AN ABSTRACT OF THE THESIS OF


Title: A Study of Counselor Trainees on the Variables of Self-Concept, Gender, Styles of Counseling, and Choice of Family Therapy as a Specialty

Abstract Approved: ___________________________

Gerald Becker

The aim of this study was to determine whether counselors in training chose various specialties due to their level of self-concept, counseling style, and gender. It was hypothesized that there would be a significant difference in self-concepts, counseling styles, and gender between individuals who chose family counseling and those who chose other specialties in Counselor Education. Self-concept was assessed by the Tennessee Self-Concept Scale (TSCS) and counseling styles by the Counseling Orientation Scale (COS). The Texas Social Behavior Inventory (TSBI) was correlated with the TSCS for 23 subjects at one college and a positive correlation was found. The sample was drawn from two public and one private college counselor training centers in the Northwest. This sample was composed of 51 graduate master students (n=51).
specializing in family counseling and 57 graduate master students (n=57) drawn from other specialties in counseling from the three institutions. Results of those who chose family counseling were compared to those who chose all other counseling specialties. An analysis of variance of self-concept and counseling styles scores compared the two groups. There was no significant difference in the overall self-concept scores nor in counseling styles of the two groups. Significant differences did exist at the .05 level on two of the self-concept sub-scales (R-1, Identity, and C-4, Family Self). The mean self-concept scores of the other specialties were higher than the mean self-concept scores for family counseling on both sub-scales. There was no difference in counseling styles. A Chi-Square analysis revealed no significant sex difference between the two groups. The fact that these sub-scales indicated a lower self-concept for family counseling specialties and no differences in counseling styles highlights the need for future research which may help counselor educators select students into family counseling based on adequate self-concepts and appropriate counseling styles conducive to successful family counseling. As it stands, the findings of the
study that trainees with relatively low self-concept and/or a preference for non-directive counseling styles are at variance with the literature associated with successful family counseling and have implications for future selection of practitioners into family counseling specialties.
A Study of Counselor Trainees on the Variables of Self-Concept, Gender, Styles of Counseling, and Choice of Family Therapy as a Specialty

by

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Typed by Tracy McClintock for David M. Eden
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A STUDY OF COUNSELOR TRAINEES ON THE VARIABLES OF SELF-CONCEPT, GENDER, STYLES OF COUNSELING, AND CHOICE OF FAMILY THERAPY AS A SPECIALTY

I. INTRODUCTION

The aim of this study is to determine whether counselors in training select themselves into various specialties due to their own levels of self-concept. Do personality traits influence the choice of specialties of counselors in training? In particular, do those counselors who choose to specialize in family counseling differ from their fellow students on self-concept, feelings of competence, and personal efficacy?

In particular the field of Family Therapy as a specialty area of counseling will be examined to better understand students who choose to work with families and to learn more about their self-concept. Other specialty areas will be looked at, but the primary aim of this research is to determine the levels of the self-concept of those who choose the specialty of family therapy. It is suggested that there may be a relationship between the self concept of these students and their choice of family therapy as a specialty. It is further postulated that these students who choose family therapy as a specialty may have a more positive self-concept level.
The things a man does voluntarily, and in some cases involuntarily, depend upon the assumptions he makes about the kind of a person he is. (Shibutani, 1961, p. 215)

Combs et al. (1971) indicate that since individuals' self-concepts influence everything they do, it is very important that the counselor become acquainted with how self-concept affects us.

In a review of the family therapy research literature, Gurman and Kniskern (1978) cite a family therapist's experience level, therapy structuring skills, and relationship skills as factors which influence the outcome of family therapy. Of these three factors, the latter two are potentially teachable. The apparent importance of therapist relationship skills for family therapy outcome leads logically and directly to a consideration of criteria for the selection of family therapy trainees. A considerable amount of research has been devoted to assessing the outcome of family therapy (Gurman & Kniskern, 1978; Wells, Dilkes & Trivelli, 1972; Wells & Dezen, 1978). Gurman and Kniskern (1978) alone have presented the most comprehensive analysis of outcome research in marital and family therapy to date and were able to examine over 200 reports, with a total n approaching 5,000. While no research on selection has been published, it seems likely that such criteria, when
developed, will prominently feature the personal qualities of the applicants, rather than traditional academic credentials alone (Kniskern & Gurman, 1979). It would not be unreasonable to expect then that the self-concept of a counselor trainee would be significant to the counselor’s relationship skills.

Likewise, regarding therapy structuring skills, there is research that points toward a directive, active, and structured style resulting in more success (Shapiro, 1974). Counseling styles can be measured and those that are more active and structured on a continuum can be used as a measurement of potential structuring skills. Now there are two areas to investigate further, self-concept and counselor style of the counselor in training, and how they relate to relationship skills and structuring skills.

Alexander (1968) noted that more than 50 percent of the caseloads of counselors, psychologists, social workers, and community mental health workers involve marriage and family therapy, yet only 10 percent of those counselor-oriented professionals reported having marriage and family training. Piercy and Honestadt (1980) indicated that:

Although the caseloads of Mental Health Professionals usually reflect a high percentage of marriage and family problems, few professional counselors have had any form of marriage and family training. (p. 69)
There is evidence that marriage and family counseling has increased in importance within counselor education and that a substantial number of programs are attempting to determine the level of involvement they will have in preparing students for this role. The growth of marriage and family counseling, and the recognition and acceptance of its societal contributions, have brought this area to the attention of all helping professionals (Meadows & Hetrick, 1982). More marriage and family counseling courses were added in counselor education programs in the U.S. in the '70s than any other new types of courses (Hollis & Wantz, 1980.)

The self-concept of newly trained family counselors who choose family therapy as a field is important. This primary self-designation is interpreted as part of the individual's phenomenological self-concept. According to Rogers, this self-concept acts to guide or regulate behavior, and to explain some uniformities of personality between people who share similar self-concepts (Wylie, 1961). In 1951, Carl Rogers advanced the hypothesis that congruence of self and experience was a necessary and essential requirement of a fully functioning person. The self-concept consists of those perceptions an individual has of himself/herself (Eberlein & Park, 1971). In order for the family
therapist to be fully functioning then it seems that
a high self-concept would be critical.

The self-concept is well established in the western
literature as a major theoretical and practical approach
to the measurement of personality (Ansbacher & Ansbacher,
1956; Dreikurs, 1946; Pitts, 1964) and may be
conceptualized as a psychological mirroring of the
perceptions which individuals hold of their experiences
with others. As such, the self-concept is a measure of
this experience (Sharpley & Khan, 1982). One of the
qualities a counselor needs is to be able to expand his
own person, thus modeling for the family their own growth
(Whitaker, 1976). Family Therapy is a difficult
specialty in the Counselor Education area.

Because of the problems in conceptualizing
the multiple, interlocking functions of
the family and the replicable, therapeutic
interventions into family pathogenicity,
one can conclude that family therapy is
to be done by only a chosen few. It was
said of Nathan Ackerman that he was a
great family therapist but that no one
could duplicate what he did with families.
The same could be said of other extra-
ordinary therapists such as Carl Whitaker
or Murray Bowen. (Garrigan & Bambrick, 1977).

It is not unreasonable to expect that people who
feel good about themselves choose to go into family
therapy as a field. In family therapy much time and
effort make only a small dent in the family process with
its automatic tendency to deflect change (Keith &
Whitaker, 1978). The family remains unchanged and the therapist feels alone and frustrated. Family members are prepared for flight or fight and are protected with the rubber fence described by Lyman Wynne (1958). That it takes powerful interventions by an honest, direct, and skilled family therapist to dent this armor is obvious. One might conclude that a high self-concept is a necessary tool in defense of such pathological families. From the existing research, it is also clear that the family therapist must generally be active and provide early structure, but without assaulting family defenses too soon (Gurman & Kniskern, 1978). Shapiro, (1974) examined factors relating to termination and continuation in family therapy. They found (Shapiro & Budman, 1973) that 21 of the 30 statements from the family therapy terminators involved negative evaluations of their family therapists' behaviors:

The major finding was that 13 out of 21 statements remarked on the therapist's lack of activity and over two thirds of the continuers in family therapy made positive comments about their therapists and all of these specified approval of the therapist for being active. (1973, p. 63)

Pinsof (1979) also found that more experienced therapists (supervisors) were more active than therapist trainees.

Although family therapy as a theoretical orientation and clinical method is still at an early stage of
development, opinions of family researchers and this writer indicate several pictures of how a family therapist must be and act with a family (Haley, 1976, Dreikurs, 1946, Garrigan & Bambrick, 1977).

a) High self-concept

b) Personal efficacy and directiveness

c) Experience and highly skilled in systems intervention

This author explores the possibility that counselor trainees with high self-concept select themselves into the family therapy specialty area in lieu of other areas. It is hypothesized that counselor trainees who choose family therapy as a specialty have higher self-concepts, are more extroverted, and choose counseling theories that are more directive, problem-oriented, and cognitive (Haley, 1976). It is further hypothesized that more men than women proportionally choose family therapy as a specialty.

Research findings suggest that females are likely at the outset to be less confident, directive, and interpretive while being more inclined to conform to stereotypic feminine traits of passivity, warmth, and nurturance. However, males displayed no such clear pattern, and used both active and passive styles in therapy (Yogev & Shadish, 1982). Gender differences were also found in the Rice et al. (1974) studies, with
females characterizing themselves as more evaluative than males.

Nichols (1977) states that marriage and family therapists should be trained as psychotherapists before they enter training for marital and family therapy. This recommendation follows the philosophy that marital and family therapy represents an advanced clinical specialty requiring skills not only in the diagnosis and treatment of individual problems, but in the far more demanding diagnosis and treatment of relationship problems (Leslie, 1968). It is important to be confident as a family therapist when dealing with the system dynamics of a family since there are multiple personalities to be assessed within the family. Certainly, there is great value in a budding clinician's developing a consistent sense of self-as-therapist, especially in dealing with the understandable anxiety about their clinical competence in working with a family.
THEORETICAL BASIS OF THE STUDY

Every study proceeds from, and reflects, ways of thinking about the phenomena which are singled out for observation by the writer in one's own fashion. The Family Therapy training that this writer received initially was of an Adlerian orientation (Dreikurs, 1948, 1957, 1964, 1972; Dinkmeyer & Dinkmeyer, 1983). Adler's (1927, 1931, & 1959) basic beliefs about all people are that they desire to contribute and cooperate for the welfare of man; (1) as long as inferiority feelings are not too great they will strive to do well; (2) they will be self-consistent organizationally (self-concept) and (3) all major problems are with the self or others. We are social beings; therefore we do not observe people out of their social setting. All important life problems are social problems and all values are social values. We are born with a social interest but at birth concerned only about ourselves. The basic characteristics of social interest according to Adler (1956) are empathic understanding, genuineness, respect, and warmth. The self-concept of family counselors should include the above characteristics.

The perceptual bias or theoretical position from which the problems of this study were examined emphasizes the Individual Psychology of Alfred Adler.
Adlerian Psychology is a psychology that emphasized the importance of the family as the original influence on our emerging personality (Dinkmeyer et al. 1983). About 1910, Adler became the first of Freud's colleagues to openly challenge him on underemphasizing social elements, offering an alternative and more socially rooted theory of psychodynamics (Adler, 1917). He held that the driving dynamic of life was the deeply internalized sense of inferiority which we all fell heir to by virtue of being born small and helpless. Rather than sexual drive, we are motivated by a compulsion to achieve feelings of adequacy and power. Adler felt that we could take one of two paths; (1) we might flee into illness and use weakness (a strategy later theorists called meta-complementarity, Watzlawick, Beavin & Jackson, 1967) or (2) we might engage those around us in a more open struggle for power. In the latter, Adler foreshadowed the theories of most contemporary family therapists who also attempt to explain individual pathology as a by-product of family conflict (Broaderick & Schrader, 1981.)

Life Style is the characteristic pattern of behavior that organizes all elements of behavior. Within such a conceptual framework, self-concept can be looked at as included in Life Style. It includes the purpose of the individual's striving. Life Style
includes the self-concept, the view of the world, and the human relationships of an individual (Dinkmeyer et al. 1983).

