

## Counselors'-in-Training Perceptions of Gendered Behavior

By: Heather C. Trepal, [Kelly L. Wester](#), Michelle Shuler

Trepal, H. C., & Wester, K. L. (2008). Counselors'-in-training perceptions of gendered behavior. *The Family Journal*, 16, 147-154.

Made available courtesy of Sage Publications: <http://www.sagepub.com/>

**\*\*\*Reprinted with permission. No further reproduction is authorized without written permission from Sage Publications. This version of the document is not the version of record. Figures and/or pictures may be missing from this format of the document.\*\*\***

### **Abstract:**

This study utilized Q methodology to examine counselors'-in-training (CIT) perceptions of gendered behavior. Findings supported that most CITs adhered to a traditional view of gender. To work effectively with couples and families, it is suggested that counselors need to address and explore potential biases and socialized stereotypes of gender.

**Keywords:** gender; stereotypes; counselor training; gender roles; Q methodology

### **Article:**

Counselors form impressions of their clients within moments (Sandifer, Horden, & Green, 1970; Vogel, Epting, & Wester, 2003). These impressions can result in inaccurate hypotheses or decisions based on easily identifiable client characteristics. For example, biological sex is a characteristic that we use to classify individuals within seconds of meeting them (Beal, 1994; Glick & Fiske, 1999; Seem & Clark, 2006), and this classification is usually unconscious. Thus, sometimes a counselor's initial impression or understanding of a client may be based on the client's biological sex, and the counselor's typecast of "males" and "females" (e.g., Deaux, 1976; Stabb, Cox, & Harber, 1997), prior to the client ever discussing his or her presenting concern.

Although a counselor may be forming impressions based on biological sex within seconds, these assumptions are actually related to the client's gender. Sex and gender are often used synonymously in counseling and research; however, they are not the same thing. Humans are biologically born as males and females (i.e., sex), whereas gender encompasses the psychological, cultural, and social characteristics that we attach to biological females and males (Gilbert & Scher, 1999).

Others have found that whereas sex and gender are typically used synonymously, most people—counselors included—scrutinize individuals from the Traditional Model of "Opposite" Sex (Gender) Identity (Gilbert & Scher, 1999). Wester and Trepal (2008) add

This Traditional Model, which pits men and women against each other as opposites in every respect, portrays the dominant U.S. gender formulation. In the model, males and females are conceptualized differently in various aspects of life (e.g., life roles, personality, and sexual partner) and one's gender is prescribed directly according to one's biological sex (p. 434).

Thus, if a woman came in for counseling, a counselor might immediately make assumptions based on her being a female. These assumptions may include the fact that she is heterosexual, relationship oriented, caring, emotional, and may tend to be more of a caretaker than a career woman. If a male walked in, some of the immediate assumptions about him might be the exact opposite. The assumptions may be that he is less likely to be emotional and more likely to be stoic and aggressive, be more independent, and career oriented (Gilbert & Scher, 1999; Vogel et al., 2003). However, keep in mind that these assumptions tend to be related to gender, yet are often based on a client's biological sex.

It is imperative that we understand a client's biological sex, as well as their gender identity. Both can impact their relationships, marriage, family, and may ultimately be related to their presenting concerns (e.g., Gilbert & Scher, 1999; Mintz & O'Neil, 1990). For example, men are less likely to seek counseling than women. However, when they do seek counseling they may tend to show more avoidant behaviors, such as fidgeting or evading eye contact with the counselor (Mintz & O'Neil, 1990). In addition, men tend to have more than one presenting concern; commonly, the lack of ability to express emotion (Gilbert & Scher, 1999; Goodman, Koss, & Russo, 1993), lack of intimacy in relationships or the inability to connect on an emotional level, and work-related stress issues (Gilbert & Scher, 1990). On the other hand, women tend to be more likely than men to enter a counseling relationship. This may be due in part to their socialization to be more expressive, relationship oriented, and verbal. Women are more likely to express relationship problems in counseling, such as frustrations with their partner for not expressing emotions, or fear of upsetting their partner (Gilbert & Scher, 1990; Mintz & O'Neil, 1990). Women may often present with low self-esteem, depression, or overwhelming feelings because of multiple responsibilities or roles they assume (Gilbert & Scher, 1990).

