Men's Experiences of Couples Counselling Culminating in the Decision to Discontinue

by

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Abstract

Psychological help-seeking has historically been disproportionate between genders, with evidence to suggest that half as many men seek counselling services as women. The extent of physical and mental conditions impacting men as a result of their avoidance of health services places them and their families at enormous risk. When men attend counselling services, they are far more likely to discontinue prematurely in both individual and couples counselling. Further, researchers have voiced the absence of research exploring men's experiences of counselling, particularly couples counselling, and the factors that promote a positive or negative experience of it. The purpose of this study is to add to the limited literature on men's experiences of couples counselling through the use of phenomenological interviews. This research highlights the portions of participants' experiences that contributed to their decision to discontinue, giving insight to the unique needs of these male participants in the counselling room and opening the doors to future research to determine the generalizability of these findings. Nine themes emerged from the interviews with five participants. These themes were: (1) Perceived counsellor effectiveness, (2) Counsellor bias, (3) Moving forward, (4) Getting derailed, (5) Readiness, (6) Feeling unseen, (7) Feeling unheard, (8) Discomfort with surroundings, (9) Partner openness. In addition, participants provided recommendations for counsellors working with men in the couples counselling field. These recommendations are included in the final section of the findings. This study offers deeper understanding of men's experiences of couples counselling, and in particular, the experiences that contribute to the sense that counselling did not work. Based on these findings, implications for service providers and future research are outlined.

Preface

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Chapter 1: Introduction

Introduction

Although more men are frequenting counselling offices in the last fifty years, the ratio of men who seek counselling is still half that of women (Good, Dell & Mintz, 1989). In addition, when men do seek therapeutic services, they are far more likely than women to drop out of individual and couples counselling (O'Brien, 1988; Robertson, 2005). Theories of gender socialization have provided possible explanations for the greater proportion of men than women that avoid counselling, however, very little is known about the experiences of men who attend counselling or the factors that lead to a positive or negative experience of counselling. Further, research on men's experiences of couples counselling is even more limited. By targeting men who have discontinued couples counselling, a phenomenological approach may help to deepen counsellor's understanding of men's experience of couples counselling, specifically, what they experienced leading up to their decision to discontinue. The criteria of discontinuation will result in data that highlights experiences that contributed to the choice to discontinue, and thus provide insight into changes that might otherwise have caused the participants in this study to remain. This study's aspirational goals are to further inform counsellors' understanding of how to better meet the specific psychological needs of men in the couples counselling, to inform counsellors' understanding of how to increase retention of men in couples counselling, and to address the gap in the literature.

Statement of the Problem

Traditional forms of masculinity are linked to great costs to men's health, the health of their families, and the Canadian health care system. One of the dominant ideals of masculinity is risk-taking behaviours and the tendency to boast immunity to all forms of mental illness (Government of Canada, 2006). Some men risk their health by avoiding services, self-diagnosing and denying the presence of any illness (Oliffe & Phillips, 2008). In order to do this, men may focus more on physical symptoms and completely disregard any other symptoms indicative of psychological pain, or men may turn to substances as a more acceptable way of coping with a variety of emotional and relational issues (Government of Canada, 2006). Numerous studies have found that men consistently underutilize health care services, seeking help far less frequently than women (Addis & Mahalik, 2003). Gender may in fact be the strongest indicator of health-promoting behaviours (Courtenay, 2000).

A general model of psychosomatics assumes that holding back thoughts, feelings or behaviours is associated with compromised immune function, and therefore long-term disease (Pennebaker & Glaser, 1988). Pennebaker & Glaser (1988) found that when healthy undergraduates wrote about traumatic experiences over four consecutive days, they had fewer health center visits than the control group over the four month period following the writing. In addition, the experimental group had a significant increase in immune response and a decrease in subjective distress at three month follow up. These results seem to indicate that the failure to confront traumatic experience, specifically actively holding back thoughts, emotions or behaviours require physical work that can over time result in disease (Pennebaker & Glaser,

1988). Perhaps it is not surprising then that the gender containing the traditional male subset, a group which typically holds back emotions and more frequently avoids venues in which traumatic incidents would be talked about, also seems to have significantly more health issues.

Gender role conflict (GRC) is defined as a psychological state in which socialized gender roles have negative consequences for the person or for others (O'Neil, 2008). O'Neil describes Gender Role Conflict (GRC) as resulting from gender role socialization and its promotion of certain masculine values and the fear of femininity (2008). He links the cognitive, affective, behavioural and unconscious domains of GRC to men's problems with depression, anxiety, self-esteem, homophobia, restricted emotionality, communication problems, intimacy, marital conflict, violence toward women, health problems and substance abuse. Despite findings that the masculine gender role is associated with an array of physical and emotional problems such as those listed above, many men do not receive help of any kind (Johnson & Hayes, 1997).

Several large scale studies of Canadians have found severe implications to men's health, and the health of their families as a result of their low rates of help-seeking (Kessler, Brown & Broman, 1981; Addis & Mahalik, 2003; Robertson, 2005). Men suffer more frequently and severely from major illnesses, substance abuse, alcoholism, homelessness, acts of violence and major depression. Further, men have shorter life expectancies and are four times more likely than women to commit suicide ((Cochran, 2005a; Government of Canada, 2006; Oliffe & Phillips, 2008; Statistics Canada, 2005; Brooks, 1998; Brooks, 2001). Presumably, men's lives could be significantly bettered by voicing psychological and emotional concerns and gaining access to professional help, but many men continue to silently suffer and avoid these services

(Addis & Mahalik, 2003; Cheung & Dewa, 2008; Oliffe & Phillips, 2008). The extent of the physical and mental conditions impacting men as a result of their avoidance of health services places them at enormous risk, impacts their families and results in significant social and financial costs to our Canadian health care systems (Government of Canada, 2006).

As few as 1 in 7 men have been estimated to seek out psychological services, as compared to 1 in 3 women (Collier, 1982). When individual men do attend counselling, they have a tendency to terminate counselling prematurely (Robertson, 2005). Similarly, in couples counselling women are frequently the ones to initiate counselling, while men are often responsible for cancelling sessions or for terminating counselling early (Bourgeois, Sabourin & Wright, 1990).

One of the few issues for which men are willing to present to counselling are marital problems, which are the most common reasons for men to present for counselling, some studies finding that over 40% of clients in counselling describe the nature of their problems as marital (Hare-Mustin, 1987; Gurman & Fraenkel, 2002). In Canada, 38.3% of marriages ended in divorce before the 30th wedding anniversary (Statistics Canada, 2005). Research indicates that men suffer more severely from the breakdown of relationships, as men report the highest levels of marital satisfaction, re-enter marriage more quickly after a divorce, die sooner after being widowed and unmarried men experience greater health consequences than married men (Corra, Carter, Carter & Knox, 2009; Brooks, 1998). However, men are usually more reluctant than women to attend counselling (Allen & Gordon, 1990), have been found to be less satisfied than women with the venting style of marital counselling (O'Brien, 1988), are much more likely to

have negative views of self-disclosure (Brannen & Collard, 1982) and rarely have positive experiences of couples counselling when they attend with the aim of preserving the relationship (Jordan, 1992). Considering the increased willingness of some men to attend counselling for relational problems, this becomes a vital opportunity for counsellors to assist in increasing the psychological well-being of a population that may otherwise avoid such services. As such, counsellors' ability to increase retention of men in couples counselling may largely impact the array of health issues presented above. However, the lack of research pertaining to men's experiences of counselling, whether positive or negative, drastically limits counsellor's understanding of how to meet their needs (McCarthy & Holiday, 2004).

Purpose of the Study

The purpose of this study is to deepen practitioners' understanding of men's experience of couples counselling, culminating in the choice to discontinue counselling sessions. The pursuit of this topic will advance the practice of counselling professionals, as there is very little understanding of men's experience of couples counselling, particularly, of the presumed dissatisfaction that may inform the decision to discontinue.

Participants for this study were recruited through their identification with the experience of couples counselling *not working*. Additional criteria involve attending at least one session of couples counselling, and making a decision to discontinue services as a result of the impression that it was not working.

A phenomenological methodology was employed to collect and interpret data. This approach to research views reality as the subjective experiences of individuals and the meaning

they assign to their life experiences (Shamai & Buchbinder, 2010). Philosophical hermeneutics underscores this view of understanding as an active, constructive process in which meaning is created between two individuals (Haverkamp & Young, 2007). A phenomenological approach assumes a constructivist paradigm, whereby the goal is not the generalizability of data but rather, the pursuit of new understandings of the phenomenon in question (Haverkamp & Young, 2007). This paradigm assumes that data are imperfect and dependent on the contextual experience of the individual and the way the researcher interprets the dialogue between researcher and participant. The rationale for this approach is the ability of phenomenology to richly capture the feelings, thoughts and meanings that a specific sample of men attribute to their experiences of couples counselling, thus producing a depth of understanding about this phenomenon. Although the men interviewed may not cover the range of experiences of all men, these experiences will add to counsellors' understanding of the types of experiences men may have in counselling, prior to concluding that it did not work for them.

The Research Questions

What are men's experiences of couples counselling leading up to the decision to discontinue? How can counsellors better meet the specific relational and emotional needs of men and increase retention as a result of understanding men's experiences of counselling?

Chapter 2: A Review of the Literature

Introduction

A depth of social forces may mitigate those men who avoid & feel a great deal of discomfort with the counselling room. Current social prescriptions about gender and historical changes in our understanding of gender roles impact men's understanding about appropriate gender behaviours, many of which conflict with the behaviours associated with counselling. Patterns in help-seeking among men and women may differ drastically as a result of gender identity, with men often avoiding help-seeking and women often initiating it. These patterns appear to be related to counselling buy-in and as a result, to tendencies toward early termination. In addition, therapist gender, communication styles, power dynamics and alliance strength contribute to the outcome and experience of couples counselling and may greatly impact the decision to discontinue. Discontinuation of services in couples and family counselling has been previously examined through other methodological lenses, but does not appear to have been examined phenomenologically (Baekeland & Lundwall, 1975; Edlund et al, 2002; Frayn, 1992; Helmeke, Bischoff & Ford Sori, 2002; Masi, Miller & Olson, 2003; Werner-Wilson & Winter, 2010)

Men in Society

Gender Role Socialization

The greater resistance of some men to health services could be viewed as the result of biological differences from women, however, this sort of assumption can lead to the mistaken belief that there are essential differences between men and women, a belief which inevitably

leads to gender stereotyping (Englar-Carlson, 2006). Rather than assuming that biological sex determines masculinity, the most common approach to understanding masculinity is through the lens of gender role socialization, which views beliefs about gender as the result of men and women learning that certain attitudes and behaviours belong to specific genders (Englar-Carlson, 2006). This theoretical framework does not view biological sex as a determinant of gender role, but rather "the social forces of peers, parents, teachers, and the media [that] reinforce the current gender paradigm" and determine the nature of gender roles and norms (Englar-Carlson, 2006, p. 15). This theoretical framework may shed light on the inherent resistance many men have toward counselling. The counselling environment may actually restrict men's ability to carry out the behaviours that they have learned to equate with their gender. For example, in a counselling environment men may be less independent, less successful and less in control, factors that may threaten a sense of gender identity.

Shifts in Gender

In years past, the notion of masculinity was neither questioned nor examined in scholarly literature as the consensus on what it meant to "be a man" was widespread and unanimous. However, with the rise of feminism and women's studies, notions of gender have been placed in the limelight, and a new focus on men's studies has begun to emerge (Brooks, 1998). While women have benefited enormously from greater freedom to determine the course of their lives, this realignment of power between the genders has seriously challenged traditional views of patriarchal wisdom and power (Brooks, 1998). Many men feel the pressure of a society urging them to be more interpersonally involved with their families and coworkers, but would have to

compromise their sense of masculinity, their sense of identity in the workplace, their time and other factors in order to acquire the emotional and relational skills to do so (Good, Thomson & Brathwaite, 2005).

