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The Interrelationships among Coping Resources, Gender Role Stree, Self-Efficacy, and Anxiety in University Women Enrolled in Graduate Counseling Programs

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ACCEPTANCE

This dissertation, THE INTERRELATIONSHIPS AMONG COPING RESOURCES, GENDER ROLE STRESS, SELF-EFFICACY, AND ANXIETY IN UNIVERSITY WOMEN ENROLLED IN GRADUATE COUNSELING PROGRAMS, by JESSICA BARRETT KORDANSKY, was prepared under the direction of the candidate's Dissertation Advisory Committee. It is accepted by the committee members in partial fulfillment of the requirements for the degree Doctor of Philosophy in the College of Education, Georgia State University.

The Dissertation Advisory Committee and the student's Department Chair, as representatives of the faculty, certify that this dissertation has met all standards of excellence and scholarship as determined by the faculty. The Dean of the College of Education concurs.

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Jessica B. Kordansky

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ABSTRACT

THE INTERRELATIONSHIPS AMONG COPING RESOURCES, GENDER ROLE STRESS, SELF-EFFICACY, AND ANXIETY IN UNIVERSITY WOMEN ENROLLED IN GRADUATE COUNSELING PROGRAMS

by

Jessica B. Kordansky

College-age women are affected by anxiety disorders at a significant rate. The data suggest that enhancing a sense of control over the negative effects of life events has a greater positive effect on women than men (Matheny, Ashby, & Cupp, 2005). While there is a literature base for stress coping among undergraduate students (McCarthy, Fouladi, Juncker, & Matheny, 2006), little data exists which explores the implications of stress coping among female graduate students in counseling programs. Using a population of university women in graduate counseling programs, this study explored the interrelationships between coping resources, gender role stress, self-efficacy, and anxiety. Specifically, the effects of coping resources (using the Coping Resources Inventory for Stress-Short Form, CRIS-SF; Matheny, Curlette, Aycock, Pugh, & Taylor, 2007), gender role stress (using the Feminine Gender Role Stress Scale, FGRS; Guillespie & Eishler,1992), self-efficacy (using the Generalized Self-Efficacy Scale, SES; Tipton & Worthington, 1984), a form of emotional distress (using the State-Trait Anxiety Inventory A-Trait version, STAI-A; Speilberger, 1983), and self-report measures of demographic data were examined. Results indicate that all measures are significantly interrelated, with the exception of FGRS. Furthermore, CRIS primary scale, Confidence, and FGRS scales, Physical Unattractiveness and Emotional Detachment were most predictive of trait anxiety, as evidenced

in the final regression. Research and clinical implications for these findings suggest a number of promising directions in supervision and training.

THE INTERRELATIONSHIPS AMONG COPING RESOURCES, GENDER ROLE STRESS, SELF-EFFICACY, AND ANXIETY IN UNIVERSITY WOMEN ENROLLED IN GRADUATE COUNSELING PROGRAMS

by
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I will end by dedicating this dissertation and my doctoral degree to my Grandma Sima, or "Bubbie Bear" as I called her. She taught me what unconditional love felt like,

always gave me hope, and is still an unwavering force in my life. She is with me always and in all ways.

Jess

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ABBREVIATIONS

CRE	Coping Resource Effectiveness (CRIS scale)
CRIS-SF	Coping Resource Inventory for Stress-Short Form
FGRS	Feminine Gender Role Stress Scale
SES	Generalized Self-Efficacy Scale
GSE	Generalized Self-Efficacy
STAI-A	State-Trait Anxiety Inventory
V	Victimization (FGRS factor)
FN	Failed Nurturance (FGRS factor)
ED	Emotional Detachment (FGRS factor)
PU	Physical Unattractiveness (FGRS factor)
U	Unassertiveness (FGRS factor)
CON	Confidence (CRIS primary scale)
SS	Social Support (CRIS primary scale)
TC	Tension Control (CRIS primary scale)
STR	Structuring (CRIS primary scale)
SDIR	Self-Directedness (CRIS primary scale)

CHAPTER 1

SUPERVISING FEMALE COUNSELORS IN TRAINING: HELPING THEM DEVELOP COPING SKILLS AND SELF-EFFICACY TO ADDRESS GENDER ROLE STRESS AND ANXIETY

Research has indicated that stress in graduate school leads to a variety of symptoms including anxiety, insomnia, somatic symptoms, social dysfunctions, and severe depression due to lack of preparedness (Cushway, 1992). Research also has documented differences in the prevalence of mental health problems between men and women (Hyun, Quinn, Madon, & Lustig, 2006). The prevalence of frequent mental distress is higher for women than for men (CDC, 2004). In fact, women are twice as likely to have anxiety that interferes with daily activities and to be diagnosed with generalized anxiety disorder (GAD) (Anxiety Disorder Association of America [ADAA], 2008). Before 22 years of age, 75% of people with an anxiety disorder will experience symptoms (NIMH, 2009). Panic disorder is often cited as a primary reason for women dropping out of college (ADAA). Sax (2008) found that more than twice as many college women (38%) as college men (17.3 percent) reported feeling overwhelmed by all of their responsibilities.

Thus, stress and anxiety are more common in women than in men. According to the Counsel of Graduate Schools, women now account for 74% of education graduate students, and women earn 67 % of education doctoral degrees (2010). Given the greater

numbers of women with anxiety and the greater number pursuing doctoral degrees in counseling, this article will focus only on female counseling graduate students.

Graduate Women in Academic Departments

In spite of women's advances in higher education during the past 30 years, women still experience psychological disadvantages in educational pursuits when compared to men (Rayle, Arredondo, & Robinson-Kurpius, 2005). For example, women acknowledge lower educational self-efficacy, the belief that one can successfully complete specific educational tasks (Bandura, 1977); have lower self-esteem; experience higher academic stress; and often perceive less support for education (Rayle, Arredondo, & Robinson-Kurpius). Although graduate students manage multiple roles and responsibilities in addition to their academic commitments, there is sparse literature related to graduate student life (Stratton, Mielke, Kirshenbaum, Goodrich, & McCrae, 2006). In a study examining graduate student mental health, 51.7% of women reported having an emotional or stress related problem compared to 38.6% of men (Hyun, Quinn, Madon, & Lustig, 2006). Female students, in particular, reported gender specific concerns regarding success in an academic career (Johnson, 2007).

According to a series of studies by Mallinckrodt and his colleagues, women in graduate school and in doctoral programs report significantly more stress and more symptoms of stress, more role conflict and greater role strain, more negative life events, higher levels of depression and anxiety, and significantly less support both in their departments and in their families than men (Mallinckrodt, Leong, & Kralj, 1989; Malinckrodt & Leong, 1992). Research has indicated that doctoral students often feel isolated due to lack of cohesiveness among the students in their departments and lack of

connections outside the department (Lovitts, 2001) and lack of interaction with professors (McLaughlin, 1985). Women in academic departments report greater isolation, higher levels of stress, lower self confidence, more difficulty establishing relationships with colleagues, and more conflict between their personal and professional lives, often making sacrifices to have both career and family (Quinlan, 1999). Moreover, female graduate students rate the student-faculty relationship significantly more essential to their professional development than males (Gilbert, 1985).

A study of reentering female graduate students in counseling programs found common, salient themes, such as the significance of mentoring and support, and the impact of multiple roles, personal losses, and society's view of women (Roeseler, 1997). In order to assist with these issues, the author suggested several ways to help female graduate students that are relevant to supervision and training, such as helping trainees to develop time management techniques, balance multiple roles, develop support systems, explore career options, and cope with gender issues. While juggling multiple roles can lead to greater stress overall and other difficulties for female graduate students, it also seems to result in greater satisfaction with graduate training and less stress from graduate studies (Stern, 1988) which is consistent with previous findings that multiple roles are important for a sense of life satisfaction and well being for many women (Mallinckrodt & Leong, 1992). Because women's self-concepts tend to be defined by interpersonal relationships, college, graduate school, and early career transition may lead to more acute loneliness (Liang et al., 2002).

Furthermore, internalized societal messages of self-reliance can exacerbate diminished feelings of self-efficacy as women often need social support and

connection, which may be limited in graduate school, for optimal coping. A significant number of graduate student women who seek university counseling services with presenting problems of generalized depression, anxiety, and stress may be suffering from this role conflict strain (Mallinckrodt &Leong, 1992). In order to better understand the impact of graduate school on women, it is important to understand the roles of gender role stress, self-efficacy, and coping skills.

Gender Role Stress

In addition to general stress, women experience gender role stress. Gender role stress is the cognitive appraisal of threats and challenges to stereotypical feminine gender role coping behavior (Gillespie & Eisler, 1992). Gillespie and Eisler created a Feminine Gender Role Stress (FGRS) measure that includes five factors: emotional detachment, physical unattractiveness, victimization, unassertiveness, and failed nurturance. Although this measure has not been used with female graduate students, the factors seem to be relevant to female counselors in training.