Each individual brings a dynamic and unique perspective to a relationship or situation. Not only is there a need to separate sex and gender within counseling and research, but there is also a growing need to recognize how gender is conceptualized by counselors, both within individual clients and within clients' relationships. Sex differences and sex role stereotypes, such as the Traditional Model of "Opposite" Sex Identity, can limit couple, marriage, and family counseling by continuing to focus attention on gendered stereotypes. Movement toward understanding gender conceptualization within individuals and relationships shifts the focus from individual separateness to connection and interaction (Thompson, 1993). Change in perception may be particularly important to appropriately address gender roles within same-sex as well as opposite sex relationships.

### **IMPACT OF COUNSELORS' GENDER TYPECASTS**

Women and men may come in for counseling exhibiting roles and behaviors that mimic the Traditional Model or they may have stepped outside that model and be engaging in more egalitarian gendered roles, or be in a same-sex relationship where gender roles can be more difficult to negotiate (Kurdek, 1989). Although the majority of us are aware that gender can play a role in clients' lives, some counselors may believe that they are not susceptible to gendered stereotypes within the counseling session (Philpot, Brooks, Lusterman, & Nutt, 1997). Considering that gender classifications can be instantaneous based on initial impressions of a person as biologically male or female (Beal, 1994), it is unclear how these assumptions may impact the work of counselors or the typecasts they may unconsciously bring into the counseling session. Deaux (1976) suggested that counselors may "have expectations for the behaviors of a . . . male or female which derive from stereotyped assumptions" (p. 336). In examining this statement, researchers have found that stereotypical gender role assumptions do have a powerful impact on counseling, ranging from the interaction between the counselor and the client to the treatment goals and methods of intervention used throughout counseling (Daniluk, Stein, & Bockus, 1995). More specifically, these assumptions are related to their assessments, perceptions, judgments, and evaluations (Stevens-Smith, 1995), diagnoses (Cook, Warnke, & Dupuy, 1993), problem formulation, treatment recommendations, and perceived degree of severity of the problem (Lopez, 1989).

Although the quick typecasts that counselors make from a client's biological sex have been seen to impact various aspects of counseling, very little research has been done to examine counselors' perceptions of sex and gender. An exception to this was a study conducted by Vogel and colleagues (2003). They examined 59 written cases from counselors' intake sessions and found that counselors' descriptions of their male and female clients seemed to match the Traditional Model of "Opposite" Sex Identity described earlier. Vogel et al. (2003) found that in their case notes, counselors described female clients as "vulnerable," "emotional," and "needing to assert themselves more," whereas they found that counselors described male clients as "being stuck," "stressed," and needing to pay "attention to how the client connects with others." Overall, case notes revealed that intake counselors saw male clients as more deficient in ability or self-control than women, and saw females as more emotionally vulnerable and needing more help than male clients. Vogel and colleagues (2003) suggested that although these results do not indicate that counselors are actually biased against female and male clients, it does suggest that they have stereotypical assumptions regarding biological sex.

Operating in a counseling session with stereotypical assumptions of males and females has the potential to harm clients (Gillon, 2007; Tsui & Shultz, 1988; Wester & Trepal, 2008) possibly leading counselors to work within restrictive ideas of the roles and behaviors expected of men and women (Hare-Mustin, 1983). For example, it has been suggested that the majority of counselors tend to have a heterosexual bias when clients come for counseling (Phillips & Fischer, 1998), suggesting that, if not asked, counselors may assume that clients' sexual orientation is heterosexual, or that when discussing "partners," clients are talking about someone of the opposite sex.

Although Vogel et al. (2003) examined counselors' written case notes from intake sessions, researchers have not directly examined counselors' perspectives. If clinical judgments and treatments are based on the gendered assumptions counselors have (Stabb et al., 1997), clients who do not conform to traditional gender roles are more likely to be viewed as pathological (Robertson & Fitzgerald, 1990) or may be directed to fit within the counselors' stereotyped views—regardless of whether these views or assumptions are traditional or more fluid in nature. Thus, it is imperative to begin to directly examine counselors' perceptions of gender to determine whether more training needs to occur in this area. It has been suggested that altering counselor training to incorporate gender issues may be beneficial to clients, and would allow counselors-in-training (CITs) to begin to explore their assumptions and biases about male and female clients (Vogel et al., 2003; Wester & Trepal, 2008). However, the first step would be to determine what, if any, are these gender stereotypes. The current study examines the question what are CITs' perceptions of gender?

## **METHODS**

To investigate CITs' perceptions of gender, Q methodology was the research design used. Q methodology was selected because of its usefulness in organizing and measuring subjective perceptions of participants regarding significant personal experiences (Brown, 1986; McKeown & Thomas, 1988). Although Q methodology has existed and has been in use as a viable research methodology for some time, it can be considered an emerging methodology in the social sciences. Even though it includes principles of factor analyses, it has been conceptualized as being more qualitative in nature (Shemmings, 2006). Therefore, although it uses methods of factor analysis to group individuals' perspectives, it is not considered to be quantitative in the traditional sense, thus lending itself to gaining an understanding of various perspectives concerning a particular topic.

