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SEX-ROLE STEREOTYPING IN RATINGS OF  
MENTAL HEALTH BY UNDERGRADUATES

A Thesis Submitted to the Graduate Division in Partial  
Pulfillment of the Requirements for the  
Degree of Master of Science

By

John S. Sutton-Gamache

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Pittsburg, Kansas

July, 1976

## ACKNOWLEDGMENTS

Dedicated to my wife, Raniece, without whom I may never have fully recognized the different and beautiful psychology of women.

Deepest thanks are extended to Paul Forand, Ph.D. for his unyielding patience and assistance.

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## Abstract

This study looked at the concept of positive mental health or self-actualization and the characteristics of which it is comprised. These characteristics were defined as those measured by the Personal Orientation Inventory (POI). This study also examined the possibility of these characteristics being sex-typed.

Undergraduate subjects were administered the POI with one of three instruction-types: to apply their answers to a mentally healthy man, a mentally healthy woman, or a mentally healthy person (sex unspecified). Experimental conditions consisted of male or female subject sex vs. instruction-type and analyses were performed which compared subject responses from one condition to another.

Results showed no statistical significant differences within either subject sex and between all three instruction-types. Neither male nor female subjects differentiated between the mentally healthy man, woman or person. All were considered similar. Results showed a significant difference between subject sex and within each instruction-type. Responses from female subjects were higher than those from male subjects.

Implications were suggested to the helping professions and future research was discussed.

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## CHAPTER I

### INTRODUCTION

#### Background To The Study

This study focused on the differences and similarities between a persons perception of a mentally healthy man and woman. It was questioned whether or not a woman's perception is different than a man's perception and whether or not a man or woman's perception of a mentally healthy man is different than their perception of a mentally healthy woman. The basic question was whether or not the perception of mental health is comprised of sex-stereotyped characteristics.

As early as 1954 researchers had questioned whether or not sex was a variable in the counseling process, and differences resulted from manipulating this variable. Seeman (1954) asked counselors to rate their clients on relationship, outcome, and therapy process. Results showed that female clients were relatively more successful in therapy outcome than men.

In questioning Seeman's results, a number of similar studies were conducted. Broverman, Vogel, Broverman, Clarkson, & Rosenkrantz (1970) issued a sex-role stereotype questionnaire to clinicians who were asked to describe, via this questionnaire, a mentally healthy person: male, female, or adult--sex unspecified. Conclusions suggested what may have been the reason for Seeman's results. That is, there were similarities between typical characteristics of healthy men and adults. However, women were given a different standard of mental health.



In 1973, Broverman et al. appraised their instrument, which by then had been standardized with male and female norms, and reconfirmed "...the existence of pervasive and persistent sex-role stereotypes" (p. 3). They predicted that "...behavioral attributes which are regarded as healthy for an adult, sex unspecified, and presumably indicative of an ideal health pattern will more often be considered by clinicians as healthy for men than for women" (p. 4).

A few years later that prediction was partially confirmed when Maslin & Davis (1975) issued a sex stereotype questionnaire to graduate counselors. Again they were asked to describe healthy, mature men, women, or adults (sex unspecified). Women counselors held the same expectations for all healthy individuals. However, male counselors stereotyped healthy women as being more feminine than healthy men.

As research has shown sex stereotyping to be evident in reference to mental health, so have many considered mental health to be a criteria of the psychotherapeutic process. Shostrom (1966a) suggested that "...such a person (mentally healthy) might be seen as the goal of the psychotherapeutic process" (p. 5). He and others (Goldstein, 1939; Rogers, 1961; Lieb & Snyder, 1968) have used the term "self-actualization" to describe the tendency of a mentally healthy person. Patterson (1973) said that the "...tendency toward adjustment is the tendency toward self-actualization" (p. 380).

Maslow (1954) and others (Jahoda, 1958; Carkhuff & Berenson, 1967; Rogers, 1969) have developed this concept of self-actualization and described it in operational terms. Some characteristics of the mentally healthy person include spontaneity, creativity, autonomy. Shostrom

(1966a) designed a self-administering inventory to assess mental health in the fullest form as had been developed so far.

The sex-stereotype questionnaires as used by Broverman et al, and Maslin & Davis were basically a masculinity-femininity scale. The inventory developed by Shostrom includes not only this scale but eleven others to assess more than one characteristic of the mentally healthy or self-actualizing person. If there exists stereotyped characteristics of mental health in the form of masculinity-femininity, the possibility of there being stereotyped mental health standards in other forms is logically assumable.

The present study was designed to test the hypothesis that standards of mental health exist in attributes other than masculinity-femininity, and these standards are defined by gender of the person evaluating the attributes.

#### Approach To The Problem

This study was, in format, similar to the Maslin and Davis (1975) study, in which a questionnaire was administered to graduate counselors. They were instructed to describe, via the questionnaire, a mentally healthy man, woman, or person (sex unspecified). In the present study, the instrument chosen was the Personal Orientation Inventory (Shostrom, 1964). This has been reported to accurately measure attributes clinically held to be of prime importance in the achievement of a high level of mental health (Knapp, 1965).

The Personal Orientation Inventory (POI) was administered to 99 male and 141 female undergraduates. They were instructed to describe by their answers a mentally healthy man, woman, or person. To serve the

purposes of this study, the POI was revised from a self-describing questionnaire ("I" statements) to an other-describing questionnaire ("they" statements).

The inventory, 150 comparative two-choice value and behavior judgements, was corrected for twelve scales, the concepts of which comprising mental health.

#### Definition Of Terms

Self-actualization: As defined by Shostrom (1966a).

...a person who is more fully functioning and lives a more enriched life than does the average person. Such an individual is seen as developing and utilizing all of his unique capabilities and potentialities, free of the inhibitions and emotional turmoil of those less-actualized (p. 5).

Mental Health: Synonymous with self-actualization as discussed by Lieb and Snyder (1968),

Perception of mental health: An individual's score per scale on the POI revised.

POI revised: Shostrom's Personal Orientation Inventory revised from a self-describing to an other-describing inventory. (See Appendix B).

Raters: Undergraduates in lower-level courses at Kansas State College of Pittsburg.

Counselor: A person engaged in counseling.

Counseling: "A psychological process which changes one's outlook on some aspect of life. It involves reconstruing, usually of the client's life role or the role he (or she) envisions for him- (or her-) self" (Patterson, 1966, p. 356).

Counseling is considered synonymous with psychotherapy. "The nature of the relationship is essentially the same, if not identical, in both counseling and psychotherapy. The process that occurs also does not seem to differ from one to the other" (Patterson, 1966, p. 1).

Characteristics of mental health: Those measured by the POI.

Sex-role stereotypes: As defined by Broverman, Vogel, Broverman, Clarkson, and Rosenkrantz (1970). "...highly consensual norms and beliefs about the differing characteristics of men and women" (p. 1). Operationally defined as a significant difference between means of scale scores within dependent variables.

Significant:  $p < .05$

#### Experimental Conditions

Table I describes the six experimental conditions. Subjects were either male or female. Instructions were one of three possibilities: male, female, or person (sex unspecified).

TABLE I  
EXPERIMENTAL CONDITIONS

Subject	Instructions		
	male	female	person
male	A	C	E
female	B	D	F

#### Hypotheses

In regard to the six experimental conditions as diagrammed in Table I, it was hypothesized that:

1. As measured by the Tc and I scales of the Personal Orientation Inventory, male subjects will score lower when given female instructions (C) than when given male (A) or person (E) instructions.

2. As measured by the Tc and I scales, male subjects will score similarly when given male (A) or person (E) instructions. Under these qualifications it was used. No comparison to other such inventories was made.

3. As measured by the Tc and I scales, female subjects will score similarly when given male (B), female (D), or person (F) instructions.

4. As measured by Tc and I scales, male subjects will score significantly lower than female subjects in each of the three instruction-types.

5. As measured by all subscales of the Personal Orientation Inventory pooled instruction-types of male subjects (A+C+E) will be significantly lower than pooled instruction-types of female subjects (B+D+F).

#### Limitations

1. The students participating in this study were undergraduates from lower level classes. They were recruited through voluntary participation during class time. Subjects were restricted to a) those whose instructors permitted the use of class time, and b) those of the permitting classes who wanted to participate.

2. The literature discusses the POI as being a reliable and valid instrument in the assessment of mental health (see Chapter III). Under these qualifications it was used. No comparison to other such inventories was made.

3. Effects of revision the POI were not assessed.

4. The answer sheets were hand scored which may have introduced error.

### Delimitations

1. The results can be generalized to no more than undergraduates from lower level classes in the S.E. Kansas area. Populations in other geographic locations may have different value and behavior judgements in regard to sex-roles.

2. This study was limited to those who were able to complete the inventory within a fifty minute interval. This time period corresponds to the fifty minute class periods which were used to administer the inventory. Those not able to finish amounted to one quarter of one percent of the total sample.

3. Results are delimited to raters perceptions as assessed by the POI-revised scores and cannot be generalized to their behaviors.

### Need For The Study

Evidence of the existence of sex-role stereotyping by therapists in regard to client sex is abundant in the literature (Boverman et al., 1970; Gardner, 1971; Hill, 1975; Jeghellian, 1976). If mental health is the goal of the psychotherapeutic process, sex-role stereotyped attitudes in the counseling process becomes a major issue.

If both client and counselor enter a relationship with pre-formed role expectations, a number of variables may be effected. The therapist is limiting ter<sup>1</sup> evaluation of the client's status; tey is

---

<sup>1</sup>The neuter pronouns tey, tex, and tem will be substituted throughout this report. They replace he/she, his/her, and him/her respectively. This substitution is made "in order to raise the consciousness of the reader of the sexist effect of the structure of the English language" (APA, 1975, p. 1169).

limiting possible revisions and alternatives for the therapeutic process; length of therapy, prognosis, counselor behaviors, misinterpretation of standardized test results are all possible.

There is a need to create an awareness to the problem of sex bias and sex-role stereotyping in counseling and psychotherapy. The American Psychological Association has called a task force to investigate just this. Their prime recommendation is the need to create an awareness to the problem (APA, 1975). Once there is an awareness individuals can evaluate their approach to counseling in determination of whether or not their stereotyping is appropriate.

Results are for personal evaluation and consideration. They focus not on the differences between sexes but rather sex-role differences and the implications of these to counseling.

## CHAPTER II

### REVIEW OF RELATED LITERATURE

This literature review deals with two subjects. The first is finding a definition of mental health or self-actualization. These terms, mental health and self-actualization, are considered by many to be the goal of the counseling or psychotherapeutic process. The second subject is the sex-identities that are associated with different aspects of mental health. Implications of sex-role stereotyping in perception of mental health to the field of counseling are discussed in light of recent literature.

In defining self-actualization there is confusion as to how an abstract term can possibly have objective correlates. It is much like the mind-body dichotomy. The mind is discussed in philosophic terms and has no place in the body. Yet the body, when alive and well, has consciousness, and the mind is the seat of that consciousness. Just as mental health, or self-actualization, is a subjective classification, it has objective correlates. Theorists, as mentioned earlier, have spent great effort and expense attempting to define mental health. This literature review deals with those theorists and the historical development of the concept to its present day assessability.

The second of these two issues, the sexual connotations within individual's perceptions of the term "mental health", is reviewed mostly in light of recent studies rather than historically. It will be reviewed first to introduce to the reader the connection between mental health and sex-role stereotyping.



Sex Bias in Counseling: Fact or Fantasy

In recent years there has been a growing interest in sex-roles and stereotypes. Socialization seems to be of prime influence in the sex-identification process (Bardwick & Douvan, 1971). One way of stereotyping sex-identity is by one's physical attractiveness, which is "more deeply and clearly embedded in the adjustment process of women" than for men (Barocas & Vance, 1974, p. 99). Differences between male and female attractiveness are "approved of and idealized by a large segment of society" (Broverman, Vogel, Broverman, Clarkson, & Rosenkrantz, 1973, p. 4).

Fabricant (1974) also brought the stereotyping tendencies of society into his conclusions. After reporting that female clients were, on the average, in therapy twice as long as male clients, he stated that:

...the overall results most strongly support the feminist viewpoint that females in therapy are victimized by a social structure and therapeutic philosophy that keeps them dependent for as long as possible (p. 96).

Over twenty years ago Seeman (1954) found client sex to be a variable in the counseling process. He asked counselors to judge twenty-three clients on a ten-item scale relating to therapy process, relationship, and outcome. Age, sex, and length of therapy were a few of the variables. Age showed no effect on counselor-perceived client outcome. However, sex and length of therapy were differentiating variables in success ratings: female clients and longer cases were relatively more successful. Some of Seeman's results may be attributed to the fact that the therapists were predominantly male.

Cartwright (1955) followed suit with Seeman's study where age, sex, and length of therapy were variables, and decided to add one more--student/non-student status. His results failed to support Seeman's findings. Success in psychotherapy was not a function of client sex.

Some professionals have given their opinion on the issue of sex-bias in counseling. Carter (1971) has approached the topic of male and female, innate and learned behaviors, and applied them to counseling. She explained that her intention was not in saying that women make better therapists but rather that there are differences between male and female therapists and these differences should be explored for the benefit of therapy and to facilitate it's process. These differences are that men and women differ emotionally in that a woman operates on the basis of feelings and a man more with emotional control. This disallows a male from helping others at an emotional level. A client comes to therapy because of a confusion regarding ter own feelings and this can best be handled by a woman. When it comes to education in counseling and psychotherapy, "they are already accomplished therapists when they begin graduate training" (p. 298).

Scher (1975) looked at different client/therapist combinations in an attempt to uncover explanations for the most facilitative conditions regarding client and counselor sex. With the task of finding similarities in activities of clients and therapists when they were both of the same sex, he trained judges to rate counselor activities. Using thirty-six university students of both sexes, client and counselor activities were monitored. These activity ratings, monitored

by the judges, were compared to 1) symptom relief and satisfaction as reported by client, 2) client symptom relief and satisfaction as reported by the counselor. The reported activities of client and counselor were alike in that both female clients and female counselors talked more than either male clients or male counselors.

A similar study was conducted by Hill (1975). There were twelve male and twelve female counselors, both experienced and inexperienced. All twenty-four held a series of interviews. The second session of each series was recorded and monitored by trained judges. They rated verbal behaviors, empathic responses, self-exploratory responses, and activity levels of both client and therapist. Results showed that there was more discussion of feelings by both client and therapist when they were of the same sex. The inexperienced male and experienced female counselors were more active, empathic, and elicited more feelings. Clients of female counselors reported more satisfaction than did the clients of male counselors.