Clearly, the role of a counselor is one of nurturance that tends to attract more females (Wester & Trepal, 2008). The expectation to be good at nurturing may exist since counseling trainees are entering a vocation of nurturing. Validating another person's experience is a vital part of developing mutuality in a relationship making nurturance an important characteristic of a growth-fostering relationship (Jasser, 2008). Failed nurturance is a factor on the FGRS scale and includes items that describe chronic problems in significant others' lives which are understood as perceived failure to fulfill the culturally prescribed female role as helpmate and nurturer (Gillespie & Eisler, 1992). Thus, female clinicians in training who score high on failed nurturance may be more

stressed about providing appropriate nurturance to their clients. Moreover, nurturance is a client expectation about counselor factor, where clients expect the counselor to be nurturant, accepting, self-disclosing, and attractive (Tinsley et al., 1980).

Female clinicians in training may also experience stress related to emotional detachment in therapeutic relationships and/or clinical supervision. The profession of counseling values characteristically feminine gender role characteristics, such as strong interpersonal skills and abovementioned nurturance. Failing to offer adequate emotional support in interpersonal relationships may be a more prominent stressor for individuals who strive to meet these feminine standards for nurturant behavior (Gillespie & Eisler, 1992). If the female trainee feels that she is failing to offer sufficient emotional support in either her personal or professional life or both, this may contribute to greater stress and anxiety than is manageable. Since forming connections is both a significant and difficult developmental task (Hazler & Mellin, 2004), disconnecting and failing to experience important connections, along with holding back wants and needs, may influence females to act inauthentically in relationships (Jasser, 2008).

Relational-Cultural theorists (RCT) believe that identity development manifests within the context of relationships (Miller, 1976). This model offers an alternative to customary theories of psychological development by stressing a paradigm shift from the relationship as a peripheral element to the relationship as a fundamental component of developmental progress, emotional health, and interpersonal life (Schultheiss, 2003). A primary assumption of RCT is that people develop through and toward relationships and that is relationship take places within and is impacted by a cultural context (Jordan & Hartling, 2002).

Women are socialized to value interpersonal relationships but they receive mixed messages about how to interact in those relationships (Jasser, 2008). Jasser posits that in an effort to safeguard relationships, women may unintentionally encourage disconnection. Gilligan's work (1982) discussed women's development from a relational perspective and led to the relational concept that women's lives are directed by the development of attachment of care, otherwise known as the "ethics of care." Moreover, personality characteristics relating to dimensions of "warmth and expressiveness" that facilitate one's ability to relate positively to others are considered especially appropriate for females in our society (Gilligan). Since disconnection, if not attended to properly, can promote negative mental health outcomes, being able to create growth-fostering connections is central for women's mental health and development (Jordan, 2001; Tolman & Porche, 2000). The above mentioned may be part of what a female trainee deals with upon establishing both personal and therapeutic relationships.

Research indicates that women are more likely to experience victimization in graduate school in terms of discrimination and oppression. Female doctoral students experience different kinds of discrimination, such as gender, race/ethnicity, sexual orientation, and marital status (Lovitts, 2001). Academia remains a male dominated, hierarchical environment (King & Cubic, 2005). The gender hierarchies that exist in academia are a form of oppression (Ancis & Phillips, 1996). In spite of the dominance of women in doctoral programs and the equal or greater involvement of women in lower levels of academia, women continue to represent a significantly smaller percentage of tenured professors than men (APA Task Force on Women in Academe, 2000; Halpern,

2004). One source points out that 44% of full-time female faculty hold tenure contrasted to 68% of male full-time faculty (Kite, et al., 2001).

Particularly in departments in which women are a minority and most tenured faculty are males, women may be disadvantaged by stereotypes and false attributions about the aptitude and potential of women in the profession (Adler, 1976). The socialization process is neither structured nor formal and women frequently feel isolated and unsupported, because of the preponderance of male faculty and the patriarchal culture that pervades most academic departments including psychology (Fouad & Carter, 1992; Kite et al., 2001). For example, some women struggle with issues of self-presentation, socialization and acceptance (Leavitt, 2007). Leavitt adds that others have to deal with the role strain and stress that is a product of the conflict between work and family obligations. The literature proposes that women in academia continue to struggle to adapt themselves to the demands and constraints required of them in order to achieve success in research universities (Leavitt).

Other sexist events reported by female graduate students included exposure to gender role stereotyping and prejudice, demeaning comments and behaviors, and sexual objectification (Kaiser & Miller, 2004). The authors found that with a more optimistic outlook on life assessed confronting sexism as more benign. College women who anticipate a male gaze feel significantly greater body shame and social physique anxiety (negative self-objectification) than when they anticipate a female gaze (Calogero, 2004). Female doctoral students of color in a college of education reported experiencing micro-aggressions and minimization of racial/cultural issues (Shah, 2007). This type of victimization might increase the need for females to be able to speak up and be assertive

in setting limits, something that is contradictory to the traditional female role and may contribute to gender role stress. Although it is possible that women mentor other women more easily than men, King and Cubic (2005) suggest that what is most important is mentors' awareness and consideration of key gender and cultural issues. They recommend multiple mentors.

Female counselors in training not only face discrimination but have learned the same biases, stereotypes, and expectations and bring them to their therapeutic work (Kaplan, 1979; Mintz & O'Neil, 1990). Trainees, supervisors and faculty may have lower expectations of outcomes for women of color, lesbians, and women with disabilities (American Psychological Association [APA], 2008). Research has shown that some therapists and trainees anticipate a more positive prognosis with male clients, continue stereotyping women as expressive, and use a more instrumental behavioral approach with men (Fowers, Applegate, Tredinnick, & Slusher, 1996; Klonoff et al., 2000; Rudman & Glick, 2001; Seem & Johnson, 1998; Wade, 2001). Therapists may engage in subtle forms of discrepant treatment of male and female clients (e.g., Friedlander, Wildman, Heatherington, & Skowron, 1994; Werner-Wilson et al., 1997), and risk strengthening views about gender, sexual orientation, culture, and family life that may be detrimental to girls and women (APA, 2008). Given more females seek counseling and have more positive psychological help-seeking attitudes (e.g., Leong & Zachar, 1999; Zalaquett & McManus, 1996), many of the clients with whom they will work will be female. Many clients have dealt with the same issues female trainees face such as "interpersonal victimization and violence, unrealistic media images of girls and women, discrimination and oppression, devaluation, limited economic resources, role overload, relationship

disruptions, and work inequities" (APA, 2008, p. 2) and have many of the same biases as the trainees.

Thus, trainees can attend to the influence of gender in counseling (Van Buren, 1992) and confront overt gender bias in therapy (Wester & Trepal, 2008). However, in order to assist their clients and not foster traditional feminine roles, trainees must deal with their own biases (Gilbert & Scher, 1999) and help themselves and their clients develop new, more adaptive behaviors (Wester & Trepal) or at least expand their choices (Collier, 1982).

Self-Efficacy

Research indicates that enhancing a sense of control over the negative effects of life events has a greater positive effect on women than men (Matheny, Ashby, & Cupp, 2005). Self-efficacy can indirectly lessen negative affect or affect-related conditions such as anxiety (Lightsey et al., 2006), support adaptive behavior, and assist to mediate constructive behavior change (Bandura, 1993). Self-efficacy is influenced by data derived from four primary sources: performance accomplishments, vicarious experiences, verbal persuasion, and physiological states (Bandura, 1977). Lightsey et al. state that generalized self-efficacy (GSE) may increase self esteem and motivation. Working to increase self-efficacy in supervision and training may decrease effects of gender role stress and anxiety.

Regardless of female students' sex role attitudes, gender concentration of their academic major, or race/ethnicity, women who perceive a greater degree of gender bias in their undergraduate experiences also report lower agentic self-efficacy expectations (Ancis & Phillips, 1996). The authors presumed that with lowered agentic self-efficacy

expectations, women may not initiate and maintain proactive educationally facilitative behavior. Furthermore, Ancis & Phillips hypothesized that women exposed to a biased undergraduate environment may see proactive behavior as exceeding their coping abilities, and, as a result, avoid potentially valuable career-enhancing interactions and opportunities. Much of the research on women and self-efficacy has focused on career development and choice (Hackett & Benz, 1981). Hackett & Benz suggested that, due to socialization experiences, men and women differ in their self-efficacy expectations and thus, women may lack strong expectations of personal efficacy in many career related behaviors. They suggest that the concept of self-efficacy expectations may be helpful in explaining the underrepresentation of women in many male dominated career fields and women's underutilization of certain abilities and talents related to their career pursuits (Whitson, 1993).

There is a significant relationship between counselor trainees, graduate school training level and efficacy expectation in using basic counseling skills (Sipps, Sudden, & Faiver, 1988). These authors note that counselor expectations are important to study as they have been inversely linked with counselor anxiety level (Bandura, 1976; Bowman & Roberts, 1979; Bowman, Roberts, & Giesen, 1978). According to the authors, self-efficacy may be of use to counselor educators as a training variable-the assumption that, by increasing trainees' levels of self-efficacy, their future counseling skills may be enhanced (Sharpley, 1993).

