they interrupt school-age girls. To test research hypothesis #4, the number of times school-age boys interrupt counselors was compared to the number of times school-age girls interrupt counselors.

Data Analysis

The statistical technique used in this study was a t-test. This was the appropriate statistic to use when comparing two groups of subjects on the same variable. The two groups of subjects, counselors working with school-age girls and counselors working with school-age boys, was tested and compared on the basis of Indirect-type questions on the Interactional Analysis, Direct-type questions on the Interactional Analysis, the number of times the counselor interrupted the client, and the number of times the client interrupted the counselor. The alpha level for the t-tests was set at the .05 level.

Ethical Considerations

The current literature abounds with studies on gender bias in the interactions between parents or adults and children, between teachers and children, and between counselors and adult clients, but there was little empirical evidence on the interactions between counselors and children. The limited number of empirically-based studies were not based on actual counseling sessions with children. There was a need to analyze what occurs
between a counselor and a child in a counseling session.

Thousands of children see counselors each year, and it seemed to be important to analyze gender differences that occur in session. Counselors know that parents and teachers treat boys and girls differently, but there was no research examining whether counselors themselves treat boys and girls differently. Boys and girls grow up receiving different messages concerning what society expects from them; and these different messages influence them throughout their lifespan. Counselors needed to be aware of differences in their interactions with boys as compared with girls.

This study provided to the literature additional empirical data on the interactions of counselors with children during counseling sessions. This study provided knowledge that is useful for current counselors and for modifying courses teaching new counselors. This can help counselors be more informed and more effective.

There was no foreseen possibility of causing physical or emotional harm to subjects associated with this study. Only videotapes of counseling sessions were used. The observers did not live in the same area as the subjects; nor were the observers affiliated with PACES Family Counseling Center or The College of William and Mary. Authorization for videotaping for research purposes had been signed by all people involved. Data were analysed using standard descriptive and statistical procedures to determine the degree of relationship that exists. Permission to
undertake this study was obtained from the Human Rights Committee of the College of William and Mary prior to beginning this research. Results of this study were compiled and reported in compliance with the ethical and professional standards for doctoral research in the School of Education at The College of William and Mary.
Chapter 4.

Results

The results of the statistical analyses of the data collected for this study are reported in this chapter. The purpose of this study was to investigate whether counselors differ in their interactive patterns when counseling school-age girls as compared to school-age boys when measured by the communication categories of indirect statements, direct statements, interrupting the client, and being interrupted by the client. As a prelude to the analysis of the hypotheses of this study, a description of the characteristics of the study's sample and of the study's raters is presented.

Characteristics of the Sample

Existing videotapes of counseling sessions with 25 school-age girls and 25 school-age boys were used in this study. All of the school-age girls and school-age boys were seen by counselors at the PACES Family Counseling Center, The College of William and Mary, Williamsburg, VA. The Family Counseling Center provides services for families of children who attend public school in the Commonwealth of Virginia in Gloucester, Hampton, James City County, Newport News, Poquoson, Williamsburg, and York County. Families may be referred by teachers, principals, guidance counselors, school psychologists, or school social workers from the participating school divisions. All of the
families referred have at least one at-risk child or adolescent, who is having difficulty at school or at home. The presenting problems have a wide range of severity — for example, having trouble dealing with parents' separating or divorcing, learning to adjust in a blended family, acquiring the skills to cope with having Attention Deficit Hyperactivity Disorder (ADHD), having a parent or parents killed, or being suspended and counseling being mandated before the student is allowed back in school. Each of the families sent to PACES has difficulties too severe for the school counselor to handle in the school setting. However, the PACES family counselors work closely with school and agency personnel to ensure that the families receive the best service possible. The population served by PACES includes families from a wide variety of ethnic, cultural, religious, and socio-economic backgrounds.

All of the counselors who see families at PACES Family Counseling Center are graduate students who have been admitted to a counseling degree program at The College of Williams and Mary. The counselors bring to PACES a wide variety of accomplishments and experiences. Both male and female counselors work at PACES, and they come from various ethnic, cultural, religious, and socio-economic backgrounds. The counselors are single, married, divorced, remarried, widowed, parents, grandparents, or childless. They come from a variety of family of origin structures. The only common factors among the counselors used in this study are that they are graduate students at The College of
William and Mary, and they work at PACES Family Counseling Center.

Characteristics of the Raters

The five raters who participated in this study are or were recently advanced graduate students at North Carolina State University, Raleigh, NC. Three are current students and two recently completed their doctorates. Two of the raters were men and three were women. All are students who worked closely with Dr. Norman Sprinthall and who were familiar with the Interaction Analysis, Adapted Flanders for Counseling (IA, see Appendix 4) which was developed by Dr. Sprinthall.

Dr. Sprinthall was contacted to ask if he knew any people familiar with the IA who would be willing to help with research. He provided the names and numbers of several students. Each person agreed to participate in the research before they were sent the videotape packets. Each packet contained instructions (see Appendix 5), a videotape, and 15 IAs.

