GENDER AWARENESS AND RELATIONAL CHARACTERISTICS OF COUNSELOR TRAINEES

By

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DEFINITION OF TERMS

AUTHENTICITY The quality of being genuine and displaying one’s true thoughts and feelings.

COUNSELOR IDENTITY The image(s) an individual holds of oneself as a counselor including the awareness and understanding of one’s role as a counselor or counselor trainee.

COUNSELING SELF-ESTIMATE Refers to a counselor’s perceived confidence and self-assessment regarding counseling skills, the counseling process, and the counseling relationship (Larson, Suzuki, Gillespie, Potenza, Bechtel, & Toulouse, 1992)

COUNSELOR TRAINEE A student pursuing a counseling degree at master’s level or higher who has not yet completed the current counseling degree; also referred to as a counselor-in-training.

EMPOWERMENT One’s sense of personal strength or control, and sense of encouragement to take action (that emerges from a relationship) (Becker, Kovach, & Gronseth, 2004; Liang, Tracy, Taylor, Williams, Jordan, & Miller, 2002).

ENGAGEMENT Mutual involvement and dedication to a relationship (Frey, Beesley, & Newman, 2005)

ETHNICITY A group image or identity associated with country of origin, heritage, and history (Day-Vines, Wood, Grothaus, Craigen, Holman, Dotson-Blake, & Douglass, 2007)

FEMINIST A person who believes women are valuable, deserve equal rights as men, and that social change is required to end sexist oppression (Crawford & Unger, 2004; hooks, 1984).

GENDER Refers to the behavioral and psychological characteristics typically related to the biological sex of male or female (Crawford & Unger, 2004).

GENDER AWARENESS Knowledge of male and female roles and expectations, recognition that gender influences differences in power (Stevens-Smith, 1995), and specifically “the processes men and women undergo as they deal with gender issues” (Comstock, Duffey, & St. George, 2003, p. 63).

GENDER IDENTITY Awareness and understanding of one’s gender role and a sense of belongingness to men or women (Crawford & Unger, 2004).
| **GENDER ISSUES** | Refers to the “issue of ‘difference,’ as related to gender” (Comstock et al., 2003, p. 65) and pertains to the variations in men’s and women’s experiences, roles, power, and privilege. |
| **GENDER ROLE** | Refers to the behaviors, attitudes and personality characteristics that are socially determined as appropriate for males or females (Saunders & Kashubeck-West, 2006). |
| **IDENTITY** | An individual’s concept of sense of self; the image(s) of how a person perceives oneself. |
| **IDENTITY DEVELOPMENT** | Refers to a process of qualitative changes in life or changes in how a person conceptualizes him or herself. |
| **SELF-EFFICACY** | Refers to an individual’s belief about his or her ability to carry out a specific behavior (Bandura, 1982; Larson, Suzuki, Gillespie, Potenza, Bechtel, & Toulouse, 1992). |
| **SUPERVISION** | The process in which a senior member of a profession monitors, supports, and evaluates the progress of a junior member of the same profession over a period of time (e.g., clinical internship) (Bernard & Goodyear, 2004). |
Over the course of counseling training, counselor trainees often gain improved listening and communication skills, enhanced self-awareness, and an increase in multicultural competencies. Counseling literature has attended to the complexity of counselor development, but has not sufficiently attended to potential gender differences in the experience of counseling training. Research has suggested that when exposed to topics of gender, men and women trainees experience training in qualitatively distinct ways. It was also proposed that exposure to gender topics in the classroom may affect the relationships inside the classroom. Therefore, the purpose of this study was to examine the relational qualities of counselor trainees inside the counseling classroom when presented with gender topics. In addition, this study examined the role of counseling self-estimate which may offer insight into future counseling performance.

The present study’s sample was comprised of 210 counselor trainees enrolled in counselor training programs across the United States. The participants completed an online survey which provided results for demographic information, level of exposure to gender issues, relational health as it pertained to a classmate, an instructor, and to the
class as a group, and counseling self-estimate. This study utilized descriptive statistics and zero-order correlations. In addition, using multiple regression analyses, it was determined that trainee age, relational health, and trainee developmental level (Pre-Practicum, Practicum, Internship, and Post-Internship) significantly predicted counseling self-estimate. This study did not find gender differences for relational health or counseling self-estimate.

Discussion of the results and contributions to theory and counseling training were presented. This study offered insight into the current level of trainee exposure to gender topics. In addition, results of the study demonstrated the importance of relational health for predicting counseling self-estimate which has implications for counseling effectiveness and counseling performance. Limitations of the study were acknowledged, and recommendations for future research were provided. For example, future research may examine additional influences on trainee relational health and counseling self-estimate.
CHAPTER 1
INTRODUCTION

In the counseling field, there are many models of counselor development that provide ways to understand the progression of counselors in training programs. While these models of counselor development describe the experience of developing the skills, knowledge, abilities, and clinical exposure for entering the counseling profession, the influence of gender has been overlooked (Comstock, Duffey, & St. George, 2003). Although counselor trainees gain professional growth, they also undergo personal growth because of the introspection, critical thinking, and increased awareness of self and others that occurs during training (Montgomery & Kottler, 2005; Torres Rivera, Phan, Maddux, Wilbur, & Garrett, 2001). While researchers have acknowledged the complexity of counselor identity development, they have not fully recognized the impact of gender on counselor development (Worell, Stilwell, Oakley, & Robinson, 1999). Influences of gender cannot be ignored as “the lens of gender colors all of our life experiences” (Depken, 1994, p. 55).

Counselor training involves the development of multicultural competence for working with diverse groups. The Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2001, 2009) mandates that counseling programs increase counselor trainee’s knowledge, skills, and abilities related to multiculturalism and diversity, which attends to race, ethnicity, religion or spirituality, socioeconomic status, age, gender, and sexual orientation. Although multicultural competence has been promoted in counseling programs, there has been a lack of attention to the human dynamics inside the classroom when exposed to these topics (Comstock et al., 2003). For example, counselor trainees are encouraged to examine their gender biases to
better serve clients, but literature is lacking on how the process of introspection relative to gender issues affects counselor trainees (Comstock et al., 2003).

Authors Myers, Borders, Kress, and Shoffner (2005) remark on the lack of clarity regarding inclusion of gender issues: “Although CACREP’s The 2001 Standards is clear in stating that gender issues must be included in counselor education curricula, the specific means by which these issues should be covered are not clearly explicated” (p. 86). Therefore, the nature of inclusion of gender issues, such as frequency, quantity, and depth of exposure to gender issues within counseling training remains relatively unknown (Worell, Stilwell, Oakley, & Robinson, 1999). In a study of 120 counselor education programs in 1994, researchers found that although most programs acknowledged the importance of inclusion of gender issues in training, less than half of the programs actually addressed gender issues as an individual course or incorporated gender issues into other courses (Dupuy & Ritchie, 1994).

The deficiency in counselor education literature regarding both the current status of inclusion of gender issues within training programs and the effects of exposure to gender issues is problematic. Gender issues affect all individuals, and counselor educators must be dedicated to increasing awareness of gender issues in counselor trainees. Counselor trainees need to examine the influences of gender as they pertain to clients, but also to understand themselves as gendered beings (Arredondo, 1999). Because exploration of gender issues can be a challenging process when embarking on topics of sexism, power, and privilege, it is essential to enhance understanding of the process that counselor trainees undergo as they are presented with gender topics (Comstock et al., 2003).
Gender issues tend to include topics of gender socialization, gender roles, “gender in relation to a patriarchal system” (Comstock et al., 2003, p. 63), and how the system affects men and women differently. Gender socialization and identity development encourage adaptation of varying characteristics in females and males. Women and men possess different physical characteristics and different levels of hormones, progress through varying life events, and their development is shaped in distinct ways. Jean Baker Miller (1976) stated: “women have different organizing principles around which their psyches are structured. One of these principles is that they exist to serve other people’s needs” (Miller, 1976, p. 61). In traditional Eurocentric society in the United States, most women learn by instruction and observation that their primary role is caregiver, mother or nurturer to children, partner and friend (Chodorow, 2004; Kaufman, 1999). Relationships are central to women’s lives and they are expected to be “keepers of connection” (Jordan, Banks, & Walker, 2003, as cited in Comstock, 2005, p. 116). Literature on women’s identity development has suggested that women build a sense of identity based on the relationships in their lives (Gilligan, 1993; Miller, 1976). Because of the significance of relationships in women’s lives, their self-esteem may also be based on these relationships (Schaef, 1985).

A woman may build a sense of self by reflecting on how she is valued in relationships, whereas men may tend to build sense of self separate from others (Abrams, 2003; Gilligan, 1993; Kaufman, 1999). Unlike women who are encouraged to seek connection with others, socialization in Eurocentric culture encourages boys at a young age to separate from caregivers, particularly their mothers, and enhance self-sufficiency (Pollack, 2003). As boys grow, they receive societal messages reinforced by
parents, family, peers, and the public to value male independence, physical prowess, suppression of emotions, and career and financial success (Connell & Messerschmidt, 2005; Shepard, 2005). As a result of the emphasis placed on separation and strength, men tend to become disconnected from their own emotions, may have difficulty both recognizing and verbalizing their feelings, and thus, struggle to form deep intimate relationships with others (Shepard, 2005). Therefore, gender socialization appears to influence the relational characteristics in men and women differently.

Counseling is a profession of caring for others, forming connections, and building relationships. Women and men may approach care and relationships differently (Aylor & Dainton, 2004; McChrystal, 1994). In a study that investigated openness and self-disclosing behaviors in clients, researchers found the gender of the counselor to be one of the important variables in people’s willingness to share information about their personal lives and relationships (Snell, Hampton, & McManus, 1992). The researchers suggested that women are perceived as more sensitive and nurturing than men, and thus, both men and women clients were more likely to self-disclose personal information to women counselors. Furthermore, women clients were found to be more open and self-disclosing than men clients (Snell, Hampton, & McManus, 1992). The findings emphasized gender differences in the interpersonal skills and disposition of both counselors and clients. These findings suggest variations in the relational characteristics of women and men.

In addition to approaching relationships differently, women and men may experience counselor development differently. In a qualitative study that examined counselor trainee responses to learning about gender topics, Comstock, Duffey, and St.
George (2003) found men and women trainees have different developmental experiences in counseling training. Although trainees have similar challenges and emotions, they are experienced in qualitatively distinct ways by men and women. For example, women may experience anger as a result of becoming aware of the effects of sexism, and men may experience anger that is linked to discomfort and defensiveness stimulated by feeling wrongly accused of being sexist (Comstock et al., 2003). Thus, anger is a feeling that represents different experiences for men and women. The following section describes the theoretical foundation for the current study.

**Relational Model of Gender Awareness Development**

Comstock, Duffey, and St. George (2003) created a relational model of gender awareness development with two goals: “to facilitate both personal growth and increased relational capacities (Comstock et al., 2003, p. 64)”. Comstock, Duffey, and St. George (2003) aimed to increase understanding of men and women’s development in counseling training to benefit both students and counselor educators. The researchers emphasized the need to create a learning environment that provides opportunity for students and counselor educators to explore men and women’s development related to gender issues.

The relational model of gender awareness development (Comstock et al., 2003) was developed using concepts from relational cultural theory (RCT). Instead of viewing human development with a goal of separation or individuation, RCT supports that growth occurs through connections with others (Liang, Tracy, Taylor, Williams, Jordan, & Miller, 2002). Relational-cultural theory emerged from feminist writings that proposed women experience the world differently than men (Gilligan, 1993; Jordan, 2000; Miller,
Relational cultural theorists identified several primary characteristics involved in their concept of growth-fostering relationships:

- Mutual engagement (as defined by perceived mutual involvement, commitment, and attunement to the relationship), authenticity (the process of acquiring knowledge of self and the other and feeling free to be genuine in the context of the relationship), empowerment/zest (the experience of feeling personally strengthened, encouraged, and inspired to take action), and the ability to deal with difference or conflict (the process of expressing, working through, and accepting differences in background, perspective, and feeling. (Liang et al., 2002, p. 26)

Comstock, Duffey, and St. George (2003) advised that future research measure these relational characteristics in the context of counseling training classrooms when provided with gender topics. The researchers intended to raise awareness of men and women’s development in response to gender issues in both trainees and counselor educators, and consequently, proposed that the relationships inside the classroom be examined to advance understanding of counselor trainee development.

**Need for the Study**

Counselor trainees are expected to increase multicultural competencies in training which involves enhancing knowledge, skills, and awareness of such issues as diversity, power, and marginalization of minority groups (Arredondo, 1999; Marsella & Pedersen, 2004; Sue & Sue, 2003). Counselor trainees and counselor educators have an ethical responsibility to explore how influences of race, ethnicity, religion, culture, socioeconomic class, age, and gender shape identity and the lives of not only clients, but also trainees and educators (Myers, Borders, Kress, & Shoffner, 2005). Researchers support that the influence of education about gender issues on mental health practitioners has not received adequate attention (Worell, Stilwell, Oakley, & Robinson, 1999). Comstock, Duffey, and St. George (2003) emphasized the need to
investigate counselor trainee development when learning about gender issues and how
gender awareness may influence relational characteristics with peers, mentors, and
classroom community.

A study exploring exposure to gender issues in a counseling psychology program
found trainees with more exposure to gender issues reported higher rates of
performance self-esteem, more identification with feminist values, adherence to social
constructionist viewpoints of gender, and higher rates of advocating for women and
empowering the client within the context of therapy (Worell et al., 1999). Thus, exposure
to gender issues has implications for the personal and professional development of
counselor trainees. Given the study by Worell, Stillwell, Oakley, and Robinson was
performed over ten years ago, the current study is needed to assess the present
influences of exposure to gender issues on counselor trainee development, specifically,
relational characteristics.

Gold and Hawley (2001) performed a study assessing counselor education
students' attitudes and beliefs related to gender. The researchers administered the Bem
Sex Role Inventory (BSRI; Bem, 1981) and the Sex-Role Egalitarianism Scale (SRES;
King & King, 1993) to seventeen male and seventy five female counselor education
students to assess attitudes regarding traditional gender roles. The researchers
hypothesized that counselor trainees would exhibit more openness and flexibility with
gender role orientation expecting that counselor trainees would gain awareness of
gender issues and gender socialization in training. However, the hypothesis was not
statistically supported. The counselor education students did not display more
egalitarian viewpoints related to gender than a sample of participants not enrolled in
counseling training. It is unknown how much exposure to gender issues (if any) the participants had. The results of Gold and Hawley’s (2001) study demonstrate a need to enhance understanding of the nature of exposure to gender issues (e.g., frequency of inclusion of gender topics) and potential influences on counselor trainees. Although the present study will not focus on gender role orientation, Gold and Hawley’s (2001) study is beneficial in highlighting the deficiency in counseling research regarding the status of inclusion of gender issues.

In addition, Gold and Hawley (2001) emphasized a need to increase knowledge about the link between awareness of gender issues and counseling efficacy. In reference to awareness of one’s personal views about gender, the researchers stated: “Awareness can lead to the evaluation of present ‘fit’ with one’s prevailing personal views and of the impact on one’s counseling performance” (Gold & Hawley, 2001, p. 205). Counselor trainees must become aware of their beliefs and values related to gender in order to break free from rigid gender role stereotyping and to not impose counselor gender biases on client concerns (Gold & Hawley, 2001). Therefore, the current status of exposure to gender issues and potential influences on personal development, professional development, and clinical practice must be investigated (Gold & Hawley, 2001; Worell, Stilwell, Oakley, & Robinson, 1999). Because gender issues affect all counselor trainees and educators, it is essential to improve understanding of the influence of gender topics on the development, experiences, and relationships of counselor trainees (Auxier, Hughes, & Kline, 2003).

Purpose

This study intends to follow the directives proposed by Comstock, Duffey, and St. George (2003) who highlighted the need to explore counselor trainee development in
response to gender issues inside the counseling classroom. Building on the relational model of gender awareness development (Comstock et al., 2003), this study aims to advance Comstock, Duffey, and St. George’s (2003) foundation by investigating the relational concepts (authenticity, engagement, and empowerment) as they occur in three relational domains: peer, mentor, and community relationships. The researchers urged that increasing understanding of men and women’s development in response to gender issues in counseling training can be useful for enhancing an individual’s personal growth and for enhancing relational capacities of both students and counselor educators (Comstock et al., 2003). They emphasized the importance of establishing safe, trusting, open learning environments for facilitating discussions about gender topics, and also highlighting the crucial role of the instructor for modeling authenticity, empowerment, and engagement. Therefore, the purpose of this study is to investigate the nature of counselor trainee development and relational capacities inside the counseling classroom when presented with gender topics.

This study will follow the recommendation by Comstock, Duffey, and St. George (2003) to examine the relational qualities of authenticity, empowerment, and engagement in counselor trainee relationships with peer (classmate), mentor (instructor), and community (class cohesion) when exposed to gender issues. Additionally, exposure to gender issues has been linked to counseling efficacy, and therefore, any implications for counseling self-efficacy or self-estimate will be examined (Gold & Hawley, 2001).

Investigating exposure to gender issues, relational characteristics of counselor trainees, and counseling self-efficacy may enhance trainee understanding of his or her
experience in counseling training and raise awareness in counselor educators and supervisors. Gaining insight into the relational qualities of trainees will provide an opportunity to explore their individual experiences inside the classroom, offer a glimpse into how gender awareness influences trainees intrapersonally and interpersonally (examining relationships within the classroom), and will guide future improvements in the classroom environment and teaching methods. Furthermore, understanding men and women’s developmental experiences inside the classroom will generate information applicable to supervision of trainees, counselor self-efficacy, and effectiveness (Granello, 2003; Leach & Stoltenberg, 1997). Because the influence of gender issues on counselor trainees has been overlooked in the past, this study aims to fill the gap in counselor education research.

**Significance**

The current study will examine counselor trainee development using one primary theory: the relational model of gender awareness development (Comstock et al., 2003). Comstock, Duffey, and St. George (2003) performed a qualitative study in which they examined trainee journals and reflective papers and found men and women experience developmental stages in training in qualitatively distinct ways. These findings offer counselor trainees insight into “what it means for them to be female or male in U.S. culture” (Comstock et al., 2003, p. 67). The model’s contribution included an organization of processes and struggles faced by males and females as they reflected on gender in counseling training. The researchers indicated that raising gender awareness typically generates intense feelings, such as confusion, anger, guilt, shame, and therefore, it is necessary to attend to the human interactions that may be affected when learning about gender. Thus, the practical significance of the present study for
counselor trainees will be to reflect on their exposure to gender issues, increase awareness of their relational health across peer, mentor, and class relationships, and to advance understanding of their experience in counseling training. In the future, counselor trainees may initiate conversations or process feelings and thoughts related to gender. Hopefully, counselor trainees will gain insight into one’s individual development and relational qualities, as well as, gain insight into the relational characteristics of others.

The theoretical significance of conducting the current study is the expansion of the concepts from the relational model of gender awareness (Comstock et al., 2003) and RCT. RCT supports the multicultural and social justice movements by recognizing the lack of consideration for the sociocultural and contextual challenges faced by women, people of color, and marginalized groups in traditional Eurocentric society (Comstock, Hammer, Strentzsch, Cannon, Parsons, & Salazar, 2008). RCT highlights the necessity for mental health professionals to acknowledge how “issues related to sex role socialization, power, dominance, marginalization, and subordination affect the mental health and relational development of all people” (Comstock et al., 2008, p. 279). Therefore, RCT provides insight for working with clients, but it also recognizes the sociocultural influences on all people, including counselor trainees and educators. This study builds on theoretical concepts from RCT and the relational model of gender awareness (Comstock et al., 2003) with the intention of contributing to the understanding of trainee development, classroom environment and relationships, and counselor educator pedagogy.
Counselor Educators and Supervisors

Exploring trainee experiences inside the classroom when presented with gender topics will inform counselor education pedagogy and supervision. Counselor educators may gain awareness of significant training experiences and developmental challenges that their students are facing. For example, men may struggle with feelings of shame or women may struggle with fear of sharing their true emotions (Comstock et al., 2003).

Equipped with a better understanding of how men and women experience not only counseling training milestones, but also how they enhance their empathetic and relational capacities while in training, will make counselor educators more solid mentors and sensitive to the needs of their students (Storm, York, & Keller, 1997). Furthermore, Comstock et al. (2003) proposed counselor educators progress through a similar process as outlined by the relational model of gender awareness development. The counselor educator or instructor is advised to serve as a model in growth-fostering relationships.

