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Gender Education and Training in Doctoral Level Psychology Programs: An Exploratory Investigation

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GENDER EDUCATION AND TRAINING IN DOCTORAL LEVEL PSYCHOLOGY

PROGRAMS: AN EXPLORATORY INVESTIGATION

A Dissertation

Submitted to the School of Graduate Studies and Research

In Partial Fulfillment of the

Requirements for the Degree

Doctor of Psychology

Katrina A. Simpson-McCleary

Indiana University of Pennsylvania

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Title: Gender Education and Training in Doctoral Level Psychology Programs: An

Exploratory Investigation

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This doctoral project was an exploratory investigation of the treatment of gender in the education and training of doctoral level psychology graduate students. Fifty-one doctoral level psychology programs, including Ph.D., Psy.D. and Ed.D. programs, were placed into one of three groups based on their orientation, practitioner-oriented program (P-OP), clinical research-oriented program (CR-OP), or combined orientation program (CP). The programs were surveyed by the analysis of their respective websites to explore how gender was currently treated in doctoral level psychology programs. Types and number of classes with a gender emphasis and training opportunities were examined. In addition, each program's mission statement and learning objectives were reviewed to determine if these reference diversity, especially gender. The female-to-male faculty ratios were recorded, as were the presence of faculty with a diversity and/or gender specialty. Several hypotheses were investigated including: (1) whether P-OPs and/or CPs would have more gender education than CR-OPs; (2) whether programs located in urban settings would have more gender education than those that are located in suburban or rural settings; (3) whether programs that had a more equal female-to-male faculty ratio would offer a more gender-focused education; and (4) whether programs that had more

faculty with gender and/or multicultural diversity expertise would have more gender-focused education. Results indicated that both P-OPs and CPs had a significantly greater emphasis on gender education than CR-OPs. Location had no impact on gender education. While not significant, there did seem to be a moderately strong correlation between gender education and both higher female: male faculty ratios and faculty expertise. Future research could focus on the faculty and students' perceptions of the current status of gender education, as well as the models of the programs that appear to be successfully integrating gender into their curriculum.

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With all my love and affection~Katrina Ann Simpson-McCleary, M.A.

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CHAPTER 1

THE PROBLEM

Statement of the Problem

For more than 30 years sex/gender differences (Hare-Mustin & Marecek, 1988; Potts, Burnam, & Wells, 1991), sex/gender role stereotypes and/or conflict (Beckwith, 1993; Biernat & Manis, 1994; Broverman, Broverman, Clarkson, Rosenkrantz, & Vogel, 1970; Ciano-Boyce, Turner, & Turner, 1988; Fischer & Good, 1997; Good, Dell, & Mintz, 1989; Harrison, 1978; Heesacker, Wester, Vogel, Wentzel, Mejia-Millan, & Goodholm, 1999), the essential aspects of masculinity (Long, 1986; Mahalik, Good, & Englar-Carlson, 2003) and femininity (Rosenblum, 1986), and the impact of these phenomena on clinical judgment (Barak & Fisher, 1989; Becker & Lamb, 1994; Broverman et al., 1970; Cowan, 1976; Davidson & Abramowitz, 1980; Robertson & Fitzgerald, 1990; Sherman, Koufacos, Kenworthy, 1978) have been studied in the field of psychology. The conflict in the results of these studies has also been examined (Barak & Fisher, 1989; Davidson & Abramowitz, 1980; Lopez, 1989; Widiger & Settle, 1987).

Although a review of the above referenced articles may lead to more questions than answers (Barak & Fisher, 1989), researchers continue to investigate these areas. However, it becomes clear that the continued and increased education on sex and gender, including gender awareness, sex/gender roles and their impact on individuals (both clients and clinicians), and assessment of gender-role conflict is critical in the training of both new and experienced clinicians (Seem & Hernandez, 1998). The problem is that gender as a content area has not been integrated into the field or recognized as an important content area. This doctoral project will examine the current state of gender

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education in the doctoral level study of psychology. It is hoped that the results of this undertaking will subsequently lead to recommendations on how to improve and increase the quality of gender education and to offer suggestions on ways to reduce the impact of sex/gender stereotypes on clinical work.

Problem Significance

Regardless of which gender is more negatively impacted by gender stereotypes or which gender demonstrates a greater tendency to be stereotyped in their views and treatment of clients, the need for gender education is clear. This belief is couched in the reality that "it is equally important to prepare future psychologists not only to become sensitive to gender perspectives, but also to become effective change agents who can work with their community" (Cheung, 1991, p. 95). Pottick, Wakefield, Kirk, and Tian (2003) espouse that as socialization agents doctoral programs have a part in the shaping of their students' clinical decision-making processes and in restricting the impact of the students' biases in diagnoses. Within the context of the community, psychologists should function to increase awareness, prevention, and public policy that would support the well-being of women. Cheung (1991) asserts that clinical psychologists need to appreciate the reality of women within the context of today's society and to facilitate women's ability to change from followers of social rules to the guides of their own futures.

Gender is no longer code for women or women's issues, but rather has come to be "the characteristics and behaviors a culture associates with being female or male and the characteristics and behaviors people may take on as they identify with one gender or the other" (Quina & Bronstein, 2003, p. 4). An important factor in creating this change is the

training of clinicians who are aware of both culture and gender effects. A good example of this movement is The University of California at Los Angeles (UCLA) Minority Mental Health Training Program. This program perceives the changing of current cultural and gender biases to be dependent upon the training of multiculturally proficient non-minority clinicians and scientists, as well as the training of capable and culturally knowledgeable minority clinicians and scientists (Mays, 1988).

The American Psychological Association (APA) discusses the importance of having both a respect for and an appreciation of cultural and individual diversity in the *Guidelines and principles for accreditation of programs in professional psychology* (APA, 2000). Included in cultural and individual diversity is the area of gender. The APA stipulates that a given program demonstrates this respect and appreciation in several ways, including specific regulations for recruiting, retaining and developing faculty and students, as well as the program's curriculum and field experiences. The APA directs that issues of cultural and individual diversity must be considered in all areas of study, including history of psychology, theoretical orientations, and assessment, diagnosis and intervention strategies. Each individual program is to develop the manner in which these guidelines will be implemented into their students' graduate experience.

Hertzsprung and Dobson (2000) surveyed the directors of clinical training at all of the 20 clinical psychology programs in Canada, with a 100% participation rate. The purpose of the study was to act as a beginning to and possible springboard for discussion on cultural diversity training. Hertzsprung and Dobson (2000) espouse that surveying the current status of clinical psychology programs' training in diversity, including the scope

and characteristics of the training, is a helpful step in ascertaining "the progress and likely course of diversity training" (p. 186). Therefore, before presenting suggestions on how to adapt the education of clinical psychology graduate students, a baseline of the current standing of gender education is important. This baseline will point out how programs are currently addressing gender in their curricula and training experiences; which programs are showing a clear acknowledgement of the impact of gender on training, supervision, and therapy; and, what programs are showing a dearth of attention to gender. This research will also point out ways to increase programs' awareness and attention to gender, and what models and techniques programs are using or could be using to concentrate on the impact of gender on the training of professional psychologists.

Research Question

The question this study intends to examine is how doctoral level psychology programs treat the content area of gender in their education and training of future clinicians. Along with being an observation of the current state of gender education in doctoral level psychology programs this study will examine several hypotheses. The first hypothesis is that practitioner-oriented programs (P-OP) and/or combined programs (CP) will have more gender education than those that are clinical research-oriented programs (CR-OP). The second hypothesis is that programs that are in urban settings will have more gender education than those that are located in suburban or rural areas. Suburban programs will have less gender education than urban, but more than rural situated programs. The third hypothesis is that programs that have a more equal female-to-male

faculty ratio, or programs that have a higher female-to-male faculty ratio, will have more gender education integrated within the curriculum. The final hypothesis is that programs that have more faculty with gender and/or multicultural diversity expertise will have more gender education.

The first hypothesis regarding the type of program, CR-OP. P-OP, or CP is supported by a qualitative review of the websites for The Council of University Directors of Clinical Psychology (CUDCP) and National Council of Schools and Programs of Professional Psychology (NCSPP). These organizations are the pool from which the CR-OP and P-OP programs were chosen, respectively. In exploring the CUDCP (2002) bylaws, the organization does specifically mention that in the field of clinical psychology individuals work towards an understanding the role that gender, and other diversity issues, affect an individual's life. In a listing of what CUDCP will promote to work towards improving the field of psychology, there is not a further reference to gender or diversity as a whole. Several items reflect a commitment to research and the training of research methodology to help facilitate continued growth in the areas of intervention and assessment. There is also a reference on connectedness with other professional organizations.

The NCSPP website's welcome page functions as an introduction to the organization. Throughout the webpage there is reference to diversity, and a verbalized commitment to increasing attention to gender issues in the *NCSPP's mission and purpose*. What is seen is a repetitive theme of diversity as a whole and an expressed commitment to further "competency based" training as individuals are prepared for

positions of healers and "change agents for diverse communities" (NCSPP, accessed July 4, 2008). The website indicates that during the coming year there is a goal to evaluate and cultivate their diversity agenda.

Both websites speak to the complex nature of diversity; however, there seems to be a qualitative difference between how diversity, individual experience, and research are emphasized by each professional association. In considering the information provided, the hypothesis that programs that maintain membership within the NCSPP, the P-OP and CPs, would be more likely to emphasize gender in their training curricula and opportunities.

The hypothesis that programs that have a more equal or greater female-to-male ratio will have more gender education is based in the data indicating that the majority of individuals who teach psychology of women courses are women. For example, Matlin (1989) found that 95% of her participants that taught psychology of women courses were female. In a study by Moore and Trahan (1997) that considered students perceptions of females and males teaching about gender, they highlight the fact that gender courses are more likely to be taught by a female instructor. They go on to say that female instructors are more likely to incorporate the topic of gender into other courses they teach. The final hypothesis can be an extension of this line of thought. In other words, it makes sense that the majority of individuals teaching gender courses would be individuals interested in the topic. In Matlin's (1989) study, she asked psychology of women instructors for the reason they decided to teach the course. Sixty-eight percent of those faculty polled

indicated either a personal interest in the topic or a desire for cognitive growth (e.g., academic research, clinical work, a desire to increase their knowledge of gender).

The hypothesis that location will have an impact on gender, also borrows from the information provided by Moore & Trahan (1997) and Matlin (1987). This author considered that the majority of individuals teaching gender or diversity courses will be those individuals that maintain interest in those topic areas (i.e., women and individuals who identify as part of a minority group). Murray (2007) asserts that rural community college may have the most difficulty with faculty retention because they typically cannot offer the same cultural and social advantages, or the same amount of financial incentives as urban institutions. While his attention is focused on community colleges, this current study can consider if his work can extend to institutions offering doctoral level psychology degrees. Bach and Perrucci (1984) also discussed the impact of the size of the metropolitan area surrounding an institution may have on female doctorates being employed in the area. For small universities and four-year colleges, the greater the size of the surrounding area, urban versus suburban versus rural, greater is the likelihood that a faculty member is a woman at an institution of higher education.

In all, the four hypotheses mentioned above attempt to investigate the extent to which gender is integrated into a select sample of doctoral level graduate clinical psychology programs. Below attention is given to some of the terminology that has guided this investigation.