This gender shift is most strongly felt by many men in what used to be a primarily masculine domain – the workplace. For years, the workplace was ruled almost exclusively by men, and in that time, a man's success at his role of "good provider" came to be equated with masculinity itself (Bernard, 1981). As many men depended heavily on their role as breadwinner to validate their sense of masculinity, the loss of this role results in many men feeling they have failed to fulfill the central duty of their lives, a failure which is surrounded by humiliation, shame & resentment (Bernard, 1981). To make matters worse, the types of jobs available have also shifted drastically, from those requiring feats of strength and physical exertion to those that require more interpersonal skills, sensitivity and self-understanding (Brooks, 1998). While some men have benefited from these social changes, many have been left confused and unsure of where their sense of maleness comes from, resulting in what Brooks (1998) calls "The contemporary crisis of masculinity" (p. 1). With much criticism focused on notions of traditional masculinity, many men are struggling in their journey to define their gender, trying to move out of a more traditional male script to a more creative and flexible one (Englar-Carlson & Shephard, 2005). This drastic shift in gender identity has resulted in some men feeling unhappy, dissatisfied and damaged, and in need of counselling (Scher, 1990). However, traditional masculine ideology is linked to negative attitudes about help seeking, and so the struggle of many men to construct their identity in parenting, relationships and friendships is done alone (Englar-Carlson & Shephard, 2005).

Traditional Masculinity: Cultural and Social Constructions

Gender socialization begins with the assumption that men and women learn that different behaviours and attitudes are linked to each gender. These behaviours and attitudes are based on cultural values, norms and ideologies about what it means to be men and women (Addis & Mahalik, 2003), and are learned through basic processes of reinforcement and punishment (Addis & Cohane, 2005). For example, when boys receive negative messages from others as a result of crying, they learn that crying is an unacceptable mode of expression for boys. On a more extreme note, the repression of all emotions may become associated with masculinity in order to avoid a feeling of vulnerability, which is often associated with femininity (Good, Thomson & Brathwaite, 2005). Since behaviours such as crying are acceptable with only one gender, non-overlapping gender roles are learned (Good, Thomas & Brathwaite, 2005). The social context of masculinity, which determines acceptable behaviours, is informed by historic, economic, political, linguistic, interpersonal and psychological tenets (Addis & Cohane, 2005).

One of the most enduring models for traditional masculinity was presented by Deborah David and Robert Brannon, who outlined four categories based on behaviours that men are socially expected to follow (Brubaker, 1978):

"No Sissy Stuff" – The stigma attached to anything deemed as *feminine*

"The Big Wheel" – Men should highly value success, work, status and achievement

"The Sturdy Oak" – Men are tough, self-reliant and confident, they should be emotionally stoic and deny vulnerability.

"Give 'Em Hell!" - Masculinity is defined by violence and daring and men should be interpersonally aggressive.

In following these tenets, some men benefit enormously from their masculine status, whereas others undergo considerable pain as they are deemed not "manly enough" (Brooks, 1998). It is striking that in cultures around the world, anthropologist David Gilmore found that being a "real man" is a goal that must be struggled for through tests of skill, power or endurance, and that many cultures demand certain behaviours that are deemed to be 'acting like a man' (Toshiko, 1992). Since manhood is not guaranteed, men that subscribe to this formula may only gain a sense of value through attempting to prove over and over again that they are manly. This is often done through rejecting anything that appears feminine or weak, achieving status, displaying risk-taking behaviours, pursuing sexual opportunities and using alcohol (Brooks, 1998; Scher, 1990).

Brooks (1998) highlights the enormous impact male socialization has on men through pointing out the noticeable difference between responses to young girls and boys trying out behaviours associated with the opposite gender. He remarks that girls trying out male behaviours are either encouraged, ignored or may be mildly rebuked while boys trying out feminine behaviours are often subject to shaming and harsh responses. With such intense societal pressures, boys must cease to access the full range of human emotions, actions, thoughts and interests in order to fit this narrow definition of masculinity. As a result, the men that attempt to fit a traditional model of masculinity are robbed of relationship through rejecting emotional expressiveness (with the exception of anger) and vulnerability.

Multiple Masculinities

It is essential to note that masculinity cannot be reduced to a one dimensional phenomenon (Gough, 2007). The Bem Sex Role Inventory has several items and subscales that load onto the masculinity factor, for example: acts as a leader, aggressive, ambitious, analytical, assertive, athletic, competitive, dominant, independent, makes decisions and willing to take risks. Although some of these items appear to be related, it is clear that multiple dimensions make up masculinity. More recently, the social construction of masculinity has been broadened by feminist scholars and social science scholars (Gough, 2007). Consider first that women can score on the BEM "masculinity" scale. It is also understood that masculinity is lived out differently by different groups, producing multiple masculinities such as working class masculinity, managerial masculinity, female masculinity and gay masculinity (Gough, 2007).

The idea that there is a singular essential masculinity that men possess in different quantities has been rejected by social sciences over the last 20 years in favour of multiple masculinities (Gough, 2007). Both the traditional and modern conceptualizations of masculinity impact the lives of men today, increasing the number of responsibilities and pressures associated with being a man today, as facets of both are required (Gough, 2007).

Help Seeking and Help-Seeking Behaviours

Years of empirical evidence has consistently shown that men of different ages, nationalities, ethnic and racial backgrounds seek professional help less frequently than women

(Addis & Mahalik, 2003; Cochran, 2005b). Many studies support the greater psychological and physical problems that men face, compounded by the fact that those with traditional views of masculinity hold more negative attitudes toward using mental health services (Good, Thomson & Brathwaite, 2005). Much research supports the need to learn more about men's help seeking behaviours and engagement in counselling, as controlled studies demonstrating the effectiveness of different interventions with men have not yet been done (Cochran, 2005b).

Substance abuse and psychosocial problems stemming from alcohol and drug use are consistently more severe in men, and yet men still seek services specific to these issues less frequently than women (Addis & Mahalik, 2003). Some authors cite the ratio of alcohol problems as two to one for men over women; others have found as many as 4 or 5 alcohol addicted men for each woman (Brooks, 2001), thus many men silently endure the consequences of these addictions. The particular relevance of this to the counselling field is in the finding that men are more likely to turn to substances as a more acceptable way of coping with psychological pain (Government of Canada, 2006).

Four large-scale surveys examining sex differences in seeking psychiatric services found that men with comparable emotional problems to women sought help at a far lower rate (Kessler, Brown & Broman, 1981). Similar trends have been found with respect to depressed men and with counselling services in general (Addis & Mahalik, 2003). Other findings have confirmed that women seek counselling more frequently than men, at a rate of about two to one, a pattern that has remained consistent for many years in North America, despite measures of men's distress being similar to or higher than women's (Robertson, 2005). This pattern of help seeking

is mirrored in counselling professionals as well, since female professionals have historically sought out psychological services at a significantly higher rate than male professionals (Neukrug & Williams, 1993).

When men do seek help, they ask fewer questions than women (Addis & Mahalik, 2003), and most of the time help-seeking behaviour is the result of physical symptoms, not emotional or psycho-social issues (Yodanis, Godenzi & Stanko, 2000). One meta-analysis has found that even when ill, many men continue to delay help seeking (Galdas, Cheater & Marshall, 2005). This type of behaviour is not only detrimental to the health of men, but financially costly as well, since the treatment of early stages of illness is much less expensive than the treatment of critical stages of illness (Yodanis, Godenzi & Stanko, 2000). As stated earlier in this paper, it has been found that holding back thoughts, feelings or behaviours is associated with compromised immune function, and therefore long-term disease (Pennebaker & Glaser, 1988). Thus, increased counselling services to men may impact physical health.

When men seek therapeutic help, negative attitudes toward help seeking and help-seeking behaviour may greatly impact the change process (McCarthy & Holliday, 2004). Male clients who subscribe to a traditional gender role tend to drop out early in the counselling process since the act of asking for help deeply challenges their sense of masculinity (Robertson, 2005). Many of the tasks associated with counselling, such as relying on others, admitting a need for help, and recognizing and labelling an emotional problem, conflict with messages that are commonly advertised about masculinity, such as self-reliance, physical toughness, and emotional control (Addis & Mahalik, 2003). Some researchers have found that the more traditional a man's values

are the more negative are their views of seeking help (Good, Dell & Mintz, 1989; Robertson & Fitzgerlad, 1992). Several studies have used the Gender Role Conflict Scale to measure this sense of gender role conflict and have found that it significantly correlates to negative attitudes toward help seeking (Schaub, 2007). One study found that men who think of themselves as similar to all men had the most negative views of help-seeking, indicating that men who see themselves as traditional view counselling as an inappropriate gender activity (Schaub, 2007).

Summary

The social construction of masculinity may predispose some men towards interpreting the counselling environment as 'unmanly'. This is among the many possible explanations for those men that do not seek help. The avoidance of health-services, including counselling, puts those men and their families at great risk (Government of Canada, 2006). The tendency of men towards having a strong aversion to counselling services is well documented (Addis & Mahalik, 2003; Cochran, 2005b; Good, Thomson & Brathwaite, 2005), it is therefore surprising that this aversion does not seem to apply as strongly to couples counselling, as will be detailed in the following section. It has been found that most men are willing to attend counselling for relational/marital problems when their relationship is at risk of ending (Allen & Gordon, 1990; Allen & Laird, 1990; Stilitsky, 2000). Given the dire circumstances of those men who are suffering psychologically but unwilling to seek help for individual issues, retention of men in couples counselling becomes a critical facet through which men can receive the services they need.

Men & Counselling

Why traditional psychotherapy does not fit traditional men

There are men whose quality of life could be vastly improved through psychological services; however counselling is often viewed as a feminine domain. Psychological services to men remain mostly unexamined, but counsellors would greatly benefit from knowing more about what stops men from seeking services, and what helps them when they do engage in services (McCarthy & Holiday, 2004). The historical roots of psychotherapy, having been created by men and practiced on women, continue to influence today's practice (Scher, Stevens, Good & Eichenfield, 1987) as many theories are based on western patriarchal views (Scher, 1990).

For some, the decision to go to counselling may be seen as a failure. This decision may be interpreted by some men as an inability to deal with their problems, and may only result from the belief that there are no other alternatives (Scher, 1990). In light of this, the presence of a male client may not indicate his willingness to change. Brooks (1998) presents an extreme view of this dynamic when he asserts that "men's aversion to counselling is so powerful that it's wise to assume that most male clients, at some level, don't want to be there" (p.42). Based on his definition of the traditional male, Brooks states that the characteristics that counsellors look for in 'ideal' clients are often antithetical to the way traditional men want to live their lives (1998). Although Brooks' strong assertions may prove true for men that fit in the "traditional" category, research suggests that these trends in help-seeking may be changing as more and more men do willingly seek counselling services (Scher, 2005).

Traditional male gender roles have two major foci: to be in control and to be unlike women (Scher, 1990), both of which are likely to be violated in counselling. Beginning with the latter, the context of counselling is traditionally linked with feminine values such as the ability to feel and express emotions, a willingness to talk about and explore vulnerabilities and the desire to seek help from another in order to find an answer to one's problems (Osherson & Krugman, 1990). Male socialization pressures boys to restrict signs of vulnerability and caring and become emotionally stoic, the result of which is that by the time boys become men, some have become completely unaware of their emotions (Levant, 1996).

Men are not only expected to maintain control over themselves and their environment, but also over others. A man's presence in counselling may be viewed as evidence of his loss of control, the result of which is feeling in a "one-down" position (Erickson, 1993). For many men, their sense of worth is very closely tied to their sense of power and their position of control in their relationships. As Brooks (1998) explains, some men may reason in this way:

> "She loves me because I am powerful. If I lose that power or even if she acquires comparable power, I will become unlovable. She will lose respect for me." (p.51).

The counselling environment may severely challenge a client's sense of power and control as a result of the power that accompanies the role of the counsellor. For example, the structure of counselling involves conversations about the number of sessions, money, cancellation and vacation policies, all of which may reinforce the greater control and power of the therapist and the dependence of the male client on the therapist (Osherson & Krugman, 1990). The vulnerability that accompanies these areas may seriously undermine a man's struggle for dignity (Osherson & Krugman, 1990). The result of the power differential may leave men feeling

powerless and exposed, in order to compensate, some men may engage in attempts to control and challenge the more powerful role of the therapist (Scher, 1990). In a study of communication patterns, for example, a greater frequency of complementary exchanges were found with male clients, in which questions and the provision of answers were used to assert or relinquish control in the relationship, suggesting that more time is spent by men challenging the power dynamics (Heatherington & Allen, 1984).