To better understand Q methodology, a brief description of the process is given (although an in-depth discussion of Q methodology is out of the scope of this article, interested readers can refer to works such as Brown, 1986). Q methodology first identifies a concourse that includes words that attempt to describe the range of subjective viewpoints, opinions, and beliefs regarding a particular topic. The concourse for this study consisted of a list of words that represented the characteristics of men and women. This concourse was created by examining literature (Gartner & Harmatz, 1990; Gilbert & Scher, 1999; Vogel et al., 2003) and asking counseling professionals (CITs, educators, and practitioners) to free associate words they believed represented masculine and feminine characteristics and gender. When all the words were compiled, additional professionals were asked to come to a consensus on the words so that duplicates were removed. The final list of words included 37 statements representing feminine, masculine, and neutral characteristics (see Table 1 for the 37 characteristics). The statements were then typed onto index cards and randomly numbered for participants to sort on the distribution.

In Q methodology, once the concourse is selected, participants are asked to sort the words on an upside-down, near-normal distribution. Then, Q methodology incorporates inverse factor analyses that examine groups of individuals who have similar opinions and viewpoints and are distinctive of other groups of individuals based on how they choose to sort the list of words provided to them. The groups of individuals, or factors, are then interpreted by studying the words with the strongest valence, both positive and negative, and the words that are distinctive among other groups or factors. Once participants sort the statements, they can be interviewed so the researcher can gain more information about each person's idiosyncratic meanings for the words, along with their opinions regarding their Q sorts.

Because of the emphasis on the subjective viewpoints of participants, Q methodology does not typically use statistical comparisons such as analysis of variance or regression models, with objective or empirical descriptors of participants, such as scores on inventories, ethnicity, sex, or age (Hurd, 1999). Q methodology does not attempt to generalize results because the sampling method uses statements, not individuals.

## **SAMPLE**

The convenience sample consisted of 29 volunteer graduate CITs from one counseling program in a mid-size university in the Midwest. In Q methodology, a sample size of 29 participants is considered to be appropriate to achieve an understanding of participants' perspectives (see Brown, 1986), and because of these routine small sample sizes, power analyses are not needed or calculated (Shemmings, 2006).

In the current sample, the majority of participants were females ( $n = 21$ ; 72%), with ages ranging between 22 and 50 (mean = 32.72; SD = 8.44). Participants were pursuing their masters ( $n = 12$ ; 41%) and doctoral degrees ( $n = 17$ ; 59%) at the time of the study. The majority of participants was Caucasian ( $n = 25$ ; 86%), with three students identifying as African American ( $n = 2$ ; 10%) and Asian American ( $n = 1$ ; 4%).

After receiving a description of the project and instructions on how to sort their Q concourse, students were asked to rank-order the 37 statements according to the following condition of instruction: "Sort the cards according to whether you believe the characteristic is a "perceived feminine trait" or a "perceived masculine trait." The rank-ordered array resulting from the sort resembled an upside-down, near-normal distribution with 7 columns valued from  $-3$  (perceived masculine trait) to  $+3$  (perceived feminine trait). After each Q sort, the researchers individually conducted a semistructured interview with each student. The interviews included questions regarding the participants' ranking of the statements related to their opinions and experiences regarding masculinity and femininity.

## **RESULTS**

The Q sorts were analyzed using PQMethod (Schmolck & Atkinson, 2002). Principle components factor analysis, unrotated, was employed to analyze the correlations among the Q sorts of all participants in the current study. Originally, six factors emerged with eigenvalues greater than 1.0, accounting for 77% of the variance. In Q methodology, factor loadings can be determined to be significant at a  $p = .01$  by using the equation:  $SE = 1/(\sqrt{N}) \times 2.58$ , where  $N$  equals the number of statements (McKeown & Thomas, 1988, p. 50). In the current study, factor loadings of .424 and above were considered significant. These items are denoted in Table 1.

