MALE GENDER ROLE CONFLICT AND ITS EFFECTS ON THE THERAPEUTIC RELATIONSHIP

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ABSTRACT

This study examines male gender role conflict (GRC) and its effect on therapeutic relationships in Ireland. The research was conducted to identify if psychotherapy and counselling training or personal therapy has an effect on GRC. Further investigation explored how GRC affects a man’s decision to seek counselling, and also its influence on their choice of gender when choosing a counsellor. The results also explore if GRC encourages/affects a preference in gender for the counsellors when choosing a client. The results were achieved by comparing the GRC levels from 20 counsellors and 20 non-counsellors. The GRC levels were obtained using a quantitative approach, employing the Gender Role Conflict Scale-Short Form (GRCS-SF) (Wester, Vogel, O'Neil, & Danforth, 2011) (Appendix 1) in order to measure the four factors that GRC affects: Success, Power, and Competition (SPC); Restricted Emotionality (RE); Restrictive and Affectionate Behaviour Between Men (RABBM); and Conflict Between Work and Family Relations (CBWFR).

The findings concluded that there is a statistical difference in GRC levels following training and personal therapy, although not a significant difference. However, a significant difference was found between experienced counsellors and both the non counsellors and inexperienced counsellors respectively. The experienced counsellors demonstrated significantly lower GRC than both comparisons. Gender preference was not common for counsellors in this study when choosing a client, with only 10% showing a preferred gender. The 10% did however, demonstrate higher levels of SPC, RE and RABBM. The study showed 25% of non-counsellors preferred a specific gender when seeing a counsellor, and interestingly all chose a female counsellor. This result however does not appear to be related to GRC, with results from both groups showing very little difference. The results found that RABBM was the only
one of the four factors that influenced the non-counsellors decisions not to seek help from a counsellor. However research has shown that the remaining three factors promote the opposite behaviour than what is necessary for the therapeutic process, and this confusion or perceived threat to the client’s masculinity may cause them to terminate the treatment prematurely (Blazin, Marks, 2001).
CHAPTER ONE

INTRODUCTION

1.1 Gender Role Conflict

Gender Role Conflict, is described by O’Neil, (2008, p362) as a “psychological state in which socialized gender roles have a negative consequence on the person or others”. Men’s gender role socialization and masculinity ideology and norms produces a fear of femininity, of being associated with feminine qualities. Brannon (1985 as cited in Levant, 1990, p1) identifies four components of traditional attitudes about masculinity; men should not show feminine qualities (“no sissy stuff”); men should strive to earn respect for successful achievement (“the big wheel”); weakness must never be shown (“the sturdy oak”); and men should seek and thrive on risk and adventure, accepting violence if necessary (“give them hell”). These values and standards are learned in early childhood, shaped by parents, peers, and society. The strong negative emotions associated with stereotypical feminine values, attitudes, and behaviours, begin to define, restrict and negatively affect boy’s and men’s lives. GRC is the result of rigid, sexist, and obstructive gender roles that cause devaluation, restriction, or violation of one’s self and others (O’Neil, Good, & Holmes, 1995). O’Neil (2008, p362) describes the ultimate outcome of GRC as “the restriction of a person’s human potential or the restriction of another person’s potential”.

1.2 The Therapeutic Relationship

In an article by Wisch & Mahalik (1999) a study was carried out to determine how GRC affects a male psychotherapist’s attitude and assessment of male clients who might not fit into society’s definition of a man. These clients include men who may show what is perceived as feminine qualities, expression of emotion through crying, or have homosexual tendencies. The results found that GRC does affect the judgement and attitude of the counsellor towards the client. The results also showed that it was certain combinations of client gender related behaviour that influenced how the therapist viewed the client, and highlighted the potential for such bias to impinge on the therapeutic relationship and have a negative impact on the client.

1.3 Rationale

While the number of studies on GRC continues to increase, there is a dearth of research and literature available on GRC and its effects in Ireland. The majority of studies have taken place in United States, and of those studies very few examine the effects that GRC has on the therapeutic relationship, and even fewer on its affects of the training process undertaken by psychotherapists and counsellors. Research on how GRC affects the therapeutic relationship and the training process in Ireland has until now remained nonexistent. It was this lack of research and the researchers desire to localise the issue, which prompted the following research which investigates if and how GRC may be affecting therapists, the therapeutic relationship, and the client in Ireland.
1.4 Aim

The aim of this study is to determine and compare the different levels of GRC between male therapists and men who have had no counselling experience/qualification, who are living in Ireland. The results will be analysed to determine how GRC influences the decision of a man living in Ireland to seek therapy. The results will also be used to discover if GRC has an influence on the choice of gender for the counsellor when choosing a client, or the non-counsellor when choosing a therapist. The results and existing literature will also be used to explore the effects that GRC may be having on therapists training in Ireland, and on the therapeutic relationships that follow.

1.5 Benefits

The researcher will augment the limited existing body of research in this area, encouraging current and future therapists to become more aware of their own GRC and its implications on the therapeutic relationship. The research carried out may be used for further studies in this area, in order to identify gaps in training and the effects on supervision and personal therapy, which may help provide the opportunity for future therapists to work without the biases inflicted by GRC.
CHAPTER TWO

LITERATURE REVIEW

2.1 History

The study of men’s gender role was absent until the 1970’s when early Men’s Liberation writers began discussing “The Hazards of Being Male” (Goldberg, 1977) and how “The male sex role may be dangerous to your health” (Harrison, 1978). A special issue of “The Counselling Psychologist” titled “Counselling Men” was released in the hope that it would help promote an understanding of the male role and how human service professionals could promote the growth of men (Skovholt et al., 1978). In response, a publication by O’Neil (1981a) presented a conceptual model connecting masculine GRC with men’s psychological problems. Gender role socialization was presented by O’Neil (2008) as an interaction of environmental and biological factors that promote certain masculine values and a fear of femininity. O’Neil hypothesized that these rigid gender role socialization processes were oppressing men and preventing them from reaching their full potential as human beings (O’Neil 2008).

O’Neil presented forty GRC patterns which he believed were learned during gender role socialization. These patterns explained the negative outcomes of restrictive gender role socialization for men, and the author condensed these into six theoretical patterns: (a) restrictive emotionality (b) health care problems (c) obsession with achievement and success (d) restrictive sexual and affectionate behaviour (e) socialized control, power, and competition issues, and (f) homophobia. Although this was a turning point in the understanding of GRC, O’Neil realised that empirical research would be needed in order to
validate the theoretical concept. O’Neil’s manuscript called for further research to be carried out so that counselling psychologists could educate the public on the dangers of restrictive sex-role socialization for men, women, and children (O’Neil, 1981a). The Gender Role Conflict scale (GRCS) (O’Neil, Helm, Gable, David, & Wrightsman, 1986) (Appendix 2) was created soon after and more than 230 studies using the scale have been carried out since.

2.2 Gender Role Conflict Defined

GRC was operationally defined by O’Neil using three concepts: (1) four psychological domains, (2) numerous situational contexts, and (3) three personal experiences. The first of the psychological domains is cognitive: the way we think about or perceive gender roles. The second is affective: how gender roles make us feel. The third is the unconscious: when gender role dynamics that are beyond our consciousness affect how we behave, causing conflict. The fourth is behavioural: our interaction or reaction to others and ourselves based on gender roles (O’Neil, 2008).

O’Neil (2008) puts forward numerous situational contexts and has reduced them down to four categories (a) GRC caused by gender role transitions which include puberty, getting married, the death of a parent, or becoming a father, all of which can challenge or alter our gender role perceptions, (b) GRC experienced intrapersonally (within the man) when he tries or fails to meet the gender role norms of masculinity ideology and experiences discrepancies between his real self and ideal self, (c) GRC expressed toward others interpersonally, when he devalues, restricts or violates others for conforming to or straying from masculinity ideology norms, (d) GRC experienced from others, when he experiences personal
devaluations, restrictions, and violations from others for conforming or straying from masculinity ideology.

