
Perception of Clients' Presenting Concern as a Function of Counsellor-Trainees' Endorsement of Feminism

Dong Yul Lee

Angela Gee

The University of Western Ontario

Max R. Uhlemann

University of Victoria

ABSTRACT

The present study is an attempt to answer the question: Do novice clinicians' attitudes toward feminism influence their perception of the client's problem? Our prediction was that for female clients, the degree to which counsellor-trainees endorse feminist attitudes is related to the attribution of causes, prognosis, and perceived counsellor understanding. After completing a scale assessing their endorsement of feminist attitudes, 150 counsellor-trainees viewed one of two videotaped counselling interviews in which a male counsellor interviewed a male or a female client about his or her presenting concern of depression. The counsellor-trainees were then asked to indicate their perceptions of the client's problem. The results showed no significant effect of counsellor-trainees' feminist attitudes on their perception of clients' presenting problem of depression.

RÉSUMÉ

La présente étude est une tentative de réponse à la question : les attitudes vis-à-vis du féminisme des conseillers/ conseillères novices influencent-elles leur perception des problèmes de leurs clients? Notre prédiction était qu'en ce qui concerne les clients féminins, le niveau de sympathie envers les attitudes féministes des conseillers/ conseillères stagiaires influençait leur attribution des causes et leurs pronostics, ainsi que la perception des clients du niveau de compréhension démontrée par les conseillers/ conseillères. Après avoir complété un questionnaire évaluant leur niveau de sympathie envers les attitudes féministes, 150 conseillers/ conseillères stagiaires ont regardé un de deux entretiens filmés au cours duquel un conseiller masculin interroge un client masculin ou féminin sur ses inquiétudes de faire une dépression. Il a ensuite été demandé aux conseillers/ conseillères stagiaires d'indiquer leur perception des problèmes du client. Les résultats ont démontré que les attitudes féministes des conseillers/ conseillères stagiaires n'avaient aucun effet notable sur la perception qu'ils avaient de leurs clients présentant des symptômes de dépression.

The term "feminist therapy" has appeared in counselling and psychotherapy literature for more than two decades. An offshoot of the women's movement, feminist therapy maintains the perspective that many of the psychological distresses women clients bring to therapy are the result of living in a sexist society, and thus focuses more on the environment as a source of these distresses. Clients are encouraged to understand the sources of their oppression through gender-role analysis, while counsellors use feminist philosophy to help them conceptualize treatment alternatives (e.g., Butler, 1985; Ruth, 1998).

Within counselling psychology, most of the research has been concerned with participants' perception or preference for various types of feminist versus traditional counsellors (e.g., Enns & Hackett, 1990; Hackett, Enns, & Zetzer, 1992; Lewis, Davis, & Lesmeister, 1983). For example, Lewis, Davis, and Lesmeister (1983) compared profeminist women's reactions to different types of feminist therapists and found that preference for the feminist counsellor varied according to the type of client problem, with a tendency to prefer the feminist counsellor for career concerns, but not for personal concerns.

Substantial data show that clinicians' attributions or causal explanations (e.g., Murdock & Fremont, 1989) as well as clinicians' beliefs (e.g., Withers & Wantz, 1993) influence their perceptions of therapeutic variables. The present investigators believe that those counsellors who do and those who do not endorse feminist attitudes may differ in their conceptualization of the client's problem, its causes, and treatment choices.

With the above considerations in mind, we asked the following question: Does the degree to which counsellors' endorsement of feminist attitudes influence their perception of a client presenting concerns? We predicted the following: For the female client, counsellor-trainees who endorse feminist attitudes more strongly, as compared to those who endorse them less strongly, will (a) make more external (situational) attributions as to the locus of the problem, (b) give a more positive prognosis, (c) give a greater helpfulness score for a female than a male professional helper, and (d) recommend a female counsellor as a primary treatment agent.

METHOD

Participants

The participants were 150 Master's level counsellor-trainees (46 males and 104 females) recruited from two summer sessions over two academic years at three Canadian universities. Their ages ranged from 25 to 55 years, with a mean of 38.7 ($SD = 8.17$). Predominantly Rogerian in orientation, their formal counselling experience ranged from 0 to 18 years, with a mean of 2.60 ($SD = 4.30$) years.

