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Gender Self-Confidence and Social Influence: Impact on Working Alliance

Ruthann Smith Anderson and Dana Heller Levitt

The authors investigated the relationships between the counselor's gender self-confidence, the counselor's use of social influence within the counseling session, and the counselor's sex in relation to the counseling relationship. These attributes were studied with regard to how deeply a therapeutic working alliance developed between the counselor and the client. Results support the importance of counselor characteristics on the counselor–client alliance. Implications for teaching, research, and practice are presented.

Keywords: working alliance, counselor characteristics, gender, social influence, sex

The counseling relationship is one of the most intimate relationships that an individual may have. Researchers have recognized the importance of this relationship by emphasizing qualities of caring, such as warmth, support, understanding, and acceptance (Hall, 2004; Lambert & Cattani-Thompson, 1996). Bordin (1979) was one of the first researchers to use the term *working alliance* in the counseling profession's efforts to explore this relationship. Bordin (1994) defined this alliance as one between "the client seeking change and the therapist offering to act as a change agent" (p. 13).

A strong working alliance was found to be one of the key predictors of positive outcomes in treatment and of client change (Bordin, 1979; Emmerling & Whelton, 2009; Horvath & Symonds, 1991). Working alliance is the major ingredient that allows a client to accept and work within the treatment relationship. Bordin (1979) contended that this alliance consists of three distinct parts: goals, where treatment is going; tasks, how the client and counselor will get there; and bonds, the level of warmth and understanding the client and counselor share.

The quality of the bond aspect of working alliance was identified as very important for clients (Fitzpatrick, Iwakabe, & Stalikas, 2005; Mallinckrodt, Gantt, & Coble, 1995). Therapeutic bonding between the client and the counselor occurs as a result of "their experience of association in a shared activity" (Bordin, 1994, p. 16). When the negotiations of goals and tasks are based on bonds of mutuality, there can be enough strength in the therapeutic relationship to withstand the strains involved in the process of change. Less attention was given to how this bond was achieved and which counselor factors contributed to and maintained a good working alliance. Counselors who are perceived as empathic, nonjudgmental, and congruent are more likely to be open and responsive. The openness and responsiveness allow counselors to fit their treatment approaches to the needs of the client (Nissen-Lie, Havik, Høglend, Monsen, & Rønnestad, 2013; Stiles, Honos-Webb, & Surko, 1998; Watson & Gellar, 2005; Watson & Greenberg, 1994).

The purpose of the present study was to investigate the qualities of a counselor that affect the working alliance, focusing on the counselor's use of social influence within the counseling session, the counselor's gender self-confidence (examining two aspects), and the counselor's sex (defined as male or female). These attributes were studied with regard to how deeply the therapeutic working alliance developed between the counselor and the client.

Working Alliance, Sex, and Gender Identity

One area of concern in the development of working alliance is the impact of the counselor's biological sex (defined as either male or female). Blow, Sprenkle, and Davis (2007) found small client preferences regarding biological sex, including preferences for female counselors and matching the counselor's sex with that of the client (L. A. Johnson & Caldwell, 2011). In a meta-analysis, Bowman, Scogin, Floyd, and McKendree-Smith (2001) found only one study with

Ruthann Smith Anderson, Department of Counseling and Human Development, Walsh University; **Dana Heller Levitt,** Department of Counseling and Educational Leadership, Montclair State University. Correspondence concerning this article should be addressed to Ruthann Smith Anderson, Department of Counseling and Human Development, Walsh University, 2020 East Maple Street, North Canton, OH 44720 (e-mail: randerson@walsh.edu).

a small effect size for clients favoring biologically female counselors ($d = 0.04$). In two meta-analyses (Beutler et al., 2004; Blow, Timm, & Cox, 2008), no significant relationship was found between the counselor's biological sex and treatment outcomes.

The relationship between the counselor's gender identity and working alliance remains unexplored. There seems to be some confusion regarding the use of the terms *sex* and *gender* in the literature, with these two words being frequently used interchangeably. For the purposes of this study, sex refers to biological sex (i.e., male and female), and gender refers to a much more complex concept encompassing features that are culturally defined. *Gender identity* is the cultural definition of what behaviors are acceptable for a biological male and a biological female and is based on a social construction that fits the context of the individual's life. Gender identity is the way an individual evaluates whether personal choices are appropriate for the culture's idea of being a man and a woman (Bem, 1996; Hinkelman & Granello, 2003; Levant, 1996).