Coping Resources/Skills

Studies suggest that there are sex differences in coping resources and the experience of stress in university students (Edwards & Holden, 2001). An argument is

made for the enhancement of a broad range of coping resources as they are likely to promote health and well-being in both men and women (Matheny & Cupp, 1983). Coping resources have been described as the "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of that person" (Lazarus & Folkman, 1984, p. 14). When stressful events occur, varied strategies are used to cope with either the stressor itself or subsequent emotions in order to maintain an individual's psychological homeostasis (Lazarus & Folkman). In situations where it is impossible to lessen objective demands, "emotion-focused" coping resources such as social support may be most helpful (Lazarus & Folkman). Enhancing coping skills through training has been found to decrease anxiety and increase self-efficacy which increases academic performance (Smith, 1989). Coping skills such as relaxation, cognitive restructuring, and self instruction may be transferrable to many anxiety provoking situations (Meichenbaum, 1985; Smith, 1980), including providing counseling, receiving feedback in supervision, and varying forms of clinical evaluation.

Women have the potential to isolate and decrease social support and connection if they withdraw because of stress, instead of a healthier coping style such as "tending and befriending" (Taylor, et al., 2000). In contrast to men's instinct to "fight or flight" (Cannon, 1929), women cite the greatest stressor as loss of relationship (Pickhardt, 2004). Furthermore, the role of technology in an academic setting can create a chasm for women those who tend to "instinctively cope interdependently" (Berkman, Leo-Summers, & Horwitz, 1992). While there is a literature base for stress coping among undergraduate students (McCarthy, et al., 2006), less data are available on coping in graduate school.

One study of education graduate students found that 64% of the students used fellow students and 77% of students used family/friends to cope with the stress of graduate school (Sampson, 2008). However, women have strengths and resources that assist them in dealing with stressful issues (APA, 2008). Given the importance of social support and tendency of women to withdraw when stressed, it is important that supervisors and faculty provide a support network and help female graduate students in counseling develop other coping skills to deal with stress and gender role stress.

Supervision and Training Implications

It is clear from the research that female graduate students experience more stress and gender role stress than do male graduate students. With the percentage of females rising in graduate counseling programs, it is important for supervisors and faculty to consider the unique needs of female graduate students. Helping these women to cope with the additional stresses they experience by enhancing their self-efficacy and their coping skills can help them to be more successful in graduate school and in their future careers.

Helping female trainees to develop coping skills to deal with sexism and racism is an important part of supervision and training. There are several ways in which supervisors and faculty can assist trainees to deal with sexism and racism. First, education about gender promotes attitude change (Worell, Stilwell, Oakley, & Robinson, 1999), and gender sensitivity and diversity training improves therapists' skills for working with girls, women, and families (Dankoski, Penn, Carlson, & Hecker, 1998; Woolley, 2000). Second, mentors can provide support and encouragement for developing assertiveness skills to deal with the discrimination they face.

Another important role that supervisors can play is to help their trainees develop the skills they need to deal with their own stereotypes of what it is to be a woman. Supervisors can choose to confront supervisee's biases and assist in expanding choices. The success of this approach would, of course, depend on the trainee's readiness and desire to change and her self-awareness.

Supervision and Training: A Case Example

These abovementioned issues are typically associated with women's participating in personal counseling yet are clearly relevant to counselors in training as well. Consistent with the premise of this article, the author has selected feminist perspectives of empowerment (Worrell & Remer, 2003) and use of self in supervision (Wells, Trad, & Alves, 2003) as methodologies to address these issues and extend this body of knowledge. These selected theoretical constructs fit with the problems and modifications needed with women in counseling training.

In order to illustrate how supervisors can assist supervisees to develop coping skills and self-efficacy to address gender role stress and anxiety, the following case example is provided. Stephanie is being supervised by Beth. Stephanie brought a case to process in supervision regarding her client, Rachel, whom she is seeing for individual therapy at the university counseling center. Stephanie is concerned about how she handled her last session and is self-conscious about how she is conducting therapy with this client in general. She noted that she has experienced challenges similar to those of her client in her own personal and professional life and is wondering if it is affecting her ability to work as effectively as she can.

Stephanie reported that her client brought significant material and emotion to last session. She stated that her client is experiencing compounding stressors from both her personal life and graduate academic environment and described her symptoms of anxiety as rapid heart-beat, restlessness, racing thoughts, inability to fall asleep and stay asleep, and worry. Her client acknowledged feeling isolated from her peers and departmental faculty and described her desire for connection and social support. Her client mentioned feelings of isolation triggering feelings she had from a recent encounter with gender bias and blatant sexual comments from a male coworker at her former employment. Her client is unsure how to handle these feelings and wonders if she should have just "let it go" and not "made a stink" about it. Stephanie described feeling triggered and torn in session, unsure as to how to proceed with her client. Stephanie presented as fairly anxious in supervision as she detailed the case and the parallel experience where there was gender bias, stereotypes, and demeaning comments.Using an interpersonal, use of self model of supervision (Wells, Trad, & Alves, 2003), as well, Beth offered comfort and support to Stephanie and encouraged her to explore these concerns in supervision. Beth attended to Stephanie as she detailed the stress that her client had related to being a graduate student, managing multiple roles, and feeling isolated and anxious. Beth pointed out the parallel process between Stephanie's experiences in her personal and professional life and those of her client who was close to Stephanie in age. Beth disclosed that she remembered how difficult it had been for her as a beginning therapist when her issues closely paralleled those of her client and wondered how this parallel was impacting Stephanie.

Beth continued to normalize Stephanie's concerns, suggesting that being a beginning therapist can trigger self-efficacy concerns, anxiety, and gender role stress,

compounding the issues she had discussed. For example, Stephanie may question her ability to perform competently across a broad range of situations (i.e., provision of counseling and receiving supervision), feel anxious about her new role, and experience fears of not being nurturant to clients or fear of remaining emotionally detached from her clients. This could pose concern for a beginning therapist who has learned in counseling theories courses that it is the therapeutic relationship that, across all theories, is most predictive of successful therapeutic outcome.

Moreover, Beth acknowledged that, due to the similarities between Stephanie and her client, there were likely shared experiences, and she continued to encourage Stephanie to acknowledge and process it during their supervisory experience. Throughout the provision of supervision, Beth was mindful of the Stephanie's possible gender bias, self-statements and attitudes toward herself and her client.

Beth encouraged Stephanie to continue to be cognizant of when she felt triggered in therapy as she did on that particular session with her client. Beth encouraged Stephanie to acknowledge where she is and be genuine with her client about her similar experiences and sentiments if a self-disclosure seemed therapeutically appropriate. These supervisory interventions were employed with the hope that the supervisee could then transfer these behaviors and skills when she again feels stuck or uncomfortable, such as with gender inequity or demeaning comments, and perhaps better advocate for herself. From the feminist perspective of empowerment, relating gender role stress, Worrell and Remer (2003) offer an especially structured approach for carrying out a gender role analysis with clients that can be transferrable to supervisees and includes two steps: identifying gender role messages and gender role restructuring. In the first step, clients are asked to list all

the messages they received about how they should and should not act because they are female. Next, they are suggested to mark each message that still influences their present behavior and to select one of these messages to examine in depth. As noted above, supervisors can assist in this process by being aware of gender role stress and anxiety and the impact it has on coping and self-efficacy in their trainees.

Beth offered support, feedback, and mentoring to Stephanie. Beth normalized anxiety regarding the provision of therapy and, intentionally, empowered and nurtured her, helped her to advocate for herself, and helped her to develop advocacy and assertiveness skills. Strategies such as these may contribute to increased self-efficacy, personal control, and empowerment (Worrell & Remer, 2003) for supervisees. Attending to women's and gender issues by increasing their students' awareness, knowledge, and skill and by creating non-oppressive training environments (Szymanski, Carr, & Moffitt (in press) can be highly beneficial in supervision as well. Beth served as clinical supervisor, model, mentor, and advocate for Stephanie and her therapeutic work with her client. During supervision, Beth described her personal and professional struggles with self-efficacy, gender role stress, anxiety and coping, offering how she overcame myriad obstacles. Beth educated Stephanie regarding the impact multiple oppressions might have on psychosocial health (Worrell & Remer, 2003) and appropriately disclosed ways that she herself has been affected. The interpersonal disclosure, as part of the use of self in supervision approach, appeared to comfort Stephanie who had previously felt both isolated and alone in this experience. Beth processed with Stephanie ways to work on these challenges through supervision, personal therapy, and mentorship with female professionals, experience, and practice. Over subsequent months, Beth and Stephanie

continued to process therapeutic and supervisory dynamics and their impact on therapy and supervision. Finally, having supervisors available who incorporate the four theoretically and empirically derived elements of feminist supervision (i.e., creating collaborative relationships, attending to power differentials and dynamics, emphasizing diversity and social context, and engaging in feminist advocacy and activism) into their work is supported (Szymanski, 2003).

