

A PHENOMENOLOGICAL INVESTIGATION OF
THE EXPERIENCE OF BEING A MALE
COUNSELLOR RELATIVE TO ISSUES OF SEX
AND GENDER-ROLES

by

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Abstract

An individual's sex and associated gender-role expectations exert a primary influence on one's sense of self and nearly all the individual's interpersonal relationships. The purpose of this research project is to investigate how male counsellors experience the phenomenon of being a man, relative to issues associated with his sex and gender-role expectations, in the field of counselling. Because the emphasis is on the experience of sex and gender-role issues for male counsellors a phenomenological research method was chosen.

Seven male counsellors were interviewed. The investigator conducted two interviews with each counsellor. The initial interview was designed to elicit the person's experiences of the phenomenon of being a male counsellor. After a preliminary analysis of this interview, a summary was prepared and shared with the respondent during the follow up interview. The purpose of this meeting was to verify the interpretation of the previous interview and to offer the individual an opportunity to supplement or modify his remarks.

The interviews were transcribed by the investigator and analyzed using a method described by Karlsson (1993). The analysis of the data yielded three general categories of experience. They were experiences related to gender-role stereotyping, the experience of erotic feelings and the experience of being a man in a field in which they are a minority. A fourth category, which described the experience of the interviews, was included to further illuminate the results.

for counsellor training, consultation The findings are discussed in light of previous research and include suggestions and further research.

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CHAPTER ONE: BACKGROUND AND RATIONALE

In the nineteenth century Havelock Ellis, an author on sexuality wrote, "The omnipresent process of sex, as it is woven into the whole texture of our man's or woman's body, is the pattern of all the process of our life." (Beall & Sternberg, 1993, p. xix)

For the purposes of this paper the term sex will be used to refer to anatomic distinctions defining men and women. Gender will be used when referring to the social, psychological and otherwise learned attributes of masculinity and femininity. The terms sex and gender-roles are paired because each is understood relative to the other. Masculine and feminine are adjectives referring to gender-roles and need a noun for reference. Because masculine or feminine attributes can be applied either to a man or a woman, to grasp the meaning of these adjectives one needs to know whether it refers to a man or a woman.

Background

All civilizations use sex as a means of classifying its members and every language has terms for sex. In psychodynamic theory the earliest distinction an individual develops is the me, not-me distinction, which is closely followed by classification by sex. By the age of two, children use sex as a means of classifying others. A child becomes aware of his or her own sex between the age of two and three. As the awareness of one's sex develops gender roles follow. Once an individual's gender identity is developed all subsequent experiences are subject to its influence. These authors emphasized the importance of gender by writing, "So thorough is gender's influence that referring to it as a role or a category, while useful for detailing its precise

behavioral consequences, runs the risk of trivializing the importance of gender identity in human experience" (Beall & Sternberg, 1993, p. 59).

Gender is socially constructed and comprises one of several influences affecting an individual's development. A society creates,

the particular conditions, experiences, and contingencies that a culture systematically, and differentially, pairs with human femaleness and maleness. Members of human groups are socialized to perform behaviors appropriate to the social categories deemed important; in our society in addition to gender, these categories include age, ethnicity, skin color, social class, and sexual orientation. (Beall & Sternberg 1993, p. 99)

In all societies, personality characteristics are assigned to men and women. In many societies men are expected to be aggressive, competitive and strong while women are supposed to be passive, nurturing and weak (Beall & Sternberg, 1993; Chodorow, 1989; Meth & Pasick, 1990). In addition, positions of power and social control, at least in the developed world, are usually relegated to men (Hare-Mustin, 1983).

Although there are consistencies within societies regarding the roles of men and women there is enough variation among societies related to sex roles to state that there are no universally defined masculine and feminine traits (Beall & Sternberg, 1993; Chodorow, 1989). Statements attempting to describe all men as exclusively possessing any characteristic or purporting all women as possessing another characteristic are unrealistic. "Differences within each sex grouping are greater than differences between men and women" (Hill, Tanney, Leonard, & Reiss, 1977, p. 60).

Societal expectations of sex roles affect the individual's development of a self concept and social behavior. Girls quickly learn what is expected of them and are pressured to act accordingly. Deviation from the norm is met with opposition which creates discord within the individual. The same process

operates for boys and the consequences are often more devastating. Boys who play with dolls usually suffer more social ostracism than girls who play baseball (Beall & Sternberg, 1993; Brown, 1986; Chodorow, 1989). The results of violating social norms exacts a toll on the individual's self-esteem and social acceptance.

The manner in which men and women deal with emotional distress has also differed. It has been noted that men with emotional problems tend to act out and frequently find themselves in the criminal justice system. Women in emotional distress tend to act in ways leading them to fall under the purview of the mental health system (Maracek & Johnson, 1980; Sherman, 1980).

From the above, it is evident that the categories of sex and gender are major organizing factors which influence an individual's sense of self and permeate human interaction. The counselling relationship is also subject to the influences of sex and gender (Kirshner, 1978). Counsellors are reared with the same societal beliefs as others. We carry those expectations and stereotypes into our work. Research has attempted to ascertain the extent to which sex stereotypes affect the counselling process (Broverman, Broverman, Clarkson, Rosenkrantz & Vogel, 1970; Luborsky & Auerbach, 1985). Other authors (Hare-Mustin, 1983; Kaplan, 1985; Orlinsky & Howard, 1976, 1980) have explored the effects of the sex of the counsellor and the client on the relationship between these participants. The results support the assumption that clients and counsellors bring their stereotypes, life experiences, and unconscious conflicts regarding sex and gender into the therapeutic relationship. The findings from these studies have illuminated the dynamics that sex and gender introduce into the counselling relationship but they are neither consistent nor unambiguous (Maracek & Johnson, 1980). For instance, research which has attempted to determine whether a counsellor's sex can be used to predict a positive outcome has yielded conflicting results (Highlen & Hill, 1984).

Several authors (Bilker, 1993; Brown, 1986; Kaplan, 1985; Kulish, 1984; Orlinsky & Howard, 1980; Tanney & Birk, 1976) acknowledge the importance of the sex of the participants in the counselling relationship but believe that any one variable such as sex cannot be extracted from other variables without affecting the results of a study. Other significant variables posited by these researchers include race, social-economic status, age, experience level of the counsellor, client history, marital status of the client and phenomenological perspectives of the participants. Based on these findings and opinions, I believe one road for understanding the connection between gender and the therapeutic relationship is to examine the meaning of sex and gender issues for the counsellor and the client.

Although the study of the sex of the participants in the field of counseling and psychotherapy has been present for several decades, the advent of feminism sparked significant controversy in the field. Several authors propose, or at least strongly suggest, that women clients be treated only by women therapists and that women, in general, are better equipped to serve as counsellors for male and female clients (Hare-Mustin, 1983; Kaplan, 1985; Van Hook, 1979). As an example, Van Hook (1979) believes that women often suffer from depression which results from learned helplessness inherent in a society which suppresses women. In her opinion, a female client can learn to gain power from the modeling provided by working with a competent and confident female counsellor. The depression will be ameliorated, in part, from the experience of being with a female counsellor. Hare-Mustin (1983) refers to several writers who are concerned that male therapists, perhaps unwittingly, will perpetuate the male values and behaviors of our patriarchal society which keeps women subjugated. The results of this continuation of a patriarchal system are injurious to women, men and society at large.

The work of Chodorow is often used to support the contention that women might be more able counsellors than men. Chodorow (1989) believes that psychodynamic theory, as introduced by Freud, is particularly suited for understanding gender. Freud established his theory of human development on stages of sexual development and the intrapsychic and interpersonal impact of sexuality on the evolving individual. Although Chodorow bases her understanding of human behavior on psychodynamic theory, she diverges from certain aspects of traditional Freudian theory. She clearly disagrees with Freud's assumption that female development creates inferior, incomplete identities than does male development. Chodorow is closer to object relations theorists for example, Kernberg (1992), Kohut and Wolf (1978), Winnecott (1955), St. Clair (1986), and Spillius (1983) who emphasize the influences of early relational bonds with primary care providers as the most powerful influences on identity and personality formation as well as the development of pervasive interpersonal patterns.

Briefly, Chodorow (1989) describes the developmental process for men as one that encourages separation and autonomy from the mother while women are encouraged to remain in relationship with the mother. The attendant interpersonal skills are learned. Women value and learn skills that foster relationships while men value and learn skills that lead to independence. Because counselling requires a strong relational bond (Bordin, 1980; Luborsky & Auerbach, 1985; Rogers, 1961) women have an advantage.

If the reader agrees with the premise that women are better suited to act as counsellors, he or she may become concerned looking at the history of the sex of counsellors and clients. Historically women have sought counselling and men have been the psychiatrists and psychologists (Maracek & Johnson, 1980). Although this appears to be changing, it is not likely that men will leave the field or will decide not to become counsellors (Martin, 1995). Rather than attempting to determine which sex is better suited to become therapists

energy is better expended looking at the variables involved related to gender and how treatment efficacy can be maximized (Kaplan, 1985). Understanding how male and female therapists work with female and male clients has implications for training, supervision and the referral process (Maracek & Johnson, 1980).

From personal experience I have witnessed discussions regarding the assignment of a client to a therapist based on sex occurring, and at times raging, in classrooms, counselling centers and psychotherapy forums. The feelings generated are strong and often based on personal experiences, theoretical beliefs or conjecture. Some authors, for example Kaplan (1985), have attempted to bridge this chasm by searching for underlying traits or behaviors that foster the building of a therapeutic relationship. Others for example, Laidlaw and Malmo (1990), Hare-Mustin and Maracek (1986), Ipsaro (1986) and Petry and Thomas (1986) see the benefit of integrating traits of both sexes. An androgynous counsellor who can move from the relational and affective realm, normally attributed to women, to a cognitive, problem solving mode, usually attributed to men, as the situation warrants is generally considered most effective.

Regardless of theoretical considerations suggesting which sex pairings should occur, practical considerations complicate the issue. Clients occasionally request a counsellor of a particular sex. Frequently the request is for a same sex counsellor but occasionally the request is for a counsellor of the other sex. The reasons for the preferences vary. The incorporation of societal stereotypes, for instance the assumption that men are more competent in professional positions or the belief that women are more caring and supportive might predispose a client to request a male or female therapist. Past relationships with men and women explain other client preferences. A prospective client who was reared in an atmosphere of abuse perpetrated by his or her father may be influenced to choose a woman based on the feeling

that men are too threatening. Some settings make compliance with a request difficult or impractical. At times, in counselling agencies the presence of waiting lists confronts a client with the decision to wait for services or accept a referral to a less preferred therapist. If the client is in crisis, he or she may decide to accept the immediately available professional even if the counsellor is of the non-preferred sex. In certain situations, for example emergency rooms, the patient may have no real choice. Bassuk and Apsler (1983) chose a hospital emergency room to study how female rape patients reacted to male and female psychiatric residents. Emergency room patients often have no choice in deciding who provides services to them.

In summary, gender is a powerful and pervasive factor in the development of one's identity and one's interpersonal style. Because counselling is a social process, counsellors need to be sensitive to how sex and gender-role expectations influence their feelings, perceptions and behaviors in the therapeutic relationship. Gaining insight into the meaning of sex and gender-role expectations for the participants will facilitate this understanding.

The counselling relationship

The quality of the relationship between a client and a counsellor is crucial to its outcome (Hare-Mustin & Maracek, 1986; Highlen & Hill, 1984; Lafferty, Beutler & Crago, 1989) and factors that affect the quality of the relationship need to be examined. Because gender is one of the primary factors affecting all human relationships, examining the relationship of the sex of the participants and the associated meanings of gender on the counselling relationship can focus a counsellor's attention on these issues as they occur.

Writers from disparate theoretical orientations agree the alliance between the client and counsellor is the prerequisite for treatment efficacy.

Several researchers have delineated the conditions which foster a strong counselling relationship. Rogers (1961) posited empathy, unconditional positive regard, genuineness, trustworthiness and respect as necessary and sufficient conditions for change. Bordin (1980) referred to an agreement of treatment goals and tasks and the establishment of a therapeutic bond as imperative for the therapeutic alliance. Social influence theorists (Strong, 1968; Heppner & Claiborn, 1989) believe the counselling relationship is predicated on the client perceiving the counsellor as an attractive and genuine expert. What connects these authors is their belief in the importance of the counselling relationship.

The treatment alliance is particularly emphasized as the foundation of the therapeutic process by psychodynamic practitioners who place the onus for establishing the relationship with therapist. Bowlby (1988) stated the role of the therapist is to create for the client a "secure base from which to explore the world" (p. 140).

Zetzel (1970) wrote:

It is thus a cardinal feature of all individual psychotherapy, in which the doctor and patient achieve what may be described as a good therapeutic alliance. It must be recognized however, that few patients, whatever their ultimate diagnosis, can establish such a relationship without appropriate efforts on the part of the psychiatrist. (p. 146)

The therapeutic relationship is a dynamic, interactive process. Each participant affects the other (Bion, 1977; Kaufman, 1980; Langs, 1984-85; Lapkin & Lury, 1983; Tirnauer, 1989). Each member has agendas which are not explicit (Bordin, 1980) and each person brings her and his expectations and biases to the relationship. Bordin (1979, 1980), Rogers (1961) and others believe the counselling relationship is the agent of change. The process of negotiating the vicissitudes of the relationship leads to change in the client (Cashdan 1988; Langs, 1984-85; Tirnauer, 1989; Braden, 1984).

Misunderstandings, confusion, failed expectations and disappointments occur whenever two individuals have a relationship. Especially in the counselling relationship where one individual, a client, looks to another, a counsellor, for help are these feelings likely to occur. Negotiating these relational obstacles tests the therapist's skill and are crucial to the efficacy of the counselling process. The therapist is often called upon to examine her or his experience and is challenged to find a way to use the results of this examination to enhance the relationship (Cashdan, 1988; Lapkin & Lury, 1983).

Several studies (Hill, 1990; Bilker, 1993), which are detailed in Chapter Two, investigate the interactive nature of the therapeutic relationship. These investigations attempt to describe and measure the impact of the relationship between a client and therapist. Bilker discusses the dynamics of female clients with bulimia working with male counsellors and the need for the counsellor to manage and process his resulting feelings in such a manner that keeps them from interfering with their developing relationship. Hill demonstrated that a client's response to a therapeutic intervention affects the counsellor's subsequent reaction. She found that when a client reacted negatively to a counsellor's intervention, the counsellor's subsequent response tended to be inaccurate.

Regardless of theoretical orientation, many authors believe the outcome of counselling is dependent to some extent on the relationship between the client and the counsellor (Hare-Mustin & Maracek, 1986; Hartley, 1985; Highlen & Hill, 1984). Many variables affect what occurs in the therapeutic relationship and uppermost among these variables are sex and gender (Chasdan, 1988; Orlinsky & Howard, 1976, 1980). As counsellors our constructs and feelings about sex and gender impact us as we are sitting with our clients. These beliefs and feelings influence what we hear and what we do on conscious and unconscious levels. This process is at work in our clients as well. Increasing our awareness of the connection between sex and gender

and their effects on our relationships with our clients will enhance our efficacy in our work.

The question

Based on the preceding, it is evident that the establishment of therapeutic relationship is essential for counselling to be effective. Although authors differ on the relative importance of a bond between the client and the counsellor there is consensus that the efficacy of counselling relies to an extent on the quality of the connection between the participants (Ellis, 1973; Highlen & Hill, 1990; Rogers, 1961; Zetzel, 1970).

Many authors, Beall and Sternberg (1993), Brown and Lent (1984) and Kaplan (1985) to name a few, conclude that gender is a powerful factor in the establishment and maintenance of all relationships, including the therapeutic relationship. Much debate has occurred regarding how men and women are different or how they are the same (Maccoby & Jacklin, 1974); which sex is best suited to the counselling profession (Kaplan, 1985); and how our social and political systems must abandon patriarchal attitudes for more egalitarian principles (Brown & Lent, 1984). The result has been to question who and how counselling services are delivered relative to sex. At times these discussions have veered into vitriolic accusations which have created dissension in the area of counselling psychology (Lerman, 1978). As will be detailed in the next chapter, although research on the connection between sex, gender and the therapeutic relationship has been undertaken, the results present confusing information and do not provide a clear picture of the associations among sex, gender, outcome and the experience of the relationship (Mintz & O'Neil 1990).

The general goal of this project is to gain a better understanding of the meaning of the experience of sex and gender-role issues for the male

counsellor in the field of counselling. Like Orinsky and Howard (1980), I believe gender is one of many variables which influence the therapeutic relationship and the study of the counselling relationship must include a method which does not isolate variables from each other. For the research to be most relevant to practitioners it needs to include active clinicians reporting on their work with clients. In order to make this inquiry manageable and meaningful I must limit the sources of data and clearly focus the research. Because I am a man and I conducted the interviews, I chose to target this investigation on the male counsellor. To accomplish this I asked the question; "What is the experience of the phenomenon of being a male counsellor relative to the issues of sex and gender-role expectations in his work with his clients?" As will be seen later, respondents expanded the question to include the experience of being a man in the field of counselling.

Overview of the procedure

In order to capture this experience this study employed a qualitative method utilizing a phenomenological design. The method was designed after a pattern described by Karlsson (1993) referred to as the Empirical Phenomenological Psychological Method (EPP). Data was collected using focused, open ended interviews of male counsellors who currently work with adult female and male clients. The interview was focused on their experience of being male relative to issues of sex and gender-role expectations and the meaning male counsellors make of this experience in their therapeutic work. Through these descriptions of their experiences the meaning underlying the experiences was sought. Finally interpretations of these meanings and identification of the structures were made.

Implications

The influence of gender on all human relationships, including the counselling relationship, is evident from the references cited earlier in this chapter. The impact of gender on relationships is powerful, pervasive and subtle. Increasing our understanding of how gender is experienced and how this experience affects the participants has implications for counsellor training, clinical consultation, client referrals, counselling outcome and counselling interventions.

Another potential benefit of this project is to bridge the gap between researchers and clinicians (Hayes, 1981; Hoshmand, 1991; Polkinghorne, 1986, 1992). Relatively few clinicians produce research after receiving their doctoral degrees (Gelso, 1979) and traditional research seems to exert little impact on the work of many clinicians (Guba & Lincoln, 1982). In researching this topic, the preponderance of literature found was based on an informal case presentation format, often using anecdotal accounts which were explained through theoretical assumptions. A lesser amount of the literature utilized experimental methodologies set in laboratories or naturalistic settings. I found the former articles more interesting and their results seemed more germane, although the methods employed were, at times, less than rigorous. Combining rigorous methodological techniques while interjecting more relevance for practitioners can induce clinicians to become more active in the production and application of research. Qualitative research methods can bridge the chasm currently existing between clinicians and researchers. By using rigorous design and analysis to examine the experience of clinicians in practice the goal in counselling psychology of joining the scientist and the practitioner can be better achieved. This study attempts to speak to researchers and clinicians by employing a rigorous phenomenological method to investigate the experience of being a male counsellor regarding issues of sex and gender-role expectations.

Conclusion

Sex and gender-role expectations are deeply ingrained into our personalities. They affect an individual's self perception and influence nearly all social interactions, including the therapeutic relationship (Beall & Sternberg, 1993). Because the relationship is the foundation of the counselling process (Rogers, 1961; Zetzel, 1970), understanding how gender-roles and expectations are experienced by the counsellor in the counselling relationship has implications for client referrals, counsellor training, therapeutic interventions and future research methods (Maracek & Johnson, 1980).

The influences of gender and sex in the counselling relationship are complex and dynamic. A research method which is sensitive to this interactive process is requisite. For reasons which are explained in detail in Chapter Three, I believe qualitative methods accommodate this complexity.

CHAPTER TWO: REVIEW OF THE LITERATURE

In conducting the review of the literature I searched several computer databases. The title of an article by Mintz and O'Neil (1990) summed up the results. Their article was titled, "Gender roles, sex and the process of psychotherapy: Many questions and few answers." There were relatively few articles written on the subjects of gender-roles and sex in relation to psychotherapy. Based on the reaction I received when I explained the purpose of my research to peers and potential respondents there seems to be considerable interest in the topic, but there is not a great deal of research on this topic (Blanchard & Lichtenberg, 1998).

In the review of the literature I have divided the information into several categories. The first category contains experimental research including analogue studies in laboratory settings. The second category encompasses naturalistic studies using data from clinical settings. The third category includes reviews of the literature by other authors. The final category includes articles written by clinicians using anecdotal evidence to describe and support theoretical assumptions. The articles in the first two categories utilized a rigorous scientific method, while the articles in the final categories were based on clinical experiences and theoretical inferences. Although the articles in the former categories communicated more credibility, the latter articles seemed to be more relevant to clinical practice. The decision to divide the articles into categories related to their degree and type of scientific method made comparisons of their scientific methods and results easier.

Following a presentation of the research in each category are critiques of its applicability and usefulness to the issue of gender and the sex of the participants in the counselling relationship. I will also note sensitizing concepts

that will influence me as I collect and interpret the data. Sensitizing concepts are preconceptions and beliefs the researcher takes into the project. They may be based on personal experience or research. The reason for identifying them is to alert the reader to potential biases which might affect the collection and interpretation of the data.

The relevant literature focused on articles and books related to sex and gender oriented issues. No works on the specific experience of counsellors describing sex and gender-related concerns were found.

Analogue experimental studies

One of the initial studies examining the sex of the participants was conducted in 1970 by Broverman, Broverman, Clarkson, Rosenkrantz, and Vogel who studied sex role stereotypes and clinical judgments in the mental health field. They chose 46 male and 33 female mental health professionals and had them complete a questionnaire designed to measure their sex-role stereotypes. The questionnaire consisted of bipolar items referring to masculine of feminine traits. For instance, an item choice was "very aggressive ... not at all aggressive." Then some of the participants were asked to think of a 'normal adult' then indicate where they would be on the continuum. Others participants were asked the same question except 'normal adult woman' was substituted for 'normal adult'. The remaining participants were asked the question with 'normal adult man' substituted for 'normal adult'.

The results showed that male and female counsellors responded in a similar pattern. They had differing ideas of mental health for men and women which were consistent with societal stereotypes. The mentally healthy adult resembled the mentally healthy man. The mentally healthy woman was

described differently and more consistent with the perception of women in our society, but she was not described as a mentally healthy adult.

The adjustment notion of health refers to the belief that individuals adjust to the expectations of their social environment. In our society men are expected to act in a certain fashion which is different from how women are supposed to act. The expectation for men is similar to what society considers well adjusted. So for a woman to be healthy she must act in a way which is inconsistent with a normal healthy adult. This places women in constant conflict in our society. The authors suggest mental health professionals consider the malignant effect of perpetrating socially accepted views of mental health and the deleterious effect on women (Broverman et al., 1970). From this article the reader might appreciate the concern of feminist writers expressing the need to challenge and change the values of our male dominated society.

Boulware and Holmes (1970) designed a study to explore the relationship between counsellor age, sex and attractiveness and client preferences for a therapist. The subjects were 60 male and 60 female psychology students. They were shown photographs of counsellors and asked which counsellor they would chose to discuss a personal problem or a vocational problem. The variables under scrutiny were the therapist's age, sex and attractiveness. Overall, the majority of students were more willing to talk with a male counsellor. Although female students preferred a male for vocational counselling they were equally willing to talk with a male or a female counsellor about personal problems. In general the older therapist was preferred, and women preferred an older female counsellor for personal problems. The authors reported social class and early relational bonds were not significant factors.

Hill, Tanney, Leonard, and Reiss (1977) conducted a similar analogue study from the perspective of the counsellor. In their study the object was to determine if there were differences between male and female counsellors in their perception of clients. Videotapes of clients showed either a man or woman, either 20 years old or 35 years old with either a vocational or an existential presenting problem. The subjects were graduate students and faculty in the counselling department. The subjects completed a self report scale designed to measure their empathy for the client. The subjects also estimated problem severity and assessed the client's need for counselling.

