

AMBIVALENT SEXISM MODEL IN PSYCHOTHERAPY AND COUNSELING IN SLOVAKIA

souborný článek

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The article was written with
a support of grant agency of
Ministry of Education, Science,
Research and Sport of SR VEGA
1/0681/08.

SUMMARY

Smitková H, Kuruc A. Ambivalent sexism model in psychotherapy and counseling in Slovakia

Objective: The article focuses on the results of research devoted to the occurrence of gender stereotypes and sexism among psychotherapists and counselors.

Participants and methods: Research was conducted on a sample of 101 therapists' and counselors. As a method was used questionnaire consisting of sexist attitudes and prejudices that is based on ambivalent sexism model authors Glick and Fiske which is the fundamental theoretical and methodological approach (AMI and ASI questionnaires) of this research.

Results: In most cases, respondents in research disagreed with sexist attitudes, but to some extent the results confirmed the assumption that in a group of therapists there are also those, who have relatively strong sexist prejudices in relation to both women and men. In a greater extend the agreement with of particular gender stereotyped attitudes has also occurred.

Conclusion: These findings prove the idea that there is a necessity to pay more attention to the issue of gender stereotyping in counseling/psychotherapy and in education and training of psychologists.

Key words: ambivalent sexism model, benevolent, hostile sexism, gender stereotypes.

SÚHRN

Smitková H, Kuruc A. Model ambivalentného sexizmu v psychoterapii a poradenstve na Slovensku

Cieľ: Článok sa zameriava na popis výsledkov výskumu orientovaného na výskyt rodových stereotypov a sexizmu u psychoterapeutov/tiek, poradcov/kýň.

Materiál a metóda: Výskum bol realizovaný na vzorke 101 terapeutov/tiek a poradcov/kýň. Ako metóda bol použitý dotazník pozostávajúci zo sexistických postojov a predsudkov, ktorý vychádza z modelu ambivalentného sexizmu autorov Glicka a Fiskeovej vo vzťahu k ženám a mužom, ktorý bol základným teoretickým a metodologickým konceptom (dotazníky AMI a ASI) tejto práce.

Výsledky: Napriek tomu, že vo väčšine prípadov respondenti/ky výskumu nesúhlasili so sexistickými postojmi, do určitej miery sa potvrdil predpoklad, že v skupine terapeutov/tiek sa vyskytujú takí, ktorí majú pomerne silné sexistické predsudky. Vo väčšej miere sa tiež vyskytoval súhlas najmä s rodovo stereotypnými postojmi.

Záver: Výskumné zistenia majú pripísať k tomu, aby sa problematike rodových stereotypov v poradenstve/psychoterapii venovala väčšia pozornosť vo vzdelávaní a tréningoch.

Kľúčové slová: model ambivalentného sexizmu, benevolentný, hostilný sexizmus, rodové stereotypy.

INTRODUCTION

Gender stereotypes and sexism in general

Psychotherapy is according to many psychologists^{1,2,3,4,5} still often used to reinforce traditional gender stereotypes – as frequently accepted and required standards of masculinity and femininity. Clients may be exposed to gender stereotyping on the part of therapists. Gender stereotypes^{2,6} consist of organized and generally accepted beliefs about the characteristics and activities appropriate for men and women. As Allport⁷ says: “Human thinking needs the assistance of categorization (this expression is equivalent to generalization in our case). If the categories already arisen, they become a basis for early assessment. ‘And because of the inertia of our thinking –’ ... we spend most waking hours using a pre-established categories ... ‘and’ ... we adapt our behavior to be consistent with our categorical generalization of the group as a whole.”⁷ Stereotypes usually offer dual/dichotomous while polarizing approach and thinking in relation to assessment, which means that people are simply divided into two groups that are perceived, described as fundamentally different and in addition trying them to separate via polarization. When we look at the social representations of the categories “male” and “female”, these are usually not equivalent or neutral for us in discourse, or thinking (in many cultures is woman perceived as dirty, irrational, emotional and manipulative, man – rational, dominant, active, financial provider etc., and more valuable characteristics are attributed to men). If social representations allow a “systematic way how to think about the relationship between individuals and society in terms of taking a position in social discourse”⁸ brings to the awareness that objects “woman” and “man” are not as monolithic as it would seem.

