Does Gender Make a Difference in the Counseling Alliance of Multicultural Counselor’s Candidates?

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Abstract: Past theoretical and empirical studies have consistently found that the superior performance of multicultural counselors and the effectiveness and efficacy of multicultural counseling are influenced by counseling alliances that are established with counselees. This study aims to examine the differences in counseling alliances between male and female multicultural counselors. This study used the ex-post-facto method. A total of 135 male and 382 female prospective multicultural counselors from who were the sixth semester students of eleven Guidance and Counseling Departments in Indonesian higher education institutions became participants of the study. They were selected using two stage random sampling. The data of counseling alliance is measured by using the adaptation of New 12-item Working Alliance Inventory-Therapist-Short Form. The data analysis techniques are independent sample t-test. Based on the data, it can be concluded that there are significant positive differences from counseling alliances between male and female of multicultural counselors. The research implications that gender and sensitivity, as well as gender awareness, need to be considered and improved in understanding and developing counseling alliances for multicultural counselor’s candidates.

Keywords: counseling alliance, helping relationship, working alliance, gender, multicultural counseling, working alliance inventory

INTRODUCTION

Counseling alliances are essential general factors and key variables of each counseling approach (Nelson-Jones, 2013; Moss & Glowiak, 2013) as well as important and fundamental determinants (Norcross J. C., 2010; Norcross & Lambert, 2011a; Norcross & Lambert, 2011b; Norcross & Wampold, 2011) that direct and influence the success of counseling (Lambert, 2017). Bordin (Bordin, 1979; Bachelor & Horvath, 1999; Dryden, 2008; Fluckiger, DelRe, Wampold, Symonds, & Horvath, 2012; Fluckiger, Del Re, Wampold, & Horvath, 2018) defines work alliances (counseling alliances, therapeutic alliances, helping relationship) as “a collaborative relationship between counselors and counselees that is characterized by emotional attachment, and agreement on the purpose and task of counseling.” Counseling alliance is a conscious and purpose aspect that involves a partnership of counselors and counselees based on an active commitment to specific responsibilities and mutual trust in active involvement enthusiastically in the process.

Two decades of research have consistently shown that counseling alliances are important components and robust key predictors of counseling outcomes (Duff & Bedi, 2010; Horvath, 2001). The ability of counselors in establishing, developing, and maintaining counseling alliances in a strong and positive way with the counselee becomes a significant factor that influences positive counselee change (Crits-Christoph P., Gibbons, Hamilton, Ring-Kurtz, & Gallop, 2011; Norcross J. C., 2010). A meta-analysis of 295 studies involving 30, 000 counselees show a significant positive relationship in the moderate category with \( r = .27 \) or \( d = \)}
and the size of the impact ranged from .21 to .29 (Hardy, Cahill, & Barkham, 2007; Horvath & Bedi, 2002) between alliances and counseling outcomes that are higher than counseling techniques (Hardy, Cahill, & Barkham, 2007).

Counseling alliances in the first few sessions constitute a “window of opportunity” from counseling processes and outcomes (Bachelor & Horvath, 1999). If the counselee judges that the counseling alliance is well established during the beginning of the sessions (usually the third session), it tends to give a positive impact on counseling outcomes (Fluckiger, Del Re, Wampold, Symonds, & Horvath, 2012; Fluckiger, Del Re, Wampold, & Horvath, 2018; Crits-Christoph, Gibbons, Hamilton, Ring-Kurtz, & Gallop, 2011; Crits-Christoph, Gibbons, & Mukherjee, 2013; Wampold, 2010). Research shows that positive counseling alliances formed in the third session can increase 67% of counseling outcomes (Stargell, 2017). Conversely, the counseling process will be disconnected and end prematurely if the counselee judges the alliance badly from the beginning of the counseling session (Castonguay, Constantino, & Holtforth, 2006; Safran, Muran, & Eubanks-Carter, 2011). Consequently, counselors must be able to develop, to establish, and to maintain positive alliances from the beginning of the counseling session. In addition, counselors must also be able to explore, to manage, and to improve the interruption of the alliance because it has a positive impact (ES = .24) on counseling outcomes (Safran, Muran, & Eubanks-Carter, 2011).