Gender Role Stereotype

The author is aware that the terms gender and sex are often used to talk about two separate concepts. For clarification, the author will utilize the same terminology that the researchers that are being cited used. For example, Broverman et al., (1970) explore the common perceptions that clinicians hold of men and women. They classify these perceptions as sex-role stereotypes. Therefore, when citing Broverman et al., (1970), the author will utilize the term sex-role stereotype.

When discussing gender and/or sex-role stereotypes a definition of the term is important. In their classic study on sex-role stereotypes, Broverman et al., (1970) define sex-role stereotypes as "highly consensual norms and beliefs about the differing characteristics of men and women" (p. 1). Golombok and Fivush (as cited in Matlin, 2004) define gender stereotypes as "organized, widely shared sets of beliefs about the characteristics of females and males" (p. 36). Based on the similarity of the two definitions, in this discussion of stereotypes, the investigation utilizes the term gender stereotype to refer to a commonly held belief about the typical characteristics of females and males. Therefore, when the author is discussing the elements of her own study, the term gender will be employed.

Doctoral Level Psychology Programs

The term doctoral level psychology program will be utilized to describe any program in psychology that proffers a doctoral degree in psychology. This includes Ph.D., Psy.D., and Ed.D. programs.

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Clinical Research-Oriented Programs

Programs that fall within this category tend to have a core focus on research that can be seen in their program's objectives and requirements. According to CUDCP (2002), program members will focus on research in regards to improving current methods of intervention and assessment, as well as validating approaches in these areas. These programs will typically require a dissertation that requires research and evaluation.

Practitioner-Oriented Programs

These are programs with an emphasis on clinical education and training. According to the NCSPP (http://www.ncspp.info/home.htm), these programs show a commitment to education of future clinicians that are competent to deal with complex issues and the impact of a person's diverse roles and identities. These programs may or may not require a dissertation. Instead they may opt for a doctoral project that involves a critical literature review or implementation and evaluation of a client-focused program.

Combined Programs

Programs that are part of this category, show elements of both CR-OP and P-OPs. They likely try to balance training that values both research and the personal experience. They will likely require a doctoral project or a dissertation.

To summarize this chapter, this doctoral project is an exploratory study that is designed to investigate the quality and quantity of gender education in a sample of doctoral level psychology programs. In the next chapter, an extensive review of the literature on this topic area is undertaken.

CHAPTER 2

REVIEW OF LITERATURE

Females and Gender Stereotypes

The gender stereotypes that surround women reflect a sense of kinship, or being cognizant of one's relationship with other individuals (Matlin, 2004). Femininity typically suggests a presentation of warmth and tenderness that encourages a commitment to community, such as family, friends, and society. Other stereotypic characteristics prescribed to women include compassionate or caring, patient, emotional, unpretentious or unassuming, indecisive, worried, and loquacious (Matlin, 2004).

It is critical to note that there is not a single integrated female stereotype that is consistent across ethnic groups (Matlin, 2004). For example, African American women are often viewed as outspoken, dark-skinned, and antagonistic; Mexican American women are stereotypically characterized by having dark hair, being attractive, and enjoyable/pleasing/congenial; and Spanish-speaking ethnic groups typically uphold most strongly the feminine ideal, including characteristics of domesticity and passivity (Chafetz, 2000). Matlin (2004) continues to describe various ethnic groups by highlighting that Asian American women are typically viewed as being soft-spoken, enjoyable/pleasing/congenial, and intelligent; and European American women are often seen as being physically appealing, arrogant/self-centered, and intelligent. While it is critical to be consistently cognizant of ethnicity when considering gender stereotypes, it is also important to realize that minority groups are under continuous pressure or influence of the dominant European American society in this country (Chafetz, 2000).

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The traditional view of women includes elements of passivity and dependence (Sherman et al., 1978). While these characteristics are attributed to psychologically healthy women, they are not viewed to be healthy in the general population (Broverman et al., 1970). Passivity and dependence connect with the view that women are to be subservient in society. Women are to perform in the personal realm and leave the public domain to men (Gross, 2003). This requirement of women to complete their role only in the personal sphere separates women from society, thus, leading women to become societally irrelevant because of their lack of involvement in the public domain. Women are to demonstrate their abilities to care and support only in the home, so that they become isolated, and the physical and emotional tasks that they complete on a daily basis can be belittled (Gross, 2003).

As previously mentioned, women are socialized to provide care (Rosenblum, 1986). Rosenblum continues by discussing how this traditional gender role has been commonly viewed as a way to reduce the power that women hold in society. Women are encouraged to sacrifice for others. Women's ability to be gentle and to be aware of other's feelings is integral to the traditional feminine role, and is seen as a set of valued characteristics in society when compared to the male's tendency to be rough and unaware of the feelings of others (Broverman et al., 1970; Seem & Clark, 2006). They are obligated to give birth and raise the children, to perform the domestic chores, and to detract from themselves for the purpose of helping/serving others (Chafetz, 2000). If a woman fails to fulfill this traditional gender role, society may likely judge her harshly.

A feminine characteristic that is heavily emphasized in society is the perception of women as hyperemotional (Heesacker et al., 1999). Women are seen as highly emotional, so much so that they may not be able to control their emotional expression. In other words, women may be unable to contain their emotions at any level (Broverman et al., 1970). With this belief it is easy to see how women would not be "cool under pressure" in a crisis situation. The view of women as frightened, anxious, self-doubting, scatterbrained, dippy (Chafetz, 2000), illogical, highly excitable, and quick to cry (Broverman et al., 1970), also highlights the messages that society sends about women's role in crisis work. Women are seen as being unable to be rational when making decisions. In short, they are viewed as impractical in nature. However, women's freedom to express their emotions is often seen as an advantage over the masculine pole of being unable to express emotion (Chafetz, 2000). With that said, women who follow the emotional feminine role may decrease their likelihood of having success in society, when the masculine gender role that holds that men are unemotional, is favored in society. There is a possibility that the increased ability in emotional expression that women have may also be connected to the increase instance of the diagnosis of Major Depression in women (Potts et al., 1991).

Gender stereotypes lead to women being viewed as having a reduced pressure to succeed (Chafetz, 2000). This supports the stereotypical ideals that women are not to be aggressive, ambitious, self-confident, competitive, and/or leaders, but rather passive and dependent (Broverman et al., 1970; Ciano-Boyce et al., 1988). Chafetz (2000) reports that the view of women as less achievement-driven is perceived to be an advantage; but is

also a requirement in both intimate and professional relationships. Society is likely to reproachfully judge women who choose to go against this stereotypic view (Chafetz, 2000). Thus, it follows that women who have the desire to break this traditional stereotype may face challenges from family, friends, and institutions. Some challenges that the author has observed include the questioning of a woman's loyalty to her family; jealousy and contention from her spouse, children, and friends because the woman chooses to put part of her time and energy into her work or school; and receiving the message from coworkers, both males and females, that a woman should not be so focused on furthering her career.

An emphasis on physical presentation is often found in the gender socialization of women. This characteristic can be described as an obligation that if not met, can lead to interpersonal difficulties (Chafetz, 2000). Women who are viewed as more physically appealing are also seen as being more feminine (Smith, 2000). There is a pressure to maintain a first-rate outward appearance. Women, who fail to meet this standard, do not only meet with backlash from society, but also the medical community. Atkins (2000) describes how failing to meet this standard by being overweight can lead to discrimination. The pressure to be attractive also may have contributed to Atkins (2000) having disordered eating, which she indicated sometimes resembled Anorexia Nervosa.

Disordered eating and eating disorders may occur more frequently in women because of the traditional feminine role (Matlin, 2004; Smith, 2000). According to the revised version of the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, Text revision (DSM-IV-TR) (American Psychiatric Association (APA), 2000), women

who emigrate from countries that do not uphold the thin-ideal, but who assimilate to the dominant gender socialization, have an increased chance of developing Anorexia Nervosa. This offers evidence that the traditional feminine role can increase body image concerns and/or problems. In the DSM-IV-TR, the American Psychiatric Association (APA, 2000) informs us of the reality that women make up more than 90% of those diagnosed with Anorexia Nervosa and at least 90% of Bulimia Nervosa cases.

Depressive symptoms, according to the DSM-IV-TR, are seen in women suffering from eating disorders (APA, 2000). Depression may be seen at higher rates in women because of the emphasis on outer attractiveness in women (Matlin, 2004). Additionally, other physical concerns such as amenorrhea, osteoporosis, kidney, lung, heart, and gastrointestinal difficulties are also more likely in women diagnosed with Anorexia Nervosa (Matlin, 2004). Thus, women who follow the traditional feminine role have an increase likelihood of suffering from physical ailments. These are linked to an overemphasis on physical attraction in the female gender socialization process.

Depression may also be diagnosed more often in women than in men because of the traits that are inherent in the traditional female gender role (Landrine, 1992). Landrine argues that depression and the female gender role, specifically seen in married women, are the same, with depression being the scientific formulation of the same construct. She highlights that both depressed people and stereotypical married women demonstrate low self-esteem, cry easily, and are deficient in self-confidence. The lack of self-confidence and self-esteem can be seen in the denial of ability playing a part in success. However, when these women fail it is attributed to internal factors. What this

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indicates is that society encourages women to display these characteristics that are later clinically judged to be unhealthy.

When women take on a nontraditional gender role, problems may still arise. Women who act assertive and masculine may be penalized for stepping outside of their appropriate gender roles (Matlin, 2004). These women may not be seen as congenial, a typically favored feminine trait. Women who look for success outside of the home are viewed less favorably than women who uphold traditional feminine roles. Thus, it follows that women who do not follow traditional gender roles may face criticism and unfair treatment, as compared to men with similar assertive behavior (Matlin, 2004). It is possible that these experiences may increase the likelihood of stress, mood, and anxiety issues. However, in contrast to men, these women are more likely to demonstrate an external locus of control when discussing their success. In other words, they attribute their success to luck, not to skill-level or ability (Chafetz, 2000).

Landrine (1992) compares the female gender role of unmarried women to the traits of hysterical women. The characteristics of the female gender role cast upon young, single women by society mirror the criteria for diagnosis of Histrionic Personality Disorder. The DSM-IV-TR (APA, 2000) characteristics for this disorder include being uncomfortable when not being the focus of the attention in situations, interacting in a sexually seductive or provocative manner, displaying superficial and variable emotional expression that is often larger-than-life, using one's physical form to gain attention, expressing opinions in a dramatic fashion that lacks an underlying basis and clarity, demonstrating a high level of suggestibility, and a romanticized view of relationships.

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These *histrionic* traits are the very same traits that society encourages in unmarried

women (Landrine, 1992).

As a result of these gender role related problems, women may seek counseling

services. This may point toward the explanation that some mental health workers

endorse in Sherman et al., (1978), as to what would account for more women seeking out

counseling services than men, which is that women endure more societal pressure and

demands. The mental health workers in the same study also indicate that it is possible

that women's gender role allows for women to seek out therapy more easily than their

male counterparts.

