'Be a Man'

An exploration of how male psychotherapists negotiate the relationship between their identities as men and their identities as therapists and whether a realignment of the two is required

Research Study

Derek McNamara: 1283034

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Acknowledgements

Abstract

The current research study seeks to explore how male psychotherapists negotiate the relationship between their identities as men and their identities as therapists and whether a realignment of the two is required. The Oxford English Dictionary (2012) gives the definition of *identity* as *the characteristic determining who or what a person or* thing *is.* The word *man,* they define as *an adult human male* (Oxford University Press, 2012). Existing research into the relationship between men's identities and their identities as therapist's focuses on the limitations old ideas of masculinity place on males who work within the humanistic and integrative field of psychotherapy. Additionally it is argued that the field has become a *female concentrated occupation*. This research asks the question of who *post-modern man* is and how he negotiates his way within the field of psychotherapy. The study concludes that the role of the post-modern male has changed and is being conceived of as one which is *more fully human*; that *self monitoring* through personal therapy is essential for all practising psychotherapists in order to ensure that they have *worked through a sufficient amount of their own process*; and that there is a need to look beyond gender in order to *integrate all aspects of self* for the work of the humanistic and integrative psychotherapist.

Key words: Humanistic and integrative psychotherapy, male identity, masculinity, post-modern man, female concentrated occupation

Introduction

By way of introducing this thesis I am going to share how my social location, experiences, and reflections as a trainee male psychotherapist have influenced this enquiry (Del Castillo, 2010). I am a late twenties, educated, able-bodied, heterosexual male in training as a humanistic and integrative psychotherapist. Through the experience of my own training I became aware that as a male I was in the minority in my training group and so I sometimes felt constrained by the feminine expectations that became associated with being a therapist. Freudenberger (1990) suggests that male therapists of recent generations have chosen the Freudian framework as it reinforces traditional male role attributes through the expectations that therapists only reflect patients' feelings and give no evidence of their own personal feelings appearing strong and being silent. As a result if I have come across as insensitive, unempathic, or unemotional in the course of training to become a humanistic and integrative therapist, I fear my gender has been suspected in a way that a females would not have been (Del Castillo, 2010). This research thesis seeks to question the normative referent status of the traditional male norms for men, and examine masculinity as a complex and sometimes problematic psychological construct (Bergman, 1995; Phillips 2006; Pleck, 1995; Pollack, 1995, 1998) and whether practising male therapists and/or practitioners believe any of the perceived vulnerabilities of being a man (Pollack, 1992) impact on the way they are working within the field of psychotherapy today. In view of the reality that men's roles have changed, much like the work of the postmodern scholars (Del Castillo, 2010; Lupton, 2000, 2006; Ming Liu, 2005; Phillips, 2006; Vogel & Wester, 2002), this work seeks to reassess the usefulness of central concepts such as *masculinity* and *femininity* by critiquing the deeply embedded assumption of innately predetermined individuals and how these assumptions, in turn, affect men as therapists.

Research Objectives

As discussed, the current research study seeks to explore how male psychotherapists negotiate the relationship between their identities as men and their identities as therapists and whether a realignment of the two is required. Using the

method of semi-structured interviews it investigates this question. Pleck's (1995) work suggests that male norms which depict that men be tough, stoic, independent, achievement orientated and adverse to all things deemed feminine can result in a source of distress in men's lives, leading to mental health issues. Mahalik and Wisch (1999) report how such constructs of male identity can lead male therapists' to have less liking and less empathy for clients who are perceived as being highly emotional leading to pathological diagnosis. Bringing the ideas of Pleck (1995) and Mahalik and Wisch (1999) together Vogel and Wester (2002) put forward the idea that male therapists might experience two sets of norms; one that emanates from their identities as males and another from the expectations created by the psychotherapist role. This study hopes to gain some insight into this concept. Where an abundance of research is in existence on how male gender is constructed as an aspect of psychotherapists' identities that would seem to leave them ill-suited for the occupation of psychotherapy (Anderson & Carter, 1982; Bergman, 1995; Brooks, 1990; Chodorow, 1978, 1989; Collinson & Hearn, 1994; Cook, Dupuy & Ritchie, 1994; Edbril, 1994; Fischer, 1989; Fischer & Good, 1997; Fogel, 1998; Freudenberger, 1990; Gilbert & Werrbach, 1987; Levant, 1990; Mahalik & Wisch, 1999; Mac Innes, 1998; Mintz & O'Neill, 1990; Pleck, 1995; Pollack, 1992, 1995, 1998), this study provides an insight into the postmodern position through a qualitative exploration of how Irish males currently practising within the fields of humanistic and integrative psychotherapy and that of psychoanalysis feel their gender influences their professional identity.

The specific aims of this research are too;

1. To establish whether a change in how male identity is construed has occurred in recent times

2. To explore whether men working within the field of psychotherapy have, as therapists, an awareness of being male

3. To establish how practising male therapists' feel about the idea that their traditional 'male value system' will be transmitted into their work with clients

Chapter One: Literature Review

1.1 Introduction

This Chapter will review the literature outlining the social and psychological aspects of masculinity. It will also look at previous research that identifies how masculinity is constructed and the relevance these constructs have for males working in the field of psychotherapy.

Phillips (2006) notes that men's studies have typically assumed that boys and men are born with some amount of innate maleness or masculinity that is fixed and will evolve or develop in a biologically predetermined manner, identified as male, within a relatively narrow range of normality. Levant (1990) argues that this traditional male role is a self-denying and stoic-heroic combination of characteristics, which takes its toll on men's physical and mental health. However Levant (2006) asks the thought provoking question of whether there is one form of masculinity or many. Lupton (2000) is one of the current writers who puts forward the idea that research now defines masculinity as being a 'socially generated set of behaviours and practices surrounding the group named men' rather than as a fixed attribute of some one of the male sex as suggested by previous men's studies. As some theorists have noted, this shift in thought of how masculinity may be composed has coincided with the shift of psychotherapy becoming more resonant with female gender norms and so the relevance for how this may pertain to male psychotherapists requires investigation.

1.2 Males working within a female concentrated occupation

Studies undertaken prior to the late 1970's indicate a preference for male psychotherapists among both client and non client samples (Walker, 1978). It is clear from these earlier studies that there was a time when men where possibly overrepresented in the field of psychotherapy, however, recent research has indicated that the opposite is now true (Del Castillo, 2010). Research carried out over the last two decades (Del Castillo, 2010; Lupton, 2000, 2006; Williams, 1992) indicates that the field of psychotherapy may now be considered a 'Female Concentrated

Occupation'. It has however been suggested that the research carried out which relates to this phenomenon has tended to 'assume' male experience while simultaneously placing men at the centre of their arguments (Collinson & Hearn, 1994). This literature review investigates the various challenges a male faces when he enters the field of psychotherapy, through exploring both the formally held and most recently held notions of how masculinity is formed, and identifying what skills are required to be a practising humanistic and integrative psychotherapist.

An exploration of how male psychotherapists negotiate the relationship between their identities as men and their identities as therapists and whether a realignment of the two is required by either a reconstruction or rationalization of the nature of their occupations, or by a renegotiation of their own conception of what it means to be a man is of upmost importance to this research and the current field of psychotherapy (Collinson & Hearn, 1994; Del Castillo, 2010; Lupton, 2000&2006; Pollack, 1992; Williams, 1992).

Essential humanistic psychotherapy characteristics such as empathy, unconditional positive regard and genuineness (Rogers, 1951) have become culturally coded as being an intrinsic part of what it is to be feminine. This could lead to the modern day male therapist feeling culturally constrained by the expectations associated with being a therapist and fearing that if they come across as insensitive, unempathic, or unemotional, that their gender may be suspected in a way that a female colleagues would not (Del Castillo, 2010). The awareness of what it means to be a modern day male cannot be underestimated in its importance as a contributing factor of how a male psychotherapist conducts themselves in the therapy room. It has been suggested that the 'male value system' is transmitted into male psychotherapists' way of working, which acts as a barrier, promoting increased intellectualization and a reduced level of affection, keeping the male therapist safe and less vulnerable (Freudenberger, 1990). This may, in part, be due to the argument that to date psychotherapy training programmes have largely been inattentive to issues of men and masculinity (Archer, Vogel & Wester, 2004).

The sense that comes from the research, which this literature review will present, is the notion that 'masculinity' as an aspect of male psychotherapist's

identity, seems to leave him ill suited for how the occupation of psychotherapy has developed. Past research in this area however, does not fully attend to the unique ways in which male psychotherapists construe their identities nor how they negotiate any gender-linked strain when it arises in the context of their work as psychotherapists (Del Castillo, 2010). This may be partly due to the increasing assumption that while men benefit from taking their gender advantage into female occupations, they also suffer a challenge to their masculinity, both through working alongside women, and from performing a role which is regarded by society as one which women naturally undertake (Lupton, 2000). Vogel and Wester (2002) explored this relationship in the context of men training to become psychotherapists, noting that 'traditional male socialization' can be at odds with the presumed 'feminine' values of psychotherapy. What is interesting is the claim that while women's strategies, to a varying degree, often involve compromising their individual identity to the demands of a masculine role, male strategies tend to give primacy to the preservation of masculine identity (Lupton, 2000 & 2006). However, some other theorists believe that the tendency to devalue therapeutic cultures as feminized has resulted in the overlooking of the possibilities that men may have within them the capacity to subvert the dominant expectations of their gender (Swan, 2008). In order to ascertain which argument holds more weight this research will provide an in depth analysis of how the concept of masculinity has being defined.