Recent studies report that there are a variety of factors that influence counseling alliances, namely the factors of relational, professional, demographic and diversity, personality, and personal and their development (Popescu, 2012). Based on this classification, gender is one of the predictors of counseling alliances in multicultural counselors. In multicultural counseling, gender plays a significant role, but research that focuses on gender differences produces inconsistent and controversial conclusions (Baruth & Manning, 2012), including the influence of gender on counseling alliances (Wintersteen, Mensinger, & Diamond, 2005; Werner-Wilson, Michaels, Thomas, & Thiesen, 2003; Werner-Wilson, Zimmerman, Daniels, & Bowling, 1999). Multicultural counselors who have gender sensitivity and awareness are predicted to be willing and able to confront diverse prejudices and discrimination against individuals, groups, and communities such as racism, sexism, classism, homo prejudice, ableism, ageism, and spiritual and religious bias (Remley & Herlihy, 2016). On the other hand, to this day, there has been no specific study of the role of gender in counseling alliances for multicultural counselor’s candidates. For this reason, this study is focused on the differences in the counseling alliances of prospective multicultural counselors based on gender. The research hypothesis proposed is that there are differences in counseling alliances between male and female multicultural counselors.

METHOD

Research Design

This study used ex-post-facto methods (Heppner, Wampold, & Kivlighan, 2008). In this study, the ex-post-facto method was used to compare counseling alliances between male and female multicultural counselors.

Participants

The study participants were 517 prospective multicultural counselors, consisting of 135 (26.1%) male and 382 (73.9%) women. Participants were selected by using two stage random
sampling from eleven Guidance and Counseling Departments in Indonesian higher education institutions.

**Measures**

Horvath's Working Alliance-Inventory-Therapist (WAI-T) (Horvath & Greenberg, 1986; Horvath & Greenberg, 1989) was used to collect data on the counseling alliance of multicultural counselor’s candidates. WAI-T consists of 36 items that are used to measure three dimensions of counseling alliances, namely bonds, tasks, and goals. Each dimension consists of 12 items. WAI-T is a 7-level Likert scale, ranging from 1 = never up to 7 = always. WAI-T's internal consistency is reported at .87. This study uses an adaptation of New 12 items WAI-T Short Form (WAI-T-12). The adaptation of WAI-T-12 follows two translation procedures from native languages to Indonesian, and vice versa by two different English and Linguistic experts. The test results using Rasch Model v. 3.73 shows that all items are fit because they meet the criteria for Infit Mnsq, Outfit Mnsq, and Pt-M Corr, the universality with the Principle Component Analysis (PCA) is 30.8%, and the Cronbach’s Alpha coefficient for test reliability is excellent (.88), participant reliability and items are considered good (.85 and .87) (Linacre, 2019).

**Research Procedures**

The data collection was carried out traditionally by using paper and pencil questionnaire. The participants are directly visited on their respective campuses according to the agreed schedule. The participant were asked for their willingness and given the guarantee of data confidentiality before they filled out WAI-T. The participants were asked to fill in WAI-T according to the instructions. After the data was collected, the data verification, processing, and analysis were then carried out subsequently.

**Data Analysis Techniques**

Independent samples t-test was used to analyze differences in the counseling alliances of prospective multicultural counselors based on their gender. This technique is in line with the opinion (Creswell, 2012) that “the independent samples t-test is used to test the average score of differences from the two sample groups and to test the effect of independent variables on the dependent variable.” Operationally, the data processing used IBM SPSS v software. 25.0 for Windows.

**RESULTS AND DISCUSSION**

**Results**

The research hypothesis proposed is that there are significant differences in the average score of counseling alliances between male and female of multicultural counselor’s candidates. Before answering the research hypothesis, this study test statistical assumptions, namely normality, and homogeneity. The test results show that the data of the counseling alliance of prospective multicultural counselors based on gender is normally distributed (Sig. > p.05) and has a homogeneous variance (F = 1.104; Sig. = .294; p > .05).