Based on the research that indicates that the majority of women will likely

undergo some level of stress, as a result of gender role socialization, it follows that

specialized training in working with women may be necessary. Indeed Sherman et al.,

(1978), found in their study that the majority of respondents (70%) believe that

specialized training in working with women is important. This training could include

opportunities to work with female and/or feminist supervisors, courses, panels, colloquia,

readings, groups, and field experience. These experiences should focus on the

examination of the female gender socialization that defines femininity as being passive,

dependent, emotional, and community-minded.

Males and Gender Stereotypes

Gender stereotypic men are perceived as being achievement-oriented, aggressive,

assertive, successful, independent, and not emotional (Broverman et al., 1970; Mahalik et

al., 2003). In fact, these traditionally masculine traits are typically viewed as being part

of a healthy ideal (Broverman et al., 1970; Ciano-Boyce, 1988; Long, 1986; Mahalik et al., 2003). However, there is another side to these characteristics discussed in Mahalik et al., (2003). Traditional masculinity can contribute to the issues that men present in treatment. The authors identified such characteristics as interpersonal intimacy and/or violence difficulties, lower self-esteem, depression and anxiety symptoms, substance abuse, and general psychological suffering as particularly problematic (Mahalik et al., 2003). Men who subscribe to many of the sex-typed personality characteristics may be at a disadvantage. The characteristics increase the men's concerns while simultaneously decreasing their likelihood to seek treatment (Mahalik et al., 2003).

Mahalik et al., (2003) identify seven generic masculinity scripts that are likely to be seen in treatment: *Strong-and-Silent*, *Tough-Guy*, *"Give-'em' Hell"*, *Playboy*, *Homophobic*, *Winner*, and *Independent*. By breaking down the traditional views of men into these scripts, the authors illuminate how several of these scripts may have an influence on how a man may come across in counseling, while also highlighting how each masculinity script can individually impact the presenting concerns of a client. The concept that multiple masculinizations may be acting in a man's life is supported by Liu (2005) in his discussion of masculinity as a multicultural issue. Thus, a man may experience life difficulties as a consequence of multiple socialization experiences and demands.

The first script described by Mahalik et al., (2003) is the *Strong-and-Silent* script. In this script the critical key is to be unemotional, which helps boys and men achieve the gender role expectation of "being stoic and in control of one's feelings" (p. 124). In other

words, men are socially guided to be non-communicative and inexpressive (Levant, 1998). Restricted emotionality in men has been tied to presenting concerns of alexithymia, increased medical problems, fear of intimacy, depression, paranoia, hostile-submissive personality, psychoticism, anxiety, anger, and interactional styles found with substance abuse issues (Mahalik et al., 2003). Alexithymia is an inability to vocalize affect (Heesacker et al., 1999). However, restricted emotionality does not equal hypoemotionality (an inability to express emotions). Work by Heesacker et al., (1999) highlights the belief that when a man demonstrates affective restraint it is commonly linked to the resulting gender stereotypes of a *Strong-and-Silent* masculinization script. This indicates that it may not be an inability in expressing emotions, but rather a desire to avoid social sanctions. If a man holds a more stereotypical view of men, then he is more likely to endorse problematic symptoms connected to restricted emotionality.

The second script described by Mahalik et al., (2003), *Tough-Guy*, characterizes men that need to be aggressive, invulnerable, and unafraid. The *Tough-Guy* script is strongly linked to the strong-and-silent masculinity script. That is to say, that part of being tough is typically having the ability to smother emotions that may be related to vulnerability. These ways of coping can have a detrimental impact on men's health and the well-being of the individuals in their lives. When combined, these characteristics, aggressive, invulnerable, unafraid, and emotionally repressed, quickly show a possible link between masculinity socialization and health issues related to substance abuse and destructive behaviors that might be viewed as risk-taking behaviors. Harrison (1978) describes how men will potentially partake in destructive behaviors as a compensatory

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strategy to deal with the anxiety from the expectations placed upon them to fulfill proper sex-roles.

In the third script, *"Give-'em-Hell,"* Mahalik et al., (2003) reveal the role that violence plays in the masculinization of men. Boys are often encouraged to be violent as a way to build character and to decrease their chances of being bullied. Oftentimes, as boys grow into men, they are initiated into groups that condone a certain level of violence between members (e.g., athletics and fraternities). Through these areas of socialization, males learn that, at a certain level, violence can be an acceptable way to act and as a way to resolve conflict. If they do not learn to separate the athletic environment from the non-athletic environment, problems can ensue. Violence can be seen as a way to gain power over others (Harrison, 1978). Males are more likely to be aggressors, and are more often the victims and perpetrators of homicide (Kowalski, 2000).

From youth through adulthood, males may learn to utilize violence and aggression to cope with uncomfortable feelings, such as, shame, embarrassment, and harm. Thus, males may externalize their distress, increasing their relationship problems, instead of learning to identify, appreciate, and cope in a healthy way with uncomfortable feelings. According to Mahalik et al., (2003), the research literature supports this perception; men who hold more traditional views of masculinity are more likely to physically abuse their intimate partners, react with greater hostility to women's negative responses, and to demonstrate supportive attitudes of husbands' violence against their wives. Mahalik et al., (2003) continue by suggesting that a possible reason for this occurrence is that some

men may not like to relinquish power or control to a woman, and may become physically abusive as a way to regain a sense of control.

Mahalik et al., (2003) describe in their fourth script, *Playboy Script*, how sexuality and male socialization can lead to difficulties. Non-relational sex (sex as a function of lust, not attachment or intimacy) may be the consequence of suppressing the need to bond with and attend to others. A playboy masculinization can be detrimental to others by increasing a tendency to support inequity in social relationships and to be hostile, as well as increasing the support of rape myths. Not only is this harmful to others, but it also can constrict one's confidence in being vulnerable and intimate with others, thus reducing the amount of attachment a man can achieve. There is also an increased risk of sexually transmitted diseases among those men who subscribe to a playboy script (Mahalik et al., 2003).

The fifth script explained by Mahalik et al., (2003) is the *Homophobic Script*. Traditionally, to be a man is to steer clear of any characteristics linked to femininity and/or homosexuality (Levant, 1998; Mahalik et al., 2003). Following this train of thought, forming deep bonds with other men needs to be avoided and rejected by these men. Heesacker et al., (1999) indicate that men who endorse having problems in their lives as a consequence of restricted intimacy between men, typically prescribe to a more stereotypical view of masculinity. This is similar to the *Homophobic Script*. Levant (1998) indicates that one of the standards in the masculinization of men, in the post-war era of the 1960s, includes the "fear and hatred of homosexuals" (p. 37). This script may

expose a need in men to establish a difference between themselves and women (Wisch & Mahalik, 1999).

The sixth script described by Mahalik et al., (2003) is the *Winner Script*, which exposes the influential American ideal standard that involves competition and success. A traditional male role may highlight the need to surpass others (Harrison, 1978). Success and power criteria are typically seen as masculine (Broverman et al., 1970; Liu, 2005); however this demand on men to pursue power can be detrimental (Liu, 2005; Mahalik et al., 2003). The demand to be financially successful in order to fulfill the male financial role may increase the emotional and physiological strain on men (Harrison, 1978). Too much competition can be unhealthy to a man, increasing cardiovascular difficulties, and many of the behaviors associated with the *Winner Script* are also represented in a "Type A" personality (Harrison, 1978). Such a person is achievement-oriented, averse to or unable to express oneself, impatient, competitive, and controlling. These characteristics can increase the use of unsophisticated psychological defenses, as well as paranoia and more restrained/inflexible interpersonal behavior (Mahalik et al., 2003). Men, who fail to be highly materially successful, may suffer from feelings of self-doubt and disappointment (Chafetz, 2000). Liu (2005) further espouses that men, in preparation for success and power, experience multiple traumas as boys and, therefore, male adolescents may experience increased isolation, hurt/sorrow, powerlessness, and ill-health.

The final script Mahalik et al., (2003) describe is the *Independent Script*. There is a link between traditional male gender roles and parental relationships, for example attachment and separation. Potentially, hyper-independence in men signals a discomfort

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with connecting to or needing support from someone else, including their significant others and health professionals. Men who follow this script are more likely to demonstrate increased prevalence of irritability, anxiety, depression, social discomfort, and intrusive thoughts, as well as a decrease in their likelihood of requesting help for these issues. Liu (2005) also supports the notion that masculinity can increase interpersonal difficulties.

These socially prescribed roles manifest the work of Jourard, as cited in Harrison (1978), in which the traditional male role dictates that men are to be career-oriented versus interpersonally driven, competitive and rigid, non-communicative, and unemotional. This male standard is in contrast to what Jourard believes are the basic needs of both males and females: "all person's need to be known and to know, to be depended upon and to depend, to be loved and to love, and to find purpose and meaning in life" (Harrison, 1978, p. 68). Following this thought, men are trapped between their basic needs for connection and a world-imposed view of them as distant and independent individuals. Jourard espouses that men who do not have their basic human needs met, but rather follow the stereotypical male gender role, will increase their emotional pain and illness, along with their vulnerability to physical illness. This traditional role creates a tendency for the men to disregard their physical symptoms and decreases their likelihood to seek out services for these concerns.

If adherence to traditional masculine gender roles may be hazardous to men's mental and physical health, then it may follow that stepping away from stereotypical masculinization is preferable. Research does not support this. Robertson and Fitzgerald

(1990) discuss that initially it was believed that men were given greater flexibility than women in what was seen as typical behavior. However, their research indicates that this flexibility does not extend to behaviors seen as stereotypically feminine. Nontraditional boys, showing behavior not typical of men, create greater parental concern than nontraditional girls and may result in parental sanctions. Robertson and Fitzgerald (1990) indicate that men who are nontraditional are often viewed as less popular and may be seen as in greater need for therapy. Robertson and Fitzgerald (1990) fail to show a significant difference in an initial examination of their hypothesis that a male client's concerns would be perceived as more severe when he is depicted to be a nontraditional male compared to a traditional male. The authors then look at the severity of the diagnosis given to the hypothetical clients, and discover that nontraditional males receive more major mood disorder diagnoses compared to traditional males, who are diagnosed as having a less severe disorder. In other words, the nontraditional male client's problems may not have been viewed as being more severe, but the nontraditional male client himself was viewed as having a more severe illness.

When considering gender stereotypes, Liu (2005) asserts that a multicultural understanding is a must because the male stereotypes discussed above may vary based on ethnicity. Matlin (2004) reviews the male gender stereotypes based on four different ethnic groups: European American, Mexican American, African American, and Asian American. European American males typically show many of the characteristics that have been described in the preceding discussion of masculinity scripts (e.g., intelligent, upper-class, and egotistical). Mexican American men are typically viewed as lower-class

and antagonistic, but hard workers. African American men may be viewed as

antagonistic, dark-skinned, and athletically adept. Asian American men are often viewed

as short, intelligent and success-oriented (Matlin, 2004). These ethnic differences

highlight the importance of considering the within group differences when discussing

gender issues.

The research on the pressures that men will likely experience to fulfill gender

roles points to the necessity of gender education. As highlighted, men experience a great

deal of pressure to conform to a variety of characteristics that define masculinity, such as

independence, aggressiveness, goal-driven, powerful, and unemotional.