As well as looking at the definitions of masculinity and how it has developed over time, this research will attempt to bring attention to how the field of psychotherapy itself has had a number of significant identity changes over the same period. The intention behind highlighting how both male identity and the field of psychotherapy itself have undergone significant changes is to highlight the essential, vibrant movement of both in order for each to be maintained within a fluctuating world.

1.3 Developing views of Masculinity

The pressures on men today to behave in ways that conflict with various aspects of the traditional male role have never been greater. For the past forty years or so, literature presented in the area of psychotherapy has focused almost exclusively on

female psychology and female development (Lieberman, 2006). It is clear that research into how men negotiate themselves within the profession of psychotherapy is worth exploring with a core question relating to masculinity being whether when Freud (1905) wrote his 'Three essays on sexuality' was he also discussing the male role as it is now or were his writings time-specific? If the answer is that they were time specific, and so the notions of masculinity have changed, an investigation into just how they have changed must be undertaken in order to understand what impact a therapist's masculinity may have on his therapeutic work. In current day popular culture important films about men at different stages of the life cycle such as that of 'Broke Back Mountain' and 'About Schmidt' have engaged discussions about the nature of masculinity in the 21st century and how a more sensitive version of mankind has emerged (Lieberman, 2006). However this currently held view of the more sensitive version of mankind seems to have developed quite quickly as popular earlier books such as 'Men are from Mars, Women are from Venus' written just two decades ago in 1992, appear to imply that men cannot express feelings, that they might as well give up trying to do so, and that they and others in their lives should just get used to it (Fischer & Good, 1997). The rapid change in mindset presented over the past two decades is further evidence that a need exists for a current inquiry into just how much change men themselves feel may have occurred in recent times. The question of how masculinity and how men in our culture may have changed since the writings of Freud can be said to be linked, at least in part, to the feminist revolution of the 1970's. This revolution brought about new pressures for men to commit to relationships, to communicate feelings, to nurture children, to share in housework, to integrate sexuality with love, and to curb aggression – which seemingly left many men feeling bewildered and helpless (Levant, 1990).

1.4 Traditional Model of Masculinity

Traditionally the male sex role seemed to require that men be independent, strong, self-reliant, competitive, achievement orientated, powerful, adventurous, and emotionally restrained (Levant, 1990). The model of traditional masculinity (Brannon, 1985; as cited by Levant, 1990); has identified four components of traditional attitudes about masculinity: That men should not be feminine; that men should strive to be respected for successful achievements; and that men should seek adventure and

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risk, even accepting violence if necessary. Freudenberger (1990) suggested that therapists select their training and theoretical orientation in a manner that reflects their personalities. Freudenberger (1990) goes on to suggest that male therapists have a tendency to choose the Freudian Framework as it reinforces the traditional male role attributes of Levant (1990) and Brannon (1985) outlined above. The leading concept of Freudenberger's work was the suggestion that Freudian concepts promoted the components which helped to shape the character of the male therapist as he is currently viewed, which in turn has led to confusion as men have sought to find new ways of dealing with the many changes that have taken place over the past two decades and so could be conceived to be confusing for the male who attempts to work within a humanistic and integrative framework. A formally held belief would be that for girls, identity formation occurs through the integration of and identification with an ongoing relational attachment, a continuous affiliative relationship with the mother, whereas for boys, to define themselves as masculine, they must be different (Pollack, 1992). Consequently, Chodorow (1989) argued that: Masculinity or 'maleness' is more conflictual and more problematic than femaleness as learning what it is to be masculine comes to mean learning to be not feminine, or not womanly. If this is a vulnerability to be guarded against in all men, it will exist to a greater or lesser extent in male psychotherapists as well (Pollack, 1992). As a result of this 'gender role strains' have increased, leading men to be under significant stress and anxiety.

1.5 Gender Role Conflict

Cook, Ritchie & Dupuy (1994) determined that of all the psychotherapy textbooks discussing gender issues, none did so in a manner that addressed the potential consequences of men's traditional gender role socialization. This inattention to what it means to be male in today's society suggests that training programmes may not be assisting trainees in overcoming possible barriers to the development of appropriate therapeutic skills (Vogel & Wester, 2002). A resulting state of shame and confusion has been described as male 'Gender role conflict' (O'Neill, 2008). Gender role conflict occurs in men when rigid, sexist, or restrictive gender roles, learned during socialization, result in personal restriction, devaluation, or violation of others or self (Mahalik & Wisch, 1999; & O'Neill, 2008). There is a view being presented in

the traditional model that the task facing male therapists may be a progression toward a new way of being masculine. Some have even gone as far as to suggest that men who are therapists have to unlearn the way in which they have been raised (Gilbert & Werrbach, 1987) as due to therapists being human, they do, in fact, bring into the encounter their moral and cultural, and sometimes even racial, attitudes in spite of efforts to maintain objectivity and neutrality (Anderson & Carter, 1982).

1.6 Post Modern view of Masculinity

Richard Reichbart (2000, as cited by Lieberman, 2006) challenges the predominant rationale, presented earlier, that the boy needs to disidentify with his mother and further rejects the idea that disidentification from the mother is the core of male development. Gerard Fogel (1998) believed that 'Masculinity' and 'Femininity' exists in every individual as he believes that anatomy is not that which defines our destiny. What has stemmed from such thoughts is a relatively new discipline of men's studies. Postmodern positions posit that babies are born into a culture that begins creating or defining them as male or female from birth (Phillips, 2006). This is clearly at odds with the modern position, created by Freud, which stated that boys and men are born with some amount of innate maleness or masculinity that is fixed and will evolve or develop in a biologically predetermined manner, identified as male, within a relatively narrow range of normality (Phillips, 2006). It is assumed in the postmodern position however, that men are socialized in a specific culture, with values, norms, customs, and expectations, to which they must adhere (Ming Liu, 2005). Due to the ever changing expectations and demands on men there is no singular masculinity, but there are plural masculinities, and men may encounter problems in living as a result of different expectations and socialization experiences to which men are constantly adapting in order to remain congruent with the expectations of society (Lupton, 2000; Ming Liu, 2005; Phillips, 2006; Pleck, 1995). Pollack's (1995,1998) theory, significantly diverges from the Freudian assumption of the infant's Oedipal ideal as the basis for the male identity struggle as he views it as appearing much earlier in children's psychic development. In his work Pollack (1995) argues that men are not only able to experience a full range of feelings, including love, sadness and empathic responsiveness, but that they have the inborn physiological equipment to do so. Pollack (1995) states that the effect of the traumatic loss that males experience when,

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as infants and young boys, they are pushed to disidentify and separate from their original and primary love object, their mothers, at least partially contributes to the male's inability to tap into innate emotional connectedness, and as a result creates the males' seeming comfort with emotional distance. Core gender role identity represents the internalization of unconscious schemas of what 'being a man' means to a particular individual, mediated by the context of their own society, culture and family (Pollack, 1995). Boys learn that to define themselves as masculine, they must learn what it means to not be feminine (Chodorow, 1978; Pollack, 1995).

Bergman (1995) claims that men and women have a primary desire for connection with others, and that self – development is a process that occurs in relation to others and in relationship with others. The 'self in relation model' (Bergman, 1995) stresses that early disconnection from a mutually empathic relationship that happens to be with the mother is a primary violation in the lives of many boys as in this process they are taught to become agents of disconnection. According to this model disconnection is reinforced by cultural forces. To achieve maleness, boys learn that they must be physically, emotionally, and relationally different from the mother (Phillips, 2006). As it is considered that the masculine norm is created in a social context, how men understand themselves and their lived experience will depend on the societal discourses in which they are currently participating (Phillips, 2006). Consequently, masculinity is usefully defined as a 'socially generated set of behaviours and practices surrounding the group named men' (Kerfoot & Knights, 1993 as cited by Lupton, 2000) rather than as a fixed attribute of someone of the male sex (Lupton, 2000). Consequently it may be regarded as a role that is socially performed, enacted and reproduced through discourse (Collinson & Hearn, 1994). The postmodern view also suggests the use of the plural 'masculinities' as opposed to the singular 'masculinity' which represents a recognition that masculinity is not homogenous (Cheng, 1996; as cited by Lupton, 2000). A crucial insight is contained with the concept of 'hegemonic masculinity' (Carrigan, Connell & Lee, 1985; as cited by Lupton, 2000). Here masculinities are not seen as fixed and neutral roles but as practices through which a wider system of gendered power relations are maintained and reconstructed (Lupton, 2000). This term 'hegemonic masculinity' is considered so useful as it refers to the currently dominant form of masculinity in any society at any particular time (Cheng, 1996; as cited by Lupton, 2000). In view of the reality that

men's roles have changed and that human development is a lifelong process in which the truth of one's life today may only be explored, it is especially relevant for us to reflect on how this, in turn affects male's currently working in the field of psychotherapy (Freudenberger, 1990).