The *three personal experiences* of GRC, as mentioned by O’Neil (1995) and above, are **devaluations, restrictions** and **violations**. Gender role devaluation is a negative critique of self or other, and results in lessening of personal status, stature, or positive regard. Gender role restrictions confines others or oneself to the stereotypical norms of masculinity ideology, resulting in limiting one’s personal potential and removes a degree of freedom. Gender role violations see a man harming himself or others, or being harmed by others which causes psychological and physical pain. GRC theory indicates that these three personal experiences have a direct impact on men’s interpersonal, career, family, and health lives (O’Neil, 1981a, 1982, 1990; O’Neil & Nadeau, 1999).

2.3 Gender Role Conflict Patterns

The six theoretical patterns originally put forward by O’Neil were tested and condensed into four empirically derived patterns of men’s GRC (O’Neil et al., 1986). These patterns are **Success/Power/Competition (SPC)**, **Restricted Emotionality (RE)**, **Restrictive Affectionate Behaviour Between Men (RABBM)**, and **Conflict Between Work and Family Relations (CBWFR)**. SPC relates to an individual’s attitude toward success which is achieved through power and competition. RE is defined as a restriction or fear of expressing feelings, of not finding the words to describe the basic emotions. RABBM also involves the restriction of expressing ones feelings and thoughts however it applies specifically to expressing oneself with other men and includes difficulty in touching other men also. The last pattern, CBWFR,
defines the restriction or the struggle to balance work, school, and family relations which in turn may have an effect on health leaving men overworked, stressed, unable to find time for leisure, or unable to relax (O’Neil, 2008). The four patterns are linked to men’s fear of femininity or appearing feminine.

2.4 The Effects of Gender Role Conflict

The devaluations, restrictions and violations that are associated with GRC can have an intrapersonal affect resulting in negative outcomes such as:

*Depression:* Studies have shown that all four GRC factors show a significant correlation with depression. (Good, & Mintz, 2011; O’Neil, 2008).

*Anxiety & stress:* Fear of meeting masculinity norms can be stressful which sees GRC significantly correlated with men’s anxiety and stress (Theodore & Lloyd, 2000). Physical and psychological strain, global levels of psychological stress, competition comparison strain, physical inadequacy, and performance failure have all been correlated with GRC (Davenport, Hetzel, & Brooks, 1998; Hetzel et al., 1998; O’Neil, 2008).

*Psychological well-being:* Studies have shown that poor psychological well-being and GRC are related (Sharpe, & Heppner, 1991; Sharpe, et al., 1995)

*Low Self-esteem:* Low self-esteem has been hypothesised to be a result of GRC and gender role strain. Due to a fear of losing power in work or in their relationship, men carefully conceal not feeling good about themselves as this is perceived as a weakness (O’Neil, 1981a; Pleck, 1995).
Alexithymia and shame: Alexithymia, or the inability to describe ones feelings using words (Levant, 1995), and shame have been related to men’s GRC.

Substance abuse: Conflict from gender roles expectations may be alleviated through the use of substances (Capraro, 2000).

Religious orientation: GRC is believed to affect spiritual development and religious processes, with studies finding that men with more internally focused religious orientation show significantly less GRC (Jurkovic & Walker, 2006; Mahalik & lagan, 2001; Reiman, 1999).

Drive for muscularity: Studies have shown that men’s body image and strive for muscularity is related to GRC affecting body-esteem (McConville, 2004; McCreary, Saucier, & Courtenay, 2005).

Self-destructiveness, hopelessness and suicide: All three have been related to GRC with suicidal men reporting significantly higher GRC than non-suicidal men. Studies have shown that unexpressed emotions may have severe negative outcomes. (Naranjo, 2001; Birthistle, 1999, and Brewer, 1998).

Problem solving attitudes: GRC has been shown to be related to men’s approach-avoidance and low problem solving confidence (Chamberlin, 1993; Good et al., 2004).

The internal devaluations, restrictions and violations associated with GRC also show its presence interpersonally affecting:

Overall interpersonal functioning, attachment, and fathering: It has been found that GRC significantly predicts rigid and dominant interpersonal behaviour and is related to hostile and
rigid interpersonal exchanges (Mahalik, 2000). Sociability, intimacy, a lack of interpersonal competence/closeness, and less intimate self-disclosure have also been significantly associated with GRC (Sharpe et al., 1995; Berko, 1994; Brunch, Berko, & Hasse, 1998). It was found that early parenting dynamics impacts GRC, and GRC in turn relates to problems with attachment, separation, and individuation with parents (O’Neil, 2008). Blazina and Watkins (2000) observed that as GRC increases, problems with attachment, separation and individuation with parents increased. Closer attachments and less psychological separation from both parents were discovered in men who perceived their fathers and themselves as having less GRC (DeFranc & Mahalik, 2002).

Marital satisfaction, family dynamics, and couples: Studies have found that GRC negatively affects marriage satisfaction (Alexander, 1999; Brewer, 1998; Leka, 1998). GRC has also been related to parenting dissatisfaction, lack of parenting self-efficiency, family conflict and avoidance. Enmeshment or disengagement as well as decreased cohesion with both parents have also been significantly correlated with GRC. Studies indicate that family dynamics are significantly affected by GRC however further research is required to determine how exactly (O’Neil, 2008). GRC has been significantly connected to lower daily marital happiness, decreased marital adjustment, greater depressive symptomology, and greater negative affect for both men and women (Breiding, 2003. 2004; Celentana, 2000). Husbands high levels of GRC have been related to increased levels of reported spousal criticism and hostile behaviours during marital interactions (Breiding, 2004).
Men’s intimacy, self-disclosure, and male friendship: Studies have found that the ability for men to be intimate or form male friendships is decreased by high levels of GRC. Studies have also shown that GRC significantly relates to men’s lack of intimacy, self-expression, and connection with other men (O’Neil, 2008).

Stereotyping, attitudes toward women, egalitarianism, homophobia, and racial bias: Men’s traditional attitudes towards women, sex role stereotyping, low sex role egalitarianism, and stereotypical beliefs about men’s emotions have been significantly correlated with one or more patterns of GRC (Jacobs, 1996; O’Neil, 2008; Wood, 2004). There is limited research on how GRC relates to the biases toward racial and ethnic groups, however, one study shows a significant relationship between GRC and negative attitudes toward African Americans (Robinson, & Schwartz, 2004). Research on how GRC affects biases towards gay/lesbian/bisexual/transgender persons, and other oppressed groups is also limited however studies have shown a significant relationship between GRC and homophobia or anti-gay attitudes (O’Neil, 2008; Wilkinson, 2004).

Men’s interpersonal and sexual violence toward women: The socialization of male violence has been described by Betz and Fitzgerald (1993, as cited in O’Neil, 2008, p 392) as “one of the most serious social problems of our age”. Studies have shown significant correlation between GRC and sexually aggressive behaviours such as; the likelihood of forcing sex, abusive behaviours and coercion, dating violence, hostile sexism, hostility toward women, rape myth acceptance, positive attitude toward and tolerance for sexual harassment, and self-reported violence and aggression (Covell, 1998; Jacobs, 1996; Kaplan, 1992; Serna, 2004).
O’Neill share the views of Betz and Fitzgerald as he describes the results of the studies as “sobering” (2008, p393).

2.5 Gender Role Conflict and the Client

Unfortunately studies have shown that men with high levels of GRC are less likely to seek the help they need as the masculine culture and the dynamics of therapy are incompatible with each other (Rochlen, 2005). Rochlen (2005, p628) describes the ideal client as “emotionally expressive, comfortable with ambiguity and vulnerability, and able to ask for help”, while Levant (1990) describes the stereotypical male as having difficulty admitting a problem exists, asking for help, identifying emotional states, and a fear of intimacy. The incongruent nature, or bad fit, has been reported as one of the unique challenges that arise when working with male clients or perspective male clients (Rochlen, 2005).