Female clients with personal problems were assessed as having more serious problems and were considered more desirable as clients. Female counsellors rated themselves as more empathic and more optimistic about outcome. Female counsellors perceived younger female clients with existential anxiety as having a more serious problem than older women with the same issue. The assumption of the authors was that the subjects considered the existential problem more appropriate for an individual at that age. Female clients with vocational problems related to traditional or unconventional choices were seen as having an equally important problem. The authors believed this may reflect changes in our society regarding the diversity of vocational choices for women. In general, the age and sex of the counsellor were not contributing variables.

Doster (1976) studied the amount of self disclosure, comfort level during disclosure and the spontaneity of disclosure related to identification with an individual's parent. The author found conflicting information regarding sex and self disclosure and concluded that learning sex-role behaviors is inconsistent within same sex groups. A primary determining factor regarding self disclosure for women is linked to their identification with either their father or their mother.

Doster conducted an analog experiment to illuminate patterns of self disclosure and primary identification with a parent. The sex-role orientation of the parent was also explored. The subjects were interviewed to determine the sex-role orientation of their parents and to determine with whom the subject was primarily identified. Sex-roles were "instrumental," usually associated with men, and "expressive," commonly associated with women.

The results indicated that women who were primarily identified with their fathers were more willing to disclose intimate information with more comfort and more spontaneity. The least amount of self disclosure was noted with women who were primarily identified with an expressive mother. An inference by the author was that traditional expressive women imparted a passive stance that included a tendency to listen but not to interject much of themselves into an interaction. Self disclosure, especially about intimate aspects of an individual's life, is necessary for change and growth in counselling. The author concluded that sex-role identification was more important than the individual's sex in predicting how a person will approach counselling. An awareness of this tendency by the counsellor is useful in negotiating the initial phases of counselling. This article is one of few that describes reticence on the part of women as clients in counselling.

Bowman (1982) investigated the impact of the sex of the client on treatment planning. Bowman, like Broverman et al. (1970), believed that counsellors hold different mental health standards for men than for women. The general standard of mental health more closely resembles the stereotypical description of male behavior. The assumption was that counsellors with traditional sex role stereotypes would emphasize client sex when planning treatment more than therapists with more liberal beliefs regarding sex roles. In other words traditional therapists would be more likely to encourage more passive roles in female clients.

Thirty six female counsellors and twenty five male counsellors were solicited to participate. A fictional case was presented to the volunteer counsellors in the form of an intake summary. In the summary an active, assertive, ambitious client was described. The client was man in one version and woman in the other version. The presenting problem was the adverse reaction of the individual's spouse to the client's new job. The job required extensive travel and the client was considering leaving the position to mitigate the marital discord. Prior to being assigned the fictional case the subjects were asked to complete a questionnaire designed to assess their level of traditional versus liberal sex role values. The subjects were assigned either a female client or male client intake and asked to write a treatment plan.

The results indicated client sex and therapist assessments were related. Male clients were considered to have a relational problem and female clients were assessed as having an intrapersonal problem. The recommendation for men was marital counselling and the recommendation for women was insight oriented individual counselling. Although the sex of the client was important, the sex role stereotypes of the counsellors were not important in that liberal therapists and conservative therapists responded similarly. The sex of the counsellor was not found to be an important factor. The inference was that therapists were biased against "activity in women". Bowman concluded that the sex of the client was a factor in treatment planning. The author inferred that the problem for the woman was connected to unresolved developmental issues and the problem for the man was related to marital conflicts. The recommendation of the counsellors was that women achieve balance in their lives, even if that meant compromising vocational goals for family harmony.

My belief is that the therapists might be responding to their biases; however, an alternative hypothesis is that the therapists might be aware of the pervasive influence of societal beliefs and perhaps the female client is wrestling with these assumptions herself. The counsellor's assumption could

be that the client is at odds with societal expectations which creates ambivalence or discord within the self. Men and women in our society may react to pressures differently requiring various interventions. Also the researcher suggests women should be encouraged to not sacrifice her job for her family. This may represent a bias on the part of the researcher. The recommendation might be made to the man that he should consider his family more when making decisions concerning his work.

Bowman acknowledges that the analogue nature of her design affects the results and she suggests a naturalistic method might elicit different findings. When using descriptions of clients stereotypical pictures are created in the readers mind and that picture constitutes the client about whom the treatment plan is devised (Bowman, 1982).

Snell, Hampton and McManus (1992) investigated the effect of the sex of the participants on a client's willingness to discuss relational topics. Women are more likely to be in counselling than men and the supposition is that women are more willing to express feelings than men. As have other authors found, for example, Orlinsky and Howard (1976), the sex of the participants in the counselling process is not the only salient variable. The goal of Snell, Hampton and McManus was to ascertain if women were more open to disclosing relational concerns and if such disclosures were associated with personality factors of the client. Their working hypotheses were that women would be more open to disclosing personal relational information in counselling; clients would be more willing to disclose relational information with a female counsellor; female clients would be more open with their personal concerns with a female counsellor; and clients with higher levels of relational esteem and higher levels of relational awareness would disclose more intimate personal information. The authors developed measures they believed would measure the dependent variables.

One hundred fifteen male and three hundred sixteen female college psychology students participated as subjects. The subjects were requested to complete several self report measures to determine their level of relational self esteem and their level of relational awareness. Then some of them were asked how willing would they be to discuss a variety of problems with a male counsellor and the remaining subjects were asked how willing would they be to discuss these problems with a female counsellor.

The results supported the first two hypotheses, women were more comfortable disclosing personal information than men and clients were more open with female counsellors. However, regarding sexual topics female clients reported more comfort with female counsellors and male clients reported feeling equally comfortable with male and female counsellors. Although emotional closeness topics were easier for female clients to discuss with female counsellors, male clients found it easier to express these topics with male counsellors. The level of relational esteem was not a factor with male clients. However, with women there was a positive correlation between relational esteem and disclosure.

A criticism I have of this study is that discussion of a topic can be executed in a perfunctory manner or the discussion can be accompanied by strong and congruent affect. The experience of these affective expressions is vastly different and the risk involved with each expressive style varies. Also, as previously mentioned, without examining actual counselling sessions or conducting an intensive interview with the participants the stereotypes of the participants are the focus of study. An individual conjures up an image of a man or a woman based on the gender expectations he or she has developed (Beall & Sternberg, 1993). The tendency to polarize this image is likely to occur when there is no person present with whom the respondent can interact.

Feldstein (1982) explored the interaction between counsellor sex and sex role with client sex and the nature of the presenting problem. The subjects were 291 male and 246 female first year psychology students. They were shown a videotape of a session between a counsellor and a client of their sex. The counselors were a man portraying either a masculine role or a feminine role and a woman portraying either a feminine role or a masculine role. The clients presented either a vocational or a personal problem. Then the subjects were asked to imagine they were the client and predict what the client would say at three points during the tape. The subjects chose their prediction from "four affective self-reference statements (p. 418)." At completion of the tape the subjects were asked to complete the Barrett-Lennard Relationship Inventory and the Counselor Rating Form. These instruments assess the counsellor's level of empathy, unconditional positive regard, congruence, expertness, attractiveness and trustworthiness.

The most affective self-references were elicited from the vignettes showing vocational clients seen by feminine counsellors. Conversely the least affective self-references were counted during the vignettes showing vocational concerns with masculine counsellors. This finding was surprising to the author who reported that previous research pointed to a cognitive approach, generally viewed as a masculine style as the preference for vocational issues. I do not immediately see the conflict. Clients considering vocational counselling may assume that feelings are less important when it comes to making choices about careers. Career counselling, at least superficially, is assumed to fall into a decision making paradigm. In practice, career counselling is more diverse and incorporates aspects of the entire individual, including affect. It is not simply a matter of learning how to choose a career path.

There was little difference on the type of affective self-references noted with the tapes showing personal problems with masculine or feminine sex role counsellors. The subjects preferred a feminine counsellor whether the sex was

male or female. The preferred traits were empathy, an affective orientation, warmth and support. However, the female and male subjects preferred male counsellors to female counsellors. The stereotypical attributes of expertness, competence and the capability to influence others seemed to account for the preference. One recommendation from the author was to search for ways women counsellors can increase their influence by appearing more competent and expert.

Johnson (1978a) examined the influence of the sex of the participants on the reactivity of counsellors to clients. The subjects in this analogue study were 20 male and 20 female experienced counsellors. They viewed videotaped sessions of a couple deciding whether to allow the wife's elderly mother to move in with them; an angry man or an angry woman who expressed hostility and suspicion towards the counsellor; and a depressed woman or a depressed man who seemed to want the counsellor to solve her or his problem. All the subjects watched the couple and one of the remaining vignettes and they were to assume the role of their counsellor. The tape was interrupted four times and the subject was asked to describe her or his feelings towards the client and speculate what the client wanted. They were also to rate their amity for the client, the attractiveness of the client, their empathy for the client and their comfort with the client. The subjects were audio-taped and the tapes were judged by observers for sympathy for the client, identification with the client, defensiveness towards the client and anger towards the client.

A three way MANOVA was run comparing counsellor sex, client sex and counsellor affect. Although no significant client sex or client affect differences were found there were significant counsellor sex effects. Female counsellors reported feeling the most negative affect with angry male clients. Female counsellors rated themselves as more empathic than male counsellors did and female counsellors were rated by observers as more angry. Even with the angry male client female counsellors rated themselves as empathic while

observers assessed them as experiencing anxiety and aversion towards these clients. Several of the female counsellors reported they felt fear with these clients.

The researcher was surprised to find no differences in counsellor responses to the sex of the clients. The discrepancy between the female counsellors rating of themselves as empathic when observers assessed them as angry was explained by assuming the counsellors believed they were expected to be empathic with their clients. The author acknowledges the analogue method may account for these results because the subjects might be influenced by expectations that they be neutral towards sex and provide socially desirable responses. There was evidence to support the interaction between gender and affect, meaning angry men were treated differently than angry women.

Johnson (1978b) examined the preferences for either male or female counsellors of students and their sex-role expectancies for counsellors. She solicited 128 male and 249 female university students. The researcher was interested in what sex of counsellor the subjects would prefer for discussing personal problems. They were also asked to indicate their sex role preferences for a male or female therapist. A modified version of the Bem Sex Role Inventory was used to identify their preferences. Students who voiced a preference requested the same sex counsellor, although male students requested female counsellors more frequently than prior studies found. Female counsellors who were more preferred possessed masculine attributes as well as typical female attributes. The study found that when a client had a preference for a counsellor of either sex the subject held typical sex role stereotypes. Adjectives from the Bem inventory for male characteristics were "self-reliant, assertive, analytical" (p. 560) and for female characteristics were "yielding, eager to soothe hurt feelings and childlike" (p. 560).

These results are consistent with findings indicating female counsellors are perceived as more androgynous than are male counsellors. Students who had a preference had more stereotypes than those who had no preference. The author believed clients with no preference were more balanced in the area of sex role expectations. Male subjects expected counsellors to be less masculine than female subjects. Johnson inferred this finding to indicate that female students wanted to see female counsellors as strong and self confident which are characteristics aligned with the masculine stereotype and characteristics they may feel are absent in themselves.

Discussion

From the previously mentioned articles the reader can conclude that stereotypes related to sex and gender are pervasive and subtle. These stereotypes exert a significant influence on the relationship between a client and a counsellor. Each participant enters the relationship with expectations of how the other will act, feel and think. These expectations are based partially on stereotypes related to sex. In Chapter One, the counselling relationship was described as dynamic and interactive. For the counsellor an awareness of his or her stereotypes and an awareness of the biases of her or his client is useful for understanding and negotiating the vicissitudes of the relationship.

In summary, the preceding studies lead to the following conclusions. Counsellor gender-role stereotypes may affect the formulation of the presenting problem and treatment planning. Therapists may subtly perpetuate sexism in working with clients, especially female clients. Male clients may have more difficulty discussing personal concerns than women. The reticence of male clients contributes to a diminution of the information necessary to understand the presenting problem and may lead to a feeling in the client of being misunderstood. Androgynous counsellors seem to be preferred by the majority of clients.

The study of the sex of the participants in counselling points to sex as one aspect of a configuration of interacting variables in the therapeutic relationship. Gender-role behaviors may be more important than the sex of the individuals involved. This is especially true when the therapist is viewed from the perspective of the client.

These studies meet the criteria for an analog correlational experiment. This means that internal validity is likely to be high while external validity will be low (Gelso, 1979). Although the large size of the samples has statistical advantages, the homogeneity of the samples contributes to the limited ability to generalize the results, a point Snell, Hampton and McManus (1992) concede. Neither the subjects, who were clients, met with a counsellor nor the subjects, who were counsellors, met with a client. They were asked to imagine they were seeing a counsellor or a client and that was the basis from which the data was gathered. This strategy tends to measure the client's stereotypes and expectations of what transpires in a counseling session (Jones & Zoppel, 1982). The subjects are asked to measure an alliance that does not exist, or the subjects are expected to respond to a client or a counsellor whom they have never met.

A concern mentioned by Johnson (1978a) is relevant when the subjects are mental health professionals who are cognizant of the politically correct responses. The counsellors may feel compelled to respond in accordance with professional expectations. Another problem in the above research concerns the subjects who are pretending to be clients who are not experiencing the distress that precedes an individual entering counseling. Therefore, the motivational factor that might influence an individual's perception of the counsellor is absent. Even when the findings were statistically significant, when samples contain hundreds of subjects, the number of individuals who deviate from the mean might be quite large. How does a counselor know if her or his client was with the majority or with the minority?

Articles utilizing the analog method do not include contact between a counsellor and a client actually working on therapeutic issues. The client subject or therapist subject must deal only with images based on their beliefs of a counsellor or a client. Perhaps this procedure has inherent factors that lead an individual in directions far different than he or she would wander with a client or counsellor present working on authentic counselling issues. Assuming there is a proclivity to interject biases, which is present in all of us, interacting with a person could help therapists or clients examine their stereotypes formulating assessments and treatment recommendations. Interacting with an individual in an actual situation will also effect the feelings generated.

Naturalistic studies

Mayer and Marneffe (1992) studied the patterns of referrals to male and female psychoanalysts. From a traditional psychoanalytical perspective the sex of the analyst is not a critical issue when making referrals; however, they speculated that male patients were more frequently referred to male analysts than male patients were referred to female analysts. They found that male therapists received an equal number of male patients and female patients but women analysts received more female patients than male patients. They acknowledged the process by which referrals were made skewed the findings. Each prospective patient was usually given several referrals and the patient selected an analyst from the names. Also many women patients requested referrals to female analysts. However, they did find a definite pattern of referrals of male clients to male analysts with some shift to giving more referrals to older female analysts.

After examining competing ideas the authors concluded that analytic and non-analytic therapists seemed reluctant to refer men to women analysts. Men who were referred to female analysts were younger. As female analysts

were older they received more male referrals. Female professionals making referrals followed the same pattern as male professionals. The authors assumed the disparity reflects "deep seated" (p. 580) societal gender biases versus a reflection of theoretical rationale. They assumed these biases were related to perceptions about authority, competence and sexual attraction. Older analysts may have been perceived as more credible and less sexually appealing. The authors suggested that gender biases in the referral process be explored and, to the extent that they exist, be dislodged.

Urquhart, Burlow, Sweeney, Shear, and Frances (1986) measured patient satisfaction related to several variables, including sex, experience level of the therapist and length of treatment. Two hundred ninety one former clients treated in a large metropolitan teaching hospital completed a client satisfaction survey. The clients had been treated in various modalities including individual therapy, group counselling, family therapy and medication management. Some clients were seen in more than one modality. The length of treatment varied from one week to a year, with the majority of clients in treatment for a year. The treatment providers varied in sex, experience level and discipline. The survey consisted of ratings of the treatment provided as well as questions asking what the clients found important in their treatment.

The majority of clients were satisfied with their treatment. The authors found a strong preference by clients for counsellors of the same sex. There was also a high positive correlation between client satisfaction and the experience level of the therapist.

Bassuk and Apsler (1983) in, 'Are there sex differences in rape counseling?', found a dearth of literature that provided guidance in suggesting whether rape victims should be treated by a same or other sex counsellor. However, there is a strong bias that female rape victims should be treated by a female counsellor.

The authors used an emergency room setting to assess the impact of male counsellors and female counsellors working with female rape survivors. Forty one female survivors were seen by either a male psychiatric resident or female psychiatric resident. After the interview each resident completed The Brief Psychiatric Rating Scale (BPRS) and eight self report measures which were geared towards measuring the therapist's affective response to the patient. Male and female residents, using the BPRS, described their patients in a similar manner. Female residents rated the survivors as slightly more impaired than male residents on the Global Assessment Scale. Female residents assessed their patients as more of a suicide risk. However, nearly all the residents rated the patients as a one, with only one score above four, on a scale of one to seven with the higher number representing a higher risk. The higher scores from women residents was inferred to indicate either female residents were more empathic or the survivors were more open with the female residents. The female and male residents rated patients about the same on their level of cooperation. Patients were prescribed medications on a roughly equal basis. The residents rated the rape survivors in a more positive light than other patients the residents treated in the emergency room. The residents frequently treated non-compliant chronic psychiatric patients in this setting which could account for the higher rating for the rape victims. A self report measure indicated the residents had typical gender stereotypes but the residents seemed able to separate these biases from their assessments of these patients.

McKinnon (1990) published an article concerning client preferences for counsellors. The author asked participants in the Australian family court system with whom they would choose to discuss their problems. The choices were a masculine man, a feminine man, a feminine woman, a masculine woman, an androgynous man or an androgynous woman. The masculine man was chosen by a significant number of the participants. The feminine man

was the last choice. According to the author these results contradicted a study by Highlen and Russell who used an analogue method with college students as their sample group. The subjects in the McKinnon study were 106 female and 104 male clients in counselling with family counsellors in the Australian Family Court system. Thirty three of the clients were self-referred. The remainder of the clients were referred by various professionals associated with the court system, including judges, attorneys and social workers. McKinnon surmised the differences between his sample and the Highlen and Hill sample could explain the discrepancy in the results of the two studies. For this reason McKinnon suggests more naturalistic studies be conducted.

Jones, Krupnick, and Kerig (1987) conducted a project to explore the contention that male therapists propagate the prevailing paternalistic mores of our culture and the contention that women therapists are inherently more empathic. Their review of the literature elicited ambiguous findings regarding sex and treatment outcome. The sex of the participants by itself is not an effective predictor of outcome. The authors concluded that no single factor, which has been studied, has been demonstrated as a useful predictor of successful outcome. They found Orlinsky and Howard's (1986) study, which found sex, age, marital status of the client and diagnosis useful in describing the complexity of extricating a single variable to predict therapy outcome. According to Jones, Krupnick and Kerig, another complicating variable is the theoretical orientation of the practitioner. A cognitive behavioral counsellor may be less concerned about the permutations of the counselling relationship than a psychodynamic practitioner. The importance being that a study of the relationship of the former will yield different data than the latter. They recommend naturalistic studies which they believe will yield more meaningful information than the experimental research has so far accumulated.

The Jones, Krupnick and Kerig project consisted of a two part study. The first study examined a 12 session course of treatment with clients

diagnosed as having Post Traumatic Stress Disorder. An archival search of their treatment was conducted. Sixty records of female clients were chosen who were treated by 25 therapists. Eleven of the therapists were women and fourteen of the therapists were men. The treatment consisted of short term psychodynamic therapy. Several instruments were used to measure progress and they were administered at the beginning of counselling, at termination and a follow up administration was completed after termination. Clients and therapists completed various instruments. For example, clients completed the Impact of Events Scale and the counsellors completed ratings of client progress. The results were analyzed using appropriate statistical methods. Although the clients preferred female counselors and there were indications of slightly better outcome with the female therapists, the results were not statistically significant. When gender contributed to differential outcome ratings it was less than the contribution of pre-morbid symptoms and client age. Independent evaluators of the session tapes rated clients seen by female counsellors as having less intrusive symptoms than those clients seen by male therapists. All clients reported a significant reduction in symptoms.

In the second study the authors gathered the audio tapes of a subset of 40 of the original 60 subjects. Twenty of the counsellors were men and twenty of the counsellors were women. A Q-sort was initiated to identify items referring to counsellor and client attitudes, behaviors and experiences. A transcript of the fifth session was rated by judges on these variables. The results were that clients seeing the male therapists displayed more painful affect, for example, sadness and depression. Their clients struggled to maintain control over their feelings and these clients were judged more sensitive to the opinion of their therapists. The authors deduced this contributed to the reports of significant countertransference by male therapists.

When conflicts emerged, the male counsellors mitigated the conflict with compromise and accommodation versus an intervention designed to address the underlying problem. Female therapists addressed the conflicts in a more direct and comfortable manner than male therapists. The result was that their clients seemed to develop more trust in their female counsellors, they knew what to expect and they seemed less concerned about how their therapist thought of them. Female counsellors commented freely on their affective states and offered alternate ways of relating to others or construing their experiences. Immediate behaviors in the therapeutic relationship were addressed and more comfort seemed evident in the relationship. The raters also believed that the female counsellors were more accurate in their empathic remarks and their perception of the experience of therapy.

In their discussion the authors concluded that therapist sex was influential in the process and outcome of brief psychodynamic therapy with female post traumatic stress disordered clients. Patients of the female counsellors reported fewer symptoms and higher satisfaction. Independent evaluators assessed clients with women therapists as having more improvement immediately after treatment as well as at follow up. The effect was modest with age and pre-treatment level of disturbance exerting a much greater significance on outcome. The results did not imply that male therapists were not helpful. The clients saw their male therapists as more detached and more demanding but they did not view treatment as less beneficial or less productive.

The Q-sort items, adjudicated by raters, did not differentiate men and women in a stereotypical fashion. For example, female therapists were not rated as more sensitive or supportive than male therapists, nor were male counsellors judged as more controlling, condescending or insight oriented than female counsellors. The female clients did not act out sex role stereotypes. They were not rated as seductive or dependent with the male counsellors.

The final conclusion was that gender was one of several variables that contributed to the process and outcome of the therapeutic process. The other variables included age and pre-treatment level of functioning of the client. One recommendation was for naturalistic investigations to continue to unravel the role of gender on understanding the therapeutic process.

The authors believed an artifact of their sample required consideration when interpreting their results. The sample comprised of bereaved women dealing with the loss of a male partner; women surviving major surgeries related to their reproductive systems; and women survivors of assaults perpetrated by men. These factors may well predispose the clients to negative affects towards male counsellors.

This study provided specific information on what counsellor behaviors stimulate in the therapeutic relationship. It also points to what a therapist can do or refrain from doing to increase the chances of fostering a positive therapeutic relationship. For example, the way the therapist deals with conflict in the relationship affects the client's sense of trust. The therapeutic alliance is perceived as a dynamic relationship in which one participant affects the other. The methods used in each study serve to complement each another and each adds useful information to the exploration of the therapeutic relationship. Rigor was used in the design, sophisticated statistical analysis were utilized, and the discussion was thoughtful. The process appears to follow the discovery oriented style mentioned by Mahrer (1988). When contrasted with the studies covered in the analogue section of this paper the current study provides a much fuller and complete contribution to the research on the effect of gender on the therapeutic alliance.

Orlinsky and Howard (1976) examined the data from 78 male therapists and 40 female therapists treating 118 female clients in weekly psychodynamic therapy. The data collected consisted of a therapy session report after each

session which included the content, expectations, affect, and action towards the therapist, the therapist's reactions and an evaluation of the session all completed by the counsellor. The client was asked to indicate how the therapists acted towards the client and how the therapist seemed to feel during the session.

The findings comprised 46 dimensions of the patient's experience 15 of which were statistically significant. Female clients seeing male counsellors engaged in more discussion about the opposite sex and their relationship with the counsellor. These clients sought more insight and were concerned with identity issues. There were more erotic feelings, inhibition, anger and depression. These clients perceived the counsellors as demanding, detached and less expressive than clients with female therapists. Many female clients of male therapists also perceived themselves as less assured, less open, more self critical and less supported but not less effective.

Female clients with female therapists reported more satisfaction with the encouragement they received but no difference in catharsis, mastery, insight or overall benefit. Variables other than sex proved important for example, younger unmarried clients were more reactive to male counsellors. Depressed clients were also more reactive to the sex of the therapist, expressing more satisfaction with female therapists.