The emotional realm may be unfamiliar to some men, and so if possible, those who feel uncomfortable will attempt to sort out their problems cognitively, a far safer and more familiar endeavour (Scher, 1990). Men are frequently portrayed as 'problem solvers', a role which negates experiences of incompetence or failure and frames men as fixers of things that are broken, not as broken themselves (Brooks, 1998). However, when men are able to give in to their emotions, there is often a sense of relief, as well as a sense of guilt over acting in a way that is perceived as feminine (Scher, 1990). As they begin to engage, some men in counselling may feel threatened by a sense of dependence on their therapist, which conflicts with the need to feel self-reliant and invulnerable (Osherson & Krugman, 1990).

Many men have received messages throughout their lives about being independent and self-reliant, resulting in them being both wary of intimacy and needy of intimacy at the same time (Scher, 1990). The therapeutic alliance has the potential to be a very intimate relationship, thus making it very difficult for some men to engage (Scher, 1990). Counsellors must be patient with men as they unwillingly surrender parts of their independence and are required to delve into emotional experiences that are extremely uncomfortable. The client may be struggling

against his need to develop a relationship with the therapist while the therapist struggles to establish one.

Men in Individual Counselling

Although concepts of masculinity are changing, traditional masculinity is still dominant in western cultures and therefore largely determines what is considered "normal" (Englar-Carlson & Shepard, 2005). To review, some of the major themes of traditional masculinity are a discouragement of feelings of sadness and vulnerability, a promotion of aggression and homophobia and an avoidance of all things feminine. There are far reaching beliefs that men are expected to focus on competition in order to gain success and status, to appear invulnerable through displays of emotional stoicism, to appear physically tough and unmovable, to avoid seeking help and to seek out violence and adventure (Englar-Carlson & Shepard, 2005). Simply by examining this cursory list, a few obvious issues arise when one thinks of what is required for client-change in counselling. Counselling is commonly represented in media as comprising purely feminine characteristics, therefore the well documented avoidance of counselling by a substantial portion of the male population is partially due to a fear that the counselling process will require them to be someone other than they are, that it will require them to act and behave in feminine ways and therefore jeopardize their sense of masculinity (Englar-Carlson & Shepard, 2005).

In the twenty-first century, there is greater tolerance of different types of male role behaviour in some ways, and in other ways the old expectations are as alive and strong as ever (Scher, 2005). These shifts in gender roles have placed an even heavier burden on men, as they

are often expected to be both intensely involved in the family as well as even more successful than ever (Englar-Carlson & Shepard, 2005; Scher, 2005). These strenuous expectations may result in feelings of shame and guilt when men find it difficult to meet them, further, often the shame is compounded as a result of the shame men feel at feeling ashamed (Scher, 2005). An impossible task is set when men receive messages from both the old and new conceptualizations of masculinity, such as the importance of being in touch with their emotions, and, that real men are in control of their emotions (Scher, 2005).

Gender Traps

Knudson-Martin & Mahoney (1999) address four gender traps that can limit counsellors' understanding of clients as a result of ignorance to gender issues: believing that gender differences are "natural" and unchangeable, unconsciously acting-out gender scripts, ignoring gender power differences, and concluding that gender inequality is no longer an issue. Although many approaches to therapist training advocate "neutrality" when it comes to gender issues, the process of helping clients free themselves of gender constraints cannot be neutral, as the way such issues are addressed will either maintain or challenge the existing gender structures (Knudson-Martin & Mahoney, 1999). Avis (1996) warns that counsellors who ignore gender as a fundamental dimension of the therapeutic relationship are likely to act in ways that reinforce oppressive gender dynamics. Good, Gilbert & Scher (1990) challenge counsellors to actively examine their beliefs about gender roles so as to avoid the mistaken belief that gender does not play a role in the counselling process, or in clients' lives.

Men in Couples Counselling

Introduction

Marriage remains the preferred relational state of North Americans, while marital problems remain the most common presented in counselling (Hare-Mustin, 1987; Gurman & Fraenkel, 2002). In fact some studies have found that over 40% of clients in counselling describe the nature of their problems as marital (Gurman & Fraenkel, 2002). With the strong North-American emphasis on happiness and self-fulfillment, there is increasingly less tolerance for unhappy marriages (Hare-Mustin, 1987) resulting in a large proportion of break-downs in marriage and other long-term relationships (Gurman & Fraenkel, 2002). In Canada, a staggering 38.3% of marriages end in divorce before the 30th wedding anniversary (Statistics Canada, 2005).

A trend in the literature indicates that men are more satisfied with marriage and experience more adverse consequences without it. As a result, men in particular appear to suffer severely from the breakdown of relationships. Consider the following findings: Women are more likely than men, at all ages, to be the ones to initiate divorce and are less likely than men to remarry (Buckle, Gallup & Rodd, 1996). Men consistently report the highest levels of marital satisfaction (Corra, Carter, Carter & Knox, 2009). Men re-enter marriage more quickly after a divorce, die sooner after being widowed and married men experience greater health benefits than unmarried men (Brooks, 1998). However, despite the increase in quality of life that appears to result from men being married, they rarely initiate counselling (Allen & Gordon, 1990), are less satisfied with the process of counselling (Brannen & Collard, 1982; O'Brien, 1988) and rarely

have positive experiences in couples counselling when aiming to preserve the relationship (Jordan, 1992).

Attachment literature sheds light on the apparent connections between relationship health and psychological well-being. Connection with an attachment figure is seen as necessary for survival. Security and comfort are derived from the emotional and physical presence of an attachment figure, to the extent that researchers have found such figures serve as an antidote to vulnerability and anxiety (Johnson, 2009). Conversely, when an attachment figure becomes inaccessible, the result is a sense of distress (Johnson, 2009). Positive attachments create a buffer against the impacts of stress and uncertainty (Mikulincer, Florian & Weller, 1993) and regulate our physiology in the face of threat by calming neuronal activity (Coan, Schaefer & Davidson, 2006). Knapp et al. (1992) found that healthy volunteers that were asked to recall disturbing emotional experiences experienced anxiety and had poorer lymphocyte responses, which are a type of white blood cell involved in the immune system. Therefore disturbing emotional experiences may compromise the body's immune system and result in physical sickness, whereas safe attachment relationships buffer the negative consequences of anxiety and may therefore prevent both psychological distress and physical sickness.

Counsellors generally expect that men will be challenging and problematic clients in couples or marital counselling, exhibiting unresponsive and resistant behaviours (Moynehan & Adams, 2007). Further, the literature addressing how to engage men in couples and family counselling is lacking, more so even than the literature addressing this same issue in individual counselling (Moynehan & Adams, 2007). The fact that many men entering counselling have learned to bury all emotions other than anger, resulting in the inability to identify and describe

feelings (Levant, 1996; Philpot, 2005) often predisposes them to failure in the couples counselling realm, as will be explored in the following sections.

Initiating & Ending Counselling

Women in general are more willing to seek help than men, and are therefore most likely to be the one to initiate couples counselling in a relationship (Moynehan & Adams, 2007). It is women's demands for change that often result in men entering counselling (Allen & Gordon, 1990; Allen & Laird, 1990). In fact, some men will only see a counsellor in the context of couples counselling, at times only under threat of the relationship ending (Stilitsky, 2000). The male partner that would normally avoid psychological help-seeking at all costs, may present to counselling for the first time as a result of the potential loss of the relationship.

In a study of patterns of men and women seeking counselling, both husbands and wives described the woman as more aware of problems and more active in seeking help (Doss, Atkins & Christensen, 2003). Women are not only more willing to seek marital counselling but generally have more positive attitudes towards it (Bringle & Byers, 1997), and are often more invested in the health of relationships (Campbell & Johnson, 1991). Conversely, the more traditional the gender identity of the male, the less likely he is to recognize a need for help or consider getting help (Doss, Atkins & Christensen, 2003). This pattern is concerning due to the fact that the continuation of treatment is most likely when both spouses participate in searching for help (Bischoff & Sprenkle, 1993). When one spouse does not participate in the search for help, the probability of premature termination increases (Bischoff & Sprenkle, 1993).

It appears that many women do not seem to experience the sense of failure that accompanies some men when it comes to seeking help, and tend to be more open and

comfortable sharing their problems with others (Moynehan & Adams, 2007). Some authors have described women as more "psychologically minded" than men, as evidenced by their willingness to discuss problems, their openness to change, access to feelings and greater interest in their own and others' behaviour (Shill & Lumley, 2002). It is not that men lack confidence in counsellors' ability to help; it is simply that some men, especially traditional men, are much less willing to receive services (Butcher, Rouse & Perry, 1998). Bringle & Byers (1997) found that the men in their study believed they had less control over outcomes in their marriage relationships than women, and that communication, effort, and skill had a less significant impact on the marital relationship (Bringle & Byers, 1997), thus rendering the engagement in therapeutic services futile.

When it comes to the cancellation or termination of couples or family counselling, men are more often responsible than women. Follow-up interviews with families that had dropped out of counselling indicated that the father was the most unenthusiastic about treatment, while family counsellors report that the father is the most responsible for cancellations (Bischoff & Sprenkle, 1993). The continuation of counselling appears to be critically connected to the father or male spouse's involvement, and satisfaction with family life prior to treatment seems associated to husbands' continuation of counselling (Bischoff & Sprenkle, 1993).

Men in Relationships

Marital counselling is likely to be more successful when counsellors have an understanding of the historical, developmental, political and social influences on men's socialization (Englar-Carlson & Shepard, 2005). To this, Brooks (1998) adds the importance of counsellors' awareness about common problems men have with women and with the institute of

marriage itself. Men are created inside women's bodies, and usually create their first relational attachment to a woman. However, following a short period in infancy, where men are free to intimately relate to their mothers, an ongoing conflict begins to permeate their relationships with women as a result of the needs for both attachment and autonomy (Brooks, 1998). While girls are encouraged to emulate their mothers, the message may be given to young boys that they must separate and become different if they are to prove their masculinity (Brooks, 1998). As a result, young girls can enjoy and relish in affection and closeness with their mother, while young boys are trained to value autonomy over interdependence (Philpot, 2005). Boys' earliest relationships with women may be defined by this inner conflict, if they are taught to be fearful of nurturance and love, feelings of attachment and of engulfment (Brooks, 1998; Pollack, 1990). For those men that carry these types of fears, some authors assert that they may be drawn towards controlling women and towards interpreting their wives' requests, even innocent ones, as attempts to control them (Philpot, 2005).

Through the positive reinforcement of traditional male behaviours and the punishment of feminine behaviours, boys' early attachment to their mother weakens (Lynn, 1966). Those boys that are most impacted by this type of social pressure may experience traumatic separation from their mother and an unconscious emotional dependence on their future wives as a result of unmet needs for maternal love (Philpot, 2005). Young boys' that learn to feel hostile toward feminine activities may experience that this hostility generalizes towards all women (Lynn, 1966). When boys reach adolescence and are suddenly interested in an inter-gender environment, their previous hostility results in a very complex and conflictual understanding and experience of sexuality (Brooks, 1998).

Developmental feelings of separation, confusion and resentment towards women are often translated into men's descriptions of marriage as repressive and imprisoning, something to be avoided as long as possible. Conversely, marriage is found to be of considerable emotional, physical and psychological benefit to men. Marriage provides companionship, and provides a means of meeting emotional needs that men are reluctant to express. It offers emotional security in the sense of being accepted and loved and may for some men lead to feeling emotionally alive for the first time as their partner's help to put words to their emotional experiences (Brooks, 1998). While traditional men usually avoid health services at all costs, marriage provides a face-saving excuse for using the health care system, as it can be done for the sake of the partner or the family (Stilitsky, 2000). This is an important loophole for counsellors to be aware of, as marital counselling provides an avenue through which many men who would never seek help are willing to do so.

Men's Experience of Couples Counselling

The nature of couples counselling can be problematic for men. Most often, the partner interested in changing the state of the relationship is the woman, while the partner most interested in keeping the relationship the way it has always been is the man (Brooks, 1998). It is only as a result of the threat of abandonment or of losing the relationship that is so essential to his well being that some men will agree to come to counselling (Allen & Gordon, 1990; Allen & Laird, 1990). As a result, unless there is an understanding of the benefits of counselling and the damaging effects of continued harmful patterns in a relationship, men are more likely to enter counselling unengaged and expecting failure (Brooks, 1998; Englar-Carlson & Shepard, 2005). On a hopeful note, outcome research on emotion focused therapy has found that the one

demographic variable to impact outcome was male age. Older males were more likely to be satisfied with their marriage at follow-up and were more likely to display gains in satisfaction at termination and follow-up (Johnson & Talitman, 1997). It appears that there is great potential for positive outcome once male clients have fully engaged in the therapeutic process.