Clinicians working with men might benefit from education that focuses on the

experience that men have as a result of their socialization. The educational opportunities

afforded to psychology graduate students could imitate those delineated by Sherman et

al., (1978) in their discussion of education to facilitate clinicians' work with women,

including training experiences that focus on male socialization, courses, panels, groups,

and readings.

Clinical Judgments

In a discussion of gender and psychology, it is important to consider the impact of

gender on the clinicians who work with men, women, and children. The gender of the

client has been found to have a main effect on the clinician's view of the client (Bowers

& Bieschke, 2005). In their classic study, Broverman et al., (1970) begin with the

hypothesis "that clinical judgments about the traits characterizing healthy, mature

individuals will differ as a function of the sex of the person judged" (p. 1). That is to say,

clinicians will differ in what they consider to be healthy and not healthy based on the client's gender.

In an early review of female stereotypes, passivity and dependence are highlighted as significant aspects of the female gender stereotype (Sherman et al., 1978). Clinicians also consider these characteristics as being healthy in women. When they are added to the traits of being "more excitable in minor crises, having their feelings more easily hurt, being more emotional, more conceited about their appearance, less objective" (Broverman et al., 1970, p. 5), the belief that these are part of the makeup of a healthy individual is curious. In a similar vein, it may seem curious to view someone who is very dominant, not afraid to be aggressive, and unemotional (socially desirable masculine traits) as being a healthy individual. This thought is reproduced in the work of Mahalik et al., (2003). It is possible that the acceptance of these stereotypes by clinicians as being healthy may be a sign of a belief that being healthy is partially linked to the ability to conform to environmental demands (Broverman et al., 1970; Wisch & Mahalik, 1999). As previously discussed, socialization plays a critical role in an individual's development and for a period of time psychotherapy functioned as an institution to uphold the societal views of men and women (Chesler, 1994; Sherman et al., 1978). An illustration of psychotherapy working as an agent to uphold societal views is given by Chesler (1994) when she discusses how mental health professionals have not helped their female clients, but rather pushed them to accept their inferior status and criticized women when they did not adjust to this role as secondary citizens.

Since usually there are clear differences in the socialization of males and females, it naturally follows that there would be a double standard of health. The gender that is more negatively impacted by this double standard can be debated. Broverman et al., (1970) present it as harmful to female clients, and are supported by Robertson and Fitzgerald (1990) who refer to evidence that harmful therapist's attitudes towards women do exist. More specifically in their work, Broverman and colleagues (1970) test that healthy, sex unspecified clients will characteristically resemble men more often than women. Ciano-Boyce et al., (1988) echo the results of Broverman et al., (1970), in that a healthy male did not differ significantly from a healthy, sex-unspecified adult. In contrast, a healthy woman was seen as less masculine and more feminine than a healthy adult. The results of Broverman et al., (1970), and Ciano-Boyce et al., (1988), indicate that characteristics that are seen as healthy or acceptable for men, very independent, self-confident, dominant, and competitive, are more often shared with a healthy, sex-unspecified adult than those traits viewed as healthy or acceptable for women—submissive, less aggressive and competitive, and less objective. Thus, stereotypic masculine traits are viewed as healthier than stereotypic feminine traits. In the Ciano-Boyce et al., (1988) study, women, in comparison to a healthy adult, are seen as not hiding their emotions enough and being too invested in their physical appearance. In other words, women are to uphold the typical feminine traits even though some clinicians do not view these characteristics as healthy (Sherman et al., 1978).

In contrast, Beckwith (1993) presents the perception that a healthy adult male has less in common, than a healthy woman, with a healthy adult, sex unspecified. The

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characteristic differences demonstrate a view of men as less healthy when describing men as more likely to hide their emotions, less aware of another's feelings, and more competitive, brusque, and violent/physical than healthy adults that had an unspecified sex identity. Beckwith (1993) is quick to note that the differences found in the study are less abundant than the results found in Broverman et al., (1970). Also, a limitation of the Beckwith study is the limited generalizability of the study based on the makeup of the participants-young female nursing students. However, the results of Beckwith's (1993) study are supported by Loveland (1993), in which healthy men are viewed as significantly less healthy when compared to females and sex-unspecified adults. This is observed when considering both socially desirable feminine and masculine traits.

McPhee (1993) reveals that male clients are viewed more negatively by counselors than female clients with similar presentations. Weld (2000) echoes the work of McPhee (1993) revealing that men are more likely to be viewed as pathological, with a greater need for therapy, medication, and even hospitalization. She continues by revealing that subjects, undergraduate psychology students, tend to perceive the male client more negatively than a female client with the same clinical presentation of either a dependent or an independent personality. Estrada (1989) finds similar results indicating that regardless of a Borderline or Antisocial Personality Disorder diagnosis, experienced psychologists give a better prognosis to women than man.

In considering the stereotypic view of men's emotional abilities, Heesacker et al., (1999) argue that the stereotype of men as hypoemotional may lead to clinicians treating male clients as individuals who have an inability to express their affect (alexithymia). In

comparison to a sex-unspecified healthy adult, men are viewed as having less of an

ability to express feelings, not crying enough and being too unemotional (Ciano-Boyce,

1988). Heesacker et al., (1999) speculate that even more detrimental than the upholding

of the stereotypic view of men as alexythymic, would be that male stereotypes are not

only reinforced, but also that limitations in people's functioning would be created as a

result.

Research indicates that both men and/or women can be significantly impacted by

gender stereotypes. Both men and women are negatively impacted by these stereotypes

in clinical settings, depending on their presentations-presenting complaint and individual

characteristics. There is evidence that individuals who do not conform to the gender

stereotypic behaviors may be viewed as more pathological by their counselors

(Heesacker et al., 1999). This evidence is echoed in the idea that often drives

psychological research of clinical bias, which is that clinical judgments and behavior

within session are impacted/informed by the mental health professionals' stereotypic

views about certain groups to which clients potentially belong, including gender (Wisch

& Mahalik, 1999). This information points to another critical consideration in the

discussion of gender's impact. What is the impact of the clinician's personal

characteristics?

Clinician Characteristics

Bowers and Bieschke (2005) find that the extent to which the clinician upholds

societally governed gender roles likely has an impact on clinical bias. For example, male

therapists, more often than female therapists, tend to perceive a greater level of

disturbance for a dysthymic client when the client is a lesbian (Kerr, 1998). Although, it should be pointed out that Kerr expresses that the gender of the participant, a graduate-level counselor trainee, does not play as a significant role as predicted. Also, an important finding in Kerr's study points out that trainees are critically more likely to view a lesbian client's problem to be linked to sexual orientation when given vignettes depicting Dysthymia and Generalized Anxiety Disorder. This may be an illumination of the impact of traditional gender roles, including the traditional view that the ideal intimate partnering is a male and female, on clinical judgments.

Another manifestation of the role of gender socialization in clinical judgments may be seen in the study by McPhee (1993). Female clients who work in the home are viewed as being better adjusted than female clients working outside of the home. Also, male clinicians express greater concern regarding the male clients need for intervention when the male client is described as earning $16,000 versus $65,000. These results point to the effect that gender socialization has on clinicians.

In the work of Bowers and Bieschke (2005), the results indicate that female clients are often viewed as being more powerful, robust and active than male clients with a similar presentation. One possible explanation signifies the impact of gender role expectations. The hypothetical client in their scenarios is consistently described as being "tearful, sad, athletic, emotionally expressive, and lonely" (Bowers & Bieschke, 2005, p. 101). Participants who endorse traditional gender stereotypes may perceive a female client as being relatively strong because the hypothetical female client is consistent with the traditional female role (e.g., not demonstrating anger, while being emotionally open).

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In contrast, the similar description of a male client does not reflect the traditional masculine gender role, so the hypothetical client may be judged as being less assertive, weak, and less powerful. Therapy likely depends on, at least partly, to what extent therapists uphold the female and male traditional gender roles.

Bowers and Bieschke (2005) point out that we should refrain from making assumptions that individuals maintain value systems similar to our own. They highlight the importance of the culture in which the clinician is socialized. Individuals who do not grow up in the European American culture, with a patriarchal focus, will likely hold different gender ideals. This echoes the previous discussion of the significant impact that culture has on gender roles and that gender is a multicultural issue (Chafetz, 2000; Liu, 2005; Matlin, 2004).

In the study by Heesacker et al., (1999) participants who held stereotypic views of men being hypo-emotional were more likely to blame the man for a couple's problems. In their study, ascription of blame is governed by the participant openly blaming the man, suggest only ways for him to change, or are critical of him, while supporting her. While the impact of male stereotypes is seen in Heesacker and his colleagues work, it is important to note that they did not find a statistical gender difference on the part of the participants, that is, the people assigning blame.

Research by Sherman et al., (1978) indicates that female therapists typically are more liberal and less likely to follow gender stereotypes than their male counterparts. More often men hold the stereotypic views that are exhibited in the results of Sherman et al., in which male clinicians, significantly more than female clinicians, feel as though

"one of the most important goals of therapy is to get the client to adjust to her circumstances" (pp. 311-312). In Ciano-Boyce et al., (1988) male therapists were more likely to show a negative bias towards women. This is highlighted in their data that while both male and female therapists consider a healthy woman to be significantly more feminine than a healthy man, only the male therapists show a meaningful difference when their views of a healthy adult when sex is unspecified and a healthy female are compared.

Bowers and Bieschke (2005) indicate that therapist gender can have a significant effect on therapy. The results of their work reveal that female therapists generally maintain a more positive outlook on the process and outcome of therapy. In contrast, male therapists consider clients to be more responsible for their problems, while expecting less improvement in these problems. Female therapists are less likely to believe there would be difficulties in therapy and viewed their clients as being more robust and active. Bowers and Bieschke (2005) indicate that these results may be a reflection of the gender socialization of the clinicians, that is, gender stereotypic women are to be characteristically more caring and attached than men and stereotypic men are more likely to be emotionally distant and focused on the problem-solution relationship.

There is also a gender difference in the level of comfort and interest expressed by the therapists; male therapists have a greater likelihood of expressing comfort in working with clients, while female therapists tend to show greater interest (Bowers & Bieschke 2005). Once again, the therapist's own gender socialization may play a key role in these two characteristics. The stereotypic male is socialized to show more confidence in his abilities. It naturally follows that he would be more comfortable in an increased number

of situations (Bowers & Bieschke, 2005). In comparison, it was previously noted that successful women tend to attribute their accomplishments more to external factors (i.e., luck) (Chafetz, 2000). It may follow that women would not necessarily show the similar belief in their abilities and the accompanying comfort in working with clients.

In considering the level of interest expressed by male and female therapists, gender roles may also play a critical part. Women are socialized to be more relationship-oriented and nurturing than men, so expressing, and having, greater interest may be a by-product of female socialization (Bowers & Bieschke, 2005). However, not all research has indicated that there is a difference in the perception of the clinician based on gender (Broverman et al., 1970; Davidson & Abramowitz, 1980; McPhee, 1993). One may also want to keep in mind that while Broverman et al., (1970) provide valuable information the research was performed over 30 years ago. Also, the Broverman et al., (1970) study utilizes tools that force the clinician to choose one pole or the other to describe a male, female, or an adult.