A major tenet in Adler's theory is that the individual's characteristic responses or style of life, in relationship to their environment, will cause them to construct their own personality out of the raw material of heredity and experience.

Heredity only endows him with certain abilities. Environment only gives him certain impressions. These abilities and impressions, and the manner in which he experiences them, that is to say, the interpretation he makes of these experiences, are the bricks which he uses in his own creative way in building up his attitude toward life. It is his individual way of using these bricks, or in other words, his attitude toward life, which determines this relationship to the outside world (Adler, 1935).

The family counselor needs to feel positive in self-esteem in order to enhance relationships and interpersonal skills with clients. In effective family therapy, family members learn to resolve conflicts constructively, communicate congruently, and live together cooperatively. The goal is to increase the self-esteem of individual members of the family while stimulating their social interest so they will participate in the give and take (cooperation) of family life. As a family member's self-esteem grows in
social interest, the feelings of belonging to the family are established (Dinkmeyer et al. (1983). It is from such a theoretical orientation and referential framework that the problems selected for study will be viewed.

PURPOSE OF THE STUDY

The major purpose of this study is to determine whether counselor trainees who choose family therapy as their focus have a group of personality characteristics that differ from counselors who choose other fields. Self-concept levels were measured to determine whether self-concept is a variable in selection of family counseling as a specialty. This study also examined whether there is a difference in gender, and examined whether counselor style relates to selected preference for counseling approach.

STATEMENT OF THE PROBLEM

The problem of the study is: (1) to identify and examine significant differences in self-concept between individuals who choose different counselor specialties, such as family counseling, group counseling, geriatric counseling, rehabilitation counseling, or others, (2) to identify any significant sex differences regarding the self-selection of specialties and self-concept, (3) to identify any differences in counselor style (active and
direct versus passive and nondirective) between those who choose family therapy and those who choose other specialties.

SIGNIFICANCE OF THE STUDY

The self-concept of Family Therapists as a criterion for selection into family therapy training specifically has not been researched to date (Kniskern & Gurman, 1979). Further, the same authors in 1981, in The Handbook of Family Therapy specifically suggest that research into selection criterion needs to be done. This study will: (1) provide counselor training centers with the research data of trainees and choices they make in choosing specialty areas, based on their own self-concept, (2) provide the employers and the consumers of the helping profession with information regarding what kind of people choose various counseling specialty areas, (3) provide counselor training centers with data regarding the predominant counseling styles and differences in gender of counselor trainees who pick different specialty areas.

DEFINITIONS OF TERMS

The following definitions are presented in order to clarify terminology used in this research. Other terms and phrases are considered self explanatory.
Self-concept: Combs, Avila and Purkey (1971) describe self-concept as: Self-concept is the single most important factor affecting behavior. What people do at every moment of their lives is a product of how they see themselves and the situations they are in.

Fitts (1965) who constructed the Tennessee Self-Concept Scale indicates that one's concept of oneself has been demonstrated to be highly influential in much of one's behavior and also to be directly related to one's general personality and state of mental health. He sees the self-concept as three internal states: (1) This is what I am. (2) This is how I feel about myself, and (3) This is what I do. There are also five external states in his scale: (1) Physical self (2) Moral-ethical self (3) Personal self (4) Family self and (5) Social self.

Family Therapy: Family Therapy consists of any form of psychotherapy (or counseling) that is explicitly designed to modify family systems. This definition covers such variants of family therapy as marital therapy (Gurman, 1973; Palino & McCrady, 1978) and the treatment of a family through one family or system member (Bowen, 1978).

Counseling Specialties: Counseling specialties included those options that were available to graduate counseling students, as defined by the background
information form. These specialties were family counseling, group counseling, geriatric counseling, and rehabilitation counseling.

Counseling Styles: Counseling styles were measured by the subject's preference on the Counseling Orientation Scale. In this study these preferences were then placed into two groups: active and directive, or passive and nondirective.

LIMITATIONS OF THE STUDY

The author looked only at self-concept and counseling styles of counselors in training. There may be many other personality traits that influence the choice of specialties of counselors in training.

Some family therapists suggest that the theory and techniques of family systems therapy have wide applicability to the work of other professions such as medicine, law, and education as well as applicability to the problems of the work place. They propose various models of collaborative work with these professions (Block, 1982). This would be a much wider way to view this research than is currently being undertaken.

Six limitations of the study have been identified.

1. Although the Tennessee Self-Concept Scale, (TSCS) can indicate 29 self-concept scores, it does not measure all self-concept areas. For example, the TSCS
does not give a score for the creative self (the self as it pertains to creative expression).

2. The results of this study are interpreted to be true for only the particular population type defined by the parameters used in selecting subjects for this sample.

3. As in all research, this study may include extraneous variables that could have obscured the effects of the independent variables on the dependent variables such as under representation of ethnic diversity. This is especially true for this study since the dependent variable was self-concept, an elusive psychological construct.

4. Because of the inherent nature of psychological constructs such as self-concept, quantitative measurement is limited to the sensitivity of the criterion instrument.

5. Counseling styles that were measured were only of a western orientation and do not examine eastern styles.

6. The limitation of using self-report instruments for direct observation of subject's behavior is also withstanding.
II. REVIEW OF RELATED LITERATURE

The literature reviewed for this study is divided into four major categories:

A. studies regarding self-concept,
B. career choice and self-concept theory,
C. studies dealing with the training of family therapists and self-concept,
D. studies on the language of the genders and how gender might affect family therapists and their self-concept.

A) Studies Regarding Self-Concept

This section describes research and observations which deal with the acquisition of self-concept and the importance of this major psychological construct to family therapists. LeBehne and Greene, (1969) indicated:

Scientific self-psychology...considers self-concept as a hypothetical construct inferred from behavior. Perceptual psychology now accepts the idea that the feelings and beliefs one holds about oneself motivate one's conduct: the antecedent for individual responses is the self-concept (LeBehne & Greene, 1969, p. 2.).

In psychological literature, reference to the concept of self is extensive and has provided for a central focus for much theory, research, and practice. The self-concept of the family counselor is another area of study in which there can be confusion about what is
meant by self-concept. Yet in spite of this attention, the concept of self is quite different for different people. There are many alternative terms used for the self such as ego (Freud, 1923); the proprium (Allport, 1955) and identity (Erickson, 1956). The nature of self varies: looking-glass self (Cooley, 1902); object of awareness (Mead, 1934); life space (Lewin, 1936); life styles (Adler, 1929); reflected appraisals (Sullivan, 1953). Adding to this confusion, as Lynagh (1982) has indicated, is an abundance of related terms: "self-regard, self-esteem, self-image, self-worth, self-acceptance, self-picture, self-attitude, self-evaluation, and self-respect". (p. 34)

For a definition of self-concept that seems to fit most of these ideas LeBehne and Greene (1969) indicate:

Self-concept as it is generally used in the professional literature is a group of feelings and cognitive processes which are inferred from observed or manifest behavior. Self-concept is the person's total appraisal of his appearance, background and origins, abilities and resources, attitudes and feelings which culminate as a directing force in behavior. (LeBehne & Greene, 1969, p. 10)

The self-concept is presented as a construct or linking mechanism used by psychologists to infer a process from observable behavior and to help explain the causes of that behavior. Self-concept is a process
through which humans develop a complex group of ideas, assumptions, and observations about themselves. Combs, Avila and Purkey (1971) describe self-concept as:

The single most important factor affecting behavior. What people do at every moment of their lives is a product of how they see themselves and the situations they are in. While situations may change from moment to moment or place to place, the beliefs that people have about themselves are always present factors in determining their behavior. (Combs, Avila & Purkey, 1971, p. 39)

The formation of the self-concept depends on two factors: (1) how persons perceive themselves to be judged by a significant other, and (2) a comparison of these judgments against a standard that they hold on how they should behave (LeBehne & Greene, 1969). It certainly would seem that family therapists are in a position to have a great effect on the formation of their clients' self-concept. Super (1963) also sees self-concept as an individual's picture of oneself, the perceived self with accrued meanings. He goes on to state that since a person cannot ascribe meaning to oneself in a vacuum, the concept of self is generally a picture of the self in some role, some situation, in a position, performing some set of functions, or in some web of relationships.

Historically, many theorists have made significant contributions to the body of knowledge regarding self-
concept. In the nineteenth century, William James (1890) theorized that the self-concept was composed of three distinct aspects: material self, social self, and spiritual self. He saw self-esteem being derived from individuals' perceptions of their standing in relation to others in similar positions.

The early theorists placed heavy emphasis on the social milieu as a prime determinant of self-concept formation. C.H. Cooley (1902) developed a theory of self based on the self's interaction with others. Cooley conceived of the looking-glass self which he described as a:

...self idea which seems to have three principal elements: the imagination of an appearance to the other person; the imagination of his judgment of that appearance; and some sort of self-feeling such as mortification or pride. (Cooley, 1902, p. 512)

People do not react to their perceived selves, but to how they imagine others perceive and judge them. Individuals will come to view themselves in a manner which is consistent with the ways others perceive and treat them.

G.H. Mead (1934) extended and refined Cooley's definition of self. Mead's self is an object of awareness. Persons come to know themselves as they see others responding to them. According to Mead the child begins to imitate the behavior of important people
in the environment. A person's self-concept is formed in a social setting. Because of this, a person develops many selves within different social situations.

In contrast to James, Cooley, and Mead, Freud (1943) paid little attention to the self-image. He wrote about the ego as a functional agent or executive of the personality which makes rational choices and controls actions in the healthy person.

Lewin (1936) stated the self-concept is represented by a life space region which determines one's present belief about the self. Life space can be considered a complex internal mechanism which produces behavior. Life space could be seen as the core of a psychophysical field.

Alfred Adler (1929) who broke with Freudian doctrine theorized that people are conscious beings, capable of planning and guiding their actions. He viewed all persons as having a "life plan," the objective of which is superiority. These life styles are largely determined by the person's attitudes of inferiority, real or imagined. From Adler's point of view, people have considerable power in that they determine their goals according to their beliefs about themselves. Adler (1959) and Dreikurs (1953) have indicated that the style of life tends to consist of the individual's views of self, others, and life. Beginning in infancy and
continuing throughout life, the self-concept provides assurance that the self exists, and maps its structure by evaluating the interactions with important others. These interactions provide input for the self as a worthwhile (or otherwise) person. The important others of adult years in particular are spouse and children (Dreikurs, 1946).

Maehr, Mensing, and Nafzer (1962) studied the hypothesis that the self develops as a result of reactions from significant others. They studied a group of boys participating in a high school physical education class. Experts rated the boys' performances on certain physical tasks through approval or disapproval. It was found that the boys' evaluations of self changed in the direction of the experts' judgments. Both approval and disapproval brought about corresponding increases or decreases in the boys' perceptions of themselves.

Another important contributor to the field of self-concept formation was Harry Stack Sullivan (1953). Sullivan was the most interpersonally oriented of all of the American analysts. He was definitely influenced by early social psychologists such as Mead and Cooley (Broaderick & Schrader, 1981). The concept of self is shaped by the parts of one's behavior that others respond to positively or negatively. Sullivan used the
term "reflective appraisals" to indicate much the same process as "looking glass" self (Cooley, 1909) or "generalized other" (Mead, 1934) referred to in social psychology. In summary, Sullivan felt that the acquisition of self-concept cannot be separated from interactions with others.

The underlying theme of humanistic psychology is the phenomenological point of view. Combs and Syngg (1959) developed the idea that individuals behave in a manner which is consistent with their perception of themselves. Each person's frame of reference contains all the feelings, values, attitudes, and perceptions that are present at any given moment. Reality lies not in the event, but in a person's perception of that event.

A fundamental thesis of the perceptual point of view is that behavior is influenced not only by the accumulation of past or current experiences, but even more importantly, it is influenced by the personal meanings we attach to our perceptions of those experiences. (Hamachek, 1971, p. 32)

The self-concept directly influences how an individual perceives reality. All persons are involved in their own unique phenomenal field. Their perception of the world is based on their own needs and beliefs at any given moment in time. Further, the possession of a particular concept of self tends to produce behavior that corroborates the self-concept from which the
behavior originated (Combs, 1952). Combs, Avila, and Purkey (1971) discuss this central theme.