When the six factors were examined further, only four factors were selected for analyses based on the percentage of variance that was explained by each factor (total variance explained from four factors: 68%) as well as the number of participants that loaded on each factor. Specifically, factors 5 and 6 each accounted for less than 5% of variance. In addition, only one participant loaded on Factor 5 and one loaded on Factor 6, indicating that statistically these two individuals' perspectives did not closely resemble those of the other participants. However, because of the factors only representing the viewpoint of one person—not a culmination of related opinions and thoughts of gender, and the lower percentage of variance explained—both factors 5 and 6 were excluded from the final analyses. In addition to these two participants, two additional participants did not load on any factor (i.e., statistically correlate either positively or negatively with a particular point of view), indicating, statistically, that their perspective did not closely resemble most of the other participants. Combining these four participants, they were not found to differ on demographic characteristics (i.e., age  $F [1,27] = 1.02, p > .05$ ; credit hours completed in graduate program  $F [1,25] = .47, p > .05$ ). These four individuals were dropped from the remainder of the analyses.

The final sample consisted of 25 participants. A total of four factors, or groupings of CITs, emerged. Through examining the characteristics that were distinctive of each factor, and exploring participants' interviews, the factors were categorized into themes: (a) Traditional, (b) Survivor/Competitor, (c) Emotional/Physical and (d) Internal/External Processing Perspectives. Each factor is described below.

**TABLE 1**  
**Q Sample Statements and Average Rank Order of Statements by Factor**

	Factor 1: Traditional Perspective		Factor 2: Survivor/Competitor Perspective		Factor 3: Emotional/Physical Perspective		Factor 4: Internal/External Processor Perspective	
1. Goal oriented	-1**		2		-2**		1	
2. Career oriented	0		-1		0		-2*	
3. Caregiver	3		3		4		2	
4. Emotional	4		2		3		3	
5. Independent	1**		-1		-2		-4**	
6. Breadwinner	-3		-2		-2		-1	
7. Homemaker	4		2		2		3	
8. Intelligent	0		0		0		1*	
9. Fashionable	2		1		1		1	
10. Distant	-2		-4*		-3		-1*	
11. Parent	1		0		2		0	
12. Strong	-1**		3**		-4		-3	
13. Provider	-2		0		-1		-1	
14. Sexual	0		0		-1		-2	
15. Aggressive	-4		-4		-3		-4	
16. Depressed	1		0		1		0	
17. Verbal	3		3		3		4	
18. Fragile	3*		-1*		0		0	
19. Dominant	-4		-3		-3		-2**	
20. Resilient	0		4**		0		-1	
21. Flexible	1		4**		0		2*	
22. Inhibited	-1		-3*		-1*		0	
23. Materialistic	-2		-2		1**		0	
24. Naive	2		0*		1		1	
25. Sensitive	2		1		4		4	
26. Dependent	0		-1		1		1	
27. Protective	-3		0**		3**		-3	
28. Persistent	2		1		0*		1	
29. Crafty	-1		1		0		2**	
30. Monogamous	1		1		2		2	
31. Manipulative	0*		-1		-1		-1	
32. Stoic	-3		-3		-4		-3	
33. Winner	0		-1		-1		-1	
34. Athletic	-1		-2		-1		-2	
35. Moralistic	-1**		1		1		3	
36. Driven	-2		-2		-2		0	
37. Trusting	1		2		2		0*	
Demographics	<i>n</i>		<i>n</i>		<i>n</i>		<i>n</i>	
Male	0		0		5		2	
Female	5		7		3		3	
Caucasian	3		5		8		5	
Asian American	1		0		0		0	
African American	1		2		0		0	
Mean age (SD)	30.60	(7.47)	33.71	(9.91)	35.50	(9.85)	32.20	(8.70)
Completed credit hours	10.33	(17.03)	53.71	(51.40)	69.29	(29.49)	49.60	(30.54)

\*Denotes a distinguishing statement at  $p < .05$ . \*\* $p < .01$ .

## FACTORS

### *Factor 1: Traditional Perspective*

The characteristics on Factor 1 closely mirrored the Traditional Model defined by Gilbert and Scher (1999); thus, the factor was called the Traditional Perspective. The five CITs on this factor sorted the statements (a) emotional, (b) homemaker, (c) verbal, and (d) caregiver as “most feminine” (Table 1 presents how the statements were sorted for an individual factor compared to how CITs on the other three factors sorted the statements, as well as distinguishing statements for each factor). Statements under “most masculine” included (a) aggressive, (b) dominant, (c) stoic, and (d) protective. Although interviews from every participant could not be provided here, those that were selected represented the majority of the statements from each particular factor.