Female therapists are typically better informed than their male counterparts (Sherman et al., 1978). As far as being knowledgeable, male therapists are shown to be particularly lacking in information related to the female's body functioning, such as, menstruation and menopause, pregnancy and childbirth, and sexuality. Kincade (1989) highlights that male therapists show a tendency to depreciate the importance of relationship issues and their influence developmentally on women, as well as demonstrating a dearth of knowledge about menopause. Sherman et al., (1978) point out that while female psychologists, psychiatrists, and social workers are shown to be better

informed, in general, than their male counterparts, there is still evidence that both genders

may lack information on women. Sherman and her colleagues also show a dearth of

information that individuals, both male and female mental health workers, held related to

rape, for example, rape victims are viewed as being subtly seductive. Many of these

respondents did not seem to have information on different forms of dominance,

especially nonverbal dominance, and did not appear to understand that women might

actually experience a belittling of their work. The impact of this ignorance may be that

women's complaints of being underappreciated and/or discounted may be seen as either

inconsequential or paranoid.

It is possible that women showing greater interest in their clients may be

connected to the results. In Pottick et al's., (2003) study, female social workers

accurately apply more importance to the context of a client's behaviors. In Pottick et al.,

(2003), the participants are given a description of a youth that fell under three conditions.

The first condition provides information consistent with a DSM diagnosis-based on

internal dysfunction. A second condition describes the youth in DSM diagnostic terms

only, and the third condition reflects a youth who is responding to environmental

conditions. Male clinicians show a greater tendency to apply a diagnosis linked to an

internal dysfunction than female clinicians, when given enough information about the

context of the negative behavior to indicate that the behavior is in reaction to

environmental stressors. That is to say, women are less likely to diagnose an individual

with a mental health disorder, when his/her behavior can be better explained with an

environmental reaction condition. This tendency may illuminate that women are aware

of the harmful effects of mislabeling (Pottick et al., 2003) or are aware of oppression

mimicking psychological distress.

Female therapists have also demonstrated gender bias. In Ciano-Boyce et al.,

(1988), female therapists may not demonstrate a bias against women, but they do exhibit

a bias against men. Only female therapists show a substantial difference in their views of

a healthy man and a healthy, sex-unspecified adult. Female therapists viewed the healthy

adult as having more socially desirable feminine traits than the healthy adult male.

As this discussion demonstrates, when considering gender, there is conflicting

research on whether or not female and/or male clinicians demonstrate a gender bias.

Davidson and Abramowitz (1980) point out that some research indicates that only male

clinicians demonstrate the presence of a double standard of mental health for men and

women, while other studies provide evidence indicating that the opposite is true, that

women are more likely to view people based on stereotypes. In contrast, some research

shows a lack of significant difference in the views of male and female therapists (e.g.,

Broverman et al., 1970). Education on gender socialization and the impact that it has on

both the clinicians and their potential clients could help reduce the influence of the

clinician characteristics, such as endorsement of traditional gender roles and the dearth of

education on gender issues.

Kowalski (2000) highlights the need for education on diversity issues like gender

by expressing that raising students' awareness that diverse groups of people own "similar

needs, desires, and motivations but that they sometimes satisfy these needs in divergent

ways highlights not only the universality of some human experiences and emotions but also explains much of the variability observed in behavior" (p. 19).

This chapter on the review of the literature on gender stereotypes, clinical judgments, and clinical characteristics indicate that gender is an important training issue, especially at the doctoral level. Students without gender training are less than prepared to handle the clinical demands of their clients, are likely to provide less than competent services, and may behave in unethical ways.

CHAPTER 3

METHODS

Sample

Twenty clinical research-oriented programs (CR-OP), 20 practitioner-oriented

programs (P-OP), and 11 combined programs (CP), which are programs that are both

CR-OP and P-OP, were surveyed. The 20 CR-OP and the 20 P-OP were randomly

selected from lists provided by the Council of University Directors of Clinical

Psychology (CUDCP) and the National Council of School and Programs of Professional

Psychology (NCSPP), respectively. Programs that appeared on both lists were combined

to generate a third list of programs (11 total programs). Upon being placed on this third

list, the programs that appeared on both the CUDCP and the NCSPP lists were

subsequently removed from the pool of possibilities for the individual lists. This was

done to avoid having the same program surveyed twice, so that the study could treat the

CPs as a unique group. This sampling provided a total sample of 51 doctoral level

psychology programs.

Procedures

The analysis of the doctoral level psychology programs was completed by

accessing the official websites of the selected programs. This method allowed for a high

sample because it eliminated soliciting response of each of the selected participants. The

investigator accessed the individual official website of the 51selected doctoral level

psychology programs and analyzed the instructional methods used to incorporate gender

into the curriculum. These instructional methods varied from offering a separate course

dedicated to the topic of gender to an integrative approach that incorporates gender into the core components of the curriculum.

Measure

The measurement, *Gender Emphasis in Graduate Training* (Appendix A) that was used is outlined now. Previous research provided the basis for the composition of the survey. There is no validity or reliability for the measure; however, it was used because it was best suited for this project. The work of Hertzsprung and Dobson (2000) thoroughly examined the practices of clinical psychology programs in Canada. They made use of a survey assessing whether or not clinical psychology programs permit, encourage, or require a set of instructional methods. These instructional methods include dedicated courses, courses in other departments, diversity being integrated into core courses, practicum and/or internship opportunities in diversity, and research in diversity, as well as other methods (Hertzsprung & Dobson, 2000). Along with the instructional methods, Hertzsprung & Dobson (2000) analyzed the mission statements and learning objectives of clinical psychology programs in Canada to see if the programs referred to diversity and/or diversity training. This study incorporated the above-listed methods of instruction into the current methods of investigation, as well as the analysis of the mission statements and learning objectives.

The instructional methods examined were a diversity course, a course on gender, a set of courses related to the theme of gender, gender included in core curriculum, courses in other departments, practicum opportunities with a gender-focus, and research in diversity. In addition to these 7 original instructional methods, 2 methods were added

as the data was being collected to enrich the value of the data. The additional

instructional methods were a diversity concentration and diversity included in the core

curriculum. The questions assessing the instructional methods followed a similar

approach as the work of Hertzsprung and Dobson (2000). However, the author did not

include whether the program *encouraged* graduate students to explore the various

instructional methods. This choice was based on the need for the students' perceptions of

their programs' level of encouragement, which would not be consistently available on a

program's official website. The investigator marked Not Mentioned (NM), Offered (O),

or Required (R) for seven of the instructional methods, with the gender integrated and

diversity integrated into core curriculum being marked Yes (Y), No (N), or Cannot

Determine (CD).

The author also considered the mission statement and learning objectives of each

of the doctoral level psychology programs to appraise the emphasis on diversity,

especially gender. The program was either marked that it Referenced (R) gender or did

Not Reference (NR) gender in its mission statement, as well as in its learning objectives.

If gender was not specifically mentioned, then the researcher noted if the mission

statement and/or learning objectives referenced Diversity (D).

A program characteristic section was included in the measurement to ascertain the

location (i.e., rural versus suburban versus urban), the ratio of male-to-female faculty, the

presence of faculty with expertise in gender and/or multicultural diversity, and the type of

doctoral degree (Ph.D. versus Psy.D. versus Ed.D.) awarded. This section was included

in order to better appreciate the programs that are demonstrating a greater level of success

in integrating gender into the educational experience of graduate students. In addition to these items, as data were collected the potential need to pay attention to the presence of adjunct faculty in departments lead to the additional breakdown of faculty into core faculty and adjunct faculty with gender of the faculty and gender/multicultural specialty being noted based on faculty status & gender. Along with this addition, it was also noted how many faculty members were web searched to find out their specialty, as well as their faculty status. The number of faculty not found via the web search was reported for each program. A final question of whether or not course descriptions were readily available on the official website of the program was added for clarification.

CHAPTER 4

RESULTS

Sample Characteristics

As previously stated, 20 of the programs were practitioner-oriented (P-OP), 20 were clinical research-oriented (CR-OP), and 11 were combined programs (CP). The majority of the 51 programs were in urban environments. A small number of programs were in rural settings. The location could not be determined for 9 of the programs. The determination of location was based on the data reported on each program's official website, as well as the description of the area on its home institution's official website. Some practitioner-oriented programs have branch and satellite programs located in another setting. These categories are detailed in Table 1.

Type of degrees conferred was classified as follows: 24 Ph.D. programs (47.1%), 24 Psy.D, (47.1), 0 Ed.D., and 3 (5.9%) Cannot Determine. Programs were marked as cannot determine when there were multiple doctoral level psychology degrees offered at the same institution and the author was unable to determine which program had membership in either CUDCP and/or NCSPP. At times, more than one of the tracks could have been a member. In these situations all possible programs were reviewed and consolidated into one survey ensuring to not overlap based on faculty or course offerings. The CR-OP category was made up entirely of Ph.D. programs. In contrast, the P-OP category was predominantly Psy.D. programs. The CP category was also dominated by Psy.D. degrees. The breakdown of location and degree type for each program type is shown in Table 1.

Table 1

The Breakdown of Program Types Based on Location and Degree Type

	CR-OP		P-OP		CP		Location Totals	
LOCATION	N	Percentage	N	Percentage	N	Percentage	N	Percentage
Rural	1	5.0%	0	0.0%	2	18.2%	3	5.9%
Suburban	5	25.0%	6	30.0%	4	36.3%	15	29.4%
Urban	10	50.0%	11	55.0%	3	27.3%	24	47.1%
Cannot determine	4	20.0%	3	15.0%	2	18.2%	9	17.6%
DEGREE TYPE	CR-OP		P-OP		CP		Degree Type Totals	
Ph.D.	20	100.0%	2	10.0%	2	18.2	24	47.1%
Psy.D.	0	0.0%	17	85.0%	7	63.6	24	47.1%
Ed.D.	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Cannot determine	0	0.0%	1	5.0%	2	18.2	3	5.9%

Faculty were counted and separated based on gender. It was also noted if the faculty member had a diversity specialty (including gender) and more specifically if they had a gender specific specialty. The total number of faculty members was separated into core and adjunct faculty members with data on faculty member gender and specialty areas being collected. Thirty of the 51 programs had adjunct faculty. The female-to-male gender ratios were computed for core and adjunct faculty separately, as well as combined for a total average ratio for each program. In considering the female: male average ratio for core faculty, both CR-OPs and P-OPs had an average ratio above 1.0: 1.0, 1.03: 1.0 (SD=.80) and 1.19: 1.0 (SD=.67), respectively. The *n*s for each group were 20. CPs had a tendency for more male core faculty than core female presenting with an average female: male ratio of .87:1.0 (SD=.45) with an *n* of 11. The impact of adjunct faculty on the ratios was somewhat surprising, in that in all cases the total ratio for each program type was decreased. The average adjunct ratios for CR-OP, P-OP, and CPs were

.64: 1.0, 1.25: 1.0, and .96: 1.0 (SDs = .68, 1.13, and .70, respectively). The average total

female: male ratios are as follows: for CR-OP .81: 1.0 (SD=.56), for P-OP 1.10:1.0

(S=.51), and for CP .79: 1.0 (SD=.35). The results of the ratios for the program types are

presented in Table 2.