For example, Hinkelman and Granello (2003) found that women were more likely than men to be intolerant toward mental illness. When adherence to gender roles was controlled for, there was no difference between the attitudes of men and women. Thus, a strict adherence to gender roles, and not sex, accounted for intolerance toward mental illness (Hinkelman & Granello, 2003).

Several researchers have examined the gender role stereotypes (culturally agreed-on norms regarding the characteristics of males and females) held by clinicians and counselors-in-training and found that the judgments of clinicians and counselors-in-training are in keeping with traditional gender stereotypes (Broverman, Broverman, Clarkson, Rosenkrantz, & Vogel, 1970; Broverman, Vogel, Broverman, Clarkson, & Rosenkrantz, 1972; O'Malley & Richardson, 1985; Seem & Clark, 2006). The results indicated that counselors-in-training hold two standards for mental health: One standard exists for a healthy adult female, and a second standard exists for a healthy adult male and a healthy adult, sex unspecified. These standards may influence the nature of how the counselor works with the client. When this adherence to gender stereotypes is coupled with the counselor's use of social influence in session, the risk is that the gender role biases of the counselor may affect the counseling relationship (Gold & Hawley, 2001).

Strict adherence to gender role stereotypes influences diagnostic and treatment decisions and limits counselors' ability to respond sensitively to cultural differences (Gold & Hawley, 2001; Wester, 2008). Chao (2012) found that counselors who were less restricted by traditional gender stereotypes were better able to demonstrate multicultural knowledge at higher levels of training. Chao suggested that despite counselors' specialized training and years of practical experience, intellectually recognizing the presence of gender roles is not enough for counselors to develop a genuine understanding of the impact of their own gender role attitudes on the client.

Working Alliance and Social Influence

A counselor has the potential to be a significant change agent in a client's life. The counselor's individual attributes (including his or her personal beliefs) will have an impact on the client and on the client's change journey. For example, as the counselor and client establish the goal for treatment, the counselor may recognize the client's eagerness to work on an overwhelming and unattainable goal; through negotiation, the counselor helps the client to select a more realistic goal. The client must understand the importance of these treatment activities, but the counselor is the person who selects and guides the activities (Bordin, 1979, 1994).

Social influence exists in all social relationships, and the influencing role of the counselor is structured into the therapy process (Dreyfus & Rabinow, 1982; Guilfoyle, 2002). Counseling takes place in the counselor's territory, and the client has to conform to the expectations of that territory (such as initial paperwork and tasks connected to the diagnostic assessment process). Counselors enhance their social influence with evidence of their expertise (such as diplomas displayed on the office wall), through settings (such as buildings constructed for the purpose of treatment), and in the role that counselors play. Counselors use their knowledge as a vehicle of influence, reaching into the client's experiences and encouraging change through client self-reflection and self-examination (Dreyfus & Rabinow, 1982; Guilfoyle, 2002).

Strong (1968) described counseling as a two-stage model, incorporating social influence. In the first stage, counselors enhance their image as trustworthy experts. In the second stage, counselors use influence to bring about change in the client (Corrigan, Dell, Lewis, & Schmidt, 1980; Heppner & Claiborn, 1989; Strong, 1968). The majority of research is focused on the first stage of Strong's model of counseling (how to enhance the expertise of the counselor), with less research exploring the counselor's use of influence.

French and Raven (1959) deepened the understanding of social influence by developing a framework containing two groups of influencing approaches to promote change (described as hard/coercive and soft/noncoercive). Research indicates that soft approaches are more influential between teachers and students and between school psychologists and teachers (Erchul, Raven, & Ray, 2001). Bordin (1994) described the alliance between the client and the counselor as a process based on mutuality and respect, emphasizing the use of noncoercive approaches to change. When negotiation of treatment goals and tasks is based on bonds of mutuality, there can be enough strength in the therapeutic relationship to withstand the strains involved in the process of change.

