

## SEX ROLE STEREOTYPING AMONG SCHOOL COUNSELLORS

ANNE A. WETMORE-FOSHAY

*Student Services Department, Mount Saint Vincent University*

PATRICK O'NEILL

*Department of Psychology, Acadia University*

JAMES A. FOSTER

*Counselling Centre, Acadia University*

### *Abstract*

All school counsellors in the Province of Nova Scotia were mailed the Stereotype Questionnaire and asked to rate a "mature, healthy, socially competent" male, female, or adult. A significant sex difference was found, with women counsellors more likely to use "masculine" traits to describe the healthy person of either sex. This result is discussed in terms of changing attitudes toward sex roles, and the possible selection factors which attract women who value traditional "masculine" qualities and men who value "feminine" qualities to the counselling profession.

### *Résumé*

Tous les conseillers en orientation des écoles de la Nouvelle-Écosse ont reçu un questionnaire sur le stéréotype par le courrier et ils ont été demandé d'évaluer l'homme, la femme ou l'adulte par rapport à "la maturité, la santé, la compétence sociale". On a trouvé une différence significative au niveau du sexe. Les femmes conseillers étaient portées à identifier de "masculin" une personne, d'un sexe ou de l'autre, en bonne santé. Ce résultat évalué par rapport aux attitudes changeantes vis-à-vis les rôles sexuels et par rapport aux facteurs de sélection qui attirent la femme, valorisant les qualités traditionnellement "masculines", et l'homme, valorisant les qualités "féminines", à la profession du conseiller.

In the past decade attention has been focused on discrimination against women, and the deep-rooted and often unconscious sex-role stereotypes that exist in society. Broverman, Broverman, Clarkson, Rosenkrantz, and Vogel (1970) investigated sex-role stereotyping among psychotherapists, and determined that a double standard of mental health existed among these professionals. The present study used a method similar to that of Broverman et al. to investigate possible sex-role stereotyping among school counsellors in Nova Scotia.

In the Broverman et al. study, clinicians were sent a questionnaire containing a number of trait attributes, and were asked to rate a "mature, healthy, socially competent" male female, or adult. Each clinician received only one form of the questionnaire (male, female or adult) to disguise the nature of the study. The major finding was that the healthy female was significantly different from both the healthy male and the healthy adult, while healthy males and healthy adults were not rated differently from each other. The gender of the person making the ratings had no effect on the results.

Other studies have used the Broverman technique with various populations, with mixed results. Some have replicated the basic finding (Anderson, 1975; Nowacki & Poe, 1973) while others have not (Kravitz, 1976; Maxfield, 1976). Some have found that the results were influenced by gender of the rater (Maslin & Davis, 1975), while others have found no gender effect (Anderson, 1975; Maxfield, 1976).

There has been considerable interest in the possibility that sex-role stereotyping among school counsellors may result in biases in the guidance given to boys versus girls (Allison, 1975; Boy & Pine, 1976; Dewey, 1974; Gardner, 1971; Griffith, 1975; McEwen, 1975; Naffziger & Naffziger, 1974). There is also some evidence that, unlike the Broverman sample, male and female counsellors in the educational system may differ in their susceptibility to sex role stereotyping (Chasen, 1975; Enghard, Jones, & Stiggins, 1976; Helwig, 1976; Maslin & Davis, 1975).

In the years since the original Broverman study, with the increasing debate about sex roles and the focus on possible sex-role stereotyping, a change in attitudes of professionals might be expected.

There is some evidence for such a shift away from stereotyping. Smith (1974) used a sample of secondary school counsellors and found no evidence of stereotyping on the basis of race or gender of person being rated. Englehard et al. (1976) studied counsellor attitudes over a 6-year span and found changes in the direction of decreased sex-role stereotyping for both male and female counsellors, but the female counsellors were changing much faster. Maslin and Davis (1975) used a variation of the Broverman technique with school counsellors, and found less stereotyping than was evident in the earlier Broverman study. They attributed this difference to the increasing attention being paid to this problem in society at large. However, they also found that males were stereotyping more than females, again perhaps indicating that females were changing faster with the times.