Discussion of Inter-rater Reliability

The five videotapes were comprised of five-minute sections taken from existing videotapes of counseling sessions. Each tape contained five sessions with school-age girls, and five sessions with school-age boys. This resulted in observations of 50 counseling sessions.
In addition, each tape contained one five-minute section for a school-age girl and one for a school-age boy that were identical. This was used to evaluate the inter-rater reliability. A correlation was done on the identical segments to determine whether there was any significant differences among the raters. There was no significance found. The inter-rater reliability was determined to be 93.2%.

Discussion of Responses on IA

Each item on the IA designates a specific type of communication exchange. In using the IA, each observation of a communication event is enumerated. The numbers resulting from using the IA to evaluate a interchange between a counselor and a client indicate the number of times a particular type of exchange occurred, the numbers are not to judge a position on a scale. The numbers are classificatory.

There are eleven types of communication exchanges listed on the IA. They are as follows:

(1) counselor accepts feeling
(2) counselor praises or encourages
(3) counselor accepts content
(4a) counselor asks content questions
(4b) counselor asks feeling questions
(5a) counselor states own facts, opinions
(5b) counselor states own feelings
(6) counselor gives directions
(7a) counselor uses positive confrontation
(7b) counselor uses criticism
(8a) client responds to content questions
(8b) client responds to feeling questions
(9a) client initiates content statements
(9b) client initiates feeling statements
(10a) working silence
(10b) confused silence
(11a) counselor interrupts client
(11b) client interrupts counselor

The frequencies of the observations of these variables for all the subjects, for school-age boys, and for school-age girls are summarized in Appendix 6, Appendix 7, and Appendix 8.

Research Question Number One

Research question number one addressed the use of indirect-type statements by the counselor during a counseling session with a school-age girl or school-age boy. Indirect-type statements include statements that accept feelings, praise or encourage, accept content, ask content questions and asks feeling questions. Research has shown that indirect-type statements are used more often with school-age girls than with school-age boys. Previous research has indicated that teachers and parents treat boys and girls differently. Research also has demonstrated that counselors treat adult men and women differently. Appendix 9 contains the results of a T-Test for the difference in the use of
indirect-type statements by counselors during counseling sessions with school-age girls as compared to sessions with school-age boys.

The analysis contained in Appendix 9 indicates that there is a statistically significant difference (p < .05) in the use of indirect-type statements by counselors during counseling sessions with school-age girls when contrasted to sessions with school-age boys. Indirect-type statements are used more often with school-age girls than with school-age boys.

Research Question Number Two

The second research question addressed the use of direct-type statements by counselors during counseling sessions with school-age girls and school-age boys. Direct-type statements include those that give the counselor's own facts and opinions, state the counselor's own feelings, give directions, confront positively, and criticize. Research has demonstrated that direct-type statements are used more often with boys than with girls. Appendix 9 presents the results of a T-Test that examines the difference in the use of direct-type statements used with school-age girls during counseling sessions as compared to sessions with school-age boys.

The analysis represented in Appendix 9 indicates a statistically significant difference (p < .05) in the use of direct-type statements by counselors during counseling sessions with school-age boys as compared to sessions with school-age
girls. More direct-type statements are made to school-age boys than to school-age girls.

Research Question Number Three

Research question number three addressed the number of times a counselor would interrupt a school-age child during a counseling session. Previous research has shown that females are interrupted more often than males, and that teachers interrupt school-age girls more often than school-age boys during a class session. Appendix 10 presents the results of a T-Test comparing the number of times counselors interrupted school-age girls as compared to the number of times school-age boys were interrupted during a counseling session.

The results demonstrate a statistically significant difference ($p < .05$) in the number of times counselors interrupt school-age boys as compared to the number of times they interrupt school-age girls during counseling sessions. School-age girls were interrupted significantly more often during counseling sessions than were school-age boys.

Research Question Number Four

Research question number four discussed the number of times a school-age client would interrupt the counselor during a counseling session. Previous research has demonstrated that men interrupt more often than women, and that school-age boys are allowed to interrupt teachers during class more often than
school-age girls. Appendix 10 shows the results of a T-Test examining the difference in the number of times school-age boys were permitted to interrupt the counselor during counseling sessions as compared to the number of times school-age girls interrupted the counselor.

A statistically significant difference ($p < .05$) was found between the number of times school-age girls interrupt the counselor during counseling sessions when compared to the number of times school-age boys interrupt the counselor. School-age boys interrupted the counselor significantly more often during counseling sessions than school-age girls did.

**Additional Findings**

The primary thrust of this study was to examine the use of indirect-type and direct-type statements used by counselors during counseling sessions with school-age children, and the number of times the counselor interrupted or was interrupted by the client. However, the IA also permitted a comparison of client participation during counseling sessions. Appendix 11 presents the results of T-Tests looking at the client's statements in response to counselor's questions and the client's statements that were initiated by the client.

