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Power Statements in Therapy:
Implications for Women Counseling Men

A Thesis

Presented for the

Master of Science

Degree

The University of Tennessee, Knoxville

Elizabeth W. Krause

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ABSTRACT

In the counseling process, the use of power as a therapist influence strategy has not been demonstrated. The purpose of this study was to investigate whether women and men prefer different types of power statements made by female and male therapists in an initial therapy session with male clients.

One-hundred and fifty-three subjects (70 female, 83 male) read a counseling scenario, chose the response they preferred the therapist to make, and completed the Power Apprehension Scale (PAS) (Offerman & Schneider, 1985). Comparisons were made based on the gender of respondents who read the scenario, the gender of the therapist in the counseling scenario, the type of power/influence strategy selected by the respondents, and the respondents' scores on the PAS.

Results of a chi-square analysis indicated that there were no significant differences between male and female respondents' preferences for expert power or transformational power, although both male and female respondents seemed to prefer expert power over transformational power. This was true regardless of therapist gender.

Two analysis of variance procedures were used to determine whether there were interactions among sex of the respondent, sex of the therapist, and type of power statements, with the dependent variables being scores on the PAS (total score and other score). No significant interactions were found. Implications for further study are discussed in light of these findings and limitations regarding reliability of the Counseling Scenario Protocol are acknowledged.

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Chapter I

Introduction

Statement of Purpose

The purpose of this study was to investigate whether women and men prefer different types of power statements made by female and male therapists in an initial therapy session with a male client. In particular, this study examined female and male respondents' choices of expert power versus transformational power statements in a printed counseling scenario. The gender of the client in all scenarios was male. The therapist's gender was either male or female depending on which scenario the respondent received. Further, this study examined female and male respondents scores on the Power Apprehension Scale (PAS) as a function of their choices of power statements for female and male therapists. The independent variables, or predictors, were the therapists' gender, the respondents' gender, and the respondents' scores on the PAS. The dependent variables, or responses, were the respondents' choice of power statements.

There have been numerous studies examining sex role stereotyping and preferences within the counseling process (Bernstein, Hoffmann, & Wade, 1987; Subich, 1984; Bem, 1981). These studies have examined gender preferences based on patient type of problem and perceived counselor

attractiveness and trustworthiness. Research examining counseling as a process has focused on directive versus non-directive techniques and influence strategies (Rogers, 1961; Egan, 1982; Borders & Fong, 1985). Another line of research has examined the attributions of types of power as a function of gender (French & Raven, 1959; Johnson, 1974; Stoker & Bichman, 1974; Dabbs & Stokes, 1975; Polk, 1974). These studies suggest that individuals attribute different types of power based on gender.

Another line of research relevant to this study is the psychotherapeutic treatment of female clients by male and female therapists. Stricker (1977) points out that the analogue studies focusing on female patients point toward sexism in therapy as a matter of social concern (Stricker, 1977). Sherman and Kenworthy (1978) examined differences in scores on the Therapists' Information About Women Scale (TIWS) and Therapists' Attitude Toward Women Scale (TAWS) among groups of therapists and a sample of professionals. Results revealed that no significant differences were found among professionals, however, women therapists scored significantly higher on information, liberalism, and significantly lower in stereotypical attitudes (Sherman & Kenworthy, et al, 1978). Other studies emphasize the

influence of feminist orientation and diagnosis as a function of assessor sex (Brodsky, 1980; Wright & Meadow, et al, 1980).

The previous studies, however have not explored the influence of gender and power/influence statements in the therapeutic process. Further, the studies investigating the client relationship have considered men counseling women, and women counseling women, but few have focused specifically on women counseling men (Atkinson, et al, 1981; Holland et al, 1987; Hoffmann-Graff, 1977). This researcher examined whether differences exist between female and male choices of types of power, or influence strategy, as a function of therapist gender if the client is a male.

Theoretical Bases for the Study

Among the prevailing views on cognitive-social paradigms, gender stereotypes are part of a long-term social memory (Ashmore & Del Boca, 1986). Stereotypic conceptions of the sexes are regarded to be part of an individual's implicit theory of personality. In addition to gender stereotypes, there is considerable other knowledge pertinent to female-male relations in long-term social memory.

People distinguish different categories or types of women and men by the clustering of schemas and assimilation/accommodation (Ashmore & Del Boca, 1986). For example, females distinguish males in terms of (1) a

good-bad dimension (i.e. "boyfriend" vs."nerd"); (2) a sex dimension (i.e. "don juan" vs. "boy"); (3) an overt sexuality dimension ("gays" vs. "guys"). Males distinguish females along three distinctions: (1) likeable vs. unlikeable ("honey" vs. "bitch" or "airhead"); attractive, good-to-be-seen-with vs. those not to be seen with ("fox" vs. "slut"); (3) sexy vs. not-sexy dimension ("doll" vs. "down to earth") (Ashmore & Del Boca, 1986).

The constructs of power and influence hold much importance in various theories of social interactions. For example, Leary (1957) outlined social interchange along a two-dimensional schema. The two nodal points along the vertical axis were dominate and submit. The two nodal points along the horizontal axis were love and hate. Behaviors characterized using these continuums would include love and power, friendliness and dominance, love and control, affiliation and control, and involvement and power (Benjamin, 1979; Leary, 1957; Penman, 1980; Schaefer, 1965).

The social exchange theory provides an explanation of the ways in which one person's ability or capacity to influence another person depends on the first person's control over resources that the other person wants (Homans, 1974). Influence strategies are a function of tangible or intangible needs with respect to another person and influenced by gender categories.

In a power-based social exchange, each individual gets and gives something that he or she wants, or needs. The potential exists for inequality of power in a social exchange based on gender and role. The importance of need is crucial in determining who holds the most power in a particular interaction (Waller, 1938). Thus, when the person who needs the relationship least has the most power inequality exists (Lacey, 1979).

The social exchange theory describes power as a matter of negotiation where both parties weigh the costs and rewards of various exchanges. Specific to gender, men appear ready to sacrifice more in terms of relationships in an effort to get control, or possibly to win (Lacey, 1979).

John French and Bertram Raven (1959) defined the structure of interpersonal power, or the source of one person's power over the other. From these early investigations, five possible power bases on which one person has power/influence with respect to another were identified: reward power, coercive power, legitimate power, referent power, and expert power.

Reward power is based on one person's perceived ability to reward the other. Hence, the larger or more important the rewards one person can give another, the more influence is likely to be exerted. Reward power derives its influence from the perception of the ability to dole out rewards, not

from an individual's actual ability to be rewarding (French & Raven, 1959; Johnson, 1974). Polk (1974) identifies reward power as specific to men because men reward women for conforming to traditional gender roles.

Coercive power is a function of the threat of punishment for noncompliance to demands. Motivation to avoid negative consequences affects the extent of coercive power. Thus, the perception of a person's ability to administer important negative consequences leads to the perception of coercive power (French & Raven, 1959). Men are usually ascribed coercive power and withhold reward for non-conformance relative to women's compliance with traditional gender roles (Polk, 1974).

Legitimate power stems from the values individuals hold as well as their belief systems about who has a right to influence behavior. Acknowledged authority is a type of legitimate power. This may be based on position, such as the position of boss. Legitimate power depends on both persons acknowledging a legitimate right for one person to expect a desired behavior (French & Raven, 1959; Johnson, 1974).

A referent power base depends on the need to belong to a group and to further its goals. Referent power then is based on one person's liking for or identification with the power user. A person may conform to the standards of an

attractive reference group without direct reward. The person is often unaware of the referent power being exerted by a person or group (French & Raven, 1959; Polk, 1974).

Expert power is based on the possession of some needed skill or competence that is not possessed by the other person, for example, the expertise of a counselor. The perception of expertise gives expert power its influence rather than the actual content of the verbalization (French & Raven, 1959; Polk, 1974).

Raven (1965) notes a sixth power base which is not a function of the perception of attributes one person gives to another. Informational power is the possession of information that is needed by another. It is the content of the influence message rather than the person who delivers the message that characterizes informational power (Raven, 1965).

In a later study, Raven (1974) suggested that society further brought about another form of power--helplessness. Membership for helpless power includes females struggling with flat tires, infants, and blind individuals. Women have also fallen privy to attractive power, which may carry negative as well as positive connotations (Stoker, & Bichman, 1974; Dabbs & Stokes, 1975).

The concept of power has played a central role in feminist theory, associated primarily with the domination of women by men (McWhirter, 1991). Recently a second aspect of power has emerged among feminists, the transformative use of power, or the act of empowering others (Wartenberg, 1988). According to Hawxhurst and Morrow (1984), empowerment is a process of gaining control over one's life and supporting others' control over their lives.

Kaschak (1981) asserts the role of the counselor as critical to ameliorate the power differential between men and women. Specifically, the power differential between client and counselor in therapy is a source of incongruity (Douglas, 1985; Gannon, 1982; Gilbert, 1980). Thus, the use of transformational power is a process of equalizing power in the therapeutic relationship.