1.7 Therapy and the role of male psychotherapists

Papers written over the past two decades have posed questions such as 'Should men treat women?' (Pollack, 1992). The significance of papers such as this one cannot be underestimated for this research, which is attempting to shed some light on the role of the male psychotherapist in the 21st century, as they highlight just how much movement psychotherapy has undergone since it was initially created in the early 20th century by men who sought to treat women. The question being raised is whether men, and more specifically male therapists have blind spots that may lead to a sense of empathic derailment (Pollack, 1992) based on some of the more traditional ideas of male gender identity outlined earlier in this literature review. Other papers written in this area have also considered whether there may be a need for 'patient matching' as a therapist can bring into the therapeutic encounter their moral, cultural and even sometimes racial attitudes in spite of efforts to maintain objectivity and neutrality (Anderson & Carter, 1982). The area of sex matching suggests that male therapists hold certain stereotyped attitudes towards women that would be potentially damaging to the therapeutic encounter, i.e. that a male therapist may view a female client as submissive, excitable, easily hurt, conceited and possibly subjective (Broverman et al., 1987; as cited by Anderson & Carter, 1982). However, despite work done in this area, no clear evidence has been produced to support the idea that sex matching could enhance therapy outcomes. Theoretical work also began to highlight the importance of the interaction between male therapists' own gender role identification and client's gender role salient behaviours as influences on the counselling process (Mahalik & Wisch, 1999). Mahalik & Wisch (1999) go further, claiming men may not be suited to treating women and suggest that they may even have difficulty showing concern or caring for homosexual male clients and may attribute psychopathology to such a client simply as a function of the therapists' feelings of discomfort due to the perceived gender role conflict a male psychotherapist would experience. As outlined earlier, as a result of these conflicts,

male therapists have traditionally opted to continue to work within the original Freudian idea of therapy as it reinforces the traditional male role attributes and allows the male therapist to stay somewhat removed from relating intimately to a client within the therapy room by giving no evidence of their own feelings (Freudenberger, 1990). However, it is important to note that all four of the papers referenced which raise questions around whether male psychotherapists have the necessary ability to work fluidly within the therapeutic setting were completed during the 1980's and 1990's. Over the past two decades the development of a much more sensitive idea of the male has made its way into society and the therapy room, and has made the exploration of what it is to be a male therapist especially relevant, as these changes have come at a time when much more is expected of the therapist in the therapeutic encounter.

1.8 Recent developments in Psychotherapy and Relevance for male therapists

The area of Object Relations theory is a movement rooted in the psychoanalytic tradition with the introduction of the view that the individual is essentially a social being, placing the need to relate to others as the centre of what it is to be human (Nolan & Safvestad Nolan, 2002). In contrast to the type of therapist Freudian psychoanalysis requires the male therapist to be, the emphasis in object relations theory is on the importance of the relationship between the therapist and client as the central factor in human development on which all therapy must be focused. The need for the male therapist to focus on the relationship with an open and empathic willingness for what a client may present, if he wishes to work as a humanistic and integrative psychotherapist, seems to be a standpoint that previous research in the area of male psychotherapists would suggest is almost unattainable due to their masculinity whether it be biologically or socially developed.

One of the most up to date notions of how to work within the field of humanistic and integrative psychotherapy is the idea of being 'mindful'. To be mindful means to be conscientious and intentional in what we do, being open and creative with possibilities, or being aware of the present moment without grasping onto judgements – being mindful is a state of awareness that enables us to be flexible and receptive and to have presence (Siegel, 2010). Again this notion seems to be

based on the idea that a male therapist working in the current field of psychotherapy is required to connect to his client in a way that would assist his client to find healing in his/her life. In order for the practising male therapist to be truly present in the psychotherapy setting he would need to be open to whatever is being presented in the therapy room and so must be free of the constraints of gender role identity outlined earlier in this literature review. Siegel (2010) believes that the whole field of helping others, especially within psychotherapy, requires that we dive deeply into the nature of our subjective lives so as to be open to the truths that present themselves in the therapy room, rather than be clouded by our own or others' erroneous or fixed judgements. The emphasis is thus on male therapists, and indeed therapists in general; to move away from any preoccupations they may hold as these can only serve to limit how the therapist can work with the client. The notion of 'Attunement' and how the therapist can focus their attention on their clients is an essential part of therapy for the humanistic and integrative psychotherapist. The earlier claims presented in this literature review that the male therapist becomes transfixed by his own internal notions of what 'should be' are ones that will need to be put aside if they are to achieve attunement in the therapeutic relationship. To work in this way the male therapist must be willing to go on a journey of discovery to find out what is really happening, being attuned to themselves in the process, letting go of a feeling that they know everything or that they are in control of the possible outcomes of therapy (Siegel, 2010). A concept that may be useful for the male therapist in order to allow them to go deeper into the therapeutic work than has been suggested is possible in the past, may be for them to become more aware of their own 'window of tolerance' (Siegel, 1999; as cited by Siegel, 2010) by identifying what aspects may be presented in the therapeutic setting that could hinder their ability to be present and attuned to the emotions their clients may display.

The suggestion that the male therapist might experience two sets of norms: one that emanates from their identities as men and another from the expectations created by the role of being a psychotherapist is what this literature has essentially tried to bring some attention too. It has been presented that though psychotherapy originated predominantly from the workings of men, the profession seems to have become a female concentrated one within which some research has indicated that

male therapists may struggle to work towards what is most beneficial for their clients' due to the possible limitations their masculinity places them under.

In conclusion, this researcher believes the time has come for a more qualitative exploration of the way in which currently practising male psychotherapists conceive of their identity and also whether they feel their gender has an impact on their ability to practise as humanistic and integrative psychotherapists working in Ireland today. This research will be carried out in order to provide a better understanding of how practising male psychotherapists construe the intersection between the expectations based on the current views of masculine socialization and masculine identity when seen in relation to the expectations associated with the therapeutic role (Del Castillo, 2010).

Chapter Two: Methodology

2.1 Introduction

This chapter will outline the methods used for conducting this piece of research. This research study uses the qualitative research method of semi-structured interviews. It was hoped that using the qualitative method would lead to a richness of data as qualitative research is characteristically exploratory, fluid and flexible, data driven and context-sensitive (Mason, 1996). The priority focus is on the study of perceptions, meanings and emotions and not statistics (Mason, 1996, Silverman, 2005). Semi-structured interviews combine the flexibility of the unstructured, open-ended interview with the directionality and agenda of the survey instrument to produce focused, qualitative, textual data at the factor level (LeCompte, Schensul & Schensul, 1999). The qualitative researcher typically explores the understandings, experiences and imaginings of how the research participant's discourses or relationships work within their social world (Silverman, 2005). The qualitative approach is considered most appropriate for this research as the focus is to provide each participant with an opportunity to give his personal account of how he believes men negotiate their way within the field of psychotherapy.

2.2 Participants

The participants in this research study are five male practitioners aged between their late twenties and early sixties, showing a richness of life experience. All of the research participants are currently practising within the field of counselling and psychotherapy with their experiences ranging from six to twenty one year's practise, showing a mean range of 14 years experience. Two of the interviewees work from a psychoanalytic perspective and the other three from a humanistic and integrative perspective. Convenience and purposive sampling (Mason, 1996, Silverman, 2005) were the two main methods used for this research. Convenience sampling is carried out for reasons of convenience, for example, this research used two male psychoanalysts who were easy to recruit due to their being a part of the training institution. Purposive sampling chooses with a purpose to represent a location or type

(Mason, 1996, Silverman, 2005) which in the case of this research was the humanistic and integrative male psychotherapist population, with three of whom being recruited through the use of the IAHIP (Irish association of humanistic and integrative psychotherapy) website. As the sole criteria for participants was that they be male psychotherapists spanning across the field of psychoanalytic and humanistic and integrative psychotherapy there are various socio-demographic characteristics common to the members. For example, the entire sample has been trained to at least a diploma level of third level education with three of the five participants holding a masters qualification. It was hoped that as the population sample were all currently working within the field of psychotherapy and were highly educated that they would have up to date experiences and views of what it is like to be both male and a psychotherapist.

2.3 Procedure

2.3.1 Data Collection

As discussed, the current research study uses the qualitative method of semi-structured interviews in order to investigate whether the research participants feel their masculinity has any impact on their work as psychotherapists. The researcher began by carrying out a pilot interview on a therapeutic practitioner known to the interviewer. The interviewee was aware that their participation was part of a trial interview that was being used to fine tune the interview layout without actually being used as data for analysis within this study. Where ambiguity arouse in this interview, amendments were made. As the participants experiences are of central importance to this study the way in which they understand and interpret the questions they are being asked is a key component. A weakness of semi-structured interviews lies partly in the fact that if the interviewers are not competent they may introduce many biases. For this reason the researcher must monitor themselves to ensure that a conflict of interest does not occur when he or she has personal, financial, professional, or political interests that are likely to undermine his or her ability to meet or fulfil his or her primary professional, ethical, or legal obligations (Shamoo & Resnik, 2009). Therefore, although questions are devised from the pilot interview to act as starting

points, the interviewer is prepared to manage and develop unexpected factors (Mason, 1995).

The telephone and email were the first points of contact between the researcher and the participants. The researcher chose to contact two psychoanalysts and three humanistic and integrative psychotherapists in order to obtain the views of males who work in both fields referenced in the literature review. A brief outline of the study was presented to each of the five practitioners prior to any agreement to take part. An information letter (see appendix I) briefly describing the study and requesting the individual's participation was forwarded to each potential participant by email. Each email also contained a declaration of consent form (see appendix II). Once consent was given, a date, time and location was arranged to carry out the interview in full. On meeting for the first time the purpose of the interview was again outlined and any issues surrounding confidentiality were addressed.

2.3.2 Semi-structured Interviews

The interviews are semi-structured in order to ensure that any additional information that may not have been pre-conceived of has an opportunity to come to the fore during the interviews. Cohen, Manion & Morrison (2007) state that the semi-structured interview is a flexible tool for data collection enabling multi sensory channels to be used: verbal, non-verbal, spoken and heard. McKernan (1996) describes the interview process as one of purposely selecting individuals who possess unique or specialised knowledge or expertise in the field that the researcher is investigating. Anzul et al., (1991) argues that semi-structured interviews seek the words of the people we are studying, the richer the better, so that we can understand their situations with increasing clarity. The one to one interviews in this study are enriched with all three aspects discussed by the above. The data collection involved purposive selection of experienced male psychotherapists with the hope that they could provide their knowledge or expertise in their own words along with acknowledgement of the importance of any non verbal nuances that were transmitted which were all possible through the use of the interview being formatted in a semi-structured manor.