In the above study, clients were more satisfied when the counselor was female. In the research conducted by Collins & Sedlacek (1972), clients terminated therapy with mutual counselor agreement more often if the counselors were male, clients of male counselors showed more rated improvement, and furthermore, there was a higher no-show rate in initial interviews when the counselor was female. In this study there was only one female counselor. The remaining nine were male.

In addition to Carter (1971), who suggested that women were more naturally adept at counseling than men, others in the field have

expressed their opinion on the issue. Jeghelian (1976) reviewed the present condition regarding sex bias in counseling and presented it to counselors who have not yet readied themselves for the issue. She said that "When sexism strikes, some women recoil, some ignore it. Others confront it head on, and counselors should be ready to help them get their artillery together" (p. 307). Jeghelian supported the issue concerning sex-role stereotyping in counseling and said that there should be something done about it soon.

Gardner (1971) reflected a similar attitude in her suggestions which might upgrade the helping professions. She said that...

To be truly helping persons to today's females, counselors must take courses taught by feminists, participate in consciousness-raising groups, and pursue internships supervised by feminists (p. 714).

Gardner said that "a necessary (and possibly sufficient) characteristic of the ideal counselor is to be a feminist" (p. 711). Earlier in the article she referred to "feminist" as those of the female sex. It could be inferred that she is saying that all counselors should be female. If the majority of counselors are male (APA, 1975) and "all counselors are sexist" (Gardner, 1971, p. 714), Gardner's point becomes quite clear.

Opinions have also been stated in regard to career counseling. Along with this, naturally, is ensuing research. Eyde (1970) has worked in restoring, or perhaps creating, equal opportunities in career counseling for women. She said that "Counselors and clinicians, who as a group have been found to hold sex-role stereotypes, probably restrict the career opportunities of women" (p. 24). In an attempt to educate those who fall into this category, she made the following statement: "Counselors need to take time from their everyday activities

to review research studies on women and to apply the findings appropriately" (p. 25).

Although there are some who suggest that counselors' attitudes toward career counseling are not biased, i.e., Smith (1974), the majority of research points to definite stereotyping in career counseling, i.e., Meyer (1970), Inglitzin (1972), Nelson (1963); and others.

Thomas & Stewart (1971) studied the effects of sex bias in career counseling. They made five audio-recorded interviews of home, school, personal values, and a self-description of five separate girls which were played for sixty-four counselors of both sexes. The female counselors gave higher acceptance scores to both the deviate clients (girls who expressed masculine career goals) and the conforming clients (girls who expressed traditionally feminine goals). Male counselors gave lower scores. Regardless of counselor sex, they rated the girls with deviate career goals as being more in need of counseling than those with conforming goals. This may bear support to Fabricant's conclusion (1974) that women were in therapy twice as long as men.

Much used in career counseling are interest inventories. Birk (1974) looked at such inventories and concluded that there is much stereotyping in career counseling. As an example of this stereotyping she studied the Strong-Campbell Interest Inventory (soon to be the 'unisex' Strong) and other male-normed inventories such as the SVIB-M, Minnesota Vocational Inventory, and others. Birk, in her conclusions, stated that...

It will not suffice, for example, if inventory materials and other counseling aids simply omit stereotypic content. Counselors and all forms of counseling materials must convey a positive commitment to unbiased career decision making. (p. 284)

In line with career counseling are men's attitudes toward working wives. Studies have been undertaken to clarify these attitudes. Almquist (1974) randomly sampled undergraduate men and women using a questionnaire as an experimental instrument. In the first place, 67.5% of the females returned the questionnaire where only 55% of the males did the same. They were both asked under what circumstances they would favor a married woman to work. Seventy percent of the women (using the average per item response) definitely or probably would want to work whereas sixty-four percent of the men responded the same way. These responses differ slightly but not significantly. Only a small minority of men did not want their wives to work in almost any circumstance.

A questionnaire was also used in the Broverman studies (Broverman, Vogel, Broverman, Clarkson, & Rosenkrantz, 1970). They issued a 122 item bipolar form of a sex-role questionnaire to 79 psychologists, psychiatrists, and social workers. Using factor analysis, they supported the existence of sex-role stereotypes for men and women, "...contrary to the phenomenon of 'unisex' currently touted in the media" (p. 7). What they found was that both men and women considered the masculine role to be atypical for healthy women and the opposite for healthy men, much in support of Fabricant's (1974) and Thomas & Stewart's (1971) results.

The present study somewhat replicates the Broverman et al. study

in that an inventory was administered to both men and women and they were each asked to describe, via the inventory, a healthy man, woman, or person.

Another replication of the Broverman et al. study was that conducted by Maslin & Davis (1975). They also used a sex-role questionnaire and sampled from a counselor population. Again, volunteers were asked to describe, by means of the questionnaire, a healthy man, woman, or person. Like the Broverman study, males kept their stereotypic view of women. They perceived mental health stereotypically and different for each sex. However, unlike the Broverman et al. study, females held the same expectations for all persons regardless of sex.

All of these studies involved some type of rating instrument. Either the therapist rated the client on certain variables or clients rated their therapist. Smith (1974) chose the format of having counselors rate hypothetical cases. One hundred ninety-eight secondary school counselors rated the hypothetical clients who were either male or female and either Anglo or Chicano. Results indicated that variations in sex did not produce variations in counselor evaluations.

Meltzoff & Kornreich (1970) also reported a lack of substantial findings on the influence of participant sex and therapy outcome.

A somewhat different format than Smith's (1974), was that used by Persons, Persons, & Newmark (1974). Instead of asking therapists to rate clients, Persons et al. asked a number of clients to rate their therapists on therapy-facilitating variables. Therapists were

trained undergraduates. Clients were also from an undergraduate population. In combinations where female clients were paired with female therapists, the clients rated their therapists as being more perceptive, insightful, encouraging more risk, warmer, friendlier, and more helpful with sex-identity problems. When client and therapist were both male, therapists were described as being more interested and concerned, more self-disclosing, and also more helpful with sex-identity problems.

Howard, Orlinsky, & Hill (1970) found similar results, however their pairings were more complex. Clients and therapists were divided by age and marital status as well as by sex. Single girls (under age 23) did well with young family men as therapists. Married girls were least satisfied when counseled by young family men. Young single women were most satisfied when counseled by family women (over age 23) and young family women worked best when their therapist was either a bachelor or an unmarried woman. These results are similar to Hill's in that the clients seemed most satisfied when they could identify with their therapist. It was suggested that the client's fantasied or wished-for need was most fulfilled when the therapist represented that need or fantasy.

Again, client sex had a substantial relationship to both success and client satisfaction when studied by Mintz, Luborsky, & Auerbach (1971). They made tape recordings of sixty psychoanalytically oriented therapy sessions. A factor analysis was used to discriminate 110 process variables. Above the relationship between sex and client satisfaction is that the relationship was significantly greater for female clients.



A few years before this, Gaylin (1966) found no significant differences between sex and variables of therapeutic nature. He divided patients into four groups. These were combinations of self-ratings and therapist-ratings versus positive and negative prognosis. All patients were given the Rorschach test and the Butler-Haigh Q sort. There were no significant differences when comparing test scores to prognosis ratings that were attributable to client sex, education, age, or student status.

A number of the earlier studies (Persons et al., 1974; Howard et al., 1970; Broverman et al., 1970) showed pronounced differences between client and therapist sex and some process or outcome variable. Later research (Smith, 1974; Almquist, 1974) suggested either no relationship or an insignificant trend toward one. Johnson and MacDonnell (1974) questioned sixty male and female students and found this difference, that conformity regarding sex differences were less pronounced than as found in the earlier studies. Even more than the decrease in attitudinal differences was the negative relationship they observed between attitudes toward the role of women and actual conformity. Since these levels of conformity have diminished, this study supports the fact that there has been a decrease in sex-stereotyped attitudes.

The Maslin & Davis study (1975) concluded with the fact that men still held sex-stereotyped attitudes of mental health, but women didn't. Johnson & MacDonnell (1974) concluded that there is a decrease in sex-stereotyped attitudes of both men and women. There is still a third possibility, that in which women but not men have kept sex-

stereotyped attitudes. Barocas & Vance (1974) asked counselors to rate their clients over the previous nine months on variables such as prognosis, physical attractiveness, and attire. Attractiveness seemed to be a critical variable in assessment of both male and female clients but not in the same ways. Female clients of female counselors associated attractiveness and clinical functioning positively. The same was true for male clients of male counselors. However, female counselors associated male but not female attractiveness with positive prognosis. Barocas & Vance suggested that our society has more successfully embedded an everyday standard of beauty for women yet not for men. "The uncertainty about male attractiveness may appear that men but not women can come to a new situation and be evaluated afresh without prejudice of appearance" (p. 98).

The issue of sex bias and sex-role stereotyping in counseling and psychotherapy has become a concern to those in the helping professions. The American Psychological Association (1975) has established a task force which concerns a) examining the extent and manner of sex bias and sex-role stereotyping, b) recommendations to those involved to reduce sex bias, and c) the gathering of materials to help reduce sex bias in psychotherapy. The task force made a number of recommendations to the A.P.A., the most important of which was the need to create greater awareness to the problem of sex bias in counseling.

The literature and research tends to point toward a definite decrease in sex-role stereotyping in counseling. However, there remain the stereotyping tendencies that are still present in counseling

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today. These limit a person's choice in matters from conformity/non-conformity to career/non-career.

The literature points to a need of which counselors should be aware--the need to create an awareness to the problem of sex bias and sex-role stereotyping in counseling and psychotherapy.

Much of this research centers around the concept of mental health. Another term for mental health is self-actualization. This term has been associated with diverse meanings and a multitude of attributes. Ginsburg (1950) stated that "analysts must work with a definition of what constitutes the mental and emotional health they are trying to enable the patient to achieve" (p. 475). The following review looks at the concept of self-actualization from it's genesis in 1939 to the present assessment of it.

#### Origin of the Concept of Self-Actualization

Self-actualization was first coined by Goldstein in 1939. It was defined as a drive of life.

There is only one drive: self-actualization. Normal behavior corresponds to a continual change of tension of such a kind that over and over again that state of tension is reached which enables and impels the organism to actualize itself in further activities according to it's nature (p. 197).

This "nature" of the organism has various capacities in accordance to which actions are driven. These various actions have only one drive and that is from the nature of the organism.

The concept of self-actualization seems to have remained fairly hidden after Goldstein first wrote about it. Fifteen years later Maslow (1954) defined such a term as "...the full use and exploitation of talents, potentialities, etc. Such people (self-actualized) seem

to be fulfilling themselves and to be doing the best they are capable of doing" (p. 200).

#### Development of the Concept of Self-Actualization

Others recognized this concept as did Maslow. May (1953) used the term "existential being." Reisman, Glazer & Denney (1950) discussed a system of inner- and outer-directedness which has since become the backbone of self-actualization. Perls (1951) and May (1958) introduced the concept of time-orientation, another major element of mental health. Rogers (1959) discussed the client, when seen as developing positively, as a person whose "...behavior is more creative, more uniquely adaptive to each new situation and each new problem, more fully expressive of his own purposes and values" (p. 219). This definition falls parallel with Maslow's above definition. The concept of the self-actualized person was recognized by Allport (1955, 1961) when he introduced the idea of "creative becoming" and after that "the mature personality." Shoeben (1957) discussed somewhat the same concept when he wrote of the "normal personality." Jahoda (1958), when defining self-actualization or positive mental health, selected six criteria. These included a positive attitude toward self, growth, development of self-actualization; integration; autonomy; accurate perception of reality; environmental mastery.

Maslow (1954) studied aspects such as these and chose a number of people who, in his opinion, fit the majority of the self-actualized characteristics. His two highest categories consisted of people who it was highly probable or fairly sure of holding self-actualizing tendencies. These included Abe Lincoln, Thomas Jefferson, Albert

Einstein, Eleanor Roosevelt, Jane Addams, William James, and Spinoza.

There have been arguments pro and con concerning this choice of people. McClelland (1955) criticized Maslow's method of choosing people in saying that the choice was based on personal values and was a question of ethics: that it lacked a clear definition of terms.

To further this clear definition of self-actualization, research ensued in the sixties. Cofer & Appley (1966) said that "self-actualization suffers from vagueness of its concepts, looseness of language and inadequacy of evidence related to its main contentions" (p. 692). Jahoda (1950) said much the same thing in stating that "there exists no psychologically meaningful and, from the point of view of research, operationally useful description of what is commonly understood to constitute mental health" (p. 213).

Therefore Maslow continued in his development of an operational definition of his concept. In 1968 he published fifteen characteristics of the self-actualized person. These, when fully developed in the person, define a self-actualizing individual. These included...

Superior perception of reality; increased acceptance of self, others, nature; increased spontaneity; increase in problem centering; detachment and desire for privacy; increased autonomy; resistance to enculturation; greater freshness and appreciation; richness of emotional reaction; high frequency of peak experiences; increased identification with the human species; improved interpersonal relations; more democratic character structure; greatly increased creativity; certain changes in the value system. (1968, p. 26).

Carkhuff & Berenson (1967) also described the self-actualizing person, or what they termed the "whole person," about the same time as Maslow's description. "The life of the whole person is made up

of actions fully integrating his emotional, intellectual, and physical resources in such a way that these actions lead to greater and greater self definition" (p. 196).

Still others felt the need to clarify this type of person. Heath (1964) labeled them the "reasonable adventurer." Rogers (1969) called this type of person the "fully functioning person." Streich (1974), in attempt to clarify the concept of self-actualization, stated five personality characteristics related to the mentally healthy person. Much like Maslow's (1968), these included the self concept, creativity, value system integration, receptivity to experience, and growth orientation.

Because of the complexity of each variable comprising the concept of self-actualization, research studies have been undertaken to clarify them one at a time. Maslow (1968) mentioned an increase in autonomy as a characteristic of the self-actualizing person. Forand (1975) found autonomy to be a tangible variable of the mentally healthy person and worth the counselor's attention. Maslow (1964) felt that synergy, which originally meant the pursuit of selfish ends, automatically resulted in helping other people and would be a characteristic of the self-actualizing person. Selfishness and unselfishness aren't mutually exclusive. "Self-actualizing persons rise above the dichotomy between selfishness and unselfishness, finding 'selfish' enjoyment in contributing to the welfare and happiness of others" (p. 46). Another characteristic mentioned here by Maslow was the ability to transcend dichotomies.

Frankl (1966) looked at another variable, self-transcendence. He said that being human means being open to the world. One can't follow the homeostasis principle as described fully by Perls because this, as an ultimate goal, naturally brings a person to happiness. And, he continued, the primary end goal of striving is in itself homeostatic satisfaction. Therefore, happiness isn't the goal but rather a side effect. And, with reason to be happy, one need not pursue it. Man does not care for pleasure and happiness as such but rather that which causes the effects. Frankl quoted Maslow as stating that one's inner experiences of happiness are very similar no matter what stimulates them, the stimuli are very different.

