Female Psychotherapists’ Experience of Working with Traditional Male Clients

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Abstract

This research set out to explore the experience of female psychotherapists’ working with traditional male clients. It sought to discover the therapists’ preconceptions about this client group. This research also endeavoured to discover how, if at all, erotic transference and countertransference impacted upon female psychotherapists’ work with traditional male clients. This was considered through the areas of gender stereotyping and male gender roles, male emotionality, psychotherapist gender competence and erotic transference and countertransference. A qualitative research method was employed for this study. Central to this was the carrying out of semi-structured interviews with a purposive sample of five fully accredited female psychotherapists. The therapists’ orientations included Humanistic, Integrative and Psychodynamic. The interviews elicited the participants’ experiences, feelings and thoughts on the topic. The interviews were transcribed verbatim and subsequently subjected to a thematic analysis. Three themes arose: female psychotherapists’ experience of their traditional male clients, female psychotherapists’ work with their traditional male clients and female psychotherapists’ experience of erotic transference and countertransference with their traditional male clients. The findings were somewhat in keeping with the material found in the prevailing literature on the topic. The results demonstrated conflicts between the requirements of psychotherapy and traditional male gender role constraints. Dissimilarities were found between how traditional men manage stress and also how they express emotion in comparison to female clients. The majority of the participants reported that they alter their approach when working with their traditional male clients. Participants identified straight-talking as most helpful in their work with this cohort of men. Expectations on behalf of the therapist, that their client reveal emotions readily, were reported to be least helpful. Only two out of the five therapists reported experiencing erotic transference from a male client. None of the participants informed of having had erotic countertransference towards a male client. A general dis-ease with the topic of erotic transference and countertransference was described by all of the psychotherapists.
CHAPTER ONE: INTRODUCTION

This research was carried out in order to investigate the experience of female psychotherapists’ working with traditional male clients. Sweet (2012) stated that the number of men entering counselling and psychotherapy training programmes is reducing. This combined with research that found a substantial proportion of psychotherapy clients are male, shows it is likely that in the future a high proportion of therapists will be female and a considerable amount of their clients will be male.

Few psychotherapy trainings incorporate modules on the psychology of men on their curriculum. As a result, most female therapists will never have studied men’s issues from a theoretical or a clinical perspective even though most of these therapists will have male clients at some point in their careers. Sweet (2006) maintained that psychotherapy is more female orientated due to its emphasis on interpersonal connection, vulnerability and emotional expression. These features of psychotherapy are in conflict with traditional male norms of autonomy, toughness, and emotional restriction. Male psychotherapists may understand these norms more easily due to their similar gender role socialisation and may also be better able to adapt their therapeutic model to suit their client’s needs and expectations. Contrary to this, female psychotherapists may have difficulty in understanding how powerful these gender norms can be due to their own gender role socialisation. Female therapists who do not understand the way men have been encouraged to constrain themselves verbally and emotionally, in order to maintain their sense of masculinity, may become impatient with males who have difficulty accessing and verbalising their feelings in
therapy. Erotic transference and countertransference may also arise due to the intimate nature of the psychotherapeutic relationship (Sweet, 2012).

Masculinity is a complex structure influenced by cultural and social factors. Men in western societies are socialised to identify masculine behaviour as being sexually active, financially successful, athletically inclined and confident according to Connell (1987). Levant and colleagues (1992) expanded on previous work that measured masculine norms, this resulted in the formulation of a more comprehensive model of masculine gender role traits. This model defined traditional masculine ideologies as the internalisation of cultural beliefs and attitudes toward masculinity. In turn, boys and men are forced to conform to sanctioned behaviours such as being competitive and avoid others such as crying. Men who adhere strictly to these traditional male gender roles are the ones that are referred to as traditional in the present study.

The purpose of this research was to understand the experience of female psychotherapists working with traditional male clients. It was carried out through interviewing a small number of experienced female psychotherapists. The objectives of this study were as follows:

1. To discover what preconceptions female psychotherapists’ might have had about traditional male clients

2. To explore female psychotherapists’ experience of working with traditional male clients.
3. To investigate how, if at all, erotic transference and countertransference impacted on their work with traditional male clients
CHAPTER TWO: LITERATURE REVIEW

Introduction

This Chapter examines the extensive literature related to the research topic. The relevant findings are set out under the headings of: gender roles and gender stereotyping, male emotionality, psychotherapist gender competence and erotic transference and countertransference.

Gender Roles and Gender Stereotyping

Kaplan (1979) stated that gender role stereotypes have an enormous effect on how people think about themselves and how they act and interact with others in today’s culture. The therapeutic space is no exception, with clients and clinicians both reacting to social norms regarding gender. Basow (1986) differentiated between biological sex and gender roles. Biological sex is based on the sexual organs and genes one is born with, gender roles on the other hand are a way of existing that is set out by society. They are a set of rules, expectations and behaviours deemed to be either masculine or feminine. These rules are internalised by the individual and become part of their being (Mintz and O’Neill, 1990).

Levant and Pollack (1995) described the difficulties faced by a traditional male upon entering psychotherapy. A traditional male is defined as one who adheres strictly to male gender role expectations. Some of these expectations include remaining tough, successful at work, self reliant, unemotional, stoic, not showing weakness or fear and hatred of homosexuality also objectifying attitudes towards sexuality. Because of the
cultural demands not to show weakness or emotions, traditional men are considered to be hesitant seekers of psychotherapy (Mahalik, Good and Englar-Carlson, 2003). Some writings have maintained that the differences between these traditional men’s perspectives and that of their therapists should be treated as any other cultural divide such as ethnic dissimilarities (Brooks & Good, 2001). Brooks (1998) stated that traditional men find psychotherapy particularly difficult as they equate asking for help with appearing weak, therefore going against what it means to be a man. Brooks (1998) went on to say that what is expected in psychotherapy is inconsistent in almost every way with these male gender roles. Clients are encouraged to express pain, show vulnerability and experience their emotions; men are encouraged by society to do the opposite of these things. Therefore therapists who are not aware of these issues may mistake their clients’ struggle as resistance or defiance (Deering & Gannon, 2005).

Researchers that specialise in the psychology of men have made contributions to a new understanding of the psychology of masculinity with an emphasis on gender role constraints (Pollack & Levant, 1998, Brooks Good, 2001). Pollack (2000) expanded on the theory of feminist psychoanalyst Nancy Chodorow to include the developmental dissimilarities between men and women and how this impacts on ego structure and character. Furthermore, Pollack explained how males develop compensatory defenses in response to a ‘normative life cycle loss’ that society has inflicted. This begins in childhood when cultural expectations for male autonomy force them away from their mothers. Trauma caused by mothers distancing themselves from their sons, due to social pressure, sets in motion the defense mechanisms that may be seen in therapy as resistance. These defenses may include
conflicts about dependency, overvaluing of autonomy and firm boundaries between self and other.