Significant differences were found in client talk when comparing school-age boys and girls during counseling sessions. School-age girls both responded more often to questions by the counselor and initiated talk more often than did school-age boys.
The IA also allowed the examination of any difference between the amount of counselor talk and the amount of client talk during a counseling session. Appendix 12 shows the results of T-Tests comparing the amount of talk by school-age girls and boys, and the amount of counselor talk during sessions with school-age boys and girls.

It was found that school-age girls talk significantly more during counseling sessions than school-age boys. In addition, it was found that counselors talk significantly more during sessions with school-age boys than they do during sessions with school-age girls, because the boys do not talk as much as the girls.

Summary

A number of significant results have been reported in this chapter. The first hypothesis that counselors would use more indirect-type statements with school-age girl clients than they would with school-age boy clients during a counseling session was supported. A significant difference was found in the use of indirect-type statements by the counselor during counseling sessions when comparing sessions with school-age girls and sessions with school-age boys. Indirect-type statements were used significantly more often with school-age girls than with boys.

The second hypothesis that counselors would use more direct-type statements with school-age boy clients than they would with school-age girl clients during a counseling session
was supported. The use of direct-type statements by the
counselor during sessions with school-age boys was found to be
significantly different than their use during sessions with
school-age girls. Significantly more direct-type statements were
used by the counselor during counseling sessions with school-age
boys than with school-age girls.

Support was found for the third hypothesis that counselors
would interrupt school-age girls more often than school-age boys
during counseling session. The number of times school-age girls
were interrupted by the counselor during a counseling session was
found to be significantly different from the number of times the
counselor interrupted school-age boys. School-age boys were
interrupted significantly fewer times by the counselor during
counseling sessions than were school-age girls.

The fourth research hypotheses that school-age boy clients
would interrupt counselors more often than school-age girl
clients during a counseling session was supported. Significant
differences were found between the number of times a counselor
was interrupted by a school-age girl during a counseling session
as compared to the number of times a school-age boy interrupted.
School-age girls interrupted a counselor significantly fewer
times during counseling sessions than school-age boys.

In addition, significant differences were found in client
talk during counseling sessions when comparing school-age girls
and boys. It was determined that school-age girls responded to
questions by the counselor significantly more than did school-age
boys. It was also shown that school-age girls initiated significantly more client talk during counseling sessions than school-age boys.

During counseling sessions with school-age children, counselors spent significantly more time talking during sessions with school-age boys than they did during sessions with school-age girls. School-age girls were found to spend significantly more time talking during counseling sessions than were school-age boys.
Chapter 5

Summary, Discussion, Conclusion, and Recommendations

This chapter addresses the meaning and significance of the results reported in chapter 4. The first section of the chapter provides a summary of the study and its findings. The second section of the chapter discusses the limitations of the findings in this study. The third section examines the conclusions that can be drawn from the results of this study. The final section of the chapter assesses the implications of the study's findings for future research.

Summary

Statement of the Problem. Since the advent of the Women's Movement in the late 1960's, there has been a dramatic increase in the interest in factors that influence the development of sex roles in children. Gender role socialization and bias begin when an infant is born. Parents have a set of expectations that are consistent with their beliefs about appropriate sex role traits and behaviors. Differential parental attitudes about and expectations of sons and daughters are apparent from the time the child is born. Parents treat boys and girls differently.

When the child enters school, teacher-student interactions demonstrate that teachers also treat boys differently than girls in the classroom. Curriculum is usually derived from the
productive world, which is generally associated with a male culture. Teachers support assertiveness in boys and passivity in girls. Teachers interrupt boys much less often than girls, and, simultaneously, allow boys to interrupt them more often than girls. Boys learn to be heard without interruption, and that it is permitted for them to be assertive and interrupt adults whenever they choose.

Research has shown that clinicians hold different ideas for what is considered mental health for adult men and women. These differences parallel our culture's prevalent sex-role stereotypes. Stereotypically masculine traits are considered more desirable than attributes that are stereotypically feminine.

One neglected area has been is the nature of the relationship between clinicians and children. Counselors work with school-age children, and adults influence the shaping of acceptable sex roles in children. Since research has demonstrated that the type of behavior that is reinforced during childhood impacts numerous sex differences evident in adult behavior, this study was designed to investigate whether counselors treat school-age girls differently than school-age boys during counseling sessions. It was predicted that counselors would treat school-age boys in a manner that varied from their treatment of school-age girls.

For the purpose of this study the Interactive Analysis—Adapted Flanders for Counseling was used. The four following research questions were addressed: 1) Do counselors
use more indirect-type statements with school-age girl clients than they do with school-age boys during a counseling session?, 2) Do counselors use more direct-type statements with school-age boys than they do with school-age girls during a counseling session?, 3) Do counselors interrupt school-age girls more often during counseling sessions than they do school-age boys?, 4) Do school-age boys interrupt counselors more often during a counseling session than school-age girls do?

Sections of videotapes of fifty counseling sessions were used to make five videotapes, each containing ten portions of sessions. All of the clients and counselors had previously signed a release form allowing videotaping and permitting the videotapes to be used for research. Five volunteer raters evaluated the tapes.