Maslow (1966), in commentary to Frankl's paper, argued that the primary concern for a person is will to "meaning" or what Rogers or Goldstein called purpose, ends, values. The ultimate motivation, he continued, is for self-actualization. "People who seek self-actualization don't achieve it unless the selfishness is for the sake of call, work, or vocation, thereby transcending the dichotomy between unselfishness and selfishness" (p. 109). In this same paper Maslow discussed another characteristic of the self-actualizing person, that of peak-experiences. "People may either not have peak experiences or they may repress or suppress them, be afraid of them or deny them ('non-peaking')" (p. 110).

Frankl had stimulated this interest in Maslow by previously stating that "self-actualization is an unintentional effect on the intentionality of life. Self-transcendence is the essence of existence", and later..."... the existential vacuum ("abyss-experience")

is a contradistinction to 'peak-experience'" (1966, p. 97).

Maslow (1971), shortly before his death, made a final attempt at clarifying his strongly believed-in concept:

Self-actualization is not only an end state but also the process of actualizing one's potentialities at any time, in any amount. Self-actualizing people are, without one single exception, involved in a cause outside their skin, in something outside themselves. They are devoted, working at something that is precious to them--some calling or vocation in the old sense, the priestly sense... so that the work-joy dichotomy in them disappears (p. 43).

The concept of self-actualization or mental health is not something that can be attained or a process which omits the necessity of society. One cannot attain a high degree of self-actualizing tendencies without the help of other human beings. Williamson (1971) questioned this and concluded that man would not have been able to attain a high level of self-actualizing qualities if it weren't for society. Patterson (1973) said that "Man needs other persons to achieve the full development of his potentiality" (p. 10). Maslow (1971) agreed with Patterson in stating that "...the basic needs (of the self-actualizing person) can be fulfilled only through other human beings, i.e., society" (p. 347).

#### Assessment of the Concept of Self-Actualization

As mentioned earlier, Broverman (1970), Maslin & Davis (1975) and others have questioned subjects as to their perception of mental health or self-actualization. These perceptions were assessed only in form of one characteristic, that of masculinity-femininity. The concept of self-actualization is defined by a number of variables, masculinity-femininity being only one of them. With the above development of the



concept, Shostrom (1964, 1966a, 1966b) designed what he called the Personal Orientation Inventory. The POI was developed to provide a standardized instrument for measurement of values and behaviors hypothesized to be important in the development of the self-actualizing person. Shostrom defined the self-actualizing person as one...

who is more fully functioning and lives a more enriched life than does the average person. Such an individual is seen as developing and utilizing all of his unique capabilities or potentialities, free of the inhibitions and emotional turmoil of those less-actualized (1966b, p. 5).

His definition was derived from studies of Maslow (1954, 1968, 1971) and is much like Roger's definition (1954). Shostrom went on in clarification of the POI by stating that it is "...an objective delineation of the level of the client's mental health and a positive approach to the therapeutic process in the format of positive guides for growth during therapy" (1966a, p. 5).

Knapp (1965) compared POI scores to a measure of neuroticism and found that the results supported Maslow's contention that he was describing mentally healthy people. Knapp considered the POI as a measure of attributes clinically held to be of prime importance in the attainment of a high level of mental health.

Maslow (1971), in his posthumously published book, stated the following about the POI:

In studying healthy people, self-actualizing people, etc., there has been a steady move from the openly normative and the frankly personal, step by step, toward more and more descriptive, objective words, to the point where there is today a standardized test of self-actualization... It correlates well with external variables of various kinds and keeps on accumulating additional correlational meanings (p. 28).

Summary

Sex bias and sex-role stereotyping in counseling have been shown through literature evaluation to be important categories for research. Perceptions of mental health may become distorted or colored by confounding bias and stereotyping. This distortion has been studied in terms of the variable masculinity-femininity, however, the literature points to no other research where more than this one dichotomy has been studied in terms of mental health and sex-role stereotyping. The present study was an attempt to do just that, to use and manipulate variables associated with and suggested as being attributes of mental health.

The American Psychological Association (1975) has set the recommendation, Shostrom (1966a) has introduced the instrument, and Broverman et al. (1970) have suggested the format.

## CHAPTER III

### METHOD

#### Research Setting

The POI-revised was administered to students at Kansas State College of Pittsburg. According to the Carnegie Classification System (1973), which was developed to identify categories of colleges and universities that would be relatively homogeneous, K.S.C.P. is classified under Comprehensive Universities and Colleges I: institutions offering a liberal arts program as well as several other programs, such as engineering and business administration. Many offer masters degrees but all lack a doctoral program or have an extremely limited doctoral program.

According to the American Association of University Professors (AAUP) classification system, K.S.C.P. is categorized under Category II A: Institutions awarding degrees above the baccalaureate but not included in Category I (which conferred, on the average, fifteen doctorates in the most recent three years).

K.S.C.P. has a student population of 5,688. Of this total, 285 are in Vocational Technology, 3,688 are undergraduates, and 1,755 are graduate students. Fifteen percent are from out of state. Thirty percent of the student body are part-time. The faculty is comprised of 285 full-time-equivalent personnel.

K.S.C.P. is a state supported college. It offers over 100 academic and professional career programs in 22 departments. The college offers one-year, two-year, four-year, and graduate programs,

and confers Bachelors, Masters, and Specialist degrees of five schools: Business and Economic Development, Arts and Sciences, Education, Technology and Applied Science, and Graduate school.

#### Subjects

Those participating in the present study were undergraduates from lower level classes: 99 male and 141 female. Ages ranged from 17 to 50, the modes being 19 and 20, the average being 21.7. Subjects were recruited from undergraduate courses in Biology, Psychology, English, and Technology (for subject recruitment details, see the Procedures section).

#### Description of the Research Instrument

Shostrom (1966a) has developed the Personal Orientation Inventory (POI) in an attempt to meet the need, "which many counselors and clinicians have felt, ...for a comprehensive measure of values and behavior seen to be of importance in the development of self-actualization" (p. 5). The POI consists of 150 two-choice, comparative value and behavior judgement I-statements, i.e., I am afraid of making mistakes; I am not afraid of making mistakes.

The POI is self-administering, usually taking about thirty minutes. The examiner may answer questions pertaining to word definitions but the examinee is responsible for using her own judgement when choosing alternatives.

The inventory represents 12 characteristics or attributes of mental health.

1. Time competence/incompetence; degree to which one is "present" oriented.

2. Inner/Outer-directedness: reactivity orientation being basically toward others or self.
3. Self-actualizing: affirmation of a primary value of self-actualizing people.
4. Existentiality: ability to situationally or existentially react without rigid adherence to principles.
5. Feeling reactivity: sensitivity of responsiveness to one's own needs and feelings.
6. Spontaneity: freedom to react spontaneously or to be oneself.
7. Self regard: affirmation of self because of worth or strength.
8. Self acceptance: affirmation or acceptance of self in spite of weaknesses or deficiencies.
9. Nature of man: degree of the constructive view of man, masculinity, femininity.
10. Synergy: ability to be synergistic, to transcend dichotomies.
11. Acceptance of aggression: ability to accept one's natural aggressiveness as opposed to defensiveness, denial, and repression of aggression.
12. Capacity for intimate contact: ability to develop contactful intimate relationships with other human beings, unencumbered by expectations and obligations. (Shostrom, 1968)

Standard answer sheets are scored by hand for each of the twelve scales by placing the key over the answer sheet and counting the number correct. For a quick estimate of examinee's self-actualization level, the Time Competence and Inner Directedness scales may be scored.

Norms for the Poi have been established from entering college freshmen of both sexes. The female college sample mean was higher than the male. This was again found in a liberal arts college in California. Fox (1965) reported no significant differences in results because of sex when testing 100 male and female adult psychiatric patients. This will be amplified in a later section.

In the case of the present study, the POI was revised from a self-describing inventory (I-statements) to an other-describing inventory (They-statements) (See Appendix B). This was done by changing all first person singular pronouns to third person plural pronouns (I to they). The plural was used because of the difficulty of sex

identification when using male and female singular pronouns, he/she. A person (sex unspecified) cannot be specified by a singular pronoun. An example of the statement change is below:

POI - I am afraid of making mistakes.  
I am not afraid of making mistakes.

POI-revised:  
They are afraid of making mistakes.  
They are not afraid of making mistakes.

In order for each subject to answer the same inventory the third person plural pronoun was used. This allowed the researcher to administer one type of inventory and three types of directions (M, F, or P) (Appendix A). The directions explained how to use the answer sheets and instructed the examinee to describe, via the inventory, a mentally healthy man, woman, or person.

#### Reliability

There have been very few studies regarding reliability of the Personal Orientation Inventory. In the one cited by Shostrom (1966a) Klavetter & Mogar (1967) administered the POI to forty-eight undergraduate students. Test-retest reliability coefficients for the two major scales, Time Competence and Inner Directedness, were .71 and .85 respectively. Coefficients for subscales ranged from .55 to .85. These correlations are "...as high as that reported for most personality measures" (Shostrom, 1966a, p. 32).

In McDonald's (1952) comparison of shortened forms of the MMPI (Minnesota Multiphasic Personality Inventory) he found correlations ranging from .50 to .89. These coefficients lend support to the range in which most POI reliability coefficients fall. McDonald

rated the POI for reliability and found it much like the MMPI and EPPS (Edwards Personal Preference Schedule). "The findings reported on the POI are well within these ranges of somewhat comparable MMPI and EPPS test-retest reliability studies" (1952, p. 410).

When comparing test-retest scores of college freshmen on the POI, Schroeder (1973) noticed differences for men and women on eleven of the twelve scales as well as different patterns of change during the freshman year. Some considerations were mentioned in regard to pooling scale scores for men and women.

Again, when comparing the POI to the EPPS, sex differences were found in the resulting scores. It was suggested that sex differences be considered in any study of self-actualization (LeMay & Damm, 1969).

DiMarco & Wilhelm (1973) administered the POI within a battery of tests to sixty-four nursing students. The forty-six who finished their first year of the nursing program were again given the test battery. The range in product-moment correlations was from .32 to .71 on the twelve POI scales. The authors suggested that at this point in the development of the POI a correlation of .70 might be acceptable.

On the other hand, Raanan (1973) said that "Reliabilities are low particularly in light of the assumption that this test measures stable personality traits" (p. 478). She also claimed the POI to be based on assumptions of what characterizes self-actualized persons. Thirdly, she noted that the paired statements on the POI are culture-specific and may differ from one culture to another.

There are differences of opinion as to what reliability score is acceptable and what isn't. Test-retest reliability coefficients are

comparable to other personality inventory coefficients yet questions have been raised regarding the theoretical foundations for such items as are seen in the POI.

Theoretically, the reliability of the POI revised compares with that of the original POI inasmuch as the original paired statements can be changed from "I" to "they" statements without altering their intended meanings.

#### Validity

In the initial validation study by Shostrom (1964), eighteen doctoral level psychologists were asked to judge self-actualized (N=29) and non-self-actualized (N=34) groups. He found that all except one scale (Nature of Man) significantly discriminated in the expected direction at a probability level of .05 or better.

A second validation study conducted by Shostrom (1966b) compared POI scores with MMPI scores. Of the two groups of psychotherapy patients, one beginning therapy and one advanced, POI scores were significantly higher in the advanced group on all twelve scales. Seven of the thirteen MMPI scales were significantly less pathological ( $p < .05$ ) for the advanced group.

When comparing the POI to the EPI (Eysenck Personality Inventory), Knapp (1965) found eight of the twelve POI scales negatively correlated ( $p < .05$ ) with the EPI neuroticism dimension. Also, extremely high and low scores on the EPI made significantly different scores on each of the POI scales. In support of this significant relationship between self-actualization and emotional health was a study conducted by Knapp and Comrey (1973). They compared the POI to the CPI (Comrey



Personality Inventory) which measures eight major personality scales. Nine of the twelve POI scales significantly related in a positive direction, the highest coefficient being .66 ( $p < .01$ ).

Knapp (1965) administered the POI to hospitalized subjects (N=185) and normal subjects (N=158). All POI scores were lower for the hospitalized sample. McCain (1970) also offered "...evidence that the POI does measure self-actualization among normal adults" (p. 22). He asked staff members of the National Defense Education Act Guidance Institute to study the personalities of thirty counselors and compared these to the counselors' POI scores. Correlations ranged from .23 to .69. The highest correlation was that of the Inner-Directedness scale, one of the two main scales.

Grossack, Armstrong, & Lussiev (1966) gave reassurance that the POI is a useful instrument for its intended purpose when they compared the POI to the EPPS and the Cattell 16PF test. A positive relationship appeared between the EPPS autonomy and heterosexuality scales and the POI self-actualization scale. A negative relationship appeared between the EPPS abasement and order scales and the POI self-actualization scale. In comparing the POI to the Cattell Test, both positive and negative co-relations were found in the hypothesized directions.

Raanan (1973) criticized the POI for the manner in which it is presented. She said that the forced-choice format presents statements of which one may be an absolute and the other a capability. Another criticism was the ambivalence in instructions. Examinees are asked to try to make some answer to every statement, while in another they are instructed to make no answer on the answer if neither of the paired statements applies.

In regard to the POI being a valid assessment of mental health for both sexes, a number of researchers have offered conflicting views. Gibbs (1966), when administering the POI to first-semester juniors, found that high self-actualizers tended to be female, but two years later found no sex differences between high and low self-actualizers. McMillin (1965) also found sex differences on the POI when administered to high school seniors. There were no significant differences accountable by sex on POI scales when Fox (1965) tested 100 male and female adult hospitalized psychiatric patients. Shostrom (1966) mentioned two studies in which female college students scored significantly higher ( $p < .01$ ) than college males.

Due to the differences which have been found attributable to sex (McMillin, 1966; Gibbs, 1966; Shostrom, 1966a; LeMay & Damm, 1969; DiMarco & Wilhelm, 1973; Shroeder, 1973), it was hypothesized that a significant difference be observed in the present study between male and female subject scores. Results from this hypothesis will lend support, one way or another, to the concepts assessed by the POI in regard to subject sex.

#### Procedure

The original POI (Shostrom, 1964) was revised in the present study by changing all statement pairs from "I" statements to "They" statements (See appendix A). Instructions were similar to original POI instructions. The only changes were 1) here a definition of self-actualization, and 2) instructions to describe either a man, woman, or person (sex unspecified) instead of oneself.