Rawlings and Carter (1977) support the idea that the power differential between men and women is a central problem in therapy. Feminist implications include approaching the client as an equal; the relationship is nonexploitative and the client is seen as the best expert on her own processes (Kaschak, 1981). The feminist and nonsexist counseling approaches, however, focus primarily on work by female and males therapist with female clients.

Little evidence has been demonstrated that the use of transformational influence strategies is appropriate with male clients.

In summary, preferences for types of power and influence strategies have been studied but without the emphasis on the male client-female therapist relationship. The theoretical framework for this study was based on the social exchange theory. The relationship of influence strategy and male clients was examined.

Hypotheses

The intent of this study was to investigate whether different power statements were selected by female and male respondents as a function of individual power apprehension or therapist gender. Specific hypotheses were:

1. There are no significant differences in female respondents' preferences for female and male therapist power statements with male clients.
2. There are no significant differences in male respondents' preferences for female and male therapist power statements with male clients.
3. There are no significant differences in female and male respondents' power apprehension scores and female and male therapist power statements with male clients.

Definition of Terms

Counseling Scenario Protocol (CSP). The Counseling Scenario Protocol (CSP) was the instrument designed for this study. It contains a brief problem presentation by a male client and the responses of the therapist (either male or female). Following the client therapist exchanges, the respondent is asked to select the response they would prefer the therapist to make.

Expert Power. Expert power is the possession of some needed skill or competence that is not possessed by the other person (Polk, 1974). This is one of the variables that is examined in the CSP.

Transformational Power. Transformational power is the act of empowering others (Wartenberg, 1988). This is the other variable that is examined in the CSP.

Power Statements and Influence Strategies. The phrases power statements and influence strategies are used interchangeably. They refer to statements made by the therapist to influence clients.

Therapist. The term therapist is used throughout this study to refer to any helping professional (i.e. counselor, social worker, psychologist, or psychiatrist).

Power Apprehension Scale (PAS). The Power Apprehension Scale (PAS) is a fifteen item measure of individuals feelings about having power (Offerman, 1985). The PAS was

used in this study to determine the effects of attitudes toward having power and the type of influence strategy preferred.

General Limitations

Subjects participating in this study were 153 undergraduates enrolled in English 101 and English 102 classes at the University of Tennessee at Knoxville. The characteristics of undergraduate college students may not be generalizable to the general public.

Data collection occurred during the fall semester of 1991. The subject pool may not be representative of undergraduates enrolled in other semesters of the academic year. Analysis of data on ethnicity of subjects indicates that 3.3% of the respondents were Asian American, and 3.9% of the respondents were African American. No Hispanic Americans or Native Americans were represented in this subject pool. Euro Americans represented 92.8% of the respondents.

Another limitation of this study was the absence of instruments used to measure subject sex type (i.e. masculinity, femininity, androgyny, or undifferentiated), which has been demonstrated to account for differences in perception of therapist traits (Bem, 1981).

The Counseling Scenario Protocol (CSP) addressed the initial stage of therapy only, which is not generalizable to other stages of therapy. Further, the CSP is a pencil and paper task and the generalizability to the therapeutic process may be questionable. It is not known whether subject responses may have been different if the counseling scenario had been presented via audio, video, or with live therapists, and therefore any interpretation must take these limitations into consideration.

A literature review will be presented in Chapter II. Included in the review is literature specific to the therapeutic alliance, gender issues in therapy, and power and attribution studies.

Chapter II

Literature Review

Therapeutic Alliance

Many authors have addressed the process of counseling and what variables affect therapeutic outcomes (Rogers, 1961; Egan, 1982; Gelso & Carter, 1985; Borders & Fong, 1985; Bem, 1976). As several authors have noted, the issue of influence strategy and control has been lacking in the literature, (London, 1964; Krasner, 1964; McClelland, 1975; Rawling & Carter, 1977). A continuum exists regarding the amount of control the therapist should exert over the client. One extreme point on the continuum is that the therapist needs to be active in assertion of control and influence over the client to facilitate the therapeutic outcome (Haley, 1963; Strong, 1968; Ellis, 1972). The opposite pole is that the therapist must minimize control and influence and empower the client to facilitate the therapeutic outcome (Rogers, 1951; Gilbert, 1980, Kauschak, 1981). Following is a review of the diverse positions with respect to the therapeutic alliance.

Carl Rogers (1961) specified certain attributes of a counselor which facilitate effective counseling. Egan (1982) further demonstrated that counselors using non-judgmental language, non-evaluative statements, and non-technical phrasing were preferred by clients. Gelso and

Carter (1985) also addressed the therapeutic alliance and the necessity of cultivating a successful alliance early in treatment for successful therapeutic outcomes. These studies were specific to the process of counseling and spoke directly to what kinds of counselor attributes affect the therapeutic relationship.

Counselor attributes affecting the therapeutic relationship include warmth, empathy, and concreteness (Egan, 1982). Warmth and empathy are traditionally viewed as qualities associated with a feminine sex-role orientation (Egan, 1982). Responsive or affective qualities of empathic understanding, positive regard, and genuiness are perceived as feminine, or nurturant (Borders & Fong, 1985). Although these attributes were perceived as feminine, these studies did not address if the characteristic of feminine attributes were facilitative to the counseling process.

Characteristics perceived as masculine include behaviors requiring an action-orientation or initiative (Bem, 1976). Implications from Bem's study (1976) suggested that self-disclosure, confrontation, and concreteness have a more active, cognitive focus and may be associated with masculinity, although no ramifications were suggested as to masculine therapist characteristics on client preference for influence strategy.

Bem (1976) suggested that counselors who provide the most facilitative therapeutic condition might be considered androgynous. Androgynous counselors were perceived differently as a function of the sex-role orientation of the client (Subich, 1984; Berstein, Hoffmann, & Wade, 1987). Client's gender preference may be more a function of values and stereotypic beliefs held by clients than of gender (Bem, 1981). Bem (1981) further suggested that sex typed individuals rely on their conceptions of masculinity and femininity to organize and evaluate information and therefore, these individuals will indicate a definite preference for counselor gender more so than would androgynous or undifferentiated individuals (Bem, 1981).

The feminist orientation of the subject also affects counselor preference. Feminist subjects preferred masculine counselor behaviors (Subich, 1984). This may be a function of feminists being described as more confident, active, and assertive than non-feminists and therefore, more accepting of these traits in the therapist.

The type of problem or concern also has been demonstrated to influence gender preference (Berstein, Hoffmann, & Wade, 1987). Preference for female counselors were stronger when the therapeutic concern was personal rather than vocational (this was true for both male and female clients). Men were considered more knowledgeable in

vocational area, whereas women were considered more skillful in affective/personal areas (Bernstein, Hoffmann, & Wade, 1987).

Counselors with masculine sex roles were rated higher than feminine sex roles for assertiveness (Atkinson, Blier, & Geer, 1987). Borders and Fong (1985) also found that masculine sex-role oriented counselors were rated less effective than undifferentiated sex-role oriented counselors. These results seem to imply that the traits of an effective therapist might aline most readily with the characteristics of undifferentiated sex-role therapists.

Perceived attractiveness has affected counselor preference as well (Subich, 1984). Both male and female clients rated feminine counselors higher on both variables of attractiveness and trustworthiness affecting the therapeutic alliance (Subich, 1984).

Gender Issues in Therapy

Harris' (1971) outcome research demonstrated that the sex of the experimenter or other evaluator could affect the participant's performance. In a review of studies using a wide variety of projective and objective tests, Harris showed that there was sometimes an interaction between the sex of the subject and the sex of the person administering the test (Harris, 1971).

Gender affecting performance was also studied with "objective" quantitative assessment instruments such as the WISC-R. In this study children were shown to perform best for examiners who were members of their own sex. This finding was parallel for those involving the race of the tester and subject (Pedersen, Schnidedling, & Johnson, 1968).

Research focusing on sex roles as prescribed by societal norms suggests that people perceive others to be more sex typed than themselves (Unger & Siiter, 1975; Spence, Helmreich, & Stapp, 1975). Bem (1975) found that androgynous individuals tend to have more adaptive qualities than either male or female sex typed individuals.

Specific to the female/male relationship, Fine (1988) suggested that the male patient and female counselor may take a sexual form, with the patient in constant conflict. He also maintains that client self-disclosure is an important issue in the treatment for men in that the male client would be in a one-down position in terms of power.

Also addressing the female/male in therapy, Peck (1976) has demonstrated in his writing a recent surge of interest in the male sex role (Peck, 1976; Fasteau, 1974, Farrell, 1974; Peck & Sawyer, 1974). This literature defines four current perspectives on the problems of the male role:

individual-level sex-role identity, cultural-level sex role identity, contradictory socialization role strain, and inherent role strain (Peck, 1976).