Orlinsky and Howard (1980) emphasized the importance of considering gender in combination with other variables, namely social economic status, education, religion and birth order. They emphasized that the lives of women are different from the lives of men. In general, studies revealed no differences in the benefit of treatment related to sex alone. The sex of the participants was not a reliable predictor of successful outcome.

Orlinsky and Howard (1980) looked at the outcome of clients with various diagnoses working with male and female practitioners. Female clients with depressive disorders reported a more positive experience working with female providers. The outcome of male and female clients with personality disorders was roughly equal. However, female clients with anxiety disorders and schizophrenia fared better with female counsellors. The only female client group who reported a better outcome with male therapists was single parents. An important finding was the within groups variance, some clients of the male therapists had better outcomes than some clients of the women therapists.

Lacey (1984) wrote an article on various treatment considerations with bulimia. One of the considerations explored was the interaction between female clients with bulimia working with a male/female treatment team and a female/female treatment team. Bulimia is frequently associated with concerns and conflicts related to sexuality and sexual issues. The authors expected to find a connection between sex and treatment providers. The treatment regimens were similar. Although the outcome for each team was equal, the clients stated a preference for the female/female team. The clients felt the woman/woman combination was more relevant and more helpful in responding to their needs.

Androgyny means a combination of masculine and feminine traits in either a man or a woman (Petry & Thomas, 1986). Petry and Thomas conducted a study in which clients rated androgynous counsellors as more attractive and more credible. In their study 80 university practicum students volunteered to be subjects. One client from each subject was randomly selected to join the study. The clients were students seeking counselling at the university counselling center. Because some clients declined to participate and some therapists were eliminated for various reasons the final selection of counsellors comprised 41 women and 11 men. The clients were college students and mostly women.

The researchers sought to ascertain the quality of the relationship compared with sex-role orientation. The findings indicated the relationship with an androgynous counsellor was more favorable regardless of the sex of the counsellor. The androgynous counsellors were rated as more supportive and assertive, which are traits conducive to establishing an effective working relationship.

Jones and Zoppel (1982) conducted two studies on the impact of gender on the process and outcome of counselling. In the first they surveyed 69 male therapists and 71 female therapists who worked with 80 male and 80 female clients. The therapists completed a rating scale for therapy outcome and the therapist's reaction to their clients. The ratings and sex were analyzed using the ANOVA. The female therapists rated their clients as having more problems with sexual adjustment and more difficulty with children and spouses. The female therapists assessed their clients as having benefited more from treatment and their male clients and female clients improved equally. Using the Adjective Check List, female therapists rated their female clients as having benefited more than the male therapists rated their female clients. Female counsellors described female clients in more socially desirable terms than male counsellors used to describe their female clients. Male counsellors and female counsellors were more equally balanced in their descriptions of their male clients. Male clients were described as more distant by all counsellors. However, male therapists were less complementary towards male clients than female therapists were towards their male clients.

In their second study, Jones and Zoppel (1982) selected 99 clients and divided them into four cells: male/male; male/female; female/female; female/male. The clients were contacted and asked to participate in a structured interview. The clients rated their therapists as effective and these measures were consistent with the therapists' ratings on efficacy. Same sex dyads were in treatment longer than mixed sex dyads. Male and female clients

rated the therapeutic alliance as stronger with female therapists. There were no differences in ratings of the counsellor's distance and formality scales. Same sex dyads experienced their relationship as less directive and more intense emotionally. The latter variable is positively correlated with a positive outcome. Clients in same sex dyads found their counsellors more neutral and less directive than clients in mixed dyad pairs. Female clients felt more deprecated than male clients with therapists of either sex.

In this study, both male therapists and female therapists rated their clients as improved, however female therapists rated their clients as more improved than did the male therapists. Male counsellors indicated they experienced more countertransference reactions than did female counsellors. The increased amount of countertransference feelings in male counsellors was inferred by a higher incidence of negative descriptors by male counsellors of their female clients than female counsellors of their female clients. Female clients reported greater improvement than male clients. Clients with female therapists described their counsellors in a manner more consistent with the traits of a good counsellor even though other outcome measures were similar for male and female counsellors. Female clients did not experience a sex bias from either male or female counsellors, but female counsellors were described as more open and accepting.

Jones and Zoppel (1982) concluded that although there were differences associated with the sex of the participants that "gender was not an overriding influence in psychotherapy" (p. 271). The authors suggested naturalistic methods yielded more meaningful information than analogue methods in the study of gender and advocated for diversity of methodology in future studies of the impact of gender on the therapeutic process.

Heatherington, Stets, and Mazzarella (1986) state that therapists have different expectations for male and female clients. Expectations affect

outcome and are most pronounced before meeting and interacting with an individual. Their review of the literature led them to conclude that the majority of therapists rate men as more disturbed and more therapists prefer working with female clients. The researchers studied therapists of 72 male and 92 female clients. After intake the clinicians completed a questionnaire rating the amicability, style of interacting, level of social skills, prognosis and expected duration of treatment.

Male clients were considered to possess less favorable interpersonal skills than female clients. They were expected to remain in treatment for less time; however, they were not expected to terminate therapy prematurely. Female clients were assessed as better adjusted. Female clients who deviated from their traditional gender-roles were perceived as more mature than traditional female clients. They were expected to be more disclosing about personal problems and more motivated to work on their problems. These results, which are consistent with prior research, suggest that women present themselves in a manner which is more attractive to counsellors than do male clients.

Male and female therapists held more favorable expectancies for women clients. The authors attribute this finding to a similarity between what therapists consider good client characteristics and those qualities generally ascribed to women, namely openness, motivation for change and a willingness to collaborate with the counsellor in the therapeutic relationship.

Discussion

The difference between this section on naturalistic investigations and the previous section on analogue experiments revolves around the setting in which the investigations were conducted. The former gathers its data from actual counselling experiences and the latter collects its data from laboratory settings.

McKinnon's (1990) investigation serves as an example of how the results from studies using different methods and populations can lead to contradicting findings. His study found that clients preferred masculine male counsellors to female counsellors or male counsellors who displayed more traditional feminine behaviors. He contrasted his findings with those from previous analogue experiments, for instance Highlen and Hill (1984), which found that clients preferred counsellors who exhibited feminine behaviors regardless of their sex. McKinnon inferred the population he studied, referrals from the Australian court system, had preferences which were very different from the subjects frequently used in analogue experiments. He, as did many of the other authors from this section, believed the results from studies using naturalistic settings yielded more credible findings than studies using laboratory settings.

Another finding from the naturalistic investigations which conflicted with analogue experiments was in the area of sex bias and sex stereotyping. Many of the authors in the first section for example, Broverman et al. (1970), Bowman (1982) and Feldstein (1982) found a tendency to stereotype men and women on the part of clients and counsellors. Several of the authors in the naturalistic section for example, Bassuk and Apsler, (1983), Jones, Krupnick and Kerig (1987) and Jones and Zoppel (1982) reported fewer incidents of stereotyping behaviors. Of course this was not always the case. Mayer and Marneffe (1992) reported differential referrals to male and female psychoanalytic therapists which the authors believed were based on the gender-role biases of the professionals making the referrals.

The most common finding from the naturalistic literature was a consistent preference for female or same sex counsellors. However, measurements of treatment outcome consistently demonstrated no differences in efficacy related to the sex of the participants (Jones & Zoppel, 1982; Lacey,

1984; Orlinsky & Howard, 1976; Orlinsky & Howard, 1980; Urquhart et al., 1986).

Reviews of the literature on sex and gender issues in counselling and psychology

Extensive reviews of the literature related to gender were conducted by Tanney and Birk (1976), Mogul (1982), Hare-Mustin (1983), Kulish (1984) and Mintz and O'Neil (1990). Their consensus was that there is no definitive evidence to suggest that the sex of the counsellor is a significant factor affecting the outcome of therapy. Tanney and Birk (1976) concluded there is no evidence to support the contention that women receive more efficacious treatment when in treatment with a female counsellor. These authors agree that the sex of the participants is part a matrix of variables, including age and race, which affects the counselling process but not the overall outcome. In other words, even though female clients may report more discomfort when working with male therapists than with female therapists their outcome ratings will be roughly equivalent. Hare-Mustin (1983) also noted the contradictory findings of analogue experiments and naturalistic studies. McKinnon (1990) addressed this issue in an article contained in the previous section. Although analogue studies denote minimum sex bias among treatment providers, naturalistic studies show female clients receive more medications than male clients and female clients remaining in counselling for a longer duration than male clients. These findings are open to many interpretations and Hare-Mustin (1983) recommends more work be done to comprehend the meaning of these contradictions. Mogul (1982) refers to findings which espouse greater client satisfaction with female therapists until experience and skill level are included. At this point satisfaction becomes more equally divided between male and female counsellors.

Borders and Fong (1984) reviewed sex-role orientation research. They identified five sex-role types in our culture; masculine associated with independence and instrumentality, feminine connected with nurturing and expressiveness, androgynous a combination of these two, undifferentiated referring to individuals who endorse a low number of masculine and feminine traits, and cross sex typed referring to individuals who identify with traits of the other sex and few traits of their sex. Androgynous individuals have been assessed in other articles as having the highest level of self esteem, exhibit more of a willingness to disclose to intimates and display the highest levels of assertiveness of the five groups. There is evidence that androgynous counselors are most effective in establishing a therapeutic alliance and facilitating change in clients. Self assurance, flexibility, self disclosure, nurturing and assertiveness are the interactive traits comprising the androgynous individual which contribute to productive therapeutic relationships.

According to these authors androgynous individuals may be part of a larger set persons who tend not to categorize others or themselves across a spectrum of traits including sex. The authors found that masculine sex-role identified students were more willing to disclose to strangers and acquaintances than feminine sex-role identified students. However, only those students who were androgynous chose intimates for self disclosure. The authors suggest the results of their literature review has implications for counsellor education, if they are not taken too simplistically. In other words teaching an woman to be more masculine or a man to be more feminine is not their recommendation. They suggest a thorough understanding of androgyny and its impact on the counselling relationship.

Cook (1987) also conducted a review of the literature relative to psychological androgyny. As a result of her review, she came to a different conclusion than Borders and Fong (1984). Her findings did not support the

relative superiority of androgynous counsellors over counsellors who were described as masculine, feminine or undifferentiated. In general, Cook believes that gender-role research in the field of counselling has been over simplified. She asserts that understanding the complexity of gender-role phenomena must account for individual differences and situational factors as well as allow for developmental changes which occur throughout an individual's life.

Anecdotal theoretical articles related to sex and gender issues in counselling

Bilker (1993) authored an article on male therapists working with clients who were diagnosed with Bulimia. These clients are often women who routinely induce negative feelings in their male therapists. The most common issues leading to these feelings are sexual feelings, the need to discuss intimate bodily functions and the perception by the therapist that the client "is not giving him a chance" (p. 405). For the therapy to succeed the therapist must be aware of these potential obstacles and must be willing to process them constructively with his client. Contrary to opinions held by other therapists who treat similar clients, Bilker believes that treatment can be efficacious with a male therapist if other factors are considered, for example, early experiences with parents and the current ego functioning of the client.

The literature contains conflicting opinions regarding the use of the sex of the participants in making referrals to therapists. Bilker (1993) reviewed the literature and found that sex elicits a great deal of controversy but there is little consensus about the impact of the sex of the participants on the therapeutic alliance, except in certain situations. For instance, if a client requests a counsellor of a specific sex the request usually should be granted. Generally, he suggests referring clients to the same gender as the client's more difficult parent. Exceptions are made if that parent was sexually or physically abusive or if the client has a less well functioning ego. In these later cases, the counsellor should be the same sex as the more supportive parent. Mogul

(1982) shares the belief that referrals should generally be made to the sex of the client's more difficult parent.

The issue of making referrals based on the sex of the participants is controversial. Unlike Bilker (1993) and Mogul (1982), O'Leary (1988) believes a client entering psychoanalysis should not be referred to an analyst of the same sex as the more difficult parent. While exploring how clients choose therapists, Shainess (1983) found clients generally avoid therapists of the same sex as their more difficult parent. Therefore making a referral to a counsellor of the sex with whom the client has a troublesome history may result in resistance with some clients. These recommendations are based on theoretical considerations not systematic research.

Historically, in psychoanalytic circles the sex of the therapist was unimportant, because all that needed to be addressed in therapy eventually emerged regardless of the sex of the participants. More recently, object relations therapists have suggested that this belief is erroneous and the sex of the participants is important (Lukton, 1992). Rather than pretend to be a blank screen the therapist is an actual person interacting with another individual in a relationship. Instead of offering recommendations for making referrals based on the sex of the individuals, Lukton describes how the sex of the participants might evoke various emotions and treatment issues. For instance, male clients who have not effectively negotiated their separation from their mother may seek a female therapist in order to avoid their fear of vulnerability and loss of esteem when faced with more powerful men. If this pattern is influencing the client's decision then treatment must focus on this issue.

In a similar vein, Felton (1986) believes that the sex of the participants can facilitate or impede the therapy process. This author takes a psychodynamic perspective related to sex which is evident from her views on

transference. For example, transference can be a resistance if the feelings interfere with the process. This pattern is more common with female clients. Men, however, may avoid feelings toward the therapist and develop a resistance to transference. Either position impedes the therapeutic process. When a woman is the therapist, the male client may desexualize the therapist to reduce the intensity of his affect. He may also attempt to demean her in order to escape the sense of powerlessness associated with the client position.

Felton (1986) also believed that feelings generated in the counselling relationship could become so intense that the therapists might rush to challenge a client rather than explore the issue in a more constructive manner. For instance, a counsellor working with a sexist client might feel angry and attack the client's beliefs rather than examine what they mean and what purpose these beliefs serve for the client. Other potential obstacles occur when a male therapist working with a female client finds the client defers to him as a male authority figure and avoids addressing the transference issues. Therapists frequently avoid this idealizing transference. A male counsellor with a male client must be aware of the client projecting female qualities onto him and be comfortable with these projections. Fears of intimacy can arise in either participant of the male/male dyad. In each of these potential situations the male therapist might react to the induced feelings and miss the underlying process. Should this occur the relationship might be undermined or opportunities for therapeutic growth could be lost.

The above mentioned analytic therapists are mentioned to illustrate the panoply of differing opinions clinicians hold related to the sex of the participants. The underlying issue seems to be that the sex of the participants must be considered when forming opinions about the client's presenting problem and predicting potential obstacles which may intrude into the developing relationship.

Handy, Valentich, Cammaert, and Gripton (1985) wrote an article titled, "Feminist issues on sex therapy." The authors advocate a feminist approach to sex therapy which perceives sexual dysfunction being related to the role of women in a society which subjugates women. They believe therapists have unwittingly allowed their unexamined gender-role biases to influence their work. One of the authors' goals is to replace orgasm as the measure of successful treatment with more general markers of sexual satisfaction. In doing so they believe they are replacing a masculine gender biased perspective of sexual satisfaction with a more gender neutral perspective. Their approach includes an understanding of how women may unknowingly act out their feelings of being subjugated by society through their sexual behavior. They contrast their approach with a more traditional male approach which tends to reduce sexual dysfunction to behavioral terms and works towards changing behavior more than grasping the underlying personal and social issues.

Ipsaro (1986) authored an article on male counselors working with male clients. He describes the role attributed to men in our culture which predisposes men to seek autonomy, restrict affect, seek status through competition and experience strong feelings related to homophobia. He believes these predispositions interfere with men seeking and benefiting from psychotherapy. A highly empathic male counselor may threaten and overwhelm a traditional male client leading to premature termination. Ipsaro recommends treatment interventions be sensitive to the male client's position. For example, he suggests behavior therapy may be more palatable to many male clients than a more emotive approach.

The male therapist is not immune to sex role biases. Ipsaro suggests that a male counsellor may experience negative affect when confronted with a "weak" male client needing support. The male counsellor may also experience discomfort with transference requiring he assume a paternal or maternal position. In particular a nontraditional male therapist may feel intense

discomfort when working with a traditional male client. He concludes his article by referring to the changing roles of men in our society and the tension this creates for members of each sex. Awareness of societal mores, internal cues and the gender-role expectations of ourselves and our clients are important for counsellors to better understand themselves, their clients and the effects of these issues on the counselling relationship.

Carlson (1981), as does Ipsaro, perceives a similar shift in our society and understands that men and women experience discomfort adjusting to changing role expectations. Men entering therapy as clients tend to experience anxiety in the unfamiliar role of being expected to reveal emotions and vulnerabilities. Female counselors must be careful not to fall into their traditional role of deference to male authority. Also female counsellors may feel negative feelings when confronted with a man acting in a unconventional manner, for example crying.

In Chapter One, I referred to Van Hook's (1979) article in which she advocated that female counselors work with female clients who are depressed. She believes that depression is a function of learned helplessness. The experience of being in treatment with a competent, functional female therapist provides the modeling useful for a depressed female client to gain a sense of mastery and control. The author believes this experience is beneficial in ameliorating depression in female clients.

According to Lerman (1978), men may have something to offer female clients. Although there is no definitive evidence to prove the existence of sexism in counselling, there are many clinical assumptions, for instance the usefulness of projective tests, which cannot be statistically proved or negated, however, many clinicians continue to find projective techniques useful. Lerman, as does Kaplan (1985), suggest eschewing the argument that female clients should be treated by female therapists. Both writers strongly believe

that professionals should expend effort exploring how male counsellors can use their sex to a therapeutic advantage.

Female rape survivors generally prefer female medical and psychiatric providers, however this preference is not always available in emergency rooms (Silverman, 1976). A male provider usually feels anxious when summoned to assess a female rape survivor which usually leads to a pattern of compensatory behaviors. Male providers may respond consistent with stereotypical beliefs about sexual assault or fail to appreciate the fear associated with the trauma. The wish to please female supervisors by putting forth a positive performance also is common. Male providers may also identify with males involved with the survivor, for example the partner. A coping style is to deal with his discomfort by seeking distance from the survivor which may adversely affect the counselling relationship.

Silverman believed that if the professional provided follow up sessions the appearance of erotic feelings, which are common in therapeutic relationships, may feel especially uncomfortable. In order not to do further harm to the survivor, the provider must be aware of his reactions and beliefs and deal with them in a way that is not detrimental to the client. Specific training in working with this population is imperative, as is having access to a supervisor experienced in this area. This article emphasizes the interactive process in counselling. If the professional is experiencing strong countertransference, these feelings will affect his or her style and most assuredly will be communicated to the client. In the situation depicted by Silverman, the client must not only deal with the trauma of assault but must respond to the discomfort of the professional from whom she is seeking help.

Like Kaplan (1985) and Chodorow (1989), Enns (1991) describes women as more oriented towards relationships than men and men more interested in autonomy than women. She suggests therapists can be most

effective if they are cognizant of these differences and respect the strengths inherent in each position. For instance, many women learn best when participating in the learning process with others. Women tend to collect ideas versus debating which single idea is correct. Women have been made to feel inferior regarding their general learning style as it is divergent from the dominant male style of learning. Because women are more relationally oriented and our society values independence women are often perceived as dependent which carries negative connotations. Counsellors who are sensitive to and respectful of the potential differences in their male and female clients are most likely to be successful.

Counselling is a complex process and the counsellor is required to assume several roles during the course of most therapeutic encounters. Kaplan (1985) believes the quality of the relationship between the client and counsellor is the most critical factor in psychotherapy. Women are often raised to value relationships and learn the skills required for maintaining relationships and therefore have an edge over many men. A therapist must also serve as a guide and assume the role of a director in therapy. In this role men often have an advantage. She quotes the same findings as others, namely that women therapists are often rated as more satisfactory as therapists but outcome ratings are similar for male and female counsellors. Her findings indicate when novice counsellors are rated, women have the advantage. This advantage diminishes as the level of experience increases. One interpretation is that when male counsellors become more experienced they seem to learn the skills many women have when they begin. Sex is less an issue than skill and personal development. In addition, age and experience are indispensable factors. Training programs might be more efficacious if they tailor their programs more individually, being mindful women and men may have different training needs.

Kaplan (1985) also states the belief that gender is embedded within an individual and within the experience of psychotherapy. "The reduction of therapy to its component variables, however carefully operationalized and analyzed, cannot capture the subtle realm of inner and interpersonal experience in which gender probably has its most profound influence" (p. 2).

Discussion

The articles reviewed in these final two sections offer opinions and conjecture based on theoretical orientations and clinical experience. As such the conclusions and observations need to be considered cautiously. Although there are no rigorously applied standards on which to base these beliefs, they contain useful constructs and opinions which might be supported by scientific exploration.

Authors have described various potential feelings and issues that may arise in the counselling relationship related to the sex of the individual participants. For example, male clients working with female therapists may be prone to fears of rejection (Carlson, 1981). In this configuration the male client could avoid sexual feelings to reduce his anxiety (Felton, 1986) or develop sexual feelings to confuse and dilute the therapeutic relationship (Carlson, 1981). Male clients may use anger as a defense which can intimidate a counsellor, especially a female counsellor (Carlson, 1981; Johnson, 1978a).

Men in our society are raised with strong expectations of how they should relate to others. Behaviors required for developing intimate relationships are not encouraged (Bilker, 1993; Ipsaro, 1986; Kaplan, 1985; Meth & Pasick, 1990). Counsellors have undoubtedly experienced this propensity in their work with men and have probably felt frustrated. Ipsaro (1986) suggests treatment plans for male clients consider the traditional male position regarding intimacy. He suggests approaches which stress problem

solving and behavioral change be considered for many male clients because men tend to be comfortable with these styles. Male and female counsellors can be expected to experience powerful negative countertransference reactions to clients who present in an egregiously sexist manner. This may be true whether the client is female or male (Ipsaro, 1986; Van Hook, 1979). Male therapists working with traditional male clients can be expected to feel caught in an uncomfortable bind. The counsellor cannot collude with the client but to attack the client's beliefs generally impedes the developing therapeutic alliance (Ipsaro, 1986). Weak male clients may also elicit negative affects in counsellors (Carlson, 1981).

Decisions regarding interventions related to intimacy are sometimes difficult for counsellors to make (Bilker, 1993; Mogul, 1982; O'Leary, 1988). How male counsellors manage the balancing act between distance and intimacy in the counselling relationship may be related in part to sexual feelings. Reports of sexual feelings by counsellors is common, especially by male counsellors (Keith-Speigel & Koocher, 1985). Silverman (1976) addressed this issue to some extent in his article on male therapists treating survivors of rape. He believed the male therapists experienced considerable anxiety which often led to compensatory behaviors. These compensatory behaviors could be expected to adversely affect the relationship between the therapist and the client. For instance, if the therapist continued to work with the survivor, emerging sexual feelings could create discomfort in the counsellor which could disrupt the therapeutic relationship.

Summary

Analogue experiments, naturalistic studies and anecdotal articles are cited in the literature review. The articles in each category have contributed to our understanding of the presence and impact of issues related to sex and gender-roles on the counselling process. Each method has strengths and

weaknesses which have been briefly described in the discussion following each category.

Although the experience of sex and gender-role issues are peripherally mentioned in the literature review, none of the articles discussed in this chapter specifically focuses on these issues. The literature acknowledges the difficulty of grasping the complex influences and interrelationships of sex and gender issues within the counselling relationship. Because these issues are so embedded, ingrained and influential in human relationships a thorough understanding of the meaning of these experiences seems necessary for preparing, training and supporting professionals in the field of counselling. The next chapter will describe the research method chosen for exploring the meaning of the experience of sex and gender issues for male counsellors.

CHAPTER THREE: METHOD

The construct of gender is deeply embedded in our psyches and affects virtually all of our relationships, including the counselling relationship. To thoroughly understand the meaning of gender in the counselling relationship, interviews with the counsellor and client would be useful. However, because of the enormity of the data generated from qualitative interviews, this study is limited to the counsellor's perspective. The therapist is initially responsible for establishing the working relationship, thus it seems reasonable to look first at the experience of the counsellor. For this study the scope is delimited further to the perspective of the male counsellor. The decision was made because I will conduct the interviews and analyze the data. Restricting the respondents to men also will reduce the effect that cross sex interviews could introduce into the data.