Stimulus Tape

Two tapes of equal length were developed for use in the study. A male counsellor conducted a 50-minute initial interview with a male client and with a female client. The two stimulus tapes, differing primarily by client gender, focused on a client concern of depression. Depression was selected because it is one of the most commonly presented concerns of clients.

The counsellor was a man in his mid 40s, with a Master's degree and 20 years of counselling experience primarily in the secondary school setting. A male counsellor was used because of availability. Sex difference of the counsellor was not a focus of the study.

The two clients (a man and a woman), (a) were similar in age (i.e., middle 40s); (b) were seeing psychiatrists for depression at the time of videotaping (length of therapy : male = 36 months, female = 24 months); c) both scored a similar level (i.e., male = 29, female = 27) on the Beck Depression Inventory (Beck, 1967); and d) were given clinical diagnoses by their psychiatrists.

Endorsement of Feminist Attitudes

The Attitudes toward Feminism and the Women's Movement (FWM) Scale was used to assess the degree to which participants endorsed feminism. The FWM Scale, developed by Fassinger (1994), is a 10-item Thurstone's summated rating scale. Four of 10 FWM Scale items are reverse-scored. (Exemplary items: "The women's movement is too radical and extreme in its views." "I am overjoyed that women's liberation is finally happening in this country.") The items are presented in a 5-point rating scale (1 = *disagree*, 5 = *agree*), and thus the total score of the FWM Scale could range from 10-50.

The FWM Scale showed satisfactory psychometric properties, suggesting high convergent and discriminant validities (Fassinger, 1994).

Perception of Client's Problem Questionnaire (PCPQ)

The PCPQ, originally used by Simoni, Adelman, and Nelson (1991) in their study of perceived control and help-seeking behaviour of university students, was modified in wording by the authors to assess counsellor-trainees' perception of the client's problem. The findings of the Simoni et al. study demonstrated the face validity and practical usefulness of the instrument. The PCPQ consists of the following three subscales concerning a client's presenting concern: (a) attributional locus of client's presenting problem, (b) prognosis or future outlook of the client, and c) the degree to which the client's problem is understood by the counsellor. Under the attributional locus scale the following three items were presented in a 9-point rating continuum with descriptive anchors (1 = *totally in the situation*, and 5 = *equally situational or person-based*, and 9 = *totally in the person*): (a) "What do you think are the reasons for this client's problem?", (b) "What do you think are the reasons for the continuation of this client's problem?", and (c) "The solution to this client's problem depends on _____?"

The second subscale, which assessed counsellor-trainees' prognosis of the client, contains the following three items, each presented on a 9-point rating continuum: Are you optimistic or pessimistic about this client resolving the problem of depression within the next few years? (1 = *pessimistic*, 9 = *optimistic*); "What do you think the chances are of this client's problem re-occurring over time?" (1 = *likely to re-occur*, 9 = *unlikely to re-occur*); "Do you think this client will be a happy person after all?" (1 = *no*, 9 = *yes*).

The third subscale, consisting of two items, deals with the counselling-trainees' judgment of the degree to which the client was understood by the counsellor:

“Do you think this client was well understood by the counsellor in the tape?” (1 = *not understood*, 9 = *well understood*); “Do you think the counsellor in the tape can be helpful for this client?” (1 = *no help at all*, 9 = *very helpful*).

Lastly, we added one item seeking the counsellor-trainees' preference for the gender of the counsellor in relation to the client in the tape: “For this client, which counsellor gender do you think would be the most helpful?” (*female therapist, male therapist, does not matter*).

Procedures

Three weeks after the FMW Scale was administered, the participants were assigned randomly to either the male or female tape conditions, viewed the stimulus tape in a group, and completed the PCPQ imagining that they were the counsellor interviewing the client in the stimulus tape.