The importance of the self-concept in the economy of the individual goes far beyond providing his basis of reality. Its very existence determines what else he may perceive. The self concept has a selective effect on perceptions. People tend to perceive what is congruent with their already existing concept of self. (Combs, Avila, & Purkey, 1971, p. 43)

Once established, the self-concept acts as a filter through which all stimuli are evaluated. This selectivity also tends to maintain and support the existing beliefs about oneself. People tend to behave in a manner which is consistent with their phenomenal field. This self-perpetuating aspect of the self extends to all aspects of a person's experience. Fortunately, it operates both positively and negatively. People who believe they can succeed usually reinforce that image. On the other hand, people who perceive themselves in a negative manner tend to behave in a style which supports that view.

A very similar phenomenological view of self is advocated by Carl Rogers. His viewpoint was developed through years of therapeutic experiences with people. Rogers's idea of self-concept contains several important features (Hamachek, 1971):

a) The self strives for consistency;
b) a person behaves in ways in which are consistent with the self;

c) experiences that are not consistent with the self are perceived as threats and are either distorted or denied;

d) the self may change as a result of maturation and learning. (p. 54)

Rogers believes that each person's perception of reality is totally unique and based on their experience of their phenomenal field. The basic tendency of the organism is toward maintenance and enhancement of the self. People behave in ways which are consistent with their concept of self. Rogers (1951) writes that:

> As the organism strives to meet its needs in the world as it is experienced, the form which the striving takes must be a form consistent with the concept of self. (Rogers, 1951, p. 507-09)

The self-concept has been examined from the viewpoint of one's concept of self and from a purely environmental perspective. The present research has been undertaken from an Adlerian theoretical orientation. Birth order research is very prominent in Adlerian theory. Researchers have looked at birth order and self-concept and have concluded that birth order does not have a significant effect on the self-concept (Nystul, 1974). Nystul did not find the results that
supported the inference that the dethroned first born would have a lower self-concept than the later born. In fact, he did find that only-borns have the most positive self-concepts, followed by subjects from three or four sibling families, with subjects from two sibling families having the lowest self-concept (Nystul, 1977). In the selection of family counselors for training, birth order would not seem to be a factor in the selection process since the findings were not strong enough to justify them as a selection criterion.

In summary we have been looking at how the self-concept develops and the history of self-concept. Researchers generally agree that the self-concept does not exist at birth but develops and grows as we mature (Fitts, 1971).

B) Career Choice and Self-Concept Theory

Self-concept and career choice have been looked at for many years by the Vocational Counseling Psychologist (Super, 1963). There have also been studies on the variables of training family counselors and on the selection criteria for family counselors (Liddle & Haplin, 1978). There are no studies that look at the possible correlation between self-concept and selection criteria of counselors specializing in family counseling (Kniskern & Gurman, 1979).
The following is a review of the literature in career choice and then the training of family counselors. Regarding self-concept and vocational choice, Super (1963) said:

In expressing a vocational preference, a person puts into occupational terminology his idea of the kind of person he is; then in entering an occupation, he seeks to implement a concept of himself; then in getting established in an occupation he achieves self-actualization. (Super, 1963, p. 1)

Feeling worthwhile is important to all of us (Glasser, 1964) and in the United States, our work is one of the ways that we can feel good about ourselves whether it is work in the family, as a small child, or eventually our occupational choice as an adult. Some psychologists have noted that work roles are among the most important factors in U.S. society and provide a focus for the study of self-concepts (Tyler, 1951; Super, 1963).

There is a positive correlation between self-concept and occupational concept. Nurses working in a New York hospital were asked by Brophy (1959) to complete an objective checklist to describe themselves, their ideal selves, and the kind of person their jobs required them to be. They also filled out a job satisfaction questionnaire. Brophy's hypothesis was that similarity of the self-concept and of the perceived
occupational role requirements (occupation concept) are correlated with job satisfaction. He found that this hypothesis was true.

Pallone and Hosinski (1967) administered a Q-sort of self, ideal self, and occupational self to 168 nursing students. The results yielded significant, predicted relationships among the statements for the graduate-level students but not for the others. These results indicate that investigations of students are likely to underestimate the true relationship between self-concept implementation and vocational preferences, since by the time students get to the graduate level considerable screening has occurred. The presence of nonscreened students in the lower level samples reduces the clarity of the role self-concept plays in career preference. This is a particularly interesting study since the present research of this writer examines only graduate students.

In addition to Brophy's study, Super goes on to cite five research examples where it has been demonstrated that there is significant agreement between self-concept and the occupational role concept. To many theorists, the vital part of Super's theory lies in the formulations made about self-concept implementation by means of vocational activities (Osipow, 1983).
Consequently, it is not surprising that a number of studies inquiring into the relationship between self-concept and career choice have been conducted.

In this particular study we will look at whether there is a significant difference between self-concepts of counselors who choose to work with individuals and those who specialize in family counseling. Counselors late in their training have an occupational concept of what counseling is and therefore, will not haphazardly choose family counseling as a specialty. The Pallone and Hosinski study lends support to this statement.

Englander (1960) studied the relationship between the degree of agreement between self-perception and perception of people and situations relevant to one's chosen occupation. Englander predicted that prospective elementary teachers would see the personal characteristics of elementary teachers in a fashion more congruent with their own personal characteristics than would subjects choosing other occupations. Englander required 126 female subjects to take the Q-sort, describing themselves, and did find that the results supported the prediction that prospective elementary teachers do indeed see a closer relationship between their personal characteristics and those of elementary teachers than do subjects choosing other occupations.
Blocher and Schutz (1961), studying the relationship between self-descriptions, occupational stereotypes, and vocational preferences, predicted that a person's vocational self-description and ideal self-concept are similar to the stereotype of a member of an occupation in which he or she is interested. They observed after testing 135 twelfth grade boys that the resulting self-concepts, ideal self-concepts, and vocational self-concepts were similar, as had been predicted.

Oppenheimer (1966) studied the hypothesis that a positive relationship exists between an occupational preference hierarchy based on predictions made from the degree of agreement between self and occupational concepts and the occupational reference hierarchy directly expressed by a subject. By comparing the occupational rankings with the responses to the Repertory Test, Oppenheimer found support for his prediction that the occupational references expressed by people are consistent with their self-concepts.

Another study testing self-concept implementation through vocational choice was conducted by Ziegler (1970). Ziegler was concerned with the criticism that much of the early research dealing with self-concept implementation and vocational choice was
limited to samples of education and nursing students and thus of limited generality. Ziegler, studying 428 male college students representing 39 future occupational areas, compared the students' most and least preferred occupational fields against self-concept and most and least preferred occupational characteristics on the Adjective Check List. The results indicate greater congruence between self and most preferred occupational group. In addition, some distinctive and intuitively predictable differences in self-concept characteristics by field were observed.

In one study, Korman (1966) found that high self-esteem individuals are more likely to implement their self-concepts through occupational choice than are low self-esteem individuals. In a more complicated study, Korman (1967) tested the hypothesis that self-esteem is related to the perception of the difficulty of an occupation, and as a result, serves as a moderator of occupational choice. It seems that this is happening when counselors choose to specialize in family counseling. It is a demanding specialty that requires high self-concept and persons who feel confident in dealing with systems rather than individuals.

Ohide (1979) found that middle and high self-esteem subjects in college had more like responses on the
Strong Campbell Interest Inventory, while low self-esteem subjects more often responded with dislike responses.

Finally, regarding gender, Putnam and Hansen (1972) found that vocational maturity in high school females seemed to be related to self-concept issues. Using the Semantic Differential format, Burgoyne (1979) measured self and occupational concepts in 97 male and 88 female high school students and found that the ideal self-concept plays an important role in vocational preferences.

Overall, considerable convincing research data exist to support the notion that self-concept plays an important role in occupational preference. Self-concept theory as used by the counseling psychologist is designed to predict the occupation ultimately chosen by the subject (Stareshevsky & Mattin, 1963). The Korman studies have indicated that high self-esteem individuals are more likely to implement their self-concept through occupational choice and choose more difficult occupations due to their own level of self-concept. This writer is predicting that there will be a correlation between high self-concept and those who choose the family counseling specialty.
We can say that agreement between the self-concept and one's own occupational concept is related to occupational preference and to both internal and external criteria of success and satisfaction. Family counselors who feel good about their occupational choice and have high self-concepts will have good relationship skills.

- The more positive we feel about ourselves, the more easily we will form and maintain interpersonal relationships and the more rewarding those relationships will be. (Adler, Rosenfelt & Towne, 1983, p. 44)

C) Studies Dealing with the Training of Family Therapists and Self-Concept

While the experientially based literature on Family Therapy training and supervision is enormous (Liddle & Halpern, 1978) we must acknowledge and underline the field's collective empirical ignorance about research that has direct implications for the training of future marriage and family therapists. Indeed, there now exists no research evidence that training experiences in marriage and family therapy in fact increases the effectiveness of clinicians. (Kniskern & Gurman, 1979).

Research is needed on the selection of family therapy trainees and the characteristics that improve the chance of positive outcomes. The present writer is interested in the family therapy trainees' self-concept as they select themselves into family counseling and the level of self-concept of those who survive family
therapy training. There seems to be a lack of studies in the area of self-concept and its relationship to career choice, specifically family therapy.

Liddle and Haplin (1978) reviewed over 105 articles on family therapy training and divided the training down into six areas, but none of the areas deals with the self-concept of a counselor in training or the perceived need of high self-concept. We do know that self-confidence, self-esteem, and related variables have been found to be important counselor personality characteristics (Ostrand & Creaser, 1978). The question is: Does self-concept actually influence self-selection into family therapy?

The selection of persons for counselor training (and more recently for Family Therapy specifically) has been a concern for professionals since the inception of graduate programs. Selection criteria have typically attempted to determine both academic potential and personal qualities of candidates (Carkhuff, 1969; Truan, 1978). Tradition has encouraged the selection of counselor trainees primarily on academic measures (Patterson, 1967; Carkhuff, 1977). Non-academic indices, while viewed as important, have been given less emphasis in the counselor selection process (Patterson, 1962, 1967). Academic indices have been cited as poor
predictors of counselor effectiveness (Bergin & Solomon, 1963; Hurst & Shatkin, 1974).

Counselor educators for years have been debating the efficacy of expanding selection procedures to include indices of personality as well as traditional measures of cognitive ability. Professional counseling organizations have consistently recommended that selection and retention criteria include personal qualities as well as the ability to master academics (A.P.G.A., 1963; Fretz, 1973). Several investigators (Hiekkinen & Wegner, 1973; Jansen et al. 1970, 1972; Parsons & Dez, 1972) have reported a relationship between performance as a counselor and scores on personality tests. This is in contrast to just Graduate Record Examination scores being used in predicting success in counseling.

In recent years research has made significant advances in identifying and assessing personality characteristics which enhance the interpersonal functions. Factors including self-concept (Combs, 1971; Lin, 1973) and others have been cited as personality characteristics contributing to more effective interpersonal competence.

The relationship of self-confidence to the presence of empathy, warmth, genuineness, intimacy, concreteness,
regard, expertness, and congruency was investigated and a positive linear relationship was identified between the degree of perceived conditions (empathy, genuineness, unconditional positive regard) and the counselor's level of self-confidence (Lin, 1973). This study supported earlier research establishing the importance of high self-concept as a necessary personality variable in counseling (Strong, 1970; Jackson & Thompson, 1971; Piaget, et al., 1967).

Combs and others at the University of Florida (Combs, 1969; Avila & Purkey, 1971) have been researching what he has termed the "self as instrument" concept of effective helping. According to this theory, relating to others effectively is not a mechanical procedure whereby specific skills are used at appropriate times. Instead, they suggest that counseling is a dynamic process where being helpful depends on how counselors use their "self as an instrument".