The specific question I was initially interested in answering was, "What is the experience of the phenomenon of being a male counsellor relative to issues of sex and gender-role expectations in his work with his male and female clients?" However, as the interviews proceeded the original question expanded from the realm of the counsellor and client relationship to the field of counselling in general. By gaining insight into this experience and elucidating its structure I believe the meaning of gender in the therapeutic alliance was explicated in a more thorough manner than has been previously done. With more understanding of this experience, counsellor educators, clinical supervisors and clinicians can be better prepared for their respective roles.

In order to examine this experience I am employing a phenomenological approach and I collected data using the qualitative interview. This chapter describes and explains the method; the rationale for its choice; a brief

description of its background, including reliability and validity; how I implemented the design and analyzed the data; and finally, the limitations of the method.

The present study diverges from other phenomenological studies I have read in several ways. Most phenomenological studies begin with a specific phenomenon to investigate. For example, Karlsson (1993) uses the example of making a decision in his book to illustrate the Empirical Phenomenological Psychological-Method (EPP-M). When I began thinking about my experience of being a male counsellor several specific and divergent experiences came to mind. For instance, I thought of situations in which I felt a female client was dismissing my credibility because, being a man, I could not understand what her life must be like. Experiences of feeling sexually attracted to a client and the concomitant discomfort also surfaced. In this study I did not want to limit the range of experiences male counsellors described when they thought of what the phenomenon of being a male counsellor relative to sex and gender-role expectations meant for them. I assumed the experiences mentioned above as well as other experiences would surface. I believed that eventually these more general experiences would lead to a description of the phenomenon of being a male counsellor relative to issues of sex and gender-roles.

Phenomenology is employed for several reasons including its ability to be flexible, its consistency with my professional style and its ability to address the schism in psychology between practitioners and scientists. As mentioned earlier, separating gender from other variables is difficult and attempts to do so have lead to conflicting and confusing results (Helms, 1978; Highlen & Hill, 1984; Maracek & Johnson, 1980). I believe a topic as complex and embedded in people as the construct of gender requires a method that is flexible and accounts for the multiplicity of the variables involved. The phenomenological method facilitates such an exploration.

I have been drawn towards psychodynamic theory in my clinical work. Phenomenological design and psychodynamic principles share a similar perspective of the relationship between the participants. In much of the contemporary psychodynamic literature the relationship between the therapist and client is interactive. Each member constructs the relationship, thereby affecting the other participant and together they create the relationship (Langs, 1984-85; Cashdan, 1988; Ogden, 1979). In a similar manner, phenomenological interviews are co-constructed by the participants and the dynamic quality of the interview is acknowledged and even exploited (Hammersley & Atkinson, 1983; Highlen & Hill, 1984; Kvale, 1983). Both approaches recognize the effect each participant has on the other and seek to understand how this interactive process affects the outcome.

Qualitative methods emphasize the interpersonal relationship of the participants and focus on the experiences of those involved. The respondent is perceived as an individual who has valuable information to offer the researcher. The goal of this research is to learn more about the experience of individuals as they engage in a particular activity of living. Clinicians are often interested in similar concerns. The use of qualitative methods in psychological literature may be more consonant with the values and interests of clinicians than quantitative methods are. If research is seen as relevant and useful then clinicians may be more likely to read and use research in their practices. Qualitative methods may also encourage clinicians to become more actively involved in the production of scholarly research.

Background

Historically qualitative and quantitative designs were complementary and not adversarial, as they often appear to be today (Hammersley & Atkinson, 1983). In the 1950s and 1960s psychology gravitated to quantitative methods espoused by the logical empiricists (Harré, 1981). Their aim was to

elevate psychology from the realm of philosophy and metaphysics to realm of the hard sciences. These leaders have had a strong hold on psychology since then and research from other schools has often been demeaned. As recently as 1993, McManus in an article in the American Psychologist, called for a return to the use of scientific principles and urged psychologists to eschew qualitative methods.

Qualitative methods also had have a long and illustrious history in psychology. Psychological thought as espoused by Freud has had an immense impact on the field of counselling as practiced today. Whether one subscribes to his theories or rails against them, one can easily recognize that his ideas have pervaded the field. His method was the case study (Elliott, 1983). He utilized his observations and clinical experiences as a foundation for his theories (Freud, 1949). Jean Piaget based his early theories of cognitive development on observations of his children (Polkinghorne, 1991a).

Increasingly investigators are demanding that psychological research be more inclusive and diverse (Frieswyk, et al., 1986; Gelso, 1979; Giorgi, 1970, 1977; Hayes, 1981; Hoshmand, 1989; Mahrer, 1988; Polkinghorne, 1986, 1991b; Yin, 1989). Each of these authors recognizes weaknesses and strengths in all research designs. They advocate the method chosen be based on issues appropriate to the particular question or topic and not based on an a priori decision that either qualitative or quantitative methods hold precedence. One could be remiss if he or she used a qualitative design to test the relative efficacy of two treatment paradigms for reducing anxiety. However, using an analogue design to understand how an individual experienced recovery from a grave illness would also miss a great deal of useful information. Harré (1981) makes a compelling case to support his argument for a more comprehensive research method by alluding to physics which addresses the interdependence of variables. He writes:

Instead of a world of passive beings waiting quiescent, independent, and unchanging, to receive an external stimulus to action from another moving body, physicists conceive of a world of permanently interconnected, mutually interacting centers of energy, whose native activity is modulated and constrained by other such centers. (p. 14)

Harrè understands that individuals, like aspects of the physical world, are interconnected and influenced by multiple variables operating simultaneously and reciprocally.

Gelso (1979) frequently referred to the "bubble hypothesis," a term coined by a student of his, which describes the process of applying a decal to a window. During the application process an air bubble will inevitable appear and attempts to remove it merely result in moving it from one place to another. The implication for research is that all methods have limitations. This point is illustrated in the discussion in Chapter Two which reveals the strengths and weaknesses of various designs. The best one can aim for is to be cognizant of the foibles inherent in a particular design and proceed with them in mind. The bubble hypothesis supports the call for methodological diversity by pointing out that any single method will ultimately fail to illuminate every aspect of the topic of research interest.

Current phenomenological research can be traced to the writings of Husserl, who believed there existed universal structures or essences in consciousness which could be identified (Baker, Wuest, & Stern, 1992; Kvale, 1983; Osborne, 1994). The way of uncovering these essential elements was to explore phenomenon and its related themes and meanings. He did this through the use of phenomenological reductions. The use of the phenomenological reduction in which the essential structures became evident requires bracketing, a process in which the investigator acknowledges and attempts to suspend her or his preconceptions so that these beliefs would be less likely to contaminate the understanding of the phenomenon. Karlsson

(1993), whose approach is used in this study, suggests the use of the partial phenomenological reduction, which is described in more detail later in this chapter.

Karlsson (1993) also suggests using the hermeneutic circle as a way of reading and understanding the data. It refers to a circular pattern of going from the parts to the whole and back again to grasp the meaning of the data. With each subsequent reading the movement back and forth leads to subtle changes in the general meaning of the transcript. The use of the hermeneutic circle is explained in more depth later in this chapter.

The respondent's account of the experience and the experience itself are not identical. Not all of the respondent's thoughts will be included in the account nor will all of the meanings of the experience be within the respondent's immediate awareness. "The researcher who has access to the text can trace out meaning which the subject was not aware of in the living-through of the phenomenon" (Karlsson, 1993, p. 86). It is possible for the researcher to offer meaning to the respondent's experience beyond that of the respondent. The researcher's task is to go beyond the description of the concrete experience of the respondent to seek the essential or eidetic dimension (Karlsson, 1993).

The present study

Before beginning to interview respondents I asked myself the questions I planned to ask respondents in the form of a self interview. The purposes of this interview were to help me focus on the topic and develop a general sense for structuring the remaining interviews. In the submission of the research proposal for this study, this interview was presented as an example of an actual interview to illustrate the process for analyzing the data. As a self interview on the present topic it describes a personal experience of the

phenomenon of being a male counsellor and therefore discloses a potential bias I bring to this study. This bias is brought up again in the section of bracketing. I did not include this transcript in the analysis of transcripts for this study. The transcript and initial analysis of the self interview are attached in Appendix D.

Selection of respondents

The purpose of phenomenological research is to describe and clarify the phenomenon of interest, not a population (Polkinghorne, 1991b). Therefore the means of selecting respondents does not conform to sampling theory. The respondents are chosen purposively. Individuals are selected who have experience with the topic being investigated (Colaizzi, 1978; Kvale, 1983; Polkinghorne, 1986). The researchers are less interested in being able to generalize to populations than to solicit participants who are likely to provide relevant data. Because of the enormity of the data elicited in a series of qualitative interviews the selection of respondents must be thoughtful, emphasizing selection of participants who are most likely to provide information germane to the research goals.

The men who were interviewed in this study are referred to as respondents. Respondents were solicited from a variety of clinical settings. Eight men were interviewed. Two were former co-workers of mine who had asked about my research and upon hearing the topic asked to be interviewed. Two worked in the same hospital as I did but in a another department. I made announcements within the hospital seeking volunteers and they agreed to participate. Another respondent was a therapist and doctoral student from a local university with whom I periodically met to discuss our mutual research and clinical concerns. He also asked to participate when hearing about the topic. The remaining three volunteered after I described my study at gatherings of professionals meeting to organize into collective group practices.

Having preexisting relationships with some of the respondents undoubtedly influenced the course of the interviews. At the time of the interviews we were peers. Because we had prior relationships, I compared the transcripts of those respondents with those with whom I had no preexisting relationship. No obvious patterns emerged. The two transcripts which seemed to yield a substantial amount of intellectual explanations versus descriptions of actual experiences were from one respondent I knew previously and one I had never met before. During the feedback session two respondents requested several changes in my interpretation of their initial interview and they were both men whom I knew previous to their involvement in the study. During the course on the initial interview I asked each respondent how they felt about the interview. One respondent specifically addressed our preexisting relationship saying, "I think having already known you made it easier to say what I did." As mentioned previously, having preexisting relationships with some of the respondents doubtlessly affected the course of the interview; however, it did not seem to have a detrimental effect.

The goal was to interview counsellors (The terms counsellor and psychotherapist will be used interchangeably.) who were currently providing clinical services and who were willing to talk about their personal experiences. I wanted to draw from a variety of theoretical orientations, ages, levels of experience and sexual orientations. I sought respondents who had accumulated at least four years of clinical experience. I wanted respondents to have had the opportunity to have experienced a variety of clinical situations in which issues of sex and gender would have been likely to arise so that they would have something to offer.

Initially, eleven men agreed to participate, eight of whom were interviewed. The first respondent interview was a pilot interview and the data from this interview were not used in the final analysis. Particularly since this was the researcher's first venture into this research paradigm it seemed a dry

run was indicated. This initial interview focused more on the respondent's clients than on his experiences. The respondent concluded the interview by saying how difficult it was to talk about his clients because of his strong value on confidentiality. The interview began with the statement to the respondent that his experience was the focus of concern. It seemed clear that this topic was going to be difficult for some respondents to discuss and that I needed to be sensitive to their feelings and work at keeping the interview focused on the respondents' experiences.

The interviews from the remaining seven respondents comprise the data used for this study. After each interview an initial analysis was conducted of that interview and a summary was prepared. This process is detailed in the following section. After interviewing these seven men the summaries seemed to include the same general themes. The data had reached a point of saturation so I decided enough data had been collected.

The interviews

Each respondent was given a description of the purpose of the study and the expectations of him, including the assurance of confidentiality. All signed a consent. A copy of the letter and consent form are attached in Appendices A and B. In order to maintain confidentiality, the signed forms are not included and no information that might reveal the identify of a respondent is included in this report.

Two interviews were scheduled. The goal of the initial interview was to elicit descriptions of their experiences of being a male counsellor relative to issues of sex and gender-roles. Between the initial and follow up interviews each respondent was given a copy of his transcript. The second interview began with me offering a summary of the first interview and seeking feedback from them regarding the summary. The purpose was to check the summary's

accuracy. Then respondents were asked to make additions or alterations to their initial interview.

The initial interview began with the reading of an orientating statement. The general theme of the statement was to ask respondents to describe their feelings, thoughts, and behaviors in clinical situations in which their gender expectations, gender beliefs or their experience of being a man seemed present in their work with their clients. They were encouraged to think of specific situations to describe in which their clinical experience was affected by gender or sex related issues. As the study progressed, respondents offered feedback on the form of the opening statement. Some thought it was too vague while others said they felt it was too restrictive. As a result of their comments the opening statement was revised several times throughout the study. A copy of the most recent opening statement is included in Appendix C.

During the second interview the original intention was to read the summary of the first interview but extraneous factors led me to vary from this format. Because of time constraints, the summary was given to two respondents to read while I organized the audio taping equipment. The implications and results of this variation are discussed in the following chapters. Also during the second interview several respondents asked about the comments of other respondents. I acquiesced to this request and shared some data from other interviews. This led respondents to reflect on their comments and, in two cases, stimulated more data from the respondent. This is also addressed in subsequent chapters.

The interviews were audio tape recorded and the tapes were transcribed by me and then analyzed using the method described below. Each interview was analyzed before the next interview was conducted. This allowed for revisions in the opening statement and for me to critique my interviewing style. Notes were made in the diary and modifications were noted. For

noted. For instance, after the initial pilot interview it seemed that more structure in the format was needed. So the subsequent interview followed a more structured outline and I was more active in asking the respondent to describe his experiences. It became evident that each respondent proceeded differently and that a flexible format was required. Some respondents freely described how they felt and what they thought, while others tended to focus more on their clients. Ultimately, all the interviews yielded valuable information. I felt that all the respondents entered the interview with the sincere intent to be open and helpful. After the conclusion of seven interviews the data began to settle into several general categories and the data collection process was terminated.

The initial interviews lasted approximately 90 minutes and yielded an average of 42 double spaced pages of transcripts. The transcripts ranged in length from 30 to 54 pages. The second interview lasted approximately 30 minutes and yielded an average of 12 double spaces pages of transcripts. The transcripts ranged from 6 to 23 pages.

The interview followed a style described by Kvale (1988) and Wertz (1986). My goal was to maintain the focus on the experiences of the respondent but in a loosely structured manner. The goal was to elicit from the respondent a description of his real world experiences of the phenomenon. A spontaneous discourse followed.

Bracketing

Earlier, I mentioned the procedure of bracketing and the rationale for using this process. The goals are to articulate my preconceptions so that the reader can judge what impact these might have on the collection and interpretation of the data, and to alert myself to my preconceptions so that I can mitigate their influence as well. Karlsson (1993) refers to the partial

phenomenological psychological reduction. This acknowledges the impossibility of eliminating all influences which might affect data collection and interpretation. This conceptualization of bracketing also implies that psychological theories and explanations are set aside but the meaning the respondent imbues in the phenomenon is not. According to Karlsson, a complete reduction would free the researcher "from the commitment to the subject's specific meaning which is actual in the particular text, ... and the intentional relationship which is to be discovered *in the text*" [italics in original] (p. 81). In doing so the meaning of the experience for the subject, which is the goal of phenomenological research, would be lost.

In addition, I have experienced the phenomenon under investigation and some of my experiences are useful for comprehending specific references made by respondents. My personal experiences of the phenomenon can also facilitate an empathic understanding of the respondents' experiences. Monitoring the balance between using my personal experiences to increase understanding while not adversely influencing the data collection and interpretation is a constant concern. As a male counsellor, I realized I brought personal experiences and beliefs to this study which could have adversely affected my collection and interpretation of the data. In order to determine what these experiences and beliefs were, before interviewing respondents, I reflected on how I would respond to the questions I was about to ask the respondents. What follows are descriptions of these experiences and beliefs.

As I mentioned previously, I conducted a self interview. In this exercise, I described an experience in which I was seeing a female survivor of sexual abuse for the first time. I felt attracted to her and I became uncomfortable with my feelings and thoughts. I perceived that I became distant from her in order to not communicate these feelings to her. I was aware of not wanting to act like "most of the men" she described who made sexual overtures to her. In thinking about other experiences in my clinical

work, thoughts came to mind in which I felt dismissed by female clients because I was a man. I recalled an incident of entering an emergency room to conduct a crisis assessment. I was informed by the staff that the female patient and her girlfriend were waiting along with several friends. As I entered the examination room, I was confronted by a room filled with women who made it clear, at least in my mind, that they doubted that I could possibly understand what the patient was experiencing. As they left me alone with the patient one commented that if she, the patient, wanted her to remain for support she would, regardless of what I wanted. I recalled feeling intensely anxious as the interview began. The themes of the negative impact of erotic feelings and the sense of being an outsider were clear to me.

I was aware that the experiences that first came to my mind involved female clients. I consciously thought of remembering experiences with male clients. I recalled experiences of having negative feelings, for example feeling awkward or intimidated by male clients who presented in traditional masculine ways. I was able to think of several situations in which these feelings were present.

As I collected these memories, I made assumptions that respondents might describe similar experiences. In an effort to not elicit experiences mirroring my own, I decided to keep the initial question open ended. As I conducted the interviews and respondents described experiences similar to my own I was able to relate to their feelings through my experiences. I believe this empathic connection was useful for understanding and communicating support, but I was aware that I needed to be careful to not use my understanding to interfere with grasping the meaning of the experience for them. Therefore, I was careful to query the respondent to be as clear and specific as possibly about his experience.

In addition to personal experiences, I gathered ideas from the literature which I believed would describe or explain the experience of respondents. Some of these findings were consistent with my personal descriptions described above. For example, male counsellors seemed more prone to discomfort when working with female clients than female counsellors working with female clients (Jones, Krupnick & Kerig, 1987; Jones & Zoppel, 1982). Part of the explanation for this difference was posited to result from the manner in which male and female therapists dealt with conflict in the counselling relationship. Male therapists seemed more likely to avoid direct conflict than female therapists (Jones & Zoppel, 1982). Several authors believed that erotic feelings would be more problematic for male counsellors than female counsellors (Bilker, 1993; Orlinsky & Howard, 1976). Counsellors of each sex experienced discomfort when working with clients who displayed traditional gender-role stereotypes (Ipsaro, 1986; Van Hook, 1979). Male counsellors seeing male clients would find intense affect uncomfortable, particularly if these feelings are inconsistent with what society prescribes for men (Ipsaro, 1986). Male therapists may experience confusion establishing therapeutic boundaries, perhaps being too careful to not cross perceived boundaries when working with female clients, especially with clients presenting histories of sexual abuse (Bilker, 1993). Male counselors working with certain female clients would encounter situations in which they would feel as if they were not be given a fair chance to establish themselves as credible counsellors (Bilker, 1993).

In addition to research on sex and gender related issues from the literature, I considered how my theoretical orientation might also influence the collection and interpretation of the data. My theoretical orientation, which is psychodynamic, undoubtedly would tend to influence my interpretation of the meaning of the data. Realizing this tendency I was careful to prevent it from forcing the data to comply with my beliefs. I entered the analysis anticipating

the appearance of interactive effects between the client and counsellor. I suspected that the processes of countertransference and transference might explain the feelings counsellors have towards clients and clients have towards counsellors, respectively. Because this study involved counsellors, countertransference feelings would be more relevant and I anticipated that countertransference feelings would be described by respondents.

Carrying this information, gathered from the literature review and from personal experience, into the study undoubtedly influenced what I heard and later, how I read the transcripts. These suppositions are counterproductive if I attempted to elicit information from the respondent or forced the data to substantiate the pre-existing concepts. The conscious process of bracketing reduces the chances of having these presuppositions inadvertently contaminate my interpretations. By acknowledging these suppositions, I believe I minimized their influence to the extent possible. By disclosing these concepts to the reader he or she is alerted to their existence and can determine to what extent my presuppositions unduly influenced my conclusions.

Analysis

The purpose of the analysis was to present a thorough description of the respondent's experience and an interpretation of the meaning of this experience. The goal was to discern the underlying structures that give meaning to the phenomenon. "In determining the universal or essential qualities of a theme our concern is to discover those aspects or qualities that make the phenomenon what it is without which the phenomenon could not be what it is" (Van Manen, 1990).

The method for analyzing the data was the Empirical Phenomenological Psychological (EPP) Method as described by Karlsson (1993). Karlsson states the "aim of the EPP-method is to describe the meaning structure of a

psychological phenomenon. The method yields descriptive results, which disclose the intentional relationship between the subject and the object of experience" (p. 78). He enumerates five steps for analyzing the data which are described below. The method presupposes that experience is intentional, that is, the person gives meaning to his or her experience of a phenomenon. It is this meaning that the EPP-Method seeks to understand.

I will preface this description with a suggestion from Kvale (1983, 1988). He suggested the analysis begin during the interview. The interviewer must be clear about the phenomenon he or she is seeking to describe. In this case the phenomenon of interest is the experience of being a male counsellor relative to sex and gender-role issues in his clinical work. The respondent is encouraged to provide an open and thorough description of the phenomenon of interest. In the process of talking and interacting with the interviewer the respondent often discovers new connections and meanings of the experience. The interviewer is encouraged to offer interpretations and seek clarification during the interview. The respondent has the opportunity to correct the interviewer if the comments are inaccurate or the respondent will move forward if the comments are appropriate and insightful. The analysis of the data is initiated during the interview.

The five steps

What follows is a description of the Five Steps used in the EPP-Method. After each step is explicated, where appropriate, an example from the present study is used to illustrate that step.

Step one of the EPP-Method involves perusing the transcript until the reader is thoroughly familiar with it. Theories and other psychological concepts held by the interviewer are kept as far removed from this step as possible (bracketing). The use of the hermeneutic circle is part of this and subsequent steps. The reader finds meanings from parts of a discourse and

then compares this with the overall meaning of the discourse which may modify the meaning of a part. This in turn may re-frame the meaning of the whole. The process of understanding shifts from the part to the whole and back. The goal is to understand the meaning the respondent is conveying to the interviewer.

Rather than hiring a typist, I transcribed the interviews to assure my familiarity with the data. This task helped to instill in me not only the respondents' words but their vocal inflections, pacing and general tone. As I re-read the transcripts, I believed I could recall the respondents' voices. Through repeated readings I continually compared meanings within and across sections.

Step two is the identification of meaning units (MU's). MU's are not based on grammatical constructions but are segments of the interview where the reader detects a shift in the meaning. The MU's are indicated by a forward slash (/) in the text followed by 'MU' and a number. An example from the interview with Abe in Appendix F was, "Other ways in which, you know, being a male affects, I think we are in a profession where male therapists are in a minority. /MU 49 And clientwise also the majority are women / MU 50." The MU's are not necessarily discrete elements which can stand independently.

As I re-read transcripts I began to mark MU's on the original printed copy of the transcript. When I entered the '/MU' into the computer I did this from the computer screen and then checked this against the hard copy. If a discrepancy occurred I stopped to reconsider why and then decided on where the '/MU' belonged.

Step three is where the analysis deepens. The goal is to move from the specific experiences described in an interview to what they mean for the

respondent relevant to the phenomenon of interest and then to begin the search for the underlying more general or essential meanings. Karlsson (1993), describes this process as the "partial phenomenological reduction" which uses "eidetic induction through interpretation" (p. 97). The reduction is partial because it stops at the psychological meaning. According to Karlsson, further reductions are possible but not the goal of this method. Eidetic induction refers to the process of seeking the psychological meaning in light of the particulars given in the protocol. The ultimate purpose is to distill the phenomenon into its eidos, that is, a more general level of psychological meaning.

In order to discern the meaning of the experience for the respondent, the researcher must attempt to set aside her or his theoretical preconceptions, to bracket them, as much as possible. The emphasis remains on the text and the meaning which the respondent gives to the experience but the researcher begins to seek the underlying essential meanings. During this step the language of the respondent is supplanted by the language of the researcher.