Storm, York, and Keller (1997) determined to transform the teaching practices in their marriage and family counseling program into a genderist model in which they sought to explore the impact of gender on human experience for both men and women in all courses. They reported the most valuable lessons as the interactive, open conversations about gendered experiences by both faculty and students, not as simply identifying a gender issue in a general sense, but owning it. Furthermore, they proposed it was essential for the dialogue about the human experience of gender extend beyond lectures, include faculty and students of both sexes, and be incorporated into each course. In supervision, they determined supervisees in clinical practice must have both male and female supervisors to experience both sexes in the expert and nurturant roles.
and commit to examining the role of gender in the supervisor–supervisee relationship. Therefore, Storm, York, and Keller’s (1997) study suggested the experiences for men and women in counselor training vary, and it is important for counselor educators and supervisors to integrate discussions of gender into all aspects of training.

In addition to enhancing understanding of the experiences of men and women counselor trainees, counselor educators and supervisors must also be committed to examining power issues. As Walker (2008) points out “the therapy relationship itself is in no way immune to machinations of a power-over paradigm” (p. 90). Counselors-in-training learn about potential power dynamics within the counseling relationship that are influenced by culture, ethnicity, socioeconomic status, sexual orientation, and other sociocultural influences. Just as therapeutic relationships are not “immune” from power issues, neither are counselor educator-trainee relationships or counselor supervisor–supervisee relationships (Nelson, Gizara, Hope, Phelps, Steward, & Weitzman, 2006).

Counselor educators and supervisors hold evaluator positions that inherently give them power over those being evaluated. Research on the effects of gender in the supervisory dyad found females praised supervisors more than males, and found supervisors used different influencing strategies with males and females (Granello, 2003). In addition to dedication to opening the lines of communication about experiences of gender in counseling training, supervisors and counselor educators are encouraged to face possible anxiety or humility as they actually display the courage and commitment to creating equal balances of power within training programs (Nelson et al., 2006).
The purpose of the current study is to investigate the nature of counselor trainee development and relational capacities inside the counseling classroom when presented with gender topics. The significance of the study is widespread given the influence of gender on counselor trainees’ experiences has implications for personal and professional development. Counselor educators and supervisors may gain an advanced understanding of trainee development in response to learning about gender issues and how it influences relationships within the classroom which may change their approach to teaching, supervising, and the learning environment (Comstock et al., 2003). The present study may be valuable for practical application to counseling training and for contribution to existing literature on counselor development.

**Counselor Self-Efficacy and Effectiveness**

An aspect of the practical significance of this study is a more in-depth understanding for counselor trainees of their experiences as they develop personally and professionally. Identifying common themes in counselor development may normalize trainee experiences and also enhance counselor self-efficacy and effectiveness. Counseling self-efficacy involves an individual’s judgment about one’s own counseling skills and abilities (Larson, Suzuki, Gillespie, Potenza, Bechtel, & Toulouse, 1992).

Past research has found a positive relationship between levels of training, years of clinical experience, and counseling self-efficacy (Melchert, Hays, Wiljanen, & Kolocek, 1996; Tang, Addison, La-Sure-Bryant, Norman, O’Connell, & Stewart-Sicking, 2004). For example, doctoral level trainees have been found to exhibit higher rates of counseling self-efficacy than master’s level trainees, and scores of self-efficacy have been found to increase over the course of a semester for some trainees (Larson et al.,
1992). With accumulation of counseling course credits and with gained clinical experience, counselor trainees have reported feeling less anxiety and more confidence in their counseling abilities (Larson et al., 1992; Tang et al., 2004).

Bandura (1982) considered self-efficacy to emphasize an individual’s expectancy for success regarding a set of microskills, but Larson, Suzuki, Gillespie, Potenza, Bechtel, and Toulouse (1992) expanded on the concept and created the term of counseling self-estimate. Counseling self-estimate incorporates a counselor’s expectancy for success regarding counseling skills, the counseling process, and the counseling relationship (Larson et al., 1992). Examining counselor trainee self-estimate may provide insight into counselor trainee confidence and relational skills. Research has shown that counselor trainees with higher scores of counseling self-estimate also tend to report higher scores of emotional intelligence, particularly on the ability to identify one’s own emotions and the ability to identify others’ emotions (Easton, Martin, & Wilson, 2008).

Self-efficacy can guide one’s choice of activities, the effort dedicated to performing the activities, the thoughts and emotions elicited when performing activities, and can also affect actual performance outcomes (Bandura, 1982). For example, if a counselor exhibits high self-efficacy related to counseling depressed clients, he or she may desire to work with depressed clients more often than other populations, may dedicate more energy and commitment to helping depressed clients, and may feel more effective as a counselor with depressed populations than with other groups. Self-efficacy may have implications for the effectiveness of counseling and therefore, it is essential to enhance understanding of counseling self-estimate which is closely linked to self-efficacy.
Thus, the present study will attend to counseling self-estimate which may offer insight into counseling effectiveness and performance.

Research has been directed at the variables clients report as the most beneficial in counseling, and they frequently report variables, such as: therapeutic alliance, client beliefs about therapy, an increase in client understanding of self, catharsis, therapist support, and a warm therapist with good listening skills (Ahn & Wampold, 2001; Garfield, 1995). In fact, proponents of the Common Factors Approach support that only 15% of treatment outcomes are due to theoretical orientation or approach of the therapist, and that there are common factors to each counseling theory that are more influential on therapeutic outcomes, such as therapeutic alliance (Asay & Lambert, 1999). Thus, the relationship between client and counselor has a powerful impact on the client’s perception of counseling effectiveness. Because men and women may cultivate relationships differently, this study will shed light on how gender of counselor trainees may be related to relational qualities and counseling self-estimate.

**Research Questions**

The purpose of this study is to investigate the nature of counselor trainee development and relational capacities inside the counseling training classroom when presented with gender topics. This study is guided by the research on the relational model of gender awareness (Comstock et al., 2003) and follows the recommendation for future research to examine men’s and women’s relational qualities of authenticity, empowerment, and engagement in counselor trainee relationships with peer (classmate), mentor (instructor), and community (class cohesion) when presented with gender topics. Because counselor trainee development has implications for counseling self-efficacy and self-estimate, this study will explore counseling self-estimate in
counselor trainees, which in turn, may offer insight into the future performance and effectiveness of counselors (Easton et al., 2008; Gold & Hawley, 2001; Larson et al., 1992).

In addition to the aforementioned variables, this study will incorporate variables that may be relevant to the constructs of interest. Past literature has pointed out that one’s ethnicity and sexual orientation are inseparable from one’s identity (Barrett, Chin, Diaz, Espin, Greene, & McGoldrick, 2005; Constantine, 2002). Therefore, these variables will be included as exploratory variables in the study. The variable of age will also be incorporated in the study as an exploratory variable due to lack of exploration in past literature. The following research questions will be addressed in this study:

1. What is the relationship between (a) gender, (b) exposure to gender issues, (c) age, (d) ethnicity, (e) sexual orientation, and (f) counseling training level and relational health in peer relationships in counselor trainees?

2. What is the relationship between (a) gender, (b) exposure to gender issues, (c) age, (d) ethnicity, (e) sexual orientation, and (f) counseling training level and relational health in mentor relationships in counselor trainees?

3. What is the relationship between (a) gender, (b) exposure to gender issues, (c) age, (d) ethnicity, (e) sexual orientation, and (f) counseling training level and relational health in class community relationships in counselor trainees?

4. What is the relationship between relational health in peer, mentor, and community relationships and counseling self-estimate in counselor trainees when controlling for (a) gender, (b) exposure to gender issues, (c) age, (d) ethnicity, (e) sexual orientation, and (f) counseling training level?
CHAPTER 2
LITERATURE REVIEW

The purpose of the literature review is to provide the foundation for this study and to demonstrate why this study is needed. Over ten years ago, Counselor Education and Supervision featured an issue edited by Patricia Stevens-Smith (1995) that included articles related to gender issues in counselor training programs. Although the lack of attention to gender topics was recognized, “it lacked a description of student development in response to gender issues” (Comstock, Duffey, & St. George, 2003, p. 62). As a result, Comstock, Duffey, and St. George (2003) created a relational model of gender awareness development for understanding the trainee reactions to learning about gender topics. The present study is guided by the research on the relational model of gender awareness (Comstock et al., 2003) and follows the researchers’ recommendation for future research to examine the relational qualities of counselor trainees inside the classroom when presented with gender topics. Hence, this study utilizes theoretical concepts from the relational model of gender awareness development and relational cultural theory.

Because this study investigates gender topics, the next section will provide a brief introduction into some gender issues faced by women and men in the United States. Both women’s and men’s development will be presented to offer insight into gender identity development. Gender identity development suggests differences in how men and women form and maintain relationships. Before addressing counseling training and gender issues, an overview of counselor development will be presented. Finally, concepts from relational cultural theory and the relational model of gender awareness development will be provided.
Men and women have different levels of hormones and physical characteristics, varying life experiences, and they face different sociocultural influences on their development. This section is presented to highlight some of men and women’s gender issues in Eurocentric society in the United States. Because the current study utilizes the framework of relational cultural theory, it must be noted that women and men’s identity must be viewed in a relational context (Jordan, 2003). Identity is conceptualized from a holistic perspective that takes into account race, ethnicity, culture, sexual orientation, religion, and social class (Arredondo, 1999; Constantine, 2002; Sue, 2001). Thus, men and women have multiple group identities which mediate their life experiences (Abrams, 2003). As Sue (2001) pointed out: “race, ethnicity, and culture are powerful variables in influencing how people think, make decisions, behave, and define events. . . .”(p. 795). Consequently, the current study acknowledges the intersection of these powerful group identities and does not intend to suggest that men and women are monolithic groups. Because this study investigates counselor trainees in the United States, traditional gender roles in Eurocentric society will be presented while recognizing that societal and cultural influences diversify human development.

In U.S. culture, men are often viewed as more individualistic in nature than women (Comstock, 2005; Shepard, 2005). Instead of a focus on self, many women are considered to value relationships as the most important elements in their lives (Gilligan, 1993). Hence, there may be differences in the way the two sexes experience life. For example, when most men respond to stress, they exhibit “fight or flight” behaviors, whereas women frequently “tend and befriend” (Greenberg, 2008).
In addition, women generally have different mental health concerns than men. According to the U.S. Department of Health and Human Services womenshealth.gov (2008), women are almost twice as likely to experience depression or anxiety as men and they are also nine times as likely to develop an eating disorder. Women may be more susceptible to development of affective mental health concerns and at risk for experiencing psychological stress (Myers, Sweeney, & Witmer, 2000; womenshealth.gov, 2008). Considering the influence and context of male dominated cultures, women often internalize a feeling of devaluation and deficiency which makes women more vulnerable to severe self-consciousness, shame, and self-blame (Comstock, 2005). In addition, women exhibit more behaviors of self-harm, such as unhealthy dieting or self-mutilation (McAllister, 2003).

Although statistics are presented for several common diagnoses for women, White Kress, Eriksen, Rayle, and Ford (2005) called attention to the lack of cultural sensitivity in diagnosis practices. Typically, a mental health diagnosis focuses on an individual and makes comparisons based on what is socially determined as normal. Researchers stated: “Such social problems as racism, discrimination, patriarchy, homophobia, and poverty currently affect all human experience, yet these can become lost in the DSM’s focus on disorders being rooted in the individual” (White Kress et al., 2005, p. 98). Therefore, depression or anxiety in women must be assessed with caution due to these macro-level influences on health. In addition, because women’s roles typically include prioritizing others needs, many women may consider their own needs as inferior and consequently, their needs are not fulfilled (Eriksen & Kress, 2008). Feeling pressure to meet society’s expectation of roles can contribute to stress or depression.
Eriksen and Kress (2008) proposed that men have also been harmed by sex bias in diagnosis. Men are socialized to externalize problems, which often produces aggressive behaviors or acting out as boys. Socialization cultivates characteristics in boys and may result in a diagnosis related to hyperactivity or learning disability, for example. Eriksen and Kress (2008) suggested that men are more often recognized for exhibiting compulsive behaviors, substance abuse, aggression, or sexual disorders, and formal diagnoses do not take into account the societal influences encouraging development of related behaviors.

Because women and men have different life experiences, the current study focuses on the role of gender in counselor trainees’ development. The study will also explore the relational qualities of men and women counselor trainees. Before addressing topics of counseling, the following sections will explore women’s development and men’s development.

**Women’s Development**

Gender identity development involves a process of internalizing societal expectations of what is defined as male or female (DeMarco, Miller, Patsdaughter, & Chisholm, 1998). Humans receive messages both implicitly and explicitly of proper behaviors and thoughts for our respective genders (Mowder, 1999; White & Gardner, 2009). From birth, humans receive these messages and are expected to adhere to the social norms (Sanchez & Crocker, 2005). Women learn how to fulfill the designated female roles in a culture and men are taught how to fulfill male roles in a culture (Miller, 1976; Mowder, 1999). For example, traditional Eurocentric women fulfill roles of mother, wife, and friend (Chodorow, 2004; Kaufman, 1999).
A primary feature of being a woman is described: “relationship, affiliation, and ‘befriending’ are central to women’s lives, so much so that women have been socially designated as ‘keepers of connection’” (Comstock, 2005, p. 116). Socialization of women in the United States encourages the development of strong interpersonal skills, nurturing behaviors, and care for others (Gilligan, 1993; Kaufman, 1999). Jean Baker Miller, a renowned feminist who wrote *Toward a New Psychology of Women* (1976), believed these characteristics provide women with the ability to easily recognize others’ needs.

Miller (1976) offered a self-in-relation theory of women’s development that women formulate sense of self in the context of relationships. Traditional Western theories of human development concentrated on an individual achieving autonomy and independence through maturation, but these theories did not account for the way women experience the world. Because women are socialized to be more relational than men, women may be seen as needy or dependent (Jordan, 2000; Miller, 1876). Instead of focusing on individuation as a goal in human development, Jean Baker Miller (1976) drew attention to women’s relational capacities that cultivate growth through connections with others. Relationships are perceived to be vital to the lives of women and essential in identity development (Gilligan, 1993; Miller, 1976).

Women may often find support in relationships and they may also base self-esteem on some significant relationships in their lives (Schaef, 1985). Because women may place so much importance on relationships, they may cultivate a sense of self and evaluate themselves based on their connections to others (Miller, 1976). Moreover, a sense of self-worth may be tied to external approval from others (Comstock, 2005). It
may be difficult for a woman to build a strong positive sense of self without considering how she is valued in relationships.

Carol Gilligan (1993), a significant contributor to feminism, postulated a theory of moral development for women because she believed traditional models of moral development did not incorporate the experiences of women (Broderick & Blewitt, 2006). Gilligan proposed that women approach moral reasoning differently than men, believing women adhere to an ethic of care. Gilligan’s theory is comprised of three stages: (a) *Level I Preconventional Morality* in which women approach reasoning with concern for self survival, (b) *Level II Conventional Morality* in which women approach reasoning with primary concern for others, responsibility to others, and self-sacrifice, and (c) *Level III Postconventional Morality* in which women approach reasoning with balance of care for self and others (Crawford & Unger, 2004; Gilligan, 1993). At the final level of development, women possess “internalized ethical principles that value relationships” (Crawford & Unger, 2004, p. 129) and consider self and others as interdependent. Therefore, women’s identity development includes a changing self-concept that necessitates finding a balance between affiliation and autonomy (Smith Harvey, 1999).

Another leading contributor to women’s identity development theory was Ruthellen Josselson (1987, as cited in Enns, 1991) who proposed that females develop along a separation-individuation continuum. Women may define themselves by individual values or their definition of self may be highly influenced by the relationships in their lives. Josselson believed there are four statuses assumed by women: (a) *identity diffusion* is a period of feeling lost with a lack of commitment or attachment to relationships, (b) *identity foreclosure* is a period of strong commitment to others, a lack of self-exploration,
and an acceptance of traditional social values, (c) *identity moratorium* is a period of searching for self and questioning commitment to relationships, and (d) *identity achievement* which is a period of feeling a solid sense of self and a balance of separation in relationships (Enns, 1991). This theory supports Gilligan’s (1993) claim that women’s identity development involves a changing self-concept related to attachment and independence (Smith Harvey, 1999).

As presented above, several theoretical models have been created to understand the process of gender identity development. Another model, the feminist identity development model (Bargad & Hyde, 1991; Downing & Roush, 1985) describes the process of women examining their thoughts and feelings about gender roles as they become aware of discrimination based on gender. Feminist identity development pertains to women’s attitudes toward gender roles in the following stages: Passive Acceptance, Revelation, Embeddedness-Emanation, Synthesis, and Active Commitment (Bargad & Hyde, 1991).

In a study of 244 women, women with a more advanced feminist identity reported greater psychological well-being than women with a less developed feminist identity (Saunders & Kashubeck-West, 2006). The researchers suggested that women with more advanced feminist identities may feel more empowered to make desirable choices in their lives and they may feel a greater sense of unity with women which contribute to positive mental health. Given these findings, there are implications for how awareness of gender issues may affect relational qualities, such as sense of empowerment and engagement with others.
Although some women may feel internal solidarity and comfort with their identity as women, some women may be more influenced by external forces. Because they have a tendency to define and evaluate themselves based on their relationships, women may aim to enhance or maintain connectedness with others to preserve positive female identity (Schaef, 1985). In order to maintain relationships, females tend to hide their true feelings to avoid conflict. Jean Baker Miller (1976) stated: “women have been so encouraged to concentrate on the emotions and reactions of others that they have been diverted from examining and expressing their own emotions” (p. 39). Women may not give voice to their true feelings and this process is referred to as “silencing the self” (Comstock, 2005; Jack & Dill, 1992).

DeMarco, Miller, Patsdaughter and Chisholm (1998) describe silencing the self as “(a) socialization process unique to women, (b) a conscious effort to preserve cohesion within relationships, (c) a coping strategy in the context of gender-based power struggles, or all three” (p. 540). Women may inhibit expression of genuine thoughts or feelings to keep relationships, and in this action, they also tend to put others’ needs before their own. Comstock, Duffey, and St. George (2003) stated that the silencing phenomenon exists within the classroom and is particularly relevant when examining the sensitive topic of gender issues. Therefore, the present study intends to investigate the influence of exposure to gender issues on the relationship dynamics in the counseling classroom.

Some themes from women’s development from the context of European American society have been presented. However, the current study aims to incorporate the “variability and diversity of human experience” (Barrett et al., 2005, p. 28). The
experiences of women vary across ethnicity, culture, social class, and sexual orientation, for example. Thus, women (and men) have complex identities which must be understood in the rich context of their lives. Identity is comprised of individual personality characteristics, as well as, a sense of self defined by relational contexts (e.g., family, friends, and other group belongingness) (Barrett et al., 2005). This study intends to investigate identity with respect to the diversity of men and women’s lives, and will incorporate gender, ethnicity, age, sexual orientation, and relationships with others (in the context of counseling training classroom). The following section will provide a brief overview of men’s development.

**Men’s Development**

Just as socialization influences the development of women, men are also encouraged to cultivate characteristics considered masculine in Eurocentric culture. These traditional characteristics typically include men of European American descent, at least middle socioeconomic class, and heterosexual men (McCarthy & Holliday, 2004). Unlike women who are socialized to be nurturing and to seek connection with others, men are influenced to become independent, successful, strong, and to not show emotional weakness (Scott & Robinson, 2001).

At a young age, boys begin to separate from their mothers or caregivers, shedding these attachments, and engage in a process of disconnection (Shepard, 2005). After studying male children and adolescents, William Pollack (1998) refined David and Brannon’s “Boy Code” (1976) which outlined four essential behaviors for males. Pollack’s (1998) adaptation includes rules for both boys and men: (a) *The Sturdy Oak* which indicates boys and men must be stoic and not reveal physical or emotional pain; (b) *Give’em Hell* indicates boys and men ought to exhibit boldness, courage, and
attraction to violence; (c) *The Big Wheel* refers to boys and men striving for success, and dominance and power over others; and (d) *No Sissy Stuff* restricts boys and men from expressing feelings. Therefore, boys are expected to be tough, competitive, successful, and autonomous. As a sharp contrast to the development of women who strive to nurture connections with others, men are socialized to be independent and to suppress the feelings that draw them to seek others.

Societal forces, in addition to parents and peers, pressure the separation of a young boy. It has been theorized that this loss of attachment, particularly to the child’s mother, generates a sense of abandonment in the child and will affect relationships for the rest of a boy’s life (Pollack, 2003). Males may fear intimacy and forming other attachments due to the memory of abandonment (Pollack, 2003). In addition, boys must learn to suppress vulnerable feelings, however, are permitted to express anger as it fits in the Boy Code (Shepard, 2005).