Earlier research by Rogers (1962) proposed that it was the feelings or attitudes within the helpers themselves that influenced their effectiveness. Therefore it was the quality of the relationship that the helpers were able to establish with whomever they were trying to help that made them effective. In this regard, Rogers's ideas are close to those of Combs's
concept of "self as instrument". According to Combs, the way individuals use their "self" will influence the quality of the relationships they establish with others. Thus, for both Rogers and Combs, operationalizing interpersonal relationships in terms of specific skills is less than adequate.

In the most extensive review to date of the marriage and family therapy research literature, Gurman and Kniskern (1978) cite family therapists' experience level, therapy structuring skills, and relationship skills as factors which influence the outcome of marriage and family therapy. We cannot do much about the experience level of family counselors in training except to have plenty of practicum and internship experiences, but we can look closely at their relationship skills. To some extent relationship skills and providing process and structure can be taught. People with high self esteem have fewer relationship problems than those with lower self-concept (Adler, Rosenfelt & Towne, 1983); therefore, an appropriate screening device into family counseling programs could be self-concept measurement scales. Extended research by Fitts (1972) led him to conclude that there is indeed a strong relationship between one's behavior and how one views one's self. "The more
optimal the self-concept; the more optimal the behavior will be". (Perez, 1979, p. 89)

If we do not just look at the selection of family therapy trainees and instead look at the more generic selection process for counselors in training, we can find additional reference to the need for a high or positive self-concept. Harvey (1964) and his colleagues made an intensive attempt to select:

Persons who exhibited a sincere regard for others, tolerance and ability to accept people with values different from one's own, a healthy regard for the self, a warmth and sensitivity in dealing with others, and a capacity for empathy. (p. 349)

Among counselor training professionals the opinion is firmly held, as Patterson and Eisenberg (1983) have indicated, that effective helpers, among other things, like and respect themselves and thus are not dependent on the people they are helping for respect, recognition, and acknowledgment. Along the same line some of the personal qualities and characteristics of a therapeutic counselor as described by Corey (1982) are:

They can give out of their own sense of self-worth and strength rather than out of a need to receive false feelings of strength... They are able to be powerful, and they recognize and accept their own power... They use their power and model for clients its healthy uses, but they attempt to avoid abusing it. (Corey, 1982, p. 269)
Perez (1979) indicates that the family therapist who strives for competence is one who incorporates certain characteristics. These are:

1. Intellectual ability
2. **Healthy self-esteem**
3. Congruence
4. Motivation
5. The capacity to derive meaning from each therapy session.

He goes on to say, "the therapist's healthy self-view enhances not only their performance and behavior but also that of the family members" (Perez, 1979, p. 89). There are some very influential family therapists and teachers of family therapy who believe it is impossible for family therapists to be highly skilled in both the clinical and empirical domains (Kniskern & Gurman, 1979). Some counselors just seem to be able to use their natural ability effectively in the "state of the art".

Smith and Glass (1977) found that therapeutic intervention appears to have a differential effect on different kinds of problems. The overall greatest effect seemed to be reported for fear-anxiety reduction and self-esteem change. These writers would agree that

1 emphasis made by dissertation author
high self-concept or self-regard are aspects worth looking for in potential family counselors. This ability to help someone else enhance their self-esteem starts with one's own.

It follows then that those counselors with high self-concept probably could help clients with low or high self-concept. Unfortunately, the self-concept does not always work this way. One study indicated that casual exposure to another person is sufficient to provide a marked impact on a person's momentary concept of self. The presence of someone with highly desirable characteristics appears to produce a generalized decrease in level of self-esteem (Morse & Gergen, 1970). This is an important issue to be aware of and to make necessary adjustments for. This would be exactly the opposite effect we would hope to have as effective helpers with others. Of course, what one person perceives as highly desirable characteristics may be rather hard to clarify. This particular study did go on to say that persons low in self-consistency were most affected by the presence of the other. Counselors would be wise to remember that it was also found that similarity between the clients and counselors tended to enhance self-esteem, while dissimilarity tended to reduce it.
It has been clearly shown that there is not always a correlation between high self-concept and effectiveness. A wide variety of achievement or ability measures and self-concept measures have been correlated. Even though many of the studies reported significant correlations, none of those correlations are interpretable as indicating either a null or a significant relationship between achievement/ability and self-concept (Wylie, et al., 1979). Ruth Wylie et al. (1979) thinks that probably other variables such as socio-economic level should have been controlled.

There are many studies such as Rogers, Smith and Coleman (1978) which do show a statistically significant correlation between school achievement and self-concept, but it is usually a weak correlation. Wylie et al. goes on to say that:

From her extensive review of the self-concept literature that certainly these results give little support to the widely accepted lore that there is a psychologically important relationship between achievement and overall regard. On the other hand, there are enough significant positive trends, weak though they are, to encourage further research.

It is important to remember this caution of Wylie when we are involved in self-concept research.

In summary, extensive research recently has documented that interpersonal skills or relationship skills (specifically self-concept) are predictive of
positive client change. Despite this encouraging discovery, few counselor education programs (including Family Counseling) involve these interpersonal factors as a necessary component in the training of professional counselors (Carkhuff, 1977).

D) Studies on the Language of the Genders and How Gender Might Affect Family Therapists and Their Self-Concept

Research findings suggest that females are likely on the outset to be less confident, directive, and interpretive and more inclined to conform to stereotypic feminine traits of passivity, warmth, and nurturance. Males display no such clear pattern, and use both active and passive styles in therapy (Yogev & Shadish, 1982).

There is a need in family therapy to be active and directive (Gurman & Kniskern 1978). The aspect of being active, providing objective interpretations, is consonant with the authoritative instrumental sex-role stereotype of males in our society. It requires the therapist to be in charge.

Research suggests that beginning female therapists, particularly those whose scores are categorized as stereotypically female on the BSRI (Bem Sex Role Inventory, 1974), may be less likely to use
such active skills in therapy. The findings that these results were valid for all females, not only feminine scorers on BSRI, but also for the androgyny scorers, increases even further the importance and significance of this research and suggests that even females who see themselves as freer from sex role limitations - the androgynous ones - are still behaving therapeutically in accordance with gender expectations (Yogev & Shadish, 1982).

Family therapy supervisors and trainers should be aware of these findings and should, therefore, monitor beginning therapist styles to ensure that all trainees are able to use both active and passive styles.

Past studies have indicated a preference for male therapists among both client and nonclient samples (Boulware & Holmes, 1970; Fuller, 1964). Boulware and Holmes (1970) reported that their subjects expected male therapists to be more empathetic, more knowledgeable, more experienced, and better adjusted; and presumably these expectations were the basis for male preferences. There has been a slight decrease in male counselor preference recently according to Walker and Stake (1978).

One of the possibilities for this is that the literature indicates that men prefer stronger language
and have a different language from women (Henley & Thorne, 1975; Giley & Summers 1970). Research has shown that there are differences in male/female communication behavior in syntax, phonology, turn-taking, control of topic, silence, verbosity, sentence structure, grammar, and a host of non-verbal factors (Eakins & Eakins, 1978; Henley & Thorne, 1975; Kramer, 1974). Thus, it has been suggested that American men and women may speak different languages.

In the language of play, the nicknames and idioms are used differently. Men prefer idioms typified by power, slang, and action; and women prefer words characterized by euphemisms, vagueness, and romance (Sanders & Robinson, 1979). Also both males and females credit males with originating the majority of idioms (Hooper, Knapp & Scott, 1981).

It is interesting to note that everyday language with one's spouse is also different between males and females. For example, women ask three times as many questions of men (Fishman, 1978), and men produce over twice as many statements as women. It also appears that men are less inhibited than women in expressing hostility (Gilley & Summers, 1970).

Families who come in for therapy are looking for answers and results. They want direction on how to change their family system or how to control a member in
the family. They want a family therapist to be powerful and directive with them (Gurman & Kniskern, 1978; Shapiro, 1974).

Physical attractiveness appears to be one of the attributes of a counselor that builds a power base and influences the beginning of the therapeutic process, as well as the client's expectancy about future success, irrespective of the client's physical attractiveness or sex (Vargas & Borkowski, 1983). It could be that gender plays a major role in power and attraction. Male clients generally attributed a higher level of skillfulness to the female counselor than did female clients (Vargas & Borkowski, 1983).

Lasswell (1948) believes that everyone wants and desires power.

That men want power is a statement we can accept as true in every society where power exists; and this is not to say whether everybody wants it with the same intensity, or whether the drive for power is innate or acquired. For the purpose of analyzing the social process, power is unmistakably a value, in the sense that it is desired (or likely to be desired).

Power can be defined as the capacity of initiators to increase their satisfaction by intentionally affecting the behavior of one or more responders (Keltner, 1982). Power may also be defined as the capacity to affect outcomes (Thibaut & Kelley, 1959).
Power is a universal condition and process that all of us use and need (Korda, 1975).

Power and directiveness seem to be variables that are part of a good family therapist's tools. In summary, men initially have these variables available and trainers need to encourage women to use their personal efficacy and directiveness more often at least in the early stages of training. We know that in effective helping processes both the male and female components are present to various degrees, depending upon the needs of the person being helped, according to Carkhuff (1969). "The effective helper is both mother and father. The whole person has incorporated both the responsive and assertive components". We need to remember in training family counselors that stereotypically society equates the active and assertive components of personality with the masculine action-oriented man. In training of women family counselors we need to enhance their own active and assertive components.
HYPOTHESES

It is hypothesized that: (a) counselor trainees who choose family therapy as a modality have higher self-concepts than those who primarily work with individuals; (b) the counseling styles of family counselors are more directive than other specialties; and (c) more males proportionally choose to become family counselors.

Ha 1  The self-concepts of family counselors in training are higher than other counselors in training.

Ha 2  The counseling styles of family counselors are more directive and structured than the counseling styles of other counselors in training.

Ha 3  More males than females proportionately choose family counseling as a specialty.
III. RESEARCH DESIGN AND PROCEDURES (METHODS)

DESIGN OF THE STUDY

The Dependent and Independent Variables

The dependent variable for hypothesis one in this study is self-concept and whether it is affected by the independent variables of selection into counseling specialty, counseling styles, and gender. Self-concept was assessed by using two standardized self-concept scales: The Tennessee Self-Concept Scale (TSCS, Fitts, 1964) and the Texas Social Behavior Inventory (TSBI, Helmreich & Stapp, 1974). For hypothesis two, the Counseling Orientation Scale (COS, Loesch & McDavis, 1978) was used.

Sampling Matrix: (Subjects)

The subjects for this study were drawn from students enrolled in graduate counseling courses at three major universities in the Northwest: Oregon State University, University of Oregon, and Lewis and Clark College. Two of the universities are public institutions and the third is a private college. The students were divided into two groups: (1) those who choose family counseling and (2) those who choose any other specialty listed on the background information
form. This grouping followed the course structuring at Oregon State University and was chosen in order to contrast family counselors with all others. There were 18 students in the family counseling course at Oregon State University plus 37 additional graduate counseling students in other specialties for a total of 55 at Oregon State University. At the University of Oregon, there were 17 students who indicated family counseling as a preference plus an additional eight students who marked other specialties for an n of 25 students. An additional 13 students at the University of Oregon were not used due to their non-admittance to the graduate program. There were a total of 28 subjects at Lewis and Clark College, with 16 in the family counseling group and 12 in the other specialty areas. This was a total of n=108 for the study, with n=51 in family counseling group and n=57 in other areas.