Each rater used the Interaction Analysis to evaluate the communication that occurred between the client and the clinician during a counseling session. Relationships between the counselor's use of indirect-type and direct-type statements with school-age girls as compared to school-age boys were explored using t-tests. Whether counselors interrupt school-age boys more often than school-age girls, and whether school-age boys interrupt counselors more often than school-age girls was also investigated by the use of t-tests. A probability level of 0.05 was used to establish the statistical significance of any relationships.
Statement of Findings

The analysis of the data presented in this investigation yielded the following descriptive results:

1. Counselors used significantly more indirect-type statement during counseling sessions with school-age girls than they did during sessions with school-age boys. Indirect-type statements are those that accept feelings, praise or encourage, accept content, ask content questions, and ask feeling questions.

2. Counselors used significantly more direct-type statements during counseling sessions with school-age boys than they did during sessions with school-age girls. Direct-type statements provide the counselor's own opinions and facts, state the counselor's own feelings, give directions, confront the client positively, and criticize the client.

3. Counselors interrupted school-age girls significantly more often during counseling sessions than they did during sessions with school-age boys.

4. School-age boys interrupted counselors significantly more often during counseling sessions than did school-age girls.

Limitations of the Study

The composition of the sample used in this study must be considered when interpreting the study's results. The majority of the children, counselors, and raters used in this study were either Afro-American or Caucasian. While this is generally representative of the population in the locale where the study
was done, this will limit the generalizability of the study. In addition, all the participants in the study lived in a specific geographic location. This also will affect the generalizability of this study.

No special consideration was given for the demographic variables of ethnic background, gender, religion, culture, or family of origin for the counselors who were rated in this study. This was not a random sample, which may limit the generalization of the results.

The children who were rated in this study were given no special consideration for the demographic variables of ethnic background, religion, culture, or family of origin. Because this was not a random sample, it may limit the generalization of the study.

All of the raters who participated in this study were volunteers. This creates the possibility of biased raters since volunteers have been found to be different from non-volunteers. However, an inter-rater reliability was calculated to ensure that the raters would be similar to one another. This reliability was determined to be 93.2%. Although volunteers may differ from non-volunteers, the raters in this study did not differ significantly from one another in their evaluation of the counseling sessions.

In summary, this study has a number of limitations which may serve to restrict its generalizability. Of special concern is that fact that this was not a study of a random sample. While
these limitations are significant, they do not necessarily undermine the importance of the findings of this study. They do demand consideration from researchers and clinicians attempting to generalize the conclusions drawn from this study.

Conclusions

The findings of this study have implications for the understanding of the interaction patterns of communication that occur between counselors and school-age children during counseling sessions. The following section will discuss these implications and the conclusions that can be drawn from this study. The reader is reminded that each of the following implications and conclusions are directly linked to the results of this study. As a consequence, generalizations based on these conclusions need to be approached with caution as suggested in the discussion of the limitations of this study.

The results of this study provide evidence which supports a variety of conclusions about the type of interaction that takes place between counselors and school-age children during counseling sessions. First and foremost is the conclusion that counselors do treat school-age girls differently than they treat school-age boys during therapy sessions. Counselors are consistent with our culture's prevailing stereotypes about how males and females should be treated.

Differences in treatment as children influences the level of ego development that occurs in adulthood. Gender contributes to
the context in which a counselor responds to a child, and, therefore, becomes influential in the socialization process and the development of the child's self-identity. According to our culture, girls are expected to be kind, intuitive, nurturant, empathic and sensitive (Bardwick & Douvan, 1972; Lerner, 1974; Williams, 1977). Indirect-type statements are those that accept feelings or content, praise, and ask feeling or content questions. This type of statement emphasizes feelings and demphasizes fact and information. As this study shows, statements of this type are used more often by counselors when working with school-age girls. Teachers use this type of statement in the classroom more often with girls also (AAUW, 1991). This type of statement promulgates the message to girls to be more concerned with emotions and reactions, and less concerned with directions and actions. The acceptable sex role model for females appears to remains unchanged and unchallenged by counselors.

Boys are presumed to be rational, active, analytical, unsentimental, competitive and initiators (Barwick & Douvan, 1972; Lerner, 1974; Williams, 1977). Direct-type statements give directions, provide information about the counselor's opinions or feelings, confront positively or negatively. They are not concerned with the feelings of the client. Counselors used statements of this kind more often with boys during therapy sessions. In addition, this type of statement is used more often by teachers in the classroom when speaking with boys (AAUW,
Statements of this sort encourage boys to "stick to the facts" and not to be concerned with their feelings. Counselors do not support boys examining their own feelings as much as therapists support girls.