Deering and Gannon (2005) proposed that traditional men, given these difficulties, might find the therapeutic process discouraging. There is an onus upon the therapist to establish an environment safe enough for the client to loosen these boundaries whilst maintaining their sense of masculine identity. Men who identify strongly with gender roles may present themselves in therapy with a take-charge attitude, asserting themselves in a skeptical tone. They may question how long it will take, if it will really work, look for the therapist’s credentials and appear challenging and confrontational. Female therapists, being vigilant around issues of male dominance and power, may experience this behaviour as being evoked by their female gender. In response, it is likely that therapists would feel the need to prove themselves and establish credibility. However, it is probable that these traditional men would be even more confrontational with male therapists as they have an intensified competitiveness with other men. The first few sessions with this cohort of men may be quite professional and business like with them taking time to establish that the therapist is a straightforward person that will meet them at their level.

Research on gender role stereotypes showed that those who have a more rigid attachment to gender role identification are more cautious of the disclosure aspect of psychotherapy, moreover these individuals cited this as the main reason for not attending therapy (Vogel & Wester, 2003). Lee, Park and Park (2004) found that therapists react more negatively to men who step outside of their gender role behaviour. Pattee and Farber (2007) concluded from this research that client
disclosure in therapy might be more problematic for those who identify strongly with traditional gender roles.

Danforth and Webster (2014) conducted a study of gender sensitive therapy with male servicemen in the United States. It is thought that given gender role identity issues, the masculine culture of the military can be attractive to some males. They hold that military culture affects the client’s psychological well being but asking for help is problematic as it is interpreted as showing weakness. Bryan (2012) maintained that failure to comprehend the impact a clients social context and outlook on the world has on their behaviour, hinders effective treatment. Pollack and Levant (1998) described a ‘code of masculinity’ whereby boys are expected to be aggressive, dominant and self-sufficient. Brooks (2000) took it beyond that, to the development of a ‘male chorus’ made up of family, peers and society. Together they convey to men a confusing message of staying within the boundaries of these characteristics no matter what the situation. These characteristics may be helpful in school or work settings but they are problematic in personal relationships. O’Neill (2008) described this phenomenon as ‘gender role conflict’, a psychological state in which gender roles imposed culturally, negatively impact on the individual (p.362). The conflict arises when an individual feels restricted, they feel that they cannot respond authentically as it contradicts societal expectations.

Male gender role traits are encouraged in some environments including the military culture, violation of these roles may incur a serious consequence for the individual. On active duty for example, it is crucial that men keep tight control over their fear in order to perform what is expected, in turn when family, friends or indeed a therapist
expect men in this position to come out of that role, difficulties arise (Danforth and Webster, 2014)

Sweet (2006) investigated the challenges faced by female therapists in working with males, expressing that females may have to examine their own outlook on the world in relation to how they view men’s position. They may have to explore their view on male occupation of positions of power and privilege in society. Levant and Brooks (1997) made the case that female therapists may be unable to identify with their male clients as they have experienced different gender role socialisation. Biological sex may also provoke a negative countertransference reaction due to the belief that men have been socialised to sexualise male and female interactions.

**Male Emotionality**

Men’s experience of emotion has been observed as a problem solving coping strategy for managing intense feelings (Vingerhoets and Van Heck, 1990). How men communicate their emotions has also been examined, Vogel, Wester, Heesacker and Madon (2003) found that heterosexual men had a tendency to withdraw and restrict affect when discussing emotions with their girlfriends or wives. However, most studies carried out on the distinction between male and female emotionality involve subjective self-report measures, which may suggest that differences emerge only when participants present themselves according to their gender roles (Ickes, Gesn and Graham, 2000). Fischer (1993) emphasised the point that in research where differences in emotionality do occur there is a link between these differences and the pervasive stereotypes in society. This indicates that emotionality differences may not originate naturally, these dissimilarities may be as a result of pressure on males and
females to conform to gender roles. Gender roles confine males to an emotionally restrictive existence (Perrin, Heesacker and Shrivastav, 2008). According to Heesacker (1999) a precise and unbiased understanding of emotion is so central to psychotherapy practice that if a therapist is under educated in this area this could greatly limit their ability to treat clients effectively.

Heesacker (1999) established a scale called the ‘Beliefs about Men’s Emotionality’ scale (BAME) in an effort to measure the degree to which psychotherapists stereotyped men as hypo-emotional and women as hyper-emotional. The results demonstrated a high degree of gender stereotyping amongst psychotherapists. Showing that they too were impacted by cultural beliefs about gender role emotionality.

Psychotherapist Gender Competence

Gerhart and Lyle (2001) posited that female therapists are presumed to be comforting, easy to talk to, feeling focused and more caring than their male counterparts. Potash (1998) suggested that male clients might bond more readily with female therapists as they view the dynamic as less competitive. This may be understood in terms of the traditional males tendency to devalue females. In an effort to assert themselves in the face of the power imbalance, some male clients will objectify their female therapist by sexualising the relationship. Male clients tend to have more trouble bonding in the therapeutic relationship due to gender role constraints. Traditional men are conditioned not to ask for help, focusing more on problem solving measures in relationship, this can cause difficulties in the building of the therapeutic alliance.
They are usually seeking concrete results for their problems (Werner – Wilson, Michaels, Thomas and Thiesen 2003).

Fisher (1989) found that male therapists view difficulties in the therapeutic relationship as being the responsibility of the client. Female therapists on the other hand attributed issues in the therapeutic alliance to their own actions or personality.

Owen, Wong and Rodolfa (2009) suggested that there are unique challenges involved in psychotherapy with men. They maintained that men and women interpret and cope with psychological stress differently. Therapeutic factors such as disclosing vulnerabilities, expressing emotion and relying on the therapist for support are more consistent with the way women manage problems. Psychotherapists’ gender biases have been demonstrated to influence how they assess male and female clients.

Heesacker (1999) found that therapists were more likely to deem male clients to be “out of touch” with their emotions. Vogel et al (2003) explained how female therapists focused more on emotional content with male clients whereas male therapists tend to concentrate on their male clients inability to connect. This discrepancy showed a lack of consistency in the way psychotherapists work with male clients. Even though it has been shown in numerous studies that psychotherapy outcomes do not vary based on the gender of the client, few studies have demonstrated if therapist competence varies based on client gender. Owen et al (2009) posed the question: “are psychotherapists better or worse at working with clients of a particular gender?” The important practical implication for this study was the potential necessity for gender sensitive clinical models. In an effort to observe psychotherapist gender competence, Owen et al (2009) measured therapy outcomes
looking at the therapists’ ability to provide positive outcomes with either female or male clients. They found that therapists had different outcomes based on client gender, some therapists were more successful with males, some did better with females and the rest did equally well or equally badly with both sexes. It was observed that therapist gender competence impacted on therapeutic outcomes. It was suggested that psychotherapist gender competence is something that needs to be assessed and appropriate training made available in order for them to fully understand gender difference and how best to work with it.

Male gender role stress is connected with hostility and discomfort within the therapeutic setting. Symptom severity and recovery time can be similar to that of posttraumatic stress disorder. In addiction, male gender role conflict can lead to greater risk of relapse and lower chance of recovery, it has also been linked with higher risk of depression and less willingness to look for help (Good and Wood, 1995, Good and Mintz, 1990). There is little agreement on the best way to approach the clear mismatch between traditional western masculinities and the expectations placed on clients in psychotherapy.