Traditionally, the only emotion that is acceptable for men is anger, so some men may experience all other emotions as unknown and handle them by distracting themselves, exploding with anger, going numb or indicating nonverbally what they are feeling (Philpot, 2005). Conversely, women are generally quite adept at describing their emotions. When this mismatch in emotional communication is present in a counselling session, the result is often that women feel frustrated and men feel uncomfortable (Philpot, 2005). Since the process of counselling often functions within a framework that is more familiar to women, men may want to avoid it and only come as a result of the fear of losing the relationship (Silitsky, 2000).

This type of restrictive emotionality, as experienced by many men, has been linked with marital dissatisfaction (Englar-Carlson & Shephard, 2005). Gottman has argued that it is the proportion of negative affects to positive affects that determines the level of marital satisfaction, with a higher ratio of positive affects having a strengthening effect (Englar-Carlson & Shephard, 2005). As a result, a continuing inability to speak about emotions means problems will rarely be resolved (Philpot, 2005).

Power

Marital counselling often challenges issues of unequal power in the marital relationship, a topic that may additionally threaten men's relationship with the therapist when they initially hold more power (Werner-Wilson, 1997) and fear losing it. As well, "the inherent imbalance of one

same gender pairing and one cross-gender pairing" adds an additional element that may impact power dynamics (Shay, 1993, p. 94). Although women tend to understand the benefit to them and the relationship with their partners when a male therapist takes a "we men" stance in order to build empathy, a female therapist taking a "we women" stance tends not to be received as well by men (Bergman, 1996). Likely, male clients will feel "ganged up on" in such a scenario, and need the therapist to be clear about the benefits that may arise from this sort of intervention (Bergman, 1996). In addition, whether male or female, male clients may be looking for indications that the counsellor is siding with the female partner through endorsing behaviours that are associated with femininity (Englar-Carlson & Shephard, 2005).

Although historically women have been considerably harmed by sexist counselling practices, women's political clout and leverage in relationships has increased dramatically in recent years, such that the more typical situation today is that of the woman and therapist aligning, leaving men on the outside (Brooks, 1998). Women's greater expertise in relational and emotional realms frequently leaves men in the uncomfortable position of feeling powerless in couples counselling. In addition, men's attendance is often the result of threat or coercion (Erickson, 1993), and research has found that men coerced into counselling are far less likely to change than those that initiate the process on their own (Silitsky, 2000).

Men and women enter counselling with different expectations and are likely to be effected differently by what happens in each session (Gregory & Leslie, 1996). Women tend to perceive counsellors as more credible, trustworthy and attractive and have higher expectations, while men tend to assign less credibility, and expect a more direct and critical style (Bernstein & Fagoli, 1983; Campbell & Johnson, 1991).

Although women pressuring their husbands to seek counselling, and men acquiescing under threat is not the ideal situation, counselling seems to be of benefit. Scher (1990) found that the men who attended counselling were better able to be intimate with the women in their lives, a change which likely addresses the very thing their partners sought therapy for.

Alliance

Men are often responsible for cancelling sessions and initiating the termination of counselling (Bourgeois, Sabourin & Wright, 1990). In couples counselling, research has shown that couples' immediate perception of their therapist is related to their decision to discontinue. For example, the clients' perspectives of the alliance have been found to be predictive of outcome with couples across a variety of therapeutic approaches when measured early in treatment (Friedlander, Escudero & Heatherington, 2006). In addition, couples that remain in counselling for eight sessions had stronger alliances with their counsellors after the first session than those who terminated prior to the eight session, as measured on the couple therapeutic alliance scale – revised (Knobloch-Fedders, Pinsof & Mann, 2004). Symonds & Horvath (2004) found that the strength of the alliance only correlated to outcome when the partners agreed on the strength of the alliance, and when the strength of the alliance increased during the first three sessions (Symonds & Horvath, 2004). In other words, if the relationship became "unbalanced", that is the therapist was more strongly allied with one partner over another, the outcome of counselling was affected (Symonds & Horvath, 2004; Minuchin & Fishman, 1981). Unfortunately, all too often the very events that build the therapeutic alliance with individuals, such as the therapist understanding each member's story sympathetically from his or her

perspective, may damage the allegiance between the couple, as they lay blame on the other for securing the counsellor on his or her side (Symonds & Horvath, 2004).

Men are more likely not to feel connected to their therapist and perceive a weaker alliance than their spouse, and as a result may participate less (Brooks, 1998). Marital counsellors are stuck in a difficult position when choosing on whom to focus at the onset of couples counselling. Focusing on the wife risks losing the husband, who is likely to be less invested from the beginning, while focusing on the husband ignores the wife and places more blame on her initially (Silitsky, 2000). Many counsellors engage the more uncomfortable husband at the beginning or may spend more time engaging him, even at the risk of blocking or interrupting the wife (Werner-Wilson et al., 1997).

Bourgeois, Sabourin & Wright (1990) found that the strength of the alliance to the therapist was more indicative of success among men, than among women in couples counselling. It may be that with a strong alliance, many men delve into intimate issues for the first time, allowing a level of communication to take place between spouses that had not previously existed. In addition, since men are more fearful of the therapeutic process and carry with them a negative cognitive set against participation, it may be more important for men to feel understood and connected.

Outcome is also more strongly determined by the strength of the male's alliance (Symonds & Horvath, 2004). Correlations between alliance and outcome have been found to be stronger when the male's alliance was greater than his wife's and was improving over time. This phenomenon may be understood through the examination of two types of marital power, "positional power", held more by men, based on control of resources and status, and "relational

power", held more by women, which is exerted within the domain of intimacy and interpersonal relationships (Blanton & Vandergriff-Avery, 2001). As counselling resides mostly in the realm of relationships and emotions, a power differential arises in which the male partner is at a greater disadvantage (Garfield, 2004). Men may feel less skilled at communicating their thoughts and feelings, and so a failure to engage the male partner early in the counselling process may have worse consequences on outcome than a similar failure with women (Garfield, 2004). Often, the female partner begins counselling with greater motivation, and so the alliance may be less of a determining factor in her ability to work toward a positive outcome (Symonds & Horvath, 2004). Similarly, other research has found that when men's alliances are stronger than their partner's at session eight, couples show significantly greater improvement in relationship distress (Knobloch-Fedders et al., 2004). Further, when women rated their partner's alliance as stronger than their own, successful treatment response was more likely (Knobloch-Fedders et al., 2004; Quinn et al, 1997). This highlights the importance of engaging the male partner in counselling, despite the greater challenge to engage him.

Therapist Gender

One question that cannot be ignored in this discussion is whether therapist gender plays a role in alliance formation and therapy effectiveness. Despite the potential of therapist gender affecting counselling, research has not been conclusive. Studies are divided on whether male or female counsellors are more effective with clients (Gehart & Lyle, 2001; Nelson, 1993; Blow, Timm & Cox, 2008), and in whether clients are more successful with same-gender or opposite-gender pairings (Nelson, 1993). Clients perceive clear differences between male and female

counsellors, although what clients view as therapist strengths and weaknesses isn't consistent (Gehart & Lyle, 2001).

Research on therapist gender in couples and family counselling is limited (Blow, Timm & Cox, 2008). Research has found that therapist gender does not make a difference to family counselling outcome (Hampson & Beavers, 1996), however there is some indication that male and female counsellors have different strengths and are treated differently by their clients (Blow, Timm & Cox, 2008). In general, male counsellors have been found to talk more and make more directive statements than female counsellors, and families were found to more openly disagree with one another in front of female counsellors (Blow, Timm & Cox, 2008). In a study of the alliance in family counselling, therapist gender was not found to have any effect on the strength of the alliance (Robbins et al., 2006). In couples counselling, gender becomes particularly pertinent as there is always a same gender and opposite gender pairing with heterosexual couples (Blow, Timm & Cox, 2008). Of particular interest, Werner-Wilson, Zimmerman & Price (1999) found that male clients were much better at introducing successful therapeutic topics in family counselling, while female clients were much better at it in couples counselling. The implication of this being that counsellors of both genders were much better at identifying women's goals for couples counselling than those of men. Gehart & Lyle (2001) used participants that had worked with both male and female counsellors, and found that participants consistently stated a difference between genders. Clients found that counsellors exhibited stereotypical gender behaviours, that is, women were more caring and men were more problem-solving. These gendered behaviours were found to be helpful at times and not at others, indicating the

complexity of the relationship between therapeutic process, outcome and gender (Gehart & Lyle 2001; Blow, Timm & Cox, 2008).

Other researchers have found that neither therapist sex nor therapist-participant sex similarity affected perceptions of competency and helpfulness of the therapist (Campbell & Johnson, 1991). In addition, the marital status of the therapist had no impact on clients' perception of expertise, attractiveness and trustworthiness.

In the last twenty years male clients more frequently choose female counsellors, stating the reasons as safety, the belief that they had special knowledge and the therapist having a good reputation (Johnson, 2005). Male counsellors can be frightening for male clients.
In order to be successful male therapists must remember to use humour, concern, honesty, consideration and restrained affection (Scher, 2005). Men today are more aware of the repression of women, of their feelings and are more open to counselling, often self-referring (Scher, 2005). These changes result in greater commitment to counselling on the part of clients, and a greater acceptability of two men engaging in vulnerable conversation and the sharing of emotions (Scher, 2005).

Discontinuation of Services in Couples and Family Counselling

Garfield's (1986) definition of counselling dropout will be used to describe participants' for the purposes of this study,: "one who has been accepted for [counselling], who has at least one session of counselling, and who discontinues treatment on his or her own initiative by failing to come for any future arranged visits with the therapist" (p. 219). Although this definition will be used to screen potential participants, the language of "drop-out" will be replaced with "discontinuation". Previous studies that have examined discontinuation in couples and family

counselling have used a variety of methodologies. The proportion of premature terminations across different types of counselling has been examined through the use of surveys (Masi, Miller & Olson, 2003), various studies have examined the association between demographic characteristics and discontinuation (Baekeland & Lundwall, 1975; Edlund et al, 2002; Frayn, 1992) as well as factors such as treatment modality, occupation, income and previous counselling experience (Werner-Wilson & Winter, 2010). Clients' perceptions of discontinuation have been examined in a single case study (Helmeke, Bischoff & Ford Sori, 2002), however the experience of discontinuation in couples counselling has not been reported in the literature.

Chapter 3: Method

Phenomenology as a Research Method

Phenomenology was chosen for this study because of its ability to access the difficult phenomena of human experience (Giorgi, 1997). Phenomenologists are concerned with understanding social and psychological phenomena from the perspective of the lived experience of those involved in the phenomena (Maypole & Davies, 2001; Shamai & Buchbinder, 2010). Reality is understood as the meaning individuals assign to their life experience through this lens, so there is no single objective reality, but rather, multiple subjective realities based on the individuals that participate in any given situation (Eisikovits & Buchbinder, 1996). The outsider's understanding of an individual's subjective reality is always limited by differences in language, ethnicity, gender, and socioeconomic status (Shamai & Buchbinder, 2010). The phenomenologist does not attempt to collect generalizable data therefore, but rather understands that data are always dependent on the context (Shamai, 2003).

Giorgi (1997) describes phenomenology as referring to the totality of lived experiences that belong to an individual. An individual's consciousness is the medium through which an individual's experience and awareness are accessed. It does not present a neutral description of objects however, but attaches meaning through its various modes, styles and forms (Giorgi, 1997). The term experience refers to the perception of real objects in space and time whereas the broader term, intuition, refers to the presences that may not have realistic references (Giorgi,

1997). Phenomenon refers to "the presence of any given precisely as it is given or experienced" (Giorgi, 1997, p.236).

Descriptive phenomenology, as detailed by Giorgi (1997; 2008) describes the purpose of this methodology as the clarification of the nature of the phenomenon, in a general and scientific sense. The aim is not idiographic analysis, though this may be part of the process, but rather to formulate the description of the phenomenon as a whole (Giorgi, 2008). The focus is to capture broad strokes of the phenomenon rather than details, which may be integrated into a "typical essence" or a broader sense of the phenomenon (Finlay, 2009; Giorgi, 2008, p. 37). In contrast, some phenomenologists focus on the idiographic meanings in their data with the aim of understanding the individual which in turn may or may not generalize to a broader description (Finlay, 2009).