Because males are not encouraged to identify or express feelings, they grow disconnected from feelings and thus, often have difficulty empathizing with others, even recognizing their own feelings and disclosing feelings as an adult (Chu, Porche, & Tolman, 2005; Shepard, 2005). Unfortunately, stereotypes perpetuate the narrow range of emotions permitted for men, such as those related to sports or sex (Coy, Kovacks-Long, 2005). Therefore, many men lack role models or ways of understanding the true feelings inside. Shepard (2005) elaborates on male development and various types of disconnection experienced by men:

a) disconnection from vulnerable feelings like sadness and fear, which are normal and appropriate parts of life; b) disconnection from nurturing, soothing, and caregiving, capacities; c) disconnection from the vocabulary of emotions, which many men have never adequately learned; d)
disconnection from one’s children, despite desires for close relationships; e) disconnection from capacities for intimacy, and concomitantly, disconnection from those whom men love. (p. 135)

Thus, socialization does not promote relational closeness in men, but in essence, devalues the formation of intimate or empathetic relationships. Unlike women who are considered “keepers of connection”, men experience multiple types of disconnection from themselves and from others (Shepard, 2005).

If males stray from the Boy Code, they tend to experience shame which is a primary source of men’s mental health issues (Pollack, 2003). Men are socialized to wear a mask of bravado, and if they internally experience disappointment or pain, these feelings are often emoted in the form of anger or rage; anger has been considered a cover for other emotions (Pollack, 2003; Shepard, 2005). Men are more likely than women to commit acts of violence and it has been theorized that violence is a way for men to gain respect if they are feeling shamed or angry (Shepard, 2005).

As boys grow into adulthood, they may yearn for connectedness with a partner and with children. For example, some men may feel challenged by the desire to nurture or connect with their children, yet not know how. Furthermore, many men are encouraged to strive for independence and success in a career (Wester & Vogel, 2002). Men may have difficulty merging the realms in which they seek to thrive and therefore, the relationships or human connections in their lives may fall secondary (Shepard, 2005).

The concept of hegemonic masculinity is commonly referred to when studying men’s issues. Hegemonic masculinity is an idealized image of masculinity including self-sufficiency, physical strength, aggressiveness, and motivation for success, which is not necessarily achieved by all men, but considered desirable in traditional Eurocentric
society (Connell & Messerschmidt, 2005). Connell and Messerschmidt (2005) state: “It embodied the currently most honored way of being a man, it required all other men to position themselves in relation to it, and it ideologically legitimated the global subordination of women to men” (p. 832). Men inherit power through culture, institutions, or obtain power by force if necessary (Connell & Messerschmidt, 2005).

Chu, Porche, and Tolman (2005) created an Adolescent Masculinity Ideology in Relationships Scale (AMIRS) which measured adolescent boys’ attitudes about perceived proper male behaviors in the context of relationships in efforts to understand how boys internalize hegemonic masculinity. Researchers administered the AMIRS to 246 7th, 8th, and high school students and found that the adolescent boys who supported hegemonic masculinity also reported more conventional attitudes about men’s expected roles, women’s expected roles, and greater incidents of acting-out or aggressive behaviors. Surprisingly, the researchers found hegemonic masculinity to have an inverse relationship with self-esteem in the context of relationships. They suggested that hegemonic masculinity devalues qualities, such as mutuality and authenticity in relationships which likely lowers boys’ self-esteem in the relationship realm. These findings direct attention to the need to enhance understanding of the relational capacities of men.

When addressing men’s development, literature on identity as it relates to both gender and race must be incorporated. Scott and Robinson (2001) presented a Key model which is a theoretical model exploring both race and gender attitudes of white men in regards to manhood. The key model describes types to portray a set of attitudes, and suggests that men do not necessarily move linearly through the phases with
experience, but may move in multiple directions. The first type is *Type 1: The Noncontact Type* which describes men who have little knowledge or recognition of the existence of other races or racism. The noncontact male tends to hold traditional gender roles, he wants to maintain status quo (neglecting efforts to combat discrimination), he aims to achieve power, and he supports superiority of white males with little awareness of discrimination affecting minority groups.

Type II is *The Claustrophobic Type* who may feel that persons from minority groups and women are moving in on the white man’s success, taking away some of prior privileges held by the white male (Scott & Robinson, 2001). A male in this phase wants to secure power for other white males and prevent members of other minority groups from accessing the power.

Type III is a *Conscious Identity Type* characterized by dissonance between traditional attitudes about gender and race and a new experience that has sparked questioning of prior attitudes. A male in this phase re-examines his entitlement to power and privilege (Scott & Robinson, 2001).

Type III is an *Empirical Type* who begins to acknowledge that discrimination against minority groups is a reality, and he explores his role in perpetuating sexism and racism. A man in this phase is aware of his unearned privilege, and he examines how his privilege has oppressed others.

Type IV is an *Optimal Type* who is more aware of oppression, does not feel the pressure to vie for power, and attempts to live harmoniously with others instead of engaging in further oppression. The Key Model (Scott & Robinson, 2001) is valuable to this study because it describes a process that some men experience as they become
aware of the meaning behind their gender and ethnicity, how white men’s existence affects others, and how they gain awareness of oppression experienced by others. It is possible that some male counselor trainees experience these processes while learning about gender in the classroom.

Exploring one’s knowledge and understanding of one’s own gender, ethnicity, and identity can be a challenging, emotional process, yet it is vital that counselor trainees engage in this process. In addition, because men are generally discouraged from revealing vulnerable feelings, this raises questions as to how men experience self-exploration and the sharing of feelings during counseling training as they respond to topics of gender. The current study aims to enhance understanding of counselor trainee development in response to learning about gender, as well as, how relationships may be impacted inside the counseling training classroom.

Although masculinity has primarily been presented in reference to Eurocentric, middle class men, characteristics of masculinity vary across culture, religion, ethnicity, socioeconomic class, and sexual orientation, among other variables (McCarthy & Holliday, 2004). For example, some sexual minority individuals have reported feeling pain associated with identity development due to “awareness of negative consequences of not fulfilling familial or societal expectations; and hiding of the parts of themselves that others may perceive as gay and therefore see as unacceptable” (Paul & Frieden, 2008, p. 36). Thus, many gay men face discrimination and they experience identity development in significantly different ways than heterosexual men.

The present study does not intend to suggest a homogeneous male identity. Instead, this study hopes to shed light on other influences on men (and women’s
identity), such as ethnicity and sexual orientation. Because culturally diverse men and women may face oppression, marginalization, and social injustices that affect their life experiences, identity development cannot be generalized to all people (Arredondo & Toporek, 2004; Comstock et al., 2008; Constantine, 2002). To prevent oversimplification of men and women’s identity development, it must be noted that identity development is complex and inextricable from such social and cultural influences.

Eurocentric concepts from men and women’s development have been presented to raise awareness of some issues related to gender socialization and identity development in the United States. As noted, these concepts were presented to offer a general understanding of identity development. Before examining influences of gender on counselor trainee development, a synopsis of counselor development will be presented as an overview of counselor trainee experiences.

Counselor Development

As humans develop across the lifespan, counselors develop across a training program. Training programs have the purpose of preparing counselors trainees with sufficient skills, knowledge, attitudes, and abilities for entering the professional counseling field (Montgomery & Kottler, 2005). In addition to the course content knowledge and clinical experience, counselor trainees often gain enhanced critical thinking skills, greater self-awareness, improved listening and influencing skills, multicultural skills and awareness, and effective communication and relating skills (Montgomery & Kottler, 2005; Myers, Mobley, & Booth, 2003; Torres Rivera et al., 2001).

In a study on counselor trainee development, eight master’s level students participated in interviews and in a focus group (Auxier et al., 2003). Students were
asked about the impact of course material and readings on their learning, about the
feedback they receive from peers, clients, and supervisors, about their attitudes
regarding their learning experiences (e.g., whether they have changed over time), and
about significant learning experiences in counseling and in supervision. Grounded
theory produced several common themes among trainee responses: (a) counseling
trainees go through personal and professional maturation, (b) as knowledge and skill
increase, trainees experience supervision differently (e.g., less dependent on
supervisor), (c) trainees develop an individualized style of counseling over time, and (d)
personal experiences and clinical experiences have a powerful impact on development.

The researchers proposed a recycling identity formation model suggesting
trainees continuously define and clarify their counselor identities throughout training.
Thus, counselor training is a complex process that often involves continuing evolvement
of personal and career-related characteristics. Furthermore, research has shown that
emotional and cognitive empathy increase with time while in counseling training (Lyons
& Hazler, 2002).

**Counseling Self-Estimate**

Bandura (1982) theorized that self-efficacy is “concerned with the judgments of
how well one can execute courses of action required to deal with prospective situations”
(Bandura, 1982, p. 122). Self-efficacy involves self-appraisal of future action, but also
guides how individuals think, feel, and behave in certain situations (Bandura, 1982).
Self-efficacy can determine the effort expended to perform certain behaviors and it can
also influence performance outcomes (Bandura, 1992; Larson et al., 1992). In
counseling, trainee self-efficacy represents one’s assessment of future success as a
counseling professional and one’s confidence regarding being an effective counselor (Tang et al., 2004).

Assessment of one’s own counseling competencies can directly impact the counseling services provided (Tang et al., 2004). In a study of 116 counselor education students, the Self-Efficacy Inventory (S-EI; Friedlander & Snyder, 1983) was administered to measure trainee confidence in academics, assessment, individual counseling, family or group counseling, and case management (Tang et al., 2004). Researchers found that trainees in CACREP accredited programs reported significantly higher scores of self-efficacy on the five individual scales of self-efficacy in comparison with trainees from non-CACREP accredited programs, but did not find significant findings when comparing total scores of self-efficacy. The researchers concluded that the responses to the individual items were not influential enough on the total score of self-efficacy (Tang et al., 2004).

In addition, results indicated that counseling trainees with a higher number of courses completed and internship hours completed also reported higher scores of self-efficacy. The researchers suggested that these findings coincide with Bandura’s (1982) concept of task performance in which past experience with accomplishishing tasks tends to enhance the efficacy of future ability to perform the tasks. It appears that accumulation of courses and clinical experience influence counseling self-efficacy, and self-efficacy has implications for actual counseling competency. Therefore, the current study will examine variables inside the training classroom that may affect both self-efficacy and counseling performance.
Because self-efficacy primarily pertains to a set of skills, Larson, Suzuki, Gillespie, Potenza, Bechtel, and Toulouse (1992) created a new term, counseling self-estimate, to encompass efficacy regarding microskills and also regarding counseling processes. The researchers developed the Counseling Self-Estimate Inventory (COSE; Larson et al., 1992) which is comprised of 5 factors: (a) Microskills involving the delivery of counselor responses, (b) Process involving problem interpretation and counselor-client interaction, (c) Difficult Client Behaviors including unmotivated or challenging clients, (d) Cultural Competence regarding working with clients of different cultural backgrounds, and (e) Awareness of Values concerning counselor recognition of biases.

The researchers administered the COSE and other instruments investigating constructs, such as self-esteem, anxiety, problem solving skills, and counseling skills in a mock interview to counselor trainees and professional counselors. The researchers found:

Stronger percepts of counseling self-efficacy related to (a) more self-esteem, (b) less state and trait anxiety, (c) stronger self-perceived problem solving effectiveness, (d) more satisfaction with prepracticum class performance, (e) more positive outcome expectancies regarding a mock interview, and (f) the execution of counseling microskills in a mock interview. (Larson et al., 1992, p. 117)

Because perceived capability to provide effective counseling in the future was demonstrated to affect actual outcome counseling performance, investigating counselor trainee self-estimate has implications for how to improve counselor training and thus, counselor effectiveness. Because counseling self-estimate represents both counseling skills and processes, such as relationship components, the current study will explore the nature of counselor trainee self-estimate and relational characteristics of trainees inside the classroom, which will also offer insight into enhancing counselor effectiveness.
Counseling training involves developing skills, such as attending behaviors, enhancing interpersonal and intrapersonal awareness, and increasing self-understanding (Auxier et al., 2003). Easton, Martin, and Wilson (2008) acknowledged that emotional intelligence was vital to understanding the effectiveness of counselors. Therefore, the researchers administered the Emotional Judgment Inventory (EJI; Bedwell, 2002) and the COSE (Larson et al., 1992) to a sample of 118 counselor trainees and professional counselors. The EJI is comprised of seven factors: “(a) Being Aware of Emotions, (b) Identifying Own Emotions, (c) Identifying Others’ Emotions, (d) Managing Own Emotions, (e) Managing Others’ Emotions, (f) Using Emotions in Problem Solving, and (g) Expressing Emotions Adaptively” (Easton et al., 2008, p. 219). The researchers utilized bivariate correlation methods.

The results indicated significant positive relationships between the COSE Dealing with Difficult Client Behaviors and all seven scales of the EJI with the highest correlation of .406 with Managing One’s Own Emotions. The trainees who felt they would effectively manage a difficult client situation, also felt they had the ability to acknowledge, control, and express their emotions. In addition, the COSE Attending to Process factor was significantly positively correlated with all seven scales of the EJI with strongest relationship of .404 with Expressing Emotions Adaptively. The EJI Identifying Others’ Emotions was significantly correlated with all scales of the COSE more than the other 6 EJI scales. Therefore, emotional intelligence was strongly related to an effective counseling process. Furthermore, the ability to acknowledge others’ emotions may boost one’s self-appraisal of counseling abilities.
The researchers indicated that the most significant finding was that four out of five COSE scales were significantly correlated with EJI Identifying Own Emotions. Because counselors experience a variety of emotions inside the counseling relationship, it is essential that counselors are able to recognize their feelings, which relates with enhanced counseling self-estimate (Easton et al., 2008). Finally, professional counselors exhibited higher scores on COSE scales of Microskills, Attending to Process, and Dealing with Difficult Client Behaviors than counselors-in-training. Researchers concluded that gained experience in the profession enhances counseling self-estimate.

Because the study demonstrated significant positive relationships between counseling self-estimate and characteristics essential to relationships, such as identifying and expressing one’s own emotions, as well as, effectively observing and responding to the emotions of others, it is necessary to enhance understanding of counseling self-estimate and the relational qualities of counselor trainees inside the training classroom. The current study intends to investigate specific relationships within the classroom between peer, instructor, and class as a community to shed light on the nature of relationships and relational abilities, as well as self-estimate.

Counseling training is a time dedicated to the development of counseling skills and abilities in efforts to graduate effective counseling professionals (Tang et al., 2004). Counseling self-efficacy and counseling self-estimate have been shown to influence counseling performance and correlate with relational qualities of trainees, such as emotional intelligence (Easton et al., 2008). The current study will further investigate the nature of trainee self-estimate and the relational qualities of trainees inside the
classroom, and will also consider influences of gender on these variables. For example, women’s gender role socialization promotes the development of empathy and warmth, and emphasizes building relationships which seemingly fits with counselor characteristics. However, men’s gender role socialization values success, power, competition, toughness, and restricted emotionality (Wester & Vogel, 2002).

Wester and Vogel (2002) emphasized the challenge men psychotherapists face as they negotiate masculinity and exhibit desirable therapist characteristics, often resulting in gender role conflict. The researchers indicated there is an “inattention to what it means to be male in today’s society suggests that training programs may not be assisting trainees in overcoming possible barriers to the development of appropriate therapeutic skills” (Wester & Vogel, 2002, p. 370). The focus on counseling variables, such as openness, relationship building, and talking about feelings may seem contradictory with traditional male characteristics, and thus, men may experience gender role conflict which in turn affects low counseling self-efficacy (Wester & Vogel, 2002).

Because past research has not given sufficient attention to the relationship between gender issues, trainee relational characteristics, and self-estimate, the current study will explore the experiences of counselor trainees inside the training classroom. The following section will address counselor training issues and gender issues to precede the relational model of gender awareness development (Comstock et al., 2003).

Counseling Training and Gender Issues

In a study on the discriminatory practices of counselor educators, Miller, Miller, and Stull (2007) explored counselor educator attitudes, behaviors, and perceptions of
institutional bias in regards to race, gender, sexual orientation, and social class. The researchers administered a survey of cultural attitudes to 154 counselor education faculty members. Results indicated that faculty members reported “low to moderate levels of cultural bias based on race, gender, sexual orientation, and social class” (Miller et al., 2007, p. 331). Furthermore, counselor educators reported less cultural bias based on race and gender than on sexual orientation and social class. Researchers suggested that counseling training programs have improved in regards to increasing multicultural competency, but have not adequately addressed issues of sexual orientation or social class.

In addition, Miller, Miller, and Stull (2007) found that perceived institutional climate affected instructor attitudes and behaviors. Therefore, perception of institutional bias in regards to race, gender, sexual orientation, and social class may affect teaching methods of counselor educators. This seems important when discussing inclusion of gender issues in counseling programs given not all counseling training programs have a specific course designated to gender issues, for example. In addition, if the institution does not place importance on examining multiple facets of identity and sources of discrimination, counselor educators may be less inclined to address these factors when training novice counselors. In order to educate culturally-skilled counselor trainees, counselor educators need to adhere to Multicultural Counseling Competencies (Arredondo & Toporek, 2004).

Dupuy and Ritchie (1994) examined the inclusion of gender issues in counselor education programs. The researchers developed a questionnaire that inquired about the importance of including women’s and gender issues in the training curriculum. A
counselor education program coordinator or chairperson completed the questionnaire for each program with a total of 120 counselor education programs represented in the study. On a 7-point scale (1 = not important to 7 = very important), the mean score when rating the importance of including gender issues in counselor education training program was 6.17. Although the mean score suggested high importance of gender issues, less than one third of the programs provided a course dedicated to women’s issues or gender issues, and the majority of those courses were not mandatory for graduation.

In addition, the counselor education program representatives rated the adequacy of the inclusion of women’s or gender issues in their programs as 4.5 out of 7. Even though the counselor education programs considered gender topics as crucial to training, the programs only moderately attended to these topics. Acknowledging that the Dupuy & Ritchie study was performed about 15 years ago, the current study intends to obtain current statistics on the frequency of exposure to gender issues.

Good and Heppner (1995) utilized a qualitative and quantitative approach to examine counselor trainee awareness of gender issues. Ten master’s and doctoral level trainees completed a 15 week gender issues course. The researchers utilized a pre and posttest to measure gender awareness and also performed semi-structured interviews to inquire about the experiences of the trainees. The trainees reported gaining new knowledge, self-awareness, and insight into gender issues. In addition, the trainees indicated that the most “helpful” experiences were classroom conversations in which they shared perspectives, yet they also indicated a lack of trust with others as the “most hindering”. Not only do these findings highlight the importance of providing information
on gender issues to counselor trainees, but also emphasize the importance of examining the classroom relationships when discussing gender issues. Because the studies by Dupuy and Ritchie (1994) and Good and Heppner (1995) are likely outdated, it is necessary to gain awareness of the current status of inclusion of gender issues in counselor training programs and how exposure to gender issues may influence relationships inside the classroom.

Worell, Stilwell, Oakley, and Robinson (1999) performed a study examining the effects of exposure to gender issues in a counseling psychology program. Researchers surveyed 101 participants enrolled in school psychology, educational psychology, and counseling psychology. The researchers administered a Gender Exposure Index (GEI; Worell & Robinson, 1991, as cited in Worell et al., 1999) to measure exposure to gender-related content in a course dedicated to gender within the psychology program, in an interdisciplinary course, and exposure in the community, such as in a practicum. The participants also completed items that assessed social constructionist beliefs, feminist identity, self-esteem, and performing therapy with women.

Results demonstrated that participants with more exposure to gender issues reported valuing social constructionist viewpoints. Therefore, those with more exposure to gender issues believed gender differences to be more a product of societal forces than biology. Results demonstrated that participants with more exposure to gender issues in the counseling psychology program exhibited more identification with feminist beliefs. In addition, doctoral students indicated more identification with feminist values than master’s students. Researchers concluded that individuals who become aware of
inequities in power may become more invested in social activism against discrimination (Worell et al., 1999).

Results also indicated a significant positive correlation between exposure to gender issues and performance self-esteem. Thus, participants with more exposure to gender issues displayed more confidence in their abilities. Finally, the strongest correlation between variables existed between exposure to gender issues and counseling women (e.g., empowering the client). The researchers concluded:

Accordingly, we anticipate that high exposure students are more likely than others to establish collaborative and egalitarian relationships with their clients, to focus on client strengths and positive coping skills, to encourage client self-nurturing, and to integrate the contribution of external social factors to the client’s presenting problems. (Worell et al., 1999, p. 808)

Therefore, exposure to gender issues may influence counseling performance, counselor-client relationship, and client conceptualization. Furthermore, if exposure to gender issues affects the formation of egalitarian relationships with clients, it is possible that exposure to gender issues may affect the relationships of counselor trainees.