Two other factors that might influence sex-role stereotyping among counsellors are the specific cultural milieu from which the counsellors are drawn and their experience level. Hill (1975) found experience was a factor in relationship between counsellor and client. In fact, there was an interaction of gender and experience, with inexperienced male and experienced female counsellors being more empathic and active in their counselling sessions. Turning to cultural factors, Anderson (1975) replicated the Broverman findings with an Australian sample but found some differences between the results when an item analysis was performed. It was concluded that these differences probably reflected differences in cultural values between the U.S. and Australia. Because our research was conducted in Nova Scotia, Canada, some cultural differences might be anticipated.

The present study used the basic Broverman (1970) technique, as modified by Maslin and Davis (1975), with a sample that was composed of all the school counsellors in the Province of Nova Scotia. Variables, in addition to the three forms of the questionnaire (male, female, adult) were counsellor gender and counsellor experience.

### Subjects

Questionnaires were distributed to 242 practicing school counsellors (172 males and 70 females) listed by the Nova Scotia Department of Education. Seventy-one percent of these counsellors responded by returning completed material. The sample for the study was thus comprised of 173 school counsellors, 124 males and 49 females.

### Instrumentation

The primary research instrument was the short-form version of the Stereotype Questionnaire

developed by Rosenkrantz, Vogel, Bee, Broverman, and Broverman (1968). This form consists of a series of bipolar items representing the "masculine" and "feminine" extremes of specific behavior traits, such as:

Not at all aggressive . . . . . Very aggressive  
Very gentle . . . . . Very rough  
Very emotional . . . . . Not at all emotional

Subjects are asked to rate each item on a 1 to 7 scale in order to evaluate their expectations of a "healthy, mature, socially competent" male, or female, or adult (sex unspecified).

Thirty-eight items on the Stereotype Questionnaire were established as sex-role stereotypic by a 75% or better agreement among groups of college men and women (Rosenkrantz et al., 1968). The shortened version contains 82 items from the original 122, and retains the original 38 "stereotypic" items; only these are used for scoring purposes.

In the present study, subjects were also requested to complete a demographic data sheet which asked for information on their sex, area of counselling, number of years in counselling, counsellor certification, and counsellor training.

### Procedure

Questionnaires were mailed to all counsellors; the questionnaires were accompanied by one of three instructional sets, asking them to describe a "healthy, mature, socially competent" male, female, or adult. Stratified random assignment to each of the three instructional sets was used to ensure a relatively equal proportion of males to females in each category. The questionnaires were accompanied by the demographic data sheet and a covering letter requesting the counsellor's cooperation. Anonymity was assured. Table 1 represents the total response. Only the 38 stereotypic items used in the Broverman et al. (1970) study were considered for scoring purposes.

Table 1  
Total Counsellor Response

Counsellors	Instructional Set		
	"male"	"female"	"adult"
Males	37	46	41
Females	16	14	19
Refusals	10	7	8

The scoring procedure used in the present study differs from the Broverman research, since items in the present study were evaluated on a 1 to 7 scale, while Broverman et al. asked clinicians to use the poles of each item for their evaluations, es-

entially creating a forced-choice situation. The 1 to 7 scale allowed more flexibility in the counsellors' responses. This procedure was used by Maslin and Davis (1975) and Anderson (1975). All items were scored in the direction of masculinity (i.e., a score of 7 represented extreme masculine stereotyping; a score of 1 represented extreme feminine stereotyping). Thus, possible total scores for the questionnaire ranged from 38 (extreme feminine stereotyping) to 266 (extreme masculine stereotyping). Group mean scores were the average of the total scores within each group.

### Results

The hypotheses were tested using a  $3 \times 2 \times 2$  factorial design for unequal  $n$ 's. The independent variables were instructional set, sex of counsellor, and certification status of counsellor, while the dependent variable was score on the Stereotype Questionnaire.

The majority of subjects answered only the items on the demographic data sheet which asked for their sex and whether they possessed counsellor certification from the Provincial Department of Education. Items concerning graduate training, number of years in counselling, area of specialization, etc., were generally not completed. Thus, the only available distinction on the basis of training was categorization of the counsellors into "certified" and "uncertified" groups.

Means and standard deviations for the questionnaire scores of certified and uncertified males and certified and uncertified females within each of the three instruction sets are presented in Table 2.