Morrow (2005) stated that the more questions one asks, the more answers one will get; the fewer questions one asks, the more likely one is to elicit deeper meanings from participants. For this reason each semi-structured interview in this study is limited to 9 open ended questions (see appendix III) which were also designed to be provocative to the interviewee in an attempt to elicit deeper meanings from their responses. Provocative open ended questions were used to give interviewees an opportunity to reveal their subjective frame of reference (Kadushin & Kadushin, 1997) and select the elements regarding their own masculinity which they see as being of greatest relevance to their work as psychotherapists. It is also important to note that each interview questionnaire is broken into three sections. Section one introduces each participant to the overall theme of the study. Section two is based on the previous research and is formulated to stimulate participants to provide their own experiences of what it is like to be a practising male psychotherapist. Section three comprises of questions which relate to the skills required of a humanistic and integrative psychotherapist. While the broad outline of the interview is semi-structured, all interviews are conducted in a similar manner, in which questions are asked in a particular order.

The interviews ranged in duration from thirty nine minutes forty seconds to sixty one minutes forty seconds, showing a mean length of fifty minutes forty seconds. On completion the interviews were transcribed in full from the recordings. This process took a total of seventeen and a half hours. The researcher endeavoured to remove anything which could identify any of the participants by changing participant names and removing any identifiable material such as the location of their practise. Once this was successfully completed, the researcher began to analyse the data using the technique of thematic analysis.

2.4 Data Analysis

The core of qualitative analysis lies in the process of describing phenomena, classifying it, and seeing how the concepts which unfold interact (Dey, 1993). The current qualitative research is being carried out by a twenty nine year old male whose background and training as a male psychotherapist is being used to guide the research, however every attempt is being made to ensure that data analysis reflects the views of each of the respondents, rather than the views of the researcher (Mason, 1996, Silverman, 2005) through the use of thematic analysis.

Through its theoretical freedom, thematic analysis provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex, account of data (Braun & Clarke, 2006). The use of this type of analysis may result in a list of themes; a complex model with themes, indicators, and qualifications that are causally related; or something in between these two forms (Boyatzis, 1998). The themes of this study are the result of the repeated patterns of meaning which were taken from the entire data set of all five interviews which were carried out. This researcher chose thematic analysis in order to assist in interpreting the information and themes which arose from the interviews by developing codes for the information given. The research participants were given freedom to freely give their thoughts and it was then up to the researcher to use thematic analysis to organise and reduce the data into themes. As researcher judgement is necessary to determine what a theme is (Braun & Clarke, 2006) it should be noted that the results that are yielded from this dataset are the interpretations made by one particular analyst, at one particular time. If the data gathered were to be analysed by another analyst it is likely that other themes could have emerged. This research can be described as an inductive approach at the latent level of material which has been derived from a constructionist perspective. The research is inductive as the process of coding the data was done without trying to fit it into a pre-existing coding frame, or the researcher's analytic preconceptions (Braun & Clarke, 2006, Boyatzis, 1998). The analysis can be said to be at the latent level as the development of the themes themselves involves interpretative work (Braun & Clarke, 2006, Boyatzis, 1998). Finally the work can be said to be formed from a constructionist framework as the overall theme does not seek to focus on individual psychologies, but instead seeks to theorize the sociocultural contexts, and structural

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conditions that enable the individual accounts that are provided (Braun & Clarke, 2006, Burr, 1995).

2.5 Ethical Considerations

Ethical issues in qualitative research are often less visible and more subtle than issues in survey or experiential research (Morse, 1994). A subtle and often overlooked aspect of the consent process is the probability of participants 'forgetting' they are being observed and/or recorded once they have become made to feel at ease by the researcher whose intention is to aid the participant to relax so as to gain access to their 'real story' (Cassell, 1980 as cited by Morse, 1994). At all times throughout this study ethical issues of this sort amongst others remained at the forefront of the researchers mind. All participants were assured of confidentiality before taking part in the study by being provided with an information sheet and consent form prior to their taking part in the study, as mentioned previously. In order to protect the identity of the participant's anonymity has been provided by the changing of participants names which in all cases were chosen by the participants themselves. The researcher has also removed any identifiers (e.g. place of practise, place names or the use of other people's names). All participants were given the researchers full contact details and made aware through face to face discussion and the consent form that they can withdraw from this study should they choose too at any point up until and before June 1st 2012. This ensures that the participants are giving informed consent at the time of the interview and also that they are given sufficient time to reflect afterwards on their having taken part in the research study. As all the participants were practising psychotherapists it was imperative to the researcher that no harm was done to their view of how they negotiate their identity as male psychotherapists within the field of psychotherapy during the interview stage of the study. For this reason participants were informed that they could stop at any time during the interview stage if they were uncomfortable with any of the questions and did not wish to continue. Each participant was also invited to read the final research project if they wished to do so. It should also be noted that an ethical committee reviewed the research proposal for this study in the summer of 2011 and no suggestions were made on how the research could be considered to be unethical.

Once all ethical considerations were taken into account, the interviews were conducted and the style of data analysis was chosen the process of searching across the dataset to find repeated patterns of meanings and challenge the perceived wisdom which the researcher located in previous research in relation to male psychotherapists could commence.

Chapter Three: Research Findings

As discussed, the present study uses the thematic analysis technique that is advocated by Boyatzis (1998) and Braun and Clarke (2006). The advantages of thematic analysis are that it provides a means of organising and summarising the findings from a large, diverse body of research (Mays, Popay & Pope, 2007). Rather than focusing on the categorising data by specific content types, it summarises data through the interpretation of larger themes that can be presented in tabular and graphical forms (Athanasiou & Darzi, 2011). A pilot interview was carried out by the researcher to ensure that the questions being used were open-ended enough to allow participants to reflect on several aspects of whether their identities as men have become significant in their work as therapists (Del Castillo, 2010) which was analysed thematically to elucidate methodological issues. The researcher acknowledges that as researcher judgement is necessary to determine what a theme is, that it is possible that another individual analysing the same dataset produced by this study could produce different results. Where extracts are taken from transcripts, the researcher includes details that are both illustrative of the points being made, and faithful to the opinions and feelings of the participants. However the researcher paid particular attention to the context of the interviews in order to consider the possibility for variation and possible contradictions in the accounts that were produced by its participants (Braun & Clarke, 2006).

The coding of the semi-structured interviews involves a six stage process derived from the thematic analysis model advocated by Braun and Clarke (2006) which began with the researcher familiarising himself with the entire dataset through 'repeated reading'. During the early phases of analysis, the researcher was required to engage in open coding, which is an analytic process through which data are examined line-by-line (Rosales, 2008). Inductive analysis is used during this phase as a means to code the data without trying to fit it into a pre-existing coding frame, or the researcher's analytic preconceptions (Braun & Clarke, 2006). A vast number of codes initially emerged from the dataset (See Appendix IV). Due to their vastness, after the initial codes were created, the researcher chose to further refine them by including only those codes that are recurring (See Appendix V) in order to condense the data

into units or segments that were easier to manage (Rosales, 2008). Once the final set of codes was compiled the researcher was better able to begin the process of theme identification by sorting the remaining codes into potential themes. A theme can be described as a pattern that at the minimum describes and organizes possible observations, and at the maximum interprets aspects of the phenomenon (Boyatzis, 1998). The process of re-reading the codes and the texts was undertaken in order to refocus the analysis at the broader level of themes. The purpose of this is to examine the codes and think about how different codes combine into overarching themes (Braun & Clarke, 2006) based on their similarities. The researcher reviewed the list of labels given to each theme in order to ascertain how well each theme represented the codes and data, whether additional themes and codes could be developed and whether themes and codes could be discarded (Rosales, 2008). The researcher then assembled the themes into coherent and similar groupings that he felt best represented the participant's responses, which are those of:

Impacting factors	Contributing Subthemes
3.2 Messages Received	Father/ Mother/ Parent
	Society and Culture
	Tradition to Modern Day
3.3 Personal Process	Roll of training
	Emotional process
3.4 Client Need for Choice	Client's General Needs
	Therapist Need for Understanding
3.5 Integration of self	

3.1 Research Participants

As mentioned previously, in order to preserve anonymity, the participants were all given the opportunity to provide an alternative name to represent themselves in this study, none of which pertain to the participants' actual names. Joseph is in his forties and is one of the three participants of this study who works from a humanistic and integrative method of practise, a perspective from which he has been practising for eleven years. The second research participant working from a humanistic and integrative approach to therapy is Patrick who is in his sixties and has been practising for twenty one years. The third participant who works from a humanistic and integrative perspective is John who is in his fifties and has been practising for twenty two years. The first of our two practising male psychotherapists who works from a psychoanalytic approach to therapy is Henry who is in his forties and has been practising for eight years as both a group and individual analyst. Finally, the second of our two analysts who describes himself as being a psychoanalytic practitioner is Otto who is in his twenties and has been practising for six years.