The subjects were administered the TSCS and the Counseling Orientation Scale during the third quarter of their training. The results of those who choose family counseling were compared to those who choose all other specialties. An analysis of variance of the means of self-concept scores and means of the counseling styles scores were used to compare the two groups and colleges. A Chi-square analysis was used to analyze for gender differences.
Figure 1
Self-Concept Matrix

<table>
<thead>
<tr>
<th>Gender</th>
<th>Family Counseling</th>
<th>Other Counseling Specialties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

n=51          n=57

total n=108

Instruments:

The Tennessee Self-Concept Scale (TSCS), Fitts, (1964) was used because of the numerous previous data collected regarding its validity and reliability (Fitts, 1965; McGee, 1960; Wayne, 1965). The scale consists of 100 self-descriptive items, of which half are stated positively, half negatively, to obviate acquiescence, and which are responded to on a five-point scale ranging from completely true to completely false. The scale was devised to measure how individuals perceive themselves, which was thought to be influential in much of their behavior and directly related to mental health. The scale consists of two sub-scales: (1) Self-Criticism (SC), composed of 10 items from the L scale of the MMPI
which are mildly derogatory, and to which most people admit to being true and (2) the Positive Sub-scale (P) consisting of 90 items, constituting measures of eight aspects of the self-concept, and providing an overall measure of self-esteem. The whole scale is an untimed self report taking up to 20 minutes to complete.

Initially, the scale was developed through perfect agreement by seven clinical psychologists on items finally included and further validated through studies of discrimination between known groups. Fitts (1964) reports that significant differences at a .001 confidence level were found between patient and non-patient groups. He reports other studies with similar findings (Congdon, 1958; Piety, 1958; Havener, 1961; Wayne, 1963). Studies relating it to other scales generally show positive significant correlations: McGee (1960) with the MMPI and Sundby (1962) with the Edwards Personality Inventory. Fitts (1964) reports its test-retest reliability over a two week period ranged from .75 for the Self Criticism scale to .92 for the Positive scale (Counseling form). Congdon (1958) obtained a .88 correlation coefficient for the P scale. The test has been normed on a broad sample of 626 persons aged 12-68 years representative of the general population.
The Counseling Orientation Scale was chosen to measure the counseling styles of beginning counselors who choose family counseling. The Counseling Orientation Scale is an attitude opinion survey which measures personal counseling style preference. Respondents rate themselves on a four point Likert scale, for each item varying from "strongly agree" to "strongly disagree". Responses are scored 1 to 4, high scores indicating preference for that orientation, and summed to yield individuals' overall scores in each category. A mean score was obtained for the structured and non-structured categories. The mean scores were then compared between the Family Counselors and Other Specialties to see which group is more structured.

This research looked at whether those family counselors who indicate more cognitive/behavioral styles on the COS in fact use more structuring skills and are more active and directive than those who choose existential/gestalt/affective styles of counseling. For the purpose of analysis of variance and to be able to compare the differences between structured and less structured counseling styles the seven styles were divided into two major categories. The Trait factor, Freudian, Behavioral and Rational Emotive Therapy falling into Structured category, and Existential,
Client-centered and Gestalt falling into Non-structured counseling styles.

This follows the rationale of Patterson (1973) and Thompson and Rudolph (1983). C.H. Patterson in this book *Theories of Counseling and Psychotherapy* lists Rational approaches in Chapter 1; Learning Theory approaches in Chapter 2; Psychoanalytic approaches in Chapter 3. These three chapters would fall into group one of this study matrix (see Figure 2). Patterson then introduces the perceptual-phenomenological approaches to counseling starting in Chapter 4 and Existential Psychotherapy in Chapter 5. These last two chapters would fall into group two (non-structured) of the matrix (see Figure 2).

Patterson states he is clearly arranging these chapters on a continuum of directiveness, highly rational to highly affective approaches and finally highly cognitive to those that are highly connotative in their emphasis. Bordin (1948) suggests such a continuum from an "emphasis on an intellectual process of reasoning out the problem" to:

*the emphasis upon stimulating the client to further and deeper expression of his attitudes through such methods as accepting and clarifying responses as a dimension of the counseling process.*
The Counseling Orientation Scale was developed by L. Loesch and R. McDavis (1978) as a scale for assessing relative preferences for seven major counseling orientations. The Counseling Orientation Scale can be used to determine what orientation preference counselor trainees have both before and after segments of training programs. The 35 items were chosen to reflect five counseling orientations characteristics (nature of man - NM, Personality constructs - PC, Nature of anxiety NA, counseling goals - CG, and counseling techniques - CT).
for each of seven counseling orientations (Behavioral - B, Client-Centered - CC, Existential - E, Gestalt - G, Freudian - F, Rational-Emotive - RE, and Trait-Factor - TF). The Counseling Orientation Scale respondent is asked to select one of the four response choices. There are the 5 items which reflect each of the seven counseling styles and they are repeated in scoring. Each counseling style than has a scoring range from 5 up to 20.

Content validation was accomplished by having twenty doctoral candidates in counselor education participate in the validation. They were asked to sort each of the 35 Counseling Orientation Scale items into characteristic categories. A 70 percent criterion level was used for both groups. As a final additional content-validity check, four counselor-education faculty were asked to sort the revised items into a characteristic by orientation into a five by seven grid; all four faculty were in 100 percent agreement. The Counseling Orientation Scale was field tested on an n=294 sample of graduate level counselors in training.

Pearson product moment correlations were calculated for the test-retest reliability coefficients. These coefficients, by scale, were B=.88, CC=.86, E=.90, G=.81, F=.87, RE=.78, and TF=.81. All coefficients were significant at the .001 level.
The Texas Social Behavior Inventory (TSBI, Helmreich & Stapp, 1974) was administered to a group of mixed students at Oregon State University for correlation purposes on self-concept (n=23).

The short, sixteen-item form of the TSBI was used. The TSBI is composed of statements designed to access the individual's self-confidence and competence in social situations. For each item respondents rate themselves on a five point scale, varying from "not at all characteristic of me" to "very much characteristic of me." Responses are scored 0 to 4, high scores indicating high self-esteem, and summed to yield individuals' overall scores. The range of possible scores is thus 0 to 64.

The correlation between the short and long forms for a sample of college students given the latter was found to be .96. For a sample of college students given the sixteen item version, the Cronbach alpha was .91. Evidence for the construct validity of the TSBI is to be found in such studies as experimental investigations of interpersonal attraction in which predictions of the differential reactions of individuals high and low in self-esteem to competent men (Helmreich, Aronson, & Lefan, 1970) were successfully verified.
Statistical Model:

For Ho.1 and Ho.2

Two way analysis of variance (ANOVA).

Mathematical model:

\[ Y_{iji} = M + \alpha_i + B_j + \alpha_{Bijk} + E_{ijk} \]

where:

- \( M \) is a fixed constant
- \( \alpha_i \) is a differential effect factor 1
- \( B_j \) is a differential effect factor 2
- \( \alpha_{Bijk} \) is a differential effect associated with interaction
- \( E_{ijk} \) is a random variable normally distributed with a mean of 0 and a variance of \( \sigma^2 \) (Courtney, 1983)

For Ho.3 (Gender)

The chi-square (\( \chi^2 \)) test was used to determine if significant differences exist between categories.

Mathematical model:

\[ \chi^2 = \sum \frac{(\text{observed-expected})^2}{\text{expected}} \]
ANOVA Layout and Chi-Square Layout:

FIGURE 3
Ho. 1 (self-concept)

ANOVA Table

<table>
<thead>
<tr>
<th>Source of variation</th>
<th>df</th>
<th>SS</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>selection of specialties</td>
<td>1</td>
<td>SScs/1</td>
<td>MScs/MSe</td>
<td></td>
</tr>
<tr>
<td>gender</td>
<td>1</td>
<td>SSg/1</td>
<td>MSG/MSe</td>
<td></td>
</tr>
<tr>
<td>interaction</td>
<td></td>
<td>SSint/</td>
<td>MSI/MSe</td>
<td></td>
</tr>
<tr>
<td>error</td>
<td></td>
<td>SSE/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>107</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ho. 2 (counseling styles)

ANOVA Table

<table>
<thead>
<tr>
<th>Sources of variation</th>
<th>df</th>
<th>SS</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>selection of specialties</td>
<td>1</td>
<td>SSss/1</td>
<td>MSss/MSe</td>
<td></td>
</tr>
<tr>
<td>gender</td>
<td>1</td>
<td>SSg/1</td>
<td>MSG/MSe</td>
<td></td>
</tr>
<tr>
<td>interaction</td>
<td></td>
<td>SSint/</td>
<td>MSI/MSe</td>
<td></td>
</tr>
<tr>
<td>error</td>
<td></td>
<td>SSE/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>107</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Multiple Comparisons Testing:

The Tukey's method of multiple comparison testing was chosen for this study.
IV. RESULTS

This study was designed to investigate three major hypotheses. The results are reported in three sections each beginning with a restatement of one of the major hypotheses.

Self-Concept

Ha 1. The self-concepts of Family Counselors in training were higher than other counselors in training.

Total Scale

All 108 participants were administered the Tennessee Self-Concept Scale in the third quarter of their training. One subject skipped some of the questions on the TSCS, and, therefore, only two of the sub-scales were valid for that person. As a result, the total self-concept score (P-score) was completed on 107 subjects.

Table 1 presents the total self-concept mean scores for both specialties and sexes. An analysis of variance indicated no main effect for sex, $F(1,106) = .03$, $p = .87$. For specialties the main effect was also insignificant, $F(2,106) = 2.12$, $p = .15$, and there were no interaction effects. Although not statistically significant, the higher mean score of Other Specialties
when compared to Family Counselors was in the direction opposite to that expected in Ha 1 (see Table 1).

Table 1

Total self-concept mean scores (P-scores) for the TSCS

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>male</th>
<th>female</th>
<th>combined mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Counselors</td>
<td>51</td>
<td>349.50</td>
<td>354.56</td>
<td>353.17</td>
</tr>
<tr>
<td>Other Specialties</td>
<td>56</td>
<td>361.58</td>
<td>358.38</td>
<td>359.35</td>
</tr>
<tr>
<td>Totals</td>
<td>107</td>
<td>356.00</td>
<td>356.00</td>
<td></td>
</tr>
</tbody>
</table>

Sub-scales

The trend of Other Specialty mean scores being higher is further evident in the analysis of the sub-scores of the TSCS. In the following sections results are reported using each of the separate sub-scales of the TSCS.

There were significant differences of the mean scores on two of the sub-scales: Identity (R-1) and Family Self (C-4). The R-1, Identity sub-score yields an internal measure of self-concept. These are the "what I am" items or how people perceive themselves. Here individuals are describing their basic identity -- what they are as they see themselves. The difference between Family Counselors' and Other Specialties' total mean
scores was significant, $F(1,106) = 4.15$, $p < .05$. The mean scores of Other Specialties were higher than those of family counselors (see Table 2); sex of subjects was not a significant effect.

Table 2

Self-concept mean scores for sub-scale R-1 (Identity) by group and sex

<table>
<thead>
<tr>
<th>Groups</th>
<th>n</th>
<th>Combined Mean</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Counseling</td>
<td>51</td>
<td>124.76*</td>
<td>122.42</td>
<td>125.64</td>
</tr>
<tr>
<td>Other Specialties</td>
<td>56</td>
<td>127.54*</td>
<td>128.82</td>
<td>126.97</td>
</tr>
</tbody>
</table>

*p < .05

The second sub-scale which yielded significant differences in scores was the external measure of self-concept for the Family Self (C-4). The Family Self scale (C-4) indicates persons' feelings of adequacy as family members. The mean score (see Table 3) of other specialties was higher than the mean score of family counselors, $F(1,106) = 3.80$, $p < .05$. Again, sex of subjects did not have a significant effect.
Table 3

Self-Concept mean scores for sub-scale C-4 (Family Self) 
by group and sex

<table>
<thead>
<tr>
<th>Groups</th>
<th>n</th>
<th>Combined Mean</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Counseling</td>
<td>51</td>
<td>71.12*</td>
<td>70.21</td>
<td>71.46</td>
</tr>
<tr>
<td>Other Specialties</td>
<td>56</td>
<td>73.55*</td>
<td>73.82</td>
<td>73.44</td>
</tr>
</tbody>
</table>

*p < .05

On this sub-scale data, a difference $F (2,106) = 3.35$, $p < .05$ among training centers emerged. Lewis and Clark College had the highest overall self-concept mean score for Family Counselors and Oregon State University was the highest for Other Specialties (see Table 4).