While the use of indirect-type and direct-type statements is significantly different with school-age boys and girls, a close look at the differences reveals something of interest. There appears to be a greater difference in the use of direct-type statements with boys and girls than there does with the use of indirect-type statements. This means that counselors use more indirect-type statements with boys than they use direct-type statements with girls. They use more feeling-type statements with boys than they use information-providing statements with girls. Traditionally counseling is considered a place to explore feelings; feelings are encouraged and discussed during sessions. This emphasis on feelings may explain why there is less of a difference in the use of indirect-type statements during counseling sessions with school-age girls and boys than there is in the use of direct-type statements. Boys are somewhat encouraged to examine their feelings. Therapists seem to be less likely to reveal their own opinions or feelings to girls. It also appears that counselors are less inclined to give directions to girls, or to confront them.

School-age boys interrupt counselors more often during counseling sessions than school-age girls do. This is consistent with the behavior of boys in the classroom where the boys
interrupt the teacher more frequently than girls (Hendrich & Stange, 1991; Swann & Graddol, 1988; Tannen, 1990). Boys learn that it is acceptable for them to be assertive and to interrupt adults when they choose. Girls learn to assume a less assertive role in talking. What they have to say is treated with less respect and interest. Because they learn that what they have to say is less important, girls ascertain that they should not interrupt, but wait until others have finished speaking. This may be what is socially acceptable sex-role behavior for females, but this type of behavior puts them at a disadvantage when it comes to being heard.

School-age girls are interrupted by counselors more often during counseling sessions than school-age boys. Teachers also interrupt girls more often than boys in the classroom (Hendrich & Stange, 1991; Swann & Graddol, 1988; Tannen, 1990). Boys learn that it is their role to be heard without interruption. They are practicing skills that allow them to control topics, dominate the flow of talk, and be effective in public speaking. Girls learn to give up the floor quickly when someone else wants to talk. What girls say is dismissed and discounted easily. They learn to allow others to dominate the conversation.

This gender inequality in talk is not unique to counseling. It exists in schools (Barnes, 1976), and in talk among adults (Tannen, 1990). This inequality in speaking is not the result of women being reluctant to talk, but is the results of a complicated process that gives men more power in interactions.
It should be no surprise that counseling sessions are not isolated from the outside world, but mirror the wider social conditions.

School-age girls talk more during counseling sessions than school-age boys. They talk more both in response to questions and statements made by the counselor, and in initiating talk. One possible reason for this might be that girls are encouraged to be more aware of feelings. Since counseling emphasizes discussing and dealing with feelings, girls may find it easier to talk about something with which they are familiar. Another possible explanation may be that during counseling sessions there are only two people present. Girls are not expected to defer to boys, and may feel freer to talk. In addition, the counselor listens to what the girl has to say and this may have a reinforcing effect.

Counselors talk more during sessions with school-age boys than they do with school-age girls. Girls talk more than boys during counseling sessions, and counselors talk to boys more than they do to girls. Boys may talk less because they are not accustomed to discussing their feelings. Since they are not expected to talk about their feelings in our culture, boys may be uncomfortable and talk less during counseling sessions. This may result in counselors talking more to fill the silence. Counselors talk more about their own opinions and feelings during sessions with school-age boys. This may be an attempt on the part of the counselors to model this behavior for boys.
Generally adults come to counseling voluntarily, but children are brought by their parent(s) or guardian(s). They are not given a choice. Counseling is a personal matter that involves a personal relationship, and evidence indicates that acceptance, honesty, warmth, understanding, and sincerity are key ingredients in the success of therapy (Corey, 1986). Clients contribute to the relationship through variables such as their cooperation, perceptions, behavior, expectations, and reaction to the therapist. Therapists' interest and ability to aid the client, their level of caring, and their genuineness are factors that impact the relationship. Since children are not usually given a choice about coming to counseling, this will influence the development of the therapeutic relationship. If the counselor is unable to build a positive and supportive bond, then there is little chance any meaningful work will be done.

Development occurs in a morass of sociocultural pressures easily capable of subverting the attempt to be an individual. Assuming that people can actualize themselves, "become who they are," in a society opposed to who they are is naive—children need support for alternatives before they can make their own decisions about right choices for themselves. The role of the counselor is not one of making decisions for clients but of restoring options so people can make their own choices. It is the responsibility of the counselor to ensure that their clients perceive the real options for their own lives, and that those...
options are not limited because of gender. Hayes (1994) states the following:

For counselors, the caution is that gender is only a guide, not a prescription for understanding one's clients. A full consideration of the developmental significance of client concerns demands that counselors attend to both the 'feminine' and the 'masculine' in each client in an effort to appreciate what is universal in the human condition. (p. 264)

**Recommendations for Future Research**

The results of this study have established that counselors treat school-age boys and girls differently during therapy sessions. The findings of this study also provide specific ways in which children are not treated the same by counselors during sessions. In spite of the addition to the gender bias literature made by this study, a plethora of questions remain unanswered. The following section will briefly address those questions and provide suggestions for future research.