The individual-level male role identity is developed through identification of the same-sex parent and other same-sex adults (Biller, 1974). According to this perspective, the vulnerability of this sex-role development leads to certain outcomes such as effeminacy and homosexuality, and less directly, to negative outcomes such as hypermasculinity and a predisposition to violence (Toby, 1966). Analysis of males' fears of and negative attitudes toward women suggest that males attempt to control women to compensate for the fear of the feminine part of their own identity. This is generated by their early attachment to the mother (Chodorow, 1971) and generally because boys are socialized to be masculine by avoiding femininity (Hartley, 1959).

The cultural-level male-role identity argues that the shift from the traditional to the modern male role has left men without activities and experiences which validate their masculinity (Peck, 1976). From this evolutionary perspective, in the past men felt like men because they took dominant roles in relationships with women and their work engagement was directly related to physical survival (hunting and fishing). But today, men must accept women as

equals and work focus is increasingly sedentary-unrelated to physical survival (Sexton, 1969). Thus, the cultural-level male role focus suggests conflict for the male in therapy with a female therapist.

Contradictory-demands role strain holds that the problems males face are specific to contradictory demand and expectations in their socialization. For example, early male socialization values physical strength and athletic prowess in contradiction with adulthood expectations of intellectual and social capacities to relate to females as equals (Hartley, 1970; Knox & Kupferer, 1971).

Inherent role strain refers to the inherent personality needs of males as germane to sex-role conflict. This perspective suggests that sex-role conflict is independent of socialization and discrepancies between traditional and modern role demands (Peck, 1976).

Power and Attributions

Since the Reformation, masculinity has been identified with notions of 'self-control'. The Enlightenment established the identification of masculinity with reason. with Christian tradition, human nature came to be fundamentally fragmented. Luther and Calvin made clear that instinctual feelings and emotions could not be trusted (Seidler, 1989). The ramifications of the tradition of

masculinity may be found in the generalization that men learn to be independent and self-sufficient by suppressing their own neediness. Hence, it would be the male sense of self-control that makes masculinity secure, and also what might make therapy difficult for men.

Seidler (1989) purports in Rediscovering masculinity: Reason, language, and sexuality, that the way in which men are brought up to identify masculinity with self-control is to exert a form of domination, or power, over their emotions, feelings, and desires. Further, it is because men treat 'control' as a form of domination that they develop very little ongoing relationships with any emotional content. Because this identification with self-control is automatic and unthinking, men are almost bound to feel threatened when they are asked what they feel about a situation or problem. Thus, their language may give a total assessment of a situation, than to say what is felt. In a therapeutic relationship then, it seems plausible to be sensitive to the influence strategy used.

Fine (1988) maintains that self-disclosure is an important issues in treatment for men. In the therapeutic environment, a male's perception of self-disclosure in self may be a sign of femininity or weakness (Fine, 1988). In general, men do not self-disclose as frequently as women, which may be one way men maintain power over women (Sargent,

1985). Further, the preference for influence strategy may relate specifically to these feelings regarding self-disclosure.

The use of power has only recently been studied as a function of influence strategy. Paula Johnson (1976) identified three dimensions along which influence strategies may vary: directness-indirectness, competence-helplessness, and personal-concrete. Johnson (1976) asserts that these continuums are crucial to the understanding of the ways women and men use power.

The directness-indirectness dimension refers to the openness with which an individual attempts to use power. Thus, an indirect influence is covert. The competence-helpless dimension is influential through the use of competence, or strength and weakness. Power based on strength or an acknowledged power source exerts an obvious influence over a person, whereas a weakness-based influence style may be less visible as it is commonly indirect. The third dimension, personal-concrete power refers to the idea that the resources on which to exertion of influence rests can range from concrete to personal. Concrete resources would include money and knowledge. Personal resources depend for their effectiveness on the context of the relationship and might include love and approval (Johnson, 1976).

Ansari (1989) examined the effects of leader sex, subordinate sex, and subordinate performance on leaders' use of influence strategies. Subjects were limited to engineering undergraduates in a role-playing situation. Relative to females, males had a greater likelihood of using influence strategies of negative sanction, assertiveness, reward, and exchange. The sex of the subordinate had a greater interaction than did the sex of the leader. Also, the poor performing subordinates tended to induce more negative influence strategies by both male and female leaders (Anasari, 1989).

A predictor of influence strategy and power base is gender (McClung, 1915; Bernard, 1972). The kinds of resources, or bases of power controlled by women and men determines the influence strategy used. The Western stereotypes of female and male methods of control include the female relying of tears, sex appeal, and general deviousness, while men give orders, shout, threaten, and hurt people to get what they want (McClung, 1915).

In one study investigating therapist's influence strategy as a function of gender, both male and female clients rated both male and female therapists as more submissive with male clients than with female clients (Collins, 1988). Paula Johnson (1974) revealed in her study that people perceive messages communicating referent,

helplessness, and indirect power as appropriate to females, and that men communicate with expert, legitimate, and informational power. Further, females rejected expert power by females and men rejected helpless power by males (Johnson, 1974).

The therapeutic alliance is typified early in treatment by the client being in the lower power position of perceiving the therapist as helpful and the client as receiving help (Luborsky, 1976; Luborsky et al., 1983). Tracey and Ray (1984) found that successful therapeutic outcomes were characterized by less struggle for power and control, with the client ceding control to the therapist.

Given the body of literature dealing with the effects of gender in the therapeutic alliance, it becomes necessary to define the parameters of power and influence strategies within the therapeutic process. Specifically, research is necessary specific to women counseling men.

The methods used for the study are presented in Chapter III. These include descriptions of the subjects, procedure, research instruments, research design, and data analysis.

Chapter III

Methods

Subjects

The subjects in this study were 153 undergraduate students at the University of Tennessee, Knoxville enrolled in English 101 and 102. These courses are required by the university of all undergraduate students. Table 1 presents the academic majors represented by the subject pool.

Demographic data collected on subjects is revealed in Table 2. The subjects who reported having been to a therapist was 15.7% and English was the language spoken in the homes of all subjects.

Table 1

Respondents' Academic Majors

Academic Majors	Percent
Agriculture	9.3%
Architecture & Design	3.7%
Biological Sciences	12.0%
Business	24.1%
Education	11.1%
Engineering	10.2%
English, Communication, Foreign Language	10.2%
Human Ecology	1.9%
Mathematics	2.8%
Nursing	8.3%
Visual & Performing Arts	3.7%

Table 2

Demographic Characteristics of Subjects

Demographic Categories	Percent
Males	54.0%
Females	46.0%
Freshmen	89.5%
Sophomores	9.2%
Juniors	0.7%
Seniors	0.7%
Asian American	3.3%
African American	3.9%
Euro American	92.8%
Tennessee Resident	86.3%

Procedure

The investigator received approval from the University of Tennessee Committee on Research Participation on July 19, 1991. Students enrolled in three sections of English 101 and 102 served as subjects. Section 1 met from 8:05 a.m. to 9:55 a.m. Section 2 met from 9:40 a.m. to 11:55 a.m. And section 3 met from 3:40 p.m. to 4:55 p.m. All three sections of classes were taught by graduate teaching assistants. Professors from the English Department were contacted for permission to ask their classes to participate in this study.

This female investigator and one male graduate student in the counseling psychology program went to each classroom

of the subjects and asked the students to participate in a research project investigating power statements in counseling. The two investigators shared in the explanation of the study and the distribution of materials to each class. The oral presentations were written on two index cards. The informed consent information was on one card and the other card contained instructions for the order in which the materials were to be completed. Both cards contained information that was equal in length. The investigators took turns distributing materials as well as alternating the cards they used in the presentation.

In each classroom, the subjects were informed that their participation was voluntary and would entail completing a demographic sheet, answering a questionnaire entitled Power Apprehension Scale and reading a counseling scenario after which they would be asked to select a response they would prefer the therapist to make. Additionally, the subjects were informed that the time required would be approximately 10-15 minutes. Further, all subjects were assured that their pencil-paper responses would be reported as group data and, thus, their anonymity would be assured.

The subjects completed the instruments in the classrooms in the following order.

1. Subjects completed the Informed Consent Form (Appendix A). They returned one copy to the investigator, and retained one copy.

2. The subjects completed the demographic sheet (Appendix B).

3. All subjects completed the Power Apprehension Scale (PAS) (Offerman, 1985). The PAS appears in Appendix C and measures the degree of apprehension or discomfort individuals feel about power.

4. The Counseling Scenario Protocol (CSP) was completed last by the subjects (Appendix D). The CSP required the subjects to read the counseling scenario and keep in mind the gender of both the client and the therapist. The last therapist/client exchange in the scenario included the client's question "What do you think I should do?" At this point, the respondents were asked through written instructions to select a response that they would most prefer the therapist to make in response to the client's presenting problem. Two possible therapist responses were provided: a transformational power response and an expert power response.

Half of the respondents received materials which included a CSP with a male therapist and half of the respondents received materials which included a CSP with a female therapist. Also, on the CSP, the transformational

power response appeared first on half of the materials and the expert power response appeared first on the other half of the materials. Prior to entering the classrooms, the scenarios were placed in a random order using a random number table. The manipulation of the therapist gender was the variable studied. The manipulation of the order of power response presentation was done in an effort to prevent any response bias.