Summary

In summary, supervisors need to be aware of the unique concerns of female counselors in training. It is important that supervisors recognize that female graduate students experience more stress and anxiety, more stress symptoms, more role stress, greater need for support and connection, and lower self efficacy in the academic environment. With this knowledge, supervisors can assist their trainees to become aware of their stressors and develop ways to cope.

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CHAPTER 2

INTERRELATIONSHIPS AMONG COPING RESOURCES, GENDER ROLE STRESS, SELF-EFFICACY AND ANXIETY IN UNIVERSITY WOMEN ENROLLED IN GRADUATE COUNSELING PROGRAMS

Women now account for 74 % of education graduate students, and women earn 67 % of education doctoral degrees (Counsel of Graduate Students, 2009). Research has indicated that stress in graduate school leads to a variety of symptoms including anxiety, insomnia, somatic symptoms, social dysfunctions, and severe depression due to lack of preparedness (Cushway, 1992). Women are twice as likely to have anxiety that interferes with daily activities and to be diagnosed with generalized anxiety disorder (GAD) (Anxiety Disorder Association of America [ADAA], 2008). In addition, Sax (2008) found that more than twice as many college women (38%) as college men (17%) reported feeling overwhelmed by all of their responsibilities. Thus, stress and anxiety are more common in women than in men. Given the greater numbers of women with anxiety and the greater number pursuing degrees in counseling (Wester & Trepal, 2008), it is important to understand the interrelationships among coping resources, gender role stress, self-efficacy and anxiety in university women enrolled in graduate counseling programs.

Women experience psychological disadvantages in educational pursuits when compared to men (Rayle, Arredondo, & Robinson-Kurpius, 2005). For example, women acknowledge lower educational self-efficacy (Bandura, 1977); have lower self-esteem; experience higher academic stress; and often perceive less support for education (Rayle,

Arredondo, & Robinson-Kurpius). Although graduate students manage multiple roles and responsibilities in addition to their academic commitments, there is sparse literature related to graduate students (Stratton, Mielke, Kirshenbaum, Goodrich, & McCrae, 2006). Fifty-one percent of graduate women reported having an emotional or stress related problem compared to 38.6% of men (Hyun, Quinn, Madon, & Lustig, 2006). Female students, in particular, reported gender specific concerns regarding success in an academic career (Johnson, 2007). According to a series of studies by Mallinckrodt and his colleagues, women in graduate school and in doctoral programs report significantly more stress and more symptoms of stress, more role conflict and greater role strain, more negative life events, higher levels of depression and anxiety, and significantly less support both in their departments and in their families than men (Mallinckrodt, Leong, & Kralj, 1989; Malinckrodt & Leong, 1992). Research has indicated that doctoral students often feel isolated due to lack of cohesiveness among the students in their departments and lack of connections outside the department (Lovitts, 2001) and lack of interaction with professors (McLaughlin, 1985). Women in academic departments report greater isolation, higher levels of stress, lower self confidence, more difficulty establishing relationships with colleagues, and more conflict between their personal and professional lives, often making sacrifices to have both career and family (Quinlan, 1999). Moreover, female graduate students rate the student-faculty relationship significantly more essential to their professional development than males (Gilbert, 1985).

Common, salient themes of re-entering female graduate students in counseling programs were the significance of mentoring and support, and the impact of multiple roles, personal losses, and society's view of women (Roeseler, 1997). While juggling

multiple roles can lead to greater stress overall and other difficulties for female graduate students, it also seems to result in greater satisfaction with graduate training and less stress from graduate studies (Stern, 1988) which is consistent with previous findings that multiple roles are important for a sense of life satisfaction and well being for many women (Mallinckrodt & Leong, 1992). College, graduate school, and early career transitions may lead to more acute loneliness as women's self-concepts tend to be defined by interpersonal relationships (Liang et al., 2002).

Internalized societal messages of self-reliance can exacerbate diminished feelings of self-efficacy as women often need social support and connection (Taylor, 2006), which may be limited in education (Rayle, Arredondo, & Robinson-Kurpius, 2005), for optimal coping (Taylor). A significant number of graduate student women who seek university counseling services with presenting problems of generalized depression, anxiety, and stress may be suffering from this role conflict strain (Mallinckrodt & Leong, 1992) and lack of support. In order to better understand the impact of graduate school on women pursuing counseling degrees, it is important to understand the roles of gender role stress, self-efficacy, and coping skills.

Gender role stress is the cognitive appraisal of threats and challenges to stereotypical feminine gender role coping behavior which can be measured using Feminine Gender Role Stress (FGRS) that includes five factors: failed nurturance, emotional detachment, physical unattractiveness, victimization, and unassertiveness (Gillespie & Eisler, 1992). Failed nurturance is the perceived failure to fulfill the culturally prescribed female role as helpmate and nurturer (Gillespie & Eisler). Clients expect the counselor to be nurturant, accepting, self-disclosing, and attractive (Tinsley et

al., 1980). Moreover, the person-centered approach posits that three core conditions provide a climate conducive to growth and therapeutic change that are necessary and sufficient for therapeutic movement to occur, namely unconditional positive regard, empathic understanding, and congruence (Rogers, 1957).Validating another person's experience is a vital part of developing mutuality in a relationship making nurturance an important characteristic of a growth-fostering relationship, such as counseling (Jasser, 2008). Skovholt and Romestad (1992) found evidence that supports that counseling identities are developed through a process of individuation, where in some circumstances, individuation can be described as successful separation; however in their study the individuation process was "saturated with relationships," relationships with clients, peers, professional elders, family and friends (p. 509). If a female trainee feels that she is failing to offer sufficient emotional support in either her personal or professional life or both, this may contribute to greater stress and anxiety than is manageable. Jasser (2008) posits that in an effort to safeguard relationships, women may unintentionally encourage disconnection. Since disconnection, if not attended to properly, can promote negative mental health outcomes, being able to create growth-fostering connections is central for women's mental health and development (Jordan, 2001; Tolman & Porche, 2000). Thus, emotional connections between female counselors and their clients and female trainees and their supervisors are important to promote mental health and growth in both the therapeutic and supervisory relationship.

Another type of gender role stress that is common in academic departments is victimization in the form of discrimination and oppression surrounding gender, race/ethnicity, sexual orientation, and marital status in the male dominated, hierarchical

environment of academia (King & Cubic, 2005; Lovitts, 2001). In spite of the dominance of women in doctoral programs and the equal or greater involvement of women in lower levels of academia, women continue to represent a significantly smaller percentage of tenured professors than men (APA Task Force on Women in Academe, 2000; Halpern, 2004). Forty-four percent of full-time female faculty hold tenure compared to 68% of male full-time faculty (Kite, et al., 2001). Women may be disadvantaged by stereotypes and false attributions about the aptitude and potential of women in the profession (Adler, 1976). Female graduate students are exposed to gender role stereotyping and prejudice, demeaning comments and behaviors, and sexual objectification (Kaiser & Miller, 2004). The socialization process in academics is not structured or formal and women frequently feel isolated and unsupported (Fouad & Carter; Kite et al., 2001). Some academic women struggle with issues of self-presentation, socialization and acceptance, while others deal with the role strain and stress that is a product of the conflict between work and family obligations (Leavitt, 2007). Thus, they continue to struggle to adapt themselves to the demands and constraints required of them in order to achieve success in research universities (Leavitt). This struggle among female professors in their departments is likely to impact female graduate students in counseling in their own educational pursuits.

Female doctoral students of color in a college of education reported experiencing micro-aggressions and minimization of racial/cultural issues (Shah, 2007). This type of victimization might increase the need for females to be able to speak up and be assertive in setting limits, something that is contradictory to the traditional female role and may contribute to gender role stress. Although it is possible that women mentor other women

more easily than men, King and Cubic (2005) suggest that it is most important that mentors are aware of and consider gender and cultural issues.

Research indicates that enhancing a sense of control over the negative effects of life events has a greater positive effect on women than men (Matheny, Ashby, & Cupp, 2005). Self-efficacy can indirectly lessen negative affect or affect-related conditions such as anxiety (Lightsey et al., 2006), support adaptive behavior, and assist to mediate constructive behavior change (Bandura, 1993). Self-efficacy is influenced by data derived from four primary sources: performance accomplishments, vicarious experiences, verbal persuasion, and physiological states (Bandura, 1977). Lightsey et al. state that generalized self-efficacy (GSE) may increase self esteem and motivation. Working to increase self-efficacy in supervision and training may decrease effects of gender role stress and anxiety. Regardless of female students' sex role attitudes, gender concentration of their academic major, or race/ethnicity, women who perceive a greater degree of gender bias in their undergraduate experiences also report lower agentic self-efficacy expectations (Ancis & Phillips, 1996). Thus, women may not initiate and maintain proactive educationally facilitative behavior. Women exposed to a biased undergraduate environment may see proactive behavior as exceeding their coping abilities, and, as a result, avoid potentially valuable career-enhancing interactions and opportunities. Due to socialization experiences, women may lack strong expectations of personal efficacy in many career related behaviors which may explain the underrepresentation of women in male dominated careers and women's underutilization of certain abilities and talents in their career pursuits (Hackett & Benz, 1981; Whitson, 1993). Efficacy expectation in basic counseling skills in counselor trainees is

significantly related to graduate school training level and inversely linked with counselor anxiety level (Bandura, 1976; Bowman & Roberts, 1979; Bowman, Roberts, & Giesen, 1978; Sipps, Sudgen, & Faiver, 1988). Thus, increasing trainees' levels of self-efficacy may enhance their future counseling skills (Sharpley, 1993).