Although the researcher attempts to limit the influence of existing beliefs on his or her interpretation of the data, the researcher has lived through experiences similar to those of the respondent. In doing so the researcher has gained some pre-understanding which may be useful to comprehend the experience of the respondents. There is a balancing, by the researcher between using her or his psychological theories to force the interpretation, which is to be eschewed and using her or his lived-experience to illuminate the understanding of the respondent's experience, which is acceptable and unavoidable. For example, one respondent reported being asked by a female client, "Have you ever worked with survivors of sexual abuse?" He described responding to her with some defensiveness. For him the question seemed to mean that she was skeptical that he could be helpful to her because he was a male counsellor and he felt "put on the spot." I used a recollection of a similar

experience to grasp what it may have been like for him. Using my memory, I felt able to understand his need to defend himself as a man and prove he could be helpful to her despite being a male counsellor.

Karlsson (1993) suggests the researcher progresses from an understanding of the experience from the respondent's perspective to an interpretation of the protocol from the researcher's perspective. He uses the terms Researcher's Empathic Understanding (REU) and Researcher's Interpretative Understanding (RIU) to describe these positions respectively. The former refers to the process of grasping the meaning of the phenomenon from the context and perspective of the respondent. The latter refers to the interpretation of the phenomenon based on the researcher's understanding of the phenomenon, which includes the researcher's experience with the phenomenon. It is as if the researcher is constantly moving from understanding the experience as the respondent felt it and simultaneously seeking to grasp its meaning in a larger sense.

To aid this process, I assigned each MU a label consisting of either a brief phrase or a single word which seemed to reflect the general meaning of that MU. The use of tags facilitated the aggregation of the MU's into categories. Using the above example from the interview with Abe, "Other ways in which, you know, being a male affects, I think we are in a profession where male therapists are in a minority. /MU 49 [isolation, demographics] And clientwise also the majority are women / MU 50. [demographics] Even in the setting where I work, where supposedly people are more open about things, sometimes it feels bad to be in a situation especially where there's the majority of women and there's a lot of quote, male bashing going on. /MU 51. [male bashing, isolation, negative affect]."

I then began to group together similar MU's from the respondent's transcript using the labels as a general guide. For instance, all MU's with the

label 'isolation' were grouped. Throughout this process I continually re-read the transcript in order to grasp the connections among and within labels. For instance, in Abe's protocol the above MU's were combined with MU 69 in which Abe described feeling cautious in groups of peers and said "You have to watch every thing you say."

In Step 4 the MU's are transformed into a situated structure in the form of a synopsis for each respondent. During this step the researcher shifts the data around by combining or eliminating MU's to create a coherent summary which identifies the underlying process and essential structure of the protocol. The process and structure of the protocol are generally included in the situated structure. Process refers to "how the phenomenon is lived while a structure focuses on what the phenomenon is (Karlsson, 1993, p. 106)." In this project the emphasis seemed more focused on the process of the phenomenon.

At this point in the current study, several categories began to emerge, which are described in the following chapter. A summary was composed which attempted to combine the relevant data in a comprehensive and lucid manner which was shared with the respondent in the second interview. The summary attempted to include aspects of what the respondents' experienced, which included their feelings and perceptions as well as descriptions of what I thought their experiences meant. Appendix F contains the summaries of the four categories identified in Abe's protocol.

Step 5 moves from the situated structure to a "general structure." The eidetic meanings from all protocols are incorporated. At this stage the empirical data from the specific protocols became an example of the final concept. The goal was to move from the specific experiences described in the individual transcripts to a more abstract level of meaning.

The data was consulted again to be certain nothing of importance was neglected. The meanings from each protocol were compared and contrasted. The final categories were identified and clarified. In this step, the interpretation from Abe's interview was combined with the remaining transcripts. The results from this step comprise the next chapter. The work of the previous four steps appears in the form of notes and marks on the transcripts and in a journal.

At this stage imaginative variation was utilized to define the limits of the phenomenon. This was accomplished by the researcher imagining what elements of the phenomenon were necessary for the phenomenon to exist. For example, one category included several respondents describing how they felt isolated as men within the field of counselling and how they seek men out for various reasons. The majority of respondents described a desire for "traditional" male styles of interacting, for instance, discussing and understanding cases. However, one male described his longing for a safe, supportive and nurturing male environment. The underlying need to be with other men seemed the common goal, even though their styles of achieving this goal were described as vastly different.

The works of other researchers were used to augment the analysis of the data within the EPP-Method. For example, Alexander (1988) provides some useful techniques for organizing and understanding the MU's. Under the rubric of letting the data reveal itself he enumerates nine principles of assessing the salience of and organizing the data. The principles are primacy, frequency, uniqueness, negation, emphasis, omission, distortion, isolation and incompleteness. These principles are not to be considered exhaustive. An example is, a respondent introduced a unit with "The first thing that came to my mind was ..." This falls under the principle of primacy and provided some insight into the importance this experience had for this individual. The nine

principles are a means of organizing data and identifying aspects of the respondents experience that are probably significant.

Clearly the researcher cannot purge her or his mind of all existing knowledge related to the experience. However the researcher must be careful to not be overly controlled by this knowledge in the collection and interpretation of the data. Otherwise the researcher has not used bracketing. When the researcher has completed the stages of analysis enumerated by Karlsson, he or she can compare the results with existing theory to better understand the information (Kvale, 1983). Utilizing theories can bolster credibility in the finished product.

Another source of information is the interaction between the interviewer, who is a man, and the respondents who are also men. The concept of reflexivity, which refers to the inevitable affiliation effects of the researcher and the researched, is considered a potentially valuable source of data (Hammersley & Atkinson, 1991). Acknowledging this interactive process and using it a source of data was accomplished in two ways. First, I addressed it during the interview by asking respondents how they experienced the interview from the perspective of a man talking with another man about his work. Second, I used a diary to record my reactions after the interview. I found myself experiencing strong feelings while analyzing the interviews. The diary was analyzed with the interview data. The information from this data was compared and contrasted with the interview data to add richness and to increase the validity of the study. This data was incorporated into a separate category described in the subsequent chapters.

As the researcher moves through the process, incoming information suggests how each progressive stage can move. The structure of subsequent interviews may be modified in light of information accumulated from earlier interviews. For example, I revised the opening statement after discussing the

experience of the interview with the initial respondents and hearing their comments about the vagueness of the opening question.

The researcher must be open to the unexpected and be able to respond appropriately. For example, consultations with peers or supervisors would be appropriate to check the train of thought from the data to the interpretations. Throughout this part of the process I sent drafts of the paper to members of my dissertation committee for feedback and support. I also discussed my findings and questions with peers who were familiar with my research goals and the method. The final process is the discussion of the interpretation of the data, that is, the interviews. Care was taken to make the process of interpretation as transparent as possible. Linkages between the interview data, existing theory, discussions with respondents and consultations with peers are intended to be explicit.

Reliability and Validity

Issues of reliability and validity must be considered from the perspective of the norms developed for qualitative methods (Giorgi, 1970, 1986; Polkinghorne 1986; Shapiro, 1986). Using the standards of quantitative research methods for judging the reliability and validity of qualitative research methods are inappropriate and qualitative research will appear unscientific when judged by them (Hoshmand, 1989).

The purpose of qualitative research is to gather a thorough and complex understanding of how the respondent experienced the phenomenon of interest (Osborne, 1994; Van Manen, 1990). This is often accomplished through the use of interviews. The relatively loose structure of the phenomenological interview encourages the respondent to describe in their words their experiences in detail. As a result the interviews are co-constructed and no two interviews will follow the exact same course (Rennie & Toukmanian,

1992). Phenomenological based interviews can elicit complex and rich data which are not accessible using more structured interview techniques (Mishler, 1986), however, reliability becomes more difficult to assess (Harrè, 1981).

In qualitative research reliability is met if the interview data is consistent with the intent of the research goal and if the descriptions and interpretations flow from the data (Osborne, 1990; Van Manen, 1990). If descriptions of experiences vary within and among respondents but the underlying themes remain constant then the results are reliable. The goal in qualitative research is to seek recurring themes across interviews through the descriptions of contrasting experiences (Wertz, 1986)

For example, in the present study, respondents discussed feelings of isolation as men within the field of counselling. Some men described missing the opportunity to argue or discuss subjects while other men missed the opportunity to feel support and nurturing from other men. The specific experiences of isolation varied among the men but the underlying similarity was the sense that they were in a minority position and longed for more contact with male peers.

The reappearance of themes across interviews contributes to the reliability of the study (Wertz, 1986). In the current project, each transcript was analyzed through Step Four before moving to the next interview. After completing the seventh interview the same tags and categories began to reappear. I conducted an additional interview and when the results remained consistent I decided to terminate the interviewing.

Even though the orienting statement was modified throughout the course in the interviews, the focus remained consistent. The purpose of the interview remained to seek descriptions from respondents of their experiences as male counsellors related to their sex and gender-role expectations. Changes

in the orienting statement varied in the form of specific opening questions, for example some respondents were initially asked to think of specific clinical situations in which they were aware of being a man as they sat with a client or to think of how they would describe their gender-role orientation. These changes were made in response to feedback from respondents who alternatively said that more specific questions would be easier to answer or more general questions were easier to grasp. Regardless of the opening question the interviews eventually covered essentially the same territory. Other than to clarify ambiguities I attempted to allow the respondent free reign. It was only in the second interview that I asked more explicit questions on specific topics.

A technique for bolstering consistency in the data analysis was used during the demarcation of the meaning units. After marking the MU's on the hard copy I entered the MU's into the computer. I read from the screen to determine where the MU's should occur. I then checked these with the hard copy and if a discrepancy occurred I decided where the demarcation should be. Although I decided counting the inconsistencies was not necessary, I was reassured by the apparent consistency between identification of MU's on the screen and the hard copy.

The tendency to form conclusions which do not conform with the intent of the respondents presents another threat to reliability. A solution offered by Kvale (1983) is that the researcher's interpretations be shared with the respondent for her or his confirmation. During the second interview I presented my interpretation of the initial interview and requested their feedback on my findings. In most cases the feedback confirmed my initial understanding. In those instances in which there were differences of opinion, the session progressed until we agreed on the interpretations. For example, with one respondent I used the word "avoid" in reference to his lack of descriptions of erotic feelings towards clients. He objected to my choice of the word "avoid."

After hearing his description of how he dealt with potentially erotic situations, I understood his explanation and modified my summary to reflect this change in my perceptions. I also included a description of this interaction in a separate category, which is described in the subsequent chapters.

The respondent's rejection of the researcher's interpretation does not mean the conclusion was in error. The respondent may not be aware of all his or her intentions, feelings or assumptions present in a careful analysis of the data. However, if the respondent concurs with the researcher then reliability is strengthened (Osborne, 1990)

Another way of bolstering reliability is to present the data and conclusions to professionals familiar with phenomenological methods and ask them if the conclusions I have drawn are consistent with their reading of the data (Kvale, 1983). They may independently arrive at other understandings but the primary question is whether my findings make sense to them. I was the sole reader and investigator on this project. However, this reliability check was indirectly accomplished by periodically sending copies of this manuscript to my research committee. They had the opportunity to check my conclusions and, through their comments and questions, assisted me in refining and refocusing my interpretations.

A threat to reliability and validity is leading respondents to confirm the researcher's preexisting beliefs about the phenomenon of interest. The interview can be structured to elicit data confirming what the investigator suspected all along. The earlier section on bracketing was included to inform the reader of my preconceptions so that the reader can compare these preexisting beliefs with finished product. Also the inclusion of the complete text, from two interviews found in Appendices E and F, allows the readers to judge for themselves the extent to which the respondent was manipulated to provide the desired data.

Karlsson (1993), Kvale (1983) and Osborne (1990) provide some suggestions for establishing validity in phenomenological research. The use of bracketing, to clearly disclose presuppositions, is an initial step and has already been discussed. The reader can evaluate how these presuppositions may have influenced the data interpretation, if they are clearly enumerated by the researcher. Grounding the interpretations in the words of the respondents reduces the chances of misleading or misinterpreting the intention of the respondent. Carefully describing the analyses of the data so the reader can trace the process by which the researcher reached her or his conclusions is another method of establishing validity (Borman, LeCompte & Goetz, 1986; Delamont, 92; Giorgi, 1986; Glasser & Strauss, 1965; Guba & Lincoln, 1982; Kvale, 1983; Osborne, 1990; Polkinghorne, 1986, 1991b; Rennie & Toukmanian, 1992; Shapiro, 1986). Throughout the following chapter quotations are used extensively to communicate as much as possible the experiences of the respondents. The categories are designed to reflect the experiences of the respondents and the words of the respondents are intended to construct the categories. In addition, the quotations are linked to specific respondents to illustrate the breadth of the experiences across respondents. The process of the analysis was detailed in the previous section using excerpts from Abe's interview, contained in Appendix F, as an example.

The most important way of validating the researcher's interpretations is "the juridical process of presenting coherent and convincing arguments" (Osborne, 1990, p. 88). The validity of a study ultimately rests on the ability to communicate the results in a manner which "resonates with the experiences of other people" (Osborne, 1990, p. 88). The task of the researcher is to present the conclusions so that the reader can follow the line of thinking and agree that this conclusion is valid even though other findings are possible.

Included in the Appendices are the complete transcripts from two initial interviews and the self interview. The purposes are to demonstrate to the

reader the process of the analysis, to allow the reader the opportunity to observe the flow of the interview and to present the raw data so that the readers can form their conclusions regarding then appropriateness of the interpretations and conclusions.

In addition to the three categories emanating from the transcripts a fourth category, labeled "process", was included. The purpose was to provide a description of the interactive process occurring between the respondents and the myself. I believe the inclusion of this section lends creditability to the study by describing what transpired between us and further reflects how the data was collected and analyzed.

Generalizing the results from qualitative research from the respondents to the population is constrained because the participants are not selected randomly. Therefore, statistical inferences cannot be made. However, this does not suggest that the results from the current study are applicable only to the men interviewed. The ability to generalize the results is related to the persuasiveness of the arguments and to the selection of the respondents. To maximize the potential to generalize the results, respondents need to be able to articulate descriptions of the phenomenon and to provide enough variation in the data to develop a comprehensive portrait of the phenomenon (Polkinghorne, 1991). In order to meet these criteria a sample of men were purposively selected who stated their willingness to discuss their clinical experiences related to issues of sex and gender-roles and to represent a variety of demographic categories. For instance, the ages ranged from 36 to 57 years old; they represented four theoretical approaches; their levels of experience ranged from 4 to 32 years of clinical experience; and represented differing sexual orientations, two were homosexual, one was bi-sexual and the remaining four were heterosexual.

Summary

The goal of this study was to gain an understanding of how male therapists experience issues related to their sex and their gender-role expectations in their clinical work. A qualitative method was employed. This chapter began with a brief overview of the development of the qualitative method, a comparison of this method with quantitative methods and the rationale for employing a qualitative method in the present study. Following this more general discussion of methodological considerations the method for collecting and analyzing the data in the current study was described. Also included in this chapter was a description of several pre-existing beliefs and experiences which I took into the project. The purpose for describing these preconceptions was to alert the reader to my biases which might corrupt the data collection and interpretation. It also served to remind me of my biases so that I can try, as much as possible, to reduce their impact on me as I proceeded.

The processes for selecting participants, structuring interviews and organizing and analyzing the data were also described. The analysis of the data generally followed an process articulated by Karlsson (1993) called the Empirical Phenomenological Psychological-Method (EPP). Eight male therapists were initially interviewed. The first interview was eliminated and the remaining seven transcripts were analyzed following the EPP-Method.

The following chapter describes the results of the study.

CHAPTER IV: RESULTS

The purpose of this study was describe the phenomenon of being a male counsellor relative to issues of sex and gender-roles in the field of counselling. After a brief review of the research question and method, this chapter will focus on the reporting of the results. The chapter format includes a listing of the categories and sub-categories, a description of the respondents and then a comprehensive reporting of the studies results.

This study asked the questions, What are the experiences that comprise being a male counsellor relative to issues of sex and gender-role expectations, what do these experiences mean to the counsellor and how are they structured? The method employed was the Empirical Phenomenological Psychological Method (EPP-Method) described by Karlsson (1993). The data were the transcripts of interviews from seven male counsellors. Each respondent was interviewed two times. The initial interview gathered experiences of the phenomenon. The follow up interview solicited the respondents' feedback to the summary of the initial interview and allowed the respondent to amend or add information. Each man was provided a transcript of his interview prior to the second interview. The interviews were transcribed, broken down into Meaning Units (MU's) and then organized in categories. Categories were extracted from the analysis of the individual transcripts. Some categories permeated all the transcripts; other categories were unique to a particular transcript; and additional categories were found in several but not all transcripts. In addition, each transcript included miscellaneous MU's which either could not be easily categorized or which fit into categories that were not considered germane to this project and therefore, are not included in this chapter. For example, a few respondents delved into theoretical analyses of why a specific client reacted to a particular intervention

which did not include a description of an experience. Often these digressions seemed to divert the discussion from topics that were discomforting, which is addressed in the final section of this chapter. If the discussion seemed unrelated to sex or gender issues and seemed a true digression, the category was not considered in the final analysis.

Eventually four categories were developed from compiling the data across the seven respondents. The selected categories were those which seemed to represent common experiences. All respondents described experiences fitting into the first and third categories and all but two respondents described experiences comprising the second category. The fourth category describes the process of the interviews and serves to place the preceding data in a context. Before moving to a comprehensive description of the findings, the major categories and sub-categories are listed.

The first category consists of experiences related to gender-role stereotypes from the perspective of the counsellor. Within this category are the experience that something was expected from them because they were men; the experience of feeling stereotyped as men by clients; the experience of the counsellors' own gender-role expectations and stereotypes; and the experience of working with heterosexual couples and the related gender-role expectations and counsellor and client alliances.

The second category consists of experiences associated with the counsellors' feelings of isolation and affiliation as men within the counselling field. Within this category are the counsellor's feelings of being in a minority position within the counselling profession; the experience of being "male"; the experience of working in a "politically correct" society; and the experience of organized men's' movements.

The third category includes experiences of erotic feelings occurring within the counselling relationship. Included are experiences of counsellors feeling that their clients are sexually attracted to them; the counsellors experience of their erotic feelings towards clients; and several less salient but common issues related to erotic experiences.

The final category is the experience of the research interview. This category describes the experiences of the interviews from the perspective of the respondent and the researcher.

The respondents

In order to clarify the results, bolster credibility and imbue vitality into the results each quotation is linked with the respondent using a fictitious name. A table describing the respondents is located on page 91. What follows are descriptions of each respondent and a brief summary of their interview using the categories described above.

Evan is a 54 year old man with an M. A. degree in psychology and 25 years of clinical practice. He works primarily with adults and described his approach as eclectic. He is homosexual.

Under the category of gender-role expectations, Evan described himself as incorporating male and female aspects in his personality. He believed this combination of traits helped him serve as model for men to become more balanced and made him more attractive to female clients. He believed his sexual orientation was an advantage when working with female clients in that it eliminated potential erotic feelings, which he felt could be disruptive to the therapeutic relationship. He also believed being homosexual allowed female clients to discuss sexual feelings with him without the potential interference of sexual feelings arising between them. He believed female clients, in general,

felt more comfortable discussing sexual issues with homosexual men than with heterosexual men.

Regarding erotic feelings, Evan acknowledged he occasionally experienced erotic feelings towards clients and these feelings, if communicated to the client, at least in the initial stages of counselling, could be counterproductive. As a result, he attempted to quell their expression. He believed that sexual energy in the counselling relationship had a curvilinear effect, some erotic feelings interjected energy but too much produced discomfort. If a client expressed sexual interest in him he felt confident in his ability to manage this process constructively. He described the importance of maintaining clear boundaries with his clients as a main strategy containing erotic feelings.

Related to the process of the interviews, Evan said he thought the summary was accurate and complete. He reported that he struggled to grasp the meaning of the initial question.

Jake is a 46 year old man with a M. A. degree in psychology and 6 years of clinical practice. He sees adults and adolescents. He did not specify a theoretical orientation and he is heterosexual.

Under the category of gender-role expectations, Jake described several incidents in which he felt inducted into specific roles by clients. In these situations he often felt confused and uncomfortable. He initially described himself as a traditional man. Later in the interview he reconsidered and illustrated how he could act in nontraditional male ways. As an example, he described how female clients were sometimes surprised that he could focus on them and truly listen to them for an entire hour. He also described how he felt some female clients entered the first session with expectations of him as a man. These expectations were sometimes accurate, for example that he

enjoyed sports. At other times he felt the expectations were negative and inaccurate, such as "As a man you can't possibly understand what I'm talking about."

Regarding feelings of isolation, Jake described his struggle for support as a man within a field he saw as populated primarily by women. He felt this infused an element of "political correctness" into the field which he tended to want to rebel against. He reported that one reason for accepting a job was that the supervisor was a man.

Under the category of erotic feelings, Jake described interactions in which female clients seemed attracted to him, which he felt he handled well. However, when he experienced erotic feelings towards clients he described feeling more uncomfortable and acknowledged he needs to learn how to manage these feelings more constructively. He has struggled with how to turn these feelings into constructive clinical interventions. For example, he tended to think that if these feelings were present both participants picked them up and he should find an appropriate way to address them in the relationship.

Regarding the process, Jake disclosed that some of the issues were difficult to discuss. In the follow up interview he described his nearly painful experience of reading the transcript, which he felt it made him sound inarticulate.

Jim is 44 years old, with an M. A. in counselling and is currently pursuing a doctoral degree in clinical psychology. He has 4 years of clinical practice. His theoretical orientation is psychodynamic and interpersonal. He is heterosexual.

Regarding the category of gender-roles, Jim began by talking about a couple he saw in which he felt induced to respond in a particular way consistent with traditional gender-role expectations. He felt part of his role

with couples was to provide a "husband clinic." He often saw the husbands as demonstrating traditional gender-role behaviors which tended to create problems in the relationship. He also saw wives as more willing to enter counselling and possessing skills consonant with counselling, whereas the husbands came more reluctantly, expecting to find the experience alien and uncomfortable. He tailored his approach to husbands to mitigate their initial discomfort and he described a tendency to align with the wife. He described himself as both a traditional man and a nontraditional man.

Under the category of isolation, Jim saw the counselling field strongly influenced by feminism and he described ambivalent feelings related to this. He agreed that oppression towards women needed to be halted. On the negative, side he felt this influence could be inhibiting if a male counsellor experienced feelings which were considered politically incorrect.

Under the category of erotic feelings, Jim described situations in which erotic feelings occurred in clients and counsellors. He seemed comfortable with the appearance of erotic feelings and, unless there were persistent, was not bothered by them.

Regarding the process, Jim reported that some of the topics discussed made him feel uncomfortable and he struggled with how much he wanted to reveal. He had several objections to items in my summary. Each of us disclosed our perceptions and feelings about these items and by the end of the session each of us said we felt the misunderstandings had been resolved. I agreed to change several words which he felt were judgmental and I understood how they could be perceived in a negative light. This issue is described in more detail in the section on the interview process.

Abe is 36 years old, with a medical degree and an M. A. in counselling with over 10 years of clinical experience. His theoretical orientation is

Transaction Analysis and humanistic. He is Southeast Asian Indian and he is heterosexual.

Related to the category of gender-role expectations, Abe immediately described situations in which female clients came to him with the preconception that no male counsellor could be helpful to them. He struggled with his feelings related to these interactions, for instance confusion, helplessness and frustration. He described situations with male clients in which he tended to become angry more often than with female clients. These feelings were often related to the sense that either he was being manipulated by these men or they were presenting in typical male ways of interacting with other men. He saw himself as able to move from traditional male behaviors to nontraditional male behaviors as the situation warranted. He realized that there are many men who fit the traditional stereotype of men and he described his efforts to help these men become more balanced as he worked with them in counselling.

Regarding feelings of isolation, Abe thought some female peers held beliefs about men and male counsellors which he felt were unfair. He referred to the "politically correct" atmosphere which permeated the field. As a result he found himself inhibited in groups in order to not leave himself open for attack for being a typical male.

Related to erotic feelings, Abe described occasionally having erotic feelings towards clients and that he generally felt uncomfortable with these feelings. He also realized, retrospectively, that his attraction towards a client could impair his clinical judgment. For example, he described how he tried to assure a client would return by prematurely making an interpretation to communicate his ability to understand her.