When explaining the feminine side, one female on Factor 1 indicated that women are “Homemakers . . . all women I have known that is basically what they did. No one, no female challenged that”; she also indicated that “in today’s world men are typically seen as breadwinners and providers, they tend to exhibit behaviors that tend to make them look strong.” Another CIT agreed with her, indicating that “I think that women are a lot more nurturing and most of the people that I know that stay home and are homemakers are women” and that men are



“less emotional. . . . [and] raised to be more protective” Another participant indicated that the statement *sexual* is “a big drive in a man. . . . I think it is very important, for different reasons. It is not an emotional [thing], it is more of a physical.” She also indicated that

You can get into women’s lib all you want but women have the babies. That is what they want. If you have ever been to a baby shower, men don’t go. I love to hold a newborn baby, almost every woman does. But a man, they’re afraid. They are almost afraid to hold their own babies when they are first born. So the women are the caregivers, and they are very emotional, but then the emotional side of the woman leaves her open to being very hurt. Emotional and trusting is a very good trait, but the negative side is that it leaves her open to being hurt. She can’t see things for what they really are.

### ***Factor 2: Survivor/Competitor Perspective***

The second factor included seven CITs, all women (see Table 1). This factor was categorized as the Survivor/Competitor Perspective because females were viewed in a broader context and thought to wear multiple hats and play many roles in life, whereas men were reported to lack the opportunity to feel and were seen as aggressive and driven to get what they want. The statements that represented “most feminine” on this factor included (a) flexible, (b) resilient, (c) strong, and (d) verbal, whereas those that were considered to be “most masculine” for Factor 2 included (a) distant, (b) aggressive, (c) dominant, and (d) inhibited. One participant explained her beliefs about women being *strong* and *flexible*:

This isn’t strong like the world thinks is strong. The world thinks that connection to others is not all that strong, but I think it is through our connection to others that shows that we are strong and that women show strengths in ways that the world labels as pathology. For example, in a relationship, if a woman wants to be really connected emotionally to somebody then a family therapist might view that as dependent or pathological in some way, enmeshed, when it is just a more feminine way of being. Actually, care-giving and providing for others is not pathology. It is strength. I also think that women have had to be flexible. Men have always had to call the shots. They have always been able to say this is what is valued, this is what is important. I think women are more flexible because we are open to more things, flexible to more roles. Like women don’t only know one role. They know lots of them because they have to.

Another participant reflected on what she considered to be “most masculine”:

Obviously I do not think that all men are aggressive, but I think that is more of a male trait. . . . Aggressive, kind of going after something without any morals. Without looking at anyone’s feelings, they don’t care if they hurt anyone’s feelings. Whatever they want, they’re goal-oriented, they’re driven and they’re going to get it no matter who they hurt or at what cost.

### ***Factor 3: Emotional/Physical Perspective***

Factor 3 consisted of eight CITs (5 males and 3 females). This factor was characterized by participants sorting Q statements related to the emotional and physical characteristics of males and females. Participants placed the words (a) sensitive, (b) caregiver, (c) emotional, and (d) protective as “most feminine,” whereas they sorted (a) stoic, (b) strong, (c) distant, and (d) dominant as masculine traits (see Table 1). When discussing his thoughts of masculine characteristics, one participant noted:

I see men as more often doing the stoic thing, that “if I have feelings something is wrong or weak so I have to pretend that I don’t have feelings, pretend that things don’t bother me.” [Men] [k]eep things pretty repressed in terms of any sense of caring, nurturing. . . . Ironically, for most men I think anger is the default emotion. For a lot of men, their initial feeling might not be anger, but it often gets expressed as anger. Because socially that is acceptable for a man.

A female on Factor 3 provided her reflection on the masculine characteristic of dominant, “dominant . . . because my husband is. And I feel like most men . . . want things a certain way and sometimes they are aggressive. . . . With men it is always a physical thing. That may be my interpretation, but that is just fine.”

On the feminine side, a male participant on Factor 3 reported, “I see women as much more verbal, tend to express what they are thinking often, what they are feeling. . . . And women tend to be much more sensitive, they read people, they read non-verbals. . . . I think that part of that [is socialized].” Another female participant indicated, “I guess you find more women staying home, not working, putting their careers to the side, staying home to raise the kids, and that involves a lot of emotion.” Finally a third female participant noted, “What do I consider feminine? I would say trust and sensitivity. Although men can demonstrate those I think women [have] a greater tendency to demonstrate those. I mean those are important qualities for men to have, but I don’t think many men have developed those qualities.”

#### ***Factor 4: Internal/External Processing***

Factor 4 contained five participants (2 males and 3 females; see Table 1) and was labeled Internal/External Processing Perspective because CITs on this factor reported that women more often process things externally through talking, whereas men are more often reserved and process things on their own. Students sorted (a) sensitive, (b) verbal, (c) homemaker, and (d) emotional as “most feminine,” whereas they sorted traits such as (a) independent, (b) stoic, (c) aggressive, and (d) protector as “most masculine.”