O’Neil (1982, p16, as cited in Blazin, Marks, (2001) offers “masculine mystique” as a possible explanation to the traditional man’s reluctance in seeking help, placing emphases on man’s struggle to embody and maintain the perception of what masculinity should be and avoiding at all cost showing any signs of weakness or femininity. In order to uphold these masculine qualities, the expression of vulnerability, emotions, and physical contact are to be avoided. Seeking help or support from others is also to be avoided as it is believed this is a weakness, showing vulnerability and incompetence (Tsan, Day, Schwartz, & Kimbrel, 2001).
Blazin, Marks, (2001) referring to Freud (1937) discusses how power and the need to retain power may also be a factor relating to men’s reluctance to seek therapy. To enter into therapy may be seen as a submission or loss of power, which could be experienced as humiliating by a client who shows high levels of GRC. A study conducted by Tracey (1985) showed evidence that the more successful dyads were the ones in which the counsellor had more control; with the less successful dyads showing control levels to be more even. Men with high levels of GRC, SPC in particular, may have difficulty surrendering their power or control during the therapy process, resulting in the client controlling the outcome in congruence with their symptoms, or reluctant to seek therapy at all.

A study “College men’s effective reactions to individual therapy, psycho educational workshops, and men’s support group brochures” was conducted by Blazin, Marks (2001). This study assessed men’s willingness to utilize each treatment, it discovered how powerful they saw the therapist/facilitator, and observed their emotional reactions. As predicted the men showing high levels of GRC had a negative reaction to all three, in particularly the men’s support group. Brannon (1985 as cited in Blazin, Marks, 2001) describes how boys are raised to tough it out, to go it alone and not be a “sissy”. This means that a support group would challenge these expectations, by providing an opportunity to experience and express feelings or emotions that have been repressed, because they were deemed to be shameful. Ironically the men’s support group holds the potential for an emotionally corrective experience, but only if it can be tolerated (Blazin, Marks, 2001).
2.6 Gender Role Conflict and the Therapist

So what about men with low levels of GRC, who are not afraid to seek help, or the traditional man with high levels of GRC who does eventually manage to sit in front of a male therapist? Studies have shown that male psychologists and psychology graduates are subject to the same gender role socialization as the men they are treating (Wester, Vogel, 2002). Therefore, GRC would have an impact on the training and development of the therapist, and in turn would influence the treatment they provide once qualified. If GRC is not addressed in the therapist training or in the development of existing therapists, then there are sure to be biases and consequences in treating certain populations (Heppner, Gonzales, 1987).

Therapist’s showing high levels of GRC in relation to Restrictive Emotionality (RE) may find it difficult to express warmth, empathy or concern to their clients for fear they will be perceived as feminine (Heppner, Gonzales, 1987). For the traditional man, showing important qualities such as these in the therapeutic relationship would be perceived as a sign of vulnerability and this contradicts the view that control and character will characterize a man (Scher, 2001).

Research conducted by Hayes (1984, as cited in Wester, Vogel, 2002) has shown that when working with homosexual and highly emotional male clients, therapist’s that show higher levels of restricted emotionality (RE) and restricted affectionate behaviour between men (RABBM) were less empathetic and had more interpersonal difficulties. Further research was carried out by Wisch and Mahalik (1999) almost fifteen years later, reaffirming these results and discovering that counter-transference reactions inhibited the appropriate qualities needed
when working with the gay population. The results revealed that therapists with high levels of RE and RABBM considered gay clients more pathological and they had less desire to work with them in psychotherapy.

Wester et al (2002) demonstrated that male psychology interns who experienced high level of RE displayed poorer perception of their therapeutic abilities than those with lower levels of RE. Studies have also shown that high levels of RE and RABBM will affect how therapists work with certain populations, as transference and counter-transference, intimacy, affection and empathy, all essential aspects of psychotherapy and supervision, will cause them to constrict their behaviour to avoid being perceived as vulnerable. The therapists approach or ability to work with certain populations may also be governed by high levels of SPC. Where this is the case, rather than creating a collaborative therapeutic relationship, a rivalry may form in its place (Scher, 2001). The therapist may lose sight of the client’s issues, instead focusing on taking control or showing off their expertise by performing for the client (Wester, Vogel, 2002). Hayes (1984), and Wisch and Mahalik (1999) have also shown that the counter-transference triggered in therapists with high levels of SPC, when working with homosexual or highly emotional men, prevent the appropriate conduction of psychotherapy.

2.7 Training

Self-efficacy is defined by Larson & Daniels (1998, p. 180) as “the degree to which individuals consider themselves capable of performing a particular activity” and lack of Self-efficacy has been suggested as the reason why male therapists with high levels of GRC have difficulty working with certain client populations (Wester et al., 2002). Larson coined the
term “Counselling self-efficacy” or CSF and advised that low levels of CSF may be related to trainee counsellors who experience GRC. It is thought that high levels of GRC while training, may inhibit the development of the necessary therapeutic skills, and could “lead to unwillingness to take risks, avoidance of the learning process, or a lack of perseverance” (Larson & Daniels, 1998, p. 206).

The presence of GRC may inhibit the learner’s capability to use what they are learning. It is the difference between ‘knowing’ what to do, and what you actually ‘do’ with the knowledge. A trainee’s personal characteristic will play a vital part in their learning, and as warmth, empathy, openness and exploration of emotion, are the behaviours stressed during training and supervision, it may be confusing and interfere with the development of training and supervision for a trainee experiencing GRC. If there are high levels of success, power and competition (SPC) it may be difficult for a trainee to examine their own performance and identify their own skill deficits. Some trainees may have such fear and anxiety over breaking these gender norms, that their attention is focused on this and less on increased client contact and utilizing their supervision (Wester et al., 2002).

The environment in which the training takes place may also be a factor in low CSF. A lack of attention paid to GRC could leave the trainee unaware of why he is feeling the way he is and feeling that they, rather than their socialization, are wholly responsible for their feelings of inadequacy as a developing therapist. This accompanied with existing GRC may cause avoidance in taking risks when choosing where they find a placement and in their targeted client population, leaving a skill deficit with conducting psychotherapy with other populations (Wester et al., 2002).
2.8 Diagnostic Schema to Assess Men’s GRC

Although evidence-based interventions are sparse and there is little research that assesses how GRC affects the client during therapy, there is support for some recommendations from the research conducted to date. Researchers suggest, as discussed above, that the culture of therapy is often incongruent with men’s masculinity ideology (Rochlen, 2005), and in an attempt to address this issue with the limited research available, O’Neil (2008, p416) presents a “Diagnostic Schema to Assess Men’s GRC”. The diagnostic schema is hoped to help therapists assess men and better conceptualize clinical interventions in therapy when preparing psychological interventions. The schema consists of seven GRC assessment domains including:

**Therapist’s self-assessment:** it is important that therapist assess their own knowledge and biases about men. Studies have shown that therapists GRC is significantly related to them liking non-traditional and homosexual men less than other men (Rochlen, 2005).

**Assessing men’s diversity and oppression:** The therapist can recognize how GRC interacts with race, class, age, religion, ethnicity, sexual orientation, and cultural values, by asking questions such as: do my stereotypic beliefs about men who differ from me or deviate from the traditional male stereotype, affect my therapeutic judgement in terms of race, class, age, sexual orientation nationality or ethnicity (Wester, 2008).