Table 4

Training Centers mean scores for sub-scale C-4 (Family Self) by group and colleges

<table>
<thead>
<tr>
<th>Colleges</th>
<th>Combined Mean</th>
<th>Family Counselors</th>
<th>Other Specialties</th>
</tr>
</thead>
<tbody>
<tr>
<td>O.S.U.</td>
<td>73.61</td>
<td>70.4</td>
<td>75.1</td>
</tr>
<tr>
<td>L &amp; C</td>
<td>73.03</td>
<td>73.6</td>
<td>72.1</td>
</tr>
<tr>
<td>U of O</td>
<td>69.04</td>
<td>69.4</td>
<td>68.2</td>
</tr>
</tbody>
</table>

Mean scores for total sample 72.39 71.1 73.5
Since there was a significant difference for the colleges on the sub-scale Family Self (C-4), multiple comparison testing using the Tukeys' method was completed. The University of Oregon was significantly lower in this scale than the other two colleges (see Table 5).

Table 5

Multiple Comparisons Testing (Tukeys') for colleges on sub-scale C-4 Family Self

<table>
<thead>
<tr>
<th>College</th>
<th>Quotient (T)</th>
<th>Critical Value</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSU vs L &amp; C</td>
<td>.45</td>
<td>2.93</td>
<td>N.S.</td>
</tr>
<tr>
<td>OSU vs U of O</td>
<td>3.57</td>
<td>2.93</td>
<td>*</td>
</tr>
<tr>
<td>L &amp; C vs U of O</td>
<td>3.12</td>
<td>2.93</td>
<td>*</td>
</tr>
</tbody>
</table>

* significant p < .05
N.S. not significant

The scores on the internal sub-scales of the TSCS Self Satisfaction (R-2) and Behavior (R-3) were not significantly different by group, sex, or college. The external sub-scale scores on Physical Self (G-1), Moral-Ethical Self (C-2), Personal Self (C-3), and Social Self (C-5) were also not significantly different by group, sex, or college.

Correlation of self-concept inventories
The Texas Social Behavior Inventory was also administered to 23 participants from the Oregon State University sample, for self-concept correlation purposes with the Tennessee Self-Concept Scale. A Pearson product-moment correlation was run for the participants who took both tests to determine whether there was a significant correlation between the two standardized self-concept inventories. The results indicated that there was a positive correlation between the two tests \( r = .48, p < .01 \). These were one-tailed tests for both the Tennessee Self-Concept Scale score (P-score) and one of the sub-scales (C-5, Social Self), since the Texas Social Behavior Inventory is a measure of the social self-concept.

Counseling Styles

Ha 2. The counseling styles of family counselors are more directive and structured than the counseling styles of other counselors in training.

All of the participants of the study were administered the Counseling Orientation Scale (COS). Each of the seven counseling styles measured by the Counseling Orientation Scale had a different score. The seven counselor orientations measured were then categorized into two groups (1) structured (G-1) and (2) non-structured (G-2). Each participant then had a mean score for each group. The G-1 and G-2 mean scores were
also combined for one total G (group) mean score. An ANOVA indicated that there were no significant differences between groups, sexes, or colleges regarding directiveness. An ANOVA of the separate groups (G-1 and G-2) still indicated no significant differences in groups, sexes or colleges regarding counseling directiveness or non-directiveness. However, in the G-2 score, there was interaction, $F(2,106) = 11.79$, $p < .001$, among the training centers and the specialties (see Tables 6 and 7).

Table 6

Means of Group Two (G-2) by groups and colleges

<table>
<thead>
<tr>
<th>Colleges</th>
<th>n</th>
<th>Family Counseling</th>
<th>Groups</th>
<th>n</th>
<th>Other Specialties</th>
</tr>
</thead>
<tbody>
<tr>
<td>L &amp; C</td>
<td>16</td>
<td>15.9</td>
<td>12</td>
<td>14.5</td>
<td></td>
</tr>
<tr>
<td>OSU</td>
<td>18</td>
<td>15.4</td>
<td>37</td>
<td>15.3</td>
<td></td>
</tr>
<tr>
<td>U of O</td>
<td>16</td>
<td>14.4</td>
<td>8</td>
<td>16.3</td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>50</td>
<td>15.2</td>
<td>57</td>
<td>15.3</td>
<td></td>
</tr>
</tbody>
</table>
The interaction indicates that Oregon State University mean scores were consistent for the two groups, but the other two colleges' scores were reversed. Multiple comparisons testing using Tukeys' test indicated that there were differences at the $p < .05$ level between family counselors and other specialties for the University of Oregon and Lewis and Clark College, but not Oregon State University. This is seen in Table 6, where means connected by dashed lines are not significantly different. All other means differ from each other, as further seen in the comparison within family counselor groups; there were significant differences ($p < .05$) between University of Oregon (14.4) versus Oregon State University (15.4) and University of Oregon versus Lewis and Clark College.
(15.9), but not between Lewis and Clark College versus Oregon State University. Differences between colleges, within the Other Specialties group, were significant (14.5 vs 15.3 vs 16.3). The critical value of the Tukeys' statistic was 3.08, \( p < .05 \), in all comparisons among means.

Counseling Style Preferences

Of the 107 total sample taking the Counseling Orientation Scale only four subjects overall scored a mean score higher in group G-1 (structured) than group G-2 (non-structured). There are mean scores for every person for both G-1 and G-2 groups. In addition client-centered therapy was the modal choice of the study group, with Gestalt second and Existential third. Rational-emotive therapy was the fourth most popular and the most chosen of group two. Of the seven possible counseling orientations of the Counseling Orientation Scale, the rank order of the preference for counseling styles is shown in Table 8.
Table 8

Subjects' preferences on the Counseling Orientation Scale for counseling styles

<table>
<thead>
<tr>
<th></th>
<th>G-2</th>
<th>G-1</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>non-structured</td>
<td>structured</td>
<td></td>
</tr>
<tr>
<td>Client centered</td>
<td>41</td>
<td>74</td>
<td>50</td>
</tr>
<tr>
<td>Gestalt</td>
<td>17</td>
<td>47</td>
<td></td>
</tr>
<tr>
<td>Existential</td>
<td>6</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Rational emotive</td>
<td>4</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Freudian</td>
<td>1</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Trait factor</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Behavioral</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>74</td>
<td>107</td>
<td>107</td>
</tr>
</tbody>
</table>

NOTE: Rows total more than the total subjects because respondents could have more than one preference.

The rank order of gender choice was also computed for the seven possible counseling orientations of the Counseling Orientation Scale (see Table 9). The study indicated males chose more structured counseling styles (G-1) 13 times compared to the females with only seven preferences in the more structured group, although there were more than twice as many females as males. The
proportions are closer in the non-directive/structured groups (G-2) to the actual ratio of males to females in the study.

Table 9

Subjects' preference on the Counseling Orientation Scale, by gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>G-2</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>non-structured</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Client centered</td>
<td>Gestalt</td>
<td>Existential</td>
<td>Rational emotive</td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>19</td>
<td>14</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>55</td>
<td>33</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>74</td>
<td>47</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>76</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>108</td>
</tr>
</tbody>
</table>

Gender

Ha 3. More males than females proportionately chose family counseling as a specialty.

A Chi-square analysis of gender indicated no significant difference ($\chi^2 = 0.065$) between the number of men and women choosing Family Counseling and Other
Specialties. There was a total of 32 men (14 family counselors and 18 others) and 76 women (37 family counselors and 39 others) in the study (see Table 10).

Table 10
Percent of counseling choice, by gender

<table>
<thead>
<tr>
<th>Group</th>
<th>Family Counseling</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>14 (43.8)</td>
<td>18 (56.3)</td>
</tr>
<tr>
<td>Female</td>
<td>37 (48.7)</td>
<td>39 (51.3)</td>
</tr>
<tr>
<td>Totals</td>
<td>51 (47.2)</td>
<td>57 (52.8)</td>
</tr>
</tbody>
</table>

In addition to the non-significant differences regarding gender and choice into family counseling, for the overall study the total self-concept mean scores of men and women were very similar as measured by the P-score on the Tennessee Self-Concept Scale. The 31 men's total self-concept score was 356.13 and the 76 women's score was 356.53. There was a greater difference between the self-concept scores of subjects for the colleges than for the sexes.
Summary of the findings

The data collected in this study were reported and organized in this chapter. Three hypotheses were formulated to investigate the self-concept, counseling styles, and gender. Two-way ANOVA's, Chi-square and Pearson Correlation Coefficients were used with .05 as the criterion for statistical significance. The following results were obtained:

1. There is evidence that self-concept is significantly different between Family Counselors and Other Specialties in the two sub areas of "Internal Measure of Identity" and for "Family Self," with Other Specialties higher than Family Counselors. Family Self was also significantly different in the colleges, with Lewis and Clark College having the highest overall self-concept mean score for Family Counselors and Oregon State University the highest for Other Specialties.

2. No significant differences were found between counseling styles of Family Counselors and Other Specialties in their preference for structured or less structured counseling styles.

3. The predominate choice of both Family Counselors and Others regarding counseling styles is the (G-2) non-structured approach.
4. No significant differences were found by gender: the self-concept scores were similar for males and females.

Based on the findings of this study, implications for family therapy training are examined and analyzed in the following chapter. In addition, recommendations for further study are considered.
V. DISCUSSION

The first part of Chapter V consists of a brief statement of the study followed by a discussion of each hypothesis and the implications of the findings. Recommendations for future research of the study are then presented. Lastly, conclusions and implications of the study are stated.

This study looked at the personality characteristics of family counselors as compared to counselors who chose other specialties in graduate counseling training centers in Oregon. The question asked of the study was: Are there differences in self-concept, counseling styles, and gender between family counselors in training and others?

Since the population of 108 graduate counseling students from three counselor training centers (two universities and one college) in Oregon represents approximately 80% of the entire population of graduate counseling students for the state, this representative sample reflects the views, attitudes, preferences and self-concepts of the graduate counseling students in 1983-1984 in Oregon.

Self-Concept

In 1979 Kniskern and Gurman stated there were no studies that looked at the possible correlation
between self-concept and selection criteria of counselors specializing in family counseling. This present study on counselor trainees reveals that there were no significant differences in overall self-concept between students choosing family counseling and those choosing other specialties or among the three colleges, however, there were 2 sub-scale differences.

The findings of this analysis may be partially due to the difficulty of clearly identifying family counseling students as a group. For example, at Oregon State University the family counseling group used in the study was taking its first family counseling course and some may decide that family counseling is not their specialty after this course. At Oregon State they chose family counseling out of all other possibilities. At the other two schools the study had to depend on individuals' choices that they saw themselves as family counselors out of a possible five choices (forced choice, see background information form in Appendix). These were the same specialties offered at Oregon State University. The results of this study may have been clouded by insufficient criteria to self-identify as family counselors.

Another factor was that the scores (total P-scores, overall self-concept) of the entire population that was studied was 356.26 (60th percentile) and is higher on an
average than the population on which the TSCS was normed 348.00. It was this writer's observation while scoring the TSCS, that the graduate counseling students were scoring above the 50 percentile. Since these were all graduate students, it is not surprising to postulate that this may have been too homogeneous a group.

Pallone and Hosinski (1967) found that there is a screening factor regarding self-concept and graduate students, making them more homogeneous. The Q-sort was administered to 168 nursing students. The students represented seven levels of training in nursing, ranging from basic to graduate. They found that there were significant predicted relationships among the statements for graduate level students but not in others; therefore, investigations of graduate students tend to underestimate the true relationship between self-concept implementation and vocational preference.

The results showed significant differences on two of the eight sub-scales of the Tennessee Self-Concept Inventory. The first was the internal measure of self-concept (R-1, Identity). There was a difference in groups between the self-concept scores of family counselors and other specialties on this sub-scale. The self-concept mean scores of other specialties were higher than those of family counselors. The Identity sub-scale is classified as the individual describing
one's basic identity. This is the one sub-scale that focuses on how one sees one's self which would include one's professional self.