3.2 Messages Received

Messages received in childhood about what it is to 'be a man' was a recurrent theme which was reported as being one of the impacting factors on how the participants who were interviewed in this study believe their male identities have come to form with all five participants relaying such messages. The participants described some of the messages they received as follows:

> Joseph: *I think a lot of it really was because I was told to control your emotions and not express them. I had an upbringing where nobody was saying it is ok to cry; you know, things like 'be a man' were said to boys, much more so than to girls.*
> Patrick: *The idea that the home is where the heart is, that's the woman's product, so men leave the heart and go into war, that movement, become the John Wayne, kill them all and come back the Rambo hero, that whole thing I think we are fed from a very early age. So you are fed a persona that you are told is male and you are also fed an idea that the opposite too that is female which is where the heart is.*
> John: *I think socialisation is a big part of what makes people.*

Henry: *I think I was brought up with a detached sense of what masculinity was about. I was thought to see it as a separate place which didn't have much emotion because don't forget men were out at work and weren't around doing the reflecting, there wasn't any time for it.*
Otto: *Perhaps it is the macho thing of can I be a therapist. But it is desire. If you look at how a person is born into a symbolic a person is born into a desire, the desire has already been set for them. You know women wear the caring professions, nurses, midwifes extc.*

In this first vignette of responses, we can see how all five participants shared some of the messages they received from a very young age which portrayed to them that the roll they must take up in order to be a man was clearly distinct from what it meant to be a woman. Within these messages there is an array of sources that come to the fore: We can see that Henry and John both make reference to their *upbringing* as well Patrick, John and Otto bringing to light the apparent influences of culture and society on the development of their male identity.

3.2.1 Father/ Mother/ Parent

Perhaps it is unsurprising that four of the five participants make reference to both the mother and father in relation to the messages they received about what it is to be a man with the remaining participant making reference to the roll of the parent. For example, Joseph and Otto relay:

Joseph: *The messages I received from both my mother and father were something along the lines of it is not good to show your emotions.*
Otto: *I don't know if my own or if anyone's parents would have said I want my son to be a psychotherapist but they will say I want them to be a footballer, I want them to have a trade of some sort and that was a perception that was held not too long ago.*

Within the same mother/father/parent accounts given the men interviewed regularly refer to how parental rolls have changed with the male now playing an integral role in the parenting process conveying strong feelings that beliefs about male rolls are changing. For example, Patrick, John and Henry tell us:

Patrick: *My sense is that men want to feel, the old idea of father who brings the bread, reads the newspaper and goes back out again, that kind of thing is disappearing.*

> John: *I think our maleness is required, I think it is required in all kinds of different work, it is required in therapy work and it is particularly required in parenting work.*
> Henry: *The three come together now, the mother the father and the child.*

What really stands out here is that the men interviewed are seeing a change in male identity with the *old idea disappearing* due to a *requirement* for our *maleness* in a process which involves a *coming together* of all familial aspects.

3.2.2 Society and Culture

Another source of messages of what it means to be a man which emerged from the accounts given by all five participants in this study are how society and culture impact on how a male forms his identity.

> Patrick: *I think culturally you know men have been fairly deeply wounded. My father was in the army, as was his father, the further back you go men went to war and the women stayed at home, that is our historical culture.*
> Joseph: *I think that for men in psychotherapy you are going into a realm which is maybe less familiar and I think that is coming from society.*
> Henry: *I think if you look at it from a social perspective idea then that will say that women have in essence had a lot more engagement with emotional life than men have.*
> John: *There is an acceptance that females are socialised as being able to make good emotional contact and presenting that way in society as if it comes more easily to them, but I think men have inherent in them qualities such as sensitivity, empathy, receptiveness extc.*
> Otto: *I think it is just down to the caring person, the one that holds, who has empathy, sympathy. Perhaps women front that roll a lot easier but I don't think we need that in this work.*

Here it seems as though the men themselves are seeing how culture and society have historically formed the idea of how women and men have developed their identities outlining how women have gained *easier access* to developing *emotional contact*. However it is felt by John that though these qualities come *more easily* to women that this does not take away from the potential for men also having these qualities *inherent in them*. Otto even goes as far as to say that he does not think that the qualities associated with the female of *caring and empathy* are *needed in this work*.

3.2.3 Tradition to Modern Day

A sub theme running through the accounts given by the research participants which links into the relevance of society and culture is recognition that the thought processes which informed the messages they received in their own childhoods may not be the same as what is being conveyed in modern day. For example Joseph says:

> Joseph: *I suppose certainly in terms of societal roles men traditionally maybe through upbringing are socialised to kind of maybe think as opposed to actually feel.*

However later Joseph reports that:

> Joseph: *I don't think men should feel inhibited about being emotional and I do think it is easier as I think old male stereotypes are loosened up.*

John and Henry also report experiencing similar shifts when they say:

> John: *I think modern man is perceived as being more sensitive than the males in previous generations.*
> Henry: *I think it is changing in the last twenty years for sure, there is a redress to that now and it is changing, I think more men are beginning to join up to psychotherapy as a result of this shift, but it needs time to catch up.*

Although all participants reported that the original messages they received in childhood have caused difficulties in the formation of their male identity, they are also clearly reporting a *shift* in this phenomenon.

3.3 Personal Process

This theme describes the emphasis each interview participant, regardless of therapeutic orientation, places on the importance of the personal process which they believe all therapists, whether they are male or female, must go through in order to engage in the work:

> Henry: *You see to be a psychotherapist you have to work through a sufficient amount of your own process but ultimately to me psychotherapy is about becoming yourself.*
> Otto: *There are times where a patient will talk about your genitals and be provocative while they are on the couch or sitting in front of you but this is the importance of your own therapy, your own analysis.*
> Joseph: *I suppose at the end of the day an awful lot of it comes down to individuals going through the thorough process of working on their own issues*

and loosening up in terms of prejudices and biases and misunderstandings that they had.
Patrick: *I came into training after eight or nine years of therapy so I have done an awful lot of work on myself so I have that advantage*
John: *I see it more if a person is in touch with their own depths that they will be making good emotional contact and that is developed when you are practising in psychotherapy a long time and have been through your own process.*

Patrick and Joseph, who both work from a humanistic and integrative perspective, make reference to how they used the experience of going through their own personal processes to sample the psychoanalytic approach and what this was like for them:

Patrick: *I challenged myself and discovered the powerful process that is in psychoanalysis but it is not what I was drawn to as I am more comfortable with the humanistic model as I think it offers the whole experience of relationship and that is what I am interested in.*
Joseph: *I experienced the psychoanalytic approach for myself and it is certainly a different way of working but I suppose coming from my background I needed something that was more engaging and I know there is engagement in psychoanalysis and psychoanalysts will defend it but there is a lack of the human relational piece that I actually found very difficult to kind of sit with.*

In contrast to the experiences of the humanistic and integrative participants, Henry and Otto the two psychoanalysts in this study note that though they are trainers on a humanistic and integrative program, neither has had much experience of the humanistic and integrative approach as a process when they say:

Henry: *I don't fully know the humanistic and integrative style as I haven't trained in it and I won't be training in it*
Otto: *I don't know how humanistic and integrative works anyway. But I don't think there should be any issues about that at all; let's just concentrate on the work.*

Although all participants report the common factor of believing that all therapists and/or practitioners must engage in some form of a personal process in order to work in their respective fields, their accounts of scope of experience of the various forms of therapy differ.

3.3.1 Roll of training

Reference is made on a number of occasions to the roll the research participants feel the *training* process has had on their development as therapists. For example John states that the training process helped him to *tune-in in the first place* in order to *get to the right way in practise.* Joseph makes reference to the training process and how it *nourished* him to being the person he has become as *people started showing an interest in how I was feeling* and as a result of this reported that *it became easier to start connecting with feelings and expressing them.* Henry goes as far as to make reference to how the training gave him a greater understanding of what it means to *be a man* when he says:

> Henry: *As I developed myself as a therapist I began to realign the feelings of being a man with actually being a man which came together over the training which is what psychotherapy has given me in fact which is great.*

3.3.2 Emotional process

The need for the person of the therapist and/or practitioner to have the capacity to engage in emotional contact in the therapeutic process is something which was communicated by four out of the five participants. The core element of this subtheme which was brought to the fore by all four participants is whether the capacity to engage in emotional contact differs for men and women and whether any perceived difference will impact on their ability to work therapeutically:

> Joseph: *I think going into the world of psychotherapy certainly for me was going into the world of thinking 'here are a lot of people who are much more comfortable expressing their feelings' and they were also women.*

However in stark contrast to this view John, Patrick and Henry state:

> John: *There is an acceptance that emotional contact comes more easily to women, but I think men have inherent in them qualities such as sensitivity and empathy but I am not thinking of them as being male or female qualities, I may call upon them but I am just being me.*

> Patrick: *The idea that I have an inner female which is emotional and the rest of me somehow is the barbaric thing walking around the edges of that, I don't believe that at all, I think the capacity we have as a species to express energy that we call emotion is the same for both genders who participate in that species and so will be the same in therapy room.*
> Henry: *Often the notion of emotion gets assigned to the feminine and women and I don't agree with that bit as I think there is 'masculine emotion' as well and I think those feelings are very similar that we all experience.*

In the accounts given by all four participants they are each stating that there is a requirement on the part of the therapist to be able to engage in emotional contact in the therapeutic process, though they differ slightly on their accounts of how accessible it is for men working in this field to do so. It must be noted that the fifth participant believes that any such need is *imaginary* when he states:

> Otto: *Empathy and sympathy and emotional contact that is all imaginary stuff, it is all countertransference. This isn't a friendship it's a work and it is the person of the patient who must be set to work.*

Otto refers to these *imaginary* aspects of emotion on a number of occasions in his interview and notes each time that they need to be *left outside the door* when the work is being done.