Upon completion of the CSP, the subjects were reminded that their responses would remain confidential and were thanked for their participation. The completed instruments were filed in a locked filing cabinet in the investigator's private office in the Department of Educational and Counseling Psychology.

Research Instruments

The Subject Demographic Sheet

The Subject Demographic Sheet (SDS) was designed by the researcher. The instrument contains nine questions on gender, academic class, current academic program, age, native language, ethnic group, Tennessee resident status, and past experience with therapy/counseling.

The SDS was jointly constructed by the author and two professors familiar with the study who served on the author's thesis committee. Based on the recommendations from the two professors, the original list of 12 instrument

items was reduced to the 9 items which appear in Appendix B. Further revisions included the development of a list of academic majors and the inclusion of an item addressing current Tennessee residency.

The Power Apprehension Scale

The Power Apprehension Scale (PAS) was developed by Dr. Lynn R. Offermann at George Washington University. The scale is a brief pencil-paper instrument designed to assess attitudes toward having power. Further, this instrument purports to focus on the negative feelings or apprehension individuals may have about power. With this in mind, the PAS was selected in this study to quantify attitudes toward power and how negative attitudes toward having power may affect the kind of influence strategies preferred by an individual.

In the development and validation of the PAS, three groups of introductory psychology students were used (n=54, n=173, n=83 respectively; 171 females, 138 males). The scale consisted of 15-items designed to measure the degree of apprehension or discomfort individuals feels toward having and using power. Respondents indicated their level of discomfort on a 7-point scale, ranging from "strongly agree" to "strongly disagree". A higher score indicated greater concern about power.

The PAS was correlated with Good and Good's (1972) measure of social power motivation. The correlation was -.47 ($p<.01$) indicating that negative attitudes towards power or high apprehension/fear are associated with lower indications of social power motivation. Construct and discriminant validity of the PAS were obtained from correlations with both scales and five validation items extracted from Golden and Royal (1982). High fear of power was significantly correlated with a lack of past experience on committees developing rules, policies, and procedures for a group ($r=-.42$, $p<.01$) and a lack of desire to run for political office in the future ($r=-.31$, $p<.05$).

The PAS was then used as part of a larger study of social influence strategies to determine whether negative attitudes toward power would affect choice of influence strategy (Offermann & Schrier, 1985). In this study, data from 173 students were collected and matrices of item correlations were factor analyzed using iterated principal factor analysis. Reliability analyses yielded a coefficient alpha of .78 for the total scale.

The outcome differentiated between concern over having power oneself and perceptions of powerful persons other than the self. The "Self" subscale (.81) showed strong internal consistency, while the "Others" subscale (.56) showed a

modest internal consistency. This discrepancy would benefit from an increase in the number of items on the "Others" scale (Offerman & Schrier, 1985).

Test-retest reliability was calculated from a group of 83 students. Test-retest reliability was .84 for the "Self" subscale and .73 for the "Others" subscale. Total scale reliability was .82.

In the Offermann and Schrier (1985) study, power apprehension was significantly correlated with both the sex of the respondent and with the manipulation of the respondent role (supervisor/subordinate). Persons with negative attitudes toward having power reported a significantly greater likelihood of withdrawing and negotiating, and a significantly less likelihood of attempting to reason with the other person. Considering that the findings support the utility of the PAS as a research instrument in studies of power relationships, the PAS was selected as part of this researcher's study. The PAS was used with the permission of the author, Lynn Offermann.

The Power Apprehension Scale appears in Appendix C. The letter from Dr. Lynn Offermann giving permission to use the PAS can be found in Appendix E.

The Counseling Scenario Protocol

The Counseling Scenario Protocol (CSP) is a brief description of an initial therapy session with a choice of therapist responses at the end. The CSP was designed by the researcher to assess the preferences for power statements used by male and female therapists with male clients.

In the development and validation of the CSP, the following steps were used:

1. The CSP was given to two professors at the University of Tennessee who read the scenario for clarity and therapeutic progression. The professors were part of this author's thesis committee and were familiar with the study. Both professors were female; one African American, one Euro American.

2. The outcome of this initial development was to change the scenario from four therapist/client exchanges to six therapist/client exchanges.

3. As a validation measure, the scenario was then given to six professors in the Department of Educational and Counseling Psychology at The University of Tennessee (3 males, 3 females) who were unfamiliar with the study. These professors read the scenario and assessed it for clarity of expression and therapeutic progression and

length. As a result of comments made by these professors, the scenario was assessed to be a valid representation of an initial therapy session and was not changed.

4. In developing the choice of therapist's power response, two initial power responses were developed and presented to the original two professors knowledgeable about the study. One response represented expert power and one response represented transformational power. The responses were identical in length and appearance on the page. The transformational power response was changed as an outcome of their review.

5. The two power responses plus an additional distractor response were presented to three groups unfamiliar with the study: (1) a group of practicing psychologists (five Euro Americans and one African American; five clinical psychologists and one counseling psychologist), (2) a group of graduate students (four Euro Americans and two African Americans; four counseling psychology and two school psychology), and, (3) a group of undergraduate students (five Euro Americans and one African American; four English majors and two business majors). The sample size (n=6) and gender (3 male and 3 female) were held constant for all three groups. Each S was given a definition of expert and transformational power and was asked to select the response that corresponds with the two

types of power. The power response options were presented in the following sequence: expert, distractor, transformational. The Power Response Validation Sheet is presented in Appendix F.

6. The inter-rater agreement for power statement representation of transformational and expert power were as follows: 100% agreement for all groups for transformational power, 100% agreement for practicing psychologists and graduate students, 83.3% agreement for undergraduates for expert power. In the undergraduate group, one individual selected the distractor response as being representative of expert power.

The percent of agreement for each sample group as a function of the type of power response appears in Table 3. The Counseling Scenario Protocols appear in Appendix D.

Table 3
Validation of Power Responses

Sample	Power Response	Percent Agreement
Psychologists (n=6)	Transformational	100
	Expert	100
Graduates (n=6)	Transformational	100
	Expert	100
Undergraduates (n=6)	Transformational	100
	Expert	83.3

Research Design and Data Analysis

Research Design

The design consisted of a one shot case study. This design was selected for its usefulness in exploring researchable problems and developing ideas for further study (Isaac and Michael, 1984). A 2 x 2 factorial design was used to test research hypotheses one and two, which dealt with the effects of the therapist's gender on the respondent's choice of power statement. The 2 x 2 factorial design permits the study of the effects of two factors each of which is varied in two ways (levels or values) (Isaac and Michael, 1984).

For research hypothesis three, a 2 x 2 x 2 design was used to investigate the interaction of the respondent's gender, the gender of the therapist, and the choice of power statement, with the dependent variable being score on the PAS. An important characteristic of factorial designs is that several hypotheses can be tested simultaneously. By selecting a 2 x 2 x 2 extended factorial design, three independent variables could be studied simultaneously, each varied two ways (Isaac and Michael, 1984).

Variables

For hypotheses one and two, one dependent variable was selected to assess respondents' preference for therapists' influence strategy. The dependent variable was the respondents' choice of power statements in the written counseling scenario. The two conditions of the power statements were: (a) transformational power, and (b) expert power. The independent variable for hypotheses one and two was the therapist's gender.

For hypothesis three, the dependent variable was the respondents' scores on the PAS. The two conditions were: (a) total apprehension score, and (b) apprehension in others score. The independent variables for hypothesis three were: (a) the therapists' gender, (b) the respondents' gender, and (c) the respondents' choice of power statement on the written counseling scenario. Two conditions of each variable existed: male/female for both the therapists' and the respondents' gender, and choice of expert/transformational power response.

Data Analysis

Research hypotheses one and two were analyzed using two chi-square Tests of Independence, one for male respondents and one for female respondents. The nonparametric single sample chi-square test was selected to investigate hypotheses one and two because nominal level measurements

were used. The chi-square examines whether or not there is a significant difference in the proportions of males and females who prefer that therapists use expert or transformational power.

Research hypothesis three was analyzed using an Analysis of Variance (ANOVA). The factorial ANOVA was selected for hypotheses three to assess the interaction between respondents' scores on the PAS and their choice of power statements for female and male therapists. The ANOVA answers the question, "Is the variability between groups large enough in comparison with the variability within groups to justify the inference that the means of the populations from which the different groups were sampled are not all the same?" (Isaac and Michael, 1984).

A summary of the research design and data analysis is reported in Table 4.

Table 4

Research Design and Data Analysis

Research Hypotheses	Dependent Variable(s)	Independent Variable(s)
Hypotheses 1 & 2[a]	Power Statement Expert/Transformational)	Therapist Gender (Female/Male)
Hypotheses 3[b]	PAS Score (Total/Other Score)	Therapist Gender (Female/Male) Respondent Gender (Female/Male) Power Statement (Expert/Transformational)

[a] Used 2 x 2 Factorial Design Chi-Square

[b] Used 2 x 2 x 2 Factorial Design ANOVA

Chapter IV

Results

Results for hypotheses one and two were analyzed with a chi-square Test of Independence. Research hypotheses one and two were:

1. There are no significant differences in female respondents' preferences for female and male therapist power statements with male clients.
2. There are no significant differences in male respondents' preferences for female and male therapist power statements with male clients.