The analysis of variance disclosed a main effect for sex of counsellor, but no main effects for instructional set or for counsellor certification. There were no significant interactions. Female counsellors were more likely than male counsellors to use "masculine" trait descriptions in describing the ideal person under all three instructional sets. This gender difference was significant,  $F(1, 161) = 4.47, p < .03$ . It should also be noted that the effect for instructional set approached significance,  $F(2, 161) = 2.56, p < .07$ . This tendency was in the predicted direction for male counsellors, with healthy males and healthy adults seen as similar and healthy females lower in "masculinity". But for females, the tendency was to rate healthy females and healthy adults as similar, and healthy males as more "masculine".

### Discussion

While the scoring procedure used in the present study differed from Broverman et al. (1970), it was expected that a numerical score from a 7-point rating scale would provide a more precise indication of degrees of stereotypic response. However, unlike the Broverman research, we found no systematic differences in ratings as a function of the "healthy male . . . healthy female . . . healthy adult" instructions. Maslin and Davis (1975) used the same procedure on a similar population and found that female counsellors held a fairly uniform standard of health for all three categories, while male counsellors had more stereotypic expectations for healthy females. On the basis of these findings, they suggested that the double

Table 2  
Means, Standard Deviations and Cell Sizes  
for Three-Way Analysis of Variance

Instruction Set	Sex of Counsellor	Certification Category	N	$\bar{X}$	SD
"Healthy Male"	Male	Certified	27	164.47	10.72
		Uncertified	10	160.90	11.37
	Female	Certified	12	169.79	17.35
		Uncertified	4	168.43	9.58
"Healthy Female"	Male	Certified	30	156.85	14.93
		Uncertified	16	161.30	14.37
	Female	Certified	11	166.13	9.34
		Uncertified	3	160.63	6.86
"Healthy Adult"	Male	Certified	33	163.16	11.16
		Uncertified	8	164.25	6.27
	Female	Certified	15	166.93	6.41
		Uncertified	4	155.52	8.95
Total N			173		

standard of mental health might be disappearing, and the results of the present study appear to strengthen this explanation. Support for this optimistic conclusion was also found by Englehard et al. (1976).

In the present research there was a nonsignificant tendency for men to rate healthy males and healthy adults similarly and as more "masculine" than the healthy female; on the other hand, women tended to rate healthy females and healthy adults similarly and as less "masculine" than the healthy male. However, the failure of this trend to reach an acceptable significance level makes any interpretation moot. Counsellor certification had no effect in the present study, although defining training simply in terms of provincial certification may not have been the most precise approach possible, and it failed to account for varying experience levels.

The major finding was the difference between males and females in the way they rated all "healthy" persons, whether identified as male, female, or simply as adult. Females tended to use more stereotypically "masculine" traits in defining health than did males. Thus, for example, a healthy person of either sex was more likely to be aggressive, independent, objective, dominant, active, adventurous, etc. Male counsellors were more likely to see the healthy person as a blend of traits that are stereotypically "masculine" and those that are "feminine" (e.g., talkative, gentle, tactful).

Several authors have noted that female mental health workers and counsellors seem to be responding more quickly than male counsellors to changing sex-role concepts (Englehard et al., 1976; Maslin & Davis, 1975). The present results may reflect this tendency for women counsellors increasingly to value traditional "masculine" traits as the epitome of health for both sexes. This would be consistent with two other recent studies. Kravetz (1976) found that feminists, compared with women who did not subscribe to feminist ideology, were more likely to value the masculine pole of traits when defining "health". Chasen (1975) found that female school counsellors tended to make ratings counter-stereotypically, regardless of their own attitudes toward the Women's Movement. The author suggested this might be a function of a compensatory mechanism, reacting against traditional sex-role stereotyping.

Another factor contributing to the tendency of women counsellors to value "masculine" traits more highly may lie in the differences between the sorts of men and women who enter the profession. To enter the working world and embark on a career is still something of a masculine prerogative. This is especially true in the Atlantic provinces of Canada, where attitudes are less affected by

changing times than in the more urban and industrial parts of North America. For instance, it was noted that in the total population of school counsellors in Nova Scotia, males outnumbered females 172 to 70. It may be that women who pursue a career despite social restrictions must, themselves, value qualities like aggressiveness, assertiveness, dominance, adventurousness, etc. By the same token, even though there are more males than females in the counselling profession, professions such as teaching, social work, child care work, child psychology, and so on probably attract men who are more likely to value traditional "feminine" qualities at least as much as they value those that conform to the "masculine" stereotype. Thus, it is not surprising to find that men who have entered professions which are concerned with the rearing and teaching of children should value qualities such as gentleness, understanding, expressing feelings, and so on.