Very close to gender stereotypes is sexism, which according to Yoder⁹ is the set of attitudes and behavior towards people, who they judge or disparage (underestimate) on the basis of their gender. Gender stereotypes become sexist when oppress one gender, evaluate as inferior (gender may also be assessed subjectively positive, but it always serves to oppression) and include the negative affective component of prejudice. Representative and leaders of feminism go further, claiming that the stereotypes are sexist, even when they maintain the belief that women and men are different. They point out that traditional therapy tends to keep a well-established dichotomous distinction between men and women which makes it sexist.

Gender stereotypes and sexism in counseling and psychotherapy

Elsewhere¹⁰ we mentioned several studies confirming the impact of gender stereotyping in therapy. Certainly there are not yet as much sufficient to explain many relations of the gender context, and therapy/counseling. Therapists and clients are affected by societal gender stereotypes within and outside the therapeutic situation. It is unavoidable consequence of the existence in a particular cultural,

social, historical context, a context that inevitably influences the psychological processes.

Gerhardt and Randall¹¹ studied in their research how clients perceive the therapists – male therapists were described as a problem-oriented, directive in communication. Furthermore, clients described their “macho remarks”, avoidance of emotions, tears, their intolerance and judging remarks. Female therapists were described as those with whom it is pleasant to talk, who do not evaluate, who are focused on feelings and care, sometimes they are too soft, non directive, and pushing women to feel in a different way.

Furthermore, Heppner and Gonzales¹² argue that male therapists may feel uncomfortable in contact with a strong affect so they can reply to client’s emotions changing the subject of an interview.

According to Gilbert and Scher³ client presenting issues may activate the therapist beliefs (as well as expectations) related to the gender and also the theories and stereotypes associated with these beliefs. Those are gradually becoming not only a complex filter, through which are listened presented problems, but they also affect therapist behavior in relation to the client as well as his/her diagnosis and subsequent treatment. As referred by Gilbert¹³ in fact conceptualization individualities within gender stereotypes and the dominant themes of discourses is ambiguous in that, it is not only as therapists conceptualize clients, but also how they conceptualize themselves in their work as therapists.

According to our opinion the implications of the above mentioned are possible to see because many therapeutic training programs, but also undergraduate study ignore gender in general and its specific impact on therapy, despite significant influence of feminist therapy concept and contemporary approaches as new psychology of men, etc. So the therapist gender role bias acquired during socialization remains unidentified, and therefore unchanged.

Ambivalent sexism model in relation to women

We focused in our research on the extent to which male and female therapists support or do not support sexist, thus disparaging stereotypes relating to women and men. We decided to use the ambivalent sexism model for studying sexist attitudes. It was proposed by Glick and Fiske^{14,15} who created an Ambivalent Sexism Inventory (ASI), which proves the ambivalent sexist stereotypes.

Hostile sexism is what we usually associate with prejudices and attitudes perceiving women as inferior, as a subordinate group in relation to power in society and this type of sexism focuses mainly on people in non-traditional positions such are women who are interested in career advancement. In contrast, benevolent sexism looks like a harmless, even complimentary, idealizing and praising people in traditional positions (e.g., housewives, women who desire a romantic relationship with a heterosexual man who will protect them, etc.). It includes protective attitudes toward women, respect for women’s roles as wives and mothers, and idealization of women as objects of romantic love,¹⁴ but in principle it is the form that promotes

male dominance. Both types of sexism serve to justify the male power structure, while the ambivalent nature of sexism allows them to have both valences without treating them as in conflict with each other. Another mechanism is the possibility to divide the target group (women) to “good” and “bad” and thus avoid conflicting positive and negative feelings.

Hostile and benevolent sexism involve issues of social control, gender identity and sexuality. According to the authors they consist of three components: paternalism, gender differentiation, and heterosexuality.¹⁴

Paternalism involves dominance (dominant paternalism) as well as the affection and protection (protective paternalism). Dominant serves to justify the perception of women as not fully competent adult, legitimizing need of male superior figures. Protective coexists with the dominant, because as already mentioned, men depend on women as wives, mothers, romantic love objects, and therefore they are loved, adored and protected as weaker beings.