There are sex differences in coping resources and the experience of stress in university students (Edwards & Holden, 2001). Enhancing coping skills through training has been found to decrease anxiety and increase self-efficacy which increases academic performance (Smith, 1989). Coping skills such as relaxation, cognitive restructuring, and self instruction may be transferrable to many anxiety provoking situations (Meichenbaum, 1985; Smith, 1980), including providing counseling, receiving feedback in supervision, and varying forms of clinical evaluation. Women have the potential to isolate and decrease social support and connection if they withdraw because of stress, instead of a healthier coping style such as "tending and befriending" (Taylor, et al., 2000). In contrast to men's instinct to "fight or flight" (Cannon, 1929), women cite the greatest stressor as loss of relationship (Pickhardt, 2004). Furthermore, the role of technology in an academic setting can create a chasm for women those who tend to intuitively cope interdependently (Berkman, Leo-Summers, & Horwitz, 1992). Sixty-four percent of education graduate students used fellow students and 77% of students used family/friends to cope with the stress of graduate school (Sampson, 2008).

The purpose of this study, then, was to examine the usefulness of constructs coping resources, self-efficacy, and gender role-stress in predicting anxiety in graduate female counseling students. This study sought a better understanding of the interrelationships of the variables coping resources, self-efficacy, gender role stress, and

anxiety. As described above, previous literature has examined these variables in relation to women but not in this combination nor with graduate student females in counseling programs.

Using a population of university women in graduate counseling programs, this study explored the interrelationships between coping resources, gender role stress, self-efficacy, and anxiety. Specifically, the effects of coping resources (using the Coping Resources Inventory for Stress-Short Form, CRIS-SF; Matheny, Curlette, Aycock, Pugh, & Taylor, 2007), gender role stress (using the Feminine Gender Role Stress Scale, FGRS; Gillespie & Eisler,1992), self-efficacy (using the Generalized Self-Efficacy Scale, SES; Tipton & Worthington, 1984), a form of emotional distress (using the State-Trait Anxiety Inventory A-Trait version, STAI-A; Speilberger, 1983), and self-report measures of demographic data was examined.

The present study addressed the following research questions:

1. What are the general levels of coping resources, self-efficacy, trait anxiety and gender role stress?
2. What are the interrelationships of these variables?
3. Can coping resources, generalized self-efficacy, and gender role stress predict trait anxiety in counseling trainees?

Method

Sample and Procedures

Participants volunteered for the study and came from a large urban university in the southeastern United States. The research data set included 102 university women enrolled in graduate counseling programs in the same university. The minimum goal of

the number of participants chosen was 100 because correlation matrices tend to stabilize around 100 participants (Tabachnick & Fidell, 2007). Moreover, the number of participants required to run a multiple regression for the study, based on a power test, is close to 100 (Cohen, 1992). A forced entry multiple regression analysis was conducted. Stepwise regression was not used as it is known to capture chance variance (Tabachnick & Fidell). The mean values were analyzed instead of the totals, because the mean value is in the original range and is useful in figuring out where the sample falls in the original scale.

Demographics

Regarding age, 39% of the participants were between 20-25 years old, 34% of the participants were between 26-30, 14.7% of the participants were between 31-35 years old, 6% of the participants were between 36-40 years old, 3% of the participants were between 41-45 years old, 2.0% of the participants were between 46-50 years old, and 1% of the participants were 50+. In regards to ethnicity, 17.6% identified as African American, Black, or African Descent; 2.9% identified as Asian, Asian American, or Pacific Islander; 3.9% identified as Hispanic or Latina; 1% each identified as Multiracial and "other;" and 73.5% identified as Caucasian. Concerning marital status, 55% of participants identify as single, 34% as married, 4% as in a partnership, 2% as divorced, and 5% as "other." In regards to graduate program, 61% of the participants were currently in the Professional Counseling program, 10% in School Counseling, 12% in Rehabilitation Counseling, 8% Counseling Psychology, 3% Counselor Education & Practice, 5% School Psychology, and 2% "other."

In regards to highest level of education completed, 58% of participants completed a Bachelor's Degree, 33% completed a Master's Degree, 4.9% completed an Educational Specialist Degree, 2% completed a PhD, and 2% completed an "other" degree. Regarding counseling training, 50% of the participants completed 1 year of counseling training. 26% completed 2 years of counseling training, 7% completed 3 years of counseling training, 6% completed 4 years of counseling training, and 4% each completed 5, 6, and 7 years of counseling training. In addition, 47% participants were not seeing clients at the time they completed the survey, 7% were seeing clients at college counseling centers, 8% in private practice, 1% at a VA hospital, 8% in a community mental health center, 6% in a school counseling/psychology setting, and 22.5% in an "other" setting.

In regards to sexual orientation, 93% identified as heterosexual, 2% as lesbian, 3.9% as bisexual, and 1% as "other." In regards to personal counseling, 75.5% of participants had prior or current counseling experience. Regarding self-care, 3% of participants do not practice self-care, 29% engage in physical exercise, 7.8% meditate, 21% read and watch television, 31% socialize, and 8% participate in another form of self care.

Instruments

The Coping Resources Inventory for Stress-Short Form (CRIS-SF). The CRIS-SF is a 70 item scale that was used to measure stress coping resources of the participants. The present study used the six primary scales which were derived from factor analysis. Primary scales include: Confidence (C; 10 items), Social Support (SS; 12 items), Tension Control (TC; 15 items), Structuring (S; 10 items), Physical Health (PH; 11 items), Self-Directedness (SD; 11 items).

Correlation of the Confidence SF scale with the Confidence scale on the parent CRIS is .95. Internal consistency alpha for this Confidence scale is .86. Correlation of the Social Support SF scale with the Social Support scale on the parent CRIS is .94. Internal consistency alpha for this primary scale is .81. Correlation of the Tension Control SF scale with the Tension Control scale on the parent CRIS is .95. Internal consistency alpha for this primary scale is .89. Correlation of the Structuring SF scale with the Structuring scale on the parent CRIS is .94. Internal consistency alpha for this primary scale is .83. Correlation of the Physical Health SF scale with the Physical Health scale on the parent CRIS is .78. Internal consistency alpha for this primary scale is .82. Correlation of the Self-Directedness SF scale with the Self-Directedness scale on the parent CRIS is .96. Internal consistency alpha for this primary scale is .86. Sample items taken from the various scales include: "When compared with others, my coping ability is excellent;" "I'm good at asserting myself;" "In stressful situations, I put things in perspective better than most persons do;" "I need everyone to like me;" When in need, my friends give me a lot of help;" "When I'm distressed, I usually think that things will turn out okay."

The Feminine Gender Role Stress scale (FGRS). The FGRS (Gillespie & Eisler, 1992) is a cognitive-behavioral measure of stress, appraisal, and coping for women. The 39 item scale was designed to examine "women's tendency to experience stress when faced with threats and challenges to feminine gender role commitments" (p.435). Feminine gender role stress was defined as the "cognitive appraisal of threats and challenges to stereotypical feminine gender role coping behavior" (p. 426). The FGRS appraises perceived stress in five areas using a 6-point scale ranging from 0 = 'not

stressful' to 5 = 'extremely stressful': unemotional relationships (Cronbach's α = 0.83, *M* = 4.49, *SD* = 1.1), physical unattractiveness (α = 0.81, *M* = 4.08, *SD* = 1.2), victimization (α = 0.77, *M* = 4.47, *SD* = 1.2), unassertiveness (α = 0.80, *M* = 4.10, *SD* = 1.1), and failed nurturance (α = 0.73, *M* = 5.06, *SD* = 1.0). Test-retest reliability of the FGRS over two weeks (r=.82) reveal its ability to draw on respondents' stable cognitive characteristics (p. 433). Preliminary validation for the 39 item FGRS scale included 83 female participants whose ages ranged from 17-22 years. Results indicated that the FGRS appraisal scores significantly distinguished males from females (p. 433). Example items include: "Having others believe that you are emotionally cold," "Talking with someone who is angry with you," "Having your mate unwilling to discuss your relationship problems," "Turning middle-aged and being single," "Trying to be a good parent and excel at work."