One hundred revised inventories were made. Approximately thirty-three instruction sheets were made for each of the three types: man, woman, and person.

Subjects were asked to specify on the top of their score sheet their age, sex, and booklet number (Appendix C). The age was requested such that the average subject age could be calculated to avoid overgeneralization of results. Combinations of subject sex and booklet number indicated into which experimental condition each subject fell. Test booklet numbers one through thirty-three identified self-actualized men; thirty-four through sixty-six indicated self-actualized women; sixty-seven through one hundred indicated self-actualized persons. Other than age, sex, and booklet number, the revised score sheets were similar to the original IBM score sheets.

Different departments were contacted by phone and asked if one lower-level undergraduate class period could be used to administer a thesis questionnaire. Those replying were from the psychology, biology, English literature, and automotive technology departments. Each instructor who volunteered one class period was told that the questionnaire would take between twenty and fifty minutes, that only those willing would be answering the questionnaire, and given a brief description of the instrument.

At the beginning of each administration period, the following information was given:

1. That no one was required to participate (Instructors usually gave a few motivating statements regarding research participation).

2. Subjects were told to not answer it again if the same questionnaire was taken in a different class.

3. not to look at other instruction sheets as his/her may be different.

4. that the questionnaire does not describe themselves. They were to describe the type of person mentioned on the instruction sheet.

5. to give their spontaneous feelings when choosing from each paired statement.

6. to notice that their answer sheets require three pieces of information: age, sex, and booklet number. Also, that answers were marked horizontally rather than vertically.

7. that there was no time limit on the questionnaire and they were not required to stay beyond the fifty minute class period. They could leave when they finished the questionnaire.

After all questions were answered regarding instruction sheet word definitions, they were told to begin. Any questions during the test were to be privately asked to avoid others knowing the sex they were describing.

Answer sheets were collected and arranged by examinee sex and booklet number category, comprising the six experimental conditions. Each answer sheet was hand scored for the twelve POI scales.

Of the 240 subjects who volunteered to complete the inventory, 234 finished. The reasons for six incomplete answer sheets ranged from language problems to insufficient time.

Data from each scored answer sheet was coded onto individual computer cards. There were 234 data cards. These were pooled primarily by subject sex and secondarily by instruction-type.

Process cards were punched as outlined by the Statistical Package for the Social Sciences (1975), and the t-test of independent samples was used to assess differences. In those comparisons where the t-test failed to achieve statistical significance, the two groups were considered similar.

The formula for the t-test, as outlined in the Statistical Package for the Social Sciences (Nie, Hull, Jenkins, Steinbrenner, & Bent, 1975) is

$$t_{\bar{d}} = \frac{(\bar{X}_1 - \bar{X}_2)}{S_{\bar{d}}} \text{ where } S_{\bar{d}} = (S^2/n_1 + S^2/n_2) \text{ and}$$

$$S^2 = \frac{(n_1 - 1) S_1^2 + (n_2 - 1) S_2^2}{(n_1 - 1) + (n_2 - 1)} \text{ with } (n_1 + n_2) - 2 \text{ degrees of freedom} \quad (\text{p. 269})$$

In using the t-test it was assumed that the different groups (see Figure 2, p. 39) had equal variances. Even if the proper assumptions for use of the t-test cannot be met exactly, it is robust enough to show significant differences. If the populations being compared show considerable skewness, "the tabled values of t will still be fairly accurate" (Klugh, 1970, p. 197).

Figure 1 shows the possible combinations of any two groups illustrated in Table I. It also points out the comparisons made in each of the study's five hypotheses.

A						
C	1					
E	2	1				
B						
D				3		
F				3	3	
	A	C	E	B	D	F

Experimental Conditions by Groups

Figure 1: Statistical Analyses

Numbers represent corresponding hypotheses and respective comparisons made.

CHAPTER IV

RESULTS AND DISCUSSION

This study was similar to the Maslin & Davis (1975) study where subjects were given the instructions to rate a mentally healthy man, woman or adult (sex unspecified) on a masculinity-femininity scale. Comparisons were then made to assess different expectations of the three instruction categories between male and female subjects. Table II shows how the groups were labeled and the possible combinations of subjects and instructions studied.

TABLE II

COMBINATIONS OF SUBJECT SEX (MALE, FEMALE) AND  
INSTRUCTION-TYPE (MALE, FEMALE, ADULT)

Instructions	Subject sex	Group
Male	Male	A
	Female	B
Female	Male	C
	Female	D
Adult (sex unsepcified)	Male	E
	Female	F

Broverman et al. (1970) as well as Maslin & Davis (1975) found differences between groups A and C, and between groups E and C. However, in the above studies, male and female subjects were pooled. Therefore the combination of A + B was compared to C + D; C + D was compared to E + F.

The present study used a different instrument, the Personal Orientation Inventory (POI). Evidence of past research shows that male and female subjects score differently on the POI. Taking that into consideration, the present study could not pool male subjects with female subjects.

Comparisons for differences and similarities in the present study were made by means of the "t" test. Comparisons were made between instruction-types both for male and female subjects. Since the Maslin & Davis study used only one scale in their instrument and the present study used twelve, a larger number of comparisons needed to be made.

The first four hypotheses focused on the two major scales of the POI, Time Competence (Tc) and Inner Directedness (I). These measure the degree to which one is present-oriented and whether reactivity origination is basically toward self or others. These two scales are the best overall estimates of mental health and were therefore separately used. The fifth hypothesis focused on the ten subscales of the POI: Self-Actualizing Values (SAV), Existentiality (Ex), Feeling Reactivity (Fr), Spontaneity (S), Self-Regard (Sr), Self-Acceptance (Sa), Nature of Man-Constructive (Nc), Synergy (Sy), Acceptance of Aggression (A), and Capacity for Intimate Contact (C).

Hypothesis 1 compared responses of male subjects given male instructions (A) to responses of male subjects given female instructions (C), and responses of male subjects given person instructions (E) to responses of male subjects given female instructions (C).



Hypothesis 2 compared responses of male subjects given male instructions (A) to responses of male subjects given female instructions (C).

Hypothesis 3 compared the same instruction combination as in hypotheses 1 and 2 yet within the female subject pool. Comparisons were responses female subjects given male instruction (B) vs. responses of female subjects given female instructions (D), responses of female subjects given female instruction (D) vs. responses of female subjects given person instructions (F), and responses of female subjects given male instructions (B) vs. responses of female subjects given person instructions (F). Hypotheses 1 and 2 were divided because in 1 a difference was predicted and in 2 a similarity was predicted. In hypothesis 3, only similarities were predicted.

Hypothesis 4 compared responses of male subjects given male instructions (A) to responses of female subjects given male instructions (B), responses of male subjects given female instructions (C) to responses of female subjects given female instructions (D), and responses of male subjects given person instructions (E) to responses of female subjects given person instructions (F), again measured by only the Tc and I scales.

Hypothesis 5 compared responses of male subjects given male instructions (A), responses of male subjects given female instructions (C), and responses of male subjects given person instructions (E) to responses of female subjects given male instructions (B), responses of female subjects given female instructions (D), and responses of female subjects given person instructions (F) on all ten subscales.

Hypothesis 1: As measured by the Tc and I scales of the Personal Orientation Inventory, Male subjects will score lower when given female instructions (C) than when given male (A) or person (E) instructions.

Table III shows mean differences between groups A and C, E and C. As indicated by the probability values of each comparison, means did not differ significantly, however they were in the hypothesized direction. This was consistent for both the Tc and the I scales. Therefore hypothesis 1 was not accepted. Male subjects perceived no difference between mentally healthy men and women. Male subjects also perceived no difference between mentally healthy persons and women.

TABLE III

COMPARISON OF MALE VS. FEMALE INSTRUCTIONS AND  
PERSON VS. FEMALE INSTRUCTIONS BY  
MALE SUBJECTS FOR SCALES Tc AND I

Scale	Comparison	Differences between means	df	t	p
Tc	A vs. C	-1.74	62	1.80	0.077
	E vs. C	-0.89	62	0.87	0.386
I	A vs. C	-6.29	62	1.78	0.079
	E vs. C	-4.20	62	1.14	0.259

Hypothesis 2: As measured by the Tc and I scales, male subjects will score similarly when given male (A) or person (E) instructions.

Table IV shows differences in means between groups A and E as

measured by Tc and I scales. As indicated by probability values  $> 0.05$ , means were similar. Therefore hypothesis 2 was accepted through failing to reject the null hypothesis. Male subjects' perceptions of a mentally healthy male and person were similar.

TABLE IV  
COMPARISON OF MALE VS. PERSON INSTRUCTIONS BY  
MALE SUBJECTS FOR SCALES Tc AND I

Scale	Comparison	Differences between means	df	t	P
Tc	A vs. E	-0.85	64	0.87	0.386
I	A vs. E	-2.09	64	0.63	0.534

Hypothesis 3: As measured by the Tc and I scales, female subjects will score similarly when given male (B), female (D), or person (F) instructions.

Table V shows differences in means between groups B and D, groups D and F, groups B and F. As indicated by probability values  $> 0.05$ , means in all three comparisons were similar. Therefore hypothesis 3 was accepted through failing to reject the null hypothesis. Female subjects' perceptions of a mentally healthy man, woman, and person were similar.

TABLE V

COMPARISON OF MALE VS. FEMALE INSTRUCTIONS, FEMALE VS. PERSON INSTRUCTIONS, AND MALE VS. PERSON INSTRUCTIONS BY FEMALE SUBJECTS FOR SCALES Tc AND I

Scale	Comparison	Differences between means	df	t	p
Tc	B vs. D	-1.03	91	1.42	0.158
	D vs. F	-0.34	88	0.44	0.659
	B vs. F	-0.69	89	1.01	0.316
I	B vs. D	-3.93	91	1.41	0.163
	D vs. F	-1.63	88	0.54	0.588
	B vs. F	-2.30	89	0.85	0.397

Hypothesis 4: As measured by Tc and I scales male subjects will score significantly lower than female subjects in each of the three instruction-types.

Hypothesis 4 was confirmed as shown by probability values in Table VI. In rating a mentally healthy male, male subjects (A) scored lower than female subjects (B) on both Tc ( $p = 0.022$ ) I ( $p = 0.018$ ) scales. In rating a mentally healthy female, male subjects (C) scored lower than female subjects (D) on both Tc ( $p = 0.006$ ) and I ( $p = 0.010$ ) scales. In rating a mentally healthy person, male subjects (E) scored lower than female subjects (F) on both Tc ( $p = 0.024$ ) and I ( $p = 0.043$ ) scales.

As measured by the Tc and I scales, men and women differ significantly in expectations of mental health. This confirmed the improbability of pooling male with female subjects.

TABLE VI

COMPARISON OF MALE VS. FEMALE SUBJECTS BY INSTRUCTIONS AND SCALES

Scale	Comparison	Differences between means	df	t	p
Tc	A vs. B	1.81	78	-2.34	0.022
	C vs. D	2.52	75	-2.82	0.006
	E vs. F	1.97	75	-2.30	0.024
I	A vs. B	6.81	78	-2.42	0.018
	C vs. D	9.17	75	-2.63	0.010
	E vs. F	6.60	75	-2.06	0.043
SAV	A vs. B	0.98	78	-1.20	0.235
	C vs. D	2.23	75	-2.76	0.007
	E vs. F	2.24	75	-2.67	0.009
Ex	A vs. B	0.93	78	-0.91	0.366
	C vs. D	1.76	75	-1.43	0.156
	E vs. F	1.61	75	-1.45	0.152
Fr	A vs. B	0.96	78	-1.48	0.118
	C vs. D	1.31	75	-1.88	0.064
	E vs. F	1.61	75	-2.33	0.023
S	A vs. B	1.32	78	-2.14	0.034
	C vs. D	1.71	75	-2.03	0.045
	E vs. F	1.56	75	-2.49	0.015
Sr	A vs. B	0.45	78	-0.90	0.372
	C vs. D	0.90	75	-1.40	0.166
	E vs. F	1.50	75	-1.84	0.070
Sa	A vs. B	1.57	78	-1.94	0.057
	C vs. D	1.13	75	-1.22	0.226
	E vs. F	1.50	75	-1.66	0.101
Nc	A vs. B	1.45	78	-2.87	0.007
	C vs. D	1.41	75	-2.37	0.020
	E vs. F	1.66	75	-3.13	0.002
Sy	A vs. B	0.59	78	-1.58	0.118
	C vs. D	1.28	75	-3.17	0.002
	E vs. F	0.75	75	-1.83	0.072
A	A vs. B	1.18	78	-1.56	0.123
	C vs. D	2.05	75	-2.41	0.018
	E vs. F	2.62	75	-3.21	0.002
C	A vs. B	2.12	78	-2.32	0.023
	C vs. D	0.86	75	-0.82	0.417
	E vs. F	1.76	75	-2.23	0.029

\*All scales below this line are subscales.

As noted by mean differences of the subscales also reported in Table VI, male and female subjects differed significantly in a number of comparisons before they were pooled (see hypothesis 5). Spontaneity (S) and Nature of man (Nc) were two subscales in which male and female subjects differed significantly ( $p = 0.045 - 0.002$ ).

Hypothesis 5: As measured by all subscales of the Personal Orientation Inventory, pooled instruction-types of male subjects (A+C+E) will be significantly lower than pooled instruction-types of female subjects (B+D+F).

Hypothesis 5 was accepted for all subscales of the POI. Table VII gives mean differences between male subjects and female subjects and ensuing probabilities which ranged from 0.000 to 0.029. With an alpha level set at 0.05, it can be said that women set higher standards of mental health for women than men set for themselves on all characteristics of mental health as described by the POI. This supports prior research (see p. 35) which found significant differences between male and female scores on the POI.

TABLE VII  
COMPARISON OF POOLED INSTRUCTION-TYPES,  
MALE SUBJECTS VS. FEMALE SUBJECTS, FOR ALL SUBSCALES

Scale	Differences between means	t	p
SAV	1.81	3.83	0.000
Ex	1.41	2.20	0.029
Fr	1.29	3.36	0.001
S	1.52	3.77	0.000
Sr	0.77	2.39	0.018
Sa	1.40	2.74	0.007
Nc	1.50	4.67	0.000
Sy	0.86	3.80	0.000
A	1.93	4.16	0.000
C	1.59	2.97	0.003

Summary

The means of male subjects rating hypothetical females for the Tc and I scales (14.32, 73.85) were lower than their means of hypothetical males for the same scales (16.06, 80.12). Although the differences between means failed to achieve statistical significance, they were in the hypothesized direction.