3.4 Client Need for Choice

The importance of allowing clients the choice of whom they see when they enter into therapy is another theme which was referenced by four out of the five research participants. However, this theme evokes differing responses. Some participants believe that choice is necessary and that there is a need for both male and female therapists to be available while others highlight that though choice is necessary to *get clients in the door* it is ultimately not a distinguishing factor in the process:

> Joseph: *I think Clients decide to a large extent whether they want to go to a male or a female and I do think it is really important that the choice is there and that it is the client who chooses.*
> Patrick: *I think it is a matter of respect, who else is going to decide who a client sees? I am quite happy to surrender completely to a person's experience and what they want or don't want. I am not here to change them.*
> Otto: *We must listen to the desire of the patient, if they want to see a woman it is probably best they do see a woman, and vice a versa, that is all part of the transference, the only thing we should be thinking about is the transference.*

Though they present with differing reasons why they view client choice as an essential part of the therapy process, Joseph, Patrick and Otto all indicate an agreement that clients must choose for themselves whom the person of the therapist is that they see. John presents initially with the view that:

> John: *I do think initially we can give too much of a choice where they don't really need a choice at all, but that is in more generic services*

However he goes on in the same section of dialogue to say:

> John: *But at the same time* s*ometimes choice needs to be there to get people in the door as somebody who is nervous or has never sat opposite somebody before just needs as many factors as possible to be in the favour.*

Henry presents with a different view to the other four participants when he indicates that it is not so much client choice that is important as much as an identification of what a client *needs* that is of most significance when he states:

> Henry: *Here we have a sort of review process. We look at the client before we allocate the therapist. It is very much what the client needs first and if we can provide it here within the service then great.*

3.4.1 Client's General Needs

It was not clear in Henry's account whether he too would believe that client choice is an important part of the process, however he was clear in his belief that what the client *needs* must be identified as *it is the client we are here for not in any way ourselves.* John also referenced the needs of the client at various stages in his interview reflecting that when he is in the therapeutic process with a client that he is *trying to be the best he can be* irrespective of what that is and that he may have a *100 different attributes* to call on as a person with *80 of them being neither male or female qualities.* John states that regardless of what gender a therapist is they must *tweak* the attributes they have in *accordance to what is needed by the client.* Otto too identifies the *needs* of the client as being significant in the many references he makes to their *desire.*

3.4.2 Therapist Need for Understanding

Within the theme of client choice a subtheme which emerged is a requirement for therapists and/or practitioners working in the field too have an understanding towards what has brought a client into therapy when they make the choice of what kind of therapist it is they want to see. Three of the five participants indicated that a time when therapist understanding may be required would be when clients choose a female therapist instead of a male as a result of suffering *sexual abuse* by a man:

> John: *Certainly post sexual abuse situations are different. I.e. working in a rape crisis centre I think there needs to be exceptions and it is very justified to have female therapists available and they will understandably be requested.*
> Henry: *In the area of say sexual abuse, if the abuse was perpetrated by a man it may be very difficult for a woman to discuss the issue or find enough trust to work with a man.*
> Stephen: *For things that are very raw like sexual abuse and stuff like that I would imagine most women would be drawn towards working with a female.*

Despite the acknowledgement by all three that in certain circumstances, such as in the example given of sexual abuse, that there can be times when a female therapist may be better suited than a male therapist to working with a particular client, all three participants also highlighted that this is not *always the case.* Joseph highlights that he has worked with *lots of female clients* who have experienced sexual abuse and has been their *first and only therapist.* John emphasises that though he sees the benefit of the *initial care* being given by a woman that it should only be the case that this is done until the client feels *safe to see a man* as this too could play a central role in a victim of abuses process. Henry too makes a similar point to John when he states that *therapy is about helping the client to overcome an issue* and goes on further to say that *a male therapist could be quite beneficial to a woman who has had bad experiences with a man.* In a further aspect of the area of the need for therapist understanding in relation to working with victims of sexual abuse Patrick provided a personal account of how:

> Patrick: *I was abused as a kid yes and I was abused by both a man and a woman and I can remember times in training and somebody talking about men being abusers and pointing out that interestingly enough one of my abusers was a woman.*

We can see that though participants reported the need for therapist understanding in the area of sexual abuse and how this experience may lead some clients to choose a female therapist that therapist understanding is also necessary in order to acknowledge that abuse can be initiated by both men and women.

3.5 Integration of self

This final theme describes how the participants have come to see themselves in relation to how they are currently practising as male therapists and/or practitioners. A key aspect of this theme is how each participant feels they have had to find themselves in the work, not as being distinctly male but as having undergone a process of *integration of self* which they all report as being the result of the experiences they have had in their work to date. For example Joseph tells us:

> Joseph: *I feel I am probably comfortable that I have integrated the male rational aspects which I had a lot of before this process with the female emotional piece that maybe did not come so easily to me. Jung referred to these as the anima and the animus.*

Joseph goes on to report the belief that:

> Joseph: *I think for a lot of practitioners that your identity as a person and your identity as a therapist can be evolving and I think some kind of integration will happen that they will no longer feel they are very different in one sphere from another. That you become yourself in the room and that you are not just turning on the roll of therapist for the hour, it is who you have become.*

Henry in his account of the need for integration speaks of the need for men to *embrace their masculinity* but to do so concurrently with the need to embrace the required female qualities in the psychotherapeutic process when he says:

> Henry: *I think if we are to do psychotherapy whether you are a man or a woman you should be looking more towards a kind of psychic bi-sexuality that has both masculine and feminine qualities because if you get too swamped in one or the other you run into major problems.*

In providing his idea of what it means to *take the therapeutic position* John makes reference to how *his years of experience* have influenced how he now works stating:

> John: *I think in therapy it is a good thing that men stay men. So I think we need to be men first but I also think all therapists need to be fully present to themselves and therefore more present to the client and being fully present doesn't mean predominantly male or predominantly female, it means being predominantly human.*

John is giving a similar but also slightly removed account from that of the idea held by Henry that the work of a therapist involves a *psychic bisexuality* by introducing into the idea of integration that though being a man is significant in the work that it is also vital that all therapists are being *predominantly human* which he believes is achieved by the therapist not *orbiting on whether they need to be more male or female* but by putting themselves in the best place possible to take up the *therapeutic position.* Patrick too conveys a similar idea to John when he states:

> Patrick: *Primarily what I think the client is trusting is the person of the therapist and for me it is all about the person of the therapist simply turning up and taking part in the relationship with the client regardless of whether they are male or female.*

Otto though emphasising the need for a person's sexuality to be *left outside the door of the therapy room* as he sees a need for the person of the therapist to remain *a sort of enigma*, does seem to share some idea of the need for integration of self when he reports:

> Otto: *There is just one position and that is the position of analyst, whether they be male or female it doesn't matter. It is a position that you take up and as long as you can handle the transference in relation to your own identity as an analyst and a human being then it will be fine.*

The thing that most stands out in this final theme is that in all the accounts given by the five participants they each seem to be indicating that the *person* the therapist and/or practitioner chooses to be outweighs any impact gender has on their work. There is also a strong feeling presented by all participants that there is a need for any therapist and/or practitioner to engage in their own personal process in order to allow them to embrace who they are. The indication is that this will need to be done by both male and female psychotherapists in order to allow them to congruently take up the *therapeutic position*.

Chapter Four: Discussion

4.1 Introduction

In this research thesis I have sought to investigate how practising male therapists and/or practitioners view their gender in order to draw out whether they feel it plays a significant role in relation to their identities as therapists. In the analysis section I have presented how the five men who participated in this thesis identify with this relationship. As has been suggested in previous sections, past research concerning male psychotherapists has focused on the relationship between masculinity-related constructs and therapist functioning seeing masculinity as some 'thing' set apart from the changing contexts in men's lives (Archer, Vogel &Wester, 2004; Del Castillo, 2010; Freudenberger, 1990; Levant, 1990; Mahalik & Wisch, 1999; Pollack, 1992; 1995; 1998; Vogel & Wester, 2003). Although perspectives outside of psychology have hastened to embrace a more postmodern understanding of gender that attends to when, how, where, and why gender identity matters for particular men, the psychology of men has been slow to incorporate such a perspective (Del Castillo, 2010). This project aims to present an alternative, postmodern account of masculinity's potential multiplicity as suggested by Levant (2006) and whether its many constructs have an impacting role on how males negotiate their way within the field of psychotherapy today. In order to do this the researcher is going to consider the differences and similarities among the five men's accounts and what they suggest about the significance of masculinity among male psychotherapists working in Ireland today.

4.2 *Do I want my son to be a psychotherapist?*

All five participants in this project introduced the various messages they received in childhood and how they may have impacted on the formation of their gender identity and so the question arises of whether these experiences have in turn impacted on the kind of therapist they are. All five men reflected on the normative expectations associated with what it means to be a boy and a man, as well as how they experienced their own identities as originally needing to be different from what it meant to be a woman. Joseph gives accounts of being told to *control your emotions*

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and to *be a man* with Patrick describing the *persona* that he was told was male along with Henry stating that this position of being a male was one which was a *separate place* without *emotion.* These accounts fit with Chodorow's (1978) idea that boys learn that to define themselves as masculine, they must learn what it means to not be feminine. To resolve this imbalance recent theorists suggest that both parents share in parenting equally, enabling men and women to become more *fully human* (Slipp, 1993). Such accounts were given by Patrick who told us that *men want to feel* and that the *old idea of father is disappearing,* John who states that *maleness is required in parenting work* and Henry who describes the three aspects of the family coming together *the mother the father and the child*, all of which seem to indicate that male identity is becoming less one sided and moving closer to being more *fully human* as Slipp describes it.