Descriptive phenomenologists will only make assertions which are supported by the data given to them. They stay close to the collected data, capturing its richness and complexity, and avoiding interpretations that are not supported by "appropriate intuitive validations" (Finlay, 2009, p.11). Some authors view description and interpretation as more of a continuum, and argue that nonverbal behaviours, as they pertain to verbal description, require an interpretive element to capture their meaning (Finlay, 2009). Continuing along this line of thought, interpretation may be necessary in order to fully capture parts within larger wholes, although it must remain descriptively-based (Wertz, 2005).

Trustworthiness and credibility of such interpretations can be achieved through descriptions of the phenomenon that are closely linked to statements in interviews, as well as the

use of precise quotations accompanying analyses so that the reader can see the connection (Shamai & Buchbinder, 2010; Stiles, 1993).

The phenomenologist does not believe it is possible to eliminate subjectivity from the research process. Rather, the goal is the presentness of the researcher, who chooses to listen objectively (Giorgi, 1994). This presentness is also called a "phenomenological attitude", an attitude in which the researcher attempts to be present with the other and to see the world through the other's eyes. It involves the researcher engaging with a sense of wonder and openness while at the same time suspending presuppositions (Finlay, 2008). However, more is required than simply suspending researcher judgment. This attitude requires opening oneself up to be affected by another (Finlay, 2008). Researchers debate the extent to which one should be self-aware, bringing their own experience to attention, during this process. Many argue for removing self-awareness as much as possible through bracketing three areas in particular: (1) scientific theories, knowledge and explanation; (2) truth or falsity of claims being made by the participant; and (3) personal views and experiences of the researcher which would cloud descriptions of the phenomenon itself (Ashworth, 1996; Finlay, 2008).

This type of phenomenological attitude necessitates a preparedness to be open to whatever may emerge without prejudgments or pre-structuring one's findings (Finlay, 2008). I entered into participant interviews with extensive reading on theories of masculinity and men in counselling, in addition to my own experience of dropping-out of couples counselling at my husband's initiation. I endeavored to remain aware of the pre-existing beliefs I have, in order to examine how they may impacted the research process and findings along the way. My pre-

understandings proved to be a source of insight at varying points, and were shifted out of focus at others, in order to see participant experiences in a fresh way. A phenomenological attitude is open to the other and attempts to see the world in a new and different way. I resonate most with the description of this attitude as the "process of retaining an empathic wonderment in the face of the world" (Finlay, 2009, p. 12). Because the researcher's perspectives are assumed to shape the research findings, replicability of phenomenological-qualitative research is not expected (Patton, 2002). Therefore, this study does not allow generalizations, but it does enable a better and more in-depth understanding of some men's experience of couples counseling culminating in the decision to discontinue.

Procedure

Specific steps are difficult to define as phenomenologists believe that imposing a method on a phenomenon threatens the integrity of the study of that phenomenon (Groenewald, 2004). It is the phenomenon that guides the method, even the type of participant (Groenewald, 2004). My epistemological position is that data are contained within the experiences of men who have chosen to discontinue couples counselling. As a result, data collection results from the construction of understanding between researcher and interviewee of the participants' lived experience of couples counselling. The phenomenologist does not believe that the researcher can be completely detached from his or her own presuppositions and therefore, the researcher does not assume detachment (Groenewald, 2004).

An unstructured interview, conducted in a conversational and flexible manner was used to capture the participants' feelings, beliefs and convictions about their experience (Groenewald,

2004). Respondents had the opportunity to introduce new topics of interest. The interviews addressed the participants' experiences of counseling leading to their decision to discontinue. Participants were asked to describe the experience as thoroughly as possible, naming what they heard, felt, thought and said, and describing when they first became aware of their emerging desire to discontinue. The following stimulus questions were used to help the description of the experience to be as thorough and detailed as possible:

1. What motivated you to enter counselling?
2. Tell me about your initial experience of counselling.
3. What did you notice and observe about you, your partner and the counsellor and what was your experience of this?
4. What happened leading up to the decision to discontinue?
5. How did you make the decision to discontinue?
6. What could have been different in counselling that would have resulted in you staying?
7. Have you ever felt comfortable talking to someone about yourself? What are the situations in which you have felt comfortable?

A second interview was conducted with each of the participants in which the interviewer shared a summary of the first interview and asked the participants to comment on whether the important parts of the interview had been sufficiently captured and understood. The participants were able to comment on anything they believed was missing from the interviewer's summary, and share anything new that had come to their attention since the initial interview.

The goal of phenomenology is to access how participants think and feel in the most direct manner, focusing on the internal experience of the participant and encouraging participants to describe their lived experience in the most open manner possible (Groenewald, 2004). The interviews were conducted by the student researcher in individual settings. Each interview was approximately 60 minutes and was be audio taped. Participants were be briefed on the general research aims and asked to sign an informed consent form that described the main objective of the study, outlined the confidentiality of the participant researcher relationship, and specified the participants' ethical rights. In addition, participants were informed that the study was being conducted with the approval of the UBC behavioural research ethics board.

Participant Recruitment

Study participants were recruited through word of mouth, the CNPS listserve and through flyers posted around UBC campus, at coffee shops, pubs, gyms and other venues in the UBC/Point Grey area. Purposive sampling was used to identify primary participants, considered to be the most important kind of non-probability sampling (Groenewald, 2004). The purpose of the research and the judgment of the primary researcher helped to determine the participants that had experiences relating to the phenomenon to be researched (Groenewald, 2004). Selection criteria included men who had attended at least one session of marital or couples counselling, who found that therapy did not work as they hoped it would, and who discontinued services as a result. Potential participants were contacted by the primary researcher to set up an appointment.

Giorgi (2008) recommends recruiting at least three participants, arguing that the differences between them make it easier to discern the individual experience from the more

general experience of the phenomenon. As he puts it: "At least three participants are included because a sufficient number of variations are needed in order to come up with a typical essence" (Giorgi, p. 37). The chosen interviewees become the primary unit of analysis. The interviews in this study proceeded until the point of saturation, as indicated by the lack of new perspectives being introduced in any given interview.

Data Collection and Analysis

Each recorded interview was transcribed by the student researcher, who made initial notes about themes that emerged and then summarized the important parts of each individual's experience in one to two paragraphs. The transcripts were then divided into meaning units, and each unit paraphrased and given a one-word tag. A check was done at this point to ensure each tag was consistent with each paraphrase. Paraphrases were then grouped to form major themes, consistently checking that they were consistent with the text. The emerging themes were also checked through ensuring consistency with the summary paragraphs written at the beginning. The final stage involved comparing themes for interrelations. A final check with the interviews was done at this time to ensure that the themes and interrelations captured the narratives of the research participants. The final themes were then sent via e-mail to the research participants, who were given the opportunity to indicate whether the themes were accurate and complete.

Ethical Concerns

Given the potentially sensitive nature of the topic, it was expected that participants would potentially experience emotional distress during or after the interviews. Participants were told in

advance that if they did become overtly distressed during the interview, the interview would be stopped and the participant would be allowed to stop or reschedule the interview. Conversely, participants may have experienced greater insight and understanding as a result of the interview process. A list of free or sliding scale counselling resources were given to each participant before the interview started, with the understanding that these resources could be used in the event the participant decided they needed assistance.

Informed consent was obtained from each research participant through a written document that was e-mailed at least 2-3 days in advance. This form was signed in person before the commencement of the interview and outlined the potential risks and benefits of the study, steps taken to maintain confidentiality and the time commitment required for participation. Although participants were made aware that results from the study would be read by staff at UBC and potentially published in the future, it was expected that unanticipated feelings may have arisen when participants read the final analysis of the data. Had a participant stated at this point that they did not want their data to be included in the final thesis, their choice would have been respected and the data removed.

Chapter 4: Research Findings

This chapter outlines the research findings of the study, generated through the data analysis procedure described in the previous chapter. The chapter begins with an overview of the participant and counsellor characteristics, with corresponding tables. Next, each category and sub-category will be explained in detail and finally the participant's suggestions to counsellors will be described.

Characteristics of the Participants and Counsellors

Eleven interviews were conducted for this study. Two for each of the participants who were included in the findings, and one for a participant who was not included as a result of not fitting the criteria for participation. The participant who was not included in the final data found that couples counselling did work for him and therefore saw it through to completion. A miscommunication occurred when our first interview was set up, which resulted in the belief that he had discontinued services early, however this did not prove to be the case upon meeting. Four of the final participants were interviewed in person and one was interviewed over the phone as he lived in another province.

Table 1 lists the characteristics of the men who participated in the study, and some information about their counsellors. The ages of the men range from 26 to 58. Three of the participants had more than one experience of couples counselling that didn't work, so information about all of the counsellors referred to in the interview is included. Most participants were unaware of the therapeutic orientation of their counsellors. Some were able to

provide names or websites in order to determine this information, but upon conducting a simple internet search, no further information on orientation was available.

Table 1: Participant & Counsellor Characteristics

Participant	Age of Participant	Number of Counsellors	Counsellor Gender	Therapeutic Orientation of Counsellor(s)	Credentials of Counsellor
Participant #1	36	3	Male	Gottman	L.S.W.
			Male & Female	Faith-Based	None
Participant #2	26	1	Female	Unknown	unknown
Participant #3	41	2	Female	Jungian	RPsych
			Male	Unknown	RPsych
Participant #4	58	2	Male	Unknown	Unknown
			Male	Unknown	RPsych
Participant #5	50	1	Male	Unknown	RPsych

Research Categories

There are a total of 9 themes which can be reduced to five categories: experience of the counsellor (two themes); experience of the process (two themes); internal experience (three themes); experience of the environment (one theme); and partner experience (one theme).

Experience of the Counsellor

The participants described a wide variety of counsellor attributes, actions or lack of action and non-verbals that contributed to the sense that therapy was not working. These have been lumped into two larger themes: perceived therapist effectiveness & therapist bias.

Perceived Counsellor Effectiveness

In this category participants described experiences of their counsellor (s) which contributed to the sense that counselling was or was not working. Three counsellor attributes that impacted the perceived effectiveness of the counsellor will be described, followed by two counsellor actions, and last, counsellor non-verbals will be examined.

Providing a Sense of Hope: Four of the participants described the impact that their counsellor's hope or hopelessness, for their success as a couple, had on them. Participant experiences ranged from being told that the relationship was irreparable to an expression of confidence in the couple's ability to repair. All four of the men noted how much it helps when counsellors indicate they have hope for the repair of the relationship, and how difficult it is to hold onto hope and attend therapy when the counsellor expresses the opposite. A more subtle form of hopelessness was experienced by participants when counsellors highlighted and paid attention to solely negative aspects of the relationship or the couple. This was alternately described as counsellor confidence, confidence in themselves and their ability to help. Therapy felt pointless when it seemed the counsellor had already given up on the couple. Participants felt hope could have been conveyed through the counsellor naming positive things about the

relationship rather than just emphasizing the problems. The impact of this was that participants and their partners began to feel hopeless and counselling seemed pointless.

Counsellor Warmth: Four of the participants specifically mentioned the presence of counsellor warmth as an important factor. A lack of warmth was also described as a lack of friendliness as conveyed in facial expression, body posture and communication, lack of laughter, lack of spontaneity, stories & shared experiences, lack of approachability and likability, lack of human connection, and the counsellor seeming robotic. The one participant who experienced warmth in his counsellor described the counsellor as, easy, comfortable, a listener, helpful and having a warm & open presence. The impact a perceived lack of warmth had on the participants was in feeling disconnected from the counsellor and unsure about the counsellors' trustworthiness.

Perception of Rigidity: One participant attributed lack of success of his experience to the counsellor's very specific plan for how their therapy was to be carried out, stipulating the length, location, and schedule. Since the counsellor's plan did not fit for the couple, and no alternatives were presented, therapy was terminated. In addition, most of the participants experienced instances in which the counsellor was rigid in the plan that he or she had, and did not change it to fit for them. Participants stated that alternative options would have been helpful, and would have liked the counsellor to have noticed the lack of fit and discuss this. When participants perceived a lack of flexibility, the impact it had on them was in feeling sceptical, disconnected and distrustful.