Competitive gender differentiation presents social justification for male power structure, because according to this concept, only men have the qualities necessary for the management of important social institutions. It says that mutual dependency of men and women strengthens the argument that women have many positive attributes that complement those of male.¹⁴ Like traditional division of labor between the sexes creates a division of roles, characteristics associated with these roles are seen as complementary.

Heterosexual romantic relationship is one of the most important sources of happiness for men and this relationship is referred to be the closest psychological and intimate relationship, that men have¹⁴. The belief that women use sexually manipulative behavior attempting to gain power over men is the conviction, which is associated with hostility towards women. For some men attraction to women can not be separated from the desire to dominate them (heterosexual hostility).

Ambivalent sexism in relation to men

The authors have created similar inventory for ambivalent sexism (AMI) toward men, which captures the attitudes of women and men toward men.¹⁶ Hostile sexism against men includes f. e. dissatisfaction with men considering them as beings thinking only about sex; benevolent sexism admiration of men in high positions by women, thereby supporting their traditional gender roles. They suggest that ambivalent attitudes of women to men occur in direct response to the attitudes of men towards women.¹⁶

On hostile part other members of the subordinate group (women) resent higher status and power of the dominant group (men), what the authors referred to as resentment of paternalism. Negative stereotypes related to dominant group compensate the negative identity of subordinate group, characterize the dominant as inferior on some dimensions, e.g. men are unable to care for themselves without the help of women and attribute negative traits associated with power to dominant – such as arrogance, sexual aggressivity, etc. Possibility to acquire social status, economic security through men and dependence

on sexual reproduction, all that motivates women to keep positive relationship towards men. This ambivalence may arise especially in women who hold more traditional attitudes towards men, approving positive (competitive, strong, ambitious etc.), but also negative stereotypes (dominant, arrogant, hostile etc.) about men.¹⁶

RESEARCH

Research on gender sensitivity is not common in our psychology background, so our aim was to find out how strong and persisting gender stereotypes and sexist prejudices are among therapists and counselors.

We constructed a questionnaire combining attitudes referred to in the above-described questionnaires ASI and AMI, through which we examined attitudes regarding men and women. At the same time we would like to reveal whether such questionnaire can detect therapists with those attitudes. This research will not answer the question, what is or what is not the source of the persistence of gender-biased attitudes of our respondents or how their existence affect therapeutic process, but we can pave the way for a more detailed analysis of the impact of gender stereotypes on psychotherapy/counseling situation.

Demographic characteristics of our target group

Participants in our research were psychotherapists, counselors, who are working in counseling psychological services of Ministry of Labor, Social Affairs and Family, Centres of Educational and Psychological Counseling and Prevention, participants of psychotherapy training program in person-centered approach, psychotherapists from public and private health facilities, counseling centers, etc. Questionnaires were distributed via e-mail and we preserved the anonymity of the data collected. For a relatively small initial return from these groups, we addressed potential participants several times. We asked about 250 therapists and counselors, and obtained responses from 101 of them, so the return was about 40%, 88 were women (87%) and 13 men (13%). This diverse ratio was caused by the fact that in counseling and psychotherapy work more women than men. Given the small percentage of men in the sample, we addressed in interpreting the results only minimally the differences in the perception of gender stereotyping by men and women and we assumed that the fact that in research was involved more women will have an impact on the results in questionnaire scales. The age of the therapist was split into six age categories. 4% were between 18 and 25, 23% between 25 and 30, 29% between 31 and 40 and 20% between 51 and 60. We also asked which therapeutic approach therapists prefer. 18% preferred psychoanalytic approach, 50% humanistic approach, 20% cognitive-behavioral approach and 11% other approach. We are aware that sample in our study was not representative, so we decided to analyze and interpret results of the target group as a whole, and we observed trends according to demographic characteristics that may be deeper investigated in more representative sample.