Further research is recommended to explore the results of differential treatment of boys and girls during counseling sessions. Are there differences in the outcome of counseling for boys and girls? If there are any outcome differences, what are they for the short-term results? Are there long-term differences?
It would be beneficial to explore the possibility of differences in treatment of adult men and women by therapists during counseling sessions? What actually happens during sessions as compared to what counselors say happens? What impact do these differences have on self-esteem, career aspirations, lifetime achievements, personal goals, marriage and family patterns, career accomplishments, and educational attainment?

Future research is needed to determine whether the interaction patterns found in this study are representative of other cultures and locations. The gender biased communication patterns supported by this study need to be explored for people who are not Afro-American nor Caucasian, and who are not located in Southeastern Virginia.

It would be beneficial for educational programs designed to educate counselors to incorporate recent research findings regarding gender bias in counseling into their curricula. Workshops need to be designed and made available for professional counselors to make them aware of and sensitive to the differences in the treatment of males and females.

It would be beneficial to measure accurately the amount of time counselors spend talking during sessions with girls as compared with boys. Are there similarities in these amounts for sessions with children and those with adults? Children learn more when they talk more in school. Is this also true for counseling?
Future research is recommended to explore the perceptions of school-age boys and girls in counseling. Do girls think they are treated in a manner that is different than the way boys are treated? What do boys think? If they believe there are differences, what impact does this have on the counseling process? How would it influence the outcome of counseling? What changes, if any, would children like to see occur in counseling?

It would be of interest to explore any differences between children who are required to attend counseling by school or parents and those children who choose to come to counseling voluntarily. What factors combine to cause a child to seek out counseling on their own? Are there differences in the counseling process or outcome for those who choose to seek counseling as compared to those who are given no choice?

Additional research is needed to examine and clarify the long-term effects of girls being interrupted more often and being permitted to interrupt others less often than boys. What are the long-term effects for boys who are allowed to interrupt whenever they choose, yet are infrequently interrupted by adults?
APPENDIX 1
LOEVINGER'S MODEL OF EGO DEVELOPMENT
<table>
<thead>
<tr>
<th>STAGE</th>
<th>IMPULSE CONTROL</th>
<th>INTERPERSONAL STYLE</th>
<th>CONSCIOUS CONCERNS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presocial/</td>
<td>Autistic,</td>
<td>Autistic,</td>
<td>Self versus nonself</td>
</tr>
<tr>
<td>symbiotic</td>
<td>autistic,</td>
<td>symbiotic</td>
<td></td>
</tr>
<tr>
<td>Impulse-ridden</td>
<td>Impulse-ridden</td>
<td>Exploitive,</td>
<td>Sexual and aggressive bodily feelings</td>
</tr>
<tr>
<td>fear of retaliation</td>
<td>fearful,</td>
<td>dependent</td>
<td></td>
</tr>
<tr>
<td>Self-protective opportunistic</td>
<td>Expedient,</td>
<td>Exploitive,</td>
<td>Advantage, control, protection of self</td>
</tr>
<tr>
<td>being caught</td>
<td>manipulative,</td>
<td>wary</td>
<td></td>
</tr>
<tr>
<td>Conformity</td>
<td>Conformity to external</td>
<td>Reciprocal,</td>
<td>Things, appearance, reputation, self-acceptance</td>
</tr>
<tr>
<td>rule</td>
<td>superficial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conscientious, Self-Aware</td>
<td>Internalized rules, guilt</td>
<td>Intensive,</td>
<td>Differentiated inner feelings, motives, self-respect</td>
</tr>
<tr>
<td></td>
<td></td>
<td>responsive</td>
<td></td>
</tr>
<tr>
<td>Autonomous</td>
<td>Coping with conflict,</td>
<td>Intensive,</td>
<td>Differentiated inner feelings, role concepts, self-fulfillment</td>
</tr>
<tr>
<td></td>
<td>toleration of differences</td>
<td>concern for autonomy</td>
<td></td>
</tr>
<tr>
<td>Integrated</td>
<td>Reconciling inner</td>
<td>Cherishing of</td>
<td>All of the above plus identity</td>
</tr>
<tr>
<td></td>
<td>conflicts, renunciation of</td>
<td>individuality</td>
<td></td>
</tr>
<tr>
<td></td>
<td>unattainable</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 2
LOEVINGER'S STAGES OF EGO DEVELOPMENT
AND
BLOCK'S EXTRAPOLATIONS TO SEX ROLE DEVELOPMENT
<table>
<thead>
<tr>
<th>STAGE</th>
<th>SEX ROLE DEVELOPMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presocial/</td>
<td>Development of gender identity, self-assertion, self-expression, self-interest</td>
</tr>
<tr>
<td>symbiotic</td>
<td></td>
</tr>
<tr>
<td>Impulse-ridden</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-protective</td>
<td>Extension of self, self-extension, self-enhancement</td>
</tr>
<tr>
<td>opportunistic</td>
<td></td>
</tr>
<tr>
<td>Conformity</td>
<td>Conformity to external role, development of sex role</td>
</tr>
<tr>
<td></td>
<td>stereotypes, bifurcation of sex roles</td>
</tr>
<tr>
<td>Conscientious</td>
<td>Examination of self as sex role exemplar vis-a-vis internalized values</td>
</tr>
<tr>
<td>Autonomous</td>
<td>Differentiation of sex role, coping with conflicting masculine/feminine aspects of self</td>
</tr>
<tr>
<td>Integrated</td>
<td>Achievement of individually defined sex role, integration of both masculine and feminine aspects of self, androgynous sex role definition</td>
</tr>
</tbody>
</table>
The PAGES Family Counseling Center is staffed by trained counselors who are receiving additional training in family counseling from faculty and advanced graduate students. For training purposes and those listed below, we request your permission to videotape counseling sessions.