The State-Trait Anxiety Inventory-Trait Anxiety Scale (STAI-A). The STAI-A is a 20-item self-report scale for measuring trait anxiety, where trait anxiety is a personality trait described as "anxiety-proneness" (Speilberger, Gorsuch, & Lushene, 1970) and measures reasonably stable individual differences that are impervious to situational stress. The A-Trait scale examines how a respondent typically feels by rating the frequency of his or her feelings of anxiety on 4-point Likert type scales from 1 to 4. Test-retest reliability coefficient for the STAI trait scale range from .65 to .73, utilizing high school and college-aged students across time periods spanning from one hour to 104 days. The median alpha coefficient for internal consistency is reported as being .90 and the scale has been useful in identifying persons with high levels of neurotic anxiety (Speilberger, 1983). The A-Trait scale was used, because it proved valuable in

identifying persons with high levels of neurotic anxiety (Speilberger). The A-Trait scale will be exclusively used for this study as the A-State will vary considerably depending on a specific time and context.

Generalized Self-Efficacy Scale (SES). The 27-item SES measures expectations that one can perform competently across a broad range of situations which are challenging and which require effort and perseverance (Tipton & Worthington, 1984), with higher scores indicating greater self-efficacy. Lennings (1994) found a Cronbach alpha of .83 for the SES with undergraduate and high school students. Compared to undergraduates low in Generalized Self-Efficacy (GSE) as measured by the 27- item scale, undergraduates high in GSE displayed greater endurance and higher goal-attainment scale scores in efforts to reduce smoking or lose weight (Tipton & Worthington, 1984). Items are rated on 7-point Likert type scales that ranges from 1 "Completely Disagree" to 7 "Completely Agree." Sample items include, "I find it extremely unpleasant to be afraid, "I sometimes avoid difficult tasks, "I have more fears than most people," and "I find it difficult to take risks."

Procedures

Participants completed a battery of instruments including the Coping Resources Inventory for Stress-Short Form (CRIS-SF; Matheny, Curlette, Aycock, Pugh, & Taylor, 2007), the Generalized Self-Efficacy Scale (SES; Tipton & Worthington, 1984), the Feminine Gender Role Scale (FGRS; Gillespie, 1992), the State-Trait Anxiety Inventory (the A-Trait scale only; Speilberger et al., 1970), and a demographic questionnaire on two scantron forms. Scantron 1 included the CRIS-SF while scantron 2 included the remaining FGRS scale, SES, STAI-A, and demographic questionnaire. The instruments

were offered in the form of a battery of questions. The battery of instruments was administered during the fall 2009 academic term to graduate courses offered during the day and the evening. Recruitment announcements were sent through the graduate department listserv and announced in graduate classes. Announcements were made by the student principal investigator, the principal investigator, the graduate student assistant, and instructors of record. Eight surveys had to be discarded, because they were incomplete.

Research Questions

The present study addressed the following hypotheses: The students would score in the average range for all instruments, except maybe gender role stress; Coping resources, generalized self-efficacy, gender role stress, and trait anxiety are significantly interrelated; Scores on coping resources, generalized self-efficacy, and gender role stress would significantly predict trait anxiety.

Results

To address Hypothesis 1, that the participants scored in the average range for each of the instruments, descriptive statistics were run to detail means and ranges of the sample. Table 1 illustrates that the participants agreed their coping resources were in the median range, approximately 50th centile. Participants were experiencing gender role stress in the mid range (almost exactly between not stressed and extremely stress), were slightly self-efficacious, and indicated that they sometimes feel anxiety. The average item score on STAI-A was 2 out of 4; the average item score on SES was 5 out of 7; the average item score on FGRS was 3 out of 5; and the average CRE score was 3 out of 4. The maximum possible score for FGRS scale is 195 and the maximum scored by a

participant in this study was 145. The maximum score for the STAI-A scale is 80 and the maximum scored by a participant in this study was 66. Moreover, the maximum score for the CRIS-SF scale is 280 and the maximum scored by a participant in this study was 253. Finally, the maximum score for the SES was 189 and the maximum scored by a participant in this study was 172. At this point, there are norms on the CRIS-SF. Referring to Table 1, all of the participants scored approximately in the 50th percentile on all the primary scales. The FGRS mean was 113.30, with scores ranging from 74-145 and the maximum possible score 195. These results are consistent with hypothesis one. See Table 1.

Table 1

Descriptive Statistics

Scale	M	SD	Range
Trait Anxiety	38.37	8.92	21-66
Self-Efficacy	131.80	15.25	99-172
FGRS Total	113.30	13.45	74-145
Coping Resources Effectiveness	204.50	20.40	148-253
Emotional Detachment	29.99	4.58	16-40
Physical Unattractiveness	21.66	4.59	9-30
Victimization	17.40	2.85	12-28
Unassertiveness	19.67	3.99	7-28
Failed Nurturance	24.59	3.61	18-33
Confidence	28.38	4.44	15-38
Social Support	38.68	5.06	26-48

Tension Control	43.09	6.55	22-58
Structuring	31.18	4.23	21-40
Physical Health	33.80	4.82	19-43
Self-Directedness	29.71	5.12	16-42

To answer Hypothesis 2, that Coping resources, generalized self-efficacy, gender role stress, and trait anxiety are significantly interrelated, correlations were conducted for relationships among the sets of variables. Trait Anxiety (STAI-A) was significantly negatively correlated at or above r=-.40 (+/-) with self-efficacy (SES), Confidence, Self-Directedness, coping resource effectiveness (CRE), Tension Control, and Physical Health. SES was positively correlated at or above r=.40, with CRE, Confidence, Self-Directedness, and Tension Control. These results, shown in Table 2, are consistent with hypothesis two, with the exception of FGRS.

Finally, to answer Hypothesis 3, that scores on coping resources, generalized self-efficacy, and gender role stress would significantly predict trait anxiety, multiple regression was used to examine if these variables significantly predict anxiety. First, only the FGRS total score, CRE, and SES were used to predict Trait Anxiety. Beta weights were examined to determine the contribution of each variable in the regression model. Feminine Gender Role Stress (FGRS) total, CRE, and SES accounted for 50% of the variance in trait anxiety (STAI-A, R^2=.51, F (3, 97) =33.50, p<.001). CRE was a significant predictor of STAI-A (B= -.60, p<.001). SES was a significant predictor of STAI-A (B=-.18, p<.05) but FGRS total was not a significant predictor of trait anxiety.

Therefore, in the next multiple regression the 5 factors of the FGRS scale was entered with SES and CRE. CRE, the 5 factors of FGRS, and SES accounted for 57% of the variance in trait anxiety (R^2=.57, F (7, 93) =17.77, p<.001). SES was not a significant predictor. Significant predictors of STAI-A were: CRE (*B*=-.53, p<.001), FGRS factor Emotional Detachment (*B*=-.35, p<.001), and FGRS factor Unattractiveness (*B*=.26, p<.01). Next, the 6 CRIS-SF primary scales and the 5 factors of the FGRS were allowed to enter the prediction model. The variables accounted for 65% of the variance in trait anxiety (R^2= .65, F (12, 88) =13.63, p<.001). Significant predictors were: Confidence (B=-.52, p<.001), FGRS factor Emotional Detachment (*B*=-.38, p<.001), and FGRS factor Unattractiveness (B=.21, p<.05). The results from the final regression are listed in Table 3. CRE and Self-Efficacy significantly predicted Trait Anxiety in the first regression p<.05. Emotional Detachment, Physical Unattractiveness, and CRE significantly predicted anxiety in the second regression with p=.001, p<.001, and p<.05 respectively. Finally, Physical Unattractiveness, Emotional Detachment, and Confidence predicted Trait Anxiety in the third regression, with p<.05, p<.001, and p<.001 in that order.

Table 2

Correlations

	CON	SS	TC	Str	PH	SDir	FGRS	ED	PU	V	U	FN	STAI	SES
CRE	.83**	.58**	.78**	.53**	.62**	.68**	−.10	.21*	−.15	−.35**	−.22*	.06	−.70*	.55**
CON		.31**	.62**	.38**	.43**	.66**	−.20*	.12	−.24*	−.38**	−.25*	−.02	−.74**	.59**
SS			.36**	.22*	.25*	.19	.03	.10	.01	−.09	.02	.04	−.27**	.08
TC				.22*	.34**	.47**	−.08	.13	−.06	−.16	−.15	−.10	−.51**	.41**
Str					.31**	.18	−.08	.10	−.07	−.30**	−.28**	.20*	−.32**	.28**
PH						.27**	.07	.30**	−.04	−.20*	−.03	.10	−.41**	.38**
SDir							−.15	.13	−.19	−.38**	−.25*	.10	−.60**	.54**
FGRS								.74**	.85**	.43**	.80**	.50**	.11	−.24*
ED									.59**	.08	.45**	.16	−.27**	.24*
PU										.27**	.63**	.24*	.21*	−.23*
V											.30**	.06	.32**	−.39**
U												.26**	.24*	−.35**
FN													−.02	−.21*
STAI														−.52**

Note. CRE=Coping Resources Effectiveness; CON=Confidence; SS=Social Support; TC=Tension Control; Str=Structuring; PH=Physical Health; SDir=Self-Directedness; FGRS=Feminine Gender Role Stress; ED=Emotional Detachment; PU=Physical Unattractiveness; V=Victimization; U=Unassertiveness; FN=Failed Nurturance; STAI=Trait Anxiety; SES=Self-efficacy.
*$p < .05$. **$p < .01$.