Hypothesis 2 was confirmed in that no significant differences were found between a male's perception of a mentally healthy man and his perception of a mentally healthy person, sex unspecified.

Hypothesis 3 was confirmed in that no significant differences were found between a female's perception of a mentally healthy man, woman, or person.

Hypothesis 4 was confirmed by demonstrating a significant difference between 1) a male's and female's perception of a mentally healthy man, 2) a male's and female's perception of a mentally healthy woman, and 3) a male's and female's perception of a mentally healthy person ( $p = 0.006$  to  $0.043$ ).

Hypothesis 5 was confirmed by the significant differences between the pooled male subject's scores and the pooled female subject's scores ( $p = 0.000$  to  $0.029$ ). This difference was not accounted for by manipulation or instrumentation.

Discussion

In clarification of differences and similarities between men and women's perceptions of mental health, this study was of value. It must be kept in mind, however, that the sample represented undergraduates in the S.E. Kansas area. Likewise generalizations to a

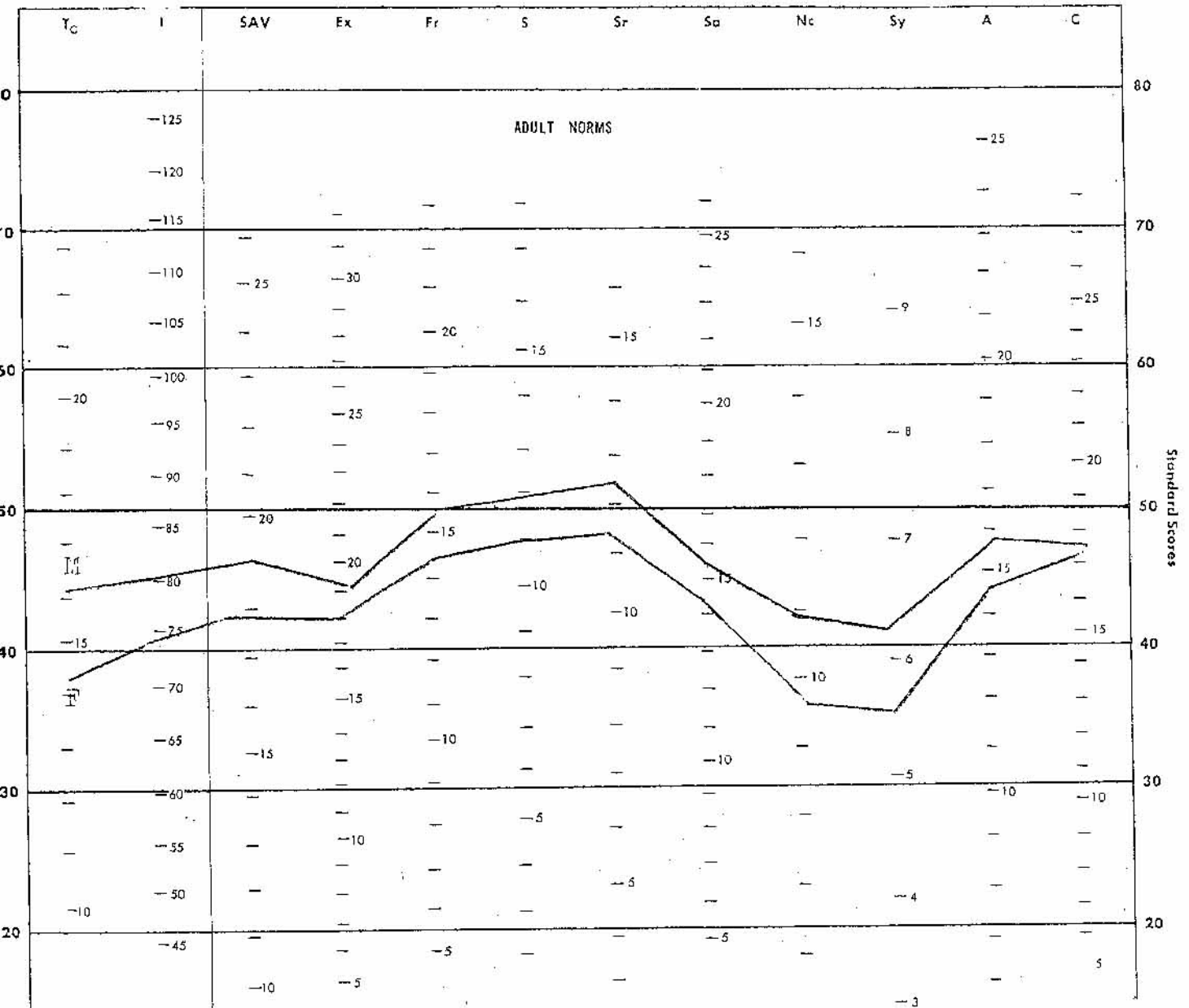
population of counselors, despite a percentage of counselors due to arise from the sample, are not inferrable. Limitations also extend to the age group which was sampled. Older samples may have differing values for and expectations of the mentally healthy adult.

#### Hypothesis 1

Previous research has shown that differences are present between a man's perception of a mentally healthy male and a mentally healthy female. Maslin & Davis (1975) and Broverman et al. (1970) both reported different standards for each sex as reported by males. Hypothesis 1 of the present study suggested the same phenomenon. Results showed that different standards of mental health for the two sexes were not kept by male subjects. When setting the alpha at 0.05, standards of the mentally healthy male are similar to those of the mentally healthy female. However, when plotting the differences linearly within each scale, an obvious trend appears. Figure 2 shows that men continuously rate the mentally healthy male higher than the mentally healthy female.

Although the individual differences failed to achieve statistical significance (0.07 vs. 0.05), the direction of each difference is as hypothesized. The differences which this data represent may be remnant of previously found significant differences. This also seems to conform to a trend toward less stereotyped perceptions over time as was suggested by Johnson & MacDonnell (1974), Smith (1974), and Almquist (1974) in regard to client and therapist sex and therapy outcome.





M = Male      F = Female

Figure 2: Comparison of Male and Female Instructions, Male Subjects

## Hypothesis 2

The tendency toward a difference is not as obvious when comparing a man's perception of a mentally healthy man to his perception of a mentally healthy person. Figure 3 illustrates this and lends support to Maslin & Davis who also found strong similarities between the mentally healthy man to his perception of a mentally healthy person.

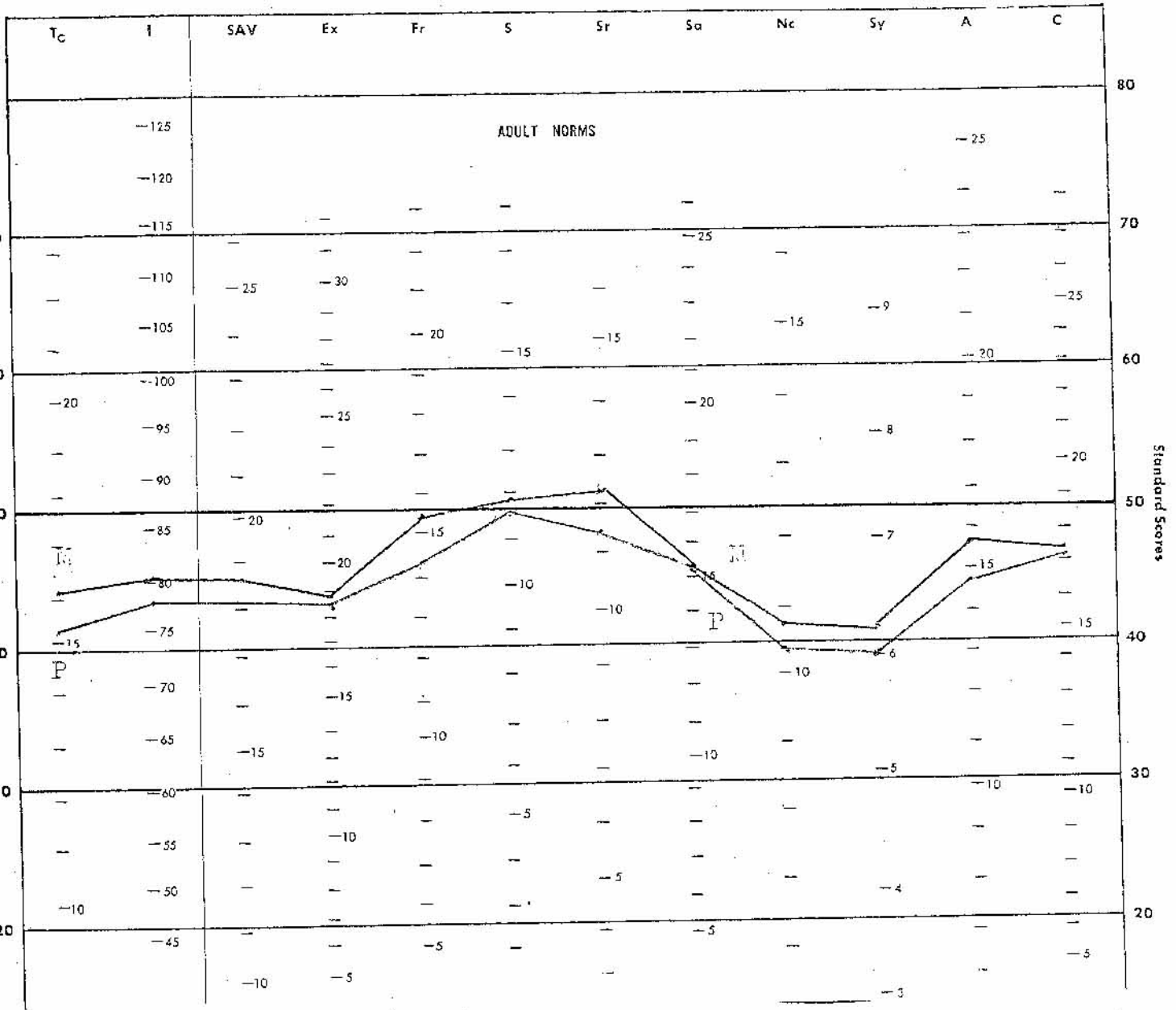
Statistics analysis suggested that there are no differences between what a man sees to be a mentally healthy man, woman, or person. They are synonymous despite gender and its' connotations.

## Hypothesis 3

Similar to the first two hypotheses, the third stated that female subjects would see no differences between the mentally healthy man, woman, or person. Figure 4 shows a similar trend to that exhibited by male subjects but it appears less pronounced. Females do not see a strong difference between the mentally healthy man and the mentally healthy woman. This again supports previous research where similarities were found between women's expectations for men and their expectations for themselves. Figure 5 compares women's perceptions of the mentally healthy man to their perception of the mentally healthy person. Again, as in Figure 3, no obvious differences are noticeable.

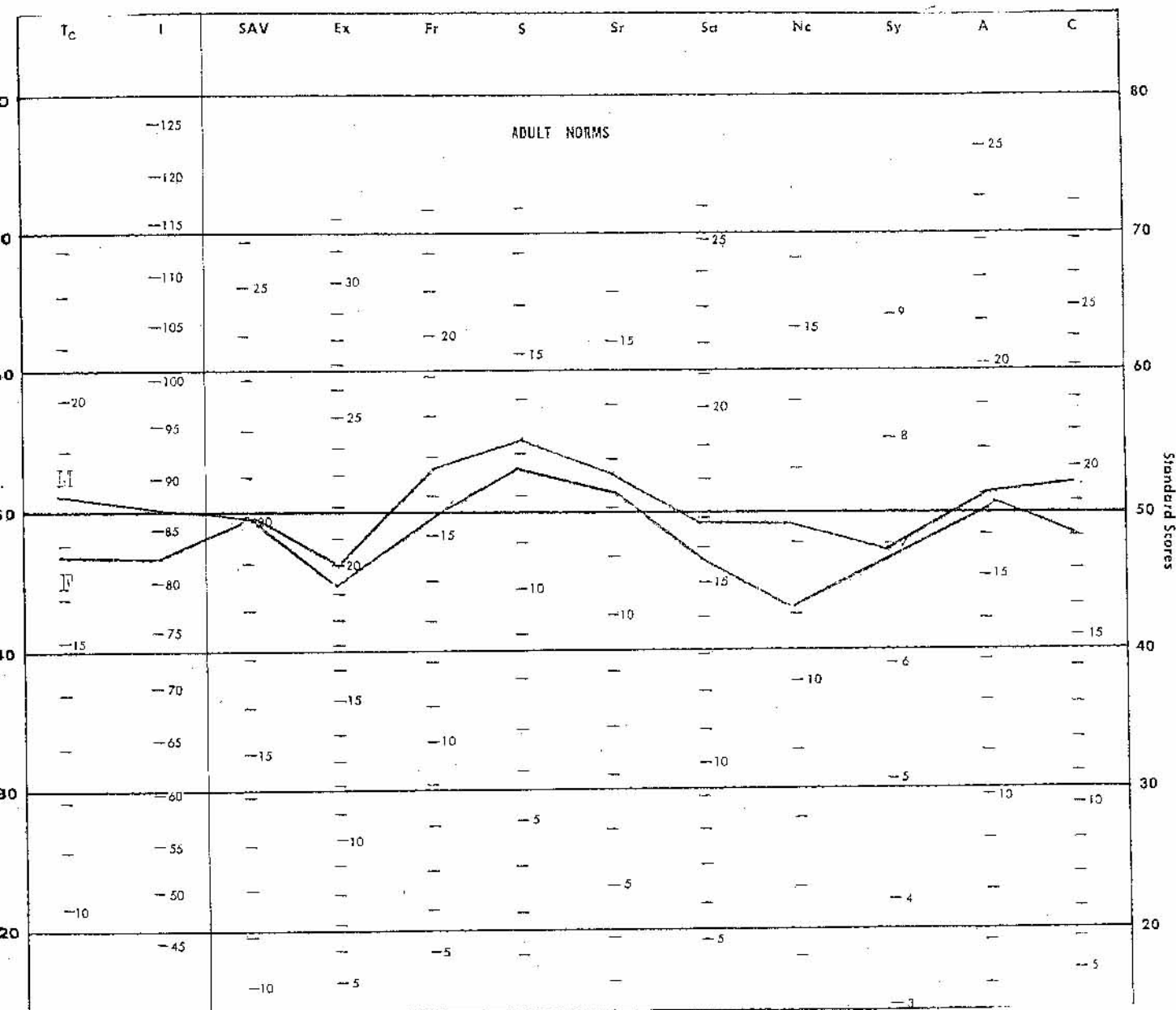
## Hypothesis 4

Table VI shows the differences between responses male and female subjects on all scales. It further shows individual differences between instruction-types. Hypothesis 4 predicted that the two major POI scales (Tc and I) would differentiate the male from the