Regarding the process, Abe reported the difficulty associated with revealing some of the feelings contained in the interviews. He described his negative experience of reading the transcript. He said, "I always thought I was articulate."

Chas is 41 years old, with a doctorate in clinical psychology and 17 years of clinical experience. His theoretical orientation is Gestalt and experiential. He is homosexual.

Regarding gender-role expectations, Chas described a clinical situation in which he heard his voice deepen in tone and he described feeling that he needed to be more of a man for this client. He acknowledged his responsibility in this situation but felt he was responding partially out of a need to provide the client with an experience that she needed. He believed it was easier for female clients to openly discuss sexual issues with homosexual male counsellors because of the absence of potential erotic entanglements. He made references to traditional male gender-role behaviors, such as avoidance of feelings, and contrasted himself with them.

Regarding feelings of isolation, Chas described a recent male retreat he attended. He felt the nurturing style of interacting with the other men was wonderful and contrasted this with the typical style of interacting that men use. During a conversation, which was not part of the interviews, he mentioned that he found it difficult to find male peers with whom he felt a common bond.

Under the category of erotic feelings, Chas described several incidents in which he felt sexually attracted to clients and the accompanying feelings of self consciousness and discomfort.

Regarding the process of the interviews, Chas revealed more experiences of erotic feelings during the second interview. One disclosure

followed a description of erotic experiences of other respondents.

Unfortunately, we did not discuss why this occurred.

Dan is a 46 year old man with an Ed. D. in counselling and 20 years of clinical experience. His theoretical orientation is eclectic and Adlerian. He is bi-sexual.

Regarding gender-role expectations, Dan used the word androgynous to describe himself. He believed this was advantageous in that it allowed him to empathize with male and female clients. He described couples but, unlike most respondents, he tended to be more gender neutral in conceptualizing the issues presented by couples.

Related to feelings of isolation, Dan described how he has often felt like an outsider and this carries over into the counselling profession. For instance, he felt aligned with feminist counsellors but as a man he could not quite fit in.

Regarding erotic feelings, Dan said he "checks them at the door." He acknowledged feeling attracted to some clients but tended to use this information as a cue to understand what these feelings said about the client, himself or the process between the two.

Under the category of process, Dan believed that I had made several errors in my understanding of the initial interview. He was specific about his concerns which were related to my use of words, which he felt, sounded as if he were withholding information. I had felt that way. During the course of the second interview he convinced me that his original description of his erotic experiences was complete. This is discussed in more detail in the section on the research process.

James is a 57 year old man with a Ph. D. in clinical psychology and 32 years of experience. His theoretical orientation is object relations and he is heterosexual.

Regarding gender-role expectations, James began by describing how his gender-role stereotypes of women adversely influenced his work in the past. He worked to identify his stereotypes and believed he has overcome their influence. He identified himself as a man and enjoyed being a man. He did not use gender related adjectives to describe himself, such as androgynous, but he described how he felt affected in sessions and allowed his feelings to be expressed.

A great deal of James' interview focused on his erotic feelings which were in general very different from most other respondents. The difference was that he enjoyed his erotic feelings, felt they enhanced his work but that he needed to contain them and not express them to the client. He acknowledged they were his feelings and his responsibility was to not burden a client with feelings that might interfere with their relationship.

Table 4.1

The Respondents

Respondent	Age	Sexual Orientation	Ethnicity	Degree	Years of Clinical Experience	Theoretical Orientation	Client Population
Evan	54	Homosexual	Caucasian	M.A.	25	Eclectic	Adult
Jake	46	Heterosexual	Caucasian	M.A.	6	Non-specified	Adult and Adolescent
Jim	44	Heterosexual	Caucasian	M.A.	4	Psycho-dynamic	Adult and Adolescent
Abe	36	Heterosexual	Southeast Asian Indian	M.A.	10	Transaction Analytic	Adult
Chas	41	Homosexual	Caucasian	Ph.D.	17	Gestalt	Adult
James	57	Heterosexual	Caucasian	Ph.D.	32	Object Relations	Adult and Adolescent
Dan	46	Bisexual	Caucasian	Ed.D.	20	Adlerian	Adult

The respondents experience of gender-role stereotypes and expectations

This section is divided into several sub-categories related to the counsellors' experience of gender-role expectations and stereotypes. The experiences are associated with each counsellor's sense that his clients were expecting something from him because he was a man as well as how his gender-role expectations influenced his work with his clients. Sometimes the respondents were conscious of their reactions to their client's gender-role expectations while at other times they watched themselves acting in surprising

ways and were aware of their motivations only in retrospection. It must be stressed that there is no way of validating the experience of the respondents vis a vis the client. The experience of feeling that a client expects a counsellor to behave in a prescribed manner does not assure that the client has that expectation or that the client is responsible for the counsellors' experience.

The respondents' feeling that clients expected something from them because they were men

The first section describes how respondents felt they were expected to respond to their clients in a manner consistent with their client's gender-role expectations. Nearly all the respondents referred to the experience of feeling that something was expected from them as men by their clients. Many respondents felt that their clients made assumptions, consistent with gender stereotypes, about them because they were men and they felt induced to act in a manner that was often inconsistent with their beliefs of how they should respond as therapists.

Examples of how respondents felt induced to respond to gender-role expectations from clients follow. Jake said, "... I think there's a role projected on me, I mean into the room, and I'm not sure I fully grasp what the role is. ... Like a client will bring a son in and there'll be a desire to have a male connection. But I'm never quite sure what that connection, what exactly do they mean by that." He continued, describing the mother's sons as having been arrested and her insistence that they be seen by a male counsellor. He imagined the mother wanted him to be "a father figure and pass some wisdom onto them." He reported feeling "trapped" and that he fell "into it, kind of unconsciously ... kind of like I find myself talking [more], maybe that's the role that sneaks up on you." He found himself acting in a manner contrary to what he thought a counsellor should. He described a pattern beginning with increased talking then "slipping into giving advice and pretty soon the advice isn't good enough." Eventually, he caught himself engaged in a role which he

considered counter-therapeutic and then he returned to his typical position. When he was able to return to his preferred stance he felt that rather than two males being in a room it was two people working on issues which were causing pain for the client.

The second example is similar in that the respondent struggled with experiencing a strong pull to provide something for the client while attempting to grasp exactly what that was. It was again offered by Jake. He offered a detailed description of how a female client made references to a series of television commercials featuring bikini clad women which aired during football games. This occurred at the beginning and end of a series of sessions. She assumed he was familiar with these commercials, which he was, and that he enjoyed seeing the women displayed in the ads. He said, "I remember [the] client working with me and just being sort of fixated on that I would find that really sexy or whatever. And just remembering that she spent a lot of time trying to push to see, to find out if I thought that was sexy. You know kind of teasing me. And those kind of, it wasn't about her work, it was about our relationship." He felt placed in an awkward position and he felt that he had few options for responding. As in the above situation, he felt "trapped." He was unclear what the underlying message was and he described feeling confused, bewildered and then moved away from the subject. He said, "... I sort of didn't get it at first and so I sort of laughed and, 'Yeah, they're funny, Ha, ha.' At the end of the session she would say, 'I hope you enjoy the Swedish Bikini Team this weekend.'" He said, "I was so blown away by it, I don't think I challenged it. ... It seemed out of context. I didn't know where it fit in. I couldn't put it anywhere. I couldn't imagine her coming to a female therapist and going, 'How about that Swedish Bikini Team.'" Although he was not able to comprehend the meaning of these interactions, during our interview he began to understand that "there was a role I was supposed to play, a

dialogue I was supposed to click into." During our interview he wondered how he might have used this situation more effectively as a point of intervention.

In the following example, Jim provides a more specific example of what he believed he was supposed to do. The respondent described how he felt induced to treat a female client in a manner similar to how her husband treated her, which was in a demeaning and patronizing way. Jim saw the client and her husband in couples counselling. He genuinely liked both individuals. In the current situation he realized his perception of the wife contradicted how he usually perceived her. Even though he generally respected her, he described how she occasionally acted out a traditional "dumb female" role. When she acted this way he described his tendency to see her as an "idiot" and he felt the urge to laugh at her. He compared these interactions of the husband and wife to a Burns and Allen comedy routine in which the woman makes very funny and inane remarks while her husband takes advantage of her role to make jokes at her expense. He said, "They [the couple] went to the wrong office ... they called on their cell phone and she said, 'Oh god, I'm such an idiot.' And he's in the background laughing at her. I've got to tell you he's one of the funniest people I've met in a long time up here in Seattle, very funny, dangerously funny. He's laughing and she's laughing too. And he says ... 'Plead insanity, just plead insanity to the therapist. That's why we're in the wrong place.' And somehow in the context it was very funny. It doesn't seem that funny now. 'In any case plead insanity.' They must have been crying they were laughing so much. You know, they do like each other. So anyway, I started to laugh and then I realized that, you know, this feels uncomfortable." He described a pattern of holding back, analyzing the process and then interceding by interpreting the process to them. He continued, "So I have to resist this test and I interpreted this back to her ... saying, 'I'm not going to call you an idiot.'"

The common pattern noted above is the sense of being induced to respond in a particular manner based on traditional gender-role based expectations or behaviors. The counsellors felt pulled to respond as a father, a lascivious man enticed by scantily clad, seductive women and a patronizing man. In each situation the respondent slipped into the role followed by feelings of discomfort and confusion. Each of these counsellors withheld their initial reactions. In the first scenario the respondent internalized the experience and eventually the therapeutic relationship took on its own life and work proceeded. In the next situation, the respondent felt confused and did not overtly respond to the client's attempts to induct him into some unknown process. He stood aside until these interludes ran out of steam and proceeded to work on the issues they had identified to work on, but he continues to wonder if he could have done more with the material presented. In the final scenario, the therapist described stepping aside from his initial reaction to laugh at the client's behavior, becoming aware of the process, and deciding to intervene with an interpretation of the client's behavior.

A slightly different example of a respondent feeling induced to act in a proscribed manner follows. In this situation, Chas described himself as if he were observing himself as the scenario unfolded. This contrasts with the above descriptions in that this respondent detects a shift in his presentation while it was occurring. He was working with a woman who wanted to focus on her issues with men. She had reported a history of unsatisfactory heterosexual relationships. Several issues complicated the therapeutic relationship. The therapist is gay and he felt that she was attracted to him. Concurrently, he suspected that she was aware of his sexual orientation. The respondent listened as his voice dropped in pitch while he was talking with this client. He said, "... it was weird. I did some compensatory thing where I felt I had to be more of a man to deal with this issue with her. I couldn't just be a person. ... Since we were going to talk about my being a man and how she

related to me as a man then [I felt] I'd better be more of a man as we talk about this. And I was very aware of how I tried to drop my voice." The respondent made no conscious effort to change his vocal tone. The counsellor responded to what he perceived was his client's need to have a male figure with whom to interact. As Chas continued, he explained that part of the issue was connected to his sexual orientation, which he grew weary of impinging into his clinical work and perhaps he could forestall the impending discussion of his sexuality a little longer by lowering his voice and presenting a more masculine side. He believed that some of his reaction was a response to the client's needs and some of his reaction was related to personal issues.

Throughout the above descriptions of experiences the common thread is the counsellors' feeling that something is expected from them as men. Even though he may not always be certain what the expectation is, the feelings are so strong and the process so subtle that the counsellor finds himself responding before he understands what is happening. Even when the counsellor felt the client perceived him as potentially helpful, if this assumption was based on a perceived projection of gender-role expectations the counsellor reported feeling "uncomfortable," "trapped" or "weird."

The respondents' experience of being stereotyped as men

Respondents also reported feeling that assumptions were made of them by clients based on male gender-role stereotypes, which affected their developing relationship. For example, respondents believed some female clients assumed they would be controlling or condescending because they were men. In the descriptions that follow, the counsellors describe how their experience of perceived gender-role stereotypes from clients affected them and their behavior in the counselling relationship. Descriptions of these experiences tended to focus on situations in which the gender-role stereotypes were negative; however, this was not always the case. The most striking descriptions were from two respondents who worked in or had previously

worked in situations in which the clients had little control over the sex of the therapist they could see, at least initially. They described the experience of being confronted by women who entered the initial session with negative opinions of men which they felt were projected onto them. Sometimes these opinions were openly stated while at other times the respondent inferred them from the client's behavior.

Jake worked in an agency where clients were assigned to counsellors without respect for the client's preferences for counsellor sex. He said, "The client would say, 'Well I really wanted to work with a female therapist.' And you'd go, 'Well sorry, I'm really good but I'm not female.' And they (the agency) just wouldn't, you'd go to consultants and say, 'This person really wanted to work with a female', and they'd look at you like, 'So.' It was just not something they were willing to discuss. ... 'Nope, you're that person's therapist. You have to work it out.'" He smiled as he described following a disappointed female client out of the clinic, carrying a clipboard and saying, "Wait, wait," while he attempted to convince her to return to complete the intake session. The respondent seemed to feel helpless, confused and frustrated. He genuinely felt he could be helpful if given a chance but often the client was adamant in her stance that no man could be of any help to her.

Abe began his interview by describing an experience with a female client who expressed resentment with being forced to tell her story to a man. The "first thing" that came to him in the initial interview was a situation in which a female client was scheduled to see him even though she would prefer to see a female therapist. He said, " ... Some women actually hate male therapists. So when you asked me that question the first thing that came to mind were some of the instances where I was not able to establish rapport because they came with a predetermined agenda that they were not going to talk to me." When asked what he thought these clients were expecting he said, "It's hard to answer that. This is what I believe? What I believe they

expect? They expect to be told sometimes what to do, they expect to learn as a male therapist not to feel what they're feeling, ... they expect me to be very stoic and not showing any feeling and taking charge of the situation and I don't do that."

In general, when meeting with female clients who projected what respondents perceived to be an anti-male message, respondents described their reactions as feeling that they were being unfairly judged. Their resulting feelings of surprise, irritation, and resignation were inferred from their comments. Abe summed it up saying, "You know there are times when just the fact that being male, you're excluded." Respondents did not see themselves as the traditional men these clients saw and yet they felt they were being treated as if they were traditional men.

All respondents saw themselves as nontraditional men and they believed they possessed the skills and traits requisite for establishing a supportive and nurturing relationship with clients. Respondents believed that if they could convince a reluctant female client to remain in counselling for several sessions, they could establish a positive therapeutic relationship. For instance, Jake said, "... and what I found was that after a brief introductory period, if I could stay centered they were, I felt they were equally comfortable. That I didn't feel there was a gender issue as the therapy deepened." Abe related, "Some of them actually after talking to me for a while realize I don't come with the same kind of, if I can use the word, it's a strong word, programming, because they say, 'You're not, you don't think and or behave or react like ordinary American [This respondent is a foreign born person of color.] male behavior.'"

Some of the respondents described feeling more neutral when the client was able to discuss her feelings with him. Abe provided another example. He described how he broached his reaction to a client by asking her if she was experiencing some reluctance to provide information because he was a man.

He said to his client, "...Maybe it's because of my gender, And she said, 'Yes.' ... Well, I let it pass, because I think she's at least being open with me, and I appreciated that. I know it's nothing personal, it's not me, it's just the way she conceptualizes or whatever." During the subsequent discussion the respondent reported that his feelings of frustration and anger dissipated and he felt more able to listen and understand the client's position once these underlying feelings were expressed. He planned to accommodate this client's request to work with a female therapist but he felt more willing to cooperate with the client and honor her request at this point.

Respondents also believed that because they were nontraditional men that eventually they could provide a model for these clients to see that not all men met their expectations. If the initial issues, which interfered with the establishment of the therapeutic relationship could be resolved, then the relationship became one involving two individuals more than a relationship between a man and a woman. As Chas said, "I'm really trying to respond person to person." Respondents who were successful in moving through this period of discomfort and confusion believed the experience of having a relationship with a man, who was supportive and non-exploiting, was clinically beneficial. Abe described his sense of a female client realizing "he's different and I think that was a good experience. I could see that was a good experience for her, to change her frame inside, within herself, that not all men are like that."

Even though the gender-role expectations of clients were not always negative, the experience was troublesome. Jake recounted how one of his female clients said, "'Well, you're a man, you know about this.' And I would either know what they were talking about or I wouldn't have a clue. You know it was a total shock for me to think that was a male thing and I would have no idea what they were talking about." Abe related how some clients expected him to know what they should do and he felt part of their

expectation was tied to his being a man. He said, "A woman comes in expecting you to be a certain way, and you surprise them by being different." He did not see himself in the advice giving business, which he felt sometimes seemed to disappoint these clients.

As mentioned previously, respondents described themselves as nontraditional men. One specific way in which they believed they were unusual as men was in their willingness to express emotions. James and Abe described interactions in which they expressed feelings in sessions with clients to the apparent bewilderment and surprise of their clients. James said, "There was a guy who noticed all along for 30 minutes that I was on the verge of tears but he was unable to talk about it because he thought ... that was not discussible. My having feelings was not discussible." Abe described the following, "They [some female clients] expect me to be stoic and not showing [sic] any feeling and I don't do that. ... I see a lot of clients in crisis and sometimes I cry with them. They find that very different" The respondent sensed the client felt comforted and understood by his emotional expression. In general, respondents felt that their clients generally reacted positively to their expression of feelings.

The above examples involved male therapists and primarily, female clients: Counsellors felt some of their male clients also saw them through stereotypes, but these biases were not always consistent with traditional gender-role stereotypes. For instance, respondents often assumed their male clients perceived male therapists as wanting to elicit and expose their feelings and felt resistant. Jim described a typical male client approaching therapy with the attitude of, "don't give me any of this soft, touchy feely [sic], tell me about your feelings crap." In other words, these male clients seemed to expect the counsellor to be a nontraditional man, who expected them to become more feminine. Respondents did not report negative reactions to these expectations and they readily employed interventions designed to help

the reluctant male client feel at ease. Jim referred to "flexing his male muscles" when describing how he attempted to engage reluctant men into therapy. He said, "I'm shifting to be a little more male, in terms of my behavior, what I say, and the way I behave, the way I laugh, it's all mostly unconscious, in order, so I think there roles are being used constantly in terms of relating to people. ... sort of, less openly empathic, ... To make him feel he's not being ganged up on." Quickly assessing such a male client and adapting to him in such a way as to mitigate perceived discomfort were viewed as important initial steps. Using traditional male behaviors such as firm handshakes, tone of voice, eye contact and a willingness to engage in preliminary superficial chit chat were mentioned as interventions used to ease the man into the treatment process.

Respondents also described their need to establish their credibility when confronted with reluctant male clients. Respondents described different strategies, some of which were purposeful and others were more inadvertent. Some of the conscious interventions were mentioned above, for example, firm handshakes and strong eye contact. Other respondents believed their credibility was established as they described their various professional positions. For instance, Dan in his typical introduction to new clients explained his practice was one of several positions. He joked as he said this imparted the image that, "See, I'm not too flaky."

Another gender-role assumption made by some respondents of their male clients was that they wanted to see "something for their money." Jim said, "He [the male client] needs to feel I have something to offer him." The respondent felt some male clients were saying, "'Look I'm paying for this. You'd better help me, don't just sit there and nod your head kind of shit.'" The respondent continues, "... I join with that and I might say, 'We don't have a lot of time here. Let's get to work.'"

Occasionally, it became difficult to ascertain how much of the intervention was designed for the client and how much reflected the counsellor's traditional male style of thinking. For instance, Evan described a situation in which he felt the need to adopt more traditional male behavior when working with a male client. He used a rational argument with a husband to illustrate how he might be more effective and realize more satisfaction in his marriage if he were to be more emotive. He said, "So I went into how just the opposite in that it takes a strong person to expose their vulnerability and that's not a weakness. And that if he were to do so it would be so attractive and unusual and disarming to his wife that she would view him much more favorably than she would if he would continue not doing that." Even after a discussion about this interaction it was unclear if the respondent was slipping, as a man, into a male position, that is using rational persuasion to meet a therapeutic goal or if he consciously choose that approach because he thought the client would be more responsive to rational persuasion. Perhaps each process was at work.

How respondents' experienced their gender-role expectations

Respondents readily described how they dealt with the gender-role expectations of their clients. However, they were generally less likely to spontaneously report their own gender-role beliefs and expectations. Through the course of the interviews many respondents revealed their gender-role expectations of men and women, but without labeling their assumptions as stereotypes.

Only one respondent, James, began the interview by focusing on how his biases and "stereotypes" towards women had influenced his behavior toward his female clients. He said, "[I] came to recognize that I had failed to really be aware of some issues women patients may experience, maybe yeah experience. And I started to become tuned in to the degree to which I treated women with some, perhaps, condescension, expecting them to be weak or to

... speak about weakness, to be in some way different from me, more so than I did with male patients. And the more I listened to how I spoke to women patients the more I realized that it was very subtle but it was present." His beliefs about women led him to control and direct sessions with female clients. Gradually through discussion with a female peer and reading he became aware of how his beliefs interfered with his work and he has become more sensitive to his approach with female clients. This respondent was unique in focusing on negative female stereotypes more than male stereotypes and in openly discussing how he worked to identify and change his gender-role biases.

Respondents often used traditional gender-role descriptions, which could be considered stereotypes, as a basis for depicting their male clients and men in general. For instance, they often used the following adjectives to describe their male clients, "stoic," "controlling," "aggressive" and "decisive." Several respondents referred to the male propensity to use aggression to express a panoply of emotions by men. For example, Evan related part of a recent session with a male client. He reported speaking to this client and said, "It seems to me that you are willing to talk about being angry but you're unwilling to talk about the feelings that probably, most of the time feed the anger, such as feeling hurt or sad or rejected or any of those because you still view anger as an OK feeling for men to have but those other feelings are not OK for men to have."

In the previous section, respondents described how they reacted to male clients who entered treatment. They related their difficulty working with men who exhibited traditional male behaviors, especially avoiding their feelings, needing to be in control and men who were perceived as competitive. Chas said, "To the extent that a guy can access his affect I can more easily work with him. And the ones that really get defensive and angry and are less able to do that are harder for me to connect to." Respondents reported less difficulty with these men when they were able to see their presentation as a

protective shield that needed to be understood and honored in a therapeutic manner. In other words, the extent to which the respondent was able to reframe their perception of their client's gender-role presentation determined the respondents' ability to be empathic with the client.

After describing their typical male client in traditional terms, several respondents contrasted other male clients as passive or indecisive. Regardless of whether the male clients adhered to or rejected the traditional roles, gender-role expectations seemed to be a central basis for describing clients, that is, either the men conformed to gender-roles or they abdicated the gender-roles. In either case, respondents believed these men needed to make changes in their gender based beliefs and behaviors. Because the interview was focused on gender issues, it is not surprising that gender oriented adjectives would be used.

In contrast, respondents saw themselves as less traditional and several used the term "androgynous" to describe themselves. They believed counsellors needed to possess and express behaviors and values commonly linked to feminine behaviors. For instance, respondents described themselves as "nurturing," "sensitive," "empathic," "collaborative," "respectful" and "willing to examine and express feelings." While they used feminine adjectives to describe themselves, they refrained from including male adjectives in describing themselves.

All respondents believed their sex served as an advantage in working with their male clients. Dan said, "my gender and sex were very much a part of the perspective that I had and very much the difference I wanted to make, helping men be different in this culture than the culture, I think, generally the culture tends to raise men to be. So it had been a benefit to be a man in this field. This is a field which has been traditionally, social services, and the empathic mentoring things that we do are traditionally seen as feminine traits.

And I have been glad to be a man who can have those qualities and have those traits and hopefully be an encourager and mentor and a guide to help other men be that way and to help women to perceive that men can be that way."

Most respondents believed that they consciously worked to overcome the indoctrination that boys and men receive in our society in becoming men. These respondents believed they could understand their male client's experiences from the position of an insider, that is, from their own experience of being a man. Their history of having worked through their own struggles with changing sex role attitudes and behaviors assisted them in having empathy with their male clients. Respondents also felt they could understand the underlying issues which led many men to eschew some emotions and cling to others, for instance, how men seem to convert fear and shame into anger.