Worell, Stilwell, Oakley, and Robinson (1999) demonstrated that exposure to gender issues may affect the personal cognitions (e.g., feminist values or social constructivist viewpoints) of students, and may enhance effectiveness in therapy.

The relational model of gender awareness development (Comstock et al., 2003) will provide the theoretical basis for understanding issues of gender and counselor training. This model grew out of relational cultural theory and thus, the background of relational cultural theory and relational concepts will be presented before addressing the relational model of gender awareness development.
Relational Concepts

Following Jean Baker Miller’s (1976) *Toward a New Psychology of Women* that emphasized the importance of recognizing contextual and sociopolitical influences on the life experiences of women, Miller was appointed first director of the Stone Center for Developmental Studies at Wellesley College for Women, and soon afterwards, the relational cultural theory (RCT) emerged (Comstock, Hammer, Strentzsch, Cannon, Parsons, & Salazar, 2008). Building on Miller’s ideas and understanding of the psychology of women, RCT proposed that growth occurs through connections with others (Liang et al., 2002). RCT theorists described growth-fostering relationships as characterized by mutual engagement, empowerment/zest, authenticity, and the ability to handle conflict (Frey et al., 2005; Jordan, 2003; Liang et al., 2002). The growth-fostering relationships involve mutual empathy, equality, and the shared experience of mattering and being valued by the other person in a relationship (Comstock, 2005; Jordan, 2000).

Relationships lacking mutual empathy are likely to generate feelings of fear and shame (Jordan, 2003). Isolation or disconnections in relationships are considered sources of mental health problems (Jordan, 2000). RCT traces disconnections to power imbalances, sex role socialization, and marginalization which are particularly relevant to women and minority groups (Comstock et al., 2008). A feminist concept of empowerment is a core tenet of RCT and Comstock (2005) writes: “it is important to remember that the degree of safety one feels to express authentic feelings is directly related to how much power or mutuality (which is the opposite of feelings of marginalization) one experiences in the relationship” (p. 29). The current study intends to investigate how counselor trainees respond to learning about gender issues focusing
on empowerment, authenticity, and mutual engagement with classmates and with the instructor.

The Stone Center that included Jean Baker Miller and other feminists, such as Judy Jordan, Alexander Kaplan, Janet Surrey and Irene Stiver theorized that women have a natural advantage for becoming better counselors than men due to women’s unique capacity for empathy (Comstock, 2005; McChrystal, 1994). With the purpose of finding empirical evidence to support this claim, McChrystal (1994) explored the influences of *being-in-relation* and sex-role identity on counselors. The being-in-relation concept builds on the theory of Jean Baker Miller (1976) that women formulate sense of self in the context of relationships. The relational being exhibits interest and attention to others which is reciprocated, partakes in mutual responsibility in relationships, and in shared empathy between people (Jordan, 2003; McChrystal, 1994). The researcher utilized The Relational Being Scale (RBS; McChrystal, 1994) to assess relational and autonomous qualities in participants while the Bem Sex Role Inventory (BSRI; Bem, 1981) was used to measure sex-role identity.

Sex-role identity was operationally defined by the BSRI in which an individual rated oneself against 60 adjectives. The adjectives were stereotypically related to femininity, masculinity, or were miscellaneous items. Thus, sex-role identity was not considered the same as biological sex, but was measured by self-professed characteristics of social stereotypes, such as “affectionate”. Scores placed participants as feminine, masculine, androgynous, or undifferentiated.

The RBS contained 28 items belonging to two subscales: relational scale and autonomy scale. Participants were asked to rate themselves by assessing the accuracy
of each item as very accurate to very inaccurate (e.g., “I get most out of life when
everything is going well with family, friends, and colleagues”). McChrystal (1994)
administered the BSRI, RBS, and a demographic questionnaire to 34 women and 19
men of two professions: counseling and accounting. Results indicated no significant
differences between men and women on the BSRI. Participants who scored higher than
the median of the BSRI on femininity produced scores above the mean on the relational
scale of the RBS. However, no significant difference was found between men and
women on the relational and autonomous scales. Furthermore, scores on the relational
scale were not significantly different for counselors and accountants.

McChrystal (1994) concluded an individual’s sex-role identity, not biological sex,
may be more influential on one’s relational and autonomous characteristics. Although
the study did not support a unique capacity for empathy for either men or women, the
results suggest a person with stereotypical feminine traits and relational characteristics
may possess advanced empathy (McChrystal, 1994). This study highlights the need to
increase understanding of the relational characteristics of men and women. The
following section will address the relational model of gender awareness development
(Comstock, Duffey, & St. George, 2003).

The Relational Model of Gender Awareness Development

Comstock, Duffey, and St. George (2003) created a relational model of gender
awareness development for understanding the process of trainee awareness in
response to learning about gender issues in counselor training courses. The model
supports that men and women progress through different processes as counselors-in-
training. In a qualitative study over the course of ten years, researchers developed the
model by analyzing writings and journals from master’s and doctoral level counselor
trainees. The data included reflections about experiences with gender topics in training. The researchers found the stages of development to be similar for men and women, but found the stages to be experienced in qualitatively different ways.

The relational model of gender awareness development suggests that development should be understood in the context of relationships (Comstock et al., 2003). This concept is reminiscent of general women’s identity development in which sense of self is formulated in the context of relationships (Gilligan, 1993; Miller, 1976).

The following paragraphs describe stages in the relational model of gender awareness development for women counselor trainees: (a) Exposure, (b) Dissonance, (c) Identification, (d) Catharsis, (e) Denial, (f) Rejection, (g) Connection, and (h) Integration (Comstock et al., 2003).

**Relational Model of Gender Awareness Development: Women**

The first stage is Exposure when women begin learning about gender issues in counselor training courses. The relational model presumes women have not reflected on sex role stereotypes in depth and have only given minimal thought to the divisions of power in the patriarchal structure of U.S. society. The second stage is Dissonance when trainee beliefs are questioned after being presented with consciousness-raising material about gender issues. Women trainees begin to reflect on personal experiences of oppression. This stage is accompanied by feelings of confusion, anxiety, fear and anger. At this point in development, women may progress in two directions: Identification or Denial.

In Identification, women examine cultural influences on gender stereotypes and they explore their roles in perpetuating sex role stereotypes. As a result, women may experience guilt or shame. After becoming aware of responsibility in maintaining the
stereotypes, women may also become aware of the negative effects of stereotypes, such as lack of privilege. Through this exploration, women may acknowledge the disparities in power, but feel motivated to find healthy solutions for the problems. After Identification, they may release some negative feelings and experience Catharsis of anger.

If women do not progress in Identification, they may experience Denial in which they may ignore, disregard, or reject the importance of gender issues. In addition, women counselor trainees may acknowledge, but not feel comfortable with a new level of awareness and resist the opportunity to explore gender issues further. As a result, the women hold on to traditional stereotypes of men and women which may lead to foreclosure. It is likely that these women will continue to perpetuate stereotypes and stay in subordinate status.

Women that progress in Identification to Catharsis will then move to a stage of Connection. This stage involves healing from the complex feelings aroused by consciousness-raising and involves supporting others in their gender awareness development. Furthermore, Connection involves validation of self and feeling valued. Connection is representative of movement toward empowerment.

Integration is the final stage which involves piecing what has been learned into self-concept. Integration is an ongoing process that requires incorporating many facets of self, such as ethnic identity or spiritual identity. With heightened awareness of gender issues, women counselor trainees in this stage likely feel empowered to change the status quo. Some women may become activists for social change and others may
reflect on how the new perspectives will affect the relationships in their lives, such as with clients or family.

**Relational Model of Gender Awareness Development: Men**

Similar to the women's model of development, Exposure is the first stage in which men are presented with gender issues. This stage presumes men have not explored or reflected on privilege or sex role stereotypes in depth or how these factors influence their life and relationships. Following Exposure, men tend to progress to the stage of Dissonance. This stage describes the discomfort men tend to feel as they reflect on issues of gender. Men may feel vulnerable as they gain heightened awareness of socialization influences. They may feel guilt or shame as they learn that being male gives them privilege over others, and that they have participated in gender-based oppression knowingly or unknowingly.

Men may feel angry as a result of feeling blamed for unearned privilege, or angry as a result of discovering how socialization has pressured men to be tough, individualistic, and to suppress vulnerable emotions. Comstock, Duffey, and St. George (2003) emphasized that this model focuses on the development of Eurocentric men, and cannot be generalized to men or women of all cultures. The stage of Dissonance is particularly difficult because it encourages men to be open, expressive, and sensitive, which are discouraged in Eurocentric society.

Men may progress in two directions after the period of Dissonance. In Identification, men work to understand their masculinity, what it means to be male and how male stereotypes maintain power in society. Men enhance understanding of how sex role stereotypes have affected them on an individual level and examine the influences on connections with others. Because this process involves complicated
emotions of shame, guilt, anger, vulnerability, men may disconnect as a natural or socialized tendency to avoid these feelings. Ideally, men are able to accept the intense emotions and move into a stage of Catharsis. Catharsis is characterized by sense of freedom to explore vulnerabilities and begin to connect with others in new ways.

Although men may feel disappointed as they learn the meaning and power of sex role stereotypes, they may still progress to Catharsis. However, men may not feel ready, willing, or committed to exploration of the influences of gender. Men may disconnect from the process, and refuse to authentically reflect on gender issues which is characteristic of the stage of Denial. Although the process of development is halted at Denial for some men, they have future opportunities to break the barrier and advance to Connection.

If men are able to progress through Catharsis, they enter a period of Connection which embodies mutual healing: “men continue to struggle with issues regarding masculinity and internal boundaries related to the expression of empathy, tenderness, and vulnerability, all of which facilitate connection with others” (Comstock et al., 2003, p. 73). This stage involves renewing connections with others in the classroom, professionally with clients, and with personal relationships, such as family.

The final stage of men’s development is Integration which involves incorporating what has been learned into their lives. Men may have realized that the inherent power and control gained from being a male has interfered with their relationships by encouraging individuation, mistrust, or superficiality with others. At this stage, men may desire to make changes in the way they relate with others.
The relational model of gender awareness development provides a framework for understanding the complex processes involved with learning about gender issues. The model attends to “issues such as gender, power, diversity, and most important, relational development” (Comstock et al., 2003, p. 63). Furthermore, the model recognizes that although gender is a source of diversity, other social and cultural influences contribute to human experience. Although being a man or a woman may determine different worldviews or life experiences, “some group identities may be more salient than others” (Sue, 2001, p. 794). For example, belonging to various reference groups, such as differentiated by ethnicity, religion, age, socioeconomic status, or sexual orientation can result in marginalization and lack of power (Constantine, 2002). This study intends to investigate not only the influences of gender on trainee development, but also any influences of ethnicity, age, and sexual orientation.

Summary

From the literature on women’s development, relationships are presented as central to women’s lives (Comstock, 2005; Gilligan, 1993; Schaef, 1985). Gender socialization cultivates characteristics in women that are fitting with characteristics of counselors, such as warm, empathetic, nurturing, connected to feelings, and possessing strong listening and interpersonal skills (Enns, 1991; Kaufman, 1999; Lyons & Hazler, 2002). Before counseling training even begins, many women already possess communication skills involved in counseling as a result of their experience of being women. Conversely, men are socialized to become independent, self-sufficient, physically and emotionally strong, and successful in a job or career (Shepard, 2005; Wester & Vogel, 2002). Men tend to grow disconnected from their feelings, and struggle to identify and express their feelings (Shepard, 2005). Because these developmental
processes vary for men and women, there may be unique considerations for men and women counselor trainees.

The relational model of gender awareness development (Comstock et al., 2003) offers insight into the experience of women and men counselor trainees as they enhance gender awareness. The creators of the relational model of gender awareness highlighted the need to address gender issues in counseling training. Comstock, Duffey, and St. George (2003) urged that future research examine the relational characteristics of men and women counselor trainees in the classroom as they are presented with gender issues. Therefore, this study will explore the nature of counselor trainee development when they are exposed to gender topics and will investigate the relational characteristics of the trainees across peer, mentor, and community relationships. Furthermore, the relationship between exposure to gender issues, relational characteristics, and counseling self-estimate will be examined. Performing this study will offer insight into the interpersonal and intrapersonal experiences of counselor trainees, as well as, generate implications for counseling effectiveness.
CHAPTER 3
METHODOLOGY

This study followed the recommendation by Comstock, Duffey, and St. George (2003) to examine the relational qualities of authenticity, empowerment, and engagement in counselor trainee relationships with peer (classmate), mentor (instructor), and community (class cohesion) when exposed to gender issues. The purpose of this study was to investigate the nature of counselor trainee development and relational capacities inside the counseling classroom when presented with gender topics. Because counselor education literature lacks information involving counselor trainee relational qualities when learning about gender, this study investigated not only relational characteristics of counselor trainees, but also the implications for counseling self-estimate.

Setting and Data Collection

Counselor education trainees participated in the study by completing an online survey. Although the survey questions pertained to counselor trainee experiences inside the classroom, it was virtually impossible to determine when counselor trainees would be exposed to gender topics, given a course on gender issues is not mandatory for a CACREP accredited program (Myers et al., 2005). Therefore, participants were asked to answer the survey questions considering a time when in a counseling classroom that addressed gender issues. Because participants had varying levels of exposure to gender issues, the lack of a standardized classroom experience was recognized as a limitation at onset. However, because there was little knowledge or standardization regarding quality or quantity of presentation of gender topics in counseling training.
programs, the need for this study was further emphasized to clarify the current status of the inclusion of gender issues.

The researcher sent an email on the Counselor Education and Supervision Network listserv (CESNET) and sent an email to various counselor education program listservs. The researcher targeted counselor education faculty members in CACREP accredited departments across the United States and requested assistance to forward the researcher’s email to their respective department listservs. The text of the email contained information about the purpose of the study, estimated time of survey completion, and provided a link to the survey. In addition, the researcher clarified that the study was investigating counselor trainees and that only individuals currently enrolled in a graduate level counselor education program would be included in the study.

Participants were informed that participation in the study was voluntary. The participants were asked to read the informed consent before beginning the online survey, and if they chose to agree to the terms, they selected the option to confirm agreement. Then, the participants were granted access to the questions of the survey. However, if they did not agree to terms of informed consent, individuals were not able to participate in the study. The informed consent contained information regarding the purpose of the study, procedure for completing the survey, any risks and benefits associated with participation in the survey, estimated time to complete survey, confidentiality, compensation, voluntary participation, right to withdraw from study, researcher contact information, University of Florida Institutional Review Board contact information, and agreement between participant and investigator.
Participants were asked to complete the online survey that consisted of questions pertaining to demographics and two additional instruments: the Relational Health Indices (RHI; Liang, Tracy, Taylor, Williams, Jordan, & Miller, 2002) and the Counseling Self Estimate Inventory (COSE; Larson, Suzuki, Gillespie, Potenza, Bechtel, & Toulouse, 1992). Participants were informed that their identities would be kept confidential and each participant’s information would be assigned a code number that would not reveal one’s personal identity, such as name or address. Participants were notified that there was no more than minimal risk anticipated in participation in the study, and assured that the data collected would not be used to evaluate counselor trainee performance, knowledge, skills, or abilities. Participants were informed that there would be no compensation for participation in the study. However, participants were invited to request information pertaining to the study and were provided with the researcher’s email address.

The researcher created an online survey through SurveyMonkey.com, a secure site that provides researchers with the ability to construct surveys and collect data. Access to the data was limited to the researcher and was protected by a password. The survey began by asking questions related to demographic information: age, gender, ethnicity, sexual orientation, counseling degree that the participant was seeking (e.g., master’s degree or doctoral degree), region of the United States in which the counseling program was located, experience level in counseling training (Pre-Practicum, Practicum, Internship, Post-Internship), and questions to clarify participants’ level of exposure to gender issues. These questions are listed in Appendix A and Appendix B.
Participants were informed that the remaining questions pertain to their relationships with peers, mentors, and community members and the questions explore the nature of these relationships in the context of the classroom when provided with topics of gender issues. Before beginning the Relational Health Indices (RHI; Liang et al., 2002) portion of the survey, participants were instructed to think of the most recent time when in a gender issues course or in a class that addressed gender issues. The data was collected online, saved in an Internet database, and after data collection, was moved into the Statistical Package for the Social Sciences (SPSS). The following sections will address the sample for the study, operational definition of variables, details about the instrumentation, and data analyses.

**Participants**

The participants of the study were counselor trainees enrolled in master’s or higher level counseling programs. This study intended to generalize results from the sample participants to the population of counselor trainees currently enrolled in graduate programs across the United States. Graduate level counselor trainees from all specializations were invited to participate in the study, such as school counseling, marriage and family counseling, community counseling, and mental health counseling. The participants were recruited by email. Counselor trainees that participated on electronic mailing lists within their counseling programs or on CESNET were asked to participate in the survey.

A total of 210 counselor trainees participated in this study. There were higher percentages of women (85.7%) than men (14.3%) as displayed in Table 3-1. Of the participants, 73.3% identified as being European American, 11% identified as African American, 8.1% identified as Latino, 5.2% identified as Other, 1.4% identified as Native
American or Pacific Islander, and 1% identified as Asian (Table 3-1). The majority of participants were in the age range of 20-29 years old (59.5%). Table 3-2 shows the percentages of each age group. Ninety-one percent of participants identified as being heterosexual as displayed in Table 3-3.

Table 3-4 shows frequencies for the regional location that the participants reported enrollment in counseling programs. The majority of participants reported enrollment in counseling programs in the Southeast (39.5%) and Midwest (28.6%). Of the total number of participants, 72.9% identified as being a Master’s student, 25.2% as a Doctoral student, and 1.9% as Other (Table 3-5). As for experience level in counseling training, 47.6% of participants reported being Pre-Practicum students, 9.5% as Practicum students, 25.7% as Internship students, and 17.1% as Post-Internship students which is displayed in Table 3-5.

Data from participants who indicated they were not currently enrolled in a counseling training program was not included in the study. In addition, data from participants who did not complete at least 80% of the items on the RHI-M, RHI-P, RHI-C, and COSE was not considered in the data analyses (Downey & King, 1998).

**Operational Definition of Variables**

Mutual engagement, authenticity, and empowerment/zest were operationally defined by scores on the RHI. In addition, peer, mentor, and community relationships were operationally by the RHI. Counseling self-estimate was operationally defined by a total score on the COSE which is comprised of five components: microskills, process, difficult client behaviors, cultural competence, and awareness of values (Larson et al., 1992). Data on age, ethnicity, gender, sexual orientation, experience level in counseling
training, and previous exposure to gender issues were self-reported at the beginning of the questionnaire.

**Instrumentation**

**Relational Health Indices**

The Relational Health Indices (RHI; Liang et al., 2002) was developed utilizing concepts from relational cultural theory. The RHI measures growth-fostering characteristics across three types of relationships: peer, mentor, and community relationships. Creators of the RHI believed the instrument should assess three types of relationships separately due to varying characteristics associated with each type of relationship. For example, a mentor relationship may involve issues of power and a community relationship may involve group dynamics that may influence relational characteristics (Liang et al., 2002).

The RHI is a self-report, five-point Likert scale ranging from 1 = “Never” to 5 = “Always” comprised of 37 items or statements about relationships (Appendix C). The RHI includes statements pertaining to attitudes about specific relationships (e.g., “I feel as though I know myself better because of my mentor” and “This community provides me with emotional support”). Higher scores represent higher reports of relational health. Liang, Tracy, Taylor, Williams, Jordan, and Miller (2002) support that individuals with higher scores of relational health tend to have higher self-esteem and self-worth and lower rates of stress or depression. The RHI produces scores for three relational dimensions: engagement, authenticity, and empowerment (Liang et al., 2002). The RHI examines the nature of these relational dimensions across each of the three types of relationships: mentor, peer, and community.
The researchers proposed that the RHI could be scored in two ways: measuring three subscale dimension scores of engagement, authenticity, and empowerment or by measuring relational quality within the three relationship domains (peer, mentor, and community) (Frey, Beesley, & Newman, 2005; Liang et al., 2002). Guided by Comstock, Duffey, and St. George (2003), this study considered “peer” as a classmate, “mentor” as an instructor, and “community” as members of the class (class cohesion).