Paradoxically, then, our finding that women counsellors value traditional masculine traits as signs of mental health more than did male counsellors may be an expression both of changing times, and of the traditional sex-role stereotypes in our society. Historical change may be at work in making both men and women more aware of the need to have a common standard of health regardless of gender, and women may be additionally sensitive to the problem and may compensate by over-valuing traditional "masculine" traits. At the same time, the ways in which pervasive sex-role stereotypes have discouraged women from entering professions, while simultaneously staking out some professions as requiring more "feminine" traits among men, may select different sorts of men and women for these careers, that is, women who value assertiveness and adventure, and men who value empathy and gentleness.

#### References

- Allison, S.L. A survey of college counsellors concerning the sex-role stereotyping of women and the double standard of mental health. *Master's Abstracts*, 1975, 13, 181.
- Anderson, M. Sex role stereotypes and clinical psychologists: An Australian study. *Australian Psychologist*, 1975, 10, 325-331.
- Boy, A.U., & Pine, G.J. Equalizing the counseling relationship. *Psychotherapy: Theory, Research and Practice*, 1976, 13, 20-25.
- Broverman, I.K., Broverman, D.M., Clarkson, F.E., Rosenkrantz, P.S., & Vogel, S.R. Sex-role stereotypes and clinical judgements of mental health. *Journal of Consulting and Clinical Psychology*, 1970, 34, 1-7.
- Chasen, B. Diagnostic sex-role bias and its relation to authoritarianism, sex-role attitudes, and sex of the school psychologist. *Sex Roles*, 1975, 1, 355-368.

- Dewey, C.R. Exploring interests: A non-sexist method. *Personnel and Guidance Journal*, 1974, 52, 311-315.
- Englehard, P.A., Jones, K.O., & Stiggins, R.J. Trends in counselor attitudes about women's roles. *Journal of Counseling Psychology*, 1976, 23, 365-372.
- Gardner, J. Sexist counseling must stop. *Personnel and Guidance Journal*, 1971, 49, 705-714.
- Griffith, A. Feminist counselling: A perspective. *The School Guidance Worker*, 1975, 31, 21-24.
- Helwig, A.A. Counselor bias and women. *Journal of Employment Counseling*, 1976, 13, 58-67.
- Hill, C.E. Sex of client and sex and experience level of counselor. *Journal of Counseling Psychology*, 1975, 22, 6-11.
- Kravetz, D.F. Sex role concepts of women. *Journal of Consulting and Clinical Psychology*, 1976, 44, 437-443.
- McEwan, M.K. Counseling women: A review of the research. *Journal of College Student Personnel*, 1975, 16, 382-388.
- Maslin, A., & Davis, J.L. Sex-role stereotyping as a factor in mental health standards among counselors-in-training. *Journal of Counseling Psychology*, 1975, 22, 87-91.
- Maxfield, R.B. *Sex-role stereotypes of psychotherapists*. Unpublished doctoral dissertation, Adelphi University, 1976.
- Naffziger, C.C., & Naffziger, K. Development of sex role stereotypes. *The Family Coordinator*, 1974, 23, 251-258.
- Nowacki, C.M., & Poe, C.A. The concept of mental health as related to sex of person perceived. *Journal of Consulting and Clinical Psychology*, 1973, 40, 160.
- Rosenkrantz, R., Vogel, S., Bee, H., Broverman, I., & Broverman, D.M. Sex-role stereotypes and self-concepts in college students. *Journal of Consulting and Clinical Psychology*, 1968, 32, 287-295.
- Smith, M.L. Influence of client sex and ethnic group on counselor judgments. *Journal of Counseling Psychology*, 1974, 21, 516-521.

#### Footnotes

The authors acknowledge the help of the Nova Scotia Department of Education and Mr. Ken Allen, Computer Programmer. The counsellor certification requirements mentioned in the article no longer exist. The old requirements are outlined in the Education Act available through the Nova Scotia Department of Education, Halifax. Reprints of the article may be obtained from Ann Wetmore-Foshay, Counselling Services, Mount Saint Vincent University, Halifax, Nova Scotia.