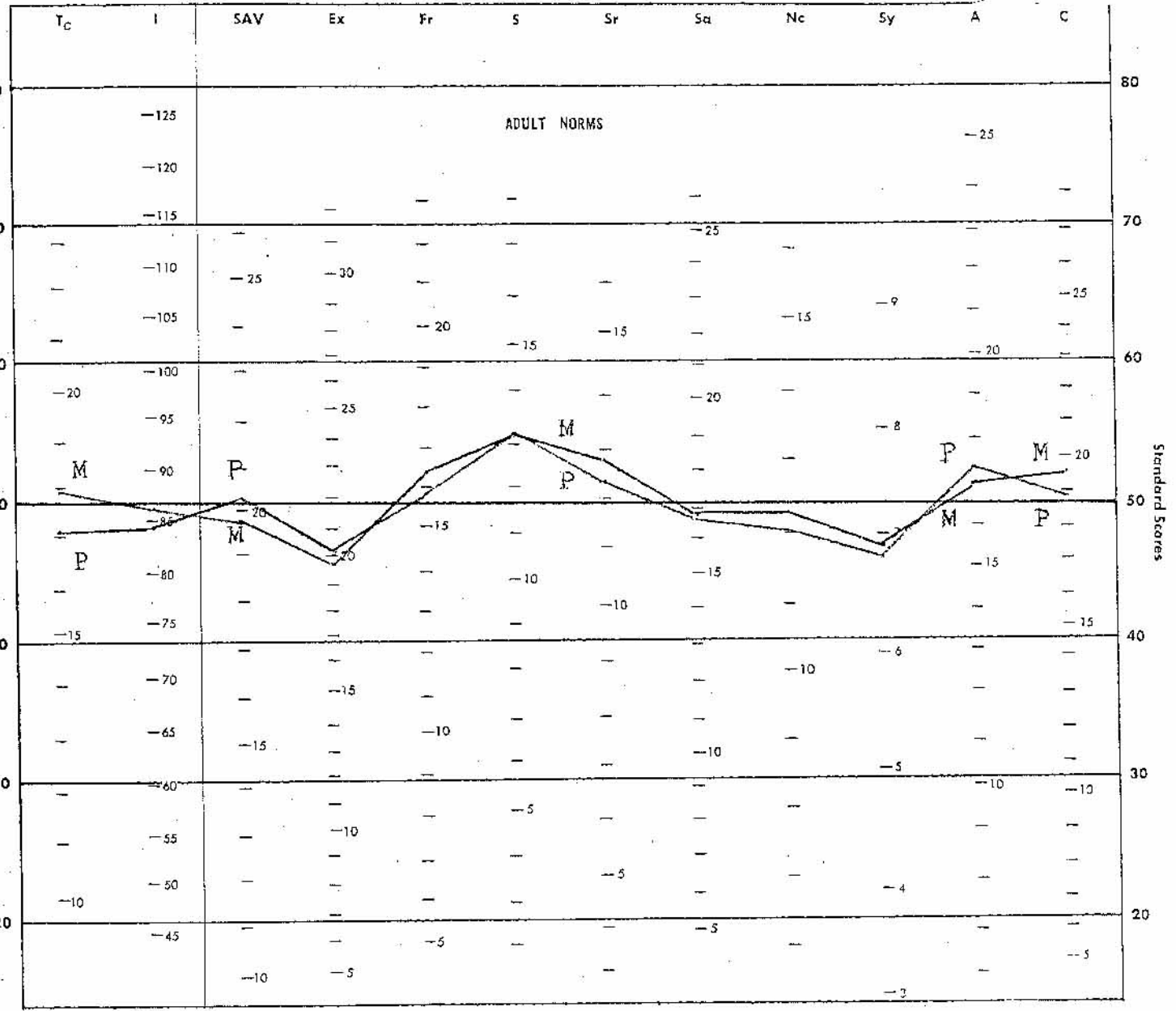
M = Male      P = Person

Figure 3: Comparison of Male and Person Instructions, Male Subjects



M = Male      F = Female

Figure 4: Comparison of Male and Female Instructions, Female Subjects



M = Male      P = Person

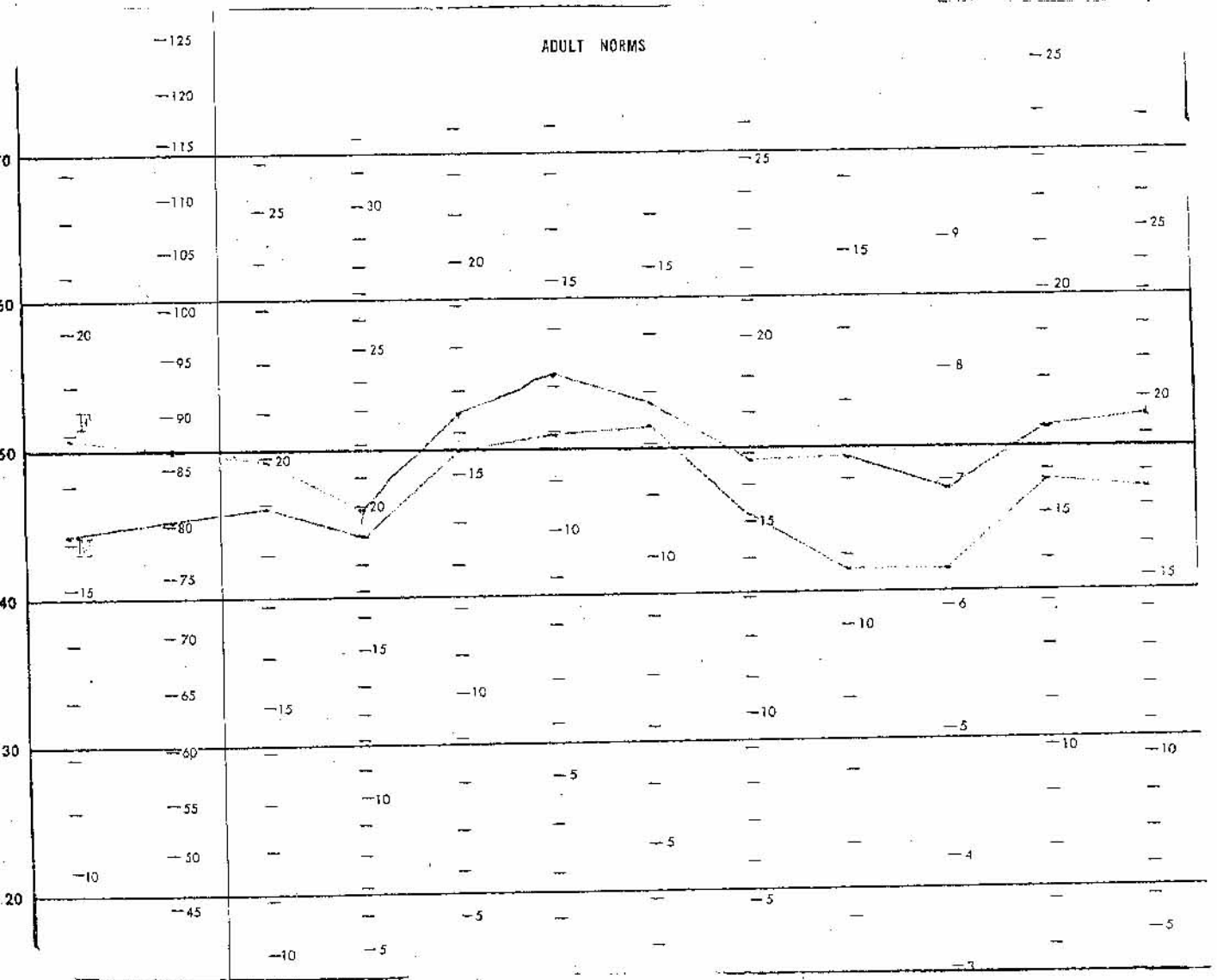
Figure 5: Comparison of Male and Person Instructions, Female Subjects

female subjects in each of the three instruction-types. This hypothesis was confirmed. It was not hypothesized that significant differences would exist within individual subscales because such predictions would be made only through personal values of the researcher.

#### Hypothesis 5

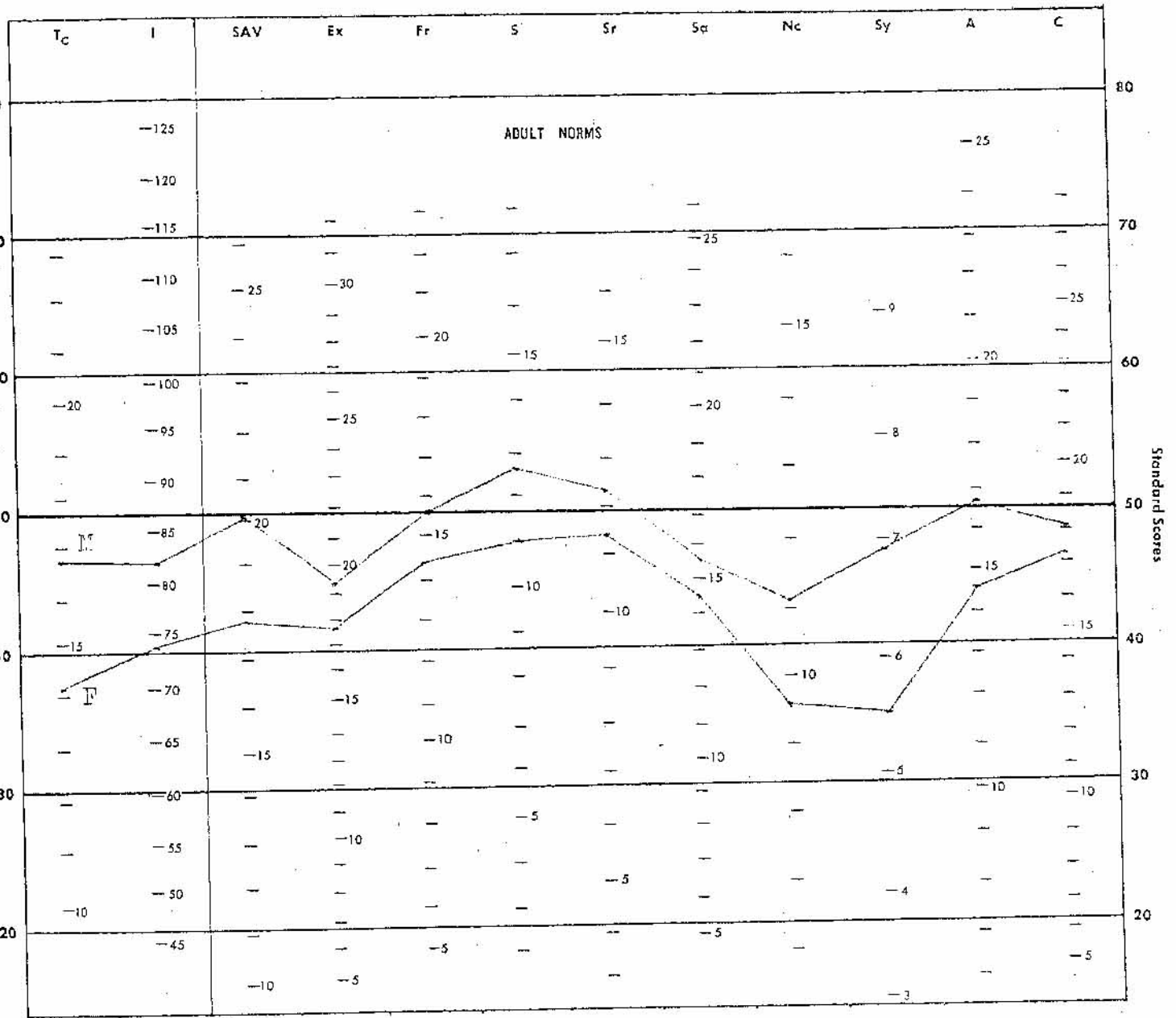
Since hypothesis 4 showed similarities between responses of males and females to mentally healthy persons as their responses to mentally healthy men and women, hypothesis 5 pooled all male responses and all female responses for more accurate means. When comparing these pooled responses on the subscales, men scored significantly lower than did women. This would account for the differences seen in Figures 6 and 7 which were partially analyzed as being non-significant. Figure 8 summarizes these differences theoretically by showing that the labels placed on Figures 6 and 7 (Male and Female Instruction-types) are independent of the illustrated differences. The differences in male instructions (Figure 6) and female instructions (Figure 7) are not attributable to these labels because the same differences were illustrated in Figure 8 with the absence of the male and female labels.

These results are, however, confounded by previous studies (see p. 35) which have found differences in scores for males and females on the unrevised POI. The differences found in hypothesis 5 cannot be attributed to inherent differences between male and female subjects yet this is a possibility. It may just as well be attributed to the differentiating qualities of the POI.