Concurrently, respondents believed that their sex did not prevent them from understanding and having empathy for female clients and they resented the belief that as men they could not be of assistance to female clients. Jake described a situation in which female client came to her first session and said, "I thought you spelled your name Jerri.'" He continued, "You know I'd say 'Well, you know, let's talk, let's see what your issues are. I do have some experience working with sexual abuse in adults and incest. I'm familiar with, I've worked with, let's talk about it.' So it might be more like to enter into a dialogue, at least an initial dialogue and hopefully we could work things out."

A few respondents related how they sometimes caught themselves acting out traditional male roles even when they knew this was not productive. For example, Abe described his reaction to male clients who elicited negative responses in him. He said, "I thought of how many times I've kind of gotten into a confrontational situation where a client or I had some angry [feelings] and though I've seen more women, I've gotten angry or they've gotten more

angry with me more [often] with male clients than with female clients." He described working with men who were manipulative and acted like a "salesman." He continued, "What bothers me is when they see someone they can get over on. ... Manipulate you into giving them what it is they want. See you as an easy touch. It happens with both men and women but I think I get more emotionally charged with men."

Abe described an interaction with a male client in which he became angry. In this situation the outcome was beneficial, which was not always the case. He related, "I was reminded of a situation just last Friday somebody walked in and he's seeing a psychologist from Kirkland and wanted to get some medication from here, to see a psychiatrist here because it's cheaper. I said sure our policy is you need to get a referral from the therapist you're seeing because we need, our practitioners who prescribe would like to have an open communication with the therapist who's treating the patient, that's how we work. And he started going off on a tangent giving me some stories and I got kind of irritated and I could have used that as a therapeutic not a therapeutic, a diagnostic clue. But I reacted to it, I could feel some irritation in me. And I cut him off and I said, 'I need a referral.' I focused and I emphasized the word need. And there was a silent gap and the next thing he just he blew his top, so much anger using very foul language, 'What the fuck you mean, bla, bla bla,' just kind of blew and. I can think of a couple of other instances too. Surprising enough at that very moment I was feeling very calm when he did that, because I remember telling him there's no point in getting angry here. 'You're not going to get anything out of this.' That immediately calmed him down and ah got behind the anger. Very soon he was crying."

Respondents disclosed their gender-role beliefs through their descriptions of their clients. With one exception, no respondent referred to their beliefs as stereotypes. It seemed surprising that so few respondents acknowledged having stereotypes of men and women. Of course,

respondents might have declared their stereotypes had they been directly asked.

The respondents' experience of working with heterosexual couples

A pattern that became apparent as the interviews progressed was the tendency for respondents to describe experiences in their therapeutic work with heterosexual couples. All but one respondent spoke of couples therapy. The following experiences emerged during the descriptions of their work with couples.

Once again, counsellors often felt induced to respond in a particular manner because they were men. The most common experience was that respondents often felt they were expected to serve as role models for the male clients by demonstrating how husbands should behave. Additionally, respondents' periodically struggled to maintain their therapeutic neutrality. Their inclination was to collude with the wife and identify the husband as the problem. As mentioned previously, respondents also felt their sex was an advantage in their couples work and with men in general.

All but one respondent recalled how wives entered treatment with either the implicit or the explicit belief that the therapist would show the husband how he should act towards her. Respondents felt as if the wives were saying to their husbands, "Watch him, listen to him, he knows how to act in a relationship." In these situations the respondents often felt induced to act in a proscribed manner and, as previously mentioned, were frequently uncertain as to what was expected of them. Consequently the counsellors experienced some discomfort. In all instances these interactions occurred early in the treatment process. In retrospect, respondents thought they could have easily used this as an intervention point to examine the therapy process. Most of the respondents were interested in the therapy process and often used immediacy as a clinical intervention. However, the induction process was subtle and the

respondents usually saw this process retrospectively. Various comments by respondents were: "I didn't know what they wanted;" (Abe) "I hadn't a clue, I felt trapped" (Jake). Jim described feeling like the Wizard of Oz who stood behind a curtain pulling levers. On the surface things seemed under control but behind this facade is someone frantically trying to keep up the illusion. This metaphor was offered in the spirit of feeling some amazement of his competence, even while feeling as if he is not at all certain what is happening at a particular moment; as if "I'm not sure what I'm doing but it seems to be working."

Even though respondents acknowledged that the wife contributed to the marital distress, they said or implied that when working with couples they tended to see the husband as more in need of change. The behaviors and attitudes requiring change were consistent with traditional male gender-roles. For instance, Evan described how he perceived a husband converting his feelings of hurt into anger. For nearly all respondents more emphasis was placed on the husbands' need to change than the wives', at least in the initial stages of counselling. Most respondents saw themselves as purposively serving as a model for their male clients in couples therapy. The respondents felt they provided the husbands with examples of how to relate to their wives. For instance, they modeled listening skills, affective expression and respect for the wives. As one respondent, Jim, said, "So in this role I would find myself in ... terms of the gender stuff a kind of a ... husband clinic. 'This is how to relate to your wife, these are the changes you need to make.'" In these situations, respondents did not imply that they served as role models in response to a wife's expectation that they do so. Their decision to model more effective relational skills was presented as a decision they made independently.

Often the tendency to agree with the wife's perception of her husband's poor relational skills led many respondents to develop more of an affinity for

her. Jim illustrated this tendency when he wondered, "How did she get mixed up with this guy?" The respondent, who said this, described thinking about a song from My Fair Lady with a twist to the original lyrics. The original line was, "Why can't a woman be more like a man," his twist was to reverse the sexes to 'Why can't a man be more like a woman.' Jim also referred to the potential alliance between the counsellor and the wife that can occur when working with couples. He, as were other respondents, was clear to state that he was not referring to overt sexual or flirtatious interactions but a tendency for the therapist and the wife, who often share a common perspective on relationships, to form an alliance. Respondents felt confident they could remain neutral as long as they were aware of their feelings pulling them to the wife's side and not accede to these feelings.

Summary

In the preceding sections respondents described various experiences in which gender-role expectations and stereotypes seemed a part. The gender-role expectations were seen as emanating either from clients or counsellors. In the first section, respondents felt their clients were expecting something from them because they were men. The experience seemed to be one in which they felt induced to respond in some way. This feeling of being induced to respond appeared again in the section on couples counselling. When respondents felt induced to react they tended to report negative feelings, such as, discomfort.

Respondents also felt that some clients entered the counselling room with clear expectations of them as men. Their descriptions tended to be negative. For example, recall the respondent who described situations in which female clients were scheduled to see him even though they had asked to see a female counsellor. When respondents described the expectations of female clients the assumptions tended to be consistent with traditional gender-

role expectations. However, male clients were described as expecting them to display nontraditional gender-role behaviors.

Respondents generally saw themselves as not conforming to traditional gender-roles. They believed their experience as men, and men who worked to overcome societal programming helped them be more effective counsellors with male and female clients.

Respondents described experiences in their work with heterosexual couples. In this section, the experiences most commonly described were the expectation from the wife that they model or teach appropriate interpersonal skills to her husband and a tendency to align with the wife. As described in earlier sections, when respondents felt they were expected to respond in some way they had negative reactions. That experience seemed separate from their descriptions of consciously modeling interpersonal skills for husbands.

The tendency to view husbands as being more traditional men and therefore primarily responsible for marital discord led many respondents to align with wives. This alliance did not contain sexual overtones. When respondents realized their move into the wives camp they worked to realign so that they felt and communicated a more neutral position.

The counsellors' experience of affiliation and isolation as men within the counselling field

Nearly all the respondents described experiences and perceptions of what it was like to be a man within the counselling profession. This was a surprise because respondents were asked to describe experiences involving their clinical work not their peers. However, it seemed a salient issue for all but one of the men interviewed. The experiences which emerged for respondents were related to feelings of isolation within the counselling profession, their relationship with the Men's Movement and what it is like to

work in an environment of "political correctness," in which they felt in a minority position. During these discussions respondents described how they believed male thinking and values compared and contrasted to female thinking and values and therefore contributed to their experience of being a man in the counselling field.

The counsellors' experience of feelings of isolation within the counselling profession

Most respondents felt that as men they were in a minority position within the counselling profession and as a result they felt isolated. Jake said, "it's kind of shocking in my mind that there aren't more men in this field. ... I felt lonely." Some of those who felt this way actively sought out men. For instance, Jake, who made the preceding comment, took a job in an agency where he could be supervised by a man.

When respondents were asked to describe what they were seeking or missing by being in the minority they found it difficult to specify what they felt and what they sought. Jim said, "Its nice to be around other guys who have made the same choices. ... Being around other male psychologists relaxes me in some way that's not quite there when there's no men around. I've got to be around more men. And not just to discuss the upcoming baseball season, although that would be fun between sessions, but also I just like hanging around men more than I do. ... there's something really fun for me being around male therapists."

Jim continued by describing the experience of entering a room of peers to find all women and the resulting sense of isolation. When entering a room of peers and finding another man it increased his sense of belonging in the profession and also his sense of identity as a professional man. It might be similar to the position of a male elementary school teacher attending a

conference for elementary teachers and, to his surprise, finding a small group of male peers. A sense of kinship is felt as if his choice is "not so odd at all."

Jim used the word "josh" to describe the way he enjoys relating to other men. He found it difficult describing what joshing means. He compared it to the type of playful arguing and teasing that "men do with each other." The American Heritage Dictionary (1983) defines josh as, "To tease good-humoredly," which seems to capture at least part of what he meant. In the context in which this individual used the term he was referring to a peculiarly male form of interacting. "You wouldn't do that with a woman, at least I wouldn't." During our interview it was apparent that the respondent had a feeling for what he meant but its essence was ineffable.

Another respondent, Chas, described his desire to be with other men from a different perspective. He described a retreat he recently attended. Nearly all the participants were gay, as is Chas, and all were men. They came from a variety of vocational backgrounds and the retreat was focused on personal growth not professional issues. He described the atmosphere as "honest, heartfelt, ... there were lots of tears, by the end of the circle of men, some men left at the end of three days and others stayed for the full five days. It was a very heartfelt, tearful goodbye for the ones who were leaving after three days, remarkable, really. Such tenderness, I've never been around it before in my life. It was just delicious, it was wonderful. I felt like I can, I was, I had permission in there to experience whatever was going on and express myself however I felt appropriate and it was such a wonderful holding environment. ... It [is] such a long stretch for some men to get there. They don't even know what I'm talking about, a lot of them. Of course many do but I think they just see glimpses of it. They step into it and then they step out. But this was a place, where for five days, you go there and it was just remarkable. It was really wonderful. ... Men being fully present with each other and fully tender with each other, sitting in a circle and somebody just

lays on somebody else's lap because they feel kind of tired. ... It's a rare thing to see. It's almost like ... men trying to get past the restrictions of the culture ... on men in general, that we won't be emotional, that we won't be like rods of steel, that we'll always know what we're doing and we'll always be in charge, we'll never make mistakes, etc., etc." His description of being with other men was very different than the description given above by Jim, who used the term "joshing" to describe his preferred style of interacting with men. However, the wish to have more involvement with men was common.

Other respondents described feelings of separateness and isolation as men in the psychotherapy field from other perspectives. One respondent, Dan, described himself as a long time feminist. But even as a supporter of feminism who actively worked on causes with women, "I was never one of the guys, being a man. ... I was a bit envious that there was a place of comfort for the women in the women's movement." Regardless of what he did and how he felt, his sex was an obstacle which could not be overlooked. He communicated some sadness and helplessness related to his experience.

Only one respondent, James, did not spontaneously report experiences related to feelings of isolation as a man within the counselling community. He was a man who had 30 years of experience as a clinical psychologist, all of which was post doctorate. When he did not report these experiences, I asked him if he ever felt his sex was an obstacle for him. He was unable to think of a professional situation in which this occurred. However, he was able to describe a social situation that was similar to the professional experiences described by other respondents. His lack of having experiences similar to the remaining respondents may be partially due to his age and the setting in which he practices. This individual works primarily in hospital settings and has been in an professional environment historically dominated by men, that is, doctoral level clinical psychologists and psychiatrists. The difference between M. A. prepared and doctoral level practitioners is probably qualitatively different.

Doctoral level psychologists have historically been men and have enjoyed more professional status than their M.A. level counterparts.

How respondents' described their experience of being a "male" counsellor

Five of the respondents referred to ways of thinking and specific values they believed were "male." This section attempts to describe how these thinking styles and values defined them as male counsellors. For example, Jim, described a recent experience in which he was meeting with co-workers and a female therapist made a comment to which he replied, "So where is the data to support that?" As the respondent was talking he implied he felt some impatience with the female counsellor's remarks. Part of his explanation for making this comment he attributed to being in a doctoral program and being exposed to research and the expectation that professionals be accountable for their opinions. But he added that another aspect of this comment felt very "male." He went on, "I enjoy being around men. I've had male, men for both of my psychiatric consultations ... I think that there just is, I said in here there are traditional male things that are fun all the way to the ridiculousness [sic] of sports. There are traditional male things that are more important, like I don't know I have to think hard to verbalize what those things are. Some of it is just kind of almost like the argument, following the argument of a thought. So you know what I'm trying to say? Not always going for the affective experience which I have a facility for. Like the other day at F. W. where we used to work, I said something about some research, I'm doing all this doctoral stuff so I'm starting to think that way, right. Well, where's the data, all right? Sort of a traditionally male question. And a female therapist, who I have a lot of respect for, she said, 'Well something about it seems sort of academic and how do we feel, what about our histories or something.' And I remember thinking, you know, I'm really tired of this, I'm really tired of not having ah, of not having any kind of scientific rigor to treatment. Which doesn't mean, I mean I think it's 80% art but I'm trying to push that 20%. It needs to be

there. Especially if we're going to get paid the way we do. And I think it's an ethical issue too. So it gets a little mushy for me. That's just the male part of me. But I think on a simpler level I just enjoy being around other guys, you know. I mean my best friend's a woman, my wife is a woman, my partner is a woman. It's, the person I'm closest to in this world is a woman, there's never going to be any question about that. But it's fun to be around men. We sort of josh with one another. ... I keep having the image of a professor of mine that I enjoy a great deal. That he's kind of a model for me, of a male psychologist who's teaching me more how to be a psychologist and not be a masters level therapist. 'What's the difference, how do you think differently, how do you plan differently, how do you read differently, how to do communicate differently, what is an assessment, what does a validated instrument, what good is it?' All these things are new to me and sort of feel, because I'm a guy, I guess sort of male to me as I, the whole field so to speak, the whole growth that I'm going through into doctoral level psychology seems male to me. Now I don't know why, but an awfully huge number of wonderful female psychologists, so there's nothing, it's just a personal experience of mine, that it feels like I'm moving into a more balanced professional situation. ... there's a certain kind of rigor, a certain kind of rigor that I enjoy. It's kind of working out or something. It's not like sitting and having tea, it's a little bit more, rigor is such a borrowed word for me, it's not really my word, it's more grappling in a way with things. I like to grapple with things with men in a certain kind of way. Does that make sense?"

The counsellors' experience of working in a "politically correct society"

As mentioned in the previous section, respondents felt they were in the minority within the counselling profession. One consequence of the minority experience for the respondents was that they felt they had to adjust to the impact of feminism in the field of counselling. As Abe stated, he felt that all men were "painted with the same brush" even though he, as did all of the

respondents, believed that he did not fit the traditional stereotypical behavior of men.

Many respondents used the term "political correctness" to describe the prevailing attitude prescribing language, attitudes, behaviors and interpersonal exchanges related to sex and gender. When the term politically correct was used there seemed to be an understanding of what it connoted and no one offered a definition of the term. Jim disclosed how he avoided certain words and terms because of their negative connotations. He was describing his work with a couple in which the husband was domineering and disparaging towards his wife. He said, "She talked about, not abusiveness. Thank god she didn't use that over used word but his meanness, OK. She'd talk about how mean he is ... He is mean. The question was, and this is a very politically incorrect thing to wonder about, it seems to me because of the problems with the way that men have misused the word masochism about women and the victimization of women. And yet women do sometimes do seem to victimize themselves and I have no idea whether it's because of male dominance or what. ... And then she would put herself in a position vis-à-vis me where I would feel like I had to try not to laugh at her." The respondent believed the term masochism was appropriate in describing this client's behavior. However, he felt awkward using the word masochism in reference to a female client because it often was thought to convey antiquated and sexist messages.

All respondents clearly stated they believe in equality between men and women. As Jim said, "Thank god, for many of us women are not, we have marriages or whatever in which women are no longer subjugated." Respondents were aware that women have been subjugated and discriminated against and that reparations are necessary. However, many respondents felt they were being unfairly judged and that their feelings and their opinions would not be tolerated if they were contrary to what political correctness dictated. What they felt was most egregious was that their feelings and thoughts were

being judged and they were supposed to feel guilty and ashamed of their feelings and impulses. The very existence of these feelings and thoughts, for example, feeling attracted to a client was anathema and therefore they felt inhibited in sharing their feelings even when they were concerned that their feelings were interfering with their work. Jake described how he felt that any sexually related comment he might make could be interpreted as an indictment against his ability to work effectively as a male therapist. He stated, "They (some feminist therapists) 'say men can't do this kind of work. ... All men sexualize everything so we can't work, because we sexualize everything.' Those kinds of big, big heavy stereotypes are dangerous to therapy. ... 'If you're in therapy with a man it's going to become sexual and men don't, can't maintain boundaries. Men can't identify that they're having an arousal response and they can't cope with it. They have to act on every arousal response they get.' You know, those kinds of stereotypes are killing men in therapy."

"You know I've noticed how in a group like that [a consultation group with men and women] I've kind of become super aware. You have to watch everything you say, like this political correctness like," was a comment made by Abe, referring to his experience of sitting in classes and consultation groups in which men and women were present. This individual reported that he continually sifted through his thoughts and censored comments he felt might result in attacks from others, primarily women. He said, "Even in the setting where I work, where supposedly people are more open about these things. Sometimes it feels bad to be in that situation, especially where there's a majority of women and there's a lot of quote, 'male bashing' going on I feel very uncomfortable. I mean I don't do a lot of the things they accuse men of doing. But still it feels very uncomfortable sitting and listening to that." Jim said, "I've never really found, except with my own consultant, a way to discuss that [sexual feelings between the respondent and a client]. I felt

uncomfortable about it in a group discussion, group consultation though I did pursue it because they were the things that always bother me at the most. You know, 'is this woman coming on to me or am I attracted to this client' or things like that. Those things have always been the things that have bothered me the most that I have to check in with a consultant and I was uncomfortable in group discussion because I thought someone would judge me as being manipulative."

"I try not to act too male, almost" was said by Jake, referring to his behavior around female colleagues. Like the respondent mentioned above, he also described monitoring his comments and behaviors for those which might be judged as insensitive to women or conveying messages which might be construed as inappropriate. Several respondents used "disclaimers" when revealing difficult feelings or experiences, particularly when they were discussing sexual feelings between clients and themselves. For example, James offered, "Of course, I have never acted on these feelings," referring to having sexual feelings towards a client. Or when referring to sensing that a female client is attracted to him, Jim added a comment such as, "I realize I could be mistaken." When asked, these respondents were generally conscious they were doing this. Several respondents explained they were trying to not sound "conceited or lecherous."

Jim felt certain he would add more disclaimers if the interviewer were female. Abe said that with all the disclosure of sexual abuse within the profession "one cannot be too careful in protecting oneself." I never had a feeling that any respondent was protesting too much or had in any way acted inappropriately. It seemed as if they were acutely aware of the prevailing climate and they wanted to be perfectly clear that they have not acted unethically or inappropriately. Making disclaimers also may have allowed them to report their real experiences while communicating their awareness of the socially appropriate limits.

Jake simply stated he was "tired of being politically correct. ... like if there's too much empathy in the room ... I'll mock empathy or something. ... I grow bored with political correctness. ... I've had enough of that kind of thing." He was referring to a consultation group he attended with several women with whom he had worked for several years. He seemed to have a comfortable relationship with the women in his group and felt safe letting off some steam. He used humor and sarcasm to vent his feelings. He added that he felt "men had something to offer the counselling profession" but he was afraid that men were being forced into a defensive position by the prevailing social climate.

The reactions of the respondents to their feelings of being unfairly judged led to feelings of anger, self-consciousness, shame and frustration. Anger was described when respondents felt they were being unfairly judged and treated. They described how they worked to overcome the societal programming which inculcates stifling male values and still they were being treated like all other males who adhere to traditional male gender-roles and treat women as less than equal. Most often respondents said they suppressed their feelings, anticipating that being more open would be fruitless. The strength of their feelings was expressed by one respondent, Abe, who said, "I give room for people to vent their frustration and anger but if I see somebody fixed or fixated in their beliefs about men then I tend to not interact with them very much. ... Something like I almost feel like I might not engage them in a discussion because I feel like it's so one sided with those people who are fixated that it's not worth my time. Because they're so, almost delusional that it's not worth it."

Respondents generally felt more comfortable when the issues described above arose in their relationships with clients than with peers or in society at large. Apparently the boundaries of the counselling relationships seemed more

clear and the roles between the client and counsellor were well defined. This will be addressed in the next section.

The respondents' experience of organized movements for men

When discussing their feelings of alienation within the counselling field, several men referred to the Men's Movement and to Robert Bly in particular. None of these respondents found comfort in the Men's Movement. Jake commented that he could not get comfortable with "banging on a drum ... or running around naked on the beach with a bunch of guys." He added that if others found this useful that was fine and if they learned something helpful he was willing to have them come back and tell him. Dan felt he traveled a similar path as some of the factions of the Men's Movement but that he did not feel that he fit in with those groups. He said, "When there was a beginning men's movement I was enthused that there might be, ah, that that might be a comfortable place for me and I didn't find that to be so. I just didn't find that was a place that was welcoming to or familiar or comfortable for me."

Although nearly all the respondents desired more affiliation with men within the profession, none of the respondents claimed an affiliation with any of the current men's movements. In fact, several respondents spontaneously referred to movements such as Robert Bly's and described how these groups were not helpful.

Earlier, I mentioned that all the respondents referred to having and valuing aspects of themselves which corresponded to male and female poles. Respondents felt they could move from one pole to the other as the situation required and they believed both aspects were necessary for being effective therapists and persons. Most of those interviewed felt they were somewhat unique among men by possessing the male and female attributes. As mentioned previously, some respondents used the term androgynous in

referring to themselves. This seemed to imply an individual who amalgamated male and female aspects into another type of person, which did not eliminate their maleness. The experience of many of the men interviewed involved the retention of some degree of maleness and even enjoyment of this aspect of themselves, while adding another part, a female aspect they could tap into as the situation required. For instance, Jake early in the interview, described himself as a "traditional man." Later he modified this description. He said, "I felt more comfortable saying I was traditional and I'm not exactly sure when I think about it. ... I mean I fit some male stereotypes and some I don't. ... I do like sports, but I can also sit for an entire hour and really listen to what they [clients] are saying."

Summary

Respondents spontaneously described their feelings of alienation and loneliness as men in the field of counselling. Respondents felt in a minority position. They felt they were stereotyped and maligned by female peers because they were men. They described an atmosphere of "political correctness" which stifled their ability to express opinions and feelings, especially in group situations containing men and women. Respondents described styles of thinking and behaving they considered to be male in nature. Not all respondents described a desire for similar types of same sex relationships; however, all but one respondent desired more contact with male peers.

The experience of erotic feelings in the counselling relationship

All respondents described the experience of sexual feelings in their relationships with clients. This was discussed from the perspective of the counsellor's feelings of attraction to clients and also from the perspective of the client's sexual feelings towards the therapist. Instances of the latter included situations in which clients communicated their sexual feelings for the

counsellor to the counsellor. There was a consensus among the respondents that nearly all interpersonal relationships have the potential for sexual energy. Or as Abe framed it, "There is always the *danger* of sexual feelings occurring in either the therapist or the patient."

All respondents stated that they have never and would never violate the trust and propriety of the therapeutic relationship by engaging in a sexual relationship with a client. No respondent reported or described situations in which appropriate clinical boundaries were breached.