**Assessing men’s defences:** defences serves various functions for male clients, they may help protect their gender role identity, dealing with threat, avoiding devaluations and emasculation, or perceived losses of power and control (O’Neil, & Nadeau, 1999). By assessing these defences and becoming aware of them the therapist can help the client to understand his defences and work to find a more functional way of processing thoughts and emotions during the sessions.
Assessing men’s emotionality and restrictive emotionality: It is not surprising that men who view emotions as feminine, weak or not part of being human have problems expressing their emotions. Reconceptualising, understanding, and honouring the diverse ways in which men express their emotions is a vital requirement for therapists. Therapists have the opportunity to educate their clients on RE, advising that it is a socialized problem, derived from sexist attitudes about men and emotions. Clients can then explore how their RE was learned, rather than accept that it is a personal deficit that they cannot change (O’Neil, 2008).

Assessing men’s distorted cognitive schemas about masculinity ideology: although research on the relationship between cognitive distortions and GRC is theoretically and empirically undeveloped, it is believed that distorted cognitive schemas are related to psychological problems. Therefore therapists can help with these distorted cognitions by (a) assessing the specific areas of men’s cognitive distortions, (b) educating them on how cognitions, feelings, and behaviours are interrelated, (C) exploring the illogical nature and accuracy of the cognitive distortion, and (d) modifying the biased distortions with more rationality (Mahalik, 1999a).

Assessing men’s patterns of GRC and gender role devaluations, restrictions, and violations: research shows strong support for the assessment of men’s GRC patterns as part of the therapy process. This is done with direct questioning of the clients understanding of his masculine identity and gender role. The GRC Scale and GRC Checklist have also been used during therapy. This questioning can help the clients develop gender role vocabulary helping them to put words on and understand their psychological problems. Engaging in this dialogue may also stimulate emotional disclosure about the personal experience of being a man (O’Neil, 2008).
Assessing men's need for information, psycho-education, and prevention programs: Factual information on restricted gender roles may be needed by some men to understand how GRC affects their lives (Blazina, Marks, 2001)

2.9 Current criticisms and challenges

The majority of the research carried out on GRC has been with non-clients, outside of the clinical settings without focus on the counselling process or outcomes. Limited research exists on how GRC affects clients during therapy and therefore evidence-based interventions are lacking (O’Neil, 2008). Researchers have argued that third variables explaining GRC’s relation to psychological problems have been absent, and recommend a more complex model be devised to explain how GRC is experienced (Enns, 2000; Good, Heppner, DeBord, & Fisher, 2004; Tokar, Fisfer, Schaub, & Moradi, 2000). Heppner (1995) has suggested moderator and mediator studies to determine precisely how GRC affects psychological maladjustment.

Longitudinal assessments of GRC have not been carried out and developmental tasks and contextual demands that interface with men’s gender role socialization have also not been identified (Enns, 2000; Heppner, 1995). It has also been noted by researchers that the impact GRC has on others has rarely been studied along with the similarities between men’s and women’s GRC (Enns, 2000; Rochlen & Mahalik, 2004). GRC has been criticized for not assessing areas such as sexuality, performance, homophobia, and health issues (Thompson & Pleck, 1995). O’Neil (2008) agrees that the criticisms are not without merit however he also points out that the research to date indicates positive support for the four patterns of men’s
GRC. This positive research, along with the criticisms and challenges, can now support new directions for future research, including the development of more complex moderator and mediator studies of men’s GRC.

2.10 Moderator and Mediator Studies

Moderator and mediator studies are scarce, with only 23 studies assessing how moderators affect GRC, and just 14 examining the mediators of men’s GRC (O’Neil, 2008). Heppner (1995) showed the same concerns as O’Neil today, advising that there is a need for such studies in order to examine the complex relationships between independent, dependent, and intervening variables. In order to answer how, when, where, and why GRC occurs a contextual analysis is needed, studying people in real-life situations, and the dynamic interaction between individuals and the multiple contexts in which they live. O’Neil (2008) provides seven contextual domains which would help provide an understanding of these potential moderators and mediators: (a) age, development stage, resolving developmental tasks, and gender role transitions; (b) family interaction patterns, interpersonal situations, and peer relationships; (c) masculinity ideology, norms, and conformity; (d) psychological and physical health variables; (e) men’s diversity-race, ethnicity, culture, class, religious, and sexual orientation as well as identity issues related to other categories; (f) vulnerability variables related to violence, oppression, and abuse; and (g) methods to help men resolve GRC through therapy and psycho-educational interventions.
2.11 Conclusion

The “Hazards of being male” (Goldberg, 1977) is in different company today than it was in the year of publication, with many more publications providing empirical support. The aim of the Counselling Psychologists “to contribute to understanding male roles and the ways human services professionals can promote the growth of men” (Skovholt et al., 1978, p. 2) has been somewhat of a success, responsible for and encouraging much of the research that exists today. However the most important finding to date may be that there is still much more to uncover in order to help change patriarchal and sexist structures that victimize men, women, and children.

Whether men are oppressed by sexism, or victims of it due to restrictive gender roles, cannot be answered fully by the research carried out to date. We need to question how we can actively improve men’s and boy’s lives, educate the public to the psychology of men and women, and eliminate men’s violence toward others. Patterns of positive masculinity need to be derived, in order to provide an alternative to the sexist attitudes and behaviours that reflect GRC. We need to discover what constitutes “healthy masculinity” by identifying men’s strengths such as responsibility, courage, altruism, resiliency, service, protection of others, social justice, positive fathering, perseverance, generativity, and nonviolent problem solving (O’Neil, 2008). How GRC relates to the therapeutic process has only recently emerged as a critical area of research. The studies carried out have highlighted potential gaps in training and areas of concern in the therapeutic process. If training, personal therapy, and supervision are to be engaged in without fear of devaluation, restriction, or violation, further research will be needed.
CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The purpose of this section of the study was to discover the different levels of GRC among male counsellors and non-counsellors living in Ireland, and examine if training and experience is a key factor in these results. This section will also investigate if the non-counsellors would ever consider seeking help from a counsellor, and if so which gender they would choose for that help. It also investigates if the counsellors have a preference in gender when choosing a client and if the results relates to GRC. The chapter will outline the methodology used in the study explaining the rationale for the particular design, the materials used, the population used, and the procedure adopted. In conclusion, the ethical considerations which informed the study are outlined.

3.2 Research Design

Over 230 separate studies relating to GRC as it is experienced by men have been carried out, with the vast majority of them using the GRCS (O’Neil et al, 1986). The scale consists of thirty seven items spread across four sub scales representing: Success, Power, and Competition (SPC); Restricted Emotionality (RE); Restricted Affectionate Behaviour Between Men (RABBM); and Conflict Between Work and Family Relationship (CBWFR). Responses are measured on a 6 point Likert-type scale ranging from “strongly disagree” to “strongly agree”. Past studies have demonstrated that each of the sub scales provided
acceptable reliabilities across several studies, with coefficient alphas ranging from the low 70s to the low 90s.

It was anticipated that the GRCS would be used due to its proven reliability, however, before distributing the surveys the GRCS-SF was discovered, which had been recently developed (Wester, et al., 2011). Wester et al. (2011) decided to develop a shorter, more cultural applicable measure of the already existing GRCS (O’Neil et al., 1986). Responding to previous recommendations to revise and improve the psychometrics of the GRCS (Rogers et al., 1997), the weaker loading items were removed as they did not directly assess conflict or contribute to the factor invariance between samples. The GRCS-SF was chosen for the purpose of this research as there is supported evidence that a shorter survey would retrieve a higher and more accurate response rate. Wester et al. (2011,) advises that the shorter version decreases the “response burden” (Parent, Moradi, 2009, p186, as cited in Wester et al., 2011) on participants which may lower the risk of boredom, loss of motivation, and random responding.