Bedi and Richards’ (2011) study endeavored to redress the under representation of male clients in therapeutic alliance research. They used a sample of all male participants to assess the helpfulness of critical incidents in the building of the alliance. Nine categories were born of their results. Each category was named using the language of the participants. They were: Bringing Out the Issues, Non Verbal Psychotherapist Actions, Emotional Support, Formal Respect, Practical Help, Office Environment, Information, Client Responsibility and Choice of Professional.
Bringing Out the Issues was the highest rated category, this is significant in understanding what men find most helpful in strengthening the therapeutic relationship.

Later, Richards and Bedi (2015) carried out research to find out what particular incidents male clients found to be most detrimental to the therapeutic alliance. Given that the therapeutic relationship is the most vital component of effective psychotherapy it is important to observe what male clients specifically find most damaging to this alliance (Horvath and Bedi, 2002). The results of their study demonstrated specific behaviours and occurrences that appear to impede the building and maintaining of the therapeutic relationship with male clients. These fell into seven categories: Not the Right Fit / Approach, Counsellor / Psychotherapist Pressuring the Client, Client Uncertain or Untrusting, Counsellor / Psychotherapist Acting on Assumptions About the Client, Client Unsure of What to Expect in Sessions, Client Not Putting in Enough Effort and Time / Timing Problems. The category of Not the Right Fit / Approach was the largest and most commonly reported amongst participants. Some examples given under this heading included: repeatedly asking questions that the client thought were unimportant, using therapeutic techniques that the client thought were “weird” and giving client diagnosis with which he strongly disagreed. The critical incidents within this category call for a more broad based gender sensitive therapeutic practice. It became apparent in this study that many participants were not in agreement with their therapists’ about the goals and tasks of their work together. It is probable that the mismatch shown in the Not the Right Fit / Approach category is related to the male gender role normative desire for action-oriented therapy. Some of the answers documented under this classification
were “the psychotherapist did not give answers that could help me overcome and achieve personal goals” and “I wish the therapist had given me techniques for sensing and resolving my issues”. This indicted that the therapists were using a non-directive model of therapy with these clients. The experiences expressed by the male clients in the study supported the idea that current psychotherapy practices are ill suited to male gendered skills and norms. Westwood and Black (2012) posited that if men who identify with more traditional gender roles seek therapy, they are most likely to be met with practitioners who value nurturing and empathy. However, research suggests that these traditional men are seeking a more proactive solution focused encounter. Ogrodniczuk, Piper, Joyce and McCallum (2001) postulated that male clients are more likely to acquire positive therapeutic outcomes if the psychotherapy is collaborative and challenging rather than comforting and non-interpretative.

In gender sensitive therapy, more attention has been given to the language of psychotherapy and how this clashes with masculine gender roles. This language often emphasises connection and intimacy and may be perceived by male clients as an expectation to become more vulnerable and emotionally exposed (Kaufman, 1994). These expectations go against the masculine demand to reject anything within themselves that could be interpreted as feminine. An example of alternative language would include terms like ‘stress injury’ rather than ‘post traumatic stress disorder’ wherein the term ‘disorder’ has the capacity to infer weakness and stigmatise the client. Pollack and Levant (1998) stressed that using such terminology offers traditionally masculine men a language for describing intense emotions and physical responses whilst maintaining their masculine self-representation.
Erotic Transference and Countertransference

Kumin (1985) described erotic transference as tender, sensual and sexual feelings that arise in the relationship between therapist and client. It is generally accepted that such feelings stem from unresolved internalised Oedipal wishes from childhood. Meyers (1987) held that erotic transference is the most prominent form of transference between male clients and female therapists. Person (1985) explained that erotic transference in male clients was historically believed to be brief, muted and only emerging in the later stages of therapy with their female practitioner. In more recent times it has been recognised that men experience long-term erotic transference to their therapists in spite of initial resistance (Covington, 1996. Messler and Davies, 1998). The psychotherapist may also experience sexual countertransference. Russ (1993) maintains that these feelings are key in gaining insight into a client’s most difficult and complex areas of functioning, even though they may be unsettling for the therapist. Goldberger and Evans (1985) went so far as to say that erotic countertransference is an indicator of the therapist’s capacity to engage with their client. Noonan and Lane (2001) emphasised how important it is that female therapists understand the nature of sexual feelings and the impact of them on the relationship with male clients.

It is suggested that erotic feelings exist along a continuum for both therapist and client. At one end of this spectrum are deeply repressed and unacknowledged feelings and at the other, an overt seeking of physical fulfillment. Male clients of female therapists commonly display resistance in allowing erotic feelings towards their practitioner to become conscious. Male gender role identification makes it difficult for traditional men to combine sexual and dependent feelings, this is central in
understanding the struggle they have in forming long lasting emotional attachments (Noonan and Lane, 2001). Stoller (1975) proposed that masculinity insists upon a hyper vigilant defense against yielding to the lure of re-merging with mother, this restricts male clients’ manifestation of sexual feelings. Feelings of inferiority and weakness can be activated in male clients when sexual attraction towards their female therapist emerges, this accentuates the client’s fear of dependency. Schaverien (1996) pointed out that the power imbalance present in a male client / female therapist dyad recapitulates the early experience and related emotions between mother’s power and infant’s vulnerability. This has the potential to set in motion a strongly defended reaction from some male clients, it has also been seen to evoke a sense of powerlessness in others. Guttman (1984) stated that some men desexualise their female practitioner in an attempt to disempower her. According to Person (1985) this desexualisation may permit more affectionate emotions to surface, these more ‘safe’ feelings are less threatening to the client’s masculinity.

Schaverien (1996) stressed the importance of female psychotherapists exploring sexual transference with their male clients, discussing openly their childish impulses and adult desires. In order for psychotherapy to be successful, a female practitioner must not be fearful of the erotic transference within the relationship. If she is open to the presentation of such feelings, then the client is free to experience a full spectrum of transferenceal dynamics. Where there is no evidence of sexual transference within this cross gender dyad, an observation of the therapist’s own dis-ease with the topic may be required. Altman (1995) mentioned that female psychotherapists frequently favour focusing on their male clients desire for nurturing, rather than their sexual desires, in an effort to resist the development of erotic transference. Russ (1993)
describes the impact of a female therapist’s exploration of her male clients emotional world. Attempting to make contact with these more feminine aspects of the client’s sexual being may be experienced as a challenge to his masculine identity. As a response to this challenge the client may become more aggressive in an attempt to gain control, coupled with a fear of losing his female therapist with his demanding behaviour. This confirms the client’s fear that asserting control is shameful and counter productive leading to a dulling of the erotic transference. The opportunity for a re-experiencing of infant / mother separation is missed and the client is unable to feel or integrate shared intimacy once again. The female psychotherapist can also blunt the erotic transference by reacting to her over stimulated client by dressing more conservatively. Noonan and Lane (2001) conclude that the origins of erotic transference lie in the primitive need of the infant to be desired by his mother. This powerful force is fundamental in psychotherapy, in order for the therapy to be effective it is essential that the client fall in love with his therapist. She, in return, must be able to tolerate his projection onto her and react with an accepting and empathetic approach. A timely and gentle let down is central to the resolution of the dynamic. It is the therapist’s responsibility to contain and hold while at the same time creating an empathic frustration within which the client learns new coping responses.