Oregon State University had the highest non-family counselor specialties mean self-concept scores. At Oregon State there are a few strong specialties that have a well established identity, for example, rehabilitation, elderly, and school counseling. Many people choose Oregon State University due to its strong program in Rehabilitation Counseling in the joint counseling program for Oregon State University at Western Oregon State College. Korman (1967) tested the hypothesis that self-esteem is related to the perception of the difficulty of an occupation and serves as a moderator of occupational choice. It may be that those respondents in non-family counseling specialties perceive their track as more rigorous than family counseling. Family counseling self-concept scores in the R-1 sub-scale may also be lower than the other specialties' scores because the investigators criteria for self identification may not have been sufficiently rigorous.

Family counseling is often a sub-specialty in agency counseling which makes it harder to have a clear professional identity. These two factors—(1) well developed other specialties progress at Oregon State
University and (2) family counseling as a sub-specialty-- may have contributed to the results of the Identity (R-1) sub-scale.

The other sub-scores on the TSCS that were significant were the Family Self (C-4) scale. A significant difference was found for both groups and colleges as measured by the F statistic. The Family Self sub-scale score reports the person's feelings of adequacy as a family member. The mean score of the other specialties was higher than the mean score of family counselors.

One hypothesis for these results could be that people who go into family counseling are still dealing with family issues with their own family of origin. It may be that many people who choose to become counselors come into the field as a result of suffering that occurred in their own families. Counseling course work becomes a way for them to work through their own wounded backgrounds, so that they can go on and become effective healers with others. This conforms with Adlerian Psychology which emphasizes the importance of the family as the original influence of our emerging personality (Dinkmeyer et al., 1983).

Those who have not yet worked through their family self identity may then do so at the expense of their
clients in family therapy. Many writers in this area caution counselors in training about this problem (Patterson, 1983; Corey, 1982).

There was also a significant difference in the Family Self sub-scores among the colleges. This was the only significant difference among the colleges for the entire study. Multiple comparisons testing utilizing the Tukeys' method indicated the differences were between University of Oregon and both Oregon State University and Lewis and Clark College. The Family Self score was not significantly different between Oregon State University and Lewis and Clark College.

Lewis and Clark College's high self-concept mean scores for family counseling might be due to the nature of the student population (private college and most students are employed and working on degrees part-time). Also Lewis and Clark is drawing from the Portland area almost exclusively which is the population center of the State of Oregon. All of these factors may influence self-concept in a positive direction. Students who are already employed as counselors would tend to have higher self-concept scores.

University of Oregon and Oregon State University had the oldest mean age in the study for other specialties. This might help explain their higher self-
concept. Fitt's (1971) research showed that self-concept develops and grows as we mature.

The high non-family counselor scores at Oregon State University may be a result of well-defined other specialties already mentioned above. The University of Oregon scores for this scale were the lowest for both areas. The Tukeys' comparison indicated the scores were different from those of the other two training centers. The University of Oregon has the American Psychological Association approved program in Counseling and has many high quality candidates who apply there as measured by the G.P.A. and G.R.E. scores. Alice Miller (1981) in The Drama of the Gifted Child discusses how often high intellectual ability does not necessarily mean high self-concept which could explain these results on the TSCS. She further states,

these people-- the pride of their parents-- should have had a strong and stable sense of self-assurance. But exactly the opposite is the case. In everything they undertake they do well and often excellently; they are admired and envied; they are successful whenever they care to be-- but all to no avail. Behind all this lurks depression, the feeling of emptiness and self-alienation, and a sense that their life has no meaning.

A further explanation could be that the competition is so keen and the pressure to perform so great at the University of Oregon that it creates self-doubt and
insecurities. Adler wrote that an inferiority complex leads to superiority striving. Adler (1917) held that the driving dynamic of life was the deeply internalized sense of inferiority which we all fell heir to by being small (helpless). In order to gain a feeling of adequacy and power, people are driven and motivated by a compulsion to achieve.

Another possibility that might help explain the Tukeys' results could be that the Family Circus program at the University of Oregon may have attracted people to their family counseling program who need therapy and thought they could get counseling by becoming students. This is probably true of all counselor training programs but even more evident at the University of Oregon since the Family Counseling program is an outreach program to the community. The Family Circus is a Saturday program where families can come for family counseling or to observe family counseling by a professor or graduate student.

Finally, there was a positive correlation between the two instruments that were used to measure self-concept. The Tennessee Self-concept Scale was administered to all participants of the study due to its wide acceptance and specific sub-scales. The Texas Social Behavior Inventory was administered to a random sample of Oregon State University students to be sure
that the TSCS was measuring self-concept and correlated with another measure of self-concept. There was a moderately large positive correlation between the two measurements indicating that they are measuring related concepts, however the correlation was not large enough to conclude they are measuring the same thing (percentage of variance accounted for is less than 25%).

Counseling Styles

This study indicated that there were no significant differences in counseling styles between Family Counselors and counselors in training in all Other Specialties. One explanation of these results may be that the students identified as family counselors did not take enough courses to distinguish a difference between them and fellow graduate students in training. For example, at Oregon State University there is only one course offered in family therapy in the Department of Counseling.

There was interaction regarding the group two (G-2) scores the non-structured group. The family counselor mean scores were only slightly more directive/structured than other specialties overall. Oregon State University scores were consistent, but the other two colleges' scores were reversed. The differences are probably a result of the structure of the courses and philosophical differences of the professors of the three colleges.
It is clear from the lower mean scores on the Counseling Orientation Scale that training in the family counseling specialty is significantly more structured than the other specialty population at the University of Oregon and the reverse is the case at Lewis and Clark College. Lewis and Clark's family counselors' styles are less structured than those of the other specialties. Teaching at Oregon State is team teaching primarily and uses composite (block type) courses where a variety of professors with converging philosophies teach all the students in combined classes through most of the program. This core program could make for little difference in counseling styles among the various specialties. On the other hand, Lewis and Clark College and the University of Oregon have professors who are responsible for individual courses and the variety across the specialties would reflect the influence of the professors' individual styles.

Within the family counseling groups at the Universities the Tukeys' comparison for counseling styles is interestingly the same as the Tukeys' comparison for the self-concept sub-score Family Self. As analyzed before there seem to be fewer differences between Lewis and Clark and Oregon State than there are with the University of Oregon.
One of the reasons that there may not have been any significant differences in counseling styles between family counselors and other specialties could be the very skewed results of the Counseling Orientation Scale. There were only four subjects out of 107 who scored highest in the directive/structured group (G-1) as compared to the non-directive group (G-2).

One clear observation that can be made is the preference for Group 2 counseling styles (less directive) of counselors in training in the State of Oregon. It appears that Rogers (1951) has had a tremendous effect on counselor training centers in Oregon as measured by the Counseling Orientation Scale. The client-centered group was the largest preference in this study which was also true of the original norming sample (Loesch & McDavis, 1978). Existential and Gestalt Therapy, the second and third choices, were also significantly represented in Group Two (G-2).

Knowledge of non-directive therapies is very helpful for initiating involvement with new clients and for certain types of problems. Directive therapies have been shown to be the treatment of choice for family therapy according to studies of family counseling success (Gurman & Kniskern, 1981).
In the original research on this scale the aforementioned authors reported that significant differences in preferences on the basis of race were found for four of the orientations (or the present study's group one, G-1). The ethnic minority trainees had significantly higher preferences for the Rational-Emotive, Trait-Factor, Behavioral, and Freudian orientations than did the Caucasian trainees. In the present study there were very few ethnic-minority participants, if any, which might help explain the preference for Group Two orientations at least here in Oregon.

Another reason the scores could have been skewed so much to the non-directive group (G-2) may be because none of the three training centers have an American Association of Marriage and Family Therapists (AAMFT) certification track. A strongly developed AAMFT track for family therapy with trainers and courses probably would be more structured (see AAMFT manual for college accreditation). Family Therapy professors who are familiar with the current new research indicating that more structured style leads to positive outcome (Shapiro, 1974; Pinsof, 1979) would include this research for their students and encourage students to use more structured therapies in Family Counseling.
Gender

A Chi-square analysis of gender indicated no significant difference between males and females choosing family counseling or other specialties. There was a total of 32 males (14 family counselors and 18 others) and 76 females (37 family counselors and 39 other specialties) in the study. At least in this study population it appears that males and females choose randomly to enter family counseling without regard to gender.

The 1982 Directory of Clinical Members for the American Association for Marriage and Family Therapist indicates that there are 95 male and 45 female members for a total of 140 members in Oregon. The national membership of AAMFT (Clinical Members) is 11,240 with 6,101 males and 5,134 females. It would appear that there are then more male practitioners than females nationwide in AAMFT and that the ratio in Oregon is nearly two to one. There could be many reasons for this national and Oregon ratio, such as more males prefer to go into private practice or more males join professional associations. It could be that one of the reasons this study's sample had more women family counselors than men is due to more women returning to college in the last decade.
The preference and training of the centers in the non-directive model may be a partial explanation of the gender results. If there is not an emphasis on the structured (G-1) counseling styles, then the stereotypic pressure of the non-structured (G-2) styles to be more passive and have characteristic female traits might explain why at least in counselor training Oregon there is no difference between the genders in the choice of specialties. It would appear that there is a strong leaning for both males and females towards the non-directive model which conforms to stereotypic feminine traits of passivity, warmth, and nurturance. In Oregon according to the Counseling Orientation Scale there appears to be little difference between males and females in counseling styles. This would suggest that male counselors due to their counseling styles conform to some stereotypic feminine traits. This would help to explain why there was no difference between the genders in choosing family counseling.

**Future Research**

It is possible that counselors in training are more behavioral in action than in philosophy as measured by the Counseling Orientation Scale. The Counseling Orientation Scale was a measure of one's attitudes and
philosophy of counseling. Future research could use judges to observe the counselors-in-training in action and rate their interactions on a continuum of structured to less structured. This procedure may give a closer measure of actual differences between counselors rather than their self-reports. Behavioral observations, ratings, and analyses have been used to infer orientation preferences from counselor trainees (Howard & Orlinsky, 1970; Lavelle, 1977).

Additional research could look at those who survive family therapy training and, via pre-test/post-test, see if their attitudes have changed regarding their picture of what family therapy was and is and whether it is regarded as more difficult than other specialties.

A future research project that would logically follow this study would be to measure the self-concepts of veteran family counselors, such as practicing Clinical Members of AAMFT. It is uncertain how the two differences in self-concept found in this study will translate into counseling practice; therefore, a longitudinal study relating these findings to actual practice is needed. The self-concept of the veteran family therapist and other veteran counselors could then be compared to the self-concept of the student family counselors and other student specialties to see if years in practice of family therapy raises or lowers the self-
concepts over time of the family therapists, especially in those scales that were significant in this study.

Further future analysis

There were scores on the TSCS that showed trends but were not significant. Due to the difficulty in measuring self-concept, further investigation might find more discriminating information than these self-concept inventories were able to find.

A promising area to investigate further would be the total self-concept score (P-score). The difference between the groups was measured at the .149 level of the TSCS. There is a possibility that future research might detect a significant difference between these two groups.

Other areas with scores on the TSCS that were close to being significant were: (Sub-scales of the TSCS)

R-1 colleges .127 (Identity, "what I am" scores)
R-3 colleges .161 (Behavior, "this is what I do")
C-2 sex .185 (Moral-Ethical self)
C-5 group .168 (Social self)

Conclusions

There are limitations to this study, and drawing implications from it are fraught with pitfalls (see Limitations of the Study, page 12). Nonetheless, some conclusions and implications can be drawn.
It was found that the self-concept of other specialties (all graduate counseling students other than family counselors in training) at three major counselor training centers in Oregon were higher on two sub-scales of the TSCS than those of family counselor trainees. Unlike the researcher's anticipated outcome, the overall self-concept scores of other specialties were higher than those of family counselors, but were not significant (.149). This would be expected since two of the sub-scales were higher. It can be said of the population of this study that students in other specialties have significantly higher self-concepts than family counselor trainees on two sub-scales of the TSCS. The study does not demonstrate that family counseling training draws persons with higher self-concepts than other specialties.