In this study, we address the counselor's influence as it relates to aspects of the working alliance. Specifically, we aimed to answer the following question: How well does a counselor's sex, gender self-confidence (examining self-definition and self-acceptance), and use of social influence (soft and harsh power bases) within the counseling session predict the quality of the working alliance between the counselor and the client?

Method

Participants

Participants were licensed Professional Clinical Counselors (PCCs) from a midwestern state. Licensure exists at two levels in this state, with the basic license (Professional Counselor) expectations including a graduate degree in counseling that meets the educational requirements of the state and passing the licensing exam. The independent counseling license (PCC) requirements include meeting the educational requirements of the state and passing the licensure exam, in addition to completing 2 years of post-master's experience under the supervision of a state-credentialed clinical supervisor and passing an exam administered by the state to determine the individual's ability to practice as an independent clinical counselor. The rationale behind the choice of this population is the high level of professional preparation. Counselors at this more advanced level of experience will have established an approach to the development of therapeutic rapport with their clients and are better able to articulate the counselor attributes investigated in this study.

Our study sample comprised 120 women (74.5%) and 41 men (25.5%). Of the respondents, 154 (95.7%) were Caucasian/White, four (2.5%) were Black/African American, one (0.6%) was Asian or Pacific American, and two (1.2%) reported themselves as other minority. These percentages resemble those found in related counseling research in which counselors-in-training were participants (Ametrano & Pappas, 1996; Seem & Clark, 2006; Trepal, Wester, & Shuler, 2008).

The age of the respondents ranged from 27 to 73 years (M = 47.65, Mdn = 49.00). The number of years of practice as licensed counselors ranged from 2 to 35 years (M = 13.61, Mdn = 12.00). These numbers reflect a group of counselors who were generally older than entry-level professionals and had experience in the field.

Procedure

Using a pool of just under 4,000 PCCs obtained from a midwestern state-operated network listing service, we mailed surveys to 500 randomly selected PCCs via the U.S. Postal Service. For a five-predictor study, with a medium effect size and a power of .80, a sample size of 120 was required. Because of the possibility of low response rates in survey research, ranging from 21% to 83% (Dillman, 2000; Erwin & Wheelright, 2002), a conservative rate of return was estimated. The initial response rate was 23% (115 surveys). We made an effort to increase the response rate, including postcard reminders, individually signed letters of request, and access to our telephone numbers and e-mail addresses. The final number of returned surveys was 187, resulting in a response rate of 37.4%. As a result of incomplete surveys, 26 surveys (5%) were not usable to test the research hypothesis. A total of 161 usable surveys were available to test the research hypothesis, with a final 32.2% response rate and surpassing the necessary 120 responses for effect size and power. The guidelines surrounding survey research indicate that a 25% response rate is acceptable (Dillman, 2000).

Measures

The survey we mailed to participants contained the following instruments and a demographic questionnaire.

Hoffman Gender Scale (HGS). The HGS (Hoffman, Borders, & Hattie, 2000) proposed a shift in the conception and measurement of femininity and masculinity. Instead of measuring femininity and masculinity in stereotypical terms, the HGS measures the individual's gender self-confidence. *Gender self-confidence* is defined as the intensity of an individual's belief that personal standards for femininity and masculinity are met (Hoffman et al., 2000; Lewin, 1984). Gender self-confidence allows individuals to decide what masculine and feminine means to them, regardless of whether their decisions fit within the stereotypical definitions of their society. The HGS contains two subscales, Self-Definition and Self-Acceptance, representing the two factors of gender self-confidence. *Self-definition* is defined as the strength of one's personal sense of masculinity or femininity in one's identity; if the individual believes that his or her masculinity or femininity is very important, a strong gender self-definition is established. *Self-acceptance* is defined as how comfortable an individual is with his or her gender; an individual with a strong self-acceptance will possess a positive sense of self as a male or a female but may or may not feel that gender is important to the overall sense of identity. The HGS contains 14 items, which are rated on a Likert scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). Examples of items measuring self-definition are "My identity is strongly tied to my femininity" (Hoffman et al., 2000, p. 502) and "My identity is strongly tied to my masculinity" (p. 503). Examples of items measuring self-acceptance are "I am secure in my femininity" (p. 502) and "I am secure in my masculinity" (p. 503). A higher score indicates a stronger level of self-definition or self-acceptance.