Summary

This chapter examined the differences between biological sex and gender roles. The impact of male gender role socialisation and stereotyping was considered within a cultural and therapeutic context. The conflict between traditional male behaviours and values and that of psychotherapy was explored. Gender role conflict and
psychotherapist competence were demonstrated to have an immense impact on the therapeutic relationship. The importance of female psychotherapists’ awareness of their core beliefs about men was examined. The necessity for therapists to understand traditional males’ emotionality along with signs and symptoms of gender role stress was highlighted. Gender sensitive psychotherapy was a reemerging topic. Incidents that male clients found helpful in building and maintaining the therapeutic alliance were noted along with what they found to be most damaging. This also included the language of psychotherapy and how more traditional male clients may perceive it as threatening to their manhood. Transferential dynamics were explored, erotic transference emerged as the most common in the male client / female therapist dyad. Even though it may be uncomfortable for the female psychotherapist, her ability to engage with erotic transference appears to be central in effective therapy. Resistance from therapist, client or both can be understood in terms of the power imbalance within the relationship or a fear of dependency, amongst other things. If the erotic transference is not worked with, the client may miss out on an opportunity to resolve past relational problems. The vital role of the therapist is to acknowledge and tolerate the erotic transference and countertransference so as to allow the client to gain insight and understanding.
CHAPTER THREE: METHODOLOGY

Introduction

This chapter sets out the research methodology used in the present study to explore female psychotherapists’ experience of working with traditional male clients. The rationale for choosing a qualitative research method as well as how the participants were selected is explained. The method by which the data was collected and analysed is outlined, as are the ethical considerations for this study.

Qualitative Research

Gorman and Clayton (2005) suggested that individuals carry out qualitative research instinctively. They inherently observe behaviour, develop a sense of place and atmosphere, discuss ideas informally with colleagues, listen to conversations and create structures of reality based on the information they receive. The key assumption in this method is that the meaning of events and interactions can only be understood through hearing from the participants themselves. The goal of this form of research is to understand the participants from their perspective. Therefore the researcher believed that this form of research best suited the present study as it endeavoured to explore the experience of female psychotherapists’ working with traditional male clients from the therapists’ point of view.

Sampling

Gorman and Clayton (2005) asserted that qualitative researchers prefer to select a purposive sample. This means that the researcher choses representatives from within
the population being observed in the study. They have a range of characteristics relevant to the research project. With this in mind, five female participants were chosen, they were working psychotherapists with at least five years post-accreditation experience. They had significant experience working with male clients. Their orientations were humanistic, psychodynamic or integrative. The participants were obtained by searching the website of the Irish Association of Humanistic and Integrative Psychotherapy. The researcher contacted the psychotherapists, who fulfilled the relevant criteria, by phone and invited them to participate in the project.

**Data Collection: Semi-Structured Interviews**

The method of data collection was semi-structured face-to-face interviews, this ensured that a thorough account of the therapists’ experiences could be explored. This style of interview allowed for open-ended responses, while at the same time not allowing too much off-topic conversation. The interviews lasted between fifteen and twenty minutes, they were recorded on a digital voice recorder and transcribed verbatim later. The specific questions asked during the interviews can be seen in the interview outline (see appendix one). The semi-structured nature of the interviews provided the flexibility and scope to vary the order in which the questions were asked, as well as being able to pose further questions in order to elicit further insight or clarify particular issues (Bryman, 2004).

**Ethical Issues**

This research acknowledged the three basic principles of the Belmont Report (1979) (Zimmerman, 1997), which is relative to all research involving human subjects. These
principles are identified as respect for persons, beneficence and justice. The Belmont report maintained that research participants are considered autonomous individuals, capable of making their own decisions, each participant must be treated fairly, equitably and given what he or she is due, all efforts should be made to improve individuals’ well being. Therefore, the participants in this research project were invited to take part at a time and location of their choice and were informed of the estimated time requirement. Interviewees were briefed on what the research project was about. The voluntary nature of participation was highlighted in the initial phone call. Interviewees’ choice to opt out was upheld, as was their right to articulate any queries they had about the research or the interview. They were given time to consider whether they would like to participate or not.

In order to guarantee anonymity pseudonyms were given during the transcription of the interviews and anything that could identify the participants was removed. The research participants were also informed of their right to access the completed thesis should they wished to do so. The researcher is the only person with access to the recordings of the interviews. These recordings will be kept on the researchers computer, which will be secured with a password and held for seven years. Most of the above was included on the Informed Consent Form (see appendix two) signed by each of the participants in advance of their interview. The principle of respect for autonomy referred to in the Belmont Report emphasises the right of the participants to give informed consent.
Thematic Analysis

Thematic analysis is the most common form of data analysis. It follows a typology of themes or topics, these themes either informed the study at the outset or came about during data collection (Gorman and Clayton, 2005). In the present research the data collected from the interviews was transcribed verbatim. To achieve a thematic map of analysis a comprehensive coding system was employed and the codes were then organised into themes (Braun and Clarke, 2006). The map was analysed again and names were given to each specific theme. Equal attention was given to each theme that emerged. Some extracts from the interviews were used to illustrate some of the main topics obtained from the thematic analysis (Braun and Clarke, 2006).

Summary

This chapter explained why a qualitative research method was most suitable for the present research. How the participants where chosen and contacted was set out. The semi structured interview process was clarified and included the interview guideline as an appendix. The ethical considerations were laid out and it was shown that this study recognised the three principals of the Belmont Report. The informed consent form was also attached as an appendix. Finally the process of thematic analysis adopted for this study, was explained in detail.
CHAPTER FOUR: RESULTS

Introduction

This chapter details the data collected from the interviews carried out with five practicing female psychotherapists. The interviews explored the therapists’ experience of working with their traditional male clients. At the outset it was explained to the participants that a traditional male is one that adheres strictly to traditional male gender roles. All participants were experienced therapists with a minimum of five years post accreditation, had worked in both private practice and institutional settings and practiced from a variety of theoretical perspectives. The results were considered through a range of themes and were borne out via direct interviewee quotations. The following is a list of the pseudonyms employed, to protect the participants’ anonymity.