F = Female      M = Male

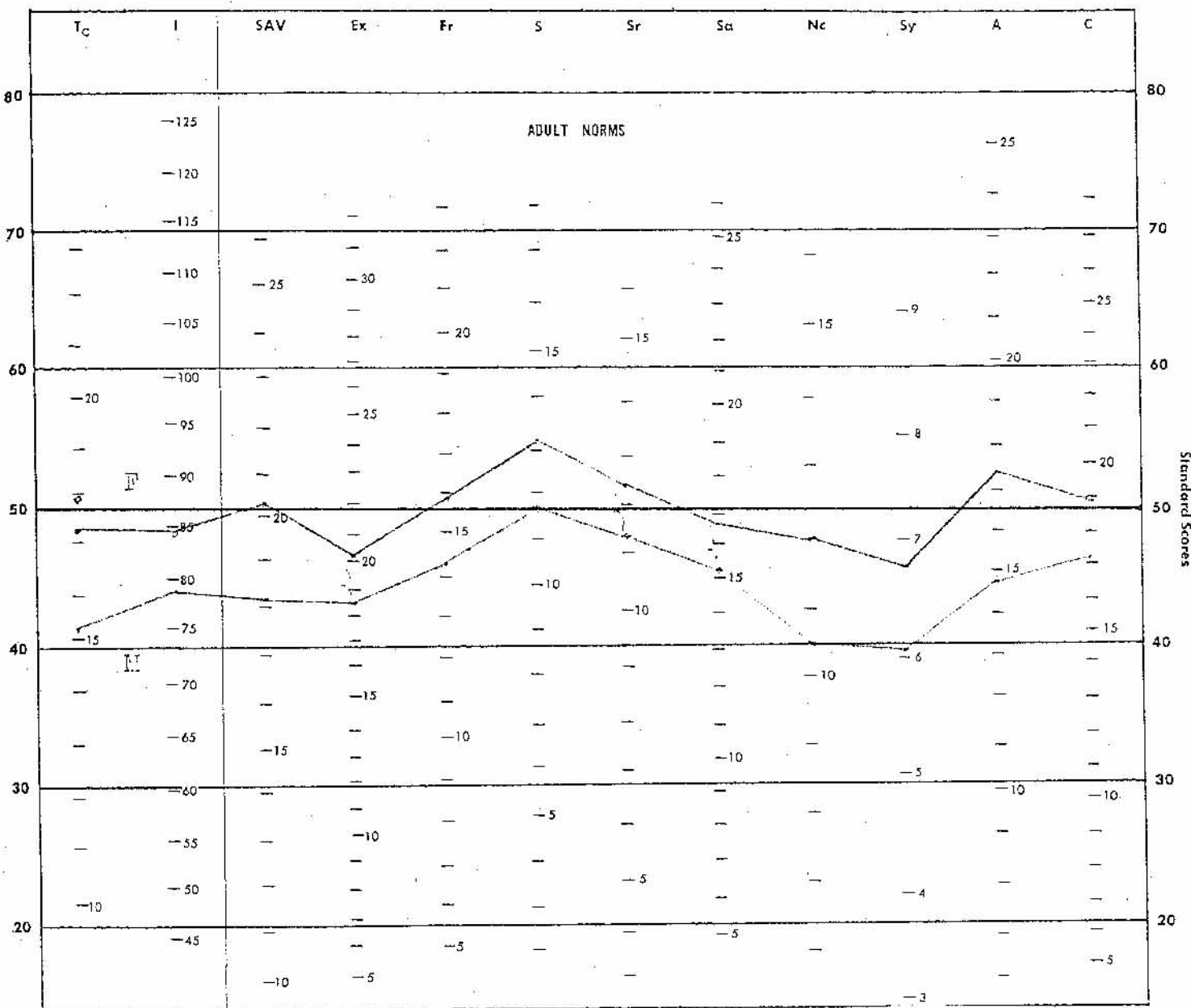
Figure 6: Comparison of Males and Female Subjects, Male Instructions



M = Male      F = Female

Figure 7: Comparison of Male and Female Subjects, Female Instructions





F = Female      M = Male

Figure 8: Comparison of Male and Female Subjects, Person Instructions

## CHAPTER V

### CONCLUSIONS

This study examined differences and similarities between men's and women's perception of mental health. The POI was revised to assess differences and similarities in examinee ratings. Undergraduates of both sexes were instructed to rate either a mentally healthy man, woman, or person (sex unspecified).

Hypothesis one showed that men failed to differentiate between a mentally healthy man and woman which failed to support previous research (Maslin & Davis, 1975; Broverman et al., 1970) but supported a trend towards equal ratings of sexes (Johnson & MacDonnell, 1974; Smith, 1974; Almquist, 1974). Hypotheses two and three showed the same consistency in men's/women's ratings of mentally healthy men/women and persons. Hypothesis four illustrated that a man's perception of mentally healthy men, women, and persons differed from a woman's perception on the two major scales (Tc & I) of the POI. Hypothesis five looked at the pooled scores for all males and females, ignoring differences in instructions, and found that men and women differed significantly in their perceptions of mental health.

In synthesizing the concepts brought about by the above hypotheses, two statements can be made:

1. Males and females do not hold sex-stereotyped expectations of the self-actualizing or mentally healthy person, male or female.

2. Women set a higher standard of mental health for persons, both male and female, than do men.

Confusion may arise when comparing the self-actualizing person from a woman's eyes to the same person from a man's eyes. Although the results could be distorted to suggest that...

1. A male will reach mental health sooner in the eyes of a man than in the eyes of a woman.
- or.. 2. A female will reach mental health sooner in the eyes of a man than in the eyes of a woman.

...this is not the case. The fact that there are different standards of mental health set by each sex is independent of the sex of the person being looked at, as substantiated by hypotheses 4 and 5, and illustrated by Figure 8.

The counseling process can serve as an example of the effects of differences in perceptions of mental health. Persons, Persons, & Newmark (1974) showed a number of positive attitudes between client and counselor when they were of the same sex. If a counselor has the added ability to experience similarly, client satisfaction may increase. As noted by Howard, Orlinsky, & Hill (1970), clients were most satisfied when they could identify with their therapist. If a client goes into therapy with a counselor who perceives mental health the same way, there may be more mutual agreement and satisfaction in regard to termination and success.

Carter (1971) said that women are naturally good therapists before they begin graduate training. Hill (1975) supported this by reporting that clients were more satisfied when the counselor was female.

Since the majority of clients are female (A.P.A., 1975) this again suggests that successful therapy is more conducive to same-sex pairings of counselor and client.

Perhaps the idea of a unisex society and total equality, physical and psychological, is not as ideal as it is touted in the media. Some stereotyping by sex has recently tended to decrease, and despite remnants possibly displayed in the present study's results, it will probably continue to do so. In the example of counseling stereotyping has both sides represented in its professional literature. Recent studies showed little evidence of stereotyping by counselors and it is hypothesized that there will be even less in the future.

Recommendations for future research. As recommended by the American Psychological Association (1975), research can bring areas of sex-stereotyping to counselors' attention and suggest personal evaluative measures.

It is suggested that future research be conducted to clarify the causes and effects of sex-role stereotyping in the helping professions by the following recommendations:

1. Replication of this study using differences between male and female scores on the POI as a covariate.
2. Assessment of the causes behind findings in sex-role stereotyping, especially the socialization process and in educational settings.
3. Assessment of the effects, both + and -, of sex-role stereotyping on the counseling process.
4. Methods for increasing or decreasing sex-role stereotyping consistent with its effects.

5. Investigating areas yet unexplored where differences may exist between sexes and the implications of possible differences to the helping professions.

6. Devising instruments which are not inherently biased to measure the above areas of recommendation.

#### Summary

While there is no perceived difference between a mentally healthy man and a mentally healthy woman as perceived by either males or females, women do set a higher standard of mental health than do men, but only as measured by the POI. These two conclusions have suggested answers to a number of questions raised by previous literature.

## APPENDIX A

# PERSONAL ORIENTATION INVENTORY

revised

## DIRECTIONS

This inventory consists of pairs of numbered statements. Read each statement and decide which of the two paired statements most consistently applies to mentally healthy or self-actualized persons.

Self-actualized persons are those who are more fully functioning and live more enriched lives than average persons. Such individuals are seen as developing and utilizing all of their unique capabilities or potentialities, free of the inhibitions and turmoil of the less actualized.

You are to mark your answers on the answer sheet you have. If the first statement of the pair is true or mostly true as applied to mentally healthy persons, blacken between the lines in the column headed "a." If the second statement of the pair is true or mostly true as applied to mentally healthy persons, blacken between the lines in the column headed "b." If neither statement applies to mentally healthy persons, or if they refer to something you don't know about, make no answer on the answer sheet. Remember to give your own opinion. Do not leave any blank spaces if you can avoid it.

In marking your answer sheet, be sure that the number of the statement agrees with the number on the answer sheet. Make your marks heavy and black. Erase completely any answer you wish to change. Do not make any marks on this booklet.

Before you begin the inventory, be sure to put your age and sex in the space provided on the answer sheet.

NOW OPEN THE BOOKLET AND START WITH QUESTION 1.

## PERSONAL ORIENTATION INVENTORY

revised

## DIRECTIONS

This inventory consists of pairs of numbered statements. Read each statement and decide which of the two paired statements most consistently applies to mentally healthy men.

Self-actualized men are those who are more fully functioning and live more enriched lives than average persons. Such individuals are seen as developing and utilizing all of their unique capabilities or potentialities, free from the inhibitions and turmoil of the less actualized.

You are to mark your answers on the answer sheet you have. If the first statement of the pair is true or mostly true as applied to mentally healthy men, blacken between the lines in the column headed "a." If the second statement of the pair is true or mostly true as applied to mentally healthy men, blacken between the lines in the column headed "b." If neither statement applies to mentally healthy men, or if they refer to something you don't know about, make no answer on the answer sheet. Remember to give your own opinion. Do not leave any blank spaces if you can avoid it.

In marking your answer sheet, be sure that the number of the statement agrees with the number on the answer sheet. Make your marks heavy and black. Erase completely any answer you wish to change. Do not make any marks on this booklet.

Before you begin the inventory, be sure to put your age and sex in the space provided on the answer sheet.

NOW OPEN THE BOOKLET AND BEGIN WITH QUESTION 1.



## PERSONAL ORIENTATION INVENTORY

revised

## DIRECTIONS

This inventory consists of pairs of numbered statements. Read each statement and decide which of the two paired statements most consistently applies to mentally healthy or self-actualized women.

Self-actualized women are those who are more fully functioning and live more enriched lives than average persons. Such individuals are seen as developing and utilizing a-1 of their unique capabilities or potentialities, free from the inhibitions and turmoil of the less actualized.

You are to mark your answers on the answer sheet you have. If the first statement of the pair is true or mostly true as applied to mentally healthy women, blacken between lines in the column headed "a." If the second statement of the pair is true or mostly true as applied to mentally healthy women, blacken between the lines in the column headed "b." If neither statement applies to mentally healthy women, or if they refer to something you don't know about, make no answer on the answer sheet. Remember to give your own opinion. Do not leave any blank spaces if you can avoid it.

In marking your answer sheet, be sure that the number of the statement agrees with the number on the answer sheet. Make your marks heavy and black. Erase completely any answer you wish to change. Do not make any marks on this booklet.

Before you begin the inventory, be sure to put your age and sex in the space provided on the answer sheet.

NOW OPEN THE BOOKLET AND BEGIN WITH QUESTION 1.

APPENDIX B

1. a. They are bound by the principle of fairness.  
b. They are not absolutely bound by the principles of fairness.
2. a. When a friend does them a favor, they feel that they must return it.  
b. When a friend does them a favor, they do not feel that they must return it.
3. a. They feel they must always tell the truth.  
b. They do not always tell the truth.
4. a. No matter how hard they try, their feelings are often hurt.  
b. If they manage the situation right, they can avoid being hurt.
5. a. They feel that they must strive for perfection in everything that they undertake.  
b. They do not feel that they must strive for perfection in everything that they undertake.
6. a. They often make their decisions spontaneously.  
b. They seldom make their decisions spontaneously.
7. a. They are afraid to be themselves.  
b. They are not afraid to be themselves.
8. a. They feel obligated when a stranger does them a favor.  
b. They do not feel obligated when a stranger does them a favor.
9. a. They feel that they have a right to expect others to do what they want others to do.  
b. They do not feel that they have a right to expect others to do what they want others to do.
10. a. They live by values which are in agreement with others.  
b. They live by values which are primarily based on their own feelings.
11. a. They are concerned with self-improvement at all times.  
b. They are not concerned with self-improvement at all times.
12. a. They feel guilty when they are selfish.  
b. They don't feel guilty when they are selfish.
13. a. They have no objection to getting angry.  
b. Anger is something they try to avoid.
14. a. For them, anything is possible if they believe in themselves.  
b. They have a lot of natural limitations even though they believe in themselves.
15. a. They put others' interests before their own.  
b. They do not put others' interests before their own.

16. a. They sometimes feel embarrassed by compliments.  
b. They are not embarrassed by compliments.
17. a. They believe it is important to accept others as they are.  
b. They believe it is important to understand why others are as they are.
18. a. They can put off until tomorrow what they ought to do today.  
b. They don't put off until tomorrow what they ought to do today.
19. a. They can give without requiring the other person to appreciate what they give.  
b. They have a right to expect the other person to appreciate what they give.
20. a. Their moral values are dictated by society.  
b. Their moral values are self-determined.
21. a. They do what others expect of them.  
b. They feel free to not do what others expect of them.
22. a. They accept their weaknesses.  
b. They don't accept their weaknesses.
23. a. In order to grow emotionally, it is necessary to know why they act as they do.  
b. In order to grow emotionally, it isn't necessary to know why they act as they do.
24. a. Sometimes they are cross when they are not feeling well.  
b. They are hardly ever cross.
25. a. It is necessary that others approve of what they do.  
b. It is not always necessary that others approve of what they do.
26. a. They are afraid of making mistakes.  
b. They are not afraid of making mistakes.
27. a. They trust the decisions they make spontaneously.  
b. They do not trust the decisions they make spontaneously.
28. a. Their feelings of self-worth depend on how much they accomplish.  
b. Their feelings of self-worth do not depend on how much they accomplish.
29. a. They fear failure.  
b. They don't fear failure.
30. a. Their moral values are determined, for the most part, by the thoughts, feelings, and decisions of others.  
b. Their moral values are not determined, for the most part, by the thoughts, feelings, and decisions of others.

31. a. It is impossible to live life in terms of what they want to do.  
b. It is not impossible to live life in terms of what they want to do.
32. a. They can cope with the ups and downs of life.  
b. They cannot cope with the ups and downs of life.
33. a. They believe in saying what they feel in dealing with others.  
b. They do not believe in saying what they feel in dealings with others.
34. a. They think that children do not have the same rights and privileges as adults and children should realize this.  
b. They think that it is not important to make an issue of rights and privileges.
35. a. They can "stick their neck out" in their relations with others.  
b. They avoid "sticking their neck out" in their relations with others.
36. a. They believe the pursuit of self-interest is opposed to interest in others.  
b. They believe the pursuit of self-interest is not opposed to interest in others.
37. a. They find that they have rejected many of the moral values they were taught.  
b. They have not rejected any of the moral values they were taught.
39. a. They live in terms of their wants, likes, dislikes, and values.  
b. They do not live in terms of their wants, likes, dislikes, and values.
40. a. They believe they have an innate capacity to cope with life.  
b. They do not believe they have an innate capacity to cope with life.
41. a. They must justify their actions in the pursuit of their own interests.  
b. They need not justify their actions in the pursuit of their own interests.
42. a. They are bothered by fears of being inadequate.  
b. They are not bothered by fears of being inadequate.
43. a. They believe that man is essentially good and can be trusted.  
b. They believe that man is essentially evil and cannot be trusted.
44. a. They live by the rules and standards of society.  
b. They do not always need to live by the rules and standards of society.
45. a. They are bound by their duties and obligations to others.  
b. They are not bound by their duties and obligations to others.
46. a. Reasons are needed to justify their feelings.  
b. Reasons are not needed to justify their feelings.