I (We) authorize PACES Family Counseling Center to use any audio-visual recordings made by them of myself (us) and my (our) family, for the purpose of (a) evaluation by the counselor, (b) supervision by the counselor's supervisor, (c) research, and (d) teaching to professionals only with the approval of Dr. Fred L. Adair. The videotapes may be used, suitably disguised to the extent possible, in material prepared for publication.

Upon written notice I (We) may have any or all audiovisual recordings erased, and/or restrict their use to one or more of the above stated purposes.

Father: ___________________________ Date: ___________________________

Mother: ___________________________ Date: ___________________________

Witness to signatures: ___________________________ Date: ___________________________
APPENDIX 4
INTERACTION ANALYSIS
ADAPTED FLANDERS FOR COUNSELING
**COUNSELOR INDIRECT**

Rate every 3 to 5 seconds

1. **ACCEPTS FEELING.** Accepts and clarifies feeling tone of clients in nonthreatening manner. Feelings may be positive or negative. Predicting or recalling feelings are included.

2. **PRAISES OR ENCOURAGES.** Uses facilitative comments to keep talk going, e.g., "Um hm," "go on," "That's good."

3. **ACCEPTS CONTENT.** Clarifies the content and helps client extend the meaning. Open-ended paraphrasing of content (if counselor brings in own ideas shift to #5.)

4a. **ASKS CONTENT QUESTIONS.** Probes for facts.

4b. **ASKS FEELING QUESTIONS.** Probes for emotions.

**COUNSELOR DIRECT**

5a. **INFORMATION GIVING.** States own facts, opinions, ideas, rhetorical questions or interprets content.

5b. **INFORMATION GIVING.** States own feelings or interprets feelings.

6. **GIVES DIRECTIONS.** States procedures.

7a. **POSITIVE CONFRONTATION.** "I" message designed to change behavior, ideas and feelings.

7b. **CRITICISM.** Put downs, justifies authority, "You" messages.

**CLIENT**

8a. **CLIENT TALK, RESPONSE TO COUNSELOR QUESTIONS.** Content.

8b. **CLIENT TALK, RESPONSE TO COUNSELOR QUESTIONS.** Feeling.

9a. **CLIENT TALK, INITIATION BY CLIENT.** Content.

9b. **CLIENT TALK, INITIATION BY CLIENT.** Feeling.

10a. **SILENCE.** Working silence.

10b. **SILENCE.** Confusion or "dead air."

11a. **COUNSELOR INTERRUPTS CLIENT.**

11b. **CLIENT INTERRUPTS COUNSELOR.**
APPENDIX 5
CORRESPONDENCE WITH RATERS
Thank you for agreeing to help me with this part of my dissertation research. Enclosed in this packet are the following:

1. one videotape containing 12 5-minute sections of counseling sessions
2. 12 coded Interaction Analysis--Adapted Flanders for Counseling, and three non-coded
3. one padded envelope to return the videotape
4. one plain envelope to return the scored Interaction Analyses

It should take you approximately 1 hour to view and rate the sections of counseling sessions shown on the enclosed videotape. Please rate each 5-minute section on a separate Interaction Analysis. Each 5-minute section is preceeded by a code. Please make sure the code on the Interaction Analysis and the code preceeding the counseling session section you are rating are the same.

Once you have completed rating all 12 sections, please print your name, address, and phone number at the bottom of this sheet. Then please put the videotape into the padded envelope, and the completed Interaction Analysis and this sheet into the plain envelope, and mail back to me.

I appreciate your help in completing this part of my dissertation research. If you have any questions, please contact me at my home (804) 424-3027. Thank you.