The independent variable was the gender of the therapists: male or female. The dependent variable was the choice of power statement: transformational or expert power.

As shown in Table 5, there were no significant differences at the .05 level ($p=.446$) when female respondents were asked to determine their preferences for expert or transformational power statements made by female and male therapists in a printed counseling protocol for a male client. Similar results, as shown in Table 6, ($p=.115$), were obtained with male respondents. Thus, both Hypotheses 1 and 2 could not be rejected.

A closer examination of the data, however, revealed that the male respondents chose expert power statements almost three times as often as they chose transformational

power statements for female therapists (Expert=72.22%, Transformational=27.78%). When the therapist was a male, the male respondents were more evenly split (Expert=55.32%, Transformational=44.68%).

The female respondents were more evenly split overall between transformational and expert power statements, regardless of the gender of the therapist. There was a slight trend for the female respondents to select expert power statements over transformational power statements for both female therapists (Expert=51.52%, Transformational= 48.48%) and male therapists (Expert=59.46%, Transformational=40.54%).

Results for hypothesis three was analyzed with an Analysis of Variance (ANOVA). Research hypothesis three was:

3. There are no significant differences in female and male respondents' power apprehension scores and their preferences for female and male therapist power statements with male clients.

The independent variables were the therapists' gender, the respondents' gender, and the power statements. The dependent variables were the respondents' total and other score on the PAS.

Table 5

Chi-Square Test of Independence for Female Respondents' Preferences for Power Statements Made By Female and Male Therapists

Therapist Gender	Power Statement	
	Expert	Transformational
Female	17	16
Male	22	15

$X^2 = .446$

Table 6

Chi-Square Test of Independence for Male Respondents' Preferences for Power Statements Made By Female and Male Therapists

Therapist Gender	Power Statement	
	Expert	Transformational
Female	26	10
Male	26	21

$X^2 = 2.489$

Of the four interactions associated with a three-way ANOVA, the first three deal with interactions between pairs of factors. The ANOVA was initially performed using the respondent's Total scores on the PAS. In reviewing the interaction between respondents' gender and therapists' gender no significant interaction was found ($F=.19$, $p=.66$). There was also no significant interaction between the respondents' gender and power statements ($F=.08$, $p=.78$). The interaction between the therapists' sex and the choice of power statement did approach significance ($F=3.29$, $p=.07$). These first-order interactions were also analyzed for respondents' Other score on the PAS.

For the Other PAS score, respondents' sex by therapists' sex was not significant ($F=2.30$, $p=.13$), nor was the interaction of respondents' gender by power statement ($F=.51$, $p=.47$).
However, the interaction of therapists' sex by power statement did approach significance ($F=2.67$ $p=.10$).

The fourth interaction in the three-way ANOVA involves all three factors. This second-order interaction was not significant for either the Total PAS score or the Other PAS

score (F=1.72, p=.19 and F=.99, p=.32 respectively). This resulted in failure to reject hypothesis three. The results of the ANOVA are summarized in Table 7.

Table 7

Summary of ANOVA Results: Male and Female Preferences for Power Statements with Male Clients, Sex of Therapist, and Scores on the Power Apprehension Scale (PAS)

	PAS Scores					
	Total Score			Other Score		
Variation	df	MS	F	df	MS	F
Respondents' Sex	1	6.55	.08	1	9.03	2.95
Therapists' Sex	1	163.05	2.10	1	3.01	.33
Power Statement	1	131.98	1.70	1	.99	.11
RSex x TSex	1	14.41	.19	1	20.88	2.30
RSex x PStatement	1	5.88	.08	1	4.62	.51
TSex x PStatement	1	255.46	3.29	1	24.28	2.67
RSex x TSex x PStatement	1	133.23	1.72	1	9.03	.99
Error	145	77.68				

Chapter V

Discussion

In this study, there were no significant differences between the therapist's gender, and the respondent's preferences for type of power statement. For both female and male respondents, there was a tendency to select expert power over transformational power for both female and male therapists. For both female and male respondents, this tendency occurred more frequently for female therapists.

In addition, there were no significant main or interaction effects when respondents' PAS scores were analyzed in a three-way ANOVA, where the factors were the therapists' gender, respondents' gender, and respondents' choice of power statement. For the Total PAS scores, measuring general apprehension about power in self and in others, the interaction of therapists' sex by power statement as a function of the PAS approached significance at $p=.07$. For the Other PAS scores, measuring apprehension of power in others, the interaction of therapists' sex by power statement approached significance at $p=.10$ It is interesting to note that the therapists' sex by power statement interaction was the only interaction approaching significance.

Findings in Relation to General Limitations

There were several limitations present in this study which prevent it from providing conclusive information regarding the effects of therapists' use of power/influence strategies with male clients. First, the respondents in the study were reading a simulated counseling scenario of an initial therapy session and were not actual clients reacting to a therapy session. The use of a counseling scenario constitutes analogue research, which has limited generalizability to an actual therapy situation (Gelso, 1979).

A second limitation of the study was that the amount of information given to the respondents was brief. The respondents completed a demographic sheet, completed the Power Apprehension Scale, and then read the Counseling Scenario Protocol and selected the power/influence strategy they most preferred the therapist to make. The entire process lasted approximately 15 minutes. In this study, more exposure to the Counseling Scenario might have yielded different results by giving the respondents more information upon which to base their impressions of the therapist.

A third limitation of the study was the fact that the respondents themselves were college freshmen. The attributes of college freshmen are not generalizable to the population of individuals seeking therapy.

A fourth limitation of this study was that it focused on only two kinds of power/influence strategies: expert and transformational power. The methods of influencing clients is not limited to two influence strategies. Statements regarding the results of the present study need to be confined to the use of expert and transformational power as a function of the way they were presented within the counseling scenario.

Another limitation of this study was the lack of reliability measures on the Counseling Scenario Protocol. Although this instrument was given to six professors in the Department of Educational and Counseling Psychology and revisions made based upon their feedback, no split-half or test-retest reliability was done with the CSP. Further gathering of reliability measures is recommended. This instrument should not be used to predict how clients might react to expert or transformational influence strategies in an actual therapy session.

Implications

In spite of the limitations inherent in this study, several implications can be drawn from the results. First, there were no preferences demonstrated by the respondents in this study for the use of one power/influence strategy over the other, although expert power was endorsed more frequently than was transformational power. The

ramifications here are that regardless of therapist gender, the respondents in this study preferred for the therapist to use an expert power response to inquiries by male clients in therapy. One possible conjecture for why these preferences were chosen is that only 15.7% of respondents indicated they had participated in counseling or therapy session. Their perceptions of the role of a therapist may have influenced preferences for influence strategies.

Nevertheless, the preference for expert power statements may have implications for female therapists working with some male clients. Both male and female respondents endorsed expert power slightly more often than transformational power indicating that when the client is male, female therapists were preferred to be more expert than empowering.

The interactions of the therapist sex by power statement approached significance at the $p=.10$ level for the Other PAS score and at $p=.07$ for the Total PAS score. This interaction of therapists sex by power statement indicates that there may be a relationship between apprehension about power in others and preferences for choice of power statements used by therapists. In addition, there may be a relationship between global apprehension of power and preferences for use of power statements. These relationships need further exploration.

Recommendations

This study was a preliminary investigation of the use of power statements as an influence strategy in working with male clients. Extreme caution needs to be used in using the results of this study until such time that additional investigations are conducted on the use of power statements by therapists who work with male clients. Perhaps the finding that both males and females have a tendency toward prefering the use of expert power statements is the finding that will cause other researchers to see if this finding holds true when:

1. power statements are in more detail than were given to respondents in this study;
2. a more reliable instrument is developed to assess power statements; and
3. preferences for power statements are obtained at points other than an initial therapy session.

The use of measures in addition to gender and scores on the PAS might provide additional information about the dynamics affecting the preference for one influence strategy over another. For example, the use of the Counselor Rating Form would assess the respondents' willingness to seek the services of a counselor (Barak and Lacrosse, 1975) or the Attitudes Toward Women Scale (Spence and Helmreich, 1980) would assess the respondents beliefs about women.

Another variable in need of further study is the reactions of a specific male population to extreme uses of power/influence (i.e. unemployed males in chronic pain versus employed males without chronic pain). Exploration of other specific male populations could help to define which populations find expert power in women therapists to be the most preferable.

The researcher only investigated the impact that power apprehension and gender have on power and influence preference. Personality constructs which might affect the perceptions of male clients with regard to power were not part of the study.

This study did not examine the impact of power/influence with men in an actual therapy setting. Future research using actual male clients seems to be warranted to determine the perceptions of male clients regarding female therapists. By using an actual therapy setting, the effect of power statements or other influence strategies on the therapeutic alliance, as well as the therapeutic advantage or disadvantage of power/influence as a counseling technique to promote client change could be assessed.