Table 2
The Average Female: Male Ratio for Each Program Type

	CR-OP			P-OP			CP		
	Ratio	N	S.D.	Ratio	N	SD	Ratio	N	SD
Core Female: Male Ratio	1.03	20	.80	1.19	20	.67	.87	11	.45
Adjunct Female: Male Ratio	.64	16	.68	1.25	9	1.13	.96	5	.70
Total Ratio	.81	20	.56	1.10	20	.51	.79	11	.35

Note. All ratios reported are female: 1.00 male. For example for CR-OP total ratio the
female: male ratio is .81: 1.00

In addition to evaluating for specialty, faculty members whose gender could not

be determined by review of the university's website or by a web search on the person

were marked as CD (cannot determine). There were 6 core faculty members whose

gender could not be identified, 2 of whom had a diversity specialty. One of these 2 had a

gender specialty. Of the adjunct faculty, the gender of 8 faculty was not identifiable, and

none of these individuals had a diversity or gender specialty. In total 260 faculty

members, both core and adjunct were searched via the web. Of those 260 faculty

members, 92 individuals' specialty areas were able to be determined (or 35.4%).

Data Analysis

Each Instructional, Gender Focus, & Additional item viewed on the *Gender

emphasis in graduate training* measure was scored on a scale from 0-2 with 0 being CD

(Cannot Determine) or NM (Not Mentioned), 1 being O (Offered), and 2 being R

(Required). These item scores were then totaled to comprise a total gender/diversity

score (Score) for each program. In the review of the items, several were removed from the total based on an inability to not have the coding of the items inappropriately inflate or deflate the Score. The items removed from Score include *Gender integrated into core curriculum*, *Course descriptions,* and *Diversity integrated into core curriculum.* The item *Course descriptions* was marked as either Available (A) or Not Available (NA). The items related to the integration of gender or diversity were later individually analyzed for significance.

The first hypothesis, that combined programs (CP) and practitioner-oriented programs (P-OP) would have more gender education than those that are research-oriented (CR-OP), resulted in data that were analyzed by utilizing a one-way ANOVA, $F(2,48) = 4.19$, $p = .02$ level. There was also a notable difference, although not significant, between the scores of P-OP & CR-OP, with the mean difference being 1.45, $p = .06$. There was no significant difference between CP and P-OP, with the mean difference being .39, $p = .86$. The mean score for each program type is presented in Table 3.

Table 3
Mean Scores Based on Program Type

	N	Mean	S.D.
CR-OP	20	3.80	1.80
P-OP	20	5.25	2.00
CP	11	5.64	2.11

The second hypothesis regarding the physical location of the doctoral level psychology program was not supported. In other words, based on the programs that the location was able to be identified or was described on the program's official website, there appears to be no impact on gender education based on program location (rural,

suburban, or urban). Of the 51 programs, the location of 9 (17.6%) was undetermined.

The data was analyzed using a one-way ANOVA, which showed no statistical

significance, $F(3, 47) = 2.16$, p=.11. The mean scores for programs based on location

are presented in Table 4.

Table 4
Mean Scores Based on Program Location

	N	Mean	S.D.
Rural	3	4.33	3.786
Suburban	15	5.33	2.093
Urban	24	4.08	1.558
Cannot Determine	9	5.78	2.279

The third hypothesis was that programs that have a more equal female: male

faculty ratio, or programs that have a higher female: male ratio, will provide more gender

education. Faculty whose gender was not able to be determined were excluded from this

analysis. In considering the gender of the faculty members, several ratios were analyzed,

including the ratio of females-to-males for core faculty, adjunct faculty, and the sum of

core and adjunct faculty. According to the regression result, the female: male core

faculty ratio does not have a significant impact on gender education, $\beta = .15$, $t = 1.03$, at

.16 level. The adjunct faculty ratio also does not have a significant impact, $\beta = .22$, $t =$

1.22, $p = .11$. For the total combined female: male faculty gender ratio, $\beta = .171$, $t =$

1.22, $p = .154$, which is not significant either. However, there does seem to be a positive

trend with higher female: male gender ratios and more gender education.

The fourth hypothesis was that programs with more faculty with gender and/or

multicultural diversity expertise will have more gender education. The correlation ($r =$

.26) between score and total faculty with specialty was not statistically significant, $F(1,$

49) = 3.40, p = .07. However, analyzing the correlation between score and faculty specialty indicated that there is a trend between a higher degree of gender education and faculty specialty. More faculty having a gender and/or multicultural expertise led to a higher score.

The data were explored to determine if the presence of adjunct faculty had an impact. Results indicated that the presence of adjunct faculty did not create a significant impact on the program's score. In addition, a t-test showed no difference between programs having adjunct faculty and those that did not have adjunct positions, with t (49) = .60, p = .19. The average number of faculty members with either a gender specialty and/or a multicultural specialty is presented in Table 5.

Table 5
The Average Number of Faculty with a Gender and/or Multicultural Specialty Based on Program Type

	Gender Specialty				**Multicultural Specialty**			
	N	Mean	S.D.	Range	N	Mean	S.D.	Range
CR-OP	20	2.60	2.19	0-8	20	8.10	5.45	1-21
P-OP	20	2.85	2.39	0-9	20	12.20	7.19	2-26
CP	11	2.09	1.51	0-6	11	8.73	3.66	6-30
Total	51	2.59	2.13	0-9	51	9.84	6.11	1-30

As previously mentioned the items reviewing the integration of gender & diversity were not included in the score. A chi-square analysis of the integration of gender, X^2 (2, n = 51) = 6.75, p = .034, showed that there was no meaningful correlation between the integration of gender education and program type. Based on the reality that no program scored a Y (yes) on the item, the analysis only compared programs that were either marked N or CD. The results of this comparison were not informative, and are presented in Table 6.

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A Chi-Square test was also used to analyze the integration of diversity into the

programs' core curricula. Based on percentages, no CR-OP program was scored as a Y,

with P-OP programs being more likely to integrate diversity into their curricula. It is

important to note that more P-OP programs were scored as N than Y. The Pearson Chi-

Square is $X^2 (4, n = 51) = 16.13$, p = .003; this data is summarized in Table 6.

Table 6
Summary Data on the Integration of Diversity and Gender into the Programs' Core Curricula

	N	Value	Df	Significance
Diversity Pearson Chi Square	51	16.13	4	.003
Gender Pearson Chi Square	51	6.75	2	.034

Programs were marked as a Y on these two integration items if 70% of their core

curriculum courses mentioned gender-related issues or diversity-related issues. Seventy

percent was chosen as a cut-off based on its widely used academic acceptance as the

lowest percentage still awarded an average/acceptable rating, equivalent to a grade mark

of C. It is important to note that even when the threshold was lowered to 50%, no

additional programs were included in the gender or diversity integrated groups. The data

associated with these items are presented in Tables 7 and 8.

Table 7
Frequency Rates from Total Sample on Scores for Gender and Diversity Integrated Items

	Gender Integrated		Diversity Integrated	
	Frequency	Percent	Frequency	Percent
Yes	0	0%	7	13.7%
No	36	70.6%	16	31.4%
Cannot Determine	15	29.4%	28	54.9%

Overall, the majority of the researcher's hypotheses were supported to varying degrees. First, there is a significant difference in the level of integration of gender between different program types, with both P-OPs & CPs incorporating gender into their training programs at higher levels than CR-OPs. Also, P-OPs are more likely to integrate diversity as a whole into their curriculum than CR-OPs.

Table 8

Breakdown on Integration Items Based on Percentages for Each Program Type

	CP			P-OP			CR-OP		
	Y	N	CD	Y	N	CD	Y	N	CD
Gender integrated	0%	50.0%	50.0%	0%	85.0%	15.0%	0%	81.8%	18.2%
Diversity integrated	0%	40.0%	60.0%	30.0%	40.0%	30.0%	9.1%	0%	90.9%

There seems to be a positive correlation between a more equal or higher number of women: men gender ratio among faculty members. That is to say, programs with an equal or greater number of women in their faculty are more likely to integrate gender and diversity into their programs. When considering the expertise of these faculty members, the greater number having a gender and/or multicultural expertise led to a higher score for gender and diversity being integrated into the curriculum. It is important to note that these are trends and positive correlations seen in the data, but were not significantly likely because of the smaller sample size.

When recording data based on faculty's expertise, a multicultural or diversity specialty was indicated when the person was noted as having an interest (academic, clinical, or research) in any of the following areas; race, ethnicity, culture, gender, gender identity, age, disabilities, language, national origin, religion, sexual orientation, or social

economic status. This index is based on APA's definition of diversity in the *Guidelines and principles for accreditation of programs in professional psychology* (2008). In addition to this list, size was also included to reflect a more contemporary definition of multiculturalism (Quina & Bronstein, 2003). The inclusion of class, sexual identity or disability is seen as an important one to Bowleg (2003), who perceives that much of the discussion of multiculturalism falls short on including these identities that help guide our social behavior.

CHAPTER 5

DISCUSSION

The author of this study set out to assess the current level of gender education in doctoral level psychology programs, in hopes of providing a starting place for further research and curriculum transformation. A vast number of task forces at universities and colleges have taken on the mission of implementing diversity in the curricula so that not only are the educational requirements and cultural backgrounds of students from different racial and ethnic communities met, but also the education of students of all cultures regarding diversity occurs (Kowalski, 2000). "Our work with students can have long-term implications; by assessing our efforts we can ensure that we achieve the outcomes that we had intended." (Bruch, Higbee, & Siaka, 2007, p. 140).

The results stress the importance of an increased effort to educate future and current clinicians on issues of diversity, including gender. While some programs are showing an advanced degree of inclusion of these important issues, a continued effort in all programs to be multiculturally aware and appreciative is paramount to the future of our field to ensure provision of the best possible relationships with our clients, colleagues, friends, families, and beyond.

Differences in Program Types

The significant difference between the 3 types of programs, CR-OP, P-OP, and CP may be connected to a program's emphasis on clinical and/or research topics. That is to say, if a program emphasizes a more *hands on* approach typically seen in programs that focus on the practice of psychology, the program is more apt to explore a wide

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variety of characteristics and approaches related to working with people. Gender is one of these characteristics that impact each of us, as well as it influences how we work with our clients. This author sees this work as incorporating the art in psychology.

In contrast, perhaps programs that are more focused on research would emphasize the science of psychology. Greater focus may be given to research content courses, and other courses that would facilitate a knowledge and ability in professional research and academia. Programs are limited in how many courses they can offer, both by the number of years of the program, as well as the availability of faculty to teach the courses.

Combined programs (CP) may incorporate both the art and science of our field. They stress the importance of both the clinical work and continued research in psychology. As such they may be more likely to consider courses focused on research with discussions of diversity, including gender. Because of the focus on clinical issues, the faculty may recognize the significant impact that gender has in people's lives, as well as the need for a balanced approach in research. An emphasis on both clinical work and research may lead to a discussion of the impact of research bias on gender and the need to explore the theme of gender to highlight both similarity and differences among the sexes.

Faculty Impact

The impact of faculty gender and specialty may not have been significant for a number of reasons, including sample size and an inability to obtain data on all faculty's specialty areas. If more complete data was able to be obtained regarding faculty areas of expertise and interest in the topic of gender, as well as the gender of the faculty members who typically teach the gender courses, stronger associations may have appeared.