The RHI began by describing a mentor as an adult who is not a parent, guardian, peer, or romantic partner and is “often older than you, has more experience than you, and is willing to listen, share her or his own experiences, and guide you through some area of your life” (Liang et al., 2002, p. 28). After the series of items related to a mentor relationship, the RHI presented items pertaining to peers, and described a peer as “someone whom you feel attached to through respect, affection and/or common interests, someone you can depend on for support and who depends on you” (Liang et al., 2002, p. 28). Finally, the RHI contained items related to one’s association with or involvement in the class community.

Liang, Tracy, Taylor, Williams, Jordan, and Miller (2002) administered the RHI to a sample of approximately 450 first and senior year college females and found internal consistencies (Cronbach’s alphas) for the RHI subscales and composite indices ranging from .69 to .90. When developing the instrument, the fourth aspect of growth-fostering relationships, the ability to move through conflict, was included in the RHI, but after refining the RHI, researchers believed that the subscale was not well defined and therefore, was not included (Liang et al., 2002).
Convergent validity was determined by comparison with the Mutual Psychological Development Questionnaire (MPDQ; Genero, Miller, Surrey, & Baldwin, 1992) and with the Quality of Relationships Questionnaire (QRI; Pierce, Sarason, Sarason, Solky-Butzel, & Nagle, 1997). First order correlations between the RHI and MPDQ and QRI were performed and it was found that the MPDQ measure was the most similar to the RHI (highest correlation of .69). Concurrent validity was examined by comparison with Rosenberg’s Self-Esteem Scale (Rosenberg, 1965), the University of California, Los Angeles Loneliness Scale (Russell, Peplau, & Cutrona, 1980), Center for Epidemiological Studies Depression Scale (Radloff, 1977), and Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983). Loneliness was found to have the strongest negative correlation with scores on RHI, particularly with peer and community relationships (-.35 and -.47). Self esteem was “weakly” related to RHI peer and community relationships, depression and perceived stress only “moderately” related to relational health in community relationships (negative correlations of -.39 and -.32 respectively) (Liang et al., 2002).

Liang, Tracy, Taylor, Williams, Jordan, and Miller (2002) performed a confirmatory factor analysis supporting that the factors of engagement, authenticity, and empowerment as strongly related, but as conceptually distinct. After utilizing factor loadings to weight the items, the correlation between engagement and empowerment was .74, between engagement and authenticity was .55, and between empowerment and authenticity was .40.

Frey, Beesley, and Newman (2005) administered the RHI to 247 women and 135 men participating in intake appointments at a Midwestern college counseling center.
The researchers investigated the structure of the RHI and psychometric properties of the instrument. Research findings supported use of the RHI with both men and women. Results demonstrated that the relationship domains are “relatively independent from one another” (Frey et al., 2005, p. 157.) However, when investigating the relational quality subscales (authenticity, engagement, empowerment), the researchers concluded: “The current study raises serious questions regarding the extent to which authenticity, engagement, and empowerment are represented as distinct dimensions” (Frey et al., 2005, p. 162). Therefore, the current study only utilized the scores for relational health across peer, mentor, and community domains.

When analyzing the structure of the RHI, the researchers found a one-dimensional structure for the peer and mentor domains and a two-component structure for the community domain representing either “connection with” or “alienation from” the community. In addition, the researchers conveyed doubt regarding the accuracy of a total score on the relational qualities, suggesting that for example, a higher score on “authenticity” suggests a participant displays authenticity in the three relational domains. However, the researchers point out that the RHI does not portray the possible variation across relational domains (e.g., high authenticity with a peer, but moderate authenticity with community). Therefore, the current study followed the recommendation to measure the overall quality of relationships for each type of relationship and will analyze three scores: relational health in peer, mentor, and community relationships.

**Counseling Self-Estimate Inventory**

The Counseling Self-Estimate Inventory (COSE; Larson, Suzuki, Gillespie, Potenza, Bechtel, & Toulouse, 1992) contains 37 items that relate to counselor self-concept, performance, and assessment of counseling competency (Appendix D). The
COSE focuses on self-efficacy which involves an individual’s belief about his or her ability to carry out a specific behavior (Bandura, 1982). Self-efficacy may shape cognitions, feelings, behaviors and motivation (Bandura, 1982). The COSE measures one’s efficacy regarding counseling skills and processes involved in the therapeutic relationship.

The self-report COSE has a six-point Likert scale ranging from “Strongly Disagree” to “Strongly Agree” to rate items. Pertaining to counselor self-confidence, the instructions of the COSE ask participants to rate how the counselor feels he or she will behave in a counseling session. The COSE is comprised of five factors: (a) Microskills, (b) Process, (c) Difficult Client Behaviors, (d) Cultural Competence, and (e) Awareness of Values.

Microskills includes the delivery of counselor responses (e.g., “When using responses like reflection of feeling, active listening, clarification, probing, I am confident I will be concise and to the point”). Process involves interpretation and counselor-client interaction (e.g., “I am not sure that in a counseling relationship I will express myself in a way that is natural without deliberating over every response or action”). Difficult Client Behaviors pertains to the counselor’s assessment of ability to work with unmotivated or challenging clients (e.g., “I am unsure as to how to deal with clients who appear noncomittal and indecisive”). Cultural Competence assesses counselor self-efficacy when working with clients of different cultural backgrounds, such as socioeconomic status (e.g., “In working with culturally different clients I may have a difficult time viewing situations from their perspective”). Awareness of Values concerns counselor recognition
of biases (e.g., “I feel confident I have resolved conflicts in my personal life so that they will not interfere with my counseling abilities”).

Higher scores on the five scales and on the total score of counseling self-estimate indicate greater confidence in future counseling performance and abilities. Dr. Lisa Larson, primary author of the COSE, recommended that the researcher utilize the total score of counseling self-estimate (L. M. Larson, personal communication, October 26, 2009).

The internal consistency of the COSE total score was .93 and test-retest reliability after 3 weeks was reported as .87 (Larson et al., 1992). The following internal consistencies were found for the five factors of the COSE: Microskills (.88), Process (.87), Difficult Client Behaviors (.80), Cultural Competence (.78), and Awareness of Values (.62). Support for convergent validity was established by a significant correlation of .51 between the total scores on COSE with scores on self-concept measured by the Tennessee Self Concept Scale (TCSC: Fitts, 1965). Convergent validity was also supported by a significant negative correlation of -.42 with scores on the State-Trait Anxiety Inventory (STAI; Spielberger, 1983) and a significant negative correlation of -.73 with scores on the Problem Solving Inventory (PSI; Heppner, 1988) (lower scores represent more effective problem solving). Therefore, an individual with higher scores on counseling self-estimate tends to have higher self-concept, higher self-ratings on problem solving skills, and lower ratings of anxiety.

Discriminant validity was supported by a significant weak correlation of .27 for the COSE total with the Social Desirability Scale (SDS; Crowne & Marlow, 1960) where higher ratings represent acting in socially desirable ways (Larson et al., 1992). In
addition, the researchers indicated discriminant validity was supported by weak correlations of the COSE total with scores on the Tennessee Self-Concept Scale Self-Criticism score, the Graduate Record Examination, Grade Point Average, and Myers-Briggs Type Indicator (MBTI; Myers & McCaulley, 1985) scores which assessed personality type (Larson et al., 1992). Support for criterion validity was established when total scores on COSE and “trait anxiety (i.e., STAI) significantly predicted counseling behavior” (Larson et al., 1992, p. 118) as measured by the Behavioral Rating Form (BRF; Larson et al., 1992). The researchers discovered that counseling self-estimate and trait anxiety contributed to 29% of the variance in counseling performance.

Finally, when observing change over time, counseling self-estimate was found to be significantly higher for individuals with advanced degrees in counseling, more counseling experience, and accumulated supervision (Larson et al., 1992). Counseling self-efficacy was found to increase for most practicum students over the course of a semester, but counseling self-estimate in pre-practicum students was not significantly affected after the students met with a mock client for 15 minutes. Larson and Daniels (1998) stated that the COSE exhibits the most acceptable psychometric properties in comparison with instruments used to measure counseling self-efficacy in the context of individual counseling.

Data Analyses

Descriptive statistics were calculated for the sample including means and standard deviations for the continuous variables and frequency distributions for categorical variables. Zero-order correlations were calculated for the continuous variables. Then, the research questions and null hypotheses were addressed by performing the following analyses.
• **Research question 1.** What is the relationship between (a) gender, (b) exposure to gender issues, (c) age, (d) ethnicity, (e) sexual orientation, and (f) counseling training level and relational health in peer relationships in counselor trainees?

• **Hypothesis 1.** There is no significant relationship between (a) gender, (b) exposure to gender issues, (c) age, (d) ethnicity, (e) sexual orientation, and (f) counseling training level and relational health in peer relationships in counselor trainees.

Multiple regression analyses were performed utilizing (a) gender, (b) exposure to gender issues, (c) age, (d) ethnicity, (e) sexual orientation, and (f) counseling training level and the RHI-Peer composite score as the dependent variable.

• **Research question 2.** What is the relationship between (a) gender, (b) exposure to gender issues, (c) age, (d) ethnicity, (e) sexual orientation, and (f) counseling training level and relational health in mentor relationships in counselor trainees?

• **Hypothesis 2.** There is no significant relationship between (a) gender, (b) exposure to gender issues, (c) age, (d) ethnicity, (e) sexual orientation, and (f) counseling training level and relational health in mentor relationships in counselor trainees.

Multiple regression analyses were performed utilizing (a) gender, (b) exposure to gender issues, (c) age, (d) ethnicity, (e) sexual orientation, and (f) counseling training level as independent variables and the RHI-Mentor composite score as the dependent variable.

• **Research question 3.** What is the relationship between (a) gender, (b) exposure to gender issues, (c) age, (d) ethnicity, (e) sexual orientation, and (f) counseling training level and relational health in class community relationships in counselor trainees?

• **Hypothesis 3.** There is no significant relationship between (a) gender, (b) exposure to gender issues, (c) age, (d) ethnicity, (e) sexual orientation, and (f) counseling training level and relational health in class community relationships in counselor trainees.

Multiple regression analyses were performed utilizing (a) gender, (b) exposure to gender issues, (c) age, (d) ethnicity, (e) sexual orientation, and (f) counseling training level and the RHI-Class composite score as the dependent variable.
level as independent variables and the RHI-Community composite score as the dependent variable.

- **Research question 4.** What is the relationship between relational health in peer, mentor, and community relationships and counseling self-estimate in counselor trainees when controlling for (a) gender, (b) exposure to gender issues, (c) age, (d) ethnicity, (e) sexual orientation, and (f) counseling training level?

- **Hypothesis 4.** There is no significant relationship between relational health in peer, mentor, and community relationships and counseling self-estimate in counselor trainees when controlling for (a) gender, (b) exposure to gender issues, (c) age, (d) ethnicity, (e) sexual orientation, and (f) counseling training level.

Multiple regression analyses were performed utilizing the three relational health composite scores in peer, mentor, and community relationships as the independent variables, counseling self-estimate as the dependent variable, and gender, exposure to gender issues, age, ethnicity, sexual orientation, and counseling training level were controlled.

The Type I error rate was set at .05 for all multiple regression analyses. This chapter described the methodology including data collection procedures, study participants, and description of the instruments. The next chapter will provide descriptive statistics and results of the data analyses.
Table 3-1. Demographics: gender and ethnicity

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency (f)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>30</td>
<td>14.3</td>
</tr>
<tr>
<td>Female</td>
<td>180</td>
<td>85.7</td>
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<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Frequency (f)</th>
<th>Percentage (%)</th>
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</thead>
<tbody>
<tr>
<td>African American</td>
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<td>11.0</td>
</tr>
<tr>
<td>Asian American</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td>European American</td>
<td>154</td>
<td>73.3</td>
</tr>
<tr>
<td>Latino/Hispanic</td>
<td>17</td>
<td>8.1</td>
</tr>
<tr>
<td>Native American/Pacific Islander</td>
<td>3</td>
<td>1.4</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>5.2</td>
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</table>

Table 3-2. Participant age

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Frequency (f)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-29</td>
<td>125</td>
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</tr>
<tr>
<td>30-39</td>
<td>59</td>
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</tr>
<tr>
<td>40-49</td>
<td>15</td>
<td>7.1</td>
</tr>
<tr>
<td>50-59</td>
<td>7</td>
<td>3.3</td>
</tr>
<tr>
<td>60-69</td>
<td>4</td>
<td>1.9</td>
</tr>
</tbody>
</table>

Table 3-3. Participant sexual orientation

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Frequency (f)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay/Lesbian</td>
<td>9</td>
<td>4.3</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>191</td>
<td>91.0</td>
</tr>
<tr>
<td>Bisexual</td>
<td>10</td>
<td>4.8</td>
</tr>
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</table>

Table 3-4. Counseling program location by region

<table>
<thead>
<tr>
<th>Region</th>
<th>Frequency (f)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northeast</td>
<td>30</td>
<td>14.3</td>
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<tr>
<td>Southeast</td>
<td>83</td>
<td>39.5</td>
</tr>
<tr>
<td>Midwest</td>
<td>60</td>
<td>28.6</td>
</tr>
<tr>
<td>Southwest</td>
<td>19</td>
<td>9.0</td>
</tr>
<tr>
<td>West</td>
<td>18</td>
<td>8.6</td>
</tr>
</tbody>
</table>
Table 3-5. Counseling degree and level of experience in counseling training

<table>
<thead>
<tr>
<th>Counseling degree</th>
<th>Frequency (f)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master’s</td>
<td>153</td>
<td>72.9</td>
</tr>
<tr>
<td>Doctoral</td>
<td>53</td>
<td>25.2</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>1.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Experience level</th>
<th>Frequency (f)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Practicum</td>
<td>100</td>
<td>47.6</td>
</tr>
<tr>
<td>Practicum</td>
<td>20</td>
<td>9.5</td>
</tr>
<tr>
<td>Internship</td>
<td>54</td>
<td>25.7</td>
</tr>
<tr>
<td>Post-Internship</td>
<td>36</td>
<td>17.1</td>
</tr>
</tbody>
</table>
The purpose of this study was to investigate the nature of counselor trainee
development and relational capacities inside the counseling classroom when presented
with gender topics. This study assessed the following variables: (a) gender, (b) age, (c)
etnicity, (d) sexual orientation, (e) counseling experience level, (f) exposure to gender
issues, (g) relational health across peer, mentor, and community domains, and (h)
counseling self-estimate. This chapter provides outcomes for the methodology
described previously. First, a description of the data will be presented. Then, the
outcomes of the instruments used in the study will be addressed. Finally, the results
from the data analyses addressing the research hypotheses will be explained.

**Description of the Data**

Chapter 3 provided the complete details of the sample demographic information,
yet a brief overview is presented here. The sample was comprised of 210 counselor
trainees including 180 women and 30 men. Of the participants, 73.3% (n = 154)
identified as being European American, 11% (n = 23) identified as African American,
8.1% (n = 17) identified as Latino, 5.2% (n = 11) identified as Other, 1.4% (n = 3)
identified as Native American or Pacific Islander, and 1% (n = 2) identified as Asian. The
sample primarily consisted of participants in the age range of 20-29 (59.5%, n = 125),
followed by 30-39 (28.1%, n = 59), 40-49 (7.1%, n = 15), 50-59 (3.3%, n = 7), and 60-69
(1.9%, n = 4). The majority of participants were Master’s level counselor trainees
(72.9%), and of the 210 participants, 47.6% indicated Pre-Practicum level of
experience.
Of the total participants, 82.4% indicated that they had not completed a course on gender issues in their counseling training program. The full details of descriptive statistics related to gender issues appears in Table 4-1. When asked to select how many times the participants had been exposed to gender issues in the counseling classroom, 35.7% of participants, the highest percentage, selected “0-5 occasions”. Furthermore, 23.8% reported “6-10 occasions”, 16.7% reported “11-15 occasions”, and 23.8% reported “16 or more occasions” of being exposed to gender issues in the counseling classroom. When asked how often the participants had been exposed to gender issues in the counseling classroom, 49% of participants indicated Infrequent Exposure, followed by 41.4% indicated Frequent Exposure, 8.1% indicated High Exposure, 1% did not respond, and 0.5% indicated Never (Table 4-1).

Before performing multiple regression analyses, the data was confirmed to have acceptable values on Tolerance and Variance Inflation Factor. Normality plots were examined to ensure the data met assumptions of normality. After viewing Mahalanobis distance, one outlier was removed from all analyses (Tabachnick & Fidell, 1996).

Due to the low frequencies of participants in the Latino, Asian, Native-American/Pacific Islander, and Other ethnic groups, the participants were combined to represent one group. Therefore, a total of three ethnic groups were included in data analyses: European American, African American, and Other. Similarly, the data was redistributed into two sexual orientation groups: Heterosexual and Homosexual/Other. After reorganizing these variables, zero-order correlations and multiple regression analyses were performed. The following sections describe the outcomes of the instrumentation and provide results for these analyses.
Outcomes of Instrumentation

The Relational Health Indices (RHI; Liang et al., 2002) and the Counseling Self-Estimate Inventory (COSE; Larson et al., 1992) served as the primary instruments of this study. The Relational Health Indices is composed of three sets of items that each pertain to a relational domain: Mentor (RHI-M), Peer (RHI-P), and Community (RHI-C). The RHI-M represents a series of 11 items which were each scored 1 to 5 with higher scores indicating higher scores of relational health across the mentor/instructor domain. The RHI-P consists of 11 items which were scored 1 to 5 with higher scores representing higher ratings of relational health across the peer/classmate domain. However, one item was reverse scored. The RHI-C consists of 14 items, scored 1 to 5, with a higher total score representing higher ratings of relational health across the community/classroom domain. The RHI-C contains several reverse scored items. Finally, the COSE contains 37 items which were scored 1 to 6, and the COSE also contains items that were reverse scored. The higher the total score on the COSE, the higher the ratings of counseling self-estimate.

In some instances, participants did not complete all items of the instruments. In order to attend to the missing items on the instruments, the person mean substitution approach was utilized (Downey & King, 1998). If a participant completed all but 20% of the items (or fewer) for each domain of the RHI and the COSE, the missing items were replaced with the mean score. In other words, if a participant completed fewer than 80% of the items of an instrument, his or her score was not considered in the data analyses.

Before performing data analyses to address the study’s research hypotheses, the measurement reliabilities were calculated for the RHI-M, RHI-P, RHI-C, and COSE. Cronbach’s alpha coefficient for the RHI-M was .925 which was higher than the
Cronbach’s alpha coefficient of .86 cited by the authors of the RHI (Liang et al., 2002). The Cronbach’s alpha coefficient of .812 for the RHI-P in this study was similar to the .85 noted by the RHI authors. Similarly, reliability findings for the RHI-C revealed a Cronbach’s alpha coefficient of .909 in this study which was comparable to the .90 noted by the RHI authors. Finally, the items of the COSE produced a Cronbach’s alpha coefficient of .942 in this study, which was higher than the .93 cited by the authors of the COSE (Larson et al., 1992).

Descriptive statistics were calculated for each of the instrument scales and can be found in Table 4-2. Out of a possible total score of 55 on the RHI-M, the mean score was 43.76 ($SD = 7.43$), and the mean score on the RHI-P was 45.51 ($SD = 5.29$). In addition, 66.2% of participants rated a female mentor when completing the RHI-M, 28.10% identified a male mentor, and 5.7% did not respond. Of the total 210 participants, 73.8% rated a female peer when completing the RHI-P, 23.3% identified a male peer, and 2.9% did not respond.

Out of a possible total score of 70 on the RHI-C, the mean score was 47.50 ($SD = 9.0$). Finally, out of a total possible score of 222 on the COSE, the mean score was 165.75 ($SD = 23.57$) (Table 4-2). Unfortunately, the authors of the RHI or COSE did not provide descriptive statistics for the instruments.

Before attending to the research hypotheses, the relationships between pairs of variables were explored (while ignoring the influence of the other research variables). Thus, zero-order correlations were calculated among the following variables: (a) gender, (b) age, (c) ethnicity, (d) sexual orientation, (e) number of occasions presented with gender topics, (f) counseling experience level, (g) RHI-M, (h) RHI-P, (i) RHI-C, and (j)
Results indicated that the relationship between the European American group (contrasted with Other ethnic group) and the RHI-C was statistically significant ($r = .150$, $p \leq .05$). Thus, participants who identified as European American were more likely to have higher scores of relational health in the classroom when presented with gender topics. An inverse relationship between Pre-Practicum counseling trainees (contrasted with Post-Internship) and COSE was found to be statistically significant ($r = -.261$, $p \leq .01$). Therefore, Pre-Practicum trainees tended to report lower scores of counseling self-estimate than more advanced counseling trainees. In addition, the correlation between Internship trainees (contrasted with Post-Internship) and number of occasions presented with gender topics was statistically significant ($r = .202$, $p \leq .01$). Thus, internship trainees tended to report higher number of occasions of exposure to gender topics in counseling classrooms.