REFERENCES

REFERENCES

Abramowitz, C.V., & Dokecki, P.R. (1977). The politics of clinical judgement. Psychological Bulletin, 84, 460-476.

Anasari, M. (1989). Effects of leader sex, subordinate sex, and subordinate performance on the use of influence strategies. Sex Roles, 20, 283-239.

Ashmore, R. & Del Boca, F. (1986). The social psychology of female-male relations. London: Academic Press, Inc.

Atkinson, D., & Alport, D. (1981). Perceived gender and attitude similarity and counselor ratings. Journal of Counseling Psychology, 24, 383-390.

Atkinson, D., Blier, M., & Geer, C. (1987). Effect of client gender and counselor gender and sex roles on willingness to see the counselor. Journal of Counseling and Development, 34, 27-41.

Atkinson, D., Brady, S., & Casas, J. (1981). Sexual preference similarity, attitude similarity, and perceived counselor credibility and attractiveness. Journal of Counseling Psychology, 28, 504-509.

Atkinson, D., Schein, S. (1986). Similarity in counseling. Counseling Psychology, 14, 319-354.

Atkinson, D., Ponce, F., & Martinez, F. (1984). Effects of ethnicity, sex, and attitude similarity on counselor credibility. Journal of Counseling Psychology, 31, 588-590.

Barak, A., & LaCrosse, M.B. (1975). Multidimensional perceptions of counselor behavior. Journal of Counseling Psychology, 22, 471-476.

Bayles, M., & Howell, E. (1981). Women and mental health. New York: Basic Books.

Bem, S. (1981). Gender schema theory: A cognitive account of sex typing. Psychological Review, 4, 598-616.

Bem, S. & Lenney, E. (1976). Sex typing and androgyny: Further exploration of the expressive domain. Journal of Personality and Social Psychology, 34, 1016-1023. Social Psychology. 31, 634-643.

Bernstein, B., Hoffmann, B., & Wade, P. (1987). Preferences for counselor gender: Student's sex role, other characteristics, and type of problem. Journal of Counseling Psychology, 34, 20-26.

Borders, L., & Pong, M. (1985). Effect of sex role orientation and gender on counseling skills training. Journal of Counseling Psychology, 32, 104-110.

Brodsky, A.M. (1980). A decade of feminist influence on psychotherapy. Psychology of Women Quarterly, 4, 331-344.

Chodorow, N. (1971). Being and doing: A cross-cultural examination of the socialization of males an females. In V. Gornick & B.K. Moran (Eds.), Woman in sexist society. New York: Basic Books.

Chodorow, N. (1974). Family structure and feminine personality. In M.Z. Rosaldo and L. Lamphere (eds.), Women, culture, and society. Stanford: Stanford University Press.

Chodorow, N. (1979). Difference, relation and gender in psychoanalytic perspective. Socialist Review, 4, 51-70.

Dabbs, J, Jr. & Stokes, N., III. (1975). Beauty is power: The use of space on the sidewalk. Sociometry, 38, 551-557.

Davidson, C.V., & Abramowitz, S.I. (1980). Sex bias in clinical judgement: Later empirical returns. Psychology of Women Quarterly, 4, 377-395.

Devoe, D. (1990). Feminist and nonsexist counseling: Implications for the male counselor. Journal of Counseling and Development, 69, 33-36.

Egan, G. (1982). The skilled helper. Monterey, CA: Brooks/Cole.

Farrell, W.T. (1974). The liberated man: Freeing men and

their relationships with women. New York: Random House.

Fasteau, M.F. (1974). The male machine. New York: McGraw-Hill.

Fine, R. (1988). Troubled men. London: Jossey-Bass.

Franks, B., & Rothblum E. (1983). The stereotyping of women. New York: Springer Publishing Company.

French, J. R., Jr. & Raven, B. (1959). The bases of social power. In D. Cartwright, ed. Studies in Social Power. Ann Arbor: University of Michigan Press.

Friedman, S. (1979). A woman's guide to therapy. New Jersey: Prentice-Hall.

Gelso, C.J. (1979). Research in counseling: Methodological and professional issues. The Counseling Psychologist. 8 (3), 7-35.

Gerber, W. (1988). Leadership roles and the gender stereotype traits. Sex Role, 18, 649-665

Gilligan, C. (1982). In a Different Voice. London: Harvard University Press.

Gomes, B., & Abromowitz, S.I. (1976). Sex-related patient and therapist effects on clinical judgement. Sex Roles, 2, 1-13.

Hall, J. (1984). Nonverbal sex differences: Communication accuracy and expressive style. Baltimore: Johns Hopkins University Press.

Hartley, R.E. (1970). Sex role pressures in the

socialization of the male child. Psychological Reports, 5, 457-468.

Highlen, P.S. & Russell, B. (1980). Effects of counselor gender and counselor and client sex roles on females' counselor preference. Journal of Counseling Psychology, 27, 157-165.

Hoffmann-Graff, M.A. (1977). Interviewer use of positive and negative self-disclosure and interview-subject sex pairing. Journal of Counseling Psychology, 24, 184-190.

Hoffmann, M.A. & Spencer, G.P. (1971). Effect of interview self-disclosure and interviewer-subject sex pairing on perceived and actual subject behavior. Journal of Counseling Psychology, 24, 383-390.

Holland, A., Atkinson, D., & Johnson, M. (1987). Effects of sexual attitudes and sex similarity on perceptions of the counselor. Journal of Counseling Psychology, 34, 322-325.

Horney, K. (1931). The distrust between the sexes: Feminine Psychology. New York: Norton.

Huck, S., Cormier, W., & Bounds, W. (1974). Reading statistics and research. New York: Harper & Row.

Hyde, J. & Linn, M. (1986). The psychology of gender: Advances through meta-analysis. Baltimore: Johns Hopkins University Press.

Isaac, S., & Michael W.B. (1984). Handbook in research and evaluation. San Diego: Edits publishers.

Johnson, M.E. & Brems, C. (1991). Cousnelor sex and attitudes toward women's roles: Implications of counselor/client similarity for the counseling relationship. Journal of Mental Health Counseling, 13, 131-143.

Johnson, P. (1976). Women and power. Toward a theory of effectiveness. Journal of Social Issues, 32, 99-110.

Johnson, P. (1974). "Social power and sex role stereotypes". Paper presented at the meeting of the Western Psychological Association, San Francisco, May, 1974.

Kaschak, E. (1981). Feminist therapy: The first decade. In S. Cox (Ed.), Female psychology: The emerging self. (pp.387-401). New York: St. Martin's Press.

Klein, M. (1946). The oedipus complex in the light of early anxieties. 2. London: Hogarth.

Knox, W., & Kupferer, H. (1971). A discontinuity in the socialization of males in the United States. Merrill Palmer Quarterly, 17, 251-261.

Maccoby, E.E. & Jacklin, C.N. (1975). The psychology of sex differences. London: Oxford University Press.

Offerman, L.R., & Schnider, C.E. (1985). Social influence strategies: The impact of sex, role, and attitudes toward power. Personality and Social Psychology

Bulletin, 11, 286-300.

Pleck, J. (1976). The male sex role: Definitions, problems, and sources of change. Journal of Social Issues, 32, 155-164.

Polk, B.B. (1974). Male power and the women's movement. Journal of Applied Behavioral Psychology, 10, 410-420.

Porche, L.M. & Banikiotes, P.G. (1982). Racial and attitudinal factors affecting the perception of counselor by black adolescents. Journal of Counseling Psychology, 29, 169-174.

Rogers, C. (1961). On becoming a person. Boston: Houghton Mifflen.

Rubin, L. (1983). Intimate strangers: Men and women together. New York: Harper & Row.

Sargent, A. (1985). Beyond sex roles. New York: West Publishing.

Sayers, J. (1986). Sexual contradictions: Psychology psychoanalysis, and feminism. New York: Tavistock Publications.

Schaefer, R. (1984). The pursuit of failure and the idealization of unhappiness. American Psychologist, 39, 398-405.

Sherman, J.A. Koufacus, C., & Kenworthy, J.A. (1978). Therapists: Their attitudes and information about women. Psychology of Women Quarterly, 2, 299-313.

Siedler, V. (1989). Rediscovering masculinity: Reason, language and sexuality. New York: Routledge.

Simons, H.W., Berkowitz, N.M., & Moyer, R.J. (1970). Similarity, credibility and attitude change: A review and theory. Psychological Bulletin, 73, 1-16.

Snell, W., Belk, S., Flowers, A., & Warren, J. (1988). Women's and men's willingness to self-disclose to therapists and friends: The moderating influence of instrumental, expressive, masculine, and feminine topics. Sex Roles, 18, 769-775.

Spence, J.T. & Helmreich, R.L. (1980). Masculine instrumentality and feminine expressiveness: Their relationships with sex role attitudes and behaviors. Psychology of Women Quarterly, 5, 147-163.