Table 3

Third Multiple Regression of Self-efficacy, FGRS Factors, and CRIS Primary Scales Predicting Trait Anxiety

Scale	*B*	Std. Error	Beta
Emotional Detachment	-0.739	0.187	-0.381**
Physical Unattractiveness	0.396	0.189	0.205*
Victimization	0.069	0.233	0.022
Unassertiveness	0.333	0.212	0.150
Failed Nurturance	-0.075	0.184	-0.031
Confidence	-1.04	0.216	-0.520**
Tension Control	-0.070	0.118	-0.051
Structuring	0.014	0.167	0.007
Physical Health	-0.049	0.141	-0.026
Self-Directedness	-0.216	0.164	-0.124
Social Support	-0.056	0.124	-0.032
Self-Efficacy	0.046	0.056	0.079

*$p < .05$. **$p < .01$.

Discussion

As discussed above, women suffer from anxiety at nearly twice the rate experienced by men (ADAA, 2008). Because little data exist which explore the

implications for stress coping among female graduate students in counseling programs, this study was more specifically designed to determine the interrelationships among coping resources, gender role stress, self-efficacy, and anxiety in university women enrolled in graduate programs. The following will section will highlight the three hypotheses and the relation of the results to the expectation in the literature.

Hypothesis 1 profiled the participants and the relation of that profile to what was expected based upon the literature was not exactly as expected. Research suggested that women experience more academic stress (Rayle, Arredondo, & Kurpius, 2005), higher levels of anxiety (ADAA, 2008), and lower levels of educational self-efficacy (Bandura, 1977) than males. The participants in the study may be managing better than average. A hypothesis for why this is so may be related to Stern's (1988) finding that although juggling multiple roles can lead to greater overall stress and other challenges for female graduate students, it also appears to result in greater satisfaction with graduate training and less stress from graduate studies. This is also consistent with previous findings that multiple roles are vital for a sense of life satisfaction and well being for many women (Mallinckrodt & Leong, 1992).

To answer Hypothesis 2, correlations were conducted for relationships among the sets of variables bringing in the section below and the relation of those results to what is expected based upon the literature. It is not surprising that self-efficacy was negatively correlated with trait anxiety. This finding is consistent with the literature where Lightsey (1997) suggested that a range of personality factors, such as self-efficacy could protect against the experience of anxiety. In the present study, self-efficacy was also positively correlated with the CRIS primary scales of Tension Control, Confidence, and Self-

Directedness, which all appear to buffer stress and anxiety (Matheny, et al., 1987). Myriad cognitively based interventions have already been recognized in the literature that can assist students' efficacy beliefs and increase positive thinking (Lightsey, 1997) which could then reduce the incidence of anxiety (McCarthy, et al., 2006) An argument is made for the enhancement of a broad range of coping resources as they are likely to promote health and well-being in both men and women (Matheny, Ashby, & Cupp, 2005). Moreover, implications for counseling re-entry graduate women compromise helping clients to develop stress and time management techniques, balance multiple roles, widen support systems, look into career options, and manage gender issues (Roeseler, 1992).

To answer Hypothesis 3, s*cores on coping resources, generalized self-efficacy, and gender role stress would significantly predict trait anxiety,* multiple regressions were conducted. Based on the regression model from this study and what is expected based upon the literature, coping resource effectiveness plays a key factor in protecting graduate females from anxiety, with the confidence scale being the only primary scale predictive of trait anxiety. This finding also is consistent with previous research that found that confidence is a significant contributor to a person's overall sense of well-being (Lightsey, 1996; Matheny, et al., 1987). Auxier, Hughes, & Kline (2003) explored processes that counselors-in-training underwent as they were learning to become counselors. They found that as participants gained confidence in their identities as counselors, they changed their attitudes toward themselves and their learning experiences. This finding is significant and relevant to this study examining graduate females in counseling. The CRIS Confidence scale is highly correlated with self-efficacy (Matheny, et al., 1993) as well as in this study. However, self-efficacy was only

significant in the first regression model and did not hold up in the second or third regression as a significant predictor of trait anxiety once other variables were added.

FGRS factors emotional detachment and physical unattractiveness were the only factors that predicted trait anxiety. Emotional Detachment was expected to be significant since emotional connections between female counselors and clients are important to increase mental health and growth in the therapeutic relationship. Research suggested that the establishment of a therapeutic alliance is one of the common factors across theories for successful therapeutic outcome (Elkins, 1995; Wampold, 2001). In general, research finds that the better the alliance relationship, the greater the client change (e.g., Horvath & Bedi, 2002; Horvath & Symonds, 1991; Kazdin et al., 2005; Martin et al., 2000). Furthermore, loss of relationship was cited as a greatest stressor for women (Pickhardt, 2004). Female clinicians in training may experience stress related to emotional detachment in relationships. Auxier, Hughes, & Kline (2003) found that participating counselors-in-training questioned their self-concepts as developing counselors, and as persons, in all of their relationships. These authors suggested that supervisors' feedback might have a greater impact if it is presented in the format of a conversation that includes the facilitation of supervisees' evaluation of the feedback and its relevance for them and their clients. As mentioned previously, females are relational and cope in ways that tend to be more emotion focused. And again, emotional connections between female counselors and their clients and female trainees and their supervisors are important to promote mental health and growth in both the therapeutic and

supervisory relationship. A primary assumption of Relational-Cultural Theory is that people develop through and toward relationships and that is relationship take places within and is impacted by a cultural context (Jordan & Hartling, 2002). Moreover, since forming connections is both a significant and difficult developmental task (Hazler & Mellin, 2004), disconnecting and failing to experience important connections, along with holding back wants and needs, may influence females to act inauthentically in relationships (Jasser, 2008).

Confidence, emotional detachment, and self-efficacy were predictive of trait anxiety in this study. Supervisors may want to emphasize the relationship when delivering both positive and negative feedback in evaluation which may increase confidence and self-efficacy and buffer anxiety in graduate female trainees. Furthermore, it may be helpful for supervisors to be aware of gender role stress, such as emotional detachment, and recognize the importance of relationships as a tool for connection and coping. Moreover, supervisors and professors may want to encourage confidence in their trainees to assert themselves (i.e., asking for feedback, mentorship, or extra help) within supervisory or mentoring relationships.

The significance of the only other FGRS scale factor, Physical Unattractiveness, was not surprising as gender role socialization is the process through which females internalize societal standards for evaluating them (Gillespie & Eisler, 1993) and the FGRS factors were intended to be consistent with feminine gender role socialization and environmental contingencies that reinforce these plans. The significance of this factor may be due in part to the generation of the sample, as 55% of the sample identified as

single, 39% identified between 20-25 years old, and 34% between 26-30 years old. Moreover, 93% of the sample identified as heterosexual. The clinical impact of fear of physical unattractiveness may affect a trainee's personal sense of self as well as trainee identity. Existing research reveals that clients perceive facially attractive therapists as more competent, trustworthy, genuine, and effective than less attractive therapists (Harris & Busby, 2007). Research has also shown that more attractive students fare better academically (French, 2009).

Recent studies have attempted to understand the stresses and risks associated with providing mental health counseling. These stresses have been conceptualized as vicarious stress or trauma (Bride, 2004; Collins & Long, 2003), burnout (Figley, 1995), and compassion fatigue (Collins & Long, 2004; Figley; Pearlman & Saakvitne, 1995). All of the conceptualizations have the similar premise that mental health workers are vulnerable to physical and psychological consequences when dealing with the traumatic life events of others (Marcus & Dubi, 2004). However, FGRS factor, Victimization, was unexpectedly not significant. This factor may have not been significant with this sample because the majority of participants in this study had only completed one year of counseling training; practicum and internship begins during the second year of a counseling master's program. Likewise, microagressions and/or minimization of racial/cultural issues (Shah, 2007) are hopefully not be as pronounced in graduate counseling departments that train clinicians to be culturally sensitive and aware. Perhaps the racial components of victimization were not present due to the smaller percentage of minority women – only 27%. More research needs to be done to classify this finding.

Failed nurturance or fear of "having deficits in nurturing skills by traditional feminine gender role standards" (Gillespie & Eisler, 1992, p. 432) was surprisingly not significant for this sample. Items included in this factor describing chronic problems in significant others' lives are interpreted as demonstrating perceived failure to fulfill the culturally set female role as helpmate and nurturer. It was hypothesized that female clinicians in training may experience stress related to feeling emotionally detachment in therapeutic relationships and/or clinical supervisory relationships.