Inadequate Information Giving & Gathering: In regards to information gathering, three of the participants commented on how it seemed the counsellor did not elicit sufficient information, particularly about the male partner, before making judgments about the relationship or the participant. These participants believed there was more to them as people, and more to their stories than the counsellor knew or attempted to know. It was as if the counsellor only saw the anger or the upset that was apparent on the surface and did not attempt to see that there was much more going on underneath. Or, when it came to their story, the counsellor was satisfied with only knowing parts of it, when the participant believed it would have been valuable to share more. The impact of this was the participants feeling unknown, judged, sided-against and unmotivated to continue.

When it came to information giving, again, there was not enough. This manifested in participants not understanding what the counsellor meant by certain terminology, not having tools or strategies for change, not having words or categories for understanding themselves or their hurting relationship, not having information about how to be good parents during the therapy and after choosing to divorce, not understanding the counsellor's strategy or case conceptualization, not knowing what to expect down the road after choosing to end relationship, and not knowing how to grow as an individual despite having the desire to do so. Some participants had an inner desire for growth and change, but found that the counsellor pointed out problems without giving solutions or tools for change. The impact this lack of information had on participants was in feeling frustrated & stuck. In addition, participants had a general feeling of being in the dark as a result of the belief that counsellors had understanding and knowledge

about presenting problems, healthy parenting in times of relational duress and what to expect in the future, that was not being shared.

Some participants experienced the inadequate information giving and gathering as counsellor initiated labels that did not capture the fullness and complexity of who they were. Labelling occurred in the form of cultural stereotypes; terminology for behaviours & relational patterns that was not explained though deemed to be bad; labelling the participant as the problem; and naming the relationship as either reparable or irreparable. The impact was in the participants feeling misunderstood, misrepresented and boxed-in.

Being Directive & Giving Advice: Although, as mentioned above, there were instances in which participants would have liked more information from their counsellors, there were also instances in which information was given in a way that negatively impacted the client's sense of connection with the counsellor. When advice- giving occurred in a way that precluded any other options or ways of doing things, participants had negative reactions towards their counsellor. One participant described his experience as the counsellor having made up her mind as to who he was and therefore already predetermining what she believed he needed to do. The narrow directive only reinforced the participant's sense of being unknown and unseen by the counsellor. All the participants who indicated this as a problem also suggested that counsellors should be more tentative when directing couples in where to go, or even give options. When a directive was given and presented as the one and only option, participants often experienced a sense of disconnection from the counsellor, a feeling of being closed off or sealed up, as well as feeling disrespected, as if their boundaries had been crossed. Rather than being guided, participants felt

they were being told what they had to do. The participants that had this experience unanimously stated their belief that counsellors should not be this way.

Counsellor Non-Verbal Behaviours: Two participants described how a lack of warmth and friendliness in the counsellor's facial expressions contributed to ineffectiveness. Both commented on their belief that counsellors should smile to convey warmth, and as a result of there being no smile, both felt this indicated a lack of friendliness and positivity. One participant found that instead, the counsellor displayed negative facial expressions such as disgust that indicated unfriendliness to the client. The second participant found there to be a lack of expression altogether. The participant perceived the counsellor's face as blank and emotionless. The impact of this on the participants was a sense of disconnection with the counsellor, in addition to feeling wary, feeling attacked and feeling disappointed in the counsellor.

Counsellor Bias

All of the participants commented on their counsellor's ability to be neutral or impartial. Three of the participants experienced bias in their counsellor. Participants experienced bias in multiple ways, such as an unevenness in the amount of air time between participant and spouse, and being blamed for all the relational issues. The experience of being sided against played out in the counsellor viewing and portraying one partner as the victim and one as the perpetrator. This dynamic created a sense of competition between one participant and his male counsellor, which resulted in the participant's anger and hurt being shut down rather than heard. Another participant described it as the counsellor seeming like she was friends with his partner, and was expressing her negative appraisal of him in order to defend his partner. Participants did not

believe they should have had to defend themselves, or that counsellors should point fingers, rather that problems should be looked at as things that can change. Participants who experienced counsellor bias saw their counsellors as abrasive and judgmental, were unable to connect with their counsellors and witnessed their female partners determining the direction of the session. The impact of this was in participants feeling uncomfortable, unseen and unimportant.

Unequal air-time between partners was also an indication of therapist bias. Male partners that noticed they were asked fewer questions and given less time to speak than their partners felt alone and unimportant or became angry in response to feeling mistreated.

One participant had a positive experience of his counsellor appearing unbiased, and found this to be an extremely effective portion of his experience.

Experience of the Process

Participants named a number of things about the therapeutic process that seemed to hinder the success of counselling. Quite often, metaphors involving movement were used to describe what the process of therapy was like, things like: getting stuck, plateauing, being on a roller coaster, taking steps forward and back and walls going up and down. In consistency with this language, the information in this category has been condensed into two themes: Moving Forward and Getting Derailed.

Moving Forward

All of the participants had an expectation that counselling would provide a sense of forward movement, whether that be in seeing the relationship change in a positive direction, in experiencing personal growth or gaining greater insight and understanding. The experience of any of these was considered a sign that counselling was helping and things were moving along towards a more positive outcome. All of the participants commented on a lack of forward movement as a substantial part of their decision to discontinue counselling services. This lack of movement was experienced in three ways: lack of relational change, repetitiveness & irrelevance.

Lack of Relational Change: All of the participants initiated therapy with the hope that it could help their relationship to change or grow in a positive direction. However, most indicated the lack of relational change as one of the most significant influences in their choice to discontinue. This experience was separate from a sense of personal growth, insight and greater in depth understanding of the problems in the relationship. In fact some participants indicated that they had learned a lot in the process of counselling, that they as a couple had a much better understanding of what the issues were, so that there was change in understanding and intellect and even communication. However, where this type of change could be indicated in one breath, with the next was expressed that there was still no progress in being able to connect, no move toward healing, no greater sense of closeness. This distinction became very important in participants choice to continue counselling, as what they had ultimately come for was an experiential change in closeness, intimacy and connection. As a result, the lack of change in

relational connection trumped all other changes. Although some participants found their counsellors very helpful in providing understanding of the barriers they were coming up against as a couple, they still did not know how to get over them, and without this knowledge counselling became increasingly pointless.

Other participants experienced even less forward movement in that they neither felt relational change, nor were they given greater understanding about the barriers that were separating them from their partners. Their experience of counselling was in being told about problems that they were already aware of, without being given any tools for relational change or new understanding for greater insight. The impact this lack of change had on participants was a sense of hopelessness, confusion, frustration, stuckness and a lack of motivation in continuing counselling.

Repetitiveness: All of the participants found at one time or another in the counselling process that the focus seemed to return over and over to issues they had already talked about and that this conversation seemed to end the same way as it had in the past. For some, it was a sense of repeatedly getting stuck in the same place, for others it was like walking the same circular path over and over and never really ending up anywhere. Revisiting the same topics became problematic because it did not lead to a new place but rather ended up in the same sense of stuckness or directionless that the couple experienced when they talked about these topics on their own. Participants experienced a lack of helpful redirecting by the counsellor in these instances. This repetitiveness was another big factor in indicating to participants that there was no forward movement and thus fuelling their decision to discontinue.

Irrelevance: One participant found that the strategies and interventions used in session or the topics focused on seemed irrelevant. The sense of irrelevance was connected to these interventions not producing forward movement. Tools and homework seemed unnatural or unpractical for use at home, and didn't seem to serve the purpose for which counselling was sought. It was difficult to see how session content was contributing to any kind of relational growth, healing or change. At other times, the session focus seemed to be on anticipated problems, an exercise which felt pointless as it was not related to the here and now. The impact of this experience on the participant was a greater sense of disconnection from both the counsellor and the process of counselling. It also produced a feeling of disappointment as a result of the expectation that counselling be practical and relevant not being met.

Getting Derailed

Participants referred to times when it felt like counselling was moving forward and then something would happen that would send them flying off the tracks, and they would struggle to recover the momentum that had once been there. It is this sense that began to be called getting "derailed". This experience took place as a result of timing issues and interruptions.

Timing Issues: Two participants commented on how the length of session could produce the experience of being derailed whether due to the session being too long or too short. One participant commented on the time it takes to get warmed up and really start in on important work as a couple, he found that when sessions ended after the 60 minutes, he felt as if the momentum that had been growing over the course of the hour was suddenly thrown off track. As a result, it would take most of the next session just to return to the place where they had

previously left off. This was a difficult and frustrating experience which may have been helped with longer sessions. Alternatively, another participant who had the experience of sessions that would last for multiple hours found that at a certain point maximum capacity was reached and he could no longer absorb any new information. The result of this was similarly that the progress of therapy was thrown off track and ceased to be productive. Both found that time could have been used more productively if it had been structured differently.

Interruptions: Interruptions by the counsellor, whether to clarify, reflect or hear from the other partner, produced a similar experience of being derailed. It seemed more important to participants that the counsellor allow them to finish their thoughts once they get going, even at the risk of becoming overloaded with information and taking time to clarify later. Interruptions or directives stopped the conversation and led to a sense of frustration at not being able to complete thoughts or important things that were being communicated. These interruptions lead to a loss of momentum and a sense of unresolved and unfinished thoughts. As with trains, it was difficult to get going again once stopped. One participant commented on how difficult it is for guys to open up, that it is a gift when it happens and therefore needs lots of space and time to be seen through. When interrupted it is extremely frustrating. The impact of these interruptions was described as the counsellor losing the male partner, in other words, a growing feeling of disconnection to the process.

Interruptions also take place in much larger ways, such as the counsellor going on vacation for a lengthy period of time and interrupting the process of therapy indefinitely. Again, once momentum has been lost as a result of this interruption it is difficult to get going again.

Internal Experience

All of the participants described internal experiences that contributed to their sense that therapy was not working and their decision to discontinue. These experiences have been grouped into three themes: Readiness, Feeling Unseen and Feeling Unheard.

Readiness

Participants' readiness can be likened to DiClemente & Prochaska's Model of Change (Diclemente et al, 1986). Readiness involved the degree of commitment participants felt as they began therapy, and their willingness to engage in change, whether behavioural, emotional or relational. When therapy reached a point where problems were well known and understood, and participants were faced with a decision about whether they were ready and willing to engage in changes related to behaviour, greater intimacy, openness and trust, the lack of readiness for this change became a contributing factor towards the decision to discontinue. This sense of readiness was influenced by a number of factors such as the perception of the partner's willingness to change, trust in the counsellor, sense of commitment to the therapeutic process, whether therapy had produced evidence of positive growth so far, and the need for individual time to reflect. The latter was the primary reason that one participant chose to end couples counselling, as his decision for change could only be made if he was allowed personal time, preferably individual counselling time, to get in touch with himself. This participant believed that if the counsellor had responded to this with the suggestion of individual counselling for a specified period of time, and then a specific date for returning to couples work that they would have been willing to continue.

Feeling Unseen

Three participants described an experience of feeling judged by who the counsellor had decided they were, without feeling seen in their true identity. Different types of counsellor comments led to feeling unseen: comments that pointed a finger at participants and declared them responsible for issues; comments that described visible emotions as the entirety of where the client was at without acknowledging the deeper and unseen emotions; and comments that labelled or stereotyped clients, boxing them into a category and missing a bigger picture of who they were. One participant described an experience in which the counsellor pointed out only negative things about him and stereotyped him as unable to change as a result of his culture. In doing this, the counsellor missed his desire and ability to grow, and the many positive characteristics that make up the big picture of who he is. Another participant felt misrepresented when his anger seemed to label him as the perpetrator, and the hurt underneath was missed. One participant sat silently through an entire session, visibly displaying his growing anger at being entirely misjudged by the counsellor. The counsellor did not notice or comment on either his silence or his facial expressions, resulting in the participant feeling invisible and even more angry. All of these men commented on how much more there is to them than what may show on the surface, and their disappointment that their depth, their capacity for growth, their softer emotions were missed.

Feeling Unheard

Three participants described feeling unheard during the process of counselling. When participants felt misrepresented or were responded to in such a way that indicated what they had said had not been heard, this feeling increased. Unequal air-time between partners also

contributed to feeling unheard and unimportant. The impact of this experience was that participants felt shut down, ignored, invalidated and alone.

Experience of the Environment

Participants described experiences of the counselling environment that contributed to a sense of discomfort and disconnection with the counsellor and the process. These experiences have been grouped into one theme called Discomfort with Surroundings.