To give an example, one participant noted,

Verbalness, I think that certainly the women I know talk more than [most] of the men I know. I don’t think they say as much most of the time. I think that if we really put in what the real content is, that it would be even. . . . I think [women] have been acculturated verbal processors . . . but more men are cognitive processors . . . they have been socialized that way. . . . Stoic, back to that being internal processors, especially for men who are grieving you see the wheels turning and they look very stoic but they are just as much of a mess inside as the women who are verbally processing the information. They are internally processing the information so they appear to be stoic. . . . Sometimes I think men get a bad rap of being distant when they are just internally processing.

Another male participant indicated that “females are more apt to talk . . . and to want to discuss” whereas “[m]en are more independent, more soul-searching type stuff. They keep it to themselves and are less apt to rely on others.”

## **DISCUSSION**

The current study investigated the question what are CITs’ perceptions of gender? Specifically, what types of behaviors, characteristics, and traits do counselors perceive to be assigned to males and females? The results revealed that there are a few different themes regarding perceptions about gendered behavior; however, according to CITs, the majority of the perceptions of males and females’ roles are traditional in nature, with men and women being inherently viewed as opposites throughout the sample in this study. When interviewed, none of the CITs reported any of the traits he or she was asked to sort as directly representing both feminine and masculine characteristics, but instead indicated they represented “males” or “females.” When asked to explain their sorts, specifically asking about the traits and words on the extremes—“most masculine” and “most feminine” (a gendered continuum)—all participants indicated that these were traits that *specifically* represented males and females (biological sex), thus, generalizing gendered traits and titles on the continuum to represent biological sex. In the interviews, there was no crossover on any traits that were believed to be masculine and feminine, and only one participant indicated “I wanted to put many more things in the middle . . . and I didn’t want to push them out [to the extremes]. There were some things I was like okay I will put these things out here to the right or to the left, but the majority I felt were in the middle” (male, Factor 3). No other participant reported similar feelings or frustrations.

The four factors that emerged from the current study mimic the idea that women and men are different, or opposite, in some innate way. This thought is consistent with the Traditional Model of “Opposite” Sex Identity as well as previous research. In a study conducted by Vogel and colleagues (2003), counselors viewed male and female clients in traditional ways in their intake session case notes. In this study, descriptives that were used to indicate women mirrored those in Vogel et al.’s study. The majority of CITs in this study described women as sensitive, emotional, and verbal. They also described one of the primary roles of females as being a “homemaker,” along with being a caretaker and being verbal. This leads the current authors to question the reactions of the CITs within this sample if any of their clients might want to step outside the Traditional Model. For example, how might they react when they have a female client who would like to be the breadwinner in the family, while her husband stays home to be the “homemaker” or a female client who tends to hold her emotions in and is not extremely talkative? What about clients who are in a same-sex relationship?

The current researchers found similar traditional views of men as Vogel and colleagues (2003) reported. Participants in the current study described males as stoic, dominant, aggressive, and independent. They reported that the majority of men are not able to express emotions, other than anger, and have difficulty connecting to others. Once again, this stereotype of men could lead to potential harm of a client in therapy. Research has found that stereotypes and biases of counselors can sometimes play a large role in counseling and first impressions (Katz, 1985). Robertson and Fitzgerald (1990) reported that counselors are more apt to view clients as pathological when they do not fit into their stereotypical assumptions or perceptions. These assumptions could impact the outcome of therapy and determine how the counselor works with the client(s) or the services that are offered to them.

Also of interest, the male participants in the study endorsed factors 3 and 4, Emotional/Physical Perspective and Internal/External Processing, respectively. Although Q studies do not support broad generalizations, this may possibly suggest some similarities in the views expressed by these male CITs. Both factors 3 and 4 deal with emotions and how men and women process and express emotions is certainly a relevant topic for counseling. Given that all of the male participants in the study were enrolled in a master’s program to become counselors, they may have been especially tuned in to their perceived differences between men and women in the arena of communication.

Counselors tend to form their impressions fairly quickly (Sandifer et al., 1970) and these judgments have been found to influence the type and length of services made available to clients, which in turn affects the outcomes of counseling (Tomlinson-Clarke & Cheatman, 1993). Also, if a counselor has a particular opinion about the roles that men and women should assume, based on their own socialization, the counselor may tend to direct counseling in a different direction or form hypotheses and treatment goals that may not be related to the real concern or client issue. Sexton, Whiston, Bleuer, and Walz (1997) suggested that when counselors make certain judgments or hypotheses, they can miss the important concerns because of the assumptions they end up focusing on.