It can also be said that there is no significant difference between the groups' counseling styles. In fact, the counseling styles of counselors in training in Oregon are very similar (non-directive), regardless of gender. A major finding was that, regardless of specialty, counselors in Oregon prefer the non-directive approaches to therapy. Males also chose more structured counseling styles as did females on the Counseling Orientation Scale.
There also was no significant difference between males and females choosing Family Counseling or Other Specialties. In Oregon, males and females choose randomly to enter Family Counseling without regard to gender.

**Implications**

There are implications in at least two directions. First, the self-concept of family counselors in training could be improved, although overall the self-concepts of family counselors were high in comparison to the TSCS tests norms. Work may be necessary to more clearly identify the specialty of family counseling and the self-concepts of those who choose family counseling.

It would appear that self-concept is not a discriminating variable since the self-concepts of all counseling student are relatively high. Since the self-concept of Family Counselors was lower than Other Specialties those students who plan on taking family counseling should study individual family units and the dynamics of their own family of origin in the Individual Assessment course prior to taking family therapy. The goal would be for family counselor trainees to have worked out some of their own family issues before they actually get into the formal family therapy training. It is desirable that the trainees'
self-concepts be strong, as Combs and others claim the self-concept influences everything a person does (Combs, 1971).

Secondly, according to studies of family counseling success (Gurman & Kniskern, 1981) which indicate that more structure leads to more positive outcomes, there needs to be an emphasis on counseling styles that are more structured and directive in family counselor training programs. The research points to a directive, active, and structured style resulting in more success (Shapiro, 1974).

This research information needs to be brought to the attention of family counselor trainees and trainers in Oregon. With attention brought to this data more active, directive and structured counseling styles could receive more emphasis.

If these findings are replicated, a broader issue for family counseling theory is the inherent reluctance of family counselor practitioners to practice a structured approach, when the trend of recent research indicates that a more structured approach may be more effective. Furthermore, the relatively lower self-concept of family counselors than those in other specialties, the higher female choice of less structured therapies, and the preference for non-structured
counseling by both males and females may be related to gender issues and/or lower self-esteem. Thus family counseling may not be attracting the candidates who are likely to be the most effective family practitioners.

Future research into counseling styles and gender may lead to an instrument that will help counselor educators select students into family counseling based on known research about the outcome of successful family counselors and their personality characteristics. According to this study, the personality construct of self-concept does not seem to be a significant variable in counselor trainees choices upon entering the family counseling specialty.
VI. BIBLIOGRAPHY


Allport, G. Becoming: Basic considerations for a psychology of personality. New Haven: Yale University Press, 1955


Courtney, E.W. *Analysis.* Corvallis, Or.: Division of Continuing Education, Oregon State University, 1983


Dreikurs, R. Psychotherapy as correction of faulty social values. *Journal of Individual Psychology.* 1957, **13,** 150-158

Dreikurs, R. & Soltz, V.  *Children the Challenge.*  New York: Duell, Sloan & Pearce, 1964


Fitts, W.H.  *The self-concept and performance.*  Nashville, Tenn.: Dede Wallace Center, Monograph V, 1972

Freud, S.  *The ego and the id.*  London: Hogarth Press, 1923


Haley, J. *Problem-Solving Therapy*. San Francisco: Jossey-Ball, 1976


Harvey, L.V. The use of non professional auxiliary counselors in staffing a counseling service. *Journal of Counseling Psychology*, 1964, 11, 348-351

Henley, N. & Thorne, B. *She said/he said: An annotated bibliography of sex differences in language, speech and nonverbal communication*. Pittsburg, Pa.: KNOW, Inc. 1975


Jackson, M., & Thompson, C.L. Effective counselor characteristics and attitudes. *Journal of Counseling Psychology*, 1971, 18, 249-254

James, W. *Principles of Psychology*. New York: Holt, 1890


Korda, M.  *Power, How to get it, How to use it.* New York: Random House, 1975


Maehr, Mensing & Nalzer Concept of self and the reaction of others. Sociometry, 1962, 25, 353-357


Piercy, F.P. & Hovestadt, A.J. Marriage and Family Therapy within Counselor Education. *Counselor Education & Supervision, 1980, 20,* 68-74


Shapiro, R.  Therapist attitudes and premature termination in family and individual therapy.  *Journal of Nervous & Mental Disease*, 1974, 159, 101-107

Shapiro, R. & Budman, S.  Defection, termination and continuation in family and individual therapy.  *Family Process*, 1973, 12, 55-67


Traun, C.F. A study of the effectiveness of selected counselor trainee personality, discrimination, and demographic characteristics as predictors of level of counselor skill. Unpublished Doctoral Dissertation, Georgia State University, 1978


VII. APPENDICES
APPENDIX A

Introductory Letters to Other Colleges and Universities
April 25, 1984

Dr. Gordon Lindbloom
Counseling Psychology
Campus Box 93
Lewis and Clark College
Portland, OR 97219

Dear Dr. Lindbloom,

As per our telephone conversation of Monday, April 23rd, I am forwarding the materials regarding my research for your perusal. As I indicated in that conversation, I am a doctoral candidate in Counseling in the School of Education at Oregon State University. Dr. Gerald L. Becker is the chairman of my doctoral committee. The title of my dissertation proposal is "An Empirical Study of the Self-Selection of Family Therapists, Measured Self-Concepts, and Style of Counseling".

On April 19, 1984, my dissertation proposal was approved. My committee requested that I increase the number of counselor training programs in my sampling matrix to attain a more representative population. I am requesting your participation, as a private institution, as it would greatly enhance the population and the overall quality of my dissertation.

The population will be divided into two groups: 1) those interested in Family Counseling, and 2) those interested in other specialty areas. I will administer two short attitude questionnaires, the Tennessee Self-Concept Scale and the Counseling Orientation Scale. The two surveys should take no longer than thirty minutes total to administer. The results of these questionnaires will be kept in strictest confidence and will in no way be compared with other university programs. The students at your institution will be used only to improve the sample population.

I would like to schedule an appointment with you at your earliest convenience to discuss my proposal and study. It is my hope to have completed the collection of my data by the end of this Spring Term.

Thank you for your consideration of my request.

Sincerely,

David M. Eden, Graduate Teaching Assistant
Doctoral Candidate
Dept. of Counseling & Guidance

Encl.
April 26, 1984

Dr. Raymond Lowe
Counseling Psychology
School of Education
University of Oregon
Eugene, Oregon

Dear Dr. Lowe,

I am a doctoral candidate in Counseling in the School of Education at Oregon State University. Dr. Gerald L. Becker is the chairman of my doctoral committee. The title of my dissertation proposal is "An Empirical Study of the Self-Selection of Family Therapists, Measured Self-Concepts, and Style of Counseling".

On April 19, 1984, my dissertation proposal was approved. My committee requested that I increase the number of counselor training programs in my sampling matrix to attain a more representative population. I am requesting your participation, as a public institution, as it would greatly enhance the population and the overall quality of my dissertation.

The population will be divided into two groups: 1) those interested in Family Counseling, and 2) those interested in other specialty areas. I will administer two short attitude questionnaires, the Tennessee Self-Concept Scale and the Counseling Orientation Scale. The two surveys should take no longer than thirty minutes total to administer. The results of these questionnaires will be kept in strictest confidence and will in no way be compared with other university programs. The students at your institution will be used only to improve the sample population.

I would like to schedule an appointment with your students in the masters program at your earliest convenience. It is my hope to have completed the collection of my data by the end of this Spring Term.

Thank you for your consideration of my request.

Sincerely,

David N. Eden, Graduate Teaching Assistant
Doctoral Candidate
Dept. of Counseling & Guidance
APPENDIX B

Background Information Form
Dear participant,

Thank you for participating in this study. Your answers to all questions will be kept confidential.

Sincerely,

David M. Eden
Project Director

1. Are you presently a student in the graduate counseling program? yes ___ no ___

2. In which area do you intend to seek employment in the future (pick one)?

   family counseling ______
   geriatric counseling ______
   group counseling ______
   school counseling ______
   rehabilitation cslg ______

3. Do you have previous experience in the above specialty before you returned to school this year? yes ___ no ___
   If so years and months. __________

4. Male _____ Female _____

5. Last four social security numbers. ___ ___ ___

6. Age _____
APPENDIX C

Measurement Instruments


Helmreich, R. & Stapp, J. The Texas Social Behavior Inventory, 1974
We are interested in your opinion regarding counseling styles. Please mark each item.

Strongly Agree (SA); Agree (A); Disagree (D); Strongly Disagree (SD)

<table>
<thead>
<tr>
<th>Items</th>
<th>SA</th>
<th>A</th>
<th>D</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. People are mechanical in that they are merely responsive to...</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2. People are guided by their perceptions of themselves and their...</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. People are well-adjusted when they experience existence in order...</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4. The best way to help people is to provide situations in which they</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5. Anxiety is caused by unconscious conflicts in the mind.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>6. People may be considered well-adjusted when their characteristics</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>7. People's behavior is determined by the antecedent conditions...</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>8. The best way to help people is to aid them in finding the meanings</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>9. Anxiety is the result of unresolved feelings about previous events.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>10. People are shaped by their needs, instincts, and drives.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>11. Psychological states are the result of either logical or...</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>12. People are well adjusted when they experience existence in...</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>13. Being well adjusted means having learned behaviors that don't...</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>14. The best way to help people is to match them to appropriate...</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>15. People become anxious when they lose sight of the purpose of...</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>16. People know more than the sum of their parts; they are a...</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>17. People's personalities are the composite results of all that has...</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>18. People will be well adjusted when the vast majority of...</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>19. Anxiety is the result of overgeneralizing the potentially negative</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>20. People seek to organize and maintain their lives by matching...</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Please include any written comments you may wish to include regarding counseling.
Texas Social Behavior Inventory

The Social Behavior Inventory asks you to describe your reactions and feelings when you are around other people. Each item has a scale, marked with the letters A, B, C, D, and E, with (A) indicating "not at all characteristic of me," and the other letters, points in between.

For each item, choose the letter which best describes how characteristic the item is of you.

NOT AT ALL   NOT SLIGHTLY   FAIRLY   VERY MUCH
CHARACTERISTIC OF ME   VERY CHARACTERISTIC OF ME

1. I am not likely to speak to people until they speak to me.
   A  B  C  D  E
2. I would describe myself as self-confident.
   A  B  C  D  E
3. I feel confident of my appearance.
   A  B  C  D  E
4. I am a good mixer.
   A  B  C  D  E
5. When in a group of people, I have trouble thinking of the right things to say.
   A  B  C  D  E
6. When in a group of people, I usually do what others want rather than make suggestions.
   A  B  C  D  E
7. When I am in disagreement with other people, my opinion usually prevails.
   A  B  C  D  E
NOT AT ALL          NOT SLIGHTLY          FAIRLY          VERY MUCH
CHARACTERISTIC OF ME  VERY             CHARACTERISTIC OF ME

8. I would describe myself as one who attempts to master situations.
   A   B   C   D   E

9. Other people look up to me.
   A   B   C   D   E

10. I enjoy social gatherings just to be with people.
    A   B   C   D   E

11. I make a point of looking other people in the eye.
    A   B   C   D   E

12. I cannot seem to get others to notice me.
    A   B   C   D   E

13. I would rather not have very much responsibility for other people.
    A   B   C   D   E

    A   B   C   D   E

15. I would describe myself as indecisive.
    A   B   C   D   E

16. I have no doubts about my social competence.
    A   B   C   D   E
APPENDIX D

Significant ANOVA's
### Analysis of variance

**P-score, by group and sex**

<table>
<thead>
<tr>
<th>Source of variation</th>
<th>SS</th>
<th>DF</th>
<th>MS</th>
<th>F</th>
<th>Sign of F</th>
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<tbody>
<tr>
<td>group</td>
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<td>691.498</td>
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<tr>
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### Analysis of Variance, R-1 by group and sex

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### Description of Subpopulation

**For entire population**

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**Group**

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**Group**

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### Analysis of Variance, C-4 by group and sex

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### Description of population

#### for entire population

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### Analysis of Variance, C-4 by group and college

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### Description of subpopulation

#### for entire population

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#### Description of subpopulation

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<td>3. L &amp; C</td>
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<th>college</th>
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<td>3. L &amp; C</td>
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