The HGS reliability coefficient alphas ranged from .80 to .93 (Hoffman et al., 2000). Test–retest reliability was found to be adequate (Hoffman, 2006), with a correlation of .53 for scores on Self-Definition and .49 for scores on Self-Acceptance. Validity evidence for the HGS was examined via the relationship between the HGS and the Bem Sex Role

Inventory (BSRI; Bem, 1981), one of the most widely used instruments to measure masculinity and femininity (Hoffman et al., 2000). The evidence of discriminant evidence was verified (supporting the personal perception of masculinity and femininity items of the HGS rather than the social stereotypical items found in the BSRI), with a low correlation between scores on the HGS subscales and scores on the BSRI (ranging from –.03 to –.22). The HGS was further validated by Hoffman in 2006, with coefficient alphas of .87 to .90. Reliability estimates for the current sample ranged from .86 to .94, which indicated high reliability.

Interpersonal Power Inventory (IPI). The IPI (Raven, Schwarzwald, & Koslowsky, 1998) consists of 44 items that measure 11 social power bases (or types of social influence). These 11 power bases are split between two factors (IPI Soft and IPI Harsh). Soft power bases include expert, referent, informational, legitimate dependence, and legitimate positions. Harsh power bases include personal/impersonal reward, personal/impersonal coercive, legitimate reciprocity, and legitimate equity (French & Raven, 1959; Raven, 1965; Raven et al., 1998). There are two forms of the instrument—one for the supervisor and the other for the subordinate. Each item is rated using a Likert-type scale ranging from 1 (*much less likely to comply*) to 7 (*much more likely to comply*). A sample item is "He/she probably feels I know the best way to handle the situation" (Erchul et al., 2001, p. 21). Reliability estimates using coefficient alpha ranged from .62 to .86. Concurrent evidence was provided by correlation of the soft power bases with higher levels of job satisfaction (Raven et al., 1998).

The current study used a modified version of the IPI, with permission of the creators (W. P. Erchul, personal communication, January 30, 2008). Modification of the IPI involved changing the wording of some items to reflect the counselor–client dyad and an alteration of the instructions for completion. The IPI has been similarly modified to reflect the university professor–student dyad (Elias, 2007) and the psychologist–teacher dyad (Erchul et al., 2001). Reliability estimates for the modified versions of the IPI resulted in coefficient alphas ranging from .45 to .83 (Elias, 2007; Erchul et al., 2001). Reliability estimates for the current sample ranged from .51 to .78.

Working Alliance Inventory (WAI). The WAI (Horvath & Greenberg, 1989) is a 36-item instrument that measures the quality of the relationship between the helper and the helpee. The WAI has three subscales—Goals, Tasks, and Bonds—which are based on the work of Bordin's (1979) theory of working alliance. Each of the subscales is rated with a Likert-type scale ranging from 1 (*never*) to 7 (*always*). A sample item is "We agree on what is important for _____ to work on" (Horvath & Greenberg, 1989). The subscale scores can be totaled individually or added together for an overall score. Higher ratings reflect a stronger alliance.

There are three versions to the WAI: a client, counselor, and observer version. Horvath and Greenberg (1989) analyzed the internal consistency of scores on the three subscales and estimated a range of .85 to .92 for the client version and a range of .68 to .87 for the counselor version. The internal consistency estimates for the overall score of the client and counselor versions were .93 and .87, respectively (Horvath & Greenberg, 1989). The reliability of the WAI was found to be high, with means ranging from .72 to .97 (Hanson, Curry, & Bandalos, 2002; Martin, Garske, & Davis, 2000). The reliability coefficient for the current sample was $\alpha = .88$, which indicated a high level of reliability.

Demographic questionnaire. Along with the standardized instruments, participants completed a demographic questionnaire we developed for the study. The information collected included the participants' sex, race, age, number of years practiced as a licensed counselor, and the settings in which they worked.