Sincerely,

Sherry B. Rabinowitz
644 Reasor Drive
Virginia Beach, VA 23464

Your name__________________________________________
Your address_________________________________________
_____________________________________________________
Your phone number_____________________________________
APPENDIX 6
FREQUENCY OF OBSERVATIONS OF VARIABLES (N=50)
Table 6: Frequency of Observations of Variables (n=50)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Std Dev</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselor--</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepts Feelings</td>
<td>1.84</td>
<td>2.49</td>
<td>.00</td>
<td>9.00</td>
</tr>
<tr>
<td>Praises/Encourages</td>
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<td>4.23</td>
<td>.00</td>
<td>21.00</td>
</tr>
<tr>
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<td>2.93</td>
<td>.00</td>
<td>12.00</td>
</tr>
<tr>
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<td>6.68</td>
<td>3.42</td>
<td>1.00</td>
<td>17.00</td>
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<tr>
<td>Asks Feeling Ques.</td>
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<td>2.83</td>
<td>.00</td>
<td>11.00</td>
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<tr>
<td>States Own Opinions</td>
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<td>.00</td>
<td>20.00</td>
</tr>
<tr>
<td>States Own Feelings</td>
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<td>3.70</td>
<td>.00</td>
<td>14.00</td>
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<tr>
<td>Gives Directions</td>
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<td>3.29</td>
<td>.00</td>
<td>18.00</td>
</tr>
<tr>
<td>Uses Positive Confrontation</td>
<td>1.28</td>
<td>2.18</td>
<td>.00</td>
<td>11.00</td>
</tr>
<tr>
<td>Uses Criticism</td>
<td>.06</td>
<td>.24</td>
<td>.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Client--</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responds to Content Question</td>
<td>11.66</td>
<td>4.35</td>
<td>3.00</td>
<td>22.00</td>
</tr>
<tr>
<td>Responds to Feeling Question</td>
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<td>4.38</td>
<td>.00</td>
<td>20.00</td>
</tr>
<tr>
<td>Initiates Content Statements</td>
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<td>7.88</td>
<td>.00</td>
<td>29.00</td>
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<tr>
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<td>12.00</td>
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<tr>
<td>Working Silence</td>
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<td>.00</td>
<td>22.00</td>
</tr>
<tr>
<td>Confused Silence</td>
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<td>.56</td>
<td>.00</td>
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<tr>
<td>Counselor Interrupts Client</td>
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<td>.00</td>
<td>8.00</td>
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<tr>
<td>Client Interrupts Counselor</td>
<td>1.52</td>
<td>1.75</td>
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APPENDIX 7
FREQUENCY OF OBSERVATIONS OF VARIABLES
FOR SCHOOL-AGE GIRLS (N=25)
<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Std Dev</th>
<th>Minimum</th>
<th>Maximum</th>
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</thead>
<tbody>
<tr>
<td><strong>Counselor</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>.00</td>
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<tr>
<td>Praises/Encourages</td>
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<td>10.00</td>
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<tr>
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<td>3.96</td>
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<td>17.00</td>
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<tr>
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APPENDIX 9
T-TESTS FOR DIFFERENCES IN THE USE OF
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APPENDIX 10
T-TESTS FOR DIFFERENCES IN COUNSELORS INTERRUPTING AND BEING INTERRUPTED BY SCHOOL-AGE GIRLS AND BOYS DURING COUNSELING SESSIONS (n=50)
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T-TESTS FOR DIFFERENCES IN
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SCHOOL-AGE GIRLS AND BOYS DURING COUNSELING SESSIONS (n=50)
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Bibliography


VITA

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Birthplace: Norfolk, Virginia

Education

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Abstract

FAMILY COUNSELOR INTERACTION PATTERNS AS RELATED TO CLIENT GENDER: DIFFERENCES IN TREATMENT OF SCHOOL-AGE GIRLS AND BOYS

Sherry B. Rabinowitz, Ed. D.

The College of William and Mary, March 1994

Chairperson: Charles O. Matthews, Ph. D.

The purpose of this study was to investigate whether counselors differed in their interaction patterns when counseling school-age girls as compared to school-age boys when measured by the communication categories of indirect statements (feeling statements), direct statements (information statements), interrupting the client, and being interrupted by the client. Videotapes of counseling sessions were made from existing videotapes of counseling sessions conducted by the staff of the PACES Family Counseling Center at The College of William and Mary. Sections of 50 counseling sessions were used, plus two more sections to determine inter-rater reliability.

Five videotapes were made, each consisting of ten different five-minute sections of counseling sessions, and two five-minute sections that were identical on each of the five videotapes. Volunteers who were familiar with the Interaction Analysis (IA), Adapted Flanders for Counseling, used the IA to assess the interaction patterns between counselors and their school-age clients.

Measures of the differences in the use of indirect statements, direct statements, the counselor interrupting the client, and the client interrupting the counselor were statistically analyzed to determine if counselors had interaction patterns that differed when working with school-age girls when compared to working with school-age boys. Statistically significant differences were found between the use of indirect statements with school-age boys and girls, the use of direct statements with school-age girls and boys, the counselor interrupting the client, and the client interrupting the counselor. In addition, statistically significant differences were found between the amount of talking done by school-age girls and school-age boys during counseling sessions. Statistically significant differences were found between the amount of talking done by counselors during counseling sessions with school-age girls as compared to sessions with school-age boys.
The results of the study indicate that counselors use more indirect statements with school-age girls, and more direct statements with school-age boys during counseling sessions. Counselors interrupt school-age girls more often during counseling sessions than they do school-age boys. School-age boys interrupt counselors more often during counseling sessions than school-age girls do. School-age girls talk more during counseling sessions than school-age boys do. Counselors talk more during sessions with school-age girls than they do during sessions with school-age boys.