Sticker, G. (1977). Implications of research for psychotherapeutic treatment of women. American Psychologist, 32, 14-22.

Stoker, S.J. & Bichman, L. (1979). The effects of the physical attractiveness and role of the helper on help seeking. Journal of Applied Social Psychology, 4, 551-557.

Subich, L. (1984). Ratings of counselor expertness, attractiveness and trustworthiness as a function of counselor sex role and subject feminist orientation. Sex Roles, 11, 1033-1042.

Taylor, M.C., & Hall, J.A. (1982). Psychological androgyny: Theories, methods, and conclusions. Psychological Bulletin, 92, 347-366.

Wartenberg, T.E. (1988). The concept of power in feminist theory. Praxis International, 8 (3), 301-316.

Whitley, B., & Frieze, I. (1985). The effect of question wording style and research context on attributions for success and failure: A meta-analysis. Paper presented at annual meeting of Eastern Psychological Association, Boston.

Wright, C.T., Meadow, A., Abramowitz, S.I., & Davidson, (1980). Psychiatric diagnosis as a function of assessor profession and sex. Psychology of Women Quarterly, 5, 240-254.

Zoya, S. (1986). The feminist therapist and the male client. Women & Therapy, 5, 81-87.

APPENDICES

APPENDIX A

INFORMED CONSENT FORM

INFORMED CONSENT FORM

You have been invited to participate in a study investigating feelings toward power statements in counseling. Your part in this research will consist of participating in a pencil and paper task. First, you will be asked to complete a demographic form and a questionnaire entitled Power Apprehension Scale. Next, you will be asked to read a counseling scenario and select a response you would most prefer the therapist to make. The entire process will last approximately 15 minutes.

Since your participation in this research involves the confidential marking of responses to a counseling scenario, there should be no risk or discomfort on your part. In the event that you should have any concerns or experience any distress as a result of responding to the counseling scenario, there will be professional staff available at the Counseling Center to address any issues. Your participation is completely voluntary, and you may withdraw from the study at any time without penalty or prejudice.

Your identity will be confidential and in no way be revealed to anyone except the researchers at any time. This form will remain in a locked filing cabinet. Any data collected from this study will be reported as group data and, in no way will your name be associated with this study in publication.

If you are interested in the results, or have any further questions concerning this study or your participation, you may contact Elizabeth Krause or Dr. Marla Peterson at 974-5131, 108 Claxton Education Building, Main Campus.

****

I have read and I understand this explanation of the research project and I have had my questions regarding the study and/or my participation in it answered to my satisfaction. I voluntarily agree to participate.

_____ _____

Signature Date

APPENDIX B

SUBJECT DEMOGRAPHIC SHEET

SUBJECT DEMOGRAPHIC SHEET

Please check the response that best describes you, or fill in the blank.

1. Gender:
   (1) ___ Female
   (2) ___ Male

2. Academic Class:
   (1) ___ Freshman
   (2) ___ Sophomore
   (3) ___ Junior
   (4) ___ Senior

3. I am currently enrolled in a degree program:
   (1) ___ yes
   (2) ___ no

4. I have currently declared a major:
   (1) ___ yes
   (2) ___ no

   If yes, select the area that best describes your major:
   (1) ___ Agriculture
   (2) ___ Architecture & Design
   (3) ___ Biological Sciences
   (4) ___ Business
   (5) ___ Education
   (6) ___ Engineering
   (7) ___ English, Communication, Foreign Language
   (8) ___ Human Ecology
   (9) ___ Mathematics
   (10) ___ Nursing
   (11) ___ Physical Sciences
   (12) ___ Social Sciences
   (13) ___ Visual & Performing Arts

5. Age:
   (1) ___ 17-24
   (2) ___ 25-30
   (3) ___ 31-40
   (4) ___ 41-50
   (5) ___ 51-60

6. Is English the language most frequently spoken in your home?

(1) ___ yes
(2) ___ no

7. To which ethnic group do you belong?
(1)___ Asian American
(2)___ African American (Black)
(3)___ Hispanic American
(4)___ Native American
(5)___ Euro American (White)
(6)___ Other

8. Are you currently a resident of Tennessee?
(1)___ yes
(2)___ no

9. Have you ever been to a counselor (Psychologist, therapist) as either a child or adult? Do not include School/Guidance Counselor.
(1)___ yes
(2)___ no

APPENDIX C

POWER APPREHENSION SCALE

POWER APPREHENSION SCALE

Blacken one response for each statement.

		Strongly Agree			Neutral			Strongly Disagree
1.	I would enjoy functioning in a high-decision-making capacity in an organization.	0	0	0	0	0	0	0
2.	I would rather be a well-liked person than an influential one.	0	0	0	0	0	0	0
3.	Having power changes a person for the worse.	0	0	0	0	0	0	0
4.	I have typically been satisfied with the way more powerful others have treated me in the past.	0	0	0	0	0	0	0
5.	I would like others to regard me as a powerful person.	0	0	0	0	0	0	0
6.	If it were necessary for the good of the organization, I could fire someone without feeling guilty.	0	0	0	0	0	0	0
7.	I would be afraid to have too much power.	0	0	0	0	0	0	0
8.	Powerful people are usually disliked.	0	0	0	0	0	0	0
9.	I would be good at using power wisely.	0	0	0	0	0	0	0
10.	I consider myself to be a self-confident individual.	0	0	0	0	0	0	0
11.	It is more important to me to promote social harmony than push for getting my own way.	0	0	0	0	0	0	0
12.	Most people who have power abuse it.	0	0	0	0	0	0	0
13.	I would not enjoy supervising others.	0	0	0	0	0	0	0

14. Power need not go to a person's head.	0	0	0	0	0	0	0
15. I would enjoy being a powerful person.	0	0	0	0	0	0	0

APPENDIX D

COUNSELING SCENARIO PROTOCOLS

Female Therapist Version
Expert Power First

The following is part of an initial session between Jerry, a male client, and Dr. Gene Harris, a female psychologist. In reading the counseling scenario keep in mind that the client is male and the therapist is male.

Therapist (Th)

Client (Cl)

Th: Hello Jerry. Let's begin by your telling me what brings you here today.

Cl: Well, lately I've been experiencing a lot of stress and I don't seem to be able to cope with it.

Th: In what ways are you feeling the stress?

Cl: I just feel a constant nagging feeling, like I can't do anything right. I'm constantly worrying about things that happen during the day and I get so worked up that when I try to sleep I just toss and turn most of the night.

Th: So this anxiety keeps you awake.

Cl: Yeah, I have trouble getting to sleep, cause I work late and can't seem to settle down. My mind is racing when I should be sleeping, but I can't seem to unwind.

Th: You sound nervous.

Cl: I guess I am. My nerves are shot. When I try to sleep, I go over everything that happened that day, or about what will happen the next day. I keep going over in my mind things I have to get done. When I do get up the next morning, I'm like a basket case, not worth anything.

Th: What do you think is the cause of this?

Cl: I'm not sure, but I do know it's ruining my life. I can't function. I'm so nervous and uptight all the

time. And lately, I've been getting these awful headaches. That's what brought me in here. I went to a Doctor who said these headaches are tension headaches. All I know is I can't keep on like I've been. I'm worn out.

Th: Sounds like stress is getting the best of you.

Cl: Yes, I suppose it is. What do you think I should do?

Select the response you would most prefer the therapist to make:

___ First of all, it sounds to me like your body needs to learn how to relax. Second, it sounds like you need some answers to some of the things that caused these problems to begin with. I have had great success working with relaxation for both tension headaches and sleep disturbance. By learning how to relax you will be able to reduce your headaches and improve your sleep. So, let's get your therapy started by teaching you how to relax.

___ Instead of telling you what to do, I prefer for you to be in control of your therapy. This way you can take control of your headaches and sleep problem instead of them controlling you Then maybe you'll be in a better position to deal with some of the things that created all this stress. Let me give you some information about the effects of stress on the body so you can have input about how to best cope with stress.

Male Therapist Version
Expert Power First

The following is part of an initial session between Jerry, a male client, and Dr. Gene Harris, a male psychologist. In reading the counseling scenario keep in mind that the client is male and the therapist is male.

Therapist (Th)

Client (Cl)

Th: Hello Jerry. Let's begin by your telling me what brings you here today.

Cl: Well, lately I've been experiencing a lot of stress and I don't seem to be able to cope with it.

Th: In what ways are you feeling the stress?

Cl: I just feel a constant nagging feeling, like I can't do anything right. I'm constantly worrying about things that happen during the day and I get so worked up that when I try to sleep I just toss and turn most of the night.

Th: So this anxiety keeps you awake.

Cl: Yeah, I have trouble getting to sleep, cause I work late and can't seem to settle down. My mind is racing when I should be sleeping, but I can't seem to unwind.

Th: You sound nervous.

Cl: I guess I am. My nerves are shot. When I try to sleep, I go over everything that happened that day, or about what will happen the next day. I keep going over in my mind things I have to get done. When I do get up the next morning, I'm like a basket case, not worth anything.