Results

We conducted a simultaneous multiple regression analysis to see how well a counselor's sex, gender self-confidence (examining self-definition and self-acceptance), and use of social influence (soft and harsh power bases) within the counseling session predicted the quality of the counselor–client working alliance. A power analysis was conducted (Cohen, 1988); a sample of 91 was required to achieve a minimum power of .80 (with $\alpha = .05$ and a medium effect size of .15; Balkin & Sheperis, 2011). The findings indicated that there was a significant relationship between IPI Soft, IPI Harsh, HGS Self-Definition, HGS Self-Acceptance, and WAI, $F(5, 155) = 5.29$, $p < .001$, with a medium effect size ($R^2 = .15$).

Table 1 provides a summary of the nature of the relationships among the variables. All of the variables except for sex had a statistically significant beta weight, explaining approximately 11.8% of the variance in working alliance. Gender self-acceptance, the level of comfort the counselor feels with his or her gender, contributed positively to working alliance (standardized coefficient $\beta = .24$, $sr^2 = .23$). Soft power bases, seen as noncoercive and positive, also promoted stronger alliances with clients (standardized coefficient $\beta = .28$, $sr^2 = .21$). Gender self-definition, the level of importance

TABLE 1

Predictors of the Working Alliance

Variable	*B*	*SE*	β	*t*	*p*	sr^2
IPI Soft	9.66	3.37	.28	2.87	.005	.21
IPI Harsh	–8.49	2.77	–.30	–3.06	.003	–.23
HGS SD	–4.41	1.45	–.25	–3.04	.003	–.23
HGS SA	8.00	2.63	.24	3.05	.003	.23
Biological sex	5.14	3.26	.12	1.57	.118	.12

Note. IPI Soft = Interpersonal Power Inventory–Soft Power Base; IPI Harsh = Interpersonal Power Inventory–Harsh Power Base; HGS SD = Hoffman Gender Scale–Self-Definition; HGS SA = Hoffman Gender Scale–Self-Acceptance.

the counselor gives to his or her own masculinity or femininity, was negatively related to working alliance (standardized coefficient β = –.25, sr^2 = –.23). Harsh power bases, viewed as coercive, punitive, and overt, were also related negatively to alliance (standardized coefficient β = –.30, sr^2 = –.23).

These results compare positively to findings in the literature relating to the use of soft or harsh approaches to social influence. Elias (2007) reported that students found the use of soft power bases was more appropriate behavior for their professors than harsh power bases, $t(90) = 17.32$, $p < .001$. Soft power bases were also linked with stronger cognitive learning (Elias & Mace, 2005).

Biological sex was the only variable that did not have a significant relationship with working alliance (standardized coefficient β = .12, $p = .118$). This finding supports the statements made by Hinkelman and Granello (2003) regarding the overutilization of biological sex as a variable in research.

Discussion

This study investigated relationships among dimensions of gender, social influence, and working alliance. Results suggest that a relationship does exist, and implications for counseling practice, supervision, preparation, and future research regarding the nature of the working alliance and its relationship to interpersonal power and gender are discussed.

Sex

The results of this study validated the position that there is an overuse of biological sex as a predictor variable in research, a concern that was raised in the literature (Hinkelman & Granello, 2003). In the present study, if sex was used as the only gender-linked variable, it would not have come out as a significant predictor variable for a quality working alliance. Instead, the predictor variables of gender self-definition and gender self-acceptance accounted for significant amounts of the variance. As Hinkelman and Granello (2003) stated, this finding may explain why research that had used sex as a predictor variable had yielded mixed results.

Gender Self-Confidence

Results regarding gender self-confidence (i.e., gender self-definition and gender self-acceptance) are revealing. Gender self-definition is slightly more predictive than gender self-acceptance, but in a negative relationship. The more important the counselors' femininity or masculinity is to their perception and definition of themselves as individuals, the less likely they are to have a strong working alliance with their clients. Gender self-acceptance, on the other hand, has a significantly positive relationship with working alliance. The more counselors feel that they are living up to their personal beliefs regarding femininity and masculinity, the better able they are to build strong working alliances with their clients.

Our study indicated the need to view female and male as more than an either–or dichotomy. With the use of the HGS, significant prediction came from the way in which the participants defined and accepted themselves rather than from whether they were biologically female or male. Researchers have struggled with the dichotomy regarding femininity and masculinity since the 1970s, recognizing that the dichotomy did not allow for the complexity that reflected the reality of human beings. Women and men base their definitions of self on whether they believe their choices are appropriate for the culture's idea of being female or male. These definitions are a social, not biological, construction.