<table>
<thead>
<tr>
<th>Participant 1</th>
<th>Clare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant 2</td>
<td>Elizabeth</td>
</tr>
<tr>
<td>Participant 3</td>
<td>Siobhan</td>
</tr>
<tr>
<td>Participant 4</td>
<td>Julie</td>
</tr>
<tr>
<td>Participant 5</td>
<td>Alison</td>
</tr>
</tbody>
</table>

The data was organised into three themes:

1. Female psychotherapists’ experience of their traditional male clients
2. Female psychotherapists’ work with their traditional male clients
Female Psychotherapists’ Experience of Their Traditional Male Clients

Four questions were geared towards finding out about how the therapists experience their traditional male clients as being different from their female clients. It was first asked if they had had preconceived ideas about working with male clients when they began client work. Three of the participants agreed that they had had some preconceived ideas about working with male clients, Clare reported: “I would have seen them as less emotionally connected more cognitive-focused”. Elizabeth said that she “expected them to be more demanding, to come up with help more quickly”. Alison voiced what her concerns were:

“Would there be any risks, safety ... would there be a bit of transference or flirtation ... not taking this seriously because I was a woman ... if there were aggressive or violent men”

Whilst two of the therapists reported not having had preconceptions, Siobhan stated:

“No... I probably would struggle with traditional men ... if they were dismissive of me ... overall my idea of men and women is I just take people as they are”

Julie described how having had men on her psychotherapy training course she over came her initial “nervousness”
Participants were asked if they felt that the language and practice of psychotherapy suited traditional men. Four of the therapists described their experience of conflict between traditional male values and psychotherapeutic language and practice. Clare proposed:

“A traditional male client ... sitting face to face, eye contact in a smallish space, talking about feelings ... that would be very difficult ... it's not conducive ... or at least there's more barriers to get over”

Elizabeth posited:

“Most men see it as something ... a little bit airy-fairy... it's not ideally suited to them ... we have to ... be careful about ... how we persuade them that it can be helpful to just sit and talk to someone. So in general, no”

Siobhan talked about two traditional male clients she that has had:

“One guy... very traditional ... I just gave him space to do what he wanted ... not to move into any territories he wasn't able for ... it's taken him eight years with me to be able to show any feeling... another guy ... I used to feel I was wading through mud ... He never wanted to be vulnerable ... We still did very useful work ... not thinking because he doesn't want to feel vulnerability there's something wrong with him ... he was from a background where there was no feelings allowed except anger”
Alison agreed that the language and practice of psychotherapy did not “really” suit traditional male clients:

“Not really. I use … mindfulness in my approach. There's a lot of resistance to that. I think they see it as … threatening their sense of themselves as men … men don't like this, talking about feelings and touchy feely stuff, they see it as ‘tree huggy’ or ‘weird’ … it is quite difficult to … not get some resistance. … CBT approach is what men love … graphs … traditional men… it looks very scientific and they love that when you bring that in”

Julie maintained that she did not use any psychotherapy language with her clients:

“I couldn't say I do use psychotherapy language as such, with either men or women … I actually just … talk normally”

A question was posed to examine whether the therapists believed that their male clients dealt with psychological stress differently to their female clients. Three participants agreed that male clients did deal with it differently, Elizabeth articulated:

“They get action focused … there's something else about them being very rewarded for, in society, for functioning well when stressed”

Siobhan mentioned:

“Yeah, I think they manage on their own. Sometimes they don't even talk to their wife. They're much more self-regulate than Interactive”
Alison noted her experience: “Yes ... it'll come out in anger and snapping and irritability”. One participant struggled to make a determination, Clare was reluctant to “blanket it”. She could recall some examples of how male clients did deal with psychological stress differently but could also think of many times when they did not:

“Some do ... overall, yes ... more extrovert in their expression of stress ... often times with male clients it'd be ... the fault of ... something external ... I'm coming up with loads of examples ... that say the opposite to that”

The researcher went on to investigate whether or not the therapists thought that their traditional male clients experienced or expressed emotion differently to their female clients. There was a consensus amongst four psychotherapists that male clients differ in their expression of emotions. Clare revealed her experience:

“It takes a lot longer in the therapy relationship for them to connect with feelings and express them ... there's reluctance on behalf of the traditional male”

Siobhan disclosed her thoughts:

“They don't express it so openly ... they won't cry ... they tighten ... you still pick up a lot of feeling. It's not the amount of expression that indicates the level of feeling ... Men don't cry as much, they're conditioned ... to be tough ... ones who support everyone else. Not emotionally, but other ways ... to actually allow themselves to be vulnerable ... would be very threatening”

Julie spoke of her experience of her male clients’ expression of emotion:
“I find men don't like to get emotional, especially in front of a woman, so it takes a bit longer ... They don't necessarily cry as easily or as much ... I would imagine I wasn't 'meeting' them... that I wasn't making contact to sadness or grief or whatever they were feeling because they wouldn't necessarily show it the same as women do”

Alison maintained that male clients do express emotion differently:

“But the feelings can be very intense... there is a bottling up ... coming from that position of fear... of revealing anything. It's more tentative, the revealing of emotion”

Elizabeth saw little difference in the expression of emotion but the journey to it was significantly different with her traditional male clients:

“I'm more likely to hear things like ... ‘this is ridiculous’, ‘I'm just being a wimp’... It's a very different route ... in general much more ... resistant to allowing that ... men can be very well organized in keeping emotion at bay. Certain emotions are more acceptable: anger, rage more than fear sadness and despair”

Female Psychotherapists’ Work with Their Traditional Male Clients

There were three questions designed to explore how the therapists may or may not adapt their way of working to suit their traditional male clients. The first of these questions was ‘what if anything in your approach would be different when working with male clients?’ Clare, Elizabeth and Alison shared the view that their approach was altered when working with traditional males. Clare replied:
“There is a difference in my approach definitely ... I find myself going more cognitively based”

Elizabeth gave her account:

“I take more time to suggest anything kind of touchy-feely ... lay out at the beginning exactly what psychotherapy is about ... they would know that I'm not going to come up with the answers”

Alison responded by saying:

“I would be aware that ... men might not find it as easy to open up about more personal feelings and might be very afraid ... of becoming emasculated. I find myself still ... surprised when men cry ... a client ... he started to cry. It was the first time he cried with me ... He was ... quite apologetic ... I remember once ... a man describing it as coming into a torture chamber. I'm aware ... to take it quite slowly”

Siobhan explained how she adjusts her approach based on the individual not the gender:

“I don't know if I'd have a thought out approach ... whoever comes to me ... they're able to talk about feelings or they're not ... Not be "oh, they have to get in touch with their feelings." ... It's really adjusting my approach to work with the person”

Julie postulated that “ ... everything is the same ...” in her approach with male clients.
The Therapists were also questioned about what they found to be most helpful in building and maintaining the therapeutic alliance with their traditional male clients. Elizabeth and Siobhan both talked about a “straight talking” approach. Elizabeth expressed:

“Feedback from male clients, is a kind of a matter of fact approach ... quite straight talking ... knowledge that it's often way outside of their comfort zone, what we're doing here ... give them time to settle into that”

Siobhan had a similar standpoint:

“Straight talking ... not going around the houses, being vague. One guy said to me recently ... "Why do you pause after I say something? ... I said to him, "Sometimes I just don't know what to say to you “ ... that has helped us ... he's not a candidate for therapy, but he needs support”

Alison discussed what she found to be most helpful with her traditional male clients:

“Working at their pace and acknowledging that it may take longer ... they can be quite defensive ... Men just expect to be judged ... they're ‘weak’ in coming ... trying to challenge that ... they've done the right thing in coming”

Clare recounted her experience:
“It would be the same ... relationship building ... create a space where they can sit and be. If it was with a male client that is more cognitively based ... create the atmosphere that’s consistent with that”

Julie maintained:

“I don't think that's any different to women ... the containment ... the contract ... to really pay attention and to listen well”

The participants were requested to communicate their experience of what was least helpful in building and maintaining their relationship with their traditional male clients. Clare articulated her thoughts:

“If there is an expectation from me that they need to connect with feelings ... go that route readily”

Elizabeth spoke of her unwillingness to challenge a male client:

“One client in particular ... I lost because I didn't challenge him ... I think I let it go too long ... traditional men, would want you to call a spade a spade”

Siobhan’s response was:

“Probably too much touchy-feeling, to be too warm maybe... It depends on the person ... mapping it out as opposed to vagueness”

Julie stressed the importance of pacing and understanding:
“To go at the pace that somebody is able for ... I'm actually thinking of one person ... this man ... he hated himself ... I wasn't able to ... hold his hatred of himself ... it's really important to be able to go at the pace ... to understand. I found it hard to understand ... the whole idea of self-hatred”

Alison described what she found to be least helpful:

“If they get angry, you can't be too challenging ... You really do have to just take it at a snail's pace ... lots of reassurance ... they are actually terrified ... Imagine if you've had that sense of this is who I have to be in the world. It's quite a fearful state ... it's not helpful to knock that down”

Female Psychotherapists’ Experience of Erotic Transference and Countertransference with Their Traditional Male Clients

Two questions in the interview sought to clarify what role erotic transference and countertransference played in the female psychotherapists’ work with their traditional male clients. All of the therapists expressed their discomfort in relation to this topic. They spoke of their dis-ease in broaching the subject with their clients also. Clare shared her experience:

“A lot of the time it'd be more in hindsight. It's like "Oh, yeah, I missed that ... I think it has to be there between male and female. I think it's often times not mentioned ... or my comfortableness, or lack of comfortableness around it”
In response to how the issue is addressed Clare said:

“I avoid it completely. It's much more difficult one to address ... addressing any other transference or countertransference ... seems to carry less of the intimacy”

Elizabeth discoursed about erotic transference and countertransference in her practice:

“I've never experienced strong erotic transference from a male client. ... It has to be there... it's never been a problem and now I'm wondering why not”

Elizabeth went on to say:

“I would never have had any difficulty talking about my male clients sexuality ... I haven't worked with a male client to whom I haven't posed the question, what it's like to work with me ... as a woman ... I've never been aware of a male client, being sexually attracted to me ... So that's never had to be broached”

Siobhan reported never having had the experience of erotic transference or countertransference with her male clients: “no, there wasn't ... not with the males” In response to how she addressed the issue when it arose with a female client Siobhan said:

“Well I would have brought it to my supervision ... I had with one person who we never dealt with it ... my head goes into "oh God." I would talk about it in supervision, but I've never got to a stage where it's stalled the
therapy. I would say it's an area I'd be nervous about and haven't a lot of experience of”

Julie explained that it does come into the therapy with her male clients:

“Yes, sometimes ... the flirting ... it never gets out of hand ... of course it comes into the room”

In relation to how it is dealt with Julie said:

“I try naming and bringing into the room and just be curious ... it's a little harder to do the erotic transference ... I wouldn't be doing it kind of quickly”

Alison spoke about the role erotic transference and countertransference plays in her work with male clients:

“It does come into play ... it doesn't come in much at all ... Just recently, I had a client ... he said, 'I find you attractive’ ... I wasn't ready for it ... I just let him know that this is quite normal ... I'm probably not as comfortable as I could be in the whole area ... suddenly you find yourself in a funny domain when it's erotic transference”

Summary

Three out of the five participants acknowledged having preconceived ideas about working with male clients when they began client work. Four of the therapists reported on their experience of the inconsistencies between the language and practice
of psychotherapy and traditional male roles. These included how the process threatened their sense of masculinity. Three of the psychotherapists held the view that males dealt with psychological stress differently to female clients. Traditional males tendency to self regulate or become angry and irritable was noted. All of the participants agreed that traditional males’ emotionality was significantly different to their female clients’ expression of emotions. The male clients were reported to withdraw and reduce affect when discussing emotion, the time it takes for them to show their feelings in the therapeutic space was informed to be much longer. Three of the therapists voiced the differences in their approach with traditional male clients. These included a more cognitive model being employed and being acutely aware of how the process may be difficult for them to adjust to. What the psychotherapists deemed to be most and least helpful in building and maintain the therapeutic relationship with their male clients was observed. The results demonstrated that straight - talking, pacing and listening well were reported as most helpful whilst therapist expectations, not challenging and lack of pacing were stated as least helpful. Finally the participants’ experience of erotic transference and countertransference was documented. The therapists all raised the issue of discomfort in the area with only two reporting to have experience of erotic transference with a male client. None of the participants informed having erotic countertransference towards a male client. The psychotherapists were in agreement that it was the most difficult transference to broach with a client.
CHAPTER FIVE: DISCUSSION

Introduction

This chapter reflects on the findings of this research into the experience of five female psychotherapists’ work with their traditional male clients. Their views, feelings and personal experiences are compared and contrasted with the findings of the literature review. This is done under the three themes specified in the results chapter.

Female Psychotherapists’ Experience of Their Traditional Male Clients

Mahalik et al (2003) maintained that traditional men do not seek psychotherapy readily due to the cultural demands placed on them not to show weakness. Brooks (1998) held that the expectations of psychotherapy conflict with traditional male gender role behaviours. In discussing whether the participants’ believed that the language and practice of psychotherapy suited traditional males, four of the therapists conveyed discrepancies between the demand of psychotherapy and traditional male values. The struggles brought to light by the therapists included traditional males’ difficulty in sitting face to face and talking about their feelings also their view of therapy as being “airy fairy”. The psychotherapists also described this client groups’ reluctance to be vulnerable and how the process threatened their sense of themselves as men. Deering and Gannon (2005) concluded that psychotherapists might misinterpret their client’s struggle as resistance. Each of the therapists in this study reported on their experience of resistance with this client group, expressing that there are more barriers to get over and how it usually takes much longer for them to express their feelings. Alison and Clare spoke about how a more cognitive approach
sometimes can be a lead in. This resistance was investigated by Pollack (2000) who postulated that defense mechanisms are born out of a ‘normative life cycle loss’. In childhood, males are forced away from their mothers by a society that promotes male autonomy. Defense mechanisms such as conflicts about dependency, over valuing of autonomy and boundaries between self and other, stem from the trauma of this experience. The participants in the present research identified these dynamics as familiar to them in their work with traditional males.