3.3 Population

For this study a sample of 40 men between the age of 24 and 67, who were living in Ireland, was used. The 40 men were divided into two sub groups the first group consisting of 20 counsellors who have been in personal therapy, have trained or are currently training in psychotherapy and counselling to a degree level, and are currently working with clients. The second group consisted of 20 men who have had no counselling experience or qualifications. As there is a lack of studies differentiating GRC between experienced counsellors and trainee
counsellors, these two populations were targeted when populating the counsellor subgroup, in order to assess how training and experience affects GRC. Due to time constraints and lack of resources ‘snowballing’ was employed to populate both groups.

3.4 Procedure

Two surveys were constructed using an online survey service, one survey for qualified and trainee counsellors (Appendix 3) and the second for non-counsellors (Appendix 4). Both surveys were distributed via email with an accompanying letter. The researcher distributed the first survey to a fellow counsellor who passed the survey onto other counsellors. A second survey was emailed to a tutor from the researcher’s college, which was then distributed to trainee counsellors attending the college. The researcher used a number of colleagues to distribute the non-counsellor surveys, again via email.

3.5 Ethical issues

Beauchamp and Childress (2008) four major ethical principles, based on moral philosophy, were in the forefront of this researchers mind when constructing and carrying out this study:

*Respect for Autonomy:* The a brief description of the surveys purpose was provided it was made it clear on the introduction email that the survey was voluntary, and that if for any reason they did not want to answer a question they were not obliged to do so. Every measure was taken to ensure that the participants of this survey and the results were kept private and confidential and the participants were informed of this before taking part in the survey.
Non-Maleficence: When sending out the survey to the non-counsellors the introductory email advised that the survey was for men who are not currently using, and have never before used a counselling service, making sure not to endanger anyone who might be considered to be part of a vulnerable population.

Beneficence: The participants were advised in the introduction email that they could contact the researcher on the number and email address provided if they felt they had any concerns or questions relating to the survey.

Justice: All responses were used and reflected equally in the study.
CHAPTER FOUR

RESULTS

The results of the GRCS-SF (Wester, et al., 2011) were collected and analysed in order to discover if there was a significant difference when comparing the GRC levels of: counsellors and non-counsellors; qualified and trainee counsellors; trainee counsellors and non-counsellors; experienced counsellors and inexperienced counsellors; Non counsellors who would seek help and those who would not; non-counsellors who had a gender preference when choosing a counsellor and those who had no preference; counsellors who had a preference when choosing a client and those who had no preference; the counsellor who preferred female clients and the counsellor who preferred male clients. These results are reflected in tables 1-8 below and all significant finding are discussed in the following chapter.

Counsellor v Non Counsellor: Table 1 compares the GRC levels collected from the counsellors with those of the non-counsellors in order to establish if the training and personal therapy experienced by counsellors has had an effect on their GRC levels.

Table 1

<table>
<thead>
<tr>
<th>Sample type</th>
<th>Sample type</th>
<th>n</th>
<th>( \bar{x} )</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPC</td>
<td>Counsellor</td>
<td>20</td>
<td>11.15</td>
</tr>
<tr>
<td></td>
<td>Non-counsellor</td>
<td>20</td>
<td>13.9</td>
</tr>
<tr>
<td>RE</td>
<td>Counsellor</td>
<td>20</td>
<td>10.6</td>
</tr>
<tr>
<td></td>
<td>Non-counsellor</td>
<td>20</td>
<td>14.58</td>
</tr>
<tr>
<td>RABBM</td>
<td>Counsellor</td>
<td>20</td>
<td>7.74</td>
</tr>
<tr>
<td></td>
<td>Non-counsellor</td>
<td>20</td>
<td>9.35</td>
</tr>
<tr>
<td>CBWFR</td>
<td>Counsellor</td>
<td>20</td>
<td>15.26</td>
</tr>
<tr>
<td></td>
<td>Non-counsellor</td>
<td>20</td>
<td>12.31</td>
</tr>
</tbody>
</table>

GRCS-SF (Wester, et al., 2011).
Qualified counsellor v Trainee counsellor: The GRC levels of the trainee counsellors and the experienced counsellors were compared in table 2 in order to establish if completion of training results in a reduction of GRC levels.

Table 2

Qualified v Trainee

<table>
<thead>
<tr>
<th>Sample type</th>
<th>Sample type</th>
<th>n</th>
<th>x</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPC</td>
<td>Qualified</td>
<td>10</td>
<td>9.2</td>
</tr>
<tr>
<td></td>
<td>Trainee</td>
<td>10</td>
<td>13.1</td>
</tr>
<tr>
<td>RE</td>
<td>Qualified</td>
<td>10</td>
<td>9.6</td>
</tr>
<tr>
<td></td>
<td>Trainee</td>
<td>10</td>
<td>11.6</td>
</tr>
<tr>
<td>RABBM</td>
<td>Qualified</td>
<td>10</td>
<td>7.67</td>
</tr>
<tr>
<td></td>
<td>Trainee</td>
<td>10</td>
<td>7.8</td>
</tr>
<tr>
<td>CBWFR</td>
<td>Qualified</td>
<td>10</td>
<td>11.89</td>
</tr>
<tr>
<td></td>
<td>Trainee</td>
<td>10</td>
<td>18.3</td>
</tr>
</tbody>
</table>

GRCS-SF (Wester, et al., 2011).

Experience v Inexperienced: In order to determine if experience will have an effect on the GRC levels of the qualified counsellors the results of the 2 least experienced counsellors who have 3 years’ experience each, and the two most experienced who have 20 and 27 years’ experience were compared in table 3.

Table 3

Experienced v Inexperienced

<table>
<thead>
<tr>
<th>Counsellors</th>
<th>Sample type</th>
<th>n</th>
<th>x</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPC</td>
<td>Experienced</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Inexperienced</td>
<td>2</td>
<td>9.5</td>
</tr>
<tr>
<td>RE</td>
<td>Experienced</td>
<td>2</td>
<td>5.5</td>
</tr>
<tr>
<td></td>
<td>Inexperienced</td>
<td>2</td>
<td>12.5</td>
</tr>
<tr>
<td>RABBM</td>
<td>Experienced</td>
<td>2</td>
<td>5.5</td>
</tr>
<tr>
<td></td>
<td>Inexperienced</td>
<td>2</td>
<td>12.5</td>
</tr>
<tr>
<td>CBWFR</td>
<td>Experienced</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Inexperienced</td>
<td>2</td>
<td>14</td>
</tr>
</tbody>
</table>

GRCS-SF (Wester, et al., 2011).
Trainee Counsellor v Non-Counsellor: The results in table 4 compare the GRC levels of the trainee counsellors and the non-counsellors, assessing how affective training and personal therapy is on levels of GRC.

**Table 4**

*Trainee Counsellor v Non-Counsellors*

<table>
<thead>
<tr>
<th>Counsellors/non counsellors</th>
<th>n</th>
<th>$\bar{x}$</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPC</td>
<td>2</td>
<td>13.9</td>
</tr>
<tr>
<td>Trainee counsellors</td>
<td>2</td>
<td>13.1</td>
</tr>
<tr>
<td>RE</td>
<td>2</td>
<td>14.58</td>
</tr>
<tr>
<td>Non counsellors</td>
<td>2</td>
<td>11.6</td>
</tr>
<tr>
<td>Trainee counsellors</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>RABBM</td>
<td>2</td>
<td>9.35</td>
</tr>
<tr>
<td>Non counsellors</td>
<td>2</td>
<td>7.8</td>
</tr>
<tr>
<td>Trainee counsellors</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>CBWFR</td>
<td>2</td>
<td>12.31</td>
</tr>
<tr>
<td>Non counsellors</td>
<td>2</td>
<td>18.3</td>
</tr>
<tr>
<td>Trainee counsellors</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

GRCS-SF (Wester, et al., 2011).