Social Influence

Results regarding social influence (i.e., soft and harsh power bases) in this study are not surprising. The literature has demonstrated counselors' efforts to be respectful of their clients while assisting clients to make positive changes in their lives, and this study confirms past research. Harsh power bases were only slightly stronger in prediction (standardized coefficient β of –.30) than soft power bases. The more harsh power tactics the counselor endorses, the more the quality of the working alliance suffers. Soft power bases, however, positively predict a quality working relationship (standardized coefficient β of .28).

This study indicated how soft power bases can enhance the working alliance and lead to positive treatment outcomes. The finding also indicated what can happen if harsh power bases are used (i.e., the quality of the working alliance decreases). Counselors tend to downplay and seem uncomfortable with the subject of counselor influence. Literature has found that when an individual is viewed as possessing positive personality traits, greater influence can occur (Kuzmanovic, Jefferson, Bente, & Vogeley, 2013), yet the use of counselor influence in session was rarely explored. Some researchers have stated that influence can be kept out of the counseling setting; however, counseling is not a democratic process. As long as the counselor downplays or denies the presence of counselor influence in the counseling setting, influence remains hidden and obscure.

Influence can be categorized in many ways, and counselors will benefit from the knowledge that not all use of influence is coercive or disrespectful of the client. If counselors reflected on their use of influence in the counseling session, that use would be thoughtful and counselors would enhance their own self-awareness.

How can this self-reflection occur for counselors already in the field? Evidently, counselors in the field need to experience purposeful self-reflection to understand their own use of influence in the counseling session and how that influence enhances or diminishes the working alliance with their clients. Without this self-reflection, counselors will lose an opportunity to build stronger relationships with their clients, which will have a direct impact on the success of treatment.

Implications and Recommendations

Because of the importance of counselor characteristics (such as the use of influence and gender self-definition/acceptance), counselor self-awareness is an area that needs a deliberate and systematic training focus within counseling programs. The consistent correlation between working alliance research and treatment outcomes requires the attention of counselor educators and professionals in the field seeking further training. Counselor educators and counselor licensing boards have the responsibility to provide opportunities for counselors-in-training and counselors already in the field to engage in self-reflection.

Counselor Education Programs

Counselor educators should enhance the self-awareness of counselors-in-training regarding the presence of influence in the counseling relationship, as well as challenge their biases regarding the dichotomy of femininity and masculinity. This could be accomplished by offering a course, or at minimum a section of a course, dedicated to self-awareness and self-reflection. In this way, counselors-in-training would have to dedicate time to this effort (a task that might not happen otherwise).

This enhancement would more effectively reach counselors-in-training through purposeful inclusion of self-reflection into the core curriculum of the counseling program. Research supports this recommendation, citing increases in student sensitivity and insight (Chao, 2012; Sue & Sue, 2008) when additional training is provided. By providing more self-reflection, programs can ensure that every student will be challenged to focus on this area. Counselor educators are encouraged to review the literature to find strategies to intentionally infuse self-reflection in the counselor preparation curriculum. Suggestions in the literature include the use of a gender role genogram to highlight the family-of-origin process of socialization (Gold & Hawley, 2001) and incorporation of a gender perspective in diagnostic training (Eriksen & Kress, 2008).

The challenge of matching counseling approaches to the changing needs of the client (Norcross, 2002) further complicates the management of alliance. Counselors are now asked to individually customize counseling influence, but an attempt to standardize communication styles to the client's need does not eliminate the counselor's personal interactional style. Counselor educators could focus on enhancing understanding of natural personalized communication patterns and examining how these patterns interact with theoretical approaches, as well as specific methods of influence that match the client's individual needs. Awareness of the counselor's use of influence could be enhanced through the use of a token economy group exercise to increase the understanding of power in the counseling relationship (Patrick & Connolly, 2009).

Another way to enhance the self-awareness of counselors-in-training is for counselor education programs to require students to participate in their own counseling. The students can then experience the role of the client and have time to reflect on their own values, opinions, and perceptions. Although there are ethical considerations in requiring counseling for students, the present study demonstrates the importance of counselors-in-training developing a deeper understanding of who they are as individuals before they begin engaging in the influencing process of being counselors themselves. Oden, Miner-Holden, and Balkin (2009) found that students who participated in their own personal counseling cited significant gains in self-awareness when interacting with their clients.