Gilligan's work (1982) detailed women's development from a relational perspective that led to the relational concept that women's lives are directed by the development of attachment of care, otherwise known as the ethic of care, emphasizing the importance of relationships. Personality characteristics relating to dimensions of "warmth and expressiveness" that facilitate one's ability to relate positively to others are considered especially appropriate for females in our society (Gilligan). Furthermore, cooperative mutuality and connection facilitate psychotherapy, supervision, teaching, and consultation (Miller & Stiver, 1997; Porter & Vasquez, 1997). Since the profession of counseling values characteristically feminine gender role characteristics, such as strong interpersonal skills and abovementioned nurturance, failing to offer adequate emotional support in interpersonal relationships may be a more prominent stressor for individuals who strive to meet these feminine standards for nurturant behavior (Gillespie & Eisler, 1992). While it would seem that if the female trainee feels that she is failing to offer sufficient emotional support in either her personal or professional life or both, this could contribute to greater stress and anxiety than is manageable, the results of this study did not find a relationship between failed nurturance and trait anxiety.

Women's health is associated with the number and quality of their supportive relationships (Nelson & Burke, 2002). Nelson and Burke noted, in a less selected sample, that women used emotion focused strategies: expression of emotions, social support, self-blame, denial, and avoidance. Again, women have the potential to isolate and decrease social support and connection if they withdraw because of stress, instead of a healthier coping style such as "tending and befriending" (Taylor, et al., 2000) and cite the greatest stressor as loss of relationship (Pickhardt, 2004). Since social support is a known buffer of psychological distress, it is surprising that social support was not a significant buffer to anxiety. Many researchers have conveyed these results that social support buffers one from the effects of stress (Gopplerud, 1980; Nuckolls, Lassel, & Kaplan, 1972). As previously mentioned, women may withdraw because of stress, instead of healthier coping, such as seeking social support. Failed Nurturance factor scores ranged from 18-33 with a mean of 25; the lowest score was 0 and highest score was 40. This lack of fear of having deficits in nurturing skills by traditional feminine gender role standards could be a reason as to why the scores on failed nurturance are not that high and may also relate to social support not buffering anxiety with this sample.

Limitations

Before discussing the study's clinical and training implications it is important to denote the study's limitations. One limitation of the study was that it was a convenience sample drawn from a single university's graduate counseling department and may not represent other areas of the country. In order to further understand how these factors are interrelated among female counseling graduate students, having a more representative sample from across the country and from all levels of training (masters, specialist, and

doctoral students), would provide more information. Also, researching students who are currently seeing clients would be critical in further research. Unfortunately, the sample contained 58% students enrolled in the master's program, with 50% only having had one year of counseling training.

Because 73% of the participants identified as Caucasian, future studies should be more inclusive of other ethnic groups. Because the percentage of diverse women is small, these results may not reflect the experiences women of color in graduate counseling programs. A further limitation concerns the FGRS. The FGRS scale was not highly correlated with any of the other instruments. There are a couple of possible reasons for this finding. It is possible that the FGRS needs updating and/or does not apply to the generation sampled. In addition, these relationships may just be more complicated than initially expected. Another significant limitation is that all the data are self-report with no actual behavioral measures.

Clinical and Training Implications

The results suggest a number of promising directions in supervision and training. Auxier, Hughes and Kline (2003) contend that a deeper understanding of the development of counseling education students can help counseling educators provide experiences that aid in identity development. It would be meaningful for therapists and supervisors to encourage and engage their clients and supervisees to process issues in therapy and supervision such as internalized sexism. It is interesting to note that 75% of participants engaged in prior or current personal counseling. Gillespie & Eisler (1992) believe that through modification of rigid or maladaptive gender role determined attitudes should increase women's repertoires of coping skills, effectively decreasing vulnerability

to stressful situations. With the information that the FGRS provides, supervisors could encourage trainees to explore a) beliefs that could interfere with adaptive coping behavior, b) areas to improve coping skills, and c) environmental contingencies that reinforce maladaptive gender role consistent appraisal and coping styles (Gillespie & Eisler). Supervisors can facilitate dialogue to encourage culturally responsive therapy to promote sensitivity to such factors as age, gender, culture, ethnicity, and race. Multicultural and feminist principles remind one to consider culture and context as well as power and social responsibility. Self-efficacy, influenced by data derived by four primary sources (Bandura, 1993), could also be incorporated into supervision (i.e., vicarious experiences, verbal persuasion, and performance accomplishments (i.e., tape review, positive feedback). Knowledge about bias and discrimination in a wide variety of societal arenas can deepen the psychologist's understanding of feelings of depression, discouragement, and powerlessness presented by women and girls and provides ideas for successful interventions and greater self-efficacy (APA Guidelines for Practice with Women and Girls, 2007). In this study, self-efficacy was a buffer to trait anxiety.

Gender roles related to the giving and receiving of care giving and social support are relevant to empowerment (Harway & Nutt, 2006). The experience of giving and receiving social support is often a major emotional resource for women and is strongly related to women's life satisfaction (Diener & Fujita, 1995). Under some conditions, however, gender roles of girls and women (e.g., caregiving) can also contribute to the depletion of emotional resources and to a lack of self development, independence, and personal choice (Farran, Miller, Kaufman, Donner, & Fogg, 1999, as cited in APA Guidelines for Practice with Women and Girls, 2007). The FGRS only proved

moderately useful but demonstrated important results in the study related to the personal and professional experience of women. According to the Guidelines for the Psychological Practice of Women and Girls (APA, 2007), psychologists need to recognize the consequences of gender role socialization and its relation to other social identities such as race, ethnicity, sexual orientation, and ability as both females and males face constraints related to their gender and the gender role socialization process (see Pleck, 1995; Pittman, 1985), and these processes impact females' mental and physical health (Addis & Mahalik, 2003; Courtenay, 2000; Murphy, 2003). Therefore, the recommendation to integrate an understanding of gender role socialization into the practice of psychology should not be limited to working with girls and women in therapy but can be extended to training and supervision. With the percentage of females rising in graduate counseling programs, it is important for supervisors and faculty to consider the unique needs of female graduate students. Helping these women to cope with the additional stresses they experience by enhancing their self-efficacy and their coping skills can help them to be more successful in graduate school and in their future careers. Students with either low levels of coping resources or high demand levels could be recommended to seek a counselor who could help them develop coping skills, look for ways to reduce demand levels, and prevent feelings of distress (Matheny, et al., 1993) or consult with mentors or supervisors for feedback. Having confidence to assert oneself and/or ask for feedback or mentorship may prove useful for graduate females in counseling. Helping female trainees to develop coping skills to deal with sexism and racism is an important part of supervision and training. There are several ways in which supervisors and faculty can assist trainees to deal with sexism and racism. First, education about gender promotes

attitude change (Worell, Stilwell, Oakley, & Robinson, 1999), and gender sensitivity and diversity training improves therapists' skills for working with girls, women, and families (Dankoski, Penn, Carlson, & Hecker, 1998; Woolley, 2000). Second, mentors can provide support and encouragement for developing assertiveness skills to deal with the discrimination they face. Another important role that supervisors can play is to help their trainees develop the skills they need to deal with their own stereotypes of what it is to be a woman. Supervisors can choose to confront supervisee's biases and assist in expanding choices. The success of this approach would, of course, depend on the trainee's readiness and desire to change and her self-awareness. Results of this study suggest that self-efficacy and confidence buffer the effects of trait anxiety; assisting graduate females in counseling programs to increase confidence and self-efficacy to challenge sexism, racism, and varying forms of discrimination may prove useful in the personal and professional life.

Research Implications

There is significantly more to be done in future research for the purpose of examining stress and coping in women enrolled in graduate counseling programs. Research has focused on the interaction between FGRS and depressogenic styles of appraisal and coping (Nolen-Hoelsema, 1987; Gillespie & Eisler, 1992). More research could be conducted to examine the relationship between FGRS and anxiogenic styles. Future research could also explore factors of FGRS instead of overall FGRS, as the overall scale was not as helpful in this particular study. There is still more information needed on what other types of gender role stress graduate females may be experiencing and more about what graduate female in counseling programs are experiencing. The use

of other methods to explore these relationships, (i.e., qualitative research methods) could supplement the information gained in this study. Additional measures can be included to assess the interrelationships, particularly with regard to gender role stress, as FGRS was not as predictive as expected. It would also be interesting to explore stress coping and anxiety and depression among graduate males as they are a minority both in departments of education as well as in graduate counseling programs. Moreover, it would be interesting to examine the experience of female clinical supervisors and tenure track faculty in regards to these variables.

Conclusion

The current study presents some interesting findings regarding the relationship among gender role stress, self-efficacy, coping resources and trait anxiety among graduate females in counseling programs. It is clear that the majority of graduate counseling students are female and that graduate females in counseling programs are exposed to multiple stressors, both personal and professional, that can contribute to anxiety. Buffers such as coping resources and self-efficacy and be enhanced to assuage some of the negative effects of stress and anxiety. Results indicated interrelationships among all the variables but only confidence, physical unattractiveness, and emotional detachment proved significant in the final regression.

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