The results of the study as presented in Table 1 show that there is a significant positive difference in the average score of the counseling alliance between male and female multicultural counselor’s candidates. This is indicated by the Sig. (2-tailed) < p. 05 (t = -2, 298; Sig. = 022). The average score of counseling alliances for female candidates for multicultural counselors
tends to be higher than male. Similar results reveal that there are significant positive differences in bond dimensions between male and female multicultural counselor’s candidates. However, there are no significant differences in the dimensions of tasks and goals between male and female prospective counselors. **Table 1.** Average Score, Standard Deviation, t-test, and Sig. Counseling Alliance of Multicultural Counselor’s Candidates by Gender.

| Variable/Dimension | Gender          |          |          |          |          |          |          |          |
|--------------------|-----------------|----------|----------|----------|----------|----------|----------|----------|
|                    | Male M | SD | Female M | SD | t | p          |          |          |          |          |
| WAI-T Total        | 5.328 | 0.995  | 5.544 | 0.917  | -2.298 | .022          |          |          |          |
| Bond               | 5.474 | 1.132  | 5.756 | 1.031  | -2.658 | .008          |          |          |          |
| Tasks              | 5.310 | 1.040  | 5.475 | 0.945  | -1.700 | .090          |          |          |          |
| Goals              | 5.255 | 0.994  | 5.440 | 0.987  | -1.868 | .062          |          |          |          |

**Discussion**

The results show that there are significant positive differences in counseling alliances between male and female multicultural counselor’s candidates. The average WAI-T total score and bond dimensions for female multicultural counselors is higher than male. However, it does not differ significantly in the dimensions of the tasks and goals even though the average score is higher for female than for men. That is, overall, the research hypothesis is accepted. This means that gender is one of the most influential predictors and contributes positively to the variation of counseling alliances for multicultural counselor’s candidates.

The results of this study are relevant to gender and feminist therapy theories and previous findings that gender of counselors are one of the factors that influence the diversity of counseling alliances, equally individual and family counseling and marriage (Anderson & Levitt, 2015; Werner-Wilson, Michaels, Thomas, & Thiesen, 2003; Wintersteen, Mensinger, & Diamond, 2005; Zeren, 2017). An empirical study reports that gender and counseling modalities have a positive effect on the development of counseling alliances in marriage and family counseling. It is also reported that the female’s counseling alliance is higher than that of male (Werner-Wilson, 1997). The average bond dimension score of WAI-C of female counselees is higher ($M_{female} = 5.47; SD = .38$) than male ($M_{male} = 5.30; SD = .51$). The average bond dimension score of WAI-T of female counselors is higher ($M_{female} = 5.53; SD = .46$) than male ($M_{male} = 5.31; SD = .44$). However, they do not differ significantly in the dimensions of tasks and goals (Werner-Wilson, Michaels, Thomas, & Thiesen, 2003). Recent studies also (Wintersteen, Mensinger, & Diamond, 2005) show that gender and cultural differences affect individual counseling alliances; and gender suitability between counselors and counselees is reported to have a high level of alliance and preference for completing treatment sessions to the end rather than inappropriate ones. Self-confidence and social influence of sex have a positive impact on the quality of the counseling relationship between counselors and counselees (Anderson & Levitt, 2015).

Other study, Werner-Wilson, Zimmerman, Daniels, and Bowling (1999) find that there are no significant positive correlations between counselor feminist principles and counseling alliances for female counselees, both total WAI and bond dimensions ($r = .01, p > .05$), tasks ($r = .21, p > .05$), and goals ($r = .05, p > .05$). Conversely, there is a significant positive correlation between the feminist principles of the counselor and the counseling alliance of male counselees for the goals dimension ($r = .57, p < .05$); and there is no significant positive correlation on the bond dimension ($r = .45, p > .05$) and tasks ($r = .29, p > .05$). Similar findings report that
consistently there are no positive differences in the nature of gender-based work alliances and supervision styles (Rarick & Ladany, 2013).