The zero-order correlations among the continuous variables of the research questions can be found in Table 4-3. The COSE had a statistically significant positive relationship with participant age ($r = .266$, $p \leq .01$), with RHI-M ($r = .306$, $p \leq .01$), with RHI-P ($r = .328$, $p \leq .01$), and with the RHI-C ($r = .227$, $p \leq .01$). Therefore, as age increased, participants tended to report higher ratings of counseling self-estimate. Participants scoring higher on counseling self-estimate tended to score higher on all three domains of relational health. The correlation between the RHI-M and the RHI-P ($r = .386$, $p \leq .01$) was statistically significant, indicating a positive relationship between relational health across mentor/instructor domain and relational health across the peer/classmate domain. In
addition, the correlation between the RHI-M and the RHI-C was statistically significant ($r = .257, p \leq .01$). Therefore, as relational health in the mentor/instructor context increases, relational health in the classroom increases. Finally, the correlation between the RHI-P and the RHI-C was found to be statistically significant ($r = .223, p \leq .01$). There was a positive relationship between relational health in the peer/classmate domain and relational health in the classroom. The following section will address the research hypotheses.

**Hypotheses Tests Results**

Four null hypotheses were tested in this study utilizing multiple regression analyses. The results of each hypothesis is presented below.

**Hypothesis 1 Test Results**

$H_0$: There is no significant relationship between (a) gender, (b) exposure to gender issues, (c) age, (d) ethnicity, (e) sexual orientation, and (f) counseling training level and relational health in peer relationships in counselor trainees.

To test this hypothesis, multiple regression analyses were performed utilizing the scores on the RHI-P as the dependent variable and (a) gender, (b) exposure to gender issues, (c) age, (d) ethnicity, (e) sexual orientation, and (f) counseling training level as the independent variables. There was not a significant relationship between the independent variables and the RHI-P ($R = .205, p = .462$). Therefore, the null hypothesis for Hypothesis 1 was not rejected.

**Hypothesis 2 Test Results**

$H_0$: There is no significant relationship between (a) gender, (b) exposure to gender issues, (c) age, (d) ethnicity, (e) sexual orientation, and (f) counseling training level and relational health in mentor relationships in counselor trainees.
Multiple regression analyses were used to test this hypothesis. Scores on the RHI-M served as the dependent variable and (a) gender, (b) exposure to gender issues, (c) age, (d) ethnicity, (e) sexual orientation, and (f) counseling training level served as the independent variables. There was not a significant relationship between the independent variables and the dependent variable ($R = .197$, $p = .569$). Therefore, the null hypothesis for Hypothesis 2 was not rejected.

**Hypothesis 3 Test Results**

**H0:** There is no significant relationship between (a) gender, (b) exposure to gender issues, (c) age, (d) ethnicity, (e) sexual orientation, and (f) counseling training level and relational health in class community relationships in counselor trainees.

To test this hypothesis, multiple regression analyses were used incorporating scores on the RHI-C as the dependent variable and (a) gender, (b) exposure to gender issues, (c) age, (d) ethnicity, (e) sexual orientation, and (f) counseling training level as the independent variables. There was not a significant relationship between the independent variables and the dependent variable ($R = .263$, $p = .104$). While the relationship was not statistically significant at the alpha level of .05, the p-value was close to .10 indicating there was only about a 10% chance that the results were due to error. Although the model was not significant at the alpha level of .05, the coefficient for the European American variable showed statistical significance ($p \leq .05$) suggesting that this ethnic group may be a significant predictor of relational health in the classroom when presented with gender topics. However, these results must be interpreted with caution due to regression model’s lack of significance at the alpha level of .05.
Hypothesis 4 Test Results

$H_0$: There is no significant relationship between relational health in peer, mentor, and community relationships and counseling self-estimate in counselor trainees when controlling for (a) gender, (b) exposure to gender issues, (c) age, (d) ethnicity, (e) sexual orientation, and (f) counseling training level.

To test this hypothesis, multiple regression analyses were performed. Scores on the COSE served as the dependent variable and scores on RHI-M, RHI-P, RHI-C, gender, exposure to gender issues, age, ethnicity, sexual orientation, and counseling training level served as the predictor variables. There was a statistically significant relationship between the dependent variable and the independent variables ($R = .587$, $p = .000$). Therefore, the null hypothesis for Hypothesis 4 was rejected. The model accounted for 34.5% of the variance in counseling self-estimate $F(12, 170) = 7.449$, $p \leq .001$. The model summary can be found in Table 4-4.

Table 4-5 displays the model coefficients. Of the predictor variables, the following were significant: age ($B = .568$, $p \leq .01$), RHI-C ($B = .445$, $p \leq .05$), RHI-P ($B = .928$, $p \leq .01$), RHI-M ($B = .666$, $p \leq .01$), Pre-Practicum (contrasted with Post-Internship) ($B = -21.051$, $p \leq .01$), Practicum (contrasted with Post-Internship) ($B = -16.638$, $p \leq .01$), and Internship (contrasted with Post-Internship) ($B = -13.378$, $p \leq .01$).

For every unit increase in age, a 0.568 unit increase in counseling self-estimate is predicted, keeping other variables constant. Similarly, with each unit increase in relational health related to class cohesion, a 0.445 unit increase in counseling self-estimate is predicted. For every unit increase in relational health across the peer/classmate domain, a 0.928 unit increase in counseling self-estimate is predicted.
In addition, as each unit increases in relational health in the mentor/instructor domain, a 0.666 unit increase in counseling self-estimate is predicted.

Results indicated that Pre-Practicum counseling trainees scored 21.05 points less than Post-Internship trainees on counseling self-estimate. Practicum trainees scored 16.64 points less than Post-Internship trainees, and Internship trainees scored 13.38 points less than Post-Internship trainees on counseling self-estimate.

**Summary**

This chapter examined results of a survey of counselor trainees enrolled in counseling training programs across the United States. Data including demographics, exposure to gender issues, relational health, and counseling self-estimate were analyzed. Descriptive statistics for the study’s research variables and zero-order correlations were provided. Finally, the study’s research hypotheses were addressed by investigating the results of the multiple regression analyses. In the following chapter, the results and conclusions of the study will be explained, which includes implications for future research, theory, and counseling training.
### Table 4-1. Exposure to gender issues

<table>
<thead>
<tr>
<th>Completion of gender course</th>
<th>Frequency (f)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>37</td>
<td>17.6</td>
</tr>
<tr>
<td>No</td>
<td>173</td>
<td>82.4</td>
</tr>
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<table>
<thead>
<tr>
<th>Number of occasions exposed to gender topics</th>
<th>Frequency (f)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>75</td>
<td>35.7</td>
</tr>
<tr>
<td>6-10</td>
<td>50</td>
<td>23.8</td>
</tr>
<tr>
<td>11-15</td>
<td>35</td>
<td>16.7</td>
</tr>
<tr>
<td>16 or more</td>
<td>50</td>
<td>23.8</td>
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</table>

<table>
<thead>
<tr>
<th>How often exposed to gender topics</th>
<th>Frequency (f)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Infrequent exposure</td>
<td>103</td>
<td>49.0</td>
</tr>
<tr>
<td>Frequent Exposure</td>
<td>87</td>
<td>41.4</td>
</tr>
<tr>
<td>High Exposure</td>
<td>17</td>
<td>8.1</td>
</tr>
<tr>
<td>No Response</td>
<td>2</td>
<td>1.0</td>
</tr>
</tbody>
</table>

### Table 4-2. Descriptive statistics for RHI-M, RHI-P, RHI-C, and COSE

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Median</th>
<th>Mode</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>RHI-M</td>
<td>200</td>
<td>17</td>
<td>55</td>
<td>43.76</td>
<td>45</td>
<td>47</td>
<td>7.43</td>
</tr>
<tr>
<td>RHI-P</td>
<td>209</td>
<td>30</td>
<td>55</td>
<td>45.51</td>
<td>46</td>
<td>47</td>
<td>5.29</td>
</tr>
<tr>
<td>RHI-C</td>
<td>210</td>
<td>22</td>
<td>70</td>
<td>47.05</td>
<td>47.5</td>
<td>48</td>
<td>9.00</td>
</tr>
<tr>
<td>COSE</td>
<td>194</td>
<td>109</td>
<td>217</td>
<td>165.75</td>
<td>166</td>
<td>151</td>
<td>23.57</td>
</tr>
</tbody>
</table>

### Table 4-3. Zero-order correlations among continuous variables

<table>
<thead>
<tr>
<th></th>
<th>Age</th>
<th>Occasions</th>
<th>RHI-M</th>
<th>RHI-P</th>
<th>RHI-C</th>
<th>COSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>0.022</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occasions</td>
<td>0.022</td>
<td>0.117</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RHI-M</td>
<td>0.025</td>
<td>0.075</td>
<td>0.386(*)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RHI-P</td>
<td>-0.022</td>
<td>0.094</td>
<td>0.257(*)</td>
<td>0.223(*)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RHI-C</td>
<td>0.266(*)</td>
<td>0.067</td>
<td>0.306(*)</td>
<td>0.328(*)</td>
<td>0.227(*)</td>
<td></td>
</tr>
</tbody>
</table>

Note: *p ≤ .01 (two-tailed), N = 181; Age = participant age; Occasions = number of occasions presented with gender topics; RHI-M = relational health indices mentor domain; RHI-P = relational health indices peer domain; RHI-C = relational health indices community domain; COSE = counseling self-estimate.
### Table 4-4. COSE model summary

<table>
<thead>
<tr>
<th>R</th>
<th>R²</th>
<th>Adjusted R²</th>
<th>SED</th>
<th>R² Change</th>
<th>F Change</th>
<th>df1</th>
<th>df2</th>
<th>Sig.F Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.587</td>
<td>0.345</td>
<td>0.298</td>
<td>19.856</td>
<td>0.345</td>
<td>7.449</td>
<td>12</td>
<td>170</td>
<td>0.000</td>
</tr>
</tbody>
</table>

### Table 4-5. COSE model coefficients

<table>
<thead>
<tr>
<th>B</th>
<th>Std. Error</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>74.451</td>
<td></td>
<td>4.639</td>
<td>0</td>
</tr>
<tr>
<td>Gender</td>
<td>2.834</td>
<td>4.425</td>
<td>0.041</td>
<td>0.641</td>
</tr>
<tr>
<td>Age</td>
<td>0.568</td>
<td>0.162</td>
<td>0.222</td>
<td>3.507</td>
</tr>
<tr>
<td>Occasions</td>
<td>0.073</td>
<td>0.248</td>
<td>0.019</td>
<td>0.294</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>-5.785</td>
<td>5.399</td>
<td>-0.069</td>
<td>-1.071</td>
</tr>
<tr>
<td>African American</td>
<td>8.02</td>
<td>5.955</td>
<td>0.103</td>
<td>1.347</td>
</tr>
<tr>
<td>European American</td>
<td>0.651</td>
<td>4.319</td>
<td>0.012</td>
<td>0.151</td>
</tr>
<tr>
<td>Pre-Practicum</td>
<td>-21.051</td>
<td>4.214</td>
<td>-0.445</td>
<td>-4.995</td>
</tr>
<tr>
<td>Practicum</td>
<td>-16.638</td>
<td>6.357</td>
<td>-0.193</td>
<td>-2.617</td>
</tr>
<tr>
<td>Internship</td>
<td>-13.378</td>
<td>4.693</td>
<td>-0.245</td>
<td>-2.851</td>
</tr>
<tr>
<td>RHI-C</td>
<td>0.445</td>
<td>0.173</td>
<td>0.172</td>
<td>2.579</td>
</tr>
<tr>
<td>RHI-P</td>
<td>0.928</td>
<td>0.313</td>
<td>0.204</td>
<td>2.966</td>
</tr>
<tr>
<td>RHI-M</td>
<td>0.666</td>
<td>0.226</td>
<td>0.204</td>
<td>2.947</td>
</tr>
</tbody>
</table>
CHAPTER 5
DISCUSSION

Overview of the Study

This study followed the recommendation proposed by Comstock, Duffey, and St. George (2003) to explore counselor trainee development in response to learning about gender issues in the classroom. Building on their relational model of gender awareness development (Comstock et al., 2003), the purpose of this study was to investigate the relational health of counselor trainees across three relational domains: peer (classmate), mentor (instructor), and community (classroom) when presented with gender topics.

Furthermore, counseling self-estimate was explored to better understand counselor trainee development which may offer insight into the future counseling performance and effectiveness of counselors (Easton et al., 2008; Gold & Hawley, 2001; Larson et al., 1992). This chapter provides discussion of the results of the study.

Discussion of Exposure to Gender Issues

Before performing this study, counselor trainee level of exposure to gender issues was unclear. However, results of this study revealed counselor trainees’ perceived exposure to gender issues in the classroom. The majority of participants, 82%, indicated they had not completed a gender issues course in counseling training. It may be inferred that gender issues courses are not commonly offered within counseling training programs. Because such a course is not a CACREP (2009) requirement, it is possible that many counseling programs do not provide a gender issues course. Furthermore, it seems that even if a course dedicated to gender issues was offered, trainees may not be as likely to enroll given it is not mandatory under CACREP guidelines. Although
gender is relevant to all human beings (Coy & Kovacs-Long, 2005), this study discovered that the majority of counselor trainees had not completed a gender issues course in their counseling program.

The highest percentage of participants in this study, approximately 36%, indicated that they had been exposed to gender issues in the counseling classroom on 0 to 5 occasions. At first glance, this percentage seems alarming. A significant number of participants were presented with gender topics only a few times. Although the lack of exposure to gender issues seems concerning, it is important to note that the majority of participants identified as Pre-Practicum students (47.6%), suggesting that they were in early stages of counseling training. Thus, these students likely had fewer opportunities to discuss gender issues in the classroom. Nevertheless, it is possible that participants with more training experience also indicated fewer occasions of exposure to gender issues, noting that 49% of participants reported Infrequent exposure to gender issues in counseling training.

Although 49% of participants reported Infrequent exposure to gender issues, only one participant reported having Never been exposed to gender issues in the classroom. Interestingly, this participant identified as a Post-Internship Doctoral level trainee. It would seem that an advanced counseling trainee would have been exposed to gender issues in the classroom, but it appears she did not perceive that she had been presented with gender topics. Although this one case is concerning, most participants perceived that they had been exposed to gender issues in the counseling classroom with almost 50% indicating Frequent or High exposure.
Approximately 64% of participants indicated that they had been exposed to gender issues on 6 or more occasions in counseling training. In a study of counselor education programs in 1994, researchers found that less than half of the programs addressed gender issues as an individual course or incorporated gender issues into other courses (Dupuy & Ritchie, 1994). Therefore, the current study revealed an increase in the inclusion of gender issues in counseling training.

Before this study, the nature of the inclusion of gender issues in counseling training programs, such as frequency, was unclear (Myers, Borders, Kress, & Shoffner, 2005; Worell, Stilwell, Oakley, & Robinson, 1999). The current study offers insight into how often counselor trainees perceive they are exposed to gender issues in the counseling classroom. Future research may investigate the quality or depth of exposure into gender topics. For example, future studies could examine the content that counselor trainees are exploring or the qualitative analyses of the reactions to the gender topics, thus building on the relational model of gender awareness development (Comstock, Duffey, & St. George, 2003).

**Discussion of Instrumentation**

This study asked participants to consider the most recent time when exposed to gender issues in the classroom when responding to all items of the survey. The RHI-M was used to assess relational health as it pertains to one’s instructor. Thus, participants were instructed to answer the questions about feelings of authenticity, engagement, and empowerment related to their instructor. Approximately 66% of participants identified a woman instructor when completing the RHI-M, 28% identified a man, and the remaining participants did not identify a gender for instructor. These results suggest that more women instructors are presenting gender topics in the classroom than men instructors.
Reliability analysis demonstrated a high Cronbach’s alpha coefficient of .925. Out of a possible score of 55, the mean score was 43.76. Although the authors of the RHI-M did not provide descriptive statistics which makes it impossible to compare with the current results, the RHI-M showed internal consistency among participant responses in this study.

Approximately 74% of participants identified a woman classmate when completing the RHI-P, 23% identified a man classmate, and the remainder of participants did not identify classmate gender. Results indicate that participants most commonly felt closest to a woman peer than a man. In addition, the results suggest a greater number of women trainees than men which could provide another reason why the majority of peers selected were women.

For the RHI-P, the Cronbach’s alpha coefficient of .812 was comparable to the .85 cited by the RHI authors (Liang et al., 2002). Out of a possible score of 55 on the RHI-P, the mean score was 45.51. Unfortunately, the RHI authors did not provide descriptive statistics to compare with these results. Nevertheless, participants of this study rated their peer relationships higher than their instructor relationships on feelings of authenticity, engagement, and empowerment.

The RHI-C produced a Cronbach’s alpha coefficient of .909 which was comparable to the .90 cited by RHI-C authors. Thus, the RHI-C demonstrated high internal consistency among participants. Out of a maximum total score of 70 on the RHI-C, the average score was 47.05. Although the authors of the RHI did not provide descriptive statistics to compare, the mean score seems low given the mean scores for the RHI-M and RHI-P were only about 10 points below the maximum score. Classroom
cohesion represents group dynamics versus the dyadic relationships involved in peer and mentor relationships (Liang et al., 2002). The sample was characterized by seemingly moderate scores for growth-fostering classroom relationships (i.e. a sense of belonging to the group). It seems that participants felt more support inside dyadic relationships than the classroom group relationship. However, with a standard deviation of nine, one may infer that results for the classroom growth-fostering relationships varied.

In addition to the high reliabilities of the scales of the RHI, the RHI subscales demonstrated significant correlations with each other. The strongest relationship was discovered between the RHI-M and the RHI-P ($r = .386, p \leq .01$). Therefore, participants who indicated characteristics of a growth-fostering relationship with an instructor also indicated having a growth-fostering relationship with a peer in the class. In other words, when exposed to topics of gender in the classroom, a participant who had higher ratings of authenticity, engagement, and empowerment influenced by an instructor, he or she also tended to rate these relational qualities high with respect to a peer classmate. Perhaps the instructor assists in creating a classroom environment that promotes supportive peer relationships or it is possible that having a strong bond with a peer influences a positive assessment of an instructor.

Furthermore, the RHI-M had a significant positive correlation with the RHI-C ($r = .257, p \leq .01$). Thus, participants who had higher scores of relational health in the context of a relationship with an instructor, also had higher scores of relational health in the context of class cohesion. Finally, a significant positive correlation was discovered between the RHI-P and RHI-C ($r = .223, p \leq .01$). When exposed to gender issues in the
classroom, participants who had higher ratings of authenticity, engagement, and empowerment in the context of a peer relationship, they also had higher ratings of growth-fostering relationships in the classroom.

The positive correlations between the RHI subscales suggest that sensing support from a peer, instructor, or class may influence trainee perception of growth-fostering relationships with others in the class. Perhaps when discussing gender issues in an environment that promotes development of genuineness and trust with members of the classroom, these relational qualities extend to all types of relationships in the classroom. On the reverse side, a counseling trainee who does not feel supported by a peer or instructor, may not feel a sense of belongingness to the class as a group.

The remaining instrument of the study was the COSE which assessed counseling self-estimate. Out of a possible total score of 222, the mean score was 165.75. The items of the COSE revealed a Cronbach’s alpha coefficient of .942, which was higher than .93 noted by the COSE authors (Larson et al., 1992). Thus, the COSE demonstrated high internal consistency. In addition, several statistically significant positive correlations were found between the COSE and the RHI-M \((r = .306, \ p \leq .01)\), the RHI-P \((r = .328, \ p \leq .01)\), and the RHI-C \((r = .227, \ p \leq .01)\). When exposed to gender issues in the classroom, participants who had higher ratings of counseling self-estimate (including Microskills, Process, Difficult Client Behaviors, Cultural Competence, and Awareness of Values), also had higher ratings of relational health in the context of instructor, classmate, and classroom relationships. In general, when considering the results of these zero-order correlations, when a participant reported higher levels of trust, understanding, and support from an instructor, classmate, or
classroom as a whole, a participant tended to report greater confidence in his or her counseling abilities. The following section will address the specific hypotheses of the study.

**Discussion of Hypotheses**

**Hypothesis 1**

The first hypothesis explored the relationship between relational health in peer relationships with the predictors of gender, exposure to gender issues, age, ethnicity, sexual orientation, and counseling training level. A statistically significant relationship was not detected in the analyses. It is possible that the predictors could result in a statistically significant relationship with relational health in peer relationships, but that the relationship was not detected in this study.