Research methodology

As mentioned earlier, we used two questionnaires, constructed by Peter Glick and Susan T. Fiske (from whom we have obtained approval for their usage) – Ambivalent Sexism Inventory (ASI, 1995), and Ambivalent Sexism Toward Men Inventory (AMI, 1999). Both questionnaires are based on models of ambivalent sexism, which we have already explained in a more detailed way. They contain 42 statements about women and men. We integrated all statements into one questionnaire, but they were mixed together, so the respondents couldn't reveal the purpose of the statements. The sequence of statements was accidental. Respondents' role was to express their agreement or disagreement with them on 6 point scale (0 – fully agree, 5 – totally disagree). Responses to statements were analyzed via quantitative analysis by means of frequency and cross tables and scores on scales were calculated as the average for the items that belong to the range. For this analysis we used the statistical program SPSS.

RESULTS

Comparison of means between Ambivalent sexism against women and Ambivalent sexism against men scales is in table no. 1. Based on the results achieved in benevolent and hostile scales of both questionnaires, we found that respondents achieved the highest score in hostile scale AMI. The second highest score obtained ASI benevolent scale, third – hostile ASI scale (average 1.92), and the lowest range of benevolent AMI. Statements of hostile scale Ambivalent sexism inventory against women (ASI HS) are ranked from the highest agreement to lowest agreement in table no. 2. Statements of benevolent scale Ambivalent sexism inventory against women (ASI BS) are ranked from the highest agreement to lowest agreement in table no. 3. Statements of hostile scale Ambivalent sexism inventory against men (AMI BS) are ranked from the highest agreement to lowest agreement in table no. 4. Statements of benevolent scale Ambivalent sexism inventory against men (AMI BS) are ranked from the highest agreement to lowest agreement in table no. 5.

DISCUSSION

ASI HS – Our respondents perceived in hostile scale of ASI women in a non-sexist way, without the hostile stereotyping attitudes especially in several items related to work. The most striking support to hostile sexist attitudes appeared in items “Feminists are seeking for women to have more power than men” where agreed 53.5% of respondents and “Feminists are not making reasonable demands on men” – with more than 61% agreement. This may be associated with a negative image of feminism as a movement openly talking about women's rights and about the dominance of men especially in power positions. Similarly, the negative sexist attitude of the respondents in relation to power of women over men in diverse situations was expressed in relatively high approval 40% in statement “Women seek to gain power by getting control over men”.

Table 1. Comparison of means between Ambivalent sexism against women and Ambivalent sexism against men scales

Tab. 1 Porovnanie priemerov medzi škálami Ambivalentného sexizmu vo vzťahu k ženám a Ambivalentného sexizmu vo vzťahu k mužom

Scale	Mean	SD
AMI hostile scale	2.26	0.57662
ASI benevolent scale	2.17	0.52994
ASI hostile scale	1.92	0.60959
AMI benevolent scale	1.85	0.72060

Table 2. Statements of hostile scale Ambivalent sexism inventory against women (ASI HS) ranked from the highest agreement to lowest agreement

Tab. 2 Tvrdenia hostilnej škály Ambivalentného sexizmu vo vzťahu k ženám zoradené od najvyššieho súhlasu po najnižší

Statement	% agreement
Feminists are not making reasonable demands of men.	61
There are actually many women who get a kick out of teasing men by seeming sexually available and then refusing male advances.	58.5
Feminists are seeking for women to have more power than men.	53.5
Women are too easily offended.	42.6
Women seek to gain power by getting control over men.	40
Most women fail to appreciate fully all that men do for them.	31.7
When women lose to men in a fair competition, they typically complain about being discriminated against.	30
Women exaggerate problems they have at work.	26.7
Most women interpret innocent remarks or acts as being sexist.	21.8
Once a woman gets a man to commit to her, she usually tries to put him on a tight leash.	19.8
Many women are actually seeking special favours, such as hiring policies that favour them over men, under the guise of asking for “equality”.	18.9

Table 3. Statements of benevolent scale Ambivalent sexism inventory against women (ASI BS) ranked from the highest agreement to lowest agreement

Tab. 3 Tvrdenia benevolentnej škály Ambivalentného sexizmu vo vzťahu k ženám zoradené od najvyššieho súhlasu po najnižší