Discomfort with Surroundings

The environment of the room in which participants met with their counsellors had an impact on feelings of comfort and connection and as a result on participant's sense of whether therapy was working. Participants experienced discomfort when the physical appearance of the environment was dingy and uncomfortable. The spacing of seating in the counsellor's office also had an effect. One participant described how having only the option of a couch resulted in him sitting as far away as possible from his partner as he was unsure if she would react if he sat closer. This obvious division of space felt uncomfortable and the participant felt very far away. He resented having to make that kind of choice about spacing and wished there had just been two chairs. An uncomfortable environment resulted in a feeling of discomfort in participants.

Partner Experience

All of the participants shared about their perception of their partner's experience in counselling. Participants' partners' commitment to the process, and their willingness to engage, be vulnerable and change contributed to the participant's own desire to continue counselling. So,

when these seemed absent, this became a factor in participant's decision to discontinue. These partner experiences have been grouped into the theme Partner Openness

Partner Openness

Participants indicated that their partner's openness to being vulnerable, to taking responsibility for some of the issues and to holding onto hope that the relationship could survive greatly impacted their own sense of commitment to therapy. When spouses did not seem willing to open up, and let their partner fully in, the result was uncertainty and scepticism in the participant about their own willingness to dive deeper into connection and intimacy. When the lack of openness was also indicated in an unwillingness to admit fault, participants saw that their partner was not open to herself or to all that had taken place in the relationship. This experience reinforced the participant's doubt. Finally, when partner's expressed a lack of hope that things would get better, and were not open to the possibility of change, this served as a very final and absolute indication to participants that therapy should be ended.

Participant Recommendations

Every participant answered the question "What could have been different in counselling that would have resulted in you staying?" In answering this question, participants gave recommendations for their counsellor and counsellors in general to consider when working with couples.

1) **Practice Neutrality**: Participants strongly believed that counsellors should treat each member of a couple equally through equal air time, not pointing fingers and not placing

clients in victim/perpetrator roles. Participants also believed that neutrality needs to be practiced in being suggestive with advice or direction rather than indicating that clients had to do something or be something.

2) **Acknowledge Silence & Body Language**: Participants believed it to be a counsellor's responsibility to be aware of lengthy silences and emotional expression on clients' faces and in their body language. Acknowledging these strong messages about clients' experience has the potential to dissolve anger, re-establish connection with participants and communicate to the client that they are important.

3) **Dig Deeper**: Most of the participants commented on how there was much more to them than the counsellor seemed to realize or acknowledged, they felt dismissed when this was missed. Participants wished their counsellor would have tried harder to see the layers of emotion, and get to know them as so much more than the anger or frustration that may have been showing on the outside. Counsellors should limit judgments and labels and start from a place of assuming that there is more to men that meets the eye.

4) **Don't React**: Participants who had an experience of being encouraged to talk about everything and get everything out on the table found it to be extremely beneficial. Those who witnessed reactions in their counsellor at certain emotions or topics felt unsafe and did not experience the openness that they believed would have been immensely helpful. Counsellors should be careful about strong reactions to client emotions or content, rather encourage complete openness.

5) **Recognize the need for time & space**: When participants needed time away from couples work to do individual work, it would have helped immensely if the counsellor had recognized this and given a time-oriented structure, so that the couple would have a pre-determined date for their next session. Counsellors may need to assess client readiness for change, and make suggestions around set times for the start and end of the break.

6) **Let the couple decide when the relationship is over**: Participants who were told by their counsellor that the relationship was hopeless found that they and their partners could no longer hold onto hope for healing. Participants did not believe it was the right of the counsellor to influence this decision so strongly, that rather the counsellor should be a source of hope for change and the couple be the ones to determine the end of the relationship.

7) **Be hopeful**: As stated above, participants specified how strongly they believed the counsellor should convey hope for the relationship of the couple. This can be done through direct statements about hope, or by pointing out strengths or positive things in the relationship.

8) **Be tentative**: When giving advice or directions regarding what the couple should do, be tentative. Participants who received strong directives that told them they *had* to do something felt condescended and disconnected from the counsellor. Participants believed that if advice had been more tentative they would have been more open to receiving it.

9) **Be flexible**: Check in with what works best for the couple. Consider lengthening or shortening sessions if length is decreasing the efficacy of therapy. Provide flexibility in the course of therapy as well, if couples do not wish to attend a weekend seminar for example, provide other options for continued work.

10) **Stick it out**: Whether because the couple feels stuck, or have decided to separate, remain present and offer continued services to both partners. Participants talked about the unique and difficult challenges that come with separation, they wished the counsellor had stuck with them through figuring out how to communicate, parent and establish a working relationship. Other participants reached a point in their counselling work where they felt stuck, and so counselling was ended. When clients reach a point of stuckness and tend towards withdrawing from the process, capitalize on this moment to enable them to express the underlying emotions that may accompany this sense of stuckness. This could even become a point of connection for the couple as they verbalize the difficulty of their situation.

Chapter 5: Discussion & Implications for Research and Practice

This chapter contains a discussion of the research findings, followed by the implications for practice and research and the limitations of the study.

Discussion

In the first year of my master's degree my husband and I had an experience of couples counselling that left him feeling unheard, misrepresented and ganged up on. Our discussions of the factors that contributed to his experience left me wondering whether or not other men were having similar experiences. I had trouble finding literature that spoke to my intuitive sense of what had gone wrong in our sessions, and found that men's experiences of couples counselling was an area that had very little to say at all. As my own desire to work with couples grew, I could not think of a more profound and helpful learning experience than to hear the stories of men who had also found couples counselling did not work for them. It was my hope to provide tangible ideas for couples therapists about how to improve services to men and create a safe space. I am so grateful for the openness and engagement of each of my participants as they contributed to furthering knowledge in this area; I feel honoured that they would share their stories with me. I have endeavoured to give a voice to the negative and sometimes harmful experiences these men have had, and to be an advocate for change on their behalf.

This study describes men's experiences of couples counselling culminating in the decision to discontinue. Analysis of the data provided insights relevant to the two research questions which examined: 1) men's experiences of couples therapy leading up to the decision to

discontinue; 2) how therapists can better meet the specific social and emotional needs of men and increase retention as a result of understanding men's experiences. All of the participants described ways in which their experience of the therapist, the environment, the process, their partner and their own internal experiences influenced their decision to discontinue counselling services.

Connections to the Existing Literature

This study contributes to the existing literature on men's experiences of couples counselling, indicating that it did in fact address the gap in the literature pertaining to counsellors understanding of men's experiences. In addition, the topic in focus connected in various ways to the literature on masculinity. Connections found between the current study and the existing literature were numerous, and there were also interesting ways in which the study differed from the existing literature. These similarities and differences will be described under the following headings: shifts in the concept of masculinity, initiation of therapy, therapist assumptions of male clients, experience of therapy, termination, siding, therapeutic alliance & efficacy, therapist gender, masculine identity, and discontinuation.

Shifts in Masculinity

Participants commented on how the expectations of a "good" father and husband have changed. One participant described how he became aware that his success and provision for the family were no longer all that was required. There were also expectations of family involvement which required a new set of emotional and relational skills, similar to the shift in role requirements described by Good, Thomson & Brathwaite (2005). Although this shift in gender expectations was felt, participants were unsure of how to acquire the skill set that seemed to

accompany it. Part of the expectation of therapy was that the counsellor would help to provide these new skills for connection. As a result, when the deficit in these skills was pointed out but the skills were not taught, participants felt trapped and powerless.

On the other hand, the men in this study did not fit the traditional masculine mould, as they displayed characteristics that are not typically attributed to the traditional man: willingness to discuss problems, openness to change and access to feelings (Shill & Lumley, 2002). Rather, some of the men in this study found that it was their wives who struggled more with these qualities. Perhaps the nature of this study attracted men that more strongly valued these characteristics, considering participation required self-reflection and the discussion of bad experiences.

Initiation of Therapy

Two of the men in this study indicated that their partners had been the ones to initiate therapy and as such, their commitment to the process was shaky at the start. Bischoff & Sprenkle (1993) found that continuation of counselling was most likely when both partners participated in the search for help. Stilitsky (2000) describes how men may feel powerless as a result of being coerced into therapy and as a result of women's greater expertise in relational and emotional realms. These men resonated with feeling powerless to create positive change in their relationships, but attributed this to the therapist's lack of helpfulness, direction & neutrality. Other participants did not indicate whether one partner more strongly initiated the start of counselling.

Experience of Couples Therapy

Allen & Gordon (1990) found that men are less satisfied than women with the venting style of counselling. To a certain extent, the men in this study would agree with this finding, however, only to the extent that venting was part of an apparent bias on the part of the counsellor. In other words, the men in this study were unsatisfied when their female partner's were given time and space to vent, and they were not. Similarly, Brannen & Collard's (1982) finding that men had more negative views of self-disclosure was not emphasized by the men in this study so much as their disappointment in not being given opportunity for self-disclosure.

Therapist Assumptions of Male Clients

Moynehan & Adams (2007) found that therapists generally expect male clients in couples therapy to be difficult, unresponsive and resistant. Some of the experiences of the men in this study seemed to indicate that their therapists had this very expectation. This expectation was experienced through being ignored, ganged up on, judged, overpowered when expressing anger, blamed, stereotyped and labelled as unchangeable, irreparable, and the bad guy. If this expectation was in fact behind such therapist responses, the impact was in missing who these men truly were, and missing out on forming a connection with them.

Termination

In concurrence with Bischoff & Sprenkle's (1993) findings that men are often the ones to terminate couples counselling, four of the five participants would consider themselves the one to have initiated termination, the fifth participant believed it was equally initiated by he and his partner. This of course is not a surprising finding considering the participants were recruited on

the basis of this initiation. Further the truly exciting contribution of this research is the insight into their reasons for doing so, which will were discussed at length in the previous chapter.

Siding

Many of the men in this study did indicate feeling "ganged up on", whether due to the gender imbalance (Bergman, 1996) or other forms of siding with the female partner. Englar-Carlson & Shephard (2005) describe the male experience of being sided against as the counsellor endorsing behaviours that are associated with femininity. Participants did not use this type of language, but described it in other ways: the counsellor endorsing victim and a perpetrator roles, the perpetrator being the male partner; the counsellor giving more air-time to the female partner, through more questions and more time to speak; and the counsellor assigning blame for the relational problems to the male.

Therapeutic Alliance & Efficacy

The immediate perception of the therapist has been shown to relate to the decision to discontinue services (Bourgeois, Sabourin & Wright, 1990). Research has found that clients with stronger alliances after the first session are more likely to continue to the eighth session (Knobloch-Fedders, Pinsof & Mann, 2004). These findings appeared consistent with the participants in this study, as those who did not feel connected to their therapist after the first session ended therapy after fewer sessions.

Therapist Gender

When asked whether they believed therapist gender had contributed to a poor experience, participants were quick to say that they believe their experiences to be less related to the gender of the therapist, and more to the therapist him or herself. Participants believed that it was the

behaviour of the therapist that needed to change, not the gender. These responses are consistent with the division in research as to whether one gender is or isn't more effective with clients (Gehart & Lyle, 2001; Nelson, 1993; Blow, Timm & Cox, 2008).

Masculine Identity

Although many of the participants may have appeared to fit within traditional models of masculinity through seeming tough, confident, stoic, aggressive, and highly valuing achievement & work (Brubaker, 1978), all of them clearly indicated that there was much more to them than this. These men did not want to be seen only in terms of traditional male characteristics, they voiced that this was only one part of who they were. Traditional conceptualizations of masculinity may have actually done the men in this study a disservice. For many of the participants, the greatest disappointment in therapy was when the therapist would miss the complexity of who they were and box them into a very narrow, often traditional, category.

Discontinuation

Contrary to the traditional view that asking for help challenges a man's sense of masculinity and thus leads to discontinuation (Robertson, 2005), the men in this study based their decision to discontinue on the absence of the help they desired. All expressed frustration when counselling did not provide helpful and relevant tools or information for change. In fact, some participants expressed how desperately they wanted help, and were frustrated and disappointed when this request was not met. Thus, discontinuation was not about the act of asking for help, but rather the therapist's response to this request.

Novel Contributions

Moynehan & Adams (2007) state that the literature addressing how to engage men in couples and family therapy is lacking. Similarly, McCarthy & Holiday (2004) found that for those men that do engage in therapy, very little research has been done to further therapists' understanding of the experience and unique psychological needs of this population. The results of this study speak to both of these areas through contributing to an understanding of how to engage men in therapy in addition to deepening therapist's knowledge of men's experiences of counselling. It must be noted however that as this study is a beginning exploration of the topic, suggestions to therapists based on participant comments must be treated as areas for more research.