It is possible that limitations with the use of the RHI may have prevented detection of a significant relationship. For example, the RHI was developed using a sample of college-aged women (Liang et al., 2002). Researchers analyzed the factor structure of the RHI and found the RHI results were stable for women and men (Frey, Beesley, Newman, 2005). However, these researchers pointed out that levels of stress, age, and developmental level may not be accurately accounted for when assessing RHI results. In both studies analyzing the RHI, the participants were undergraduate college students (Frey et al., 2005; Liang et al., 2002). The RHI may not have been as accurate in assessing graduate counseling students at different developmental levels in training. Thus, it is possible that the RHI-P was not able to capture a significant relationship with age or counseling experience level, for example.

Conversely, the lack of a statistically significant relationship between the predictor variables and RHI-P may provide considerable information to the counseling field. It is
possible that when presented with gender topics in the classroom, gender, age, ethnicity, sexual orientation, number of occasions presented with gender topics, and counseling experience level have no relationship with growth-fostering relationships with a peer. Although Comstock, Duffey, and St. George (2003) proposed that men and women trainees have qualitatively distinct ways of reacting to exposure to gender issues, and it was suggested that these processes influence relational health, the current study suggests otherwise. This study did not find that being a man or woman is a significant predictor of one’s sense of authenticity, engagement, and empowerment inside a peer relationship.

Similarly, age, ethnicity, and sexual orientation were not significant predictors of one’s growth-fostering relationship with a peer. The lack of a relationship between number of occasions presented with gender topics and relational health in the peer domain suggests that perceived trust and support from a peer is not influenced by being exposed to gender one or twenty times, for example. Furthermore, it seems that relational health with respect to a peer is not affected by one’s experience level in counseling training. Therefore, both a novice and advanced counselor may report relational health with a peer when exposed to gender issues.

The participants were instructed to choose a “close” peer when completing the RHI-C, and one may infer that the predictor variables (gender, age, ethnicity, sexual orientation, number of occasions presented with gender topics, and counseling experience level) do not predict a growth-fostering relationship with a close friend. Authors of the RHI (Liang et al., 2002) noted that participants tended to rate close friendships highly, and therefore, it seems that relational health with a peer may
withstand influences of gender, age, ethnicity, sexual orientation, exposure to gender issues, or counseling experience.

The variables of age, ethnicity, sexual orientation, number of occasions presented with gender topics, and counseling experience level were exploratory variables in the study. The exploratory variables were included to advance research related to relational health. This study intended to incorporate many facets of identity that may influence counselor development and relationships, such as ethnicity, age, and sexual orientation which are inseparable from identity (Constantine, 2002). However, it is possible that the methodology or the RHI did not capture the complexity of the relationship dynamics between peers in the counseling classroom. For example, the RHI did not provide information about the peer being rated, such as ethnicity, sexual orientation, or personality traits. Future research is advised to investigate characteristics of both individuals in the relationship to offer insight into relational health with a peer.

**Hypothesis 2**

The second hypothesis examined the relationship between relational health with an instructor and gender, age, ethnicity, sexual orientation, counseling training level, and exposure to gender issues. A statistically significant relationship was not found, and therefore, the null hypothesis was not rejected. Similar to the potential explanations for the first hypothesis, it is possible that a relationship may exist between the variables but was not detected in this study or that the variables were not sufficient for predicting relational health with an instructor.

As far as this study is concerned, it may be concluded that one’s perception of authenticity, engagement, and empowerment as they relate to one’s instructor, is not influenced by gender, age, ethnicity, sexual orientation, counseling training level, or
number of occasions presented with gender topics. This finding seems surprising given that an instructor holds a superior position than a trainee, and thus, holds more power. It is interesting that variables traditionally complicated by dynamics of power, such as gender, age, ethnicity, and sexual orientation, had no relationship with one’s relational health pertaining to an instructor. For example, one item on the RHI-M states “I can be genuinely myself with my mentor”, and this study did not find that gender, age, ethnicity, or sexual orientation influenced such responses.

Regardless of how often participants were exposed to gender issues, the number of occasions when presented with gender topics did not influence relational health in the instructor domain. Similarly, the experience level of counselor trainees from Pre-Practicum to Post-Internship, was not significantly related to the participants’ perceived trust, genuineness, or support from an instructor. Therefore, variables of gender, age, ethnicity, sexual orientation, exposure to gender issues, and counseling experience level were not found to predict growth-fostering relationships with instructors. It is possible that these variables are too complex to be accurately measured by the items of the survey. Future research is advised to improve understanding of the growth-fostering characteristics between instructors and trainees, such as by examining the characteristics of instructors (e.g., ethnicity or teaching style) and the relationship dynamics between instructor and counselor trainee.

**Hypothesis 3**

The third hypothesis examined the relationship between relational health in the context of the classroom and gender, age, ethnicity, sexual orientation, exposure to gender issues, and counseling training level. Although a statistically significant relationship was not detected at the alpha level of .05, the p-value was close to .10.
Nevertheless, the null hypothesis was not rejected because of a lack of statistical significance at the .05 level. However, the coefficient for the European American variable showed statistical significance ($B = 3.81$, $p \leq .05$). Because the current study incorporated a new combination of variables in research, this significant relationship will be interpreted.

Results indicated that counseling trainees who identified as European American scored 3.81 points higher than trainees identifying as Other (represented by Asian American, Latino, Native American/Pacific Islander, or Other) on relational health across class cohesion. The RHI-C assesses how one perceives he or she is valued in the community and how one fits in with the group (Liang et al., 2002). The results of this study hint that Asian American, Latino, Native American, Pacific Islander, or trainees identifying as “Other” may not tend to feel as much support, genuineness, or empowerment within the context of the classroom in comparison with European American trainees. Talking about issues of power and privilege may create an uncomfortable situation for these students in an environment that tends to be predominantly European American. However, one must be cautious when interpreting the results of the current study because the regression model did not prove statistical significance at the alpha level of .05.

Generalizing from the current study, variables such as participant age, gender, or sexual orientation did not predict feelings of genuineness, support, or empowerment within the context of the classroom when presented with gender issues. It appears that there was no particular pattern of any influence on the group dynamics of a classroom. For example, being heterosexual or homosexual did not predict high or low relational
health in the context of class cohesion. As mentioned previously, it is possible that the methodology and instrumentation did not accurately account for the complex variables of the study. Perhaps the methodology was too simplified to measure the dynamics between a group of counselor trainees. Future research is needed to investigate variables that may predict a cohesive classroom, such as communication style among classmates.

**Hypothesis 4**

The fourth hypothesis examined the relationship between counseling self-estimate and relational health across mentor, peer, and community domains, gender, age, ethnicity, sexual orientation, number of occasions presented with gender topics, and counseling experience level. A statistically significant relationship between counseling self-estimate and the predictor variables was found, and therefore, the null hypothesis for Hypothesis 4 was rejected.

The regression model accounted for 34.5% of the variance in counseling self-estimate. Of the predictors, the following predictors were significant contributors to scores of self-estimate: age, the counseling experience levels, and all three of the RHI subscales. First, as age increased, counseling self-estimate also increased. As a person ages, one gains more life experience which may contribute to knowledge, wisdom, and experience with relationships that may be applied to counseling, thus building counseling self-estimate.

Second, counselor trainees who reported more advanced levels of counseling training (e.g., Post-Internship), tended to score higher on ratings of counseling self-estimate than novice counselor trainees (e.g., Pre-Practicum). These results coincide with findings from Tang, Addison, La-Sure-Bryant, Norman, O’Connell, & Stewart-
Sicking (2004) who found that counselor trainees with more courses completed and more internship hours completed reported higher scores of self-efficacy. The researchers suggested that trainees who have had experience in counseling situations likely had enhanced efficacy of future ability to perform counseling skills (Bandura, 1982; Tang et al., 2004).

Third, relational health across the instructor, classmate, and classroom domain proved to be significant predictors of counseling self-estimate. Feeling support, empowerment, and trust towards one’s instructor and classmates was related to higher ratings of counseling self-confidence and efficacy. Similarly, past research found significant positive relationships between counseling self-estimate and characteristics essential to relationships, such as identifying and expressing one’s own emotions, as well as, effectively observing and responding to the emotions of others (Eason et al., 2008). Thus, it may be concluded that counselor trainees who perceived having effective relationship skills, also tended to report higher ratings of counseling self-estimate.

In this study, growth-fostering relationships with a peer, instructor, and with a group of classmates predicted counseling self-estimate. When presented with gender topics in class, feelings of being valued, empowerment, and support from others influenced higher self-ratings on one’s ability to be an effective counselor. However, neither gender, sexual orientation, nor ethnicity were significant contributors to counseling self-estimate. Therefore, responses to items, such as “I feel that I have enough fundamental knowledge to do effective counseling” were not influenced by variables of gender, ethnicity, or sexual orientation. These variables were exploratory in
nature, and it may be concluded that the variables did not significantly predict counseling self-estimate. Although the variables are core aspects of one's personal identity, the results do not support evidence that they influence professional identity as defined by the COSE.

Past research included a study that found that counseling psychology trainees with more exposure to gender issues reported higher rates of performance self-esteem (Worell, Stillwell, Oakley, & Robinson, 1999). However, the current study did not find number of occasions exposed to gender issues to be a significant predictor of counseling self-estimate (which resembles the concept of performance self-esteem). It seems that the counseling psychology trainees had more thorough exposure to gender issues in courses dedicated to gender issues, unlike the majority of counseling trainees in this study who did not report completing a gender issues course. It is possible that the participants in the current study did not have as comprehensive understanding of gender issues as in the study by Worell, Stillwell, Oakley, and Robinson (1999), and therefore, the number of occasions presented with gender topics was not sufficient to influence counseling self-estimate. However, it is also possible that the variable to measure exposure to gender issues, the number of occasions presented with gender topics, may have been difficult for participants to count or recall. The variable was chosen by the researcher in efforts to simplify and quantify the frequency of exposure to gender issues in the classroom. Future research is advised to clarify or further define the concept of exposure to gender issues, as well as, the influence of exposure to gender issues on counseling self-estimate.
Implications for Theory

This study investigated counselor development using concepts from Relational Cultural Theory (RCT). RCT proposes that growth and human development occur through connections with others, not by a process of individuation (Liang, Tracy, Taylor, Williams, Jordan, & Miller, 2002). RCT theorists believe that growth-fostering relationships are characterized by mutual engagement, authenticity, empowerment, and the ability to manage conflict (Jordan, 2003). Thus, growth occurs in the context of commitment to a relationship, genuineness, inspiration, mutual support, and working through and accepting differences with another person.

Derived from RCT, Comstock, Duffey, and St. George (2003) created a relational model of gender awareness development for understanding counselor trainee reactions to learning about gender issues. Because development is conceptualized in the context of relationships, Comstock, Duffey, and St. George (2003) emphasized the need to examine the relational characteristics inside the counseling classroom. Therefore, they advised that future research utilize the Relational Health Indices (RHI; Liang et al., 2002) to measure the qualities of engagement, authenticity, and empowerment in the context of three types of relationships: peer, instructor, and class cohesion. Building upon their recommendations, the current study examined relational health across the three relational domains, exposure to gender issues, and investigated any implications for counseling self-estimate.

This study’s contribution to theory is demonstrated by the significant findings that relational health across the peer, instructor, and class community domains were predictors of counseling self-estimate. When exposed to topics of gender in the classroom, a potentially challenging topic to discuss due to issues of power and
privilege, participants in this study who reported higher ratings of engagement, authenticity, and empowerment also rated higher scores of counseling self-estimate. Literature on RCT states “the quality of one’s relationships is viewed as central to healthy development and adjustment” (Frey et al., 2005, p.153). Participants in this study showed that being in the context of growth-fostering relationships promoted counselor development.

Individuals who sensed support, genuineness, and inspiration by a peer, an instructor, and classmates tended to feel more self-confident about their future counseling skills and processes. For example, participants with enhanced growth-fostering relationships also reported counseling relating skills assessed by the COSE, such as “When working with ethnic minority clients I am confident that I will be able to bridge cultural differences in the counseling process”. Although participants were faced with discussing a topic of difference, gender, trainees who perceived having growth-fostering relationships in the classroom exhibited more faith in their abilities to relate to clients. In other words, trainees who reported feeling disconnected from peers and an instructor, also reported feelings of disconnection from clients or a lack confidence in their counseling relational abilities. Thus, the current study has contributed to relational cultural theory by advancing an understanding of the importance of growth-fostering relationships. RCT conceptualizes human development in the context of relationships, and the current study found that relational health may foster both personal and professional growth for counselor trainees.

Although the relational model of gender awareness development (Comstock et al., 2003) proposed that men and women have different reactions to exposure to gender
issues, this study did not find that relational health was influenced by gender or exposure to gender issues. Learning about gender topics, such as sexual harassment, did not appear to influence men and women’s relationships in the classroom in a significantly different way. In an environment that is predominately female (Dickson, Jepsen, & Barbee, 2008), it is surprising that men would report similar feelings of support, authenticity, and cohesion with others in the classroom when presented with gender topics. Topics of difference are likely to spark disconnections within the classroom (Comstock et al., 2003). However, these disconnections may occur with members of the same gender (as well as, other gender).

According to the relational model of gender awareness development, men and women progress through various stages of gender awareness. Findings from the current study suggest that the men and women participants may have been in various stages of gender awareness, thus providing one explanation for the lack of significant relationship between gender and relational health scores. For example, one woman may have been in the stage of Denial refusing to explore influences of socialization on development, whereas another woman may have been in the stage of Connection as she felt valued by others and gained a sense of empowerment. Thus, the women’s relational health scores varied just as the men’s relational health scores varied.

Similarly, it is also possible that significant findings between men and women were not detected because men in counseling training may have examined their roles in oppression or how privilege has affected others (Scott & Robinson, 2001). Therefore, some men may feel comfortable examining gender issues in the classroom. Results from this study indicated that men feel just as comfortable (or uncomfortable) as women
Another possible explanation for the lack of a significant relationship between gender and relational health or counseling self-estimate could be connected with the characteristics of counselor trainees. Women are socialized to connect with others, to maintain relationships, and to be nurturing and caring for others (Gilligan, 1993; Miller, 1976). Although men are socialized to be more individualistic, self-sufficient, and stoic (Shepard, 2005), it is possible that men who are drawn to the counseling field may have characteristics similar to those traditionally considered “female”. Although Wester & Vogel (2002) suggested that men may experience gender-role conflict in counseling training which would in turn affect low counseling self-efficacy, men did not demonstrate significantly low counseling self-estimate in the current study. Similar to McChrystal’s study (1994), no significant difference was found between men and women on relational or autonomous measures. She suggested that one’s sex-role identity, not biological sex, may be more influential on relational characteristics. Gender appears to be a complicated concept, thus future research is advised to better understand men and women’s relational characteristics.

The current study did not find evidence to support differences in counselor trainee relational qualities or counseling self-estimate based on gender, ethnicity, or sexual orientation. Regardless of gender, ethnicity, or sexual orientation, results highlighted the necessity for counselor trainees to feel a sense of vitality, belongingness, and self worth inside of relationships in the classroom when presented with gender topics. Therefore,
the current study provides evidence of how essential it is for trainees to be able to connect with and appreciate the societal and cultural contexts of other’s lives.

**Implications for Counselor Training**

One goal of this study was to provide counselor trainees with a more in-depth understanding of their experiences as they develop personally and professionally in training. Results of the study may normalize the feelings of counselor trainees currently enrolled in training. For example, young or novice trainees who lack self-confidence in their counseling abilities may feel reassured that over the course of training, their counseling self-efficacy will likely improve. Furthermore, counseling trainees may be more aware of other trainees who seem disconnected from the group. They may reach out to provide support to other trainees to improve the growth-fostering relationships in the classroom. This study hopefully encourages counseling trainees to nurture trusting and empowering relationships with everyone in the class because the quality of these relationships predicts counseling self-estimate.

Counseling self-estimate is similar to self-efficacy which guides how individuals will think, feel, and behave in specific situations (Bandura, 1982). Self-efficacy can determine the effort expended to perform specific behaviors, and it can affect performance outcomes (Bandura, 1982; Larson, 1992). Therefore, counselor trainees, as well as counselor educators and supervisors, would benefit from examining counseling self-estimate because it may influence actual counseling outcomes and counseling effectiveness. Consequently, future research must address the influence of counseling self-estimate on counseling performance and effectiveness.

Furthermore, the current study emphasized the role of instructor and demonstrated that a trainee–instructor relationship which is genuine, trusting, and
empowering may influence a trainee to have higher efficacy regarding counseling skills and abilities. An instructor must be a role model to nurture growth-fostering relationships in the classroom (Comstock et al., 2003). Even though counselor educators hold positions of power over trainees because they serve in evaluative roles, counselor educators must be dedicated to opening communication with students and creating equal balances of power within the classroom in order to develop growth-fostering relationships (Nelson et al., 2006). In addition, counselor educators have a responsibility of creating a safe learning environment for their students so that they may openly and honestly explore knowledge, attitudes, fears, and questions regarding issues, such as gender and ethnicity (Comstock et al., 2003).

Counselor educators must be attuned to the relational health of counseling trainees. Counselor educators should inquire about the relational health of their students because the students who are feeling disconnected from growth-fostering relationships will likely have self doubt about their counseling skills. With administration of the RHI or the COSE, counselor educators could easily assess counselor trainees by identifying existing strengths or efforts needed to improve their training experience.

Instructors must be aware that novice trainees, such as Pre-Practicum students may have low counseling self-estimate. Similarly, young trainees may also lack confidence in their counseling abilities. Therefore, instructors may want to make extra efforts to encourage and support the younger and less developed trainees to help build counseling self-estimate. Furthermore, establishing a mentoring program in which more advanced trainees provide guidance to novice trainees may help enhance counseling self-estimate.
In addition, past research has suggested that therapists may assist clients with developing relational skills, and similarly, it seems that instructors can help trainees explore and improve their relational health, such as in small group processing (Frey et al., 2005). For example, counselor trainees may reflect on their feelings of empowerment and sense of belonging inside the classroom (Comstock et al., 2003). Furthermore, trainees could enhance relational skills (e.g., authenticity) with small group members. In conclusion, both counselor educators and trainees may benefit from applying the findings of this study to counselor training.

**Limitations**

The present study explored new territory in counselor education research by investigating frequency of exposure to gender issues, exploration of the relational characteristics of trainees and counseling self-estimate, and by considering essential demographic factors that shape the lives of counselor trainees (gender, age, ethnicity, and sexual orientation). Although the study contributed to theory and counseling training, there are limitations related to methodology.

First, the lack of diversity in the sample may suggest problems with generalizability to a larger population. The ratio of women to men trainees was 6 to 1 which is higher than an estimated ratio of 3 (women) to 1 (men) in counselor education programs across the U.S. (Hollis & Dodson, 1999, as cited in Dickson et al., 2008). In addition, the majority of the sample identified as European American (73.3%) and African American (11%). The majority of participants identified as heterosexual and reported being 20 to 29 years old. Therefore, it may be difficult to draw conclusions about the experiences of counselor trainees of other ages, ethnic groups, or sexual orientation groups. However, it is possible that the sample represents similar demographics of the population of
counselor trainees in the United States. Updated national data on the demographics of counselor trainees is necessary.

Second, the nature of the instrumentation may serve as a limitation to the study. The RHI attended to only three of the four aspects of growth-fostering relationships of relational cultural theory. Creators of the RHI did not find instrument items to accurately represent the fourth domain, ability to handle conflict (Liang et al., 2002). Thus, the current study did not measure counselor trainee’s ability to manage conflict. Future research might examine how trainee conflict management or resolution may influence counseling self-estimate. In addition, as mentioned previously, the instrumentation may not have been able to capture the complexity of the variables in the study. For example, this study focused on one perspective of a dyad, the counselor trainee rating a peer or instructor relationship, but detailed information about the person being assessed was not provided. In order to fully understand the dynamics in a growth-fostering dyad or group relationship, future research is needed to explore the characteristics of all parties involved in the relationship(s), such as demographic information or personality traits.

Third, limitations in the measurement of exposure to gender issues were recognized at onset of the study. Several studies assessing awareness of gender issues were over 10 years old which demonstrated need for the current study. It was unclear to what extent gender issues were being presented in counseling training (Myers et al., 2005). In addition, the inclusion of gender topics in counseling training had not been standardized. For example, each counseling program was not mandated to teach specific “gender issues” from the same curriculum. Because the concept of gender topics and gender issues was somewhat elusive, the researcher attempted to
simplify a way to measure exposure to gender issues. Therefore, participants were asked to reflect on the most recent time when in a course that addressed gender issues, and the emphasis was on frequency of exposure to gender topics (e.g., number of occasions presented with gender issues).