47. a. There are times when just being silent is the best way they can express their feelings.  
b. They find it difficult to express their feelings by just being silent.
48. a. They often feel it necessary to defend their past actions.  
b. They do not feel it necessary to defend their past actions.
49. a. They like everyone they know.  
b. They do not like everyone they know.
50. a. Criticism threatens their self-esteem.  
b. Criticism does not threaten their self-esteem.
51. a. They believe that knowledge of what is right makes people act right.  
b. They do not believe that knowledge of what is right makes people act right.
52. a. They are afraid to be angry at those they love.  
b. They feel free to be angry at those they love.
53. a. Their basic responsibility is to be aware of their own needs.  
b. Their basic responsibility is to be aware of others' needs.
54. a. They think that impressing others is most important.  
b. They think that expressing themselves is most important.
55. a. To feel right, they need always to please others.  
b. They can feel right without always having to please others.
56. a. They will risk a friendship in order to say or do what they believe is right.  
b. They will not risk a friendship just to say or do what is right.
57. a. They feel bound to keep the promises they make.  
b. They do not always feel bound to keep the promises they make.
58. a. They must avoid sorrow at all costs.  
b. It is not necessary for them to avoid sorrow.
59. a. They strive always to predict what will happen in the future.  
b. They do not feel it necessary to predict what will happen in the future.
60. a. It is important that others accept their point of view.  
b. It is not necessary for others to accept their point of view.
61. a. They only feel free to express warm feelings to their friends.  
b. They feel free to express both warm and hostile feelings to their friends.
62. a. They think that there are many times when it is more important to express feelings than to carefully evaluate the situation.  
b. They think that there are very few times when it is more important to express feelings than to carefully evaluate the situation.

63. a. They welcome criticism as an opportunity for growth.  
b. They do not welcome criticism as an opportunity for growth.
64. a. They think that appearances are all-important.  
b. They think that appearances are not terribly important.
65. a. They hardly ever gossip.  
b. They gossip a little at times.
66. a. They feel free to reveal their weaknesses among friends.  
b. They do not feel free to reveal their weaknesses among friends.
67. a. They should always assume responsibility for other people's feelings.  
b. They need not always assume responsibility for other people's feelings.
68. a. They feel free to be themselves and bear the consequences.  
b. They do not feel free to be themselves and bear the consequences.
69. a. They already know all they need to know about their feelings.  
b. As life goes on, they continue to know more and more about their feelings.
70. a. They hesitate to show their weaknesses among strangers.  
b. They do not hesitate to show their weaknesses among strangers.
71. a. They will continue to grow only by setting their sights on a high-level, socially approved goal.  
b. They will continue to grow best by being themselves.
72. a. They accept inconsistencies within themselves.  
b. They cannot accept inconsistencies within themselves.
73. a. They think that man is naturally cooperative.  
b. They think that man is naturally antagonistic.
74. a. They don't mind laughing at a dirty joke.  
b. They hardly ever laugh at a dirty joke.
75. a. They think that happiness is a by-product in human relationships.  
b. They think that happiness is an end in human relationships.
76. a. They only feel free to show friendly feelings to strangers.  
b. They feel free to show both friendly and unfriendly feelings to strangers.
77. a. They try to be sincere but sometimes fail.  
b. They try to be sincere and they are sincere.
78. a. They think that self-interest is natural.  
b. They think that self-interest is unnatural.

79. a. They think that a neutral party can measure a happy relationship by observation.  
b. They think that a neutral party cannot measure a happy relationship by observation.
80. a. For them, work and play are the same.  
b. For them, work and play are opposites.
81. a. They think that two people will get along best if each concentrates on pleasing the other.  
b. They think that two people can get along best if each person feels free to express himself.
82. a. They have feelings of resentment about things that are past.  
b. They do not have feelings of resentment about things that are past.
83. a. They only like masculine men and feminine women.  
b. They like men and women who show masculinity as well as femininity.
84. a. They actively attempt to avoid embarrassment whenever they can.  
b. They do not actively attempt to avoid embarrassment.
85. a. They blame their parents for a lot of their troubles.  
b. They do not blame their parents for their troubles.
86. a. They feel that a person should be silly only at the right time and place.  
b. They can be silly when they feel like it.
87. a. They think people should always repent their wrong-doings.  
b. They think people need not always repent their wrong-doings.
88. a. They worry about the future.  
b. They do not worry about the future.
89. a. They think kindness and ruthlessness must be opposites.  
b. They think kindness and ruthlessness need not be opposites.
90. a. They prefer to save good things for future use.  
b. They prefer to use good things now.
91. a. They think that people should always control their anger.  
b. They think that people should express honestly-fely anger.
92. a. They think the truly spiritual man is sometimes sensual.  
b. They think the truly spiritual man is never sensual.
93. a. They are able to express their feelings even when they sometimes result in undesirable consequences.  
b. They are unable to express their feelings if they are likely to result in undesirable consequences.
94. a. They are often ashamed of some of the emotions that they feel bubbling up within themselves.  
b. They do not feel ashamed of their emotions.



95. a. They have had ecstatic or mysterious experiences.  
b. They have never had ecstatic or mysterious experiences.
96. a. They are orthodoxly religious.  
b. They are not orthodoxly religious.
97. a. They are completely free of guilt.  
b. They are not free of guilt.
98. a. They have a problem in fusing sex and love.  
b. They have no problem in fusing sex and love.
99. a. They enjoy detachment and privacy.  
b. They do not enjoy detachment and privacy.
100. a. They feel dedicated to their work.  
b. They do not feel dedicated to their work.
101. a. They can express affection regardless of whether it is returned.  
b. They cannot express affection unless they are sure it will be returned.
102. a. They think that living for the future is as important as living for the moment.  
b. They think that only living for the moment is important.
103. a. They think it is better to be yourself.  
b. They think that it is better to be popular.
104. a. They think that wishing and imagining can be bad.  
b. They think that wishing and imagining are always good.
105. a. They spend more time preparing to live.  
b. They spend more time actually living.
106. a. They are loved because they give love.  
b. They are loved because they are lovable.
107. a. When they really love themselves everybody will love them.  
b. When they really love themselves, there will still be those who won't love them.
108. a. They can let other people control them.  
b. They can let other people control them if they are sure others will not continue to control them.
109. a. People sometimes annoy them.  
b. People do not annoy them.
110. a. They think living for the future gives their life its primary meaning.  
b. Only when living for the future ties into living for the present does their life have meaning.

111. a. They follow diligently the motto, "Don't waste your time."  
b. They don't feel bound by the motto, "Don't waste your time."
112. a. What they have been in the past dictates the kind of person they will be.  
b. What they have been in the past does not necessarily dictate the kind of person they will be.
113. a. It is important to them how they live in the here and now.  
b. It is of little importance to them how they live in the here and now.
114. a. They have had an experience where life seemed just perfect.  
b. They have never had an experience where life seemed just perfect.
115. a. They think evil is the result of frustration in trying to be good.  
b. They think evil is an intrinsic part of human nature which fights good.
116. a. They think a person can completely change his essential nature.  
b. They think a person can never change his essential nature.
117. a. They are afraid to be tender.  
b. They are not afraid to be tender.
118. a. They are assertive and affirming.  
b. They are not assertive and affirming.
119. a. They think women should be trusting and yielding.  
b. They think women should not be trusting and yielding.
120. a. They see themselves as others see them.  
b. They do not see themselves as others see them.
121. a. They think it is a good idea to think about their greatest potential.  
b. They think that a person who thinks about his greatest potential gets conceited.
122. a. They think men should be assertive and affirming.  
b. They think men should not be assertive and affirming.
123. a. They are able to risk being themselves.  
b. They are not able to risk being themselves.
124. a. They feel the need to be doing something significant all of the time.  
b. They do not feel the need to be doing something significant all of the time.
125. a. They suffer from memories.  
b. They do not suffer from memories.

126. a. They think that men and women should be both yielding and assertive.  
b. They think that men and women must not be both yielding and assertive.
127. a. They like to participate actively in intense discussions.  
b. They do not like to participate actively in intense discussions.
128. a. They are self-sufficient.  
b. They are not self-sufficient.
129. a. They like to withdraw from others for extended periods of time.  
b. They do not like to withdraw from others for extended periods of time.
130. a. They always play fair.  
b. Sometimes they cheat a little.
131. a. Sometimes they feel so angry that want to destroy or hurt others.  
b. They never feel so angry that they want to destroy or hurt others.
132. a. They feel certain and secure in their relationships with others.  
b. They feel uncertain and insecure in their relationships with others.
133. a. They like to withdraw temporarily from others.  
b. They do not like to withdraw temporarily from others.
134. a. They can accept their mistakes.  
b. They cannot accept their mistakes.
135. a. They find some people who are stupid and uninteresting.  
b. They never find any people who are stupid and uninteresting.
136. a. They regret their past.  
b. They do not regret their past.
137. a. Being themselves is helpful to others.  
b. Just being themselves is not helpful to others.
138. a. They have had moments of intense happiness when they felt like they were experiencing a kind of ecstasy or bliss.  
b. They have not had moments of intense happiness when they felt like they were experiencing a kind of bliss.
139. a. They think that people have an instinct for evil.  
b. They think that people do not have an instinct for evil.
140. a. For them, the future usually seems hopeful.  
b. For them, the future often seems hopeless.
141. a. They think that people are both good and evil.  
b. They think that people are not both good and evil.
142. a. Their past is a stepping stone for the future.  
b. Their past is a handicap to their future.

143. a. "Killing time" is a problem for them  
b. "Killing time" is not a problem for them.
144. a. For them, past, present and future is in meaningful continuity.  
b. For them, the present is an island, unrelated to the past and future.
145. a. Their hope for the future depends on having friends.  
b. Their hope for the future does not depend on having friends.
146. a. They can like people without having to approve of them.  
b. They cannot like people unless they also approve of them.
147. a. They think that people are basically good.  
b. They think that people are not basically good.
148. a. They think honesty is always the best policy.  
b. There are times when they think honesty is not the best policy.
149. a. They can feel comfortable with less than a perfect performance.  
b. They feel uncomfortable with anything less than a perfect performance.
150. a. They can overcome every obstacle as long as they believe in themselves.  
b. They cannot overcome every obstacle even if they believe in themselves.

PUT YOUR ANSWER SHEET INSIDE THE TEST BOOKLET

PLEASE HAND IN YOUR BOOKLET

APPENDIX C

1	A	B	2	A	B	3	A	B	4	A	B
5	A	B	6	A	B	7	A	B	8	A	B
9	A	B	10	A	B	11	A	B	12	A	B
13	A	B	14	A	B	15	A	B	16	A	B
17	A	B	18	A	B	19	A	B	20	A	B
21	A	B	22	A	B	23	A	B	24	A	B
25	A	B	26	A	B	27	A	B	28	A	B
29	A	B	30	A	B	31	A	B	32	A	B
33	A	B	34	A	B	35	A	B	36	A	B
37	A	B	38	A	B	39	A	B	40	A	B
41	A	B	42	A	B	43	A	B	44	A	B
45	A	B	46	A	B	47	A	B	48	A	B
49	A	B	50	A	B	51	A	B	52	A	B
53	A	B	54	A	B	55	A	B	56	A	B
57	A	B	58	A	B	59	A	B	60	A	B
61	A	B	62	A	B	63	A	B	64	A	B
65	A	B	66	A	B	67	A	B	68	A	B
69	A	B	70	A	B	71	A	B	72	A	B
73	A	B	74	A	B	75	A	B	76	A	B
77	A	B	78	A	B	79	A	B	80	A	B
81	A	B	82	A	B	83	A	B	84	A	B
85	A	B	86	A	B	87	A	B	88	A	B
89	A	B	90	A	B	91	A	B	92	A	B
93	A	B	94	A	B	95	A	B	96	A	B
97	A	B	98	A	B	99	A	B	100	A	B
101	A	B	102	A	B	103	A	B	104	A	B
105	A	B	106	A	B	107	A	B	108	A	B
109	A	B	110	A	B	111	A	B	112	A	B
113	A	B	114	A	B	115	A	B	116	A	B
117	A	B	118	A	B	119	A	B	120	A	B
121	A	B	122	A	B	123	A	B	124	A	B
125	A	B	126	A	B	127	A	B	128	A	B
129	A	B	130	A	B	131	A	B	132	A	B
133	A	B	134	A	B	135	A	B	136	A	B
137	A	B	138	A	B	139	A	B	140	A	B
141	A	B	142	A	B	143	A	B	144	A	B
145	A	B	146	A	B	147	A	B	148	A	B
149	A	B	150	A	B						

APPENDIX D

## MEANS AND STANDARD DEVIATIONS OF EACH GROUP BY SCALE

Group	Scale	Mean	SD	Group	Scale	Mean	SD
A	Tc	6.85	3.55	C	Tc	14.32	3.99
	I	80.12	12.90		I	73.84	15.25
	SAV	18.88	3.85		SAV	17.84	3.53
	Ex	18.97	4.86		Ex	17.68	4.48
	Fr	15.43	2.78		Fr	14.39	2.87
	S	11.88	2.84		S	11.00	4.52
	Sr	12.33	2.18		Sr	11.39	2.86
	Sa	15.21	3.76		Sa	14.45	3.70
	Nc	19.85	2.76		Nc	9.74	2.86
	Sy	6.30	1.98		Sy	5.61	1.76
A	15.85	3.12	A	14.65	3.95		
C	17.45	4.76	C	17.23	3.56		
E	Tc	15.21	4.16	B	Tc	17.87	3.17
	I	78.03	14.21		I	86.94	12.08
	SAV	18.09	4.47		SAV	19.85	3.38
	Ex	18.48	4.48		Ex	19.89	4.12
	Fr	14.27	2.89		Fr	16.38	2.59
	S	11.70	2.69		S	13.19	2.59
	Sr	11.39	2.84		Sr	12.79	2.26
	Sa	15.15	4.02		Sa	16.79	3.46
	Nc	10.36	2.52		Nc	12.30	1.90
	Sy	6.09	1.68		Sy	6.89	1.72
A	14.82	3.53	A	17.02	3.40		
C	17.12	3.10	C	19.57	3.41		
D	Tc	16.85	3.76	F	Tc	17.18	3.36
	I	83.00	14.80		I	84.64	13.69
	SAV	20.07	3.42		SAV	20.34	2.90
	Ex	19.43	5.74		Ex	20.09	5.05
	Fr	15.70	3.08		Fr	15.89	3.11
	S	12.72	2.89		S	13.25	2.73
	Sr	12.28	2.68		Sr	12.39	1.90
	Sa	15.59	4.19		Sa	16.66	3.89
	Nc	11.15	2.34		Nc	12.02	2.12
	Sy	6.89	1.72		Sy	6.84	1.86
A	16.70	3.46	A	17.43	3.55		
C	18.09	5.09	C	18.89	3.67		



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