CONCLUSION

This study has confirmed that the research hypothesis is accepted, namely that there is a significant positive difference in the average score of counseling alliances between male and female multicultural counselor’s candidates. Multicultural counselor counseling alliance of female tends to differ significantly positively in the counseling alliance variable and bond dimension. However, there is no significant difference in the dimensions of the tasks and goals of prospective multicultural counselors based on gender. However, the female prospective multicultural counselors’ counseling alliance tends to be higher, both overall and all three dimensions (bond, tasks, and goals) than male. This means that gender is one of the predictors that contribute positively to the counseling alliance of multicultural counselor’s candidates. The research implications that gender and sensitivity and gender awareness need to be considered and improved in understanding and developing the counseling alliance of prospective multicultural counselors in the multicultural Counselor Education and Supervision Program. In addition, it is necessary to examine further other counseling alliance predictors beyond biological sex, such as sensitivity and gender awareness, multicultural counseling competencies, and general and specific factors on the effectiveness and efficacy of multicultural counseling.

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REFERENCES

Anderson, R. S., & Levitt, D. H. (2015). Gender self-confidence and social influence: Impact on working alliance. Journal of Counseling & Development, 93(2), 280-288.

Bachelor, A., & Horvath, A. O. (1999). The therapeutic relationship. In M. A. Hubble, B. L. Duncan, & S. D. Miller, The heart and soul of change: What works in therapy (pp. 133-178). Washington DC: American Psychological Association.

Baruth, L. G., & Manning, L. M. (2012). Multicultural counseling and psychotherapy: A life-span approach. New Jersey: Pearson.

Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. Psychotherapy: Theory, Research, and Practice, 16(3), 252-260.

Castonguay, L. G., Constantino, M. J., & Holtforth, G. (2006). The working alliance: Where are we and where should we go? . Psychotherapy (Chic), 271-279.

Creswell, J. W. (2012). Educational research: Planning, conducting, and evaluating quantitative and qualitative research (4th ed.). Boston: Pearson.

Crits-Christoph, P., Gibbons, M. B., & Mukherjee, D. (2013). Process-outcome research. In M. J. Lambert, Bergin & Garfield's handbook of psychotherapy and behavior change (pp. 298-340). New York: John Wiley & Sons.

Crits-Christoph, P., Gibbons, M. C., Hamilton, J., Ring-Kurtz, S., & Gallop, R. (2011). The dependability of alliance assessments: The alliance-outcome correlation is larger than you might think. Journal of Consulting and Clinical Psychology, 79(3), 267-278.

Dryden, W. (2008). The therapeutic alliance as an integrating framework. In W. Dryden, & A.
Reeves (Eds.), *Key issues for counseling in action* (pp. 1-17). London: Sage Publications.

Duff, C. T., & Bedi, R. P. (2010). Counsellor behaviours that predict therapeutic alliance: From the client's perspective. *Journal of Counselling Psychology Quarterly, 23*(1), 91-110.

Fluckiger, C., Del Re, A. C., Wampold, B. E., & Horvath, A. O. (2018). The alliance in adult psychotherapy: A meta-analytic synthesis. *Psychotherapy, 48*(1), 1-10.

Fluckiger, C., DelRe, A. C., Wampold, B. E., Symonds, D., & Horvath, A. O. (2012). How central is the alliance in psychotherapy? A multilevel longitudinal meta-analysis. *Journal of Consulting & Clinical Psychology, 10*-17.

Hardy, G., Cahill, J., & Barkham, M. (2007). Active ingredients of the therapeutic relationship that promote client change: A research perspective. In P. Gilbert, & R. L. Leahy, *The therapeutic relationship in the cognitive behavioral psychotherapies* (pp. 24-42). New York: Routledge.

Heppner, P. P., Wampold, B. E., & Kivlighan, D. M. (2008). *Research design in counseling* (Third ed.). USA: Thomson & Brooks/Cole.

Horvath, A. O. (2001). The alliance. *Psychotherapy, 38*(4), 365-372.

Horvath, A. O., & Bedi, R. P. (2002). The alliance. In J. C. Norcross (Ed.), *Psychotherapy relationships that work* (pp. 37-69). New York: Oxford University Press.

Horvath, A. O., & Greenberg, L. S. (1986). The development of the working alliance inventory. In L. S. Greenberg, & W. M. Pinsof, *The psychotherapeutic process: A research handbook* (pp. 529-556). New York: Guilford Press.

Horvath, A. O., & Greenberg, L. S. (1989). Development and validation of the Working Alliance Inventory. *Journal of Counseling Psychology, 36*(2), 223-233.