In hearing men's experiences of unsuccessful couples counselling and their recommendations to therapists, we're given many clues as to how these 5 participants could have been better engaged. As such, this study benefits the field of couples counselling. In addition, research to date has not addressed men's experiences of couples therapy with the specific criteria of it culminating in the decision to discontinue, as a result, the results of this research are among the first to contribute to this area.

Previous research has examined the efficacy of counselling based on measures of the therapeutic alliance, or made correlations between specific client factors and the discontinuation of services rather than the open exploration of clients' experience of therapy culminating in the choice to discontinue represented in this research. The current study offers new suggestions to service-providers working with men in a couples therapy context that haven't emerged in past studies (see "Participant Recommendations"); these suggestions must be considered with the

understanding that due to the small sample size of this study and the nature of phenomenological research, conclusions can only be theoretical.

Implications for Research

The need for further research in understanding men's experiences of counselling and informing service providers about how to engage men in therapy has been mentioned in a range of studies (Cochran, 2005b; Garfield, 2004; McCarthy & Holiday, 2004; Moynehan & Adams, 2007). This study raised a number of possibilities for future research studies. This same topic could be explored with different ethnicities and/or with homosexual couples. Since all participants in this study volunteered willingly to participate, it would be valuable to repeat this type of study with men who clearly held a reluctant or resistant position, as this would tremendously benefit counsellors' understanding of the expectations and experiences of this sector. Furthermore, this study could be replicated with men who had entered counselling with a reluctant or negative stance. Since this study examined only the experience of one partner of each couple, it would also be informative to compare each member of the couple's experience of therapy. Further, studies that address the other sampling limitations inherent to this study are needed. Cochran (2005b) recommends controlled studies demonstrating the effectiveness of different interventions with men, as research of this sort has not yet been done (Cochran, 2005b). Lastly, repetitions of this study will strengthen the generalizability of the findings.

Implications for Practice

A variety of ideas emerged from this study that clinicians could use to inform their practice. However, these suggestions are based on the information provided by the participants in this study and are not necessarily applicable to all male clients in couples therapy. As with all qualitative research, these suggestions are tentatively applied to a larger group.

To briefly review the findings detailed in full in the previous chapter, participants commented on 6 areas related to the therapist, which contributed to their negative experience of counselling. Participants found that the areas that impacted them negatively were: the therapist displaying a lack of hope for the couple; lack of warmth in body language, facial expressions, and demeanour; rigidity in the use of interventions and scheduling; inadequate information giving and gathering, resulting in inaccurate or confusing labels being used for client behaviours and characteristics; advice-giving; and finally counsellor bias. These areas offer clear implications for counsellors, as participants described what they would have liked to see and what they would have preferred to be absent. Some participants seemed to indicate that the counsellor's sense of hope underscored all of these areas. Participants believed that if a counsellor had hope for a couple, they would naturally convey warmth as an indication of this hopefulness, they would gather information in order to move toward healing and growth, they would be flexible in their search to best help the couple and be unbiased towards their couple in the belief that both had the ability to re-connect with one another. The men in this study believed the therapist's role should be to consistently maintain hope until the couple makes a decision that their relationship is over.

In terms of participants' experience of the process, two key experiences arose as themes. The men in this study all expressed how their sense of forward movement, or lack thereof, in therapy contributed to their decision to end therapy. This lack of forward movement resulted from a lack of practical tools & strategies, and a lack of change in the couple's relationship (i.e. closeness and connection) despite potentially having greater understanding of all the problems. Second, the participants described getting derailed, through sessions being too short or too long or through interruptions from the therapist. Once again there are clear implications for counsellors in this category, it would seem that couples measure the success of therapy in terms of changes in connection, closeness and safety rather than greater insight into the nature of their problems. The men in this study also described the particular challenge that many men have in connecting deeply with themselves, their emotions and the things they need to say. The participants described it as a gift when they were able to get to this place, and thus described the immense frustration of being derailed through interruptions or through sessions ending just as they were getting going. Therapists may consider allowing men to speak with fewer interruptions for clarification and offering the option of extending sessions.

Client readiness emerged as a theme that contributed to discontinuing services, as the lack of readiness for relational changed could only be worked through with time and individual work. Counsellors may consider scheduling a future couples session in order to follow-up on the progress being made and see whether more time and individual work is needed before the couple can continue work together.

When the men in this study felt judged, misrepresented, and invalidated it often seemed to be the result of the therapist not digging deeply enough to understand the layers of emotions they

were experiencing. These men felt unseen and believed instinctively that they had been written off or boxed-in, in other words, that the counsellor had decided who they were and in so doing missed who they were. The implication of this finding to the counselling field is that men desire to be known, understood, heard and validated. Counsellors may consider starting from the assumption that there is much more than may meet the eye, if men seem to present with a strong and bold front, assume that there are softer emotions underneath that will emerge once safety is established. Service providers can also consider Garfield's (2004) finding that failing to engage the male partner early in the therapy process has worse consequences on therapeutic outcome than a similar failure with women.

Perhaps as a result of a judgment about these clients, the participants also found that they were either not given a chance to truly describe who they were, or that they were not heard when they tried. This was described in the theme called "feeling unheard". This too adds additional support for counsellors to make it a priority to find out about the whole person that presents to therapy, before putting a client into a category.

Last, it appears to be important for counsellors to create a warm, safe and comfortable environment. This sense of comfort derives from the office space, the spacing of the furniture within, and the presence of the therapist. Smiling, including laughter and spontaneity, and using vocal tone to communicate friendliness all contribute to the presence of the therapist.

Limitations and Future Recommendations

Although a small number of participants is appropriate for the in-depth research of a phenomenological study, it does pose a limitation on the generalizability of the results of the current study. In addition, it is likely that the participants who volunteered for this study may represent a more open, emotionally aware and self-reflective portion of the male population as evidenced by their willingness to reflect on their experiences. An additional limitation to the generalizability of these results was in the form of recruitment. While only one of the five participants responded to the recruitment poster, the other four first spoke with friends or family of the researcher and chose to participate through their description of the study. This form of recruitment may additionally indicate that the group of participants do not represent the diversity of men that have had negative experiences in couples counselling. The sample in this study did not seek to maximize diversity, and as such the participants did not represent a variety of cultural backgrounds. The sample was also limited to heterosexual couples, as the additional variable of sexual orientation was beyond the scope of this study.

A unique commonality shared by the men in this study that may distinguish them from the general therapy-seeking population, was that they all entered therapy with the goal of preserving their relationship. It is possible that the experience of men in couples therapy seeking an alternative outcome may be very different.

Many authors connect men's level of traditional masculinity to their behaviours in an intimate relationship and in a therapeutic setting, as such, it may have been helpful to quantitatively gather information about masculinity. This would have provided clear connections

to the literature addressing traditionally masculine men in therapy, connections that cannot be made with as much confidence without this information.

In qualitative research, it is anticipated and expected that researchers use personal values to guide and influence the data, as such the researcher's biases should be examined in relation to the findings (Atkinson, Heath & Chenail, 1991). It is quite likely that my personal gender assumptions and the observations about gender presented in the literature may have influenced my interpretation of the findings. I attempted to monitor my assumptions throughout the study, and was even able to correct some of them as a result of becoming aware of them during the process of transcription and thus having the opportunity to seek more thorough understanding of the participant in the follow-up interview. In addition, I am aware that as a result of my personal experiences, described at the outset of this chapter, it is quite likely that I fell into the role of viewing the participants as victims and the therapists as perpetrators. Again, I attempted to monitor this tendency in myself but it most likely affected the researcher-participant relationship and the information gathered. Finally, as a woman interviewing men about their experience, my gender may have affected the interview process. It is possible that gender prevented certain information from emerging or possibly that it helped to enable the sharing of information, I cannot know this for sure but am required to be aware that both may be possible.

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Appendix A: Recruitment Poster

Did couples counselling not work for you?

Participants will receive a 20$ gift certificate to STARBUCKS or BESTBUY upon completion of interview & follow-up meeting (maximum 2 hour time commitment).

Research has shown that counsellors have a challenging time establishing relationships with men. A study at UBC wants to investigate the barriers for counsellors in maintaining relationships with men in couples/marital counselling in order to prevent the discontinuation of services.

We are looking for male participants with the following characteristics:

- 20 and older
- In heterosexual relationship
- Have attended at least one session of couple/marital therapy
- Fluency in English

Interested participants will be invited to participate in two individual interviews, with interview locations in Langley or Vancouver.

Contact:

ubcdropoutstudy@gmail.com
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Appendix B: Craigslist Advertisement

Volunteers needed for study on men & couples counselling - $20 gift card (Vancouver)

Did Couples Counselling Not Work for you?

Would you be interested in talking about why to help counsellors provide better services to men?

Participants will receive a 20$ gift certificate to STARBUCKS or BESTBUY upon completion of interview & follow-up meeting (maximum 2 hour time commitment).

Research has shown that counsellors have a challenging time establishing relationships with men. A study at UBC wants to investigate the barriers for counsellors in maintaining relationships with men in couples/marital counselling in order to prevent the discontinuation of services.

We are looking for male participants with the following characteristics:
- 20 and older
- In heterosexual relationship
- Have attended at least one session of couple/marital therapy
- Fluency in English

Interested participants will be invited to participate in two individual interviews, with interview locations in Langley or Vancouver.

Appendix C: Consent Form

Consent Form

Men's Experience of Drop-out in Couples Counselling

Principal Investigator: Dr. Marvin Westwood
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Co-Investigator: Laura Bull, M.A. (candidate)
Department of Counselling Psychology
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Purpose: To deepen counsellors understanding of men's experience of discontinuing services in couples therapy, so as to further inform counsellors knowledge of how to meet the specific needs of men in a counselling setting. You are being invited to take part of this research because of your own experience of ending therapy, and the ways this experience can inform counsellors and researchers alike.

Study Procedures: If you choose to participate in the study you will be asked to participate in an initial interview of approximately 60 minutes at UBC, Vancouver, or Brookswood Counselling in Langley. In this interview you will be asked to described, as thoroughly as possible, your own experience of drop-out.

Following this, a second interview, will be scheduled in which a summary of the first interview will be shared, and you will have the opportunity to describe whether the summary is accurate and add any new information. This second interview will take approximately 30 – 60 minutes. At the end of the study, compiled themes from all the interviews will be sent to you electronically for your feedback.

All interviews will be audio taped. The audio recordings will be immediately transferred onto a password protected computer at the home of the researcher, and the original recording deleted.

Potential Risks: You may find that you have an emotional reaction to the topic of discussion and become distressed. Should this happen, the interview will be stopped and you will be given the choice to continue when you feel ready or to postpone the interview until a later date. All participants will be given contact information for reduced price counsellors on UBC campus, and working out of Brookswood counselling before the interview begins, in the event that you decide you require further assistance.

Potential Benefits: You may experience insight and greater self-awareness as a result of thoroughly describing your experience.

In appreciation of your time, a 20$ gift certificate to either Starbucks or BestBuy will be given upon completion of the follow-up interview

It is hoped that counseling services may be improved to better meet the needs of men in couples counseling as a result of this study.

Confidentiality: Your identity will be kept strictly confidential both during the study and in all research resulting from the interviews. Participants will be represented numerically on all documents pertaining to the interview, these documents will be kept in a locked filing cabinet at either the researcher's home or on UBC campus. You will not be identified by name in any reports of the completed study, nor will any information pertaining to appearance or residence be included. Audio recording files will be kept on a password protected computer in the researcher's home.

Contact for information about the study: If you have any questions or desire further information with respect to this study, you may contact Dr. Marv Westwood or his associate Laura Bull at the phone numbers listed at the top of this page.

Contact for concerns about the rights of research subjects:
If you have any concerns about your treatment or rights as a research subject, you may contact the Research Subject Information Line in the UBC Office of Research Services at 604-822-8598 or if long distance e-mail to RSIL@ors.ubc.ca.

Consent:
Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time without jeopardy to your standing or further services at UBC. You will be provided with a copy of this consent form for your own records.

Your signature indicates that you consent to participate in this study.

_____
Participant Signature Date

_____
Printed Name of the Participant

_____ Please initial here if you'd like to receive an electronic summary of the research via e-mail.

_____ Please initial here if you'd like to receive a written summary of the research via