Statement	% agreement
People are often not truly happy in life without being romantically involved with a member of the other sex.	67.4
Women should be cherished and protected by men.	63.4
Men are not complete without women.	61.6
Women, as compared to men, tend to have a more refined sense of culture and good taste.	57
In a disaster, women ought necessarily to be rescued before men.	54.4
A good woman should be set on a pedestal by her man.	43.6
Every man ought to have a woman whom he adores.	41
Women, compared to men, tend to have a superior moral sensibility.	40.3
No matter how accomplished he is, a man is not truly complete as a person unless he has the love of a woman.	32.7
Men should be willing to sacrifice their own well being in order to provide financially for the women in their lives.	24
Many women have a quality of purity that few men possess.	13

Table 4. Statements of hostile scale Ambivalent sexism inventory against men (AMI BS) ranked from the highest agreement to lowest agreement

Tab. 4 Tvrdenia hostilnej škály Ambivalentného sexizmu vo vzťahu k mužom zoradené od najvyššieho súhlasu po najnižší

Statement	% agreement
Men will always fight to have greater control in society than women.	73.7
Most men pay lip service to equality for women, but can't handle having a woman as an equal.	67.4
Even men who claim to be sensitive to women's rights really want a traditional relationship at home, with the woman performing most of the housekeeping and child care.	61.4
Men act like babies when they are sick.	59.4
A man who is sexually attracted to a woman typically has no morals about doing whatever it takes to get her in bed.	35.6
When men act to "help" women, they are often trying to prove they are better than women.	31.6
When it comes down to it, most men are really like children.	30.7
Most men sexually harass women, even if only in subtle ways, once they are in a position of power over them.	27.7
Men usually try to dominate conversations when talking to women.	27

Table 5. Statements of benevolent scale Ambivalent sexism inventory against men (AMI BS) ranked from the highest agreement to lowest agreement

Tab. 5 Tvrdenia benevolentnej škály Ambivalentného sexizmu vo vzťahu k mužom zoradené od najvyššieho súhlasu po najnižší

Statement	% agreement
Men are more willing to take risks than women.	73.3
Every woman needs a male partner who will cherish her.	49.4
Men are more willing to put themselves in danger to protect others.	39.5
A woman will never be truly fulfilled in life if she doesn't have a committed, long-term relationship with a man.	30.7
Men are less likely to fall apart in emergencies than women are.	24
Women are incomplete without men.	23
Women ought to take care of their men at home, because men would fall apart if they had to fend for themselves.	20.8
Every woman ought to have a man she adores.	19.7
Men are mainly useful to provide financial security for women.	13.9
Even if both members of a couple work, the woman ought to be more attentive to taking care of her man at home.	11.8

Interesting is relatively high support to attitude "Women are too easily offended", when 42.6% agreed with this statement and 58.5% of respondents agreed with "There are actually many women who get kick out of teasing men seemingly sexually available and then refusing male advances". Both items can be associated with latent approval of sexual harassment of women and hostility associated with the fact that women use their position to manipulate others (especially men). Conclusions can be summarized in the following assumptions or interpretations, that could be further explored in the frame of hostile scale of ASI:

1. Despite the fact that most respondents expressed predominantly non-sexist attitude relating to women, there was a group of about 20% of respondents with strong sexist attitudes, that could be very damaging for therapeutic process because they treat women as less valuable sex;
2. A paradox appeared in responses – on one hand, there was clear disapproval with attitudes relating to the misuse of benefits by women at work, but on the other hand the respondents rejected positions that speak openly about trying to gain power over men, also in the work area. This result may be strongly linked to social discourse, which the respondents adapted, that calls for promoting gender equality and acceptance of women in work (and may be associated with the tradition of employment of women in Slovakia), while tolerating the open disapproval of efforts to reduce men's power in society by calling for the strengthening of women in decision-making positions.
3. The third conclusion, which is worth examining, is a certain support to attitudes with latent agreement with harassment – e.g., doing eroticizing remarks toward women, or when the female abuse is explained that men were sexually provoked.

