The Salience of Sex Role Instructions to Mental Health Professionals

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This experiment was concerned with the question of how gender might affect clinical judgment. Mental health professionals (MHP) were asked to rate a protocol (varied for gender) describing a depressed pseudopatient who displayed stereotypically masculine behaviors. The major hypothesis was that, when subjects were aware that the experimental purpose was to measure how patient gender affected clinical ratings, they would suppress bias. If awareness were not present, then bias would be apparent in the ratings. The results failed to support this hypothesis. However, serendipitous results had meaningful relevance for the methodology of gender research. Data from subjects, given a credibility check to determine whether they had guessed the intent of the research, showed that aware subjects were more likely to make incorrect guesses about the study when they rated a male pseudopatient, whereas unaware subjects were more likely to make correct guesses when they rated a female pseudopatient. The interpretation of the data indicated that MHPs differed in their vigilance concerning women’s issues. As a result, there may exist a “woman’s role” within the context of psychological experimentation.

This is a report of two studies. One was carried out purposefully, the other serendipitously. Both used the same data. Our original intent was to test mental health professionals (MHPs) in the same New England region tapped by the Broverman, Broverman, Clarkson, Rosenkrantz, and Vogel (1970) study. We wanted to learn if sexist attitudes persist, and if so, how they influence clinical practice. We hoped to explain a confusing polarity of previously reported research. A number of studies conducted after Broverman et al.’s

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(1970) work, which focused on finding relationships between sex bias and clinical practice, produced disparate findings (Billingsley, 1977; Davidson & Abramowitz, 1980). While some authors adamantly quoted evidence from studies that substantiated the claim that a clinician's belief in the current sex role stereotype produced negative evaluation of persons who did not act stereotypically (Sherman, 1980), others pointed to studies showing nonsignificant results and argued that the data indicated sex biases did not exist (Stricker, 1977).

To explain this discrepancy, we hypothesized that MHPs do hold sexist beliefs that affect clinical practice. However, clinicians of today are likely to be sensitized not only by publicity about the issue, but also to the consequences of publically exposing sexist attitudes. Since it is now a professional expectation to act in an unbiased fashion (American Psychological Association Task Force, 1975), it is feasible that clinicians have learned to inhibit sex-biased responses, especially when under scrutiny. Furthermore, consciousness raising about women's issues has increased awareness about the topic over the past 20 years so that the nature of the hypothesis in sex role research is more transparent today than in earlier research. The sophisticated clinician/subject of today may much more readily guess the intent of the research than the subject of the pre-Broverman era. The result: inhibition of inappropriate sex biased responses. This behavior could mask the effect of sex role bias should it exist.

The present investigation was designed to assess the degree to which awareness of the nature of a study affects clinical ratings of MHPs toward those who pursue nonstereotypic life styles. We hoped to make methodological improvements over past studies by controlling for awareness. If the judgments of practicing clinicians were affected by sex role biases as described by Broverman et al. (1970), then one would expect that presence or absence of awareness (salience) of the goal of the research would produce differing judgments. That is, a female patient who lived a nonstereotypical style would be judged less healthy than her male counterpart if clinicians were not aware of the nature of the study, and more healthy if they were aware. The patient would also be judged to be in greater need for treatment in the direction of conformity to the sex role stereotype when subjects were aware than when they were not aware of the true goal of the study.

**METHOD**

**Design**

The experiment was a $2 \times 2 \times 2$ factorial design with three between-subject factors. The treatment variables and their levels included gender of