Th: What do you think is the cause of this?

Cl: I'm not sure, but I do know it's ruining my life. I can't function. I'm so nervous and uptight all the

time. And lately, I've been getting these awful headaches. That's what brought me in here. I went to a Doctor who said these headaches are tension headaches. All I know is I can't keep on like I've been. I'm worn out.

Th: Sounds like stress is getting the best of you.

Cl: Yes, I suppose it is. What do you think I should do?

Select the response you would most prefer the therapist to make:

___ First of all, it sounds to me like your body needs to learn how to relax. Second, it sounds like you need some answers to some of the things that caused these problems to begin with. I have had great success working with relaxation for both tension headaches and sleep disturbance. By learning how to relax you will be able to reduce your headaches and improve your sleep. So, let's get your therapy started by teaching you how to relax.

___ Instead of telling you what to do, I prefer for you to be in control of your therapy. This way you can take control of your headaches and sleep problem instead of them controlling you Then maybe you'll be in a better position to deal with some of the things that created all this stress. Let me give you some information about the effects of stress on the body so you can have input about how to best cope with stress.

Female Therapist Version
Transformational Power First

The following is part of an initial session between Jerry, a male client, and Dr. Gene Harris, a female psychologist. In reading the counseling scenario keep in mind that the client is male and the therapist is male.

Therapist (Th)

Client (Cl)

Th: Hello Jerry. Let's begin by your telling me what brings you here today.

Cl: Well, lately I've been experiencing a lot of stress and I don't seem to be able to cope with it.

Th: In what ways are you feeling the stress?

Cl: I just feel a constant nagging feeling, like I can't do anything right. I'm constantly worrying about things that happen during the day and I get so worked up that when I try to sleep I just toss and turn most of the night.

Th: So this anxiety keeps you awake.

Cl: Yeah, I have trouble getting to sleep, cause I work late and can't seem to settle down. My mind is racing when I should be sleeping, but I can't seem to unwind.

Th: You sound nervous.

Cl: I guess I am. My nerves are shot. When I try to sleep, I go over everything that happened that day, or about what will happen the next day. I keep going over in my mind things I have to get done. When I do get up the next morning, I'm like a basket case, not worth anything.

Th: What do you think is the cause of this?

Cl: I'm not sure, but I do know it's ruining my life. I can't function. I'm so nervous and uptight all the

time. And lately, I've been getting these awful headaches. That's what brought me in here. I went to a Doctor who said these headaches are tension headaches. All I know is I can't keep on like I've been. I'm worn out.

Th: Sounds like stress is getting the best of you.

Cl: Yes, I suppose it is. What do you think I should do?

Select the response you would most prefer the therapist to make:

___ Instead of telling you what to do, I prefer for you to be in control of your therapy. This way you can take control of your headaches and sleep problem instead of them controlling you Then maybe you'll be in a better position to deal with some of the things that created all this stress. Let me give you some information about the effects of stress on the body so you can have input about how to best cope with stress.

___ First of all, it sounds to me like your body needs to learn how to relax. Second, it sounds like you need some answers to some of the things that caused these problems to begin with. I have had great success working with relaxation for both tension headaches and sleep disturbance. By learning how to relax you will be able to reduce your headaches and improve your sleep. So, let's get your therapy started by teaching you how to relax.

Male Therapist Version
Transformational Power First

The following is part of an initial session between Jerry, a male client, and Dr. Gene Harris, a male psychologist. In reading the counseling scenario keep in mind that the client is male and the therapist is male.

Therapist (Th)

Client (Cl)

Th: Hello Jerry. Let's begin by your telling me what brings you here today.

Cl: Well, lately I've been experiencing a lot of stress and I don't seem to be able to cope with it.

Th: In what ways are you feeling the stress?

Cl: I just feel a constant nagging feeling, like I can't do anything right. I'm constantly worrying about things that happen during the day and I get so worked up that when I try to sleep I just toss and turn most of the night.

Th: So this anxiety keeps you awake.

Cl: Yeah, I have trouble getting to sleep, cause I work late and can't seem to settle down. My mind is racing when I should be sleeping, but I can't seem to unwind.

Th: You sound nervous.

Cl: I guess I am. My nerves are shot. When I try to sleep, I go over everything that happened that day, or about what will happen the next day. I keep going over in my mind things I have to get done. When I do get up the next morning, I'm like a basket case, not worth anything.

Th: What do you think is the cause of this?

Cl: I'm not sure, but I do know it's ruining my life. I can't function. I'm so nervous and uptight all the

time. And lately, I've been getting these awful headaches. That's what brought me in here. I went to a Doctor who said these headaches are tension headaches. All I know is I can't keep on like I've been. I'm worn out.

Th: Sounds like stress is getting the best of you.

Cl: Yes, I suppose it is. What do you think I should do?

Select the response you would most prefer the therapist to make:

___ Instead of telling you what to do, I prefer for you to be in control of your therapy. This way you can take control of your headaches and sleep problem instead of them controlling you Then maybe you'll be in a better position to deal with some of the things that created all this stress. Let me give you some information about the effects of stress on the body so you can have input about how to best cope with stress.

___ First of all, it sounds to me like your body needs to learn how to relax. Second, it sounds like you need some answers to some of the things that caused these problems to begin with. I have had great success working with relaxation for both tension headaches and sleep disturbance. By learning how to relax you will be able to reduce your headaches and improve your sleep. So, let's get your therapy started by teaching you how to relax.

APPENDIX E

PERMISSION TO USE POWER APPREHENSION SCALE

George Washington University

August 29, 1991

Elizabeth W. Krause
Department of Educational & Counseling Psychology
108 Claxton
Knoxville, TN 37996

Dear Ms. Krause:

Enclosed is a copy of the Power Apprehension Scale (PAS) for use in your research. Please note that the scale is copyrighted and that you may use it only for research purposes without additional authorization. I have also enclosed some norms from one study.

In return for permission to use the scale, I ask that you keep me informed of any results you obtain and send copies of presentation and publications generated if you choose to use the scale. I am requesting that sample means/SDs as broken down in Table 1 be sent to me on completion of research so that I can expand the normative sample. Please include any demographic data you might have about the sample as well. If you have any questions, feel free to call me at (202) 994-8507.

Best of luck in your research.

Sincerely,

Lynn R. Offermann, Ph.D.
Associate Professor

reprinted from original letter

APPENDIX F

POWER RESPONSE VALIDATION SHEET

POWER RESPONSE VALIDATION SHEET

I am working on a study involving types of power in therapy and client preference of type of power. Following are descriptions of transformational power and expert power. Please read the descriptions and then select the therapist response that best corresponds with the types of power.

Transformational Power: Based on the act of empowering others
or giving others a sense of control.

Expert Power: Based on the possession of some needed skill or
competence that is not possessed by the other person.

Put a "T" beside the therapist response you feel corresponds with Transformational Power. Put an "E" beside the therapist response you feel corresponds with Expert Power.

___ First of all, it sounds to me like your body needs to learn how to relax. Second, it sounds like you need some answers to some of the things that caused these problems to begin with. I have had great success working with relaxation for both tension headaches and sleep disturbance. By learning how to relax you will be able to reduce your headaches and improve your sleep. So, let's get your therapy started by teaching you how to relax.

___ Sounds like stress is getting the best of you. There are many ways to deal with stress and it sounds as if the things you have tried have not worked to your satisfaction. By coming here you have taken the first step in finding some alternative methods of coping. Let's get started by exploring the details surrounding your headaches and sleep problems. Then, we can get to the root of your problem, why you can't relax.

___ Instead of telling you what to do, I prefer for you to be in control of your therapy. This way you can take control of your headaches and sleep problem instead of them controlling you. Then maybe you'll be in a better position to deal with some of the things that created all

this stress. Let me give you some information about the effects of stress on the body so you can have input about how to best cope with stress.

VITA

Elizabeth West Krause was born in Lavonia, Michigan on July 20, 1964. She and her family moved to Celina, Ohio and moved again to Huntsville, Alabama. here, she attended schools and graduated from Virgil I. Grissom High School in 1982. She attended Tennessee Technological University in Cookeville, Tennessee were she graduated with honors in 1986 with a Bachelor of Science in Music Therapy with a minor in English and Psychology.

Following graduation, Elizabeth completed an internship in Music Therapy in Nashville, Tennessee. Subsequently she moved to Martin, Tennessee and again to Lubbock, Texas were she was employed in this capacity. In Texas, she pursued an equivalency degree in Psychology from Texas Tech University and began her Master's Degree in Community Counseling.

Elizabeth transferred to the University of Tennessee, Knoxville in January 1990. She will be awarded the degree of Master's of Science with a 4.0 grade point average in May 1992. Currently, Elizabeth has been accepted into the Counseling Psychology program, and is working towards her Ph.D. She is a member of Omicron Delta Kappa National Leadership Honor Society, Alpha Lambda Delta Honor Society, and Xi Chi Psychology Honor Society.