ASI BS – Similarly, in the BS of ASI was pronounced greater degree of disagreement with the views that support perception of women as those who need to gain some attention from the men in the spirit of traditional values. Compared with hostile scale, this disagreement was lower. The strongest disapproval (87%) with benevolent sexist attitudes was in statement "Many women have a quality of purity that few men possess" (13% of respondents expressed agreement with this statement), which corresponds with the item – "Women, compared to men, tend to have a superior moral sensibility" (60.4% of respondents disagreed). There is also a shift to higher approval, because nearly 40% of therapists agreed with this item. The strongest agreement with statement of this kind was with item "Women, as compared to men, tend to have a more refined sense of culture and good taste". Relatively strong support was expressed in attitudes that belong to the protective paternalism subscales. These are comments that "In a disaster, women ought necessary to be rescued before men" (54.4% agreed), "Women should be cherished and protected by men" (63.4% agreed) and "A good woman should be put on a pedestal by her man" (43.6% agreed). Protective paternalism can co-exist with the dominant paternalism, because as already mentioned in the theoretical part, whereas men depend on women as wives, mothers, and romantic objects, such women should be loved, adored and protected. Protective paternalism is evident in such traditional male gender role as the financial provider and defender of home. It is noteworthy that in "Every man ought to have a wife whom he adores" – 59% of participants disagreed with this statement, but 41% agreed. Linked to this is high agreement (up 67.4%) with item "People are not truly happy in life without being romantically involved with a member of the other sex". It seems that respondents are supporting attitude that one can not be happy without a heterosexual relationship. This relationship is typically designated as the most psychologically close and intimate relationships people have. Strong agreement with these items may in thera-

peutic process result to indirect devaluation of other types of relationships e.g. homosexual. An interesting result was by the statement: “Men are not complete without women” with 61.6% therapists’ agreement (26.7% disagreed to some extent), thus largely confirming the gender stereotype of the “impractical” men, respectively men who are probably not able to care about themselves without women. Support for this opinion refers to the theory of gender complementarity of men and women, and leads to the fact that in certain situations (e.g., providing the basic needs) men depend on women. Conclusions can be summarized to the following assumptions, which could be proper to explore within benevolent scale of ASI:

1. Larger number of therapists accept statements in BS than those in HS. This result is probably associated with the fact that the benevolent attitudes are more socially accepted in relation to female behavior.
2. Relatively high agreement is associated with items related to protecting women which is linked to gallantness, but actually may be related to the fact that women are still considered to be weaker than men.
3. Respondents supported the importance of heterosexual romantic relationship that may affect the process of therapy, in which a different type of relationship may be perceived as less suitable.

Result comparison of both ASI scales: Answers suggested that in HS was expressed disagreement with the views that speak about women’s open efforts to gain power over men (it means efforts to undermine the dominant paternalism) and in HS was articulated agreement with particular attitudes that supported maintaining male protective paternalism in relation to women, which could mean that women should conform to men.

AMI HS – The statements in ambivalent scale of hostile sexism toward men reached the highest agreement with hostile sexist stereotypes. This could be explained by the fact that 87% of respondents were women and in judging the opposite sex generally appears more negative attitudes and prejudices than in judging their own sex. Respondents expressed the greatest approval of items “Men will always fight to have greater control than women” (73.7% agreed), “Most men pay lip service to equality for women, but can’t handle having a woman as an equal” (67.4% agreed) and “Even men who claim to be sensitive to women’s rights, in fact, really want a traditional relationship at home with a woman performing most of the housekeeping and child care” (66% of therapists). According to the authors of the questionnaire, all these attitudes are linked to offense, annoyance, resentment from the restrictions flowing from the dominant paternalism, when subordinate group offend the dominant power group through the negative characteristics associated with this group (e.g., men are arrogant, stereotypical, abuse their power etc.). High agreement was also articulated with the statement that “Men act like babies when they are sick” (61.4% agreed). According to the authors in dominant paternalism compensatory distinguishing gender occurs through the characterization of the dominant group as inferior in some areas (f. e. – men without the help of women fail to care for themselves). Conclusions can be summarized as the following assumptions, which should be further explored within the framework of the hostile scale of AMI:

1. Because most respondents were women, a strong agreement on rejecting the dominance of men through criticism of their negative characteristics may be related to the situation in a society, which is still patriarchal especially in the sphere of power and work. The agreement may be also associated with indirect defense of subordinate to the power of dominant group, which is to humiliate them. In therapy it may distort the relationship of female therapists and male clients, where are the roles in terms of power to some extent reversed.
2. Different kind of defense, which is particularly reflected in the attitudes of female respondents, is underestimating men in female-dominated areas. It can have a significant impact on therapy in relation to male clients, because therapeutic situation is a situation in which they are vulnerable, self disclosing and anxious.