An additional concern is how counselors, based on their gendered assumptions, might work with clients within relationships, including partnered same-sex or heterosexual relationships. How will a counselor be able to adjust his or her gendered assumptions when working with same-sex couples, or with a career-oriented female because their views of themselves may not be similar to that of heterosexual couples (Kurdek, 1989) or the Traditional Model? Or will the counselor’s typecast of biological sex and gender play a role in swaying a client to a particular behavior or course of action?

This study is an important first step to extending our understanding of CITs’ perceptions of gendered behavior. However, the study did have some limitations. First, almost all of the participants in the study were Caucasian females. There may be some socialization and multicultural perspectives encountered by more ethnically and racially diverse samples that were not explored. In addition, the university was located in the Midwest and there may also be regional variables related to gendered behavior that were not discovered. Although the results of the current study cannot be generalized outside of the sample, it does support results found in other recent



studies (e.g., Stabb et al., 1997; Vogel et al., 2003). The results of these studies combined echo the idea that graduate counseling programs should incorporate training or course-work that explores gender. If CITs are coming into graduate school with stereotypical assumptions about gender and expected roles of females and males, and if programs do not address or explore these assumptions, future clients can suffer potential harm. Counselors may unintentionally convey restrictive notions about the roles of men and women (Hare-Mustin, 1983), which may limit the possible behaviors counselors suggest are available to their clients (Shields, 1995). Stabb and colleagues (1997) also found that counselors tend to make differential judgments about their clients based on the perceptions that counselors have about men and women, and if these judgments and biases are left unidentified and unchallenged, they will remain ingrained and possibly impact the outcomes of therapy.

Because of the nature of Q studies, the results cannot be generalized, but they can generate additional professional conversations about the topic of gender and counseling. However, in-depth information about the current participants' perceptions of gender came out in the interviews, with participants revealing that they believed, in general, women tend to be emotional and vulnerable, whereas men tend to be more stoic, aggressive, and independent.

This study, combined with the results of other studies, indicates that CITs tend to have stereotypical views of gender, and with other researchers suggesting that these stereotypes can have serious implications for clients these counselors work with, future research needs to look more in depth into the area of gender perceptions of counselors, along with how to incorporate gender training into education programs. Specifically, further research needs to be conducted to determine whether these stereotypes carry over into counseling with clients. Future studies need to combine efforts such as this study (i.e., examining counselors' beliefs) and the Vogel and colleagues (2003) study (i.e., examining the perceptions of counselors during sessions), as well as examining the long-term impact that counselors' stereotypes and initial impressions have on interventions, assessments, and treatment throughout the course of therapy. Gender is an important client characteristic that impacts every individual, couple, and family who seeks mental health services; thus, perceptions of gender is a topic that needs to be further explored in order for graduate training programs to implement appropriate training and coursework and for counselors to practice ongoing self-assessment.

## REFERENCES

- Beal, C. R. (1994). *Boys and girls: The development of gender roles*. New York: McGraw-Hill.
- Brown, S. R. (1986). Q technique and method: Principles and procedures. In W. D. Berry & M. S. Lewis-Beck (Eds.), *New tools for social scientists* (pp. 57-76). Beverly Hills, CA: Sage.
- Cook, E. P., Warnke, M., & Dupuy, P. (1993). Gender bias and the DSMIII-R. *Counselor Education and Supervision, 32*, 310-322.
- Daniluk, J. C., Stein, M., & Bockus, D. (1995). Gender as a critical component of counselor training. *Counselor Education and Supervision, 34*, 294-307.
- Deaux, K. (1976). Sex: A perspective on the attitudinal process. In J. H. Harvey, W. J. Ickes, & R. F. Kidd (Eds.), *New directions in attribution research* (vol. 1, pp. 335-352). Hillsdale, NJ: Erlbaum.
- Gartner, J. & Harmatz, M. (1990). The effect of client and counselor values on clinical judgment. *Counseling and Values, 35*, 58-63.
- Gilbert, L. A. & Scher, M. (1999). *Gender and sex in counseling and psychotherapy*. Boston: Allyn & Bacon.
- Gillon, E. (2007). Gender differences: In help seeking. *Healthcare Counselling and Psychotherapy Journal, 7*, 10-13.
- Glick, P., & Fiske, S. T. (1999). Gender, power dynamics, and social interaction. In M. M. Ferree, J. Lorber, & B. B. Hess (Eds.), *Revising gender* (pp. 365-398). Thousand Oaks, CA: Sage.
- Goodman, L. A., Koss, M. P., & Russo, N. F. (1993). Violence against women: Physical and mental health effects. Part I: Research findings. *Applied and Preventative Psychology, 2*, 79-89.
- Hare-Mustin, R. T. (1983). An appraisal of the relationship between women and psychotherapy: 80 years after the case of Dora. *American Psychologist, 32*, 889-890.
- Hurd, R. C. (1999). Adults view their childhood bereavement experiences. *Death Studies, 23*, 17-41.
- Katz, J. (1985). The socio-political nature of counseling. *The Counseling Psychologist, 13*, 617-623.