Help seeking attitude: The survey distributed to the non-counsellors asked if they would ever consider using a counselling service and 50% (10 people) said yes. The levels of gender roles conflict between those who said yes and those who said no were compared in table 5 to determine if GRC was a factor in their decision.
Table 5

**Help seeking attitude (non-counsellors)**

<table>
<thead>
<tr>
<th>Would you see a counsellor?</th>
<th>n</th>
<th>$\bar{x}$</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>10</td>
<td>15.6</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
<td>12.2</td>
</tr>
<tr>
<td>RE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>10</td>
<td>14.6</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
<td>13.8</td>
</tr>
<tr>
<td>RABBM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>10</td>
<td>8.1</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
<td>10.5</td>
</tr>
<tr>
<td>CBWFR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>10</td>
<td>12.8</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
<td>11.1</td>
</tr>
</tbody>
</table>

GRCS-SF (Wester, et al., 2011).

*Gender Choice (Non-Counsellors):* When the non-counsellors were asked if they would have a gender preference when choosing to see a therapist 25% (5 people) said they would. All 5 men said that they would prefer a female counsellor. Table 6 compares the levels of GRC from those who preferred a female therapist to those who had no preference, to discover if GRC may also be a factor in this preference and choice.

Table 6

**Preference in gender – non-counsellor**

<table>
<thead>
<tr>
<th>Preference of gender if seeing a counsellor</th>
<th>n</th>
<th>$\bar{x}$</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>5</td>
<td>14.8</td>
</tr>
<tr>
<td>No</td>
<td>15</td>
<td>13.6</td>
</tr>
<tr>
<td>RE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>No</td>
<td>15</td>
<td>13.9</td>
</tr>
<tr>
<td>RABBM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>5</td>
<td>8.8</td>
</tr>
<tr>
<td>No</td>
<td>15</td>
<td>9.46</td>
</tr>
<tr>
<td>CBWFR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>5</td>
<td>11.4</td>
</tr>
<tr>
<td>No</td>
<td>15</td>
<td>12.13</td>
</tr>
</tbody>
</table>

GRCS-SF (Wester, et al., 2011).
**Gender Choice (Counsellors):** The counsellors were asked if they had a preference when seeing clients and only 10% (2 men) said that they would. Table 7 compares the GRC levels of those who had a preference and those who did not, in order to assess if GRC was a factor in their preference.

**Table 7**

*Preferences in gender - counsellor*

<table>
<thead>
<tr>
<th>Preference of gender when seeing a client</th>
<th>n</th>
<th>x</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPC Yes</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>SPC No</td>
<td>18</td>
<td>6.61</td>
</tr>
<tr>
<td>RE Yes</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>RE No</td>
<td>18</td>
<td>10.03</td>
</tr>
<tr>
<td>RABBM Yes</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>RABBM No</td>
<td>18</td>
<td>7.47</td>
</tr>
<tr>
<td>CBWFR Yes</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>CBWFR No</td>
<td>18</td>
<td>15.17</td>
</tr>
</tbody>
</table>

GRCS-SF (Wester, et al., 2011).

Of the 2 men who had a gender preference, the choice in gender was evenly distributed seeing one counsellor choosing a female client and the other choosing a male client. The results in table 8 were compared to see if GRC levels affected the choice of gender.
### Table 8

**Choice of male or female client**

<table>
<thead>
<tr>
<th>Gender preference</th>
<th>n</th>
<th>( \bar{x} )</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SPC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>Female</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td><strong>RE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Female</td>
<td>1</td>
<td>21</td>
</tr>
<tr>
<td><strong>RABBM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Female</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td><strong>CBWFR</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>Female</td>
<td>1</td>
<td>12</td>
</tr>
</tbody>
</table>

GRCS-SF (Wester, et al., 2011).
CHAPTER FIVE

DISCUSSION

5.1 Counsellor v Non-Counsellor

The mean readings were taken from counsellors and non-counsellors who have had no previous training or counselling experience, in order to discover if training and personal therapy has an effect on GRC. The therapists scored lower in three of the four factors (SPC, RE, and RABBM), which is consistent with the notion that male therapists should experience lower levels of GRC than the general population. This is due to their training around gender related issues, tolerance for individual differences, and client emotion, all of which are a necessary part of their work (Wisch, Mahalik, 1999). RE (Restricted Emotionality) showed the greatest difference between counsellors and non-counsellors, GRC which would indicate that consistent exposure to others emotions and the necessity to express emotion during training does have a significant contribution to their ability to witness and express emotions and feeling.

RABBM was significantly the lowest of all four factors with very little difference between both groups. These results may indicate that affectionate behaviour between two men is less of a conflict today than in previous years (O’Neil, 1986) which could be due to increased exposure, as the typical male role within the family has changed dramatically over the years (Wester, Vogel, 2002). The only factor in which the counsellors scored higher than the non-counsellors was CBWFR (Conflict Between Work and Family Relationships), revealing that counsellors have more trouble balancing work and family relations. Wisch, Mahalik, (1999)
agree that this result would not be surprising as many therapist are highly career and family orientated, and may struggle to balance the two.

5.2 Qualified Counsellor v Trainee Counsellor

As expected, trainee counsellors scored higher in all four factors indicating that further training and experience after reaching qualification contributes to lower GRC. The most significant difference was found in SPC, revealing that trainee counsellors are more preoccupied with success, power and competition. This may be due to the pressure felt by trainee therapists who begin to see clients, as they can often feel anxious about being able to meet the demands of their supervisors, their clients, and themselves (Eckler-Hart, 1987). SPC has the potential to interfere with the appropriate conduct of therapy, leaving some male therapists feeling the need to perform for the client, focusing on completion rather than on collaboration and while doing so overlooking the client’s issues (Wester, Vogel, 2002; Wisch, Mahalik, 1999).

Higher levels of RE found in trainee counsellors indicates that on-going training and experience has a positive effect on the counsellors ability to express and witness feelings and emotions. As intimacy, affection, and empathy are central to successful therapy and supervision, trainee therapists are more likely to have difficulty serving certain populations as RE may result in restricting behaviour’s to avoid intimacy (Scher, 2001). RABBM has again scored lowest of all four factors, with a miniscule difference between both. This low score may be a result of witnessing and experiencing affectionate behaviour between two men while in training.
CBWFR shows the highest difference of 6.41 points, with trainee counsellors scoring the highest. As already mentioned above, many therapists are highly career and family orientated and have difficulty trying to balance both (Wisch, Mahalik, 1999), therefore as trainee therapists also have studies to juggle, this may explain the significant difference in CBFWR. All four results mentioned above highlight how important it is for training to incorporate GRC, and its effect on the therapeutic relationship.

5.3 Experience v Inexperienced

The mean readings were taken from the two most experienced counsellors and the two least experienced counsellors to assess the effect of experience on GRC. As expected, experience does appear to reduce GRC with the experienced counsellors scoring significantly lower in all four factors. There are no studies to date to show how experience might affect GRC however it may be hypothesised that due to the nature of the work it is highly probable that when seeing clients counsellors with high GRC will inevitably treat clients who evoke this conflict. As the counsellor becomes more experienced and self-aware this conflict may become more conscious and through supervision and personal therapy they may begin to process their GRC. Due to limitations age could not be tested to confirm that it was counselling experience and not life experience that caused such a difference in GRC.

5.4 Trainee Counsellors v Non-Counsellors

The mean reading from trainee counsellors and the non-counsellors were examined and it was found that in 3 of the four factors (SPC, RE, RABBM) the trainee counsellors scored lower indicating that training has a positive effect on GRC. The trainee counsellors however
scored significantly higher in SPC indicating that they find it more difficult to find a balance between work/college, and family relationships. Although the results indicate that training has a positive effect on GRC the difference is small when compared with the affect experience has on GRC.