AMI BS – In benevolent scale in comparison with hostile scale prevailed non-stereotypical perception of men. The prevalent agreement expressed respondents (73.3%) to “Men are more willing to take risks than women”. High agreement (39.6%) articulated therapists to the similar opinion – “Men are more willing to put themselves in danger to protect others”. These responses may be associated with complementary gender differentiation, which supports reciprocal affection on the part of subordinate groups as well as respect for the desired power of the dominant group. This leads to some positive stereotypes in relation to the dominant group in this case men (e.g., they are highly competent, strong). Relatively high approval (49.6% agreed) therapist expressed to the opinion – “Every woman needs a male partner who cherish her”, which involves confirmation of the importance of heterosexual intimacy mentioned in benevolent sexism scale. Conclusions can be summarized as the following suppositions, which can be further examined in the frame of benevolent scale AMI:

1. Similar as in the BS in relation to women, the respondents expressed approval for the position, which speaks about the complementarities of both genders in a heterosexual relationship. This may unfavorably affect the process of therapy, because usually in therapy occur people who don’t have this traditional “ideal” relationship.
2. Answers to some extent, confirmed the theory of social identity and categorization (a need to differ people according to social category), f. e. as sex/gender and they form the basis of stereotyping and sexism.

Comparison of results in both scales AMI:

1. Paradoxically, the most intense agreement was with hostile AMI scale with negative stereotypical attitudes in relation to men, while the benevolent AMI scale had the lowest approval. This may indicate a really strong influence of the fact that in research there was involved more women. These results may lead us to a closer examination of the impact of these stereotypes and prejudices on therapist-client relationship and to exploring the answer to the question – why few men attend the therapy?
2. Comparison of responses in the hostile and benevolent AMI scales shows that on one hand men are criticized for their characteristics and weaknesses in HS, but on the other hand, in the BS there is emphasized desire for

a relationship of women and men, in which men will appreciate and protect women and that especially such a relationship leads to human fulfillment.

CONCLUSION

We would like to underline few ideas, trends, and propose them as starting point that is needed further reflect and explore. Our research to some extent confirmed the assumption that in the group of therapists/counselors, there are also those who have relatively strong sexist prejudices in relation to both women and men. These prejudices can significantly affect therapeutic process and for the client may therapy become harmful. Therefore, it seems there is an urgent need to sensitize and train therapists, counselors and supervisors in gender issues, with the aim to reveal their own gender bias and change them. Greater support is provided to non-sexist attitudes in relation to women and men in both questionnaires, what is a good signal. On the other hand, there occurred in greater degree agreement with particular stereotypical attitudes, which we could say, manage relations between men and women and are accepted in society. These stereotypical opinions primarily connect:

1. to the influence of power, when men are trying to maintain their power and women hate them for it (dominant paternalism) and on the other hand, when men have used their power to protect women and women appreciate them for it (protective paternalism);
2. participants have expressed the support to rigid gender roles in a sense that both genders are complemen-

tary (so-called gender complementarities), when men are financial providers to women and women take care of their basic household needs (food, cleaning, sex);

3. results promoted the belief that only heterosexual romantic relationship can bring real fulfillment to a human being. Substantial agreement with these gender biases may affect the clients in therapy, because therapy often attend those, who fail to meet the above-mentioned gender concepts, or are in internal conflict with them. Research results to a certain extent confirmed presented ambivalence theory, which is relevant to women and men regardless of what kind of profession are (it means also for therapists).

Their position suggested that some of the respondents tend to react very positively or very negatively to women and men, while not experiencing conflict between the two groups of attitudes. Some types of female or male behavior deserve hostile treatment, while other types of behavior – positive perception. This of course does not mean that the sexist men (and women) avoid conflicting feelings toward the individual woman, what may be crucial in therapy. Given that, in research participated mostly female therapists, the most consonant viewpoints have emerged in answers with the negative stereotypes associated with men. Therefore, it is worth to explore deeper the relationship between female therapist and client, when belonging to the gender may play a significant role in the process of therapy. We believe that the results indicated the necessity to conduct more researches, focusing on the impact of gender stereotypes and prejudices on the psychotherapeutic process.

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