Continuing Education Requirements

Counselors are required to obtain continuing education credits to maintain licensure. Some states mandate professional ethics credits. Research reinforces the importance of this kind of training (M. E. Johnson, Brems, Warner, & Roberts, 2006). Experienced counselors place a strong emphasis on the development of the counseling relationship and how this enhances their ability to ethically provide counseling (Jennings, Sovereign, Bottorff, Mussell, & Vye, 2005). Ethics training programs targeting the use of influence in the counseling relationship, the level of stereotypical beliefs/values, the counselors' personal definitions of feminine and masculine, and the importance they place on these definitions would reinforce fundamental principles such as doing no harm, doing good, and respecting the will of the client. Trainings could also be developed under the subject of increasing the degree of positive treatment outcomes. In this way, counselors seeking to improve their professional ethics and their success rate in treatment will receive training.

Limitations

The results and implications of this study should be reviewed with several limitations in mind. The instruments used for the present research were self-report tools; therefore, there is a risk that some participants answered according to what seemed socially desirable. The participants came from one state and from the counseling profession. Similar studies conducted in other geographic areas or with other helping professions might yield different results. The demographic breakdown of the participants in this study was compared with studies using counselors, and the assumption was made that practicing counselors maintained the same demographic breakdown percentages. Moreover, the response rate was low. This could indicate the possibility that nonresponders were opposed to the subject of the study or the survey expectation was too extensive.

In addition, the predictor variable of HGS Self-Acceptance was not a normal distribution, limiting the strength of the findings with this variable. Participants in the study were comfort-

able with their ability to live up to personal expectations of masculinity/femininity, which made it difficult to generalize results. Obtaining data from counselors across the professional developmental span (i.e., from counselors-in-training to the practicing counselors included in this study) could increase the variability and normalize the results of self-acceptance. Increasing the diversity of the sample, as well as including client perceptions, could increase confidence in the results.

Directions for Future Research

We recommend that future studies deepen the understanding of the impact of counselor gender self-definition/self-acceptance and the use of social influence in the counseling session on the working alliance between the counselor and client. Researchers can accomplish this by replicating the present study with counselors from other geographic areas and helping professionals from other disciplines. Clients could also be included as participants in the collection of paired data to deepen the understanding of the counselor characteristics on working alliance.

The presence of counselors' stereotypical thinking could be explored more fully by comparing the responses of counselors with those of the general population and the potential impact on clients. More specific instructions to respondents regarding how to select the client for the survey (i.e., select by date or client characteristics) could be made. Qualitative studies could probe more deeply into the feelings, opinions, conceptualizations, and rationale for some of the answers regarding social influence.

Future research regarding gender self-definition and gender self-acceptance is recommended. A more complete understanding of gender self-confidence will help researchers to explore important questions having to do with the subjective area of gender identity. Because of pressure to conform to the standard set by culture, the current minimization of the importance of gender issues, and the belief of many researchers that the issue of gender is successfully dealt with, understanding gender self-confidence may be a difficult task. Additional research will assist the counseling profession to refocus on this important area. Researchers could accomplished this by further use of the HGS with diverse populations, thereby replicating the results of this study and those of the HGS authors.

Counselor education programs could begin assessing the self-awareness of their incoming students and reexamining this self-awareness at certain points during the educational program. Doing so would allow those programs that implement efforts to target and build student self-awareness to measure student development. The assessment of self-awareness could also identify what occurs in the development of students in programs that do not implement efforts to enhance self-awareness. The information could then be used to further efforts at educating effective counselors.

Conclusion

Increasing the understanding of how to effectively build a strong working alliance between the counselor and the client is vital, because research consistently connects the quality of this alliance to positive treatment outcomes. This study provided additional strength to the literature by exploring what promotes a quality working alliance between a counselor and a client. We explored the counselor's use of influence in the counseling session, filling a gap in the research. We also examined gender self-definition and gender self-acceptance with a different population than was studied in the past. The results enhanced the understanding of counselor characteristics that added to the quality of the working alliance between a counselor and client.

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