- Kurdek, L. A. (1989). Relationship quality in gay and lesbian cohabitating couples: A 1-year follow-up study. *Journal of Social and Personal Relationships*, 6, 39-59.
- Lopez, S. R. (1989). Patient variables biases in clinical judgment: Conceptual overview and methodological considerations. *Psychological Bulletin*, 106, 184-203.
- McKeown, B., & Thomas, D. (1988). *Q methodology*. Newbury Park, CA: Sage.
- Mintz, L. B., & O'Neil, J. M. (1990). Gender roles, sex, and the process of psychotherapy: Many questions and few answers. *Journal of Counseling and Development*, 68, 381-387.
- Phillips, J. C., & Fischer, A. R. (1998). Graduate students' training experiences with lesbian, gay, and bisexual issues. *The Counseling Psychologist*, 26, 712-734.
- Philpot, C. L., Brooks, G. R., Lusterman, D., & Nutt, R. L. (1997). *Bridging separate gender worlds: Why men and women clash and how therapists can bring them together*. Washington, DC: American Psychological Association.
- Robertson, J., & Fitzgerald, L. F. (1990). The (mis)treatment of men: Effects of client gender role and life-style on diagnosis and attribution of pathology. *Journal of Counseling Psychology*, 37, 3-9.
- Sandifer, M., Horden, A., & Green, L. (1970). The psychiatric interview: The impact of the first three minutes. *American Journal of Psychiatry*, 126, 968-973.
- Schmolk, P., & Atkinson, J. (2002). PQMethod [Version 2.11] [Computer software and manual]. Retrieved from <http://www.lrz-muenchen.de/~schmolck/qmethod/>, last accessed January 29, 2007.
- Seem, S. R. & Clark, M. D. (2006). Healthy women, healthy men, and healthy adults: An evaluation of gender role stereotypes in the twenty-first century. *Sex Roles*, 55, 247-258.
- Sexton, T. L., Whiston, S. C., Bleuer, J. C., & Walz, G. R. (1997). *Integrating outcome research into counseling practice and training*. Alexandria, VA: American Counseling Association.
- Shemmings, D. (2006). "Quantifying" qualitative data: An illustrative example of the use of q methodology in psychosocial research. *Qualitative Research in Psychology*, 3, 147-165.
- Shields, S. A. (1995). The role of emotion beliefs and values on gender development. In N. Eisenberg (Ed.), *Review of personality and social psychology* (vol. 15, pp. 212-232). Thousand Oaks, CA: Sage.
- Stabb, S. D., Cox, D. L., & Harber, J. L. (1997). Gender-related therapist attributions in couples therapy: A preliminary multiple case study. *Journal of Marital and Family Therapy*, 23, 335-346.
- Stevens-Smith, P. (1995). Gender issues in counselor education: Current status and challenges. *Counselor Education and Supervision*, 34, 283-293.
- Thompson, L. (1993). Conceptualizing gender in marriage: The case of marital care. *Journal of Marriage and the Family*, 55, 557-569.
- Tomlinson-Clarke, S., & Cheatman, H. E. (1993). Counselor and client ethnicity and counselor judgments. *Journal of Counseling Psychology*, 40, 267-270.
- Tsui, P., & Shultz, G. L. (1988). Ethnic factors in group process: Cultural dynamics in multi-ethnic therapy groups. *American Journal of Orthopsychiatry*, 58, 136-142.
- Vogel, D. L., Epting, F., & Wester, S. R. (2003). Counselors' perceptions of female and male clients. *Journal of Counseling and Development*, 81, 131-141.
- Wester, K. & Trepal, H. (2008). Gender. In G. J. McAuliffe (Ed.) *Culturally alert counseling: A comprehensive introduction* (pp. 429-465). Thousand Oaks, CA: Sage.