Deering and Gannon (2005) proposed that traditional men typically have difficulty in submitting to the process, presenting skeptically in therapy, asking many questions and expecting a plan of action. Female psychotherapists might interpret this attitude as being a response to their gender. Three therapists in the present study alluded to this, Alison conveyed her concerns about not being taken seriously because she is a woman and Siobhan stated that she could be a bit reactive with traditional males if she felt they were dismissive of her. Elizabeth spoke of the demand from traditional males to come up with answers quickly.

Female therapists may find it hard to understand their male clients due to different gender role socialisation (Levant and Brooks, 1997). Only one participant in the present study expressed a significant struggle in understanding her male client fully. Julie recalled one particular male client she had had early on in her career, who presented with self hatred reporting that she found it difficult to comprehend her clients’ notion of self hatred. She described this lack of understanding as a hindrance to therapeutic process.
Vangerhoets and Van Heck (1990) referred to the traditional males coping strategy for managing overwhelming feelings, they described how men take on a problem-solving attitude. Men have also been observed to express emotions differently, they have a tendency to withdraw and reduce physical reactions when discussing their feelings (Vogel et al 2003). Questions posed to the psychotherapists concerning male emotion found that all of the female participants observed some crucial differences in their traditional male clients’ emotionality. In response to how emotion is expressed all of the women agreed that it took a lot longer for these male clients to begin expressing feelings. Elizabeth spoke of the traditional male’s “journey” to opening up emotionally. She conveyed the self-ridicule and embarrassment experienced by her male clients, adding that some emotions were more acceptable such as anger and rage. Clare described a reluctance on behalf of the traditional male to access their emotions whilst Siobhan portrayed the withdrawal that takes place, explaining how these men don’t express feelings openly instead they “tightly”. Three of the psychotherapists voiced how their male clients don’t cry as much, Siobhan maintained that they are conditioned not to. Julie said her experience was that it was hard for them to cry in front of a woman. Alison described her male clients revealing of emotion as “tentative”.

Heesacker's (1999) Beliefs about Men’s Emotionality scale measured the degree to which psychotherapists stereotyped men as hypo – emotional. The results showed a high degree of gender stereotyping amongst psychotherapists. The results of the present study are in contrast with these findings. Whilst the other participants agreed that men are more resistant to communicating their feelings only one therapist stated that she would have perceived men as “less emotionally connected” than females.
Perrin, Heesacker and Shrivastas (2008) concluded that male gender roles confined men to an emotionally restrictive existence. Sweet (2006) posited that one of the challenges faced by female therapists, when working with male clients, is the necessity for them to examine their more general feelings towards men and the positions they hold in society.

Owen et al (2009) suggested that men deal with psychological stress differently to women. They went on to say that therapeutic factors such as disclosing vulnerabilities, expressing emotion and relying on the therapist for support conflict with the way men typically manage problems. The findings of the present research were consistent with this. In the main the participants reported that males get more action focused, they have a tendency to manage stress on their own and become angry and irritable. Elizabeth declared that society rewarded men for functioning well when stressed. Clare said that over all men are more extrovert in their expression of stress but that she could not apply this to all men.

**Female Psychotherapists’ Work with Their Traditional Male Clients**

Bedi and Richards’ (2011) study was conducted in order to discover what particular incidents males found to be most helpful in building the therapeutic alliance. Nine categories were born of the results, they were: Bringing Out the Issues, Non Verbal Psychotherapists Actions, Emotional Support, Formal Respect, Practical Help, Office Environment, Information, Client Responsibility and Choice of Professional. Bringing Out the Issues received the highest rating from the all male sample. The results of the
present study showed that two of the female psychotherapists believed that being
direct and straight talking was hugely important. Pacing was also stressed as vital by
two other therapists. The interviewees also expressed the importance of
acknowledging how this process may be outside of their client’s comfort zone and
stressing to the male client that they are “not weak” in coming for therapy. Paying
attention and listening well was most important for one therapist in particular.

A later study, also carried out by Richards and Bedi (2015), endeavoured to discover
what experiences of note, male clients found to be most detrimental to the therapeutic
relationship. The results were demonstrated through seven categories: Not the Right
Fit / Approach, Counsellor / Psychotherapist Pressuring the Client, Client Uncertain
or Untrusting, Counsellor / Psychotherapist Acting on Assumptions About the Client,
Client Unsure of What to Expect in Sessions, Client Not Putting in Enough Effort and
Time / Timing problems. Some of the incidents listed above were named by the
therapists in the present research as least helpful in building and maintaining the
alliance with their traditional male clients. Clare postulated that an expectation from
her, that her client must get in touch with his feelings easily, would not be helpful.
Elizabeth named her reluctance to challenge a particular male client as least helpful.
Julie and Alison determined that lack of pacing would not be productive whilst Alison
added that being too challenging is not useful with her male clients. Siobhan thought
that too much “touchy-feely” stuff could be problematic for her male clients, but it
would depend on the person. The results from Richards and Bedi’s (2015) research
indicated that the psychotherapists were using a non-directive model of therapy with
these male clients. If traditional males pursue psychotherapy they are likely to be met
with a therapist who adopts a more humanistic approach. It has been found that such
men desire a more practical and solution-focused approach (Westwood and Black, 2012). In the present research, the five female psychotherapists were asked if anything in their approach would be different when working with traditional males. The findings demonstrated that three out of the five therapists altered their usual working model in some way. Clare explained how she engages in a more cognitive model. Elizabeth posited that she lays out exactly what therapy is about in order to manage any expectations of her coming up with the answers. Alison expressed how she keeps in her awareness how difficult therapy can be for traditional men and takes her time. These findings were inconsistent with that of Vogel et al (2003) who maintained that female psychotherapists focused more on emotional content with their male clients. Ogrodniczuk, Piper, Joyce and McCallum (2001) postulated that a collaborative and more direct therapy is correlated with good psychotherapeutic outcomes for male clients.

Female Psychotherapists’ Experience of Erotic Transference and Countertransference with Their Traditional Male Clients

The results of this research conflicted with Meyers (1987) proposal that erotic transference is the most prominent form of transference between male clients and female psychotherapists. The female therapists in the present study did not find erotic transference to be a common feature in their work with male clients. The psychotherapists all reported discomfort in the area of erotic transference and countertransference. Only two participants recounted any experience of erotic transference with their male clients. Julie asserted that it does come into the room but never gets “out of hand” she went on to say that she addresses the transference in the
room with her client and remains curious about it. However, Julie did also mention that it was harder to name erotic transference and she would take more time to do that with her client. Alison’s experience was that erotic transference was part of the dynamic with her male clients but it “... doesn’t come in much at all ...” she recalled a particular client who it had been present with, she reported on how she had explained to him that it was completely normal. Alison expressed that she was not as comfortable in the area as she could be, stating that she finds herself in a funny domain when it comes to erotic transference.