Freud presented the idea that boys and men are born with some amount of innate maleness or masculinity that is fixed and will evolve or develop in a biologically predetermined manner, identified as male, within a relatively narrow range of normality (Phillips, 2006). Object relations theory however now places emphasis on the relationship as the central factor in human development viewing our intrapsychic structure as evolving out of the interpersonal dynamics that become internalised (Greenberg & Mitchell, 1983; Gomez, 1997; Nolan & Nolan, 2002). Thus as culture becomes less patriarchal, relationships change and in turn intrapsychic dynamics of individuals change (Slipp, 1993) meaning that men are socialized in a specific culture, with values, norms, customs, and expectations (Ming Liu, 2005) which are reflective of the time they are living in. Such accounts were reported by the participants in this study who themselves contrasted the impact of traditional socialisation with the modern idea with Joseph highlighting how *old male stereotypes are loosened up,* John referring to *modern man* being more *sensitive* than in *previous generations* and Henry referring to the *change* he has seen in the *last twenty years* citing this change as a reason *more men are beginning to join up to psychotherapy.* It should be pointed out that despite these acknowledgements of the shift in male identity the question still remains as to whether this concept will have any effect on how a male negotiates his way within the field of psychotherapy, which Otto who works from a psychoanalytic perspective repeatedly suggested in his interview should not be the case due to the need to *leave your masculinity outside the door*.

4.3 *Working through a sufficient amount of your own process*

As mentioned previously the Male Gender Role Conflict Theory (O'Neill, 2008) largely focuses on issues pertaining to therapists' functioning starting with the assumption that attention should be directed to how masculine socialization might influence male psychotherapists in their work (Mintz & O'Neill, 1990), conceptualizing male gender as significant for male therapists when some aspect of male GRC is found to negatively interact with therapist functioning (Del Castillo, 2010). For example it has been suggested that the 'male value system' is transmitted into male psychotherapists' way of working, which acts as a barrier, promoting increased intellectualization and a reduced level of affection, keeping the male therapist safe and less vulnerable (Freudenberger, 1990). The 'male value system' which was portrayed by the participants of this study however did not seem to fit the constricted idea presented in previous research. In all five of the interviews conducted emphasis was placed by each research participant on the importance of therapists and/or practitioners engaging in their own personal process regardless of orientation, citing it as the very core of the profession of psychotherapy (Geller, Norcross & Orlinsky, 2005). Henry, Sims and Spray (1973) suggest that individual psychotherapy functions as the symbolic core of professional identity in the mental health field. Pollack (1992) suggested that there is a difficulty for male psychotherapists to engage in the type of productive self-analysis that would ameliorate any gender biased myopia, however the accounts given by all participants in this study show that they are aware of the need to *monitor and work through* any difficulties created by their gender or otherwise.

In the area of personal process of males entering the area of psychotherapy Archer, Vogel and Wester (2004) suggested that to date psychotherapy training programmes have largely been inattentive to issues of men and masculinity. During the research interviews however John references how training benefited his process by helping him to *tune-in in the first place* as well as Joseph and Henry citing how training assisted them to *express* and *realign feelings* of what it meant to be a man. This thesis was initiated as a result of the research carried out over the last two decades (Del Castillo, 2010; Lupton, 2000&2006; Williams, 1992) which indicates that the field of psychotherapy may now be considered a 'Female Concentrated

Occupation' which may be the result of the essential humanistic psychotherapy characteristics of empathy, unconditional positive regard and genuineness (Rogers, 1951) being culturally coded as an intrinsic part of what it is to be feminine. However, some other theorists believe that the tendency to devalue therapeutic cultures as feminized has resulted in the overlooking of the possibilities that men may have within them the capacity to subvert the dominant expectations of their gender (Swan, 2008). This view that men have the capacity to subvert the dominant expectations is supported by some of the accounts given in the interview process, such as that of John who believes that men have *inherent in them qualities such as sensitivity and empathy,* Patrick who believes that the *capacity we have as a species to express energy that we call emotion is the same for both genders* and Henry who makes reference to *masculine emotion*. However it must again be noted that Otto who works from a psychoanalytic perspective refers to these aspects as *imaginary* and having no role to play in the therapeutic process. It is significant to point out though that this is not due to his being a male as he sees it as being the same for either male or female practitioners.

4.4 *Who is going to decide who a client sees?*

An issue which has being raised in this thesis, based on some of the more traditional ideas of male gender identity is whether men, and more specifically male therapists have blind spots that may lead to a sense of empathic derailment (Pollack, 1992) leading to questions such as 'should men treat women?' (Pollack, 1992) and 'should patient matching be considered?' (Anderson & Carter, 1982). Recent research indicates that though various therapists can offer alternative styles to working with clients that ultimately it should be the client's choice as to who it is they want to work with (Chamow et al., 2009) regardless of whether their reasoning is well conceived of or not, the choice of therapist is theirs (Pargament, 2007). This view was reflected by four out of the five research participants who believe that client choice is a necessary component of the therapeutic process with Joseph emphasising the *importance that choice is there* and that it is the *client who chooses,* Patrick making reference to how it is a *matter of respect* and also posing the question of *who else is going to decide who a client sees?,* Otto outlining the significance of *listening to the desire of the patient* and that you *see whoever gives you a call*, along with John who also see's choice as

being necessary, if even only to a lesser extent, when he cites it as a useful tool to *get people in the door.* It has been indicated by the participants in this study that the development of a much more sensitive idea of what it is to be male has made its way into society and in turn could play a part in influencing a client's decision as to who they want to work with, however whether this is the case or not both recent research and the participants in this study acknowledge that whom the client chooses to be their therapist is to be *understood* and *respected* regardless of therapists beliefs as *it is the client we are here for not in any way ourselves*.

4.5 *Being predominantly human*

Men are used to thinking of themselves as being men, and women think of themselves as women, but the psychological facts indicate that every human being is androgynous (Sanford, 1980). Hyemeyohsts Storm (1962) tells us that within every man there is the reflection of a woman, and within every woman there is a reflection of a man. The idea that the original human being was both male and female is one that can be found in the book of Genesis which refers to God as an androgynous being who created human beings based on his own self image of being both male and female (Cowan, 1985). This idea that the original human was both male and female is one that can be found in a number of different traditions. In his 'Symposium' Plato tells us of an ancient Greek myth about the original human beings, who were perfectly round, had four arms and four legs, and one head with two faces, looking opposite ways (Jowett, 2008; Sanford, 1980). The story goes that as these human spheres possessed such marvellous qualities and great intelligence they rivalled the gods and so acting out of envy and fear the gods cut the sphere in two in order to reduce their power (Jowett, 2008; Sanford, 1980). In his interview Joseph makes reference to Carl Jung's use of the *anima* and the *animus.* By anima Jung was referring to the feminine component in a man's personality and by the animus he designated the masculine component in a woman's personality stating that these psychic functions have a positive effect when integrated as far as possible, and a negative effect when rejected or only remaining in projection (Papadopoulos, 2006). Henry reflects a similar belief to the concept raised by Joseph when he speaks of the need for a *psychic bi-sexuality that has both masculine and feminine qualities.* Much like the story of Plato Joseph and Henry are reporting that the coming together of these two spheres would allow

any practising therapist and/or practitioner to be in possession of marvellous qualities which would be envied by the gods themselves but it is crucial to acknowledge the point made by Carl Jung that this can only be the case if these qualities are *integrated* into the *person*.

Multiple and converging sources of evidence indicate that the person of the psychotherapist is inextricably intertwined with the outcome of psychotherapy (Norcross, 2011). In a slight move away from the need to bring together the male and the female John goes a bit further than this idea by giving an account of how *all therapists need to be fully present to themselves* outlining that this is not only about being male or female but rather it involves *being predominantly human.* Patrick too conveys a similar idea to John placing emphasis on the idea that *it is all about the person of the therapist* which coincides with the belief of Norcross. Smith (1985) states that in order for one to function optimally in the therapeutic role it is essential that he or she relate to the patient only in ways that are congruent with who that therapist is with techniques only being given life and meaning through the person of the therapist. All five participants interviewed for this research eluded to this notion of Smith's as they all ultimately sought to acknowledge that yes they are men who have taken up the position of therapist and/or practitioner but that ultimately this role involves a level of congruence of being true to all aspects they each hold around their own idea of self and the level of integration involved in forming the therapeutic position.

Chapter Five: Conclusion

5.1 Limitations and suggestions for further research

The researcher acknowledges that this study involved a methodological limitation of the somewhat artificial experience of a single interview. One particular limitation the researcher was aware of in this context involved not having the opportunity for a greater provision of attention to differences in interpretation. Had the five male therapists and the researcher all joined together for a focus group a greater sense of difference of interpretation of how their sense of masculinity can impact on their work as psychotherapists may have been achieved. The researcher therefore suggests that if this study is repeated that a focus group should be used. A further limitation of the single qualitative interview used for this research is that this study may be difficult to replicate due to the use of open ended questions (Coolican, 2004). Open ended questions have the potential to provide inefficient access to data, particularly for an inexperienced interviewer who may have an interviewee who is rambling or disorganized, which creates the potential risk of failure to obtain specific detailed content (Kadushin & Kadushin, 1997). For this reason the researcher acknowledges the limited conclusiveness of the findings of this study due to its qualitative exploratory nature, however the researcher encourages the transferability and trustworthiness of this study to be scrutinized by further research (Bauer & Harteis, 2012).

The researcher identified in the pilot interview that because the participants in this study were men, who were being questioned by a man in a provocative manner about the possible limitations their masculinity may have on their being competent to work within the field of psychotherapy, that some participants may become defensive at certain points in the interview which was a phenomenon which did reappear in the actual interview process. As this phenomenon was identified as being a barrier in the process the interviewer attempted to develop a skilled personal style to put the interviewee at ease (Lee, 1993) in order to elicit personal responses that were not the result of the interviewee feeling threatened or uncomfortable in the process.