Lambert, M. J. (2017). Maximizing psychotherapy outcome beyond evidence-based medicine. *Psychotherapy &Psychosomatics, 80*-89.

Linacre, J. M. (2019). *A user's guide to Winsteps and Ministep: Rasch-Model computer programs*. Winsteps.com.

Moss, R., & Glowiak, M. V. (2013). Therapeutic alliance and the helping relationship. In D. Capuzzi, & D. R. Gross, *Introduction to the counseling profession* (pp. 3-29). New York: Routledge.

Nelson-Jones, R. (2013). *Introduction to counseling skills: Text and activities*. London: Sage.

Norcross, J. C. (2010). The therapeutic relationship. In B. L. Duncan, S. D. Miller, B. E. Wampold, & M. A. Hubble, *The heart and soul of change: Delivering what works in therapy* (pp. 113-141). Washington DC: American Psychological Association.

Norcross, J. C. (2010). The therapeutic relationship. In B. L. Duncan, S. D. Miller, B. E. Wampold, & M. A. Hubble, *The heart and soul of change: Delivering what works in therapy* (pp. 113-141). Washington DC: American Psychological Association.

Norcross, J. C., & Lambert, M. J. (2011a). Evidence-based therapy relationship. In J. C. Norcross, & J. C. Norcross (Ed.), *Psychotherapy relationships that work: Evidence-based responsiveness* (pp. 3-20). New York: Oxford University Press.

Norcross, J. C., & Lambert, M. J. (2011b). Psychotherapy relationships that work II. *Psychotherapy, 48*(1), 4-8.

Norcross, J. C., & Wampold, B. E. (2011). Evidence-based psychotherapy relationships: Research conclusions and clinical practices. *Psychotherapy, 48*(1), 98-102.

Popescu, O.-M. (2012). Therapist variables in psychotherapy. *Journal of Integrative Research,
Rarick, S. L., & Ladany, N. (2013). The relationship of supervisor and trainee gender match and gender attitude match to supervisory style and the supervisory working alliance. *Counseling and Psychotherapy Research, 13*(2), 138-144.

Remley, T. P., & Herlihy, B. (2016). *Ethical, legal, and professional issues in counseling* (5th ed.). Boston: Pearson.

Safran, J. D., Muran, C. J., & Eubanks-Carter, K. (2011). Repairing alliance ruptures. *Psychotherapy, 48*(1), 80-87.

Safran, J. D., Muran, C., & Eubanks-Carter, C. (2011). Repairing alliance ruptures. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Evidence-based responsiveness* (pp. 224-238). New York: Oxford University Press.

Stargell, N. A. (2017). Therapeutic relationship and outcome effectiveness: Implications for counselor educators. *Journal of Counselor Preparation and Supervision, 1*, 1-24.

Wampold, B. E. (2010). The research evidence for the common factors models: A historically situated perspective. In B. L. Duncan, S. D. Miller, B. E. Wampold, & M. A. Hubble, *The heart and soul of change: Delivering what works in therapy* (pp. 49-81). Washington DC: American Psychological Association.

Werner-Wilson, R. J. (1997). Is therapeutic alliance influenced by gender in marriage and family therapy? *Journal of Feminist Family Therapy, 9*(1), 3-16.

Werner-Wilson, R. J., Michaels, M. L., Thomas, S. G., & Thiesen, A. M. (2003). Influence of therapist behaviors on therapeutic alliance. *Contemporary Family Therapy, 25*(4), 381-390.

Werner-Wilson, R. J., Zimmerman, T. S., Daniels, K., & Bowling, S. M. (1999). Is therapeutic alliance influenced by a feminist approach to therapy? *Contemporary Family Therapy, 24*(1), 545-550.

Wintersteen, M. B., Mensinger, J. L., & Diamond, G. S. (2005). Do gender and racial differences between patient and therapist therapeutic alliance and treatment retention in adolescents? *Professional Psychology: Research and Practice, 36*(4), 400-408.

Zeren, G. S. (2017). Therapeutic alliance in face-to-face and online counseling: Opinions of counselor candidates. *International Journal of Human Sciences, 14*(3), 2276-2296.