RESULTS

The female counsellor-trainees, compared to male counsellor-trainees, showed a slightly higher mean on the feminist scale [$M = 35.86$ vs 32.91 ; $SD = 6.35$ vs 6.17 , $t(148) = 2.64$, $p < .01$]. Since preliminary analysis showed statistically nonsignificant differences on all dependent variables between male and female groups, the data was pooled for further analysis. Means and standard deviations for each item on the subscales of the attributional locus of the client problem, prognosis, and counsellor understanding are presented in Table 1.

For an overall test of the hypotheses, a 2 (client gender) \times 2 (participants gender) multivariate analysis of variance (MANOVA), using counsellor-trainees' scores on judged attributional locus of the client problem, prognosis, and counsellor understanding as a dependent set, was performed. The result of MANOVA client gender \times counsellor-trainee interaction was not statistically significant, $F(3, 144) < 1$. Similarly, the MANOVA main effect of counsellor-trainee gender failed to reach needed statistical level of significance ($p > .05$). However, the MANOVA main effect of client gender was significant, Pillais = 2.69, $F(3, 146) = 17.87$, $p < .001$. Univariate comparisons revealed that the male client was perceived to have a more positive prognosis ($p < .001$) and to be better understood by the counsellor ($p < .05$).

For a direct examination of the first three hypotheses, a step-wise multiple regression was performed using the FWM Scale score as the dependent variable and the total subscale scores on attributional locus of the problem, prognosis, and counsellor understanding as the independent variables. Multiple R was a meager .13, $p > .05$. In fact, none of the zero-order correlations between endorsement of the feminism and the judged attributional locus of the client problem, prognosis, and counsellor understanding, respectively, were statistically significant (p 's $> .05$).

For the fourth hypothesis, we examined (i.e., *male, female, does not matter*) for the female client in the tape. The result of chi square on participants' preference for counsellor gender, was not statistically significant, $X^2(2) = 3.52$, $p > .05$.

TABLE 1

Means and Standard Deviations for Each Item in Subscales of Attributional Locus of the Client Problem, Prognosis, and Counsellor Understanding

Items	Female Client (<i>n</i> = 104)		Male Client (<i>n</i> = 46)		<i>t</i> (two-tailed)
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	
1. What do you think are the reasons for this client problem?	5.53	1.75	4.83	2.00	2.33*
2. What do you think are the reasons for continuation of this client problem?	6.32	1.71	6.79	1.58	1.74
3. The solution to this client's problem depends on?	6.61	1.74	7.01	1.64	1.45
4. Are you optimistic or pessimistic about this client resolving problem of depression within the next few years?	4.16	1.85	6.19	1.81	6.77**
5. What do you think the chances of this client problem re-occurring?	5.25	2.46	5.17	1.88	.22
6. Do you think this client will be a happy person after all?	3.76	1.48	5.45	1.60	6.74**
7. Do you think this client was well-understood by the counsellor in the tape?	6.80	1.65	6.91	1.69	.39
8. Do you think the counsellor in the tape can be helpful for this client?	5.65	1.85	6.64	1.85	3.27**

* $p < .05$
 ** $p < .01$

Specifically, among 75 participants who were assigned to the tape with the female client, only 14 (25%) of 57 women and 3 (17%) of 18 men preferred a female counsellor for the client. A majority of women (66%) and men (63%) indicated that counsellor gender "does not matter."

DISCUSSION

Our predictions were *not* supported by the data: the degree to which the counsellor-trainees endorse feminist attitudes was not related to causal attribution of the client problem, prognosis, perceived counsellor understanding, or to their preference for counsellor gender.

Our speculation is that, although those who endorse feminist attitudes may make a general assumption that women's psychological distresses such as depression are frequently the result of a sexist society and/or male oppression, the effects of these attitudes, if any, may fail to reach the *individual* level of clients' problems. That is, those counsellors who differ in their endorsement of feminist attitudes on a philosophical level may not necessarily conceptualize an *individual* client's problem differently, at least assessed as it was in this study.

It should be mentioned that counsellor-trainees in the present study were not active participants of the interview; they were third-person judges or observers. Actor-observer difference in attribution, as borne out by research studies in social psychology, suggests that in general, observers attribute the cause of other's problems more to dispositional (internal) factors of the person, whereas actors themselves attribute the cause more to situational (external) factors. Should this be the case, ego-involvement, the degree to which the counsellor-trainees were psychologically involved while observing the stimulus tape, could have resulted in somewhat different findings.