However, trends did appear which this author believes reflects the fact that the majority of courses taught about gender are facilitated by women (Moore & Trahan, 1997). Typically these women have an interest in these topic areas (Matlin, 1989).

Location Impact

In this case, the impact of location was not significant. It is possible that the inability to determine the location of nine of the programs may have had an impact on the results of this analysis. Anecdotal information from a variety of graduate programs and various clinical sites indicate that individuals who identify as a member of a marginalized group of people tend to feel more comfortable in areas that present a greater diversity of people (e.g., the city). Again, if these individuals are more likely to be teaching the gender and diversity courses, then it seems likely that programs that are in the city would have a higher likelihood of offering educational and training opportunities with gender or diversity focus.

Reasons for Integrating Diversity and Gender

Kowalski (2000) outlines four reasons to include diversity in core educational courses in undergraduate work. Her work easily can extend to the practice of incorporating diversity into graduate psychology curricula. The four reasons are: 1) individual differences influence behavior; 2) diversity characteristics communicate data about psychological processes; 3) scientific biases are illuminated by diversity; and 4) appreciating diversity has realistic behavioral consequences.

Individual differences influence behavior. Gender, and other multicultural factors, account for a significant amount of variance in human behavior and the clinical

issues that we work with as clinicians (Kowalski, 2000). For example, the ability and/or

comfort to express sadness and to cry can be impacted by gender (Heesacker et al., 1999;

Mahalik et al., 2003). The impact of gender on psychological development and

interactions may not be addressed because of the "political overtones surrounding

diversity," which decreases some instructors' willingness to engage in this critical

dialogue with students (Kowalski, 2000, p. 19).

     Diversity characteristics communicate data about psychological processes.

Psychological processes are informed by gender, race, and ethnicity (Kowalski, 2000).

These identities are moderating variables that illuminate how group characteristics are

related to differences in how people respond and that "because gender, race, and ethnicity

are variables with which all students are familiar, they are easy ones to use to show how

certain psychological processes operate" (Kowalski, 2000, p. 19).   Using these identities

to facilitate a discussion on the different factors that impact behavior requires a deeper

discussion of the specifics of each group. In other words, what is occurring within the

context of certain groups? This process may highlight within group differences, in

addition to the between group. Female graduate students surveyed in Daniluk and Stein

(1995) noted the importance of having gender incorporated into the curriculum, which

would add opportunities to appreciate how diverse identities (e.g., racial, sexual

orientation) traverse with gender to formulate their experiences and perceptions.

Summarily, it is valuable to consider characteristics like family composition and

structure, social class, acculturation, stigmatization that may be impacting behavior

pattern (Kowalski, 2000).

Along with this idea, is how these discourses can highlight the complexity of defining diversity terminology. A practical illustration of this struggle can be seen at the beginning of this project when the author attempted to define the terms gender and sex-role stereotypes. The complexity in defining the terms sex and gender stereotypes reflects the broader reality that the gender differences that exist stem from both social and biological influences.

Scientific biases are illuminated by diversity. Scientific bias occurs and the exploration of diversity highlights its existence. With an open discussion of gender and other diversity issues, students can critically examine research that focuses on one group, to the exclusion of another. For example, much of the research on child sexual abuse perpetrators focuses on males, who typically act out these transgressions; however, women perpetrators are not unknown (Varanko, 2004). Varanko (2004) asserts that research on female perpetrators is needed both for the victim's treatment, as well as female abusers. What could we learn from broadening this research and discourse to not only include males, but females? The research suggests that there is heterogeneity in the group of female perpetrators and that the current typologies are not sufficient (Varanko, 2004). In other situations the answer to broadening the exploration may be that the absence had no real bias, which would then provide information illustrating similarities between groups. Regardless, showing students that this bias occurs may increase their own awareness of how they may limit their perception of the world around them (Kowalski, 2000).

Appreciating diversity has realistic behavioral consequences. Appreciating

diversity has realistic behavioral consequences because diversity is often the central force

in the majority of social behaviors. In our daily lives, we are face-to-face with matters

related to gender, so increasing future clinicians' awareness of the bases and

interpersonal consequences of perceived gender differences can have both professional

and personal implications (Kowalski, 2000). Students would not only grow in their

understanding of how gender impacts their clients, but also how their own gender

development impacts their perception and interactions with self, others, and the world

(Daniluk & Stein, 1995). As professionals, our collaborative work with colleagues,

students, and clients can only be enriched by an appreciation of similarities and

difference between various groups of people (Kowalski, 2000).

Challenges and Considerations in Integrating Diversity and Gender

There are a variety of challenges that arise in developing a curriculum that

integrates diversity issues, like gender into the work (Daniluk & Stein, 1995; Kowalski,

2000). There needs to be effort taken to incorporate gender in a way that is not limited or

superficial. Utilizing a "token" approach to gender depicts the thoughts, feelings,

behaviors, etc. of women as being different from the norm. Some conversations in

classes regarding gender may serve as a way to further the social/political message of the

instructor; however, a truly integrated approach to gender would reduce the perception of

the instructor (or institution) as having superficial and political intent (Kowalski, 2000).

Limited scope. Another challenge is the limited scope of the presentation of

diversity in education (Kowalski, 2000; Yoder & Kahn, 1993). Often times, instructors

will choose to focus their efforts on incorporating one identity or cultural group (e.g., women, Judaism, or older individuals, etc.) that they then compare to a European American, middle-class comparison group. This effort further maintains an ethnocentric lens and often serves to magnify rather than diminish gender, racial or ethnic stereotypes. This limited amount of exposure increases the likelihood that students will incorrectly apply this information when considering other marginalized groups (Yoder & Kahn, 1993). Realistically, complete inclusion of all diversity identities is not within the scope of a single course; however, instructors can take care to present a balance of gender, racial, ethnic, ability, age, or size, etc. (Kowalski, 2000). For example, in discussing parenting roles, an instructor could present information regarding Latina lesbians or Asian straight males.

There is a tendency to focus on between group variance versus within group variance (Kowalski, 2000). As a consequence of this limited scope students tend to have a perception that women and men (or Whites and Latinos, etc.) are more psychologically distinctive than they are in reality. Again, as students and clinicians, we may overgeneralize this information to think that all women are weak and all men are aggressive (Broverman et al., 1970). In addition, because the nature of education tends to be more descriptive than exploratory, students miss the opportunity to examine if the presented differences are due to cultural specific factors or human experience (Kowalski, 2000). That is to say, we do not explore as often what is it about being male that affects emotional expression, but rather note that men tend to present with alexithymia as a clinical issue (Mahalik et al., 2003).

Faculty Resistance. Resistance, either from the role of professor or student, can be a challenge in the integration of gender and other diversity issues into core curricula (Kowalski, 2000). Daniluk and Stein (1995) highlight the personal and professional consequences of teaching gender courses, which may impact a professor's resistance to incorporate gender into classroom discussion. A number of psychology of women instructors in Matlin's (1989) survey expressed a lack of support by colleagues. They felt that the topic of gender was not seen as a serious content area, and were at times labeled a *radical feminist*. Also, Daniluk & Stein (1995) point out that the sole responsibility to address gender issues may be put on those individuals who teach gender-themed courses. In addition, Kowalski (2000) discusses how professors may be hesitant to explore diversity issues because of a limited knowledge of diversity issues, including gender. Previous experiences, personal biases, and shame related to the historical actions of their own groups may all create a reluctance to discuss diversity issues in class.

Student Resistance. In her discussion of students' resistance, Kowalski (2000) expresses that it is often present when a faculty member of a marginalized group opens the diversity dialogue. She speculates this resistance is reflective of either a justified frustration with a professor who is seemingly trying to make a political statement via the discussion, or the disjointed nature that some professors use to meet the "obligatory" diversity discussion in the course. In the former situation, the exploration of the aspects of gender, race, ethnicity, etc. that influence our relations to self, others, and the world is seemingly secondary to the professor's goal of shining a light on the unjust treatment of specific marginalized groups (Kowalski, 2000). A way to reduce this type of resistance

would be to take care to cultivate a classroom climate that *emphasizes* a collectivist nature (teamwork and support), respect, tolerance of difference and *discourages* competition, hierarchy, and control (Daniluk & Stein, 1995).

In regards to the obligatory discussion approach to gender, a professor may have limited knowledge from which to pull from in classroom discussion, which may lead to non-dominant group members feeling alienated or misrepresented. James (as cited in Daniluk & Stein, 1995) expresses that professors may experience significant backlash from students who find that gender exploration threatens their traditional belief system regarding gender roles. Resistance can be challenged and overcome by the use of team teaching in core courses (Kowalski, 2000). It was suggested by graduate students in Daniluk & Stein (1995) that male-female teaching dyads may increase the comfort of male students in these courses. This thought was based on their experiences as women in which having a female instructor created a safe environment to explore their own gendered-beliefs and stereotypes. In addition, team teaching not only grants the students a diversity of information, but also a diversity of cultural and social stories that teachers of a different gender, socioeconomic background/status, ability, race, sexuality, age, etc. convey to a classroom (Kowalski, 2000). Also, making a concerted effort to include nonsexist texts and materials exploring the gendered lives of both women and men within a sociocultural framework can counteract the imbalance of perspective in instructional material. Also students will acquire resources that will allow them to make thoughtful and informed decisions in the selection of the optimal interventions theories and methods when working with clients of both sexes (Daniluk & Stein, 1995).

Methods of Integration

There are several articles (e.g., Cheung, 1991; Copeland, 1982; Davis-Russell, 2003, Hertzsprung & Dobson, 2000; Mays, 1988) and textbooks (e.g., Bronstein & Quina, 2003) that highlight ways in which to handle multicultural issues, including gender, within the training and education of psychology. Copeland (1982) develops four approaches that may be used to implement multicultural education into clinical psychology programs. The four approaches include the *separate-course model*, *area-of-concentration model*, *interdisciplinary model*, and *the integration model*. In the *separate-course* approach, the clinical psychology program simply adds a multicultural course, which varies in its plan, direction, and focus/theme, to the current curriculum. In the *area-of-concentration approach*, the clinical psychology program incorporates a series of connected ethnic minority courses into the curriculum (Davis-Russell, 2003). These courses are taken in addition to the basic clinical training in psychology. In the *interdisciplinary approach* that encourages students to take courses in other fields of study, including sociology, criminology, and anthropology, as a way to increase the students' awareness of the importance of other consumer-related fields (Copeland, 1982). Finally, in the *integration approach*, the clinical psychology program overhauls the makeup of its design (Davis-Russell, 2003). This approach requires the program to change its courses and experiential offerings in such a way that the faculty, supervisors, administration, staff, and students must be committed, personally and professionally, to the changes.

Diversity–course approach. Based on Copeland's model (Copeland, 1982) for multicultural education, this author has outlined a model for gender education. The first approach is the *Diversity-Course Approach* (*D-CA*). The *D-CA* demonstrates the offering of a single course on multicultural concerns within a program. Gender is treated as one of the areas of interest in a multicultural course. The benefits of this approach mirror the benefits of Copeland's separate-course model. This approach is parsimonious, requiring minimal effort by the faculty, staff, and students of the doctoral level psychology program. While this approach is uncomplicated to implement, the effectiveness of a single course in multicultural issues is questionable (Davis-Russell, 2003). That is to say, that a single semester course does not allow for thorough examination of even a single group, such as, women, much less the complex makeup of culture, such as, the broad area of gender. The actual benefit to the faculty and students is minimal. In a diversity course, gender also functions as only part of the subject matter and realistically cannot be given the intense study that it requires to appreciate.