The homogeneity of the participants in terms of ethnicity, ability, and class was particularly apparent to the researcher, and limited understanding of how these aspects of identity might have arisen with participants that were more diverse (Del Castillo, 2010). As all the men were highly educated in order to work in the field of psychotherapy it was felt by the researcher that intersections between class and masculinity were not as apparent as they might have been with men working in other occupations that may be conceived of as being female concentrated such as primary school teachers who were referenced by John in his interview. As Lupton (2006) has noted, although questions of why men enter female-concentrated occupations are often framed in terms of masculine identity, dimensions of class have been under-theorized in relation to understanding professional identity formation in such contexts. It is from this perspective that I would suggest the need for increased attention to the crucial interrelationship between work, class and masculinities as they play out for relatively privileged, educated, white men in the helping professions in addition to other disadvantaged groups of men (Del Castillo, 2010).

It was also found by the researcher that some aspects of the participants' diversity were more meaningful to their identities as male therapists than was originally accounted for particularly in the final interview with Joseph. In becoming aware of how Joseph's homosexuality intersected with the meaning of his identity when he was a training male therapist, the researcher was surprised that he had not accounted for sexual orientation and reflected that there were likely other parts of the five men's identities that were important, but that he had not initially conceptualized as important. Joseph reflected on his own sense of difference of being a gay man and the struggles he had in being understood by other men on his training. In this context he noted being particularly aware of his masculinity and what it meant to be a man and how his male peers didn't seem to 'get him'. However, the researcher felt that the aspect of sexual orientation was too big for a study of this scale but felt it important to note as it suggests some of the possible different directions an inquiry on male therapists might have taken, as well as the limitations of this study in terms of the diversity of the participants sexual orientation with only one of the five participants introducing this theme.

5.2 Concluding Comments

The primary endeavour of this research is to investigate how currently practicing male psychotherapists and practitioners conceive of their identity as men and whether they feel this identity has an impact on their practice. From the men who participated in the interview process, this study learns that these men feel a *shift* in male identity has occurred with men being asked to play a fuller role in the *parenting process* which in turn has contributed to their becoming *more fully human* which is in part due to the culture and/or society to which they belong as it has had a profound influence on how they conceive of their identity, as has been suggested is the case by object relations theory. Of particular importance here is the fact that values, norms and expectations of today are depicting a need for a more sensitive man. These findings are significant for the field of humanistic and integrative psychotherapy as the previous research indicated that men did not have the capability to engage in emotional contact, a view which seems to be accepted by all the men in this study as being outdated. A further point of significance is the acknowledgement by all participants of the essential requirement of *personal therapy* and *self monitoring* in order to work towards the best possible form of *professional identity*, highlighting the possibility of a reduced need for concern that men will transmit their old fashioned 'male value system' into their way of working. Further to this, because they emphasise the importance of *client choice* being respected and *understood* the men in this study are highlighting how it is up to the clients they see to decide if they are the person of therapist who they need at that time.

Perhaps one of the more significant findings of this research study is found in the accounts given by participants that an emphasis on distinguishing between the gender of the therapist should not generally be a deciding factor of the work, as Otto describes it *we can't let that get in the way, there is too much getting in the way already*. This finding has strong implications for male psychotherapists as it highlights the requirement not for a realignment of male identity with occupational identity but rather a move towards an integration of all aspects of self in order to become *predominantly human* with a congruent sense of who you are as a therapist. *Wie man wird, was man ist* (Hollingdale, 1992) is the message given to us by Friedrich Nietzsche which roughly translated denotes *how one becomes what one is.*

As far as Nietzsche is concerned it is pointless trying to educate a person by presenting a blueprint for someone else to follow, since human individuality dictates that what is optimal for me cannot be optimal for you and is in fact more or less guaranteed not even to be good for you (Ludovici, 2004). Nietzsche's idea of self was not something that a person just is; rather it is something that needs to be achieved by overcoming the parts of yourself which do not belong to your task or your destiny (Hollingdale, 1992 & Ludovici, 2004). The therapeutic task emanating from this position, then, is not one of construction or reconstruction or manipulation or shaping. Instead, it is one of facilitation, of removing obstacles to growth and helping to release that which is already there (Commentary by Irvin Yalom in Rogers, 1980). By emphasising the need for *integration of self* the participants of this study too have brought to our attention that to be a therapist and/or practitioner is not about focusing on one aspect of self, such as their masculinity, but incorporating it along with all the other key aspects that make up who they truly are which is *predominantly human*.

List of Appendices

APPENDIX I: Information Letter

An exploration of how male psychotherapists negotiate the relationship between their identities as men and their identities as therapists and whether a realignment of the two is required

January 31st, 2012

Dear Joe Murphy,

My name is Derek McNamara and I am currently doing a study relating to male psychotherapists for my final year thesis in the MA in Psychotherapy course, in DBS. Your unique experience as a male practitioner would be a great addition to this study. The research will be confidential. If you are interested in taking part in this study, I would appreciate if you could return the consent form (signed) along with your personal contact information within 10 days. Your participation will require a 40-60 minute interview at a location, time and date suitable for you.

If I do not receive your signed consent form, then I will assume that you do not wish to participate in this study at this time.

Thank you,

Derek McNamara
Derky50@hotmail.com

Research Supervisor
Susan Eustace
Eustacsm@tcd.ie

Declaration of Consent Form

An exploration of how male psychotherapists negotiate the relationship between their identities as men and their identities as therapists and whether a realignment of the two is required

I _____ give my informed consent to participate in this study. I give consent for my contribution to be included in this research thesis, academic reports and publication. I understand that I reserve the right to withdraw my participation from this study any time prior to completion of the final draft on June 1st, 2012.

Signed: _____

Date: _____

Questions based on the negotiation of masculinity within a female concentrated occupation

Q1 As a male working within the field of psychotherapy, how much weight do you feel the idea presented by current research that therapy has become a 'female concentrated occupation' holds?

Q2 Do you feel the current field of psychotherapy requires men to somehow set aside their masculine qualities in order to adapt to the presumed 'feminine values of psychotherapy'?

Q3 Can you see any restrictions the concept of masculinity creates for men working in the field of psychotherapy? If so what are they?

Q4 Are we in an age when the modern man can be conceived of as being more sensitive than in previous generations or are we still too emotionally restrained?

Questions based on previous research

Q5 Do you see any value in previous research which questions whether men should treat women and also whether patient matching should be considered?

Q6 Do you think men are better suited to treating other men rather than treating women?

Q7 Do you think men may be better suited to one form of therapy than another? An example of which would be are men better suited to say psychoanalytic approach of Freud more so than the Humanistic approach of Rogers?

Questions based on a male's perception of the foremost areas of importance in Humanistic and Integrative psychotherapy

Q8 What place, if any, do you feel empathy has for practising male psychotherapists?

Q9 How significant do you believe the relationship between the therapist and client is in the therapeutic process?

11th May, 2012

ANG = Anger

BHN = Basic Human Need

CC = Client Choice

CHL = Challenge

CL = Clinical/ Medical

CML = Commonalities

CN = Client Needs

COG = Cognitive/ Rationale Thinking

COM = Communication

CMP = Competition

CON = Connection

CND = Conditioning

CNT = Containment

CR = Client Relationships

CTR = Countertransference

CTRL = Control

CUL = Culture

DEF = Defence

DNG = Danger

DTY = Difficulty

EE = Emotional Expression

EMP = Empathy

ENC = Encouragement

ENG = Engagement

EQ = Equality

ES = Emotional Strength

EXP = Expectations

EXPR = Experience

FAT = Father

GB = Gender Balance

JUD = Judgement

HE = Hope

HOL = Holding

HR = Human Relation

IF = Inner Female

INH = Inhibitions

ING = Integration

INT = Interactions

IY = Identity

MC = Male Clients

MD = Modern Day

MI = Male Identity

MIN = Minority

MOT = Mother

MSG = Messages

NR = Nourishment

NUR = Nurture

PC = Person Centred

PAR = Parent

PD = Past Decades

11th May, 2012

PE = Personal Experience	SOC = Society
PER = Perceptions	STY = Stereotyping
PL = Personal Level	SUF = Suffering
PNT = Parent	SUG = Suggestion
POW = Power	SV = Survival
PP = Personal Process	TB = Typical Behaviour
PPS = Play Patterns	TCH = Teaching
PRB = Problem	TG = Training
PRJ = Prejudice	TH = The Home
PRO = Process	THR = Threatened
PROJ = Projection	TM = Typically Masculine
REL = Relational	TR = Transference
RES = Resistances	TRD = Traditionally
ROF = Realm of feelings	TRS = Trust
RSH = Relationships	TRU = Trauma
RST = Restrictions	TU = Therapist Understanding
SA = Sexual Abuse	UNC = Unconscious
SEC = Security	WOE = World of Emotion
SEL = Selection	WOF - World of Feminine
SEX = Sexuality	WOM - World of Male
SLG = Slagging	WOP = World of Psychotherapy
SN = Social Networks	WOU = Wounded

14th May, 2012

BHN = Basic Human Need

CC = Client Choice

CHL = Challenge

CL = Clinical/ Medical

CML = Commonalities

CN = Client Needs

COG = Cognitive/ Rationale Thinking

COM = Communication

CUL = Culture

DTY = Difficulty

EE = Emotional Expression

EMP = Empathy

FAT = Father

INH = Inhibitions

ING = Integration

MD = Modern Day

MOT = Mother

MSG = Messages

PAR = Parent

PE = Personal Experience

PP = Personal Process

PRB = Problem

RSH = Relationships

SA = Sexual Abuse

SLG = Slagging

SOC = Society

STY = Stereotyping

TG = Training

TR = Transference

TRD = Traditionally

TU = Therapist Understanding

WOF - World of Feminine

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