5.5 Help Seeking Attitude

The men who said they would seek help from a counsellor scored higher in three of the four factors (SPC, RE, CBWFR), which would indicate that the three factors mentioned may not be an obstacle for men seeking help. The one factor that did score higher for those who chose ‘No’ was RABBM, indicating that the risk of experiencing or observing affectionate behaviour between two men is a factor that may prevent men from seeking help. This result is significantly consistent with the predictions in the theoretical literature, regarding the negative impact of the traditional male role, on help seeking attitudes and behaviour (Good, Dom, & Laurie, 1989). The slightly higher RE score for those who said yes, is supported by Blazina & Marks (2001) who also found that men willing to seek help scored higher in RE. They also highlight that there is a growing body of research which connects GRC with psychological maladjustment, so while the men may have negative attitudes and reactions towards help-seeking, they may on some level realize that psychological help would be at best beneficial, or at worst needed.

Although the results have shown that men experiencing high levels of SPC, RE, and CBWFR, would seek help, it may be the case that their attitudes toward the male role and GRC factors would have an effect on the counselling outcome. If the traditional male did
enter therapy, they would be more likely to experience discomfort with the therapeutic process and leave prematurely. It may be a case that a different therapeutic approach would be more suited to this demographic (Good, Dom, & Laurie, 1989).

5.6 Gender Choice

When asked if they would prefer a specific gender if choosing a therapist 25% (5 people) said yes, and of those 5 people 100% said they would choose a female therapist. In order to discover if GRC was a factor in the gender preference and in that preference being a female therapist, the mean readings were taken from both groups and assessed. The men who preferred a female therapist scored higher in two of the four factors (SPC & RE). The slightly higher level of SPC indicates that competition and power may be an issue preventing male clients from choosing a male therapist. They may perceive another man as a threat to their power or control, and submission may be experienced as humiliating (Blazina, Marks, 2001; Tracey, 1985). Again, the slightly higher levels of RE indicates that there may be the possibility that expressing emotions or feelings to a man, may be more uncomfortable for a male client. RABBM and CBWFR showed an insignificant difference of less than 1 point; however RABBM was the lowest scoring factor of the four yet again.

When asked if they had a preference of client gender, only 2 of the counsellors (10%) answered yes with one choosing male and the other female. The mean recording from the counsellors who had a preference, were compared to those who had none and it was found that the counsellors with the preference scored higher in all four factors. The most interesting difference was seen in SPC with a significant 8.39 points between them. Again this may be a
result of the struggle to maintain power or control in the therapeutic relationship, in order to meet the demands of their supervisors, their clients, and themselves. The conflict may result in a power struggle between client and therapist and have an unfavourable therapeutic outcome (Eckler-Hart, 1987; Tracey, 1985). It again brings up the importance of the Therapists Self-Assessment (O’Neil, 2008) when training and while practicing so that there is an awareness of the counsellor’s process and biases.

The results of the counsellor who preferred female clients to the counsellor who preferred the male clients were compared showing the counsellor who chose the female client with significantly higher levels of RE and RABBM (M=5 compared to M=21, & M=4 compared to M=16). These results are worrying as higher levels of RE & RABBM have been shown to result in a therapist over pathologizing especially when working with Homosexual clients (Wisch, Mahalik, 1999). If unaware of the bias during training there is a risk that some trainees may have a skill deficit with respect to conducting psychotherapy with certain populations (Wester, Vogel, 2002).

5.7 Limitations of the Study

A larger sample size may have been more representative however due to time constraints and limited resources, there was difficulty obtaining a larger sample. Although age varied from 24-64 the sample size meant that the ages were inconsistent between the non-counsellor and counsellor groups with the oldest non counsellor at 37 and the eldest counsellor at 64. This inconsistency meant that the mean readings of the eldest non-counsellor and the eldest counsellors could not be compared in order to discover if work experience reduced GRC
significantly more than life experience. The population used for the non-counsellors were associated with the researchers college and they were aware of this fact which may have influenced their responses.

The newest form of GRCS, the GRCS-SF (Wester et al., 2011) was used, which may have helped decrease the “response burden” (Parent, Moradi, 2009, p186, as cited in Wester et al., 2011) and lower the risk of boredom, loss of motivation, and random responding, however due to its short existence it may not have the same proven reliability as the original scale.

5.8 Further Research

While the results above indicate that counselling and psychotherapy training in Ireland has some effect on GRC it is also clear that the difference is not substantial and that experience appears to have the biggest impact on GRC for Irish male therapists. This leaves the obvious answer that further research is needed to assess how GRC affects the training process, supervision, and personal therapy and how it can be handled differently prior to gaining 20-27 years’ experience and a possible trail of unsuccessful interventions in its wake. Again with little research carried out on GRC and the therapeutic relationship in Ireland further research is needed in order to examine the severity of this issue and its impact.

Although the GRCS (O’Neil 1986) has been invaluable to the studies of GRC and its effects on the therapeutic relationship, the results are none the less elicited abstract attitudes toward the counselling process which cannot predict the actual therapist/client behaviours within the session. With this in mind future research should explore a more naturalistic method of examining the therapist and client gender roles, and how it influences clinical judgement.
Stimulus material could be used such as clips of clients to which the counsellors can react, or the use of actual counsellor client dyads. This type of research would allow researchers to examine actual therapist and client behaviours instead of inferring behaviours from attitudes (Wisch, Mahalik, 1999).
CHAPTER SIX

CONCLUSION

On examining GRC and its effects on gender preference when choosing a counsellor, it was found that GRC did not have a significant effect on the non-counsellors choice, however, of the 25% who did have a preference all chose a female counsellor. Although these results are not related to GRC, they may form part of an alternative study to discover what is responsible for the unanimous choice. GRC was seen to affect the counsellor’s choice in gender when choosing a client, scoring higher in SPC, RE and RABBM. However with only 10% of counsellors showing a preference this does not appear to be a pressing issue, but may benefit from further research.

The effects GRC has on a man’s decision to seek therapy, and what happens once they do, was also examined. With the results showing that GRC only affects the decision to seek help in one of the four factors (RABBM), attention is drawn to how to work with the high levels of the remaining three factors once therapy has started, ultimately trying to avoid a situation where the client is left confused or perceives a threat to his masculinity, resulting in the treatment ending prematurely. Levant (1990) highlights that traditional therapy was designed by men for the treatment of women and therefore reflects male assumptions about female personality development. Studies on GRC and the therapeutic relationship has now provided substantial evidence that a therapy designed for men is needed, based on an accurate understanding of male personality development (Heppner, Gonzales, 1987; Scher, 2001; Levant, 1990; Wester, Vogel, 2002; Wisch, Mahalik, 1999).
However, such a therapy would be pointless if the therapists conducting the sessions were experiencing, and unaware of their own GRC. Although the results showed an expected difference in GRC levels between therapist and non-therapists, the difference was not substantial. On further investigation these figures seem to be significantly related to counsellors in training and the qualified counsellors with less experience, as the more experienced counsellors showed a vast difference in GRC when compared to those with less experience. The results of this study indicates a gap in the training of psychotherapy and counselling in Ireland, and may be of interest to male counsellors and those who supervise and train them, so that they are aware of the relationship between GRC and clinical bias.