Separate-course approach. The second approach is the *Separate-Course Approach (S-CA).* As previously reviewed, Copeland's model discusses a multicultural course that varies in its plan, direction, and focus and/or theme to the current curriculum (Davis-Russell, 2003). In this 5-model approach, gender is discussed in a separate course. Similar to the *D-CA* approach, the *S-CA* is easier to implement. However, the misconception that a complex theme, such as gender, can be thoroughly examined in a one-semester course underestimates the complexity of gender. In addition, Daniluk and Stein (1995) speak to the possibility that having a separate, elective course on gender

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issues may send the message that this knowledge is additive and non-essential for the training of effective clinicians.

    Area-of-concentration approach. The third approach is the *Area-of-Concentration Approach* (*A-CA*), in which the doctoral level psychology program incorporates a series of connected ethnic minority courses into the curriculum (Davis-Russell, 2003). Students voluntarily taking these courses are exposed to the intricacies of working with different groups, including education in the similarities and differences in clinical approaches, practice utilizing the approaches, practica and internships with an emphasis on multiculturalism, and multicultural supervision within the context of these options. While this option adds significantly more multicultural exposure to the curriculum, it will not impact all those students who will work with minority groups because these courses are electives (Davis-Russell, 2003). Copeland (1982) speaks to the importance of this model for students who require in-depth training because their intention is to work with a particular minority group. There is also a possibility of increased time commitment in offering this multicultural specialization because the series of courses is taken in addition to the core coursework (Davis-Russell, 2003). This set of courses may also be referred to as a *track* or a specialty area.

    Interdisciplinary approach. The fourth approach is the *Interdisciplinary Approach* (*IA*). Hertzsprung and Dobson (2000) examine whether or not doctoral level psychology programs permit, encourage, or require graduate students to take courses in other departments. An *IA* could be used to facilitate experiential learning, which provides students with a hands-on, *in vivo* experience. In Tromski and Doston's (2003)

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study regarding the use of interactive drama, they explore the utility of multicultural experiential learning. Interactive dramas can be presented in 3 acts, with time between each scene for the audience to interact with the characters. After the final act and interaction with the characters, the actors can break character and have a dialogue about their experience playing a certain part. The characters represent a number of diverse identities that allow stereotypes and prejudice to come to the surface for the characters and the audience (Tromski & Doston, 2003)

Tromski & Doston (2003) speak to the possibility of incorporating faculty and students from both psychology programs and the performing arts; which would allow for an interdisciplinary and collaborative approach. A major advantage of the *IA* approach is the removal of the obligation that the programs develop and maintain the proficiency and wherewithal to make available an adequate selection of courses with multicultural subject matter (Davis-Russell, 2003). Spearheading a forward-thinking, interdisciplinary approach to gender and diversity education, like interactive drama, would increase the psychology department's presence on campus and in the local community.

Davis-Russell (2003) indicates that to implement the interdisciplinary approach, independent psychology programs would need to contract with other professionals to provide these courses. In comparison, university-based programs would need to rely on interdepartmental support to accomplish the implementation of the interdisciplinary approach. As in the case of the area-of-concentration approach, the interdisciplinary approach requires students' interest and commitment to multicultural concerns. One way to increase students' interest in the interactive drama, the *IA* approach would be to offer

credits to graduate students who are engaged in the project as researcher or character-

actors (Tromski & Doston, 2003).

The benefit of such an approach to the professional development of clinical

psychology graduate students could be a more aware and sensitive approach to

interacting with clients and colleagues. As both actors and audience members, graduate

students would profit from an increased "awareness and understanding of those different

from themselves, awareness of their own biases, and awareness of their own reactions to

what occurs on stage and during the interscene discussions" (Tromski & Doston, 2003, p.

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Experiential learning also brings risks, both professional and personal, for the

students, which need to be considered in the preparation and implementation of it into the

program of study (Daniluk & Stein, 1995). They continue by saying that informed

consent is paramount for the student's protection. Students would benefit from an

opportunity to work through and debrief the classroom discussion and learning.

Integrated-course approach. The fifth approach is the *Integrated-Course*

Approach (*I-CA*). In the *I-CA* approach, doctoral level psychology programs include the

topic of gender into the core courses required and/or offered in their curriculum.

"Ideally, attention to gender issues should be systematically embedded in the counselor

education curriculum if all students are to be adequately trained to work effectively with

women and men" (Daniluk & Stein, 1995). An integrated program develops a rapport

between all those involved and requires the interaction and cooperation of all the

aforementioned groups to continue to improve the program. This approach impacts all of

the students and does not include the voluntary commitment that the area-of-concentration and the interdisciplinary approaches contain.   This approach is often time intensive (Copeland, 1982).

Summary thoughts. It is clear that education on gender, and the broader topic of diversity, is imperative to the training of clinical psychology doctoral students, who will go on to cultivate change via their clinical, supervisory, academic, and/or research work. Programs may benefit from exploring their current practices regarding to diversity training and education, and considering ways in which they could encourage the development of culturally sensitive professionals utilizing a myriad of instructional methods and training opportunities.

Limitations

Reviewing websites. There are several limitations to this study. The first limitation is seen in the methodological use of the internet to compile the survey data. Within the context of today's society information is often sought after and conveyed via the internet. However, the information provided on the official websites of the doctoral level psychology programs varied in the attention to detail and accessibility of program characteristics, course as curricula and information regarding faculty members. Along with this limitation, is that the information provided on the official websites of each program may not be exhaustive. In other words, topics of diversity, including gender, may be integrated into the courses, but not highlighted in the course description.

In today's culture, websites are used as marketing tools for doctoral level psychology programs. Programs take time to consider how they want their goals and

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curriculum to be displayed, and it is likely that some higher external web design agencies to help them in today's consumer-driven market. With this in mind, the review of program websites is a way to tap into the *plugged-in* culture of today. This author had an opportunity to explore each website with the eyes of a potential doctoral applicant. Prospective students with an interest in diversity, gender more specifically, will likely take time to peruse the websites of a wide variety of programs. It is logical to assume that individuals with particular interests will be drawn to programs that market their training opportunities to meet these interests. In other words, a prospective student who wants a gender focus will look for a program that not only reflects a commitment to gender in its learning objectives and mission, but also provides instructional methods like gender-related courses, diversity courses, and practica and research opportunities in the field of gender. They will look through the core curricula and elective options to see how the theme of gender is treated. A number of the programs reviewed listed student's dissertation topics, as well professor's current research focus. The author noticed, and recorded, the programs that presented the opportunity to participate in ongoing gender research; much in the same way, a prospective student may take note.

Programs are being called to present more detailed information on their websites for the public, which allows them the opportunity to showcase their multiple strengths. It also allows opportunity to illuminate areas that warrant further development and growth. In this day and age, programs would benefit from taking time to consider what their current website says to prospective students. Not only does this research function as a springboard for future research, but it also illustrates to doctoral programs the impact that

their websites and marketing may have on who does and does not apply for graduate training in their program.

Small sample size. The smaller size of the sample also made it difficult assessing for significance. It may be beneficial to widen the search to include all APA accredited programs, as a way to increase the size of the sample pool.

Personal familiarity. Finally, the data were collected by a person removed from the university. This approach may remove bias in reporting, as well as illuminate the perspective of potential graduate school applicants. However, in this approach, the evaluator lacks a personal familiarity with the program's inner functions, which students, faculty, and staff related to the program could offer.

Future Research

This study set out to establish a springboard of discussion and future research regarding the education on gender that doctoral psychology level students receive. In a larger scope, the research also explored the level of diversity education and experience the programs provide to students. Future research could continue to explore the same instructional methods from a variety of viewpoints. The views of the faculty in the doctoral departments, as well as the past and current graduate students in these programs would provide valuable information. The perception of the faculty could be expanded to allow more open feedback regarding the current status of the program's attention and commitment to diversity.

With the awareness that faculty beliefs of what is being conveyed to the students may differ from the messages and information that students hear, data could be collected

regarding past and current graduate students' perceptions of their programs' commitment to diversity, especially gender. Bruch et al., (2007) highlight the importance of surveying the perceptions of the students as both a way to gauge the perceptions of the intended audience, and highlight areas of further growth and development in multiculturalism. They state that "students voices and perspectives that reflect feeling marginalized, disadvantage, or dissatisfied with aspects of current approaches to multiculturalism often are simply not heard" (p. 140). A comparison between the faculty and students' perceptions could be interesting and highlight a difference between what is stated to be a goal, and what is actually being attained in programs' curricula. Doctoral level psychology programs could further be analyzed to determine which, if any, of the five approaches previously discussed are currently being employed to teach the diversity topic of gender. Finally, and perhaps most informative, would be an analysis of what is working in the programs that score high on both faculty and student perceptions, which could help to facilitate the development of ways to include diversity in the programs.

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Gender Emphasis in Graduate Training-Appendix A

Program Characteristics

NAME OF THE PROGRAM: ASSIGNED CODE: _____

TYPE OF THE PROGRAM: CR-OP   P-OP   CP

LOCATION: Rural   Suburban   Urban   Cannot Determine

FACULTY MEMBERS:
Core Faculty Male : Female   = _____ :_____
                                = _____ : _____
Adjunct Faculty Male : Female = _____ :_____
                                = _____ : _____

Degree: Ph.D.   Psy.D.   Ed.D.   Cannot Determine

Specialty:
Male faculty with gender and/or multicultural specialty: Core Faculty _____ Adjunct_____
Female faculty with gender and/or multicultural specialty: Core Faculty _____ Adjunct_____
Total faculty with gender specific specialty: Core Faculty _____ Adjunct_____

Instructional Methods

Diversity Course:
    Offered (O)   Required (R)   Not Mentioned (NM)

Gender Course:
    Offered (O)   Required (R)   Not Mentioned (NM)

Gender Concentration
    Offered (O)   Required (R)   Not Mentioned (NM)

Gender Integrated into Core Curriculum
    Yes (Y)   No (N)   Cannot Determine (CD)

Courses in Other Departments
    Offered (O)   Required (R)   Not Mentioned (NM)

Practicum with Gender Focus
    Offered (O)   Required (R)   Not Mentioned (NM)

Diversity Research
    Offered (O)   Required (R)   Not Mentioned (NM)

Gender Focus

Mission Statement: Referenced (RF)   Not Referenced (NR)   Diversity (D)

Learning Objectives: Referenced (RF)   Not Referenced (NR)   Diversity (D)

Additional Questions

Diversity Concentration
     Offered (O)   Required (R)   Not Mentioned (NM)

Course Descriptions
     Available (A)   Not Available (NA)

Diversity Integrated into Core Curriculum
     Yes (Y)   No (N)   Cannot Determine (CD)

Were some/all of the faculty members googled to find out their specialty?

If so, how many? Type of faculty? And how many was I unable to find?