The presence of erotic countertransference is seen by Goldberg and Evans (1985) to indicate the therapist’s capacity to engage with their client. None of the participants in the present research reported having had erotic countertransference towards a male client. Schaverien (1996) holds that in order for psychotherapy to have a positive outcome, female therapists must not avoid the erotic transference within the relationship. An absence of this transference signifies a need for the therapist to examine her discomfort with the topic. In the present study three of the participants conveyed a lack of erotic transference within their work with male clients. Elizabeth said that she has never been aware of a male client being sexually attracted to her, she went on to say that she has never shied away from talking about her male clients sexuality or how it was for them to work with her as a woman. She expressed a curiosity as to why it hasn’t come up in her work with male clients. Clare explained that for her, erotic transference is something that she may see when she reflects back on her work with a client, describing how it would dawn on her once the therapy had ended. Clare went on to say that it is often not mentioned due to her discomfort with the intimacy that erotic transference carries. Siobhan explained how she has not
experienced erotic transference or countertransference with her male clients, she stressed her nervousness in the domain exclaiming: “my head goes into, oh God” Siobhan explained that it is an area she does not have a lot of experience of.

Female therapists can resist the development of erotic transference, finding it easier to emphasise their male clients’ need for nurturance rather than their sexual desire (Altman, 1995). Resistance can also be observed in male clients of female therapists who commonly display reluctance in allowing erotic feelings to become conscious. Male gender role identification makes it a struggle for traditional men to hold both sexual and dependent feelings (Noonan and Lane, 2001). According to Person (1985) male clients may desexualise their female therapists permitting more affectionate feelings to surface thus protecting their sense of masculinity.

**Summary**

The majority of the participants in the present research reported on how the language and practice of psychotherapy is not suited to traditional males. This was in agreement with the literature that proposed that the process of psychotherapy was inconsistent in almost every way with traditional male gender roles. The female psychotherapists all reported experience of resistance to the process from their traditional male clients. This resistance was observed to be consistent with the defense mechanisms associated with male gender role conflict discussed in the literature review. A number of the therapists said they believed that the resistance might be, in part, due to their female gender.
The results shown on male emotionality were consistent with the findings of the literature review. The participants posited that male clients tend to withdraw and limit affect when discussing their emotions. The findings of this research were also in agreement with the writings on how traditional men manage stress. Their propensity to deal with stress alone or become angry and irritable was mentioned by the participants.

Some similarities were found between previous research findings that observed what men found to be most helpful in the building and maintaining of the therapeutic alliance and that of the female therapists is this study. The male clients named Bringing Out the Issues as most vital whilst the results here showed that the therapists viewed straight talking and pacing as most helpful.

Some correlation existed between what the female therapists named as least helpful in this study and what male clients in another study found to be least helpful. The male participants of a previous study had named Counsellor / Psychotherapist Pressure as an issue whilst two of the psychotherapists in the present research identified their own expectations as least helpful.

Three out of the five female psychotherapists conveyed that they employed a more direct approach with their traditional male client. This was in agreement with research that found that traditional male clients are looking for a more solution focused and practical encounter.
The results of the present study contradicted findings that erotic transference was the most prominent form of transference between male clients and female psychotherapists. Only two of the five therapists expressed having experienced erotic transference from male clients. Discomfort around the issue was reported by all of the participants. None of the therapists informed of having experienced erotic countertransference towards a male client. Literature regarding male client and female psychotherapist resistance to erotic transference and countertransference was noted as a possible basis for the results.
CHAPTER SIX – CONCLUSION

This research gathered the experience of five female psychotherapists working with traditional male clients. This was done through semi-structured interviews with the participants. The data was then analysed and three main themes emerged. They were: female psychotherapists’ experience of their traditional male clients, female psychotherapists’ work with their traditional male clients and female psychotherapists’ experience of erotic transference and countertransference with their traditional male clients. The results showed that the therapists experienced discrepancies between the requirements of psychotherapy and their traditional clients’ male gender role constraints. The majority of the therapists reported dissimilarities in how traditional male clients managed stress. There was a consensus amongst the participants that traditional male clients’ emotionality differed greatly to that of female clients. Three out of five of the therapists adopted a change in approach in order to accommodate the specific needs of their traditional male clients. Some similarities were found between what the therapists in this study found to be most and least helpful in their relationships with male clients and what male clients in a previous study described as most and least helpful. Only two out of the five therapists interviewed had experience of erotic transference with a male client. There was no report of erotic countertransference towards a male client from any of the participants. Erotic transference and countertransference was described by all of the psychotherapists as an uncomfortable domain to be in.
**Limitations**

One limitation of this study was that even though all of the participants have done extensive work with male clients, some felt that only a small amount of those would have been traditional males. Another limitation was, given the personal nature of the material, it may be that participants were reluctant to disclose fully their experience of erotic transference and countertransference.

**Areas for Further Research**

The issue of power within this cross gender dyad could be a further area for research to expand into. The necessity for modules on the psychology of men and gender sensitive therapy to be included in psychotherapy training programmes is an area that could be examined also.
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Appendix One – Interview Outline

Q 1. Did you have preconceived ideas about working with male clients when you began client work, if so what were they?

Q 2. What if anything in your approach would be different when working with male clients?

Q 3. In your experience does the practice and language of psychotherapy suit traditional men?

Q 4. What in your experience is most helpful in building and maintaining the therapeutic relationship with your male clients?

Q 5. What have you found to be least helpful in the building and maintaining of the alliance with traditional male clients?

Q 6. In your experience do male clients deal with psychological stress differently to female clients?

Q 7. From your work with traditionally male clients would you say they experience or express emotion differently to female clients?

Q 8. In your work with male clients, how has the issue of power impacted on the relationship?

Q 9. Has erotic transference/ countertransference played a significant role in your work with male clients?

Q 10. Do you address this issue of erotic transference / countertransference differently to other transference dynamics?

Q 11. Do you believe that psychotherapy-training programs should include modules on gender sensitive therapy?
Appendix Two – Information Form

My name is Amy Kirwan and I am currently undertaking a BA in Counselling and Psychotherapy at Dublin Business School. I am inviting you to take part in my research project, which is concerned with exploring female psychotherapists’ experience working with male traditional men.

What is Involved?

You are invited to participate in this research along with a number of other people because you have been identified as being suitable, as you are an experienced psychotherapist. If you agree to participate in this research, you will be invited to attend an interview with myself in a setting of your convenience, which should take no longer than thirty minutes to complete. During this I will ask you a series of questions relating to the research question and your own work. After completion of the interview, I may request to contact you by telephone or email if I have any follow-up questions.

Anonymity

All information obtained from you during the research will be anonymous. Notes about the research and any form you may fill in will be coded and stored in a locked file. The key to the code numbers will be kept in a separate locked file. All data stored will be de-identified. Audio recordings and transcripts will be made of the interview will be coded by number and kept in a secure location. Your participation in this research is voluntary. You are free to withdraw within one week of the interview.

DECLARATION

I have read this consent form and have had time to consider whether to take part in this study. I understand that my participation is voluntary (it is my choice) and that I am free to withdraw from the study within one week of the interview without disadvantage. I agree to take part in this research. I understand that, as part of this research project, notes of my participation in the research will be made. I understand that my name will not be identified in any use of these records. I am voluntarily agreeing that any notes may be studied by the researcher for use in the research project and used in scientific publications.

Name of Participant (in block letters) __________________________________________
Signature __________________________________________

Date __ / __ / __