In choosing counsellor gender for the client's concern, some (e.g., Enns & Hackett, 1990) reported that preference for counsellor gender is a function of the type of problem. Blier, Atkinson, and Geer (1987) reported that their female clients preferred to see feminist counsellors for personal concerns, male counsellors for assertiveness concerns, and androgynous counsellors for academic concerns. The results of the present study, employing a client's presenting concern of depression, failed to support any differential preference for therapist gender for the client's problem of depression.

Also, we could have designed our study in such a way that a female counsellor conducted feminist therapy for the client. Such a client-counsellor gender match could have yielded different results. However, since our purpose was to examine the relationship between the endorsement of feminist attitudes rather than feminist therapy, we believe the present design of using a male counsellor is equally appropriate.

In conclusion, our results suggest that counsellor-trainees' endorsement of feminist attitudes does not appear to tell much about the way they perceive and interpret the client problem and the way they predict the future outlook of the client, nor the choice of the counsellor for the client. Whether these findings can be generalized to real counselling settings is an empirical question that should be investigated in future studies.

References

- Beck, A. T. (1967). *Depression: Clinical, experimental, and theoretical aspects*. New York: Harper & Row.
- Blier, M. J., Atkinson, D. R., & Geer, C. A. (1987). Effect of client gender and counselor gender and sex roles on willingness to see the counselor. *Journal of Counseling Psychology, 34*, 27-30.
- Butler, M. (1985). Guidelines for feminist therapy. In L. B. Rosewater & L.E.A. Walker (Eds), *Handbook of feminist therapy: Women's issues in psychotherapy*. New York, NY: Springer Publishing.
- Enns, C. Z., & Hackett, G. (1990). Comparison of feminist and nonfeminist women's reactions to variants of nonsexist and feminist counseling. *Journal of Counseling Psychology, 37*, 33-40.
- Fassinger, R. E. (1994). Women's Movement (FWM) Scale. *Psychology of Women Quarterly, 18*, 389-402.
- Hackett, G., Enns, C. Z., & Zetzer, H. A. (1992). Reactions of women to nonsexist and feminist counseling: Effects of counselor orientation and mode of information delivery. *Journal of Counseling Psychology, 39*, 321-330.
- Lewis, K. N., Davis, C. S., & Lesmeister, R. (1983). Pretherapy information: An investigation of client responses. *Journal of Counseling Psychology, 30*, 108-112.
- Murdock, N. L., & Fremont, S. K. (1989). Attributional influences in counselor decision making. *Journal of Counseling Psychology, 36*, 417-422.
- Ruth, S. (1998). *Issues in feminism: An introduction to womens studies*. Mountain View, Calif.: Mayfield, 1998.
- Simoni, J. M., Adelman, H.S., & Nelson, P. (1991). Perceived control, causality, expectations and help-seeking behavior. *Counseling Psychology Quarterly, 4*, 37-44.
- Withers, L. E., & Wantz, R. A. (1993). The influence of belief systems on subjects' perceptions of empathy, warmth, and genuineness. *Psychotherapy, 30*, 608-615.

About the Authors

Dr. Dong Yul Lee is Professor in the Educational Psychology Group in the Faculty of Education at the University of Western Ontario. His research interests include counselling process research, counsellor schema and clinical assessment, and positive illusions of counsellors.

Angela Gee was a fourth year Honours Student in the Department of Psychology at the University of Western Ontario.

Dr. Max R. Uhlemann is a Professor in the Department of Psychological Foundations in Education at the University of Victoria. His research and practice interests include the following: competency based counsellor education and training, counselling process research, counsellor schema and clinical assessment, positive illusions of counsellors, stress, trauma, post-traumatic stress, and ethics education in counselling.

Address correspondence to Dr. Dong Yul Lee, Department of Psychology, Social Sciences, Ewha Women's University, Dai Hyun-dong, Seoul, South Korea.