Although this study offered insight into the frequency of exposure to gender issues, future research is needed into the types of exposure and quality of exposure to gender issues. For example, some counseling courses may address gender issues for 10 minutes of a total semester or other courses may dedicate several class periods to the topic. In addition, because participants were asked to reflect on a time in the past, some thoughts and feelings may not have been as easy to recall in comparison with experiences in the present. Unfortunately, exposure to gender issues seems a difficult construct to measure, and thus poses as a limitation to the study.

A final limitation to the study is that the survey contained a total of 86 items. Likely due to the length of the total survey, participants did not complete all of the items. Unfortunately, data could not be collected from these participants which could have contributed to study findings. Future research may want to include fewer items to increase likelihood of complete participant responses.

**Implications for Future Research**

This study offered significant contributions to research on the relational characteristics of counselor trainees, counseling self-estimate, and the inclusion of gender issues in counseling classrooms across the United States. With efforts to expand on the relational model of gender awareness development, a quantitative analysis was utilized to produce results generalizable to a larger population of counselor trainees enrolled in training programs.
The results from the current study suggest several directions for future research. Although this study offered insight into how often counselor trainees perceive they are presented with gender topics in the classroom, future research could be directed at the gender content that is being presented. Furthermore, researchers may explore how students are being exposed to gender topics, such as by didactic methods or small group processing, for example. Although the current study did not find that exposure to gender issues directly predicted relational health or counseling self-estimate, methodological limitations may have prevented detection of a significant relationship.

CACREP (2009) accredited programs are committed to preparing counselor trainees to work with people of diverse groups, and therefore, research is recommended to better understand how prepared counselor trainees are to discuss topics of power, privilege, and diversity. Perhaps a qualitative analysis may provide a more detailed understanding of how trainees process topics of diversity.

Second, given the current study highlighted the role of instructor, future research needs to investigate characteristics of effective instructors, such as teaching style or attitudes about diversity (Miller et al., 2007). The current study points out the importance of having instructors that are supportive, trusting, open, and empowering when presenting gender issues; positive relationships with instructors influence counseling self-estimate. It can be inferred that some instructors are attending to issues of gender, yet further research may benefit from investigating the method by which instructors present topics related to diversity.

Third, because past research with the RHI has focused on predicting distress, depression, and self-esteem (Frey et al., 2005; Liang et al., 2002), and because the
current study found that relational health influences counseling self-estimate, future research is needed on other influences of relational health. The present study has contributed to research by advancing an understanding of relational health and counseling self-estimate when trainees are presented with gender topics. Even if counselor trainees are presented with a potentially difficult topic of gender to discuss in class, those with higher ratings of relational health also feel more confident in their skills and abilities as counselors, which may affect actual counseling outcomes (Bandura, 1992). Therefore, future research should investigate relational health of trainees and actual counseling performance or counseling effectiveness. Addressing the relational health of counselor trainees may help improve the classroom relationships and learning environment, as well as, improve the relating abilities of counselors and enhance counseling skills.

In addition, future research should investigate variables that affect relational health. The current study did not find significant predictor variables on growth-fostering relationships with a peer, instructor, or classroom as a whole. Future studies could incorporate additional predictor variables, such as additional demographic variables or personality characteristics to increase understanding of relational health in order to foster the relational characteristics of trainees. Perhaps a qualitative analysis would be useful for exploring the multi-faceted nature of identity, as well as attending to the complex dynamics of a growth-fostering relationship.

Finally, future research may provide a longitudinal design. Changes in trainee relational health or counseling self-estimate could be monitored over the course of time. Instead of examining one moment in time, researchers could investigate the
progression of relational health, exposure to gender issues, and counseling self-estimate throughout counseling training.

**Conclusion**

Although counseling is a profession, it involves more than a business exchange between client and provider; it centers on the human potential to connect with others. Counseling training is not just a period of learning to master microskills, but a developmental period that includes learning how to relate and connect with other people. Counselor trainees are encouraged to explore biopsychosocial influences on an individual’s life in efforts to understand another person’s worldview. Therefore, counselor trainees must examine influences, such as gender, age, ethnicity, and sexual orientation on their lives and others’ lives.

When exposed to gender issues in the counseling classroom, trainees who sensed positive, trusting, empowering relationships with peers and instructors also reported higher ratings of counseling self-estimate. In addition, age and counseling experience level were found to predict trainee counseling self-efficacy. The current study found evidence to support the influencing power of growth-fostering relationships as defined by relational cultural theory. With the unique contribution of the current study, counselor trainees may explore their relationships with others in the classroom and work to improve these relationships. Counselor educators may take the opportunity to assess and nurture the relational health and counseling self-estimate of their students.

In addition, this study offered a snapshot of the frequency of exposure to gender issues in counseling programs across the United States. It is recommended that future research build on these contributions. Hopefully, this study will guide improvements to
the learning environment by promoting sensitive dialogues related to topics of diversity between students and counselor educators.
APPENDIX A
DEMOGRAPHIC QUESTIONNAIRE

1. Are you currently enrolled in a counseling training program?
   ○ Yes
   ○ No

2. Where is your counseling training program located in the United States?
   ○ Northeast  ○ Southeast  ○ Midwest  ○ Southwest  ○ West

3. What counseling degree are you currently seeking?
   ○ Master’s degree
   ○ Doctoral degree
   ○ Other

4. Which of the following most closely identifies your status in your counseling training program?
   ○ Pre-Practicum
   ○ Practicum
   ○ Internship
   ○ Post-Internship

5. What is your gender?
   ○ Female
   ○ Male

6. What is your ethnicity?
   ○ African American/Black
   ○ Asian American
   ○ European American/White
   ○ Latino/Hispanic
   ○ Native American/Pacific Islander
   ○ Other

7. What is your age?
   ○ 20-29  ○ 30-39  ○ 40-49  ○ 50-59  ○ 60-69  ○ 70-79

8. What is your sexual orientation?
   ○ Gay/Lesbian
   ○ Heterosexual
   ○ Bisexual
   ○ Other
APPENDIX B
EXPOSURE TO GENDER ISSUES

The following questions inquire about your exposure to gender issues while in your counseling training program.

1. In the context of counseling classrooms, how many times have you been presented with gender topics or discussed gender issues throughout your training experience?
   - 0-5 occasions
   - 6-10 occasions
   - 11-15 occasions
   - 16 or more occasions

2. Have you completed a course dedicated to gender issues in your counseling training program?
   - Yes
   - No

3. In your classroom experiences in counseling training, how often have you been exposed to gender issues?
   - Never
   - Infrequent Exposure
   - Frequent Exposure
   - High Exposure

For the remaining items on the following pages, think of the most recent time when you were exposed to gender issues in the counseling classroom. Considering this context for the items that follow, please rate your relationships with a peer (classmate), mentor (instructor), with your class (community), and rate items related to counseling self-efficacy.
APPENDIX C
RELATIONAL HEALTH INDICES

(Liang, Tracy, Williams Taylor, Jordan, & Miller, 2002)

The following questions pertain to your relationships with "mentors" (other than your parents or whoever raised you) who you go to for support and guidance. A mentor is not a peer or romantic partner. By mentor we mean someone who often is older than you, has more experience than you, and is willing to listen, share her or his own experiences, and guide you through some area of your life (e.g., academic, social, athletic, religious).

If you have more than one mentor, please answer the following questions regarding the mentor who is most important to you.

1. Optional: Is this mentor:
   - Male
   - Female

RHI – Mentor
For each statement below, please indicate the number that best applies to your relationship with this mentor.

2. I can be genuinely myself with my mentor.
   - 1 Never   - 2 Seldom   - 3 Sometimes   - 4 Often   - 5 Always

3. I believe my mentor values me as a whole person (e.g., professionally/academically and personally).
   - 1 Never   - 2 Seldom   - 3 Sometimes   - 4 Often   - 5 Always

4. My mentor's commitment to and involvement in our relationship exceeds that required by his/her social/professional role.
   - 1 Never   - 2 Seldom   - 3 Sometimes   - 4 Often   - 5 Always

5. My mentor shares stories about his/her own experiences with me in a way that enhances my life.
   - 1 Never   - 2 Seldom   - 3 Sometimes   - 4 Often   - 5 Always

6. I feel as though I know myself better because of my mentor.
   - 1 Never   - 2 Seldom   - 3 Sometimes   - 4 Often   - 5 Always

7. My mentor gives me emotional support and encouragement.
   - 1 Never   - 2 Seldom   - 3 Sometimes   - 4 Often   - 5 Always

8. I try to emulate the values of my mentor (such as social, academic, religious, physical/athletic).
   - 1 Never   - 2 Seldom   - 3 Sometimes   - 4 Often   - 5 Always
9. I feel uplifted and energized by interactions with my mentor.
   ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

10. My mentor tries hard to understand my feelings and goals (academic, personal, or whatever is relevant).
    ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

11. My relationship with my mentor inspires me to seek other relationships like this one.
    ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

12. I feel comfortable expressing my deepest concerns to my mentor.
    ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

RHI – Peer
The following questions pertain to your friendships with peers (excluding family members or a romantic partner). A close friend is someone whom you feel attached to through respect, affection and/or common interests, someone you can depend on for support and who depends on you. Please answer the next questions regarding just ONE of your closest friends. (Please do not select a family member or romantic partner).

1. OPTIONAL: Is this friend male or female?
   ○ Male
   ○ Female

   Next to each statement below, please indicate the number that best applies to your relationship with a close friend.

2. Even when I have difficult things to say, I can be honest and real with my friend.
   ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

3. After a conversation with my friend, I feel uplifted.
   ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

4. The more time I spend with my friend, the closer I feel to him/her.
   ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

5. I feel understood by my friend.
   ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

6. It is important to us to make our friendship grow.
   ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always
7. My friendship inspires me to seek other friendships like this one.
   ○ 1 Never  ○ 2 Seldom  ○ 3 Sometimes  ○ 4 Often  ○ 5 Always

8. I am uncomfortable sharing my deepest feelings and thoughts with my friend.
   ○ 1 Never  ○ 2 Seldom  ○ 3 Sometimes  ○ 4 Often  ○ 5 Always

9. I have a greater sense of self-worth through my relationship with my friend.
   ○ 1 Never  ○ 2 Seldom  ○ 3 Sometimes  ○ 4 Often  ○ 5 Always

10. I feel positively changed by my friend.
    ○ 1 Never  ○ 2 Seldom  ○ 3 Sometimes  ○ 4 Often  ○ 5 Always

11. I can tell my friend when he/she has hurt my feelings.
    ○ 1 Never  ○ 2 Seldom  ○ 3 Sometimes  ○ 4 Often  ○ 5 Always

12. My friendship causes me to grow in important ways.
    ○ 1 Never  ○ 2 Seldom  ○ 3 Sometimes  ○ 4 Often  ○ 5 Always

RHI – Community
    The following questions pertain to your classroom community. Next to each statement below, please indicate the number that best applies to your relationship with or involvement in this community.

1. I feel a sense of belonging to this community.
   ○ 1 Never  ○ 2 Seldom  ○ 3 Sometimes  ○ 4 Often  ○ 5 Always

2. I feel better about myself after my interactions with this community.
   ○ 1 Never  ○ 2 Seldom  ○ 3 Sometimes  ○ 4 Often  ○ 5 Always

3. If members of this community know something is bothering me, they ask me about it.
   ○ 1 Never  ○ 2 Seldom  ○ 3 Sometimes  ○ 4 Often  ○ 5 Always

4. Members of this community are not free to just be themselves.
   ○ 1 Never  ○ 2 Seldom  ○ 3 Sometimes  ○ 4 Often  ○ 5 Always

5. I feel understood by members of this community.
   ○ 1 Never  ○ 2 Seldom  ○ 3 Sometimes  ○ 4 Often  ○ 5 Always

6. I feel mobilized to personal action after meetings within this community.
   ○ 1 Never  ○ 2 Seldom  ○ 3 Sometimes  ○ 4 Often  ○ 5 Always

7. There are parts of myself I feel I must hide from this community.
   ○ 1 Never  ○ 2 Seldom  ○ 3 Sometimes  ○ 4 Often  ○ 5 Always

8. It seems as if people in this community really like me as a person.
9. There is a lot of backbiting and gossiping in this community.
   ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

10. Members of this community are very competitive with each other.
    ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

11. I have a greater sense of self-worth through my connection with this community.
    ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

12. My connections with this community are so inspiring that they motivate me to pursue relationships with other people outside this community.
    ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

13. This community has shaped my identity in many ways.
    ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

14. This community provides me with emotional support.
    ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always
This is not a test. There are no right or wrong answers. Rather—it is an inventory that attempts to measure how you feel you will behave as a counselor in a counseling situation. Please respond to the items as honestly as you can so as to most accurately portray how you think you will behave as a counselor. Do not respond with how you wish you could perform each item—rather answer in a way that reflects your actual estimate of how you will perform as a counselor at the present time.

Below is a list of 37 statements. Read each statement, and then indicate the extent to which you agree or disagree with that statement, using the following alternatives:

1 = Strongly Disagree
2 = Moderately Disagree
3 = Slightly Disagree
4 = Slightly Agree
5 = Moderately Agree
6 = Strongly Agree

1. When using responses like reflection of feeling, active listening, clarification, probing, I am confident I will be concise and to the point.
   ○ Strongly Disagree ○ Moderately Disagree ○ Slightly Disagree ○ Slightly Agree
   ○ Moderately Agree ○ Strongly Agree

2. I am likely to impose my values on the client during the interview.
   ○ Strongly Disagree ○ Moderately Disagree ○ Slightly Disagree ○ Slightly Agree
   ○ Moderately Agree ○ Strongly Agree

3. When I initiate the end of a session, I am positive it will be in a manner that is not abrupt or brusque and that I will end the session on time.
   ○ Strongly Disagree ○ Moderately Disagree ○ Slightly Disagree ○ Slightly Agree
   ○ Moderately Agree ○ Strongly Agree

4. I am confident that I will respond appropriately to the client in view of what the client will express (e.g., my questions will be meaningful and not concerned with trivia and minutiae).
   ○ Strongly Disagree ○ Moderately Disagree ○ Slightly Disagree ○ Slightly Agree
   ○ Moderately Agree ○ Strongly Agree

5. I am certain that my interpretation and confrontation responses will be concise and to the point.
   ○ Strongly Disagree ○ Moderately Disagree ○ Slightly Disagree ○ Slightly Agree
   ○ Moderately Agree ○ Strongly Agree
6. I am worried that the wording of my responses (e.g., reflection of feeling, clarification, and probing) may be confusing and hard to understand.
   ○ Strongly Disagree ○ Moderately Disagree ○ Slightly Disagree ○ Slightly Agree
   ○ Moderately Agree ○ Strongly Agree

7. I feel that I will not be able to respond to the client in a non-judgmental way with respect to the client’s values, beliefs, etc.
   ○ Strongly Disagree ○ Moderately Disagree ○ Slightly Disagree ○ Slightly Agree
   ○ Moderately Agree ○ Strongly Agree

8. I feel I will respond to the client in an appropriate length of time (neither interrupting the client nor waiting too long to respond).
   ○ Strongly Disagree ○ Moderately Disagree ○ Slightly Disagree ○ Slightly Agree
   ○ Moderately Agree ○ Strongly Agree

9. I am worried that the type of response I use at a particular time, i.e., reflection of feeling, interpretation, etc., may not be the appropriate response.
   ○ Strongly Disagree ○ Moderately Disagree ○ Slightly Disagree ○ Slightly Agree
   ○ Moderately Agree ○ Strongly Agree

10. I am sure that the content of my responses, i.e., reflection of feeling, clarification, and probing, will be consistent with and not discrepant from what the client is saying.
    ○ Strongly Disagree ○ Moderately Disagree ○ Slightly Disagree ○ Slightly Agree
    ○ Moderately Agree ○ Strongly Agree

11. I feel confident that I will appear competent and earn the respect of my client.
    ○ Strongly Disagree ○ Moderately Disagree ○ Slightly Disagree ○ Slightly Agree
    ○ Moderately Agree ○ Strongly Agree

12. I am confident that my interpretation and confrontation responses will be effective in that they will be validated by the client’s immediate response.
    ○ Strongly Disagree ○ Moderately Disagree ○ Slightly Disagree ○ Slightly Agree
    ○ Moderately Agree ○ Strongly Agree

13. I feel confident that I have resolved conflicts in my personal life so that they will not interfere with my counseling abilities.
    ○ Strongly Disagree ○ Moderately Disagree ○ Slightly Disagree ○ Slightly Agree
    ○ Moderately Agree ○ Strongly Agree

Per request of the author of the COSE, only a sample of the items have been presented (L. M. Larson, personal communication, October 26, 2009).
APPENDIX E
INFORMED CONSENT

Protocol Title: Gender Awareness and Relational Characteristics of Counselor Trainees
(UFIRB #2010-U-0072)

Please read this consent document carefully before you decide to participate in this study.

Purpose of the research study: The purpose of this study is to investigate the nature of counselor trainee development and relational qualities inside the counseling classroom when presented with gender topics (Comstock, Duffey, & St. George, 2003). This study will examine counselor trainee relational health which includes qualities of authenticity, engagement, and empowerment across three types of relationships: peer (classmate), mentor (instructor), and community (class cohesion) relationships (Liang, Tracy, Taylor, Williams, Jordan, & Miller, 2002). Finally, this study will investigate whether exposure to gender issues and relational health may predict counseling self-estimate (Larson, Suzuki, Gillespie, Potenza, Bechtel, & Toulouse, 1992).

What you will be asked to do in the study: You will be asked to complete an online survey. The survey begins with questions related to demographic information and questions to clarify your level of exposure to gender issues. (You will NOT be asked to provide your name, mailing address, email address, or phone number.) Then, you will be asked to think of the most recent time when you were exposed to gender issues in a counseling classroom. Considering this context for the items that follow, one instrument will ask you to reflect on your relationships with a peer (classmate), mentor (instructor), and with your class (community). The last instrument is comprised of items that inquire about your confidence or efficacy related to counseling behaviors and processes.

Time required: Estimated time is 30 minutes, but may take more or less time depending on participant.

Risks and Benefits: There is no anticipated risk involved with participation in this study. Data collected will be confidential and anonymous. The data will not be used to evaluate counselor trainee knowledge, skills, or abilities. The expected benefits to participation are limited to any information that may be helpful to counselor trainees, counselor educators, and supervisors. You may benefit from enhancing awareness of your exposure to gender issues, your relational skills, and your counseling self-estimate.

Compensation: None.

Confidentiality: Your identity will be kept confidential to the extent provided by law. Your information will be assigned a code number and will remain anonymous. This website utilizes Secure Sockets Layer encryption, and access to the data will be limited to the investigator and protected by password.
Voluntary participation: Your participation in this study is completely voluntary. There is no penalty for not participating.

Right to withdraw from the study: You have the right to withdraw from the study at any time without consequence.

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Whom to contact about your rights as a research participant in the study:
IRB02 Office, Box 112250, University of Florida, Gainesville, FL 32611-2250; Phone:
(352)392-0433.

1. Do you agree to the consent information presented above?
   ○ Yes, I understand the consent information listed above and I agree to voluntarily participate in this survey.
   ○ No, I don’t agree with the consent information and would not like to participate in this survey.

2. Are you at least 18 years old?
   ○ Yes
   ○ No
LIST OF REFERENCES


BIOGRAPHICAL SKETCH

Heather Adams Cintron was born and raised in Atlanta, Georgia. She received her Bachelor of Science in psychology with a double major in Spanish at the University of Richmond in Richmond, Virginia in 2002. After working in a marketing position in the Washington, D.C. area, Heather moved to Gainesville, Florida to pursue graduate studies in Counselor Education. Heather received her Master of Education and Education Specialist in mental health counseling from the University of Florida in 2006. During her graduate studies, Heather had the opportunity to work with a variety of clients in a middle school, in a community mental health organization, and in college/university counseling settings. As a doctoral student, Heather taught Stress and Anxiety Management for four semesters. She was a Teaching Assistant for two graduate courses: Introduction to Counseling and Developmental Counseling over the Lifespan.

As a practitioner, Heather currently works as a mental health counselor in Palm Beach County, Florida. She works with a diverse population focusing on substance abuse and mental health concerns in a community mental health organization that provides services for low income clients. Future research interests include exploring counselor relational skills when working with clients with chronic mental illness.