The preceding study on “male gender role conflict and its effects on the therapeutic relationship in Ireland” can help others conduct further research on an area that has until now been overlooked in Ireland. These insightful findings will be useful for trainee and practicing counsellors to become aware of how GRC affects their ability to attend to, and work with, clients who present with different gender roles than they do.
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APPENDIX 1

The Gender Role Conflict Scale Short Form (GRCS-SF), (Wester, Vogel, O'Neil, & Danforth, 2011)

Age: _____

1. Education level: (Please tick the highest level that fits you.)

Primary _____ Junior Certificate _____
Leaving Certificate _____ Under-Graduate Certificate _____
Under-Graduate Diploma _____ Under-Graduate _____

2. Relationship status:

Married _____ Single _____
Divorced _____ relationship _____
Remarried _____

3. Race:

White _____ Black _____
Hispanic _____ Asian American _____
Other _____

1. _____ Being smarter or physically stronger than other men is important to me
2. _____ Winning is a measure of my value and personal worth
3. _____ I like to feel superior to other people
4. _____ I strive to be more successful than others
5. _____ I have difficulty expressing my emotional needs to my partner
6. _____ I have difficulty expressing my tender feelings
7. _____ Talking (about my feelings) during sexual relations is difficult for me
8. _____ I do not like to show my emotions to other people

9. _____ Men who touch other men make me uncomfortable
10. _____ Affection with other men makes me tense
11. _____ Hugging other men is difficult for me
12. _____ Being very personal with other men makes me very uncomfortable

13. _____ My needs to work or study keep me from my family or leisure more than I would like
14. _____ My work or school often disrupts other parts of my life (home, health, leisure)
15. _____ Finding time to relax is difficult for me
16. _____ Overwork, and stress, caused by a need to achieve on the job or in school, affects/hurts my life
APPENDIX 2

The Gender Role Conflict Scale, (O'Neil, Helm, Gable, David, & Wrightsman, 1986).

Age: _____

4. Education level: (Please tick the highest level that fits you.)

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5. Relationship status:

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6. Race:

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1. I sometimes define my personal value by my career success

2. I worry about failing and how it affects my doing well as a man

3. Moving up the career ladder is important to me

4. Expressing feelings makes me feel open to attack by other people

5. Verbally expressing my love to another man is difficult for me

6. Being smarter or physically stronger than other men is important to me
7. I often feel that I need to be in charge of those around me

8. Winning is a measure of my value and personal worth

9. Competing with others is the best way to succeed

10. Telling my partner my feelings about him/her during sex is difficult for me

11. I feel torn between my hectic work schedule and caring for my health

12. Men who touch other men make me uncomfortable

13. My needs to work or study keep me from my family or leisure more than I would like

14. I like to feel superior to other people

15. I evaluate other people’s value by their level of achievement and success

16. I have difficulty telling others I care about them

17. Telling others of my strong feelings is not part of my sexual behaviour

18. I strive to be more successful than others

19. I am often concerned about how others evaluate my performance at work or at school

20. Strong emotions are difficult for me to understand

21. I have difficulty expressing my emotional needs to my partner

22. Affection with other men makes me tense

23. My work or school often disrupts other parts of my life (home, health, leisure)

24. I often have trouble finding words that describe how I am feeling

25. I do not like to show my emotions to other people

26. Doing well all the time is important to me

27. Hugging other men is difficult for me

28. Men who are overly friendly to me, make me wonder about their sexual preference (men or women)

29. Finding time to relax is difficult for me
30. I am sometime hesitant to show my affection to men because of how others might perceive me

31. I have difficulty expressing my tender feelings

32. Being very personal with other men makes me very uncomfortable

33. My career, job, or school affects the quality of my leisure or family life

34. Talking (about my feelings) during sexual relations is difficult for me

35. Overwork, and stress, caused by a need to achieve on the job or in school, affects/hurts my life

36. Making money is part of my idea of being a successful man

37. Expressing my emotions to other men is risky
APPENDIX 3

Thank you for taking the time to complete this survey. It is completely confidential and will be used for research purposes only. If you have any questions relating to the survey please call Alan Murtagh on 0872719800.

Q1: Please enter your age and gender below

Age

Gender

Q2: Please select the highest level that fits you

- Under-Graduate Degree
- Master’s Degree
- PhD
- Other

Q3: Relationship status

- Single
- Married
- Relationship
- Divorced
4. Race
- White
- Black
- Hispanic
- Asian American
- Other

5. Have you ever or are you currently using a counselling service?
- Yes
- No

6. If you answered No to question 5 please advise if you would ever consider using a counselling service
- Yes
- No

Please rate each of the following statements as honestly as possible there are no right or wrong answer and if there are any questions you would rather not answer please move onto the next question.

7. Being smarter or physically stronger than other men is important to me
   - Agree Strongly
   - Agree Moderately
   - Slightly Agree
   - Slightly Disagree
   - Disagree Moderately
   - Disagree Strongly

8. Winning is a measure of my value and personal worth
   - Agree Strongly
   - Agree Moderately
   - Slightly Agree
   - Slightly Disagree
   - Disagree Moderately
   - Disagree Strongly
9. I like to feel superior to other people

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10. I strive to be more successful than others

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11. I have difficulty expressing my emotional needs to my partner

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12. I have difficulty expressing my tender feelings

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13. Talking (about my feelings) during sexual relations is difficult for me

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14. I do not like to show my emotions to other people

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15. Men who touch other men make me uncomfortable

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16. Affection with other men makes me tense

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17. Hugging other men is difficult for me

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18. Being very personal with other men makes me very uncomfortable

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19. My needs to work or study keep me from my family or leisure more than I would like

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20. My work or school often disrupts other parts of my life (home, health, leisure)

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21. Finding time to relax is difficult for me

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22. Overwork, and stress, caused by a need to achieve on the job or in school, affects hurts my life

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23. If you decided to use a counseling service would you have a preference in gender?

- Yes
- No

Add Question: Split Page Here

24. If you answered yes to question 23 please select which gender you would prefer

- Male
- Female

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Thank you for taking the time to complete this survey. It is completely confidential and will be used for research purposes only. If you have any questions relating to the survey please call Alan Murtagh on 0872710950.

**Q1. Please enter your age and gender below**

Age
Gender

**Q2. Education (Please select the highest level that fits you)**

- Primary
- Junior Certificate
- Leaving Certificate
- Under-Graduate Certificate
- Under-Graduate Diploma
- Under-Graduate Degree
- Master’s Degree
- Ph.D.
- Other

**Q3. Relationship status**

- Single
- Married
- Divorced
- Remarried
- Relationship

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4. Race

- White
- Black
- Hispanic
- Asian American
- Other

5. How many years have you been a practicing counselor

6. Being smarter or physically stronger than other men is important to me

7. Winning is a measure of my value and personal worth

8. I like to feel superior to other people

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9. I strive to be more successful than others

10. I have difficulty expressing my emotional needs to my partner

11. I have difficulty expressing my tender feelings

12. Talking (about my feelings) during sexual relations is difficult for me

13. I do not like to show my emotions to other people

14. Men who touch other men make me uncomfortable
15. Affection with other men makes me lonely

16. Hugging other men is difficult for me

17. Being very personal with other men makes me very uncomfortable

18. My needs to work or study keep me from my family or leisure more than I would like
19. My work or school often disrupts other parts of my life (home, health, leisure)

   Agree Strongly | Agree Moderately | Slightly Agree | Slightly Disagree | Disagree Moderately | Disagree Strongly
   ()            | ()              | ()            | ()                | ()                 | ()

   + Add Question | + Split Page Here

20. Finding time to relax is difficult for me

   Agree Strongly | Agree Moderately | Slightly Agree | Slightly Disagree | Disagree Moderately | Disagree Strongly
   ()            | ()              | ()            | ()                | ()                 | ()

   + Add Question | + Split Page Here

21. Overwork, and stress, caused by a need to achieve on the job or in school, affects hurts my life

   Agree Strongly | Agree Moderately | Slightly Agree | Slightly Disagree | Disagree Moderately | Disagree Strongly
   ()            | ()              | ()            | ()                | ()                 | ()

   + Add Question | + Split Page Here

22. When seeing clients do you have a preference in gender?

   Yes
   No

   + Add Question | + Split Page Here

23. If you answered yes to question 22 please specify which gender you prefer

   Male
   Female

   + Add/Shared Question | +