The respondents' experience of his clients' sexual interest in him

All respondents believed the context of the counselling relationship led to an intimacy that could elicit sexual feelings either in the counsellor or in the client. Respondents said that they provided a place of safety in which a client could be heard, valued, respected and understood. Jim said, "The resulting intimacy which occurs in a regular and confidential relationship can lead to sexual feelings." Dan, who did not believe he was especially physically attractive, described the following, "... there are many women who find me an attractive man, maybe not in a sexual prowess kind of way but they experience me, ... the gentleness, the warmth, the true capacity to listen, great interest in them, and I am really interested and ask questions ... and in this culture many women never experience a man truly listening to them. ... For those reasons I am a very new experience for some women."

According to respondents when a client expresses sexual or romantic interest in them their role is to maintain a professional boundary and use this process as a therapeutic intervention. Often the counsellor would reflect or interpret the process to the client. Respondents believed the need to maintain and communicate clear boundaries was essential for the client and therapist to feel safe. Several reasons were stated and their order of importance varied across counsellors and situations. The need for boundaries was necessary to

protect the therapeutic relationship and provide a professional and safe environment for the client and the counsellor. Clear boundaries also protected the counsellor from legal and ethical charges. Respondents were aware of the adverse publicity the counselling profession has had resulting from legal action taken by clients towards therapists who breached professional ethics by having sexual contact with clients.

James described how a client propositioned him during a session earlier in his career. He felt surprised and flattered. He said, "It's possible at the time that I might have weighed the possibility, would I be willing to give her up as a therapy patient if I were to have an affair with her. But I did not. You know, now I've matured as a therapist and I've become a more astute therapist. ... Once I told her that it was outside of my interests and ah, it would be destructive to the therapy process we turned to lots of other things of importance." He felt as if he "cut off" the issue and later he wondered if he missed important therapeutic issues by not allowing "more real discussion of what we cut off." Finding a balance between setting boundaries necessary for maintaining the therapy relationship while encouraging exploration of the therapy relationship even though the process raises confusion and potentially uncomfortable feelings was a dilemma broached by several respondents.

Counsellors also used the client's sexual feelings as a source of information about the client. Jake explained how he understood the client's sexual expression as a "metaphor." Dan said he used this information "to understand how the client navigated through her world." Respondents interpreted the meaning of sexual feelings as communicating a need for intimacy, control or an expression of inadequacy. For example, James saw a male client's sexual impotence as a reflection of his underlying feelings of impotency in several areas of his life. Dan interpreted a female client's attraction to him as her way of exerting control in situations in which she felt frightened or anxious. Using this or a similar strategy was clinically useful for

understanding the client and also seemed to help the counsellor create enough space to stand back and proceed in, what he believed was a rational and appropriate manner. Most respondents reported that dealing with sexual feelings emanating from their clients was easier than dealing with their sexual feelings for clients.

The experience of "managing" the counsellor's sexual feelings

When the respondent felt sexually attracted to his client the situation often, but not always, became problematic and uncomfortable for the therapist. Abe described this situation as experiencing a "private battle." However, not all respondents experienced their sexual feelings towards their clients as negative. On the contrary, one respondent, James, found it was positive. And Evan used the term "curvilinear" to describe how he believed sexual feelings affected the therapeutic relationship. He said, "Some attraction was useful in keeping the participants interested and present but beyond a certain point these feelings generated discomfort and became destructive to the relationship."

As in the preceding sections, some respondents used their reactions as a means of gathering information about the client's interactive style. The counsellor's feelings were avenues to understanding the client. Dan described an interaction in which he heard himself sounding "charming and bright and witty and about five minutes into the whole thing I'll be thinking, 'Oh, Oh this is what's happening here.'" At this point he made the assumption that he was responding to his client's way of assuming power in her relationships with men. At that stage, he typically intervened by helping her learn how to exert power in her life using other, more constructive and straightforward behaviors. He used his experience to re-frame his feelings and to understand his client.

The respondents spoke about situations in which both participants appeared to be attracted to each other. Abe described a situation in which a

female client asked for a hug. He reported, "The client said, 'I want a hug.' A part of me wanted to reach out and at least touch her but I found myself holding back. ... There are two things going on here. One is my previous training and the way I would have reached out and done that, versus now after coming here, I'm learning about all this litigation and stuff like that holding myself back. Another part of it is I sat there and thought for who am I doing this? ... And if it's not clear you don't do it. Even if it's clear I don't know if I would do it. ... I mean there was an attraction there, ... on my part." In a subsequent session with this client she said she was afraid she might be feeling attracted to the respondent. He became concerned "Look this is scary" and he immediately sought consultation from his supervisor. The supervisor disclosed a therapeutic situation in which she was a client and her therapist explained his role was to hold the boundary and she needed to let that responsibility rest with him. The respondent felt great relief when he heard her disclosure. It made it clear what he needed to do, "I need to make the client feel that I'm not going to be sexually abusive in any way." Once that message was identified by the therapist and communicated to the client he felt it was appropriate to continue by saying, "Let's explore what's behind this attraction." The respondent was referring to the client's feelings. The act of self disclosure by his supervisor also seemed important although we did not discuss that issue.

When discussing his erotic feelings towards his client he said he felt "guilty, that I'm unfit to do this job. Feeling, thinking, 'How could I?' I've done something bad for having those thoughts and feelings of attraction. ... Also feeling good when she said she was attracted to me, pleasure about that." He continued saying that he found this client attractive and initially believed she could not find him attractive so when he heard her say how she felt about him he was flattered and surprised. The range of feelings described by this counsellor was a common experience for many respondents.

Other respondents described difficult interactions involving sexual feelings and dissatisfaction with the outcome. Returning to Abe, he recalled perhaps ruminated, about an interaction with a female client who prematurely terminated treatment. He said, "I still feel a little sad about the client I had described about the attraction and being attracted to. ... It brought back some unfinished business. ... It's like removing a scab. ... I would like to hear how she heard me. ... I might have overanalyzed some of the stuff. And I think, I don't think my interpretation itself was wrong but think it was poorly timed. She was not ready to hear some of the interpretations I made. ... my feelings might have been responsible for my coming out with the interpretation too fast because normally I would have sat on it. ... I rushed into the interpretation." I said, "But how did your feelings about her, your attraction to her have led you to do that?" He said, "Made me less objective, in other words I might have rushed in with the interpretation even when part of me knew it was premature. She's not ready for that. ... Maybe I wanted her to come back." I said, "OK and by making the interpretation that would have impressed her?" "Exactly."

Chas cautiously described feelings of attraction to a client. He disclosed, "... but still I felt some attraction to him. And so I see myself sometimes more than with other clients, suddenly 20 minutes have gone by and I wouldn't have looked at my clock. So there's a certain kind of an extra level of favoring the person or a slight level of being a little more interested in their story, perhaps it's easier to be attentive and time goes by faster. And so I've got to watch that kind of stuff ... so I don't go over with him. With other clients it's like, 'Oh, 20 more minutes.' ... It certainly adds more fuel. The danger is that it could interfere with my judgment." Regarding how his feelings affected his behavior he continued, "For example, he recently came in with a new pair of shoes and I decided those were really cool shoes, maybe I'll ask him. And then I thought, 'No you're not going to ask him because, perhaps this, because of this attraction issue.'" I asked if he would have gone

through this thought process with another client and he responded, "Perhaps, I wouldn't have censored or wondered about it, more guarded. ... [I would just be] really cautious about not trying to reflect or show my physical interest in them, Sort of being more guarded about watching that." The experience of his self consciousness was an indication that his personal feelings needed his attention. He was careful to not give into his urge to extend the session time. Eventually, his sexual feelings subsided and the therapeutic relationship became more comfortable.

The experience of self consciousness was mentioned by several respondents in relation to feelings of sexual attraction, and was an experience I have also described in the self interview mentioned in the previous chapter. Many respondents, who described discomfort with sexual feelings towards clients, when they become conscious of their feelings begin to watch themselves lest they betray their feelings and this undoubtedly created some disruption in the therapeutic relationship as long as this self consciousness existed. As Jake said, "In other words I'm preoccupied with the feelings so I'm not hearing what the person is saying." The experience of self-consciousness focuses the counsellor's attention on himself and from that moment he loses contact with the client. The therapeutic relationship is disrupted.

At least four respondents described their sexual feelings as physically intrusive. For instance, Jake stated, "I found my body reacting to an attractive women." He described a situation in which he was working with a female client whom he found sexually attractive. He said, "If I can stay centered the relationship can work." He continued by saying, "there's a point where I could give into it and flirt for the entire session. ... It's sexually energized stuff, it's kind of fun, nobody's crossed any lines, it feels kind of good. I feel good, the client feels good but we've not really accomplished any clinical work. We've just sort of flirted. And that's very uncentered [sic] to me. ... That's not why

I was hired, that's not the kind of work I want to do. And a re-centering for me would be to have that capacity to know I was flirting and I might be clear enough to challenge the flirt and be strong enough to want to stop. I enjoy it so I don't want it to go away but I don't want to stay in that place. So I would have to shift. I would have to say somehow, it might take a body change where I would have to maybe even get up out of my chair, change my body position or some sort of acknowledgment that we are moving away from that flirtation stuff and into why we're there. You know that seems a long way from challenging it for me." I ask what he means by "challenging it." He continues, by saying, "I'm noticing that we've been flirting. What is that about?" I think that would be good."

An issue which added to the respondents' discomfort with erotic feelings was the periodic confusion about who was initiating the interactions leading to the feelings. Were they attracted to these clients because of who they were or were the clients putting forth some messages to which they were responding? It was not always easy for respondents to determine who the initiator was and not always necessary to do so. Respondents' who were confused as to the etiology of the sexual feelings in the relationship that is, "Who's trying to be sexual here?" or those who believed the sexual feelings were experience by both counsellor and client considered making this a therapeutic issue. Jake believed that if the feelings were strong then each participant must have some awareness of them and that they were co-created, that is, "I trust both people know it's there." Therefore addressing them in the session was necessary. However, when he attempted to do this he found it difficult and was generally displeased with his presentation and the outcome. "I have [brought it up] awkwardly. I think the couple of times I've done it the sessions that followed have dropped off. I don't think I'm skilled enough as a clinician yet to do it and maintain the, I don't know, Charlie. When I think about it, when I've actually had to bring it into the room, if my memory tells

me, it's gone awkwardly. ... I think it's more around my own maturity around talking about sex and talking about sexual energy. ... There's been a couple of times when I felt sexual energy but I haven't said anything and it passed. So I don't feel as soon as it hits I've got to report on it right away. Because it's my stuff and maybe the person might not feel it." He struggled with these feelings and found few arenas for discussing these affects. He considered consultation the primary outlet for discussion and sought to understand how his own and his client's sexual feelings affected his work. He felt he could manage most interpersonal issues with his clients with this notable exception. He said, "If I'm feeling some anger I can go into that but if I'm feeling some sexual feelings, Whoa, I can't go there."

In general, respondents who experienced unpleasant feelings related to their sexual feelings accepted responsibility for their feelings. Jake and Abe clearly stated, "It's my issue not the client's." These clinicians struggled with how to manage their feelings in a way that did not directly involve their clients. The consensus was that when these instances cropped up they sought consultation. The sex of the consultant did not seem as important as their trust in the consultant. The respondent mentioned above who learned of his client's attraction for him immediately sought out his female supervisor and described the situation. He reported feeling supported and relieved with the consultation. Having a forum to discuss their feelings, either a consultant or a consultation group was the most commonly mentioned outlet for most respondents. However, nearly all respondents voiced ambivalence and reluctance about disclosing their sexually related feelings. Comments such as, "This stuff is difficult to talk about," "It felt risky," "You have to be careful what you say, not everyone will understand what you mean," were made in reference to disclosing sexual feelings.

The appearance and the amount of sexual energy varied among respondents. For instance, Dan said he just, "doesn't get sexual messages

from the world." He does not see himself as very sexually attractive in a traditional way. He continued, "... not being sexual with clients is just so deeply ingrained in me that I think that I put a real boundary at the door around that for myself." In our second interview, during the summary of the initial interview, I used the word "avoid" in reference to his manner of dealing with his sexual feelings. This was a poor choice of words on my part, which I will address later, and he was quick to confront me on the choice of the word "avoid." He felt it implied an evasion or, at least, suppression of his true feelings. He acknowledged that while it is nearly impossible to be aware of all motivations and subconscious processes he firmly believed that he set aside his sexual self in sessions. He stated, "Maybe I've overbounded [*sic*] myself, I don't know, I don't think so. ... And so there are times when I feel, you know, it doesn't feel like attraction to me but it feels like engagement between the two of us, I feel like there's an engagement and for me it's not an erotic kind of engagement. ... I really do leave, and maybe one would postulate it's not possible, but I do feel like I do kind of leave my aroused self at the door." His manner of presenting his self perceptions convinced me that respondents vary greatly in their amount of sexual energy present in their work.

The experience of the above respondent is contrasted with the experience of another respondent, James, who stated that he enjoyed feeling sexually stimulated in sessions and that these feelings enhanced his work. "I think I enjoy working with younger women because I feel more alive with younger women. I feel sexually stimulated by some and I enjoy the feeling. ... It arouses my interest in knowing more and more about them, so I think I come across more animated, more excited more interested and I am. I don't like to be neutral inside of me. I like to be aroused, interested and excited in some way. And I think that just feeling some of the sexual excitement makes my whole self more alive in general. So I think that accounts in part for my enjoyment in working with females more than men, males." When I asked

how he maintains appropriate boundaries the respondent said, "I don't know how I do it, I just, I don't know, I have a, I guess I have a pretty rigid idea about what's right or wrong and so I don't need to do much, it's just there. ... My personal reactions to people I work with are important but they don't always need to be revealed or dealt with. They're just there. It's a natural thing for me, ah to hide those feelings and it's not hidden like I feel naughty or guilty. It's hidden because it's something that's not going to not helpful to the patient to know about." He is the only respondent to voice spontaneously no compunctions about his sexual feelings in his work.

When he was working with a client he did not find sexually stimulating he searched for some other aspect of the client to engage him. "I dig into their minds. I try to find what is interesting. What do I do with less sexually attractive people, the older women for example? I don't, I'm thinking about a woman I'm working with now in therapy who's 64 or 63, that area. And I'm fascinated with her." The respondent mentioned he recently saw the movie 'Zorba the Greek' and a line from the movie captures his experience of this client, "She gives you all she's got." He continued, "I have absolutely no sexual arousal like I do with younger women and yet I am so animated, I look forward to meetings with her, she's very open, she has such an interesting mind. I think what I'm trying to say is that I just need to find something in the patient that keeps me interested, riveted and fascinated and wanting to know more. In younger women that happens in me having to do with my own sexual arousal, with older ones it has to do with other things that would arouse me, that would keep me alive and interested. ... I want to do something to make it [the relationship] alive for me." When I asked how he summoned his energy with male clients he explained he seeks for some aspect of the male client that hooks him, keeps him interested and fascinated. He described a male client he finds, "transparent, and he sort of lays things out for me very clearly and in a way undefensively [sic]."

James described his need to feel excitement and interest in his clients. Sexual feelings seemed to be a readily available source of this energy, but not the sole source of such interest. Other respondents referred to a similar process of needing to have strong feelings but none spoke as unabashedly about their sexual feelings. James was very clear in stating his feelings were his responsibility and that he felt no need to share them with clients, "If I feel sexual then I just let it be."

Jim expressed some similar feelings during the second interview. After this respondent learned that other respondents openly expressed feelings of sexual arousal without the need to explain or feel shame about them he acknowledged that he was generally not concerned about his sexual feelings towards others. "I don't feel uncomfortable about having those [sexual] feelings. If I had a lot of them I might want to refer the person. ... Yeah, I'm not particularly uncomfortable experiencing that every once in a while." He felt that he contained his sexual feelings and was able to feel attracted to someone, acknowledge this feeling to himself and move on without the need to express or to act these feelings out. He explained that he interpreted these sexual feelings as a form of "Eros." In this context, Eros was energy or intense interest in another individual. Sexual energy was a readily available source of this energy but need not be the only source of energy or Eros. He also said, "I would never initiate a discussion about sexuality between, sexual feelings between me and a patient."

In summarizing, the preceding experience of erotic feelings and the containment of these feelings several issues emerge. Clear and firm boundaries were frequently mentioned as necessary for the discussion and experience of strong feelings within the counselling relationship. Respondents reported that if the boundaries were firm and clear then any feelings, including sexual feelings, which arose could be tolerated and managed. The establishment of boundaries was incumbent on the counsellor and he needed

an awareness of his feelings and behaviors which are associated with boundary maintenance. Some strategies for establishing boundaries, which were extracted from the transcripts, include; knowing that sexual feelings are normal and expected, believing that the therapist will not act these feelings out with the client, having supervision and understanding that sexual feelings can be used to understand or explain the developing counselling relationship.

Descriptions of respondents' related erotic experiences and thoughts

Other sexual issues that were mentioned less frequently were heterosexual respondents experiencing sexual attraction towards other men and the belief by homosexual respondents that heterosexual women felt comfortable and appreciative of the opportunity to discuss their sexual feelings with homosexual men. Heterosexual respondents acknowledged that bisexual feelings are normal but the experience of these feelings could be disconcerting. As Jake, who acknowledged potential homosexual feelings said, "I wouldn't even let them (homoerotic feelings) in the door."

After the above quote this respondent described how he changed the lighting in his office after his office partners convinced him of the dangers of fluorescent lighting. "So I took it to heart, so one day I turned off the overhead lights and turned on the lamps. And I had two male clients that day come in and they were physically uncomfortable with the lighting. One client who happens to be a rugby player said, "Is this a session or are we dating?' So I immediately turned all the lights on and went, 'No, sorry I didn't mean to make you uncomfortable.'" When asked to describe his interpretation of that experience he said that his primary intention of reverting the lights to their original style was to alleviate the discomfort of the client. He appeared very uncomfortable describing this scenario and I wondered if he felt embarrassed about sending a potentially sexual message to a male client. His above comment seemed to deny such a reaction but as he said previously he was

reluctant to face his potential homosexual impulses and "wouldn't even let them in the door."

Two of the respondents, Evan and Chas, were homosexual and both of these respondents believed that heterosexual women felt safer discussing their sexual feelings with them than with heterosexual therapists. Their assumption was that women wanted to talk about sex with men. Their belief, which they based on intuition and clinical experience, was that talking about these feelings with homosexual men was safe because of the lack of sexual feelings arising between a homosexual man and a heterosexual woman. Safety was the issue and it seemed more likely to be present with an individual with whom the likeliness of the discussion slipping into the development of sexual feelings was unlikely.

Summary

The reports of erotic feelings in the counselling relationship was described by all respondents. Either the client or the counsellor might develop sexual feelings. The intensity of their feelings and their reactions to their feelings varied greatly. Most respondents had negative reactions to their sexual feelings. The most surprising description of erotic feelings was from the respondent who described how his erotic feelings seemed to enhance his work. This individual said he needed to feel excitement and interest in his clients in order to do his best work. He was able to feel excited without an erotic component but, erotic feelings were a readily available source of this excitement.

The experience of the research interview

This section addresses the interaction between the respondents and me; comments that respondents made regarding their experience as respondents; and my observations related to the interviews. This section is included

because it provides a context for understanding the experiences of the respondents. It also presents aspects the interview process which might affect the reliability and validity of the study.

Many respondents stated that discussing issues related to sexuality, especially their sexual feelings was very difficult, especially in the context of this project. As Jim said, "... the delicacy of your subject that, some of that phenomenological grist is just too intimate, in this context. I might talk with a consultant [about this]. ... we're talking about my sexuality, which is usually none of anybody's beeswax, except in my own relationship. Ahm, it's something I have to deal with in psychotherapy, but it's difficult to talk about." Another respondent, Jake, commented about the interview, particularly discussing sexual issues that "it felt risky."

Attending to the flow of the transcript supported these comments. Often the focus shifted abruptly from affective or sexually laden experiences to more cognitively oriented material. Sometimes the respondent switched the focus and at other times I was responsible for the shift. Even though respondents described the interview topics as sometimes generating discomfort, most respondents said they appreciated the opportunity to discuss their feelings related to sexuality.

Some of this discomfort was related to the anticipation that they would be judged in a negative fashion. Respondents believed that men viewing women as sex objects and having random or pervasive sexual feelings is not politically correct. Abe and Jake stated that the perceptions that all men are controlled by their sexual urges and unable to control these urges are widespread in current society and this is used to condemn men as effective counsellors, especially when they work with female clients. Therefore, they seemed reluctant to supply information that might support these beliefs.

The reluctance of respondents to disclose their feelings and thoughts related to their sexuality was expressed in the following interaction. During the second interview with Jim, he asked what other men had shared. I, reluctantly, said that some other men I interviewed felt no compunctions describing their sexual feelings and that it was commonly reported by respondents that sexual feelings were frequently experienced. While I was talking he interrupted with, "Do you think that?" I said, "Yes," and he replied, "I think so, but I still don't want to be the only one to say that."

The second interview yielded more disclosure of sexual topics than the first interview for several respondents. One strategy seemed to allow this process to unfold. During the second interview, in response to Chas' request to hear what other respondents shared about various topics, I disclosed some of the experiences given by other respondents. This prompted the respondent to describe more sexually oriented material. He said, "Well now that I hear that, I had a similar experience." In subsequent interviews, I sometimes shared experiences from prior interviews and asked if they had experienced similar situations. For instance, I might say, "Several other respondents found talking about their sexual feelings towards clients hard but others seemed to accept their feelings and even found that these feelings enhanced their work. Have you any comments about this?" I realized that this approach does not conform to standard phenomenological methodology in that it leads rather than follows respondents but the results seemed useful in furthering the collection of data. The interaction described in the preceding paragraph was an example of how this strategy elicited more information. I recall that Jim responded by smiling, asked me what I thought about this and on learning that I concurred he proceeded to disclose that he was not particularly ashamed or guilty about his sexual feelings either. This was not contradictory to his earlier statements but he went into more detail about the positive and beneficial aspects of these feelings than he had previously. Another respondent, Chas, responded in a

similar fashion and recalled the incident, mentioned previously, in which he found himself considering if he should compliment his client on his shoes. Whether this disclosure on my part gave permission for respondents to say more about their sexual feelings, stimulated their memories or initiated some other process is moot, but it did result in the eliciting of more data.

Several respondents became emotive and displayed intense affect during the interviews. The most commonly expressed feeling was sadness. Two men, James and Abe, became teary while discussing a specific client and described their feelings of sadness. Neither seemed concerned that their display would be negatively judged and I felt honored to witness their expression of feelings. Jake, whose comments were discussed in a previous section, revealed his deep confusion and associated turmoil related to his sexual feelings and the conflicts they instilled. He clearly struggled with his feelings and conflicts. He said, "... around the sexuality and the clinical work ... I think that is an area where I need a lot of time. ... I can see having a clinical support group of men." These respondents discussed how their feelings are part of their work and their understanding and acceptance of their experiences was an important dimension of their work with their clients.

Two respondents stated that reading their transcripts was difficult. They were disappointed to see their words in print and were surprised that they seemed so inarticulate. Abe said, "I always thought I was articulate but when I read this I was shocked." Jake, after reading the transcript, felt he made no sense at all during the initial interview. Jake was relieved to hear my summary because he felt it "pulled it all together," and made some sense out of what he perceived to be a muddled and incomprehensible interview.

Reactions to hearing my summary of the initial interview were very mixed. Several said the summary was accurate and consistent with their perceptions of what they intended to communicate. These respondents had

few suggestions and minor amendments they wanted made. As mentioned in the last paragraph, several respondents felt the summary made sense out of what they felt were rambling discourses. Other respondents felt the summary contained several major misconceptions and misrepresentations. One was referred to previously, Dan. It was during the second interview in which the respondent felt that the word "avoid," in reference to his sexual feelings, communicated something very different than what he originally intended. There were several other concerns this respondent had with my summary.

I had a similar experience with another respondent, Jim. He found some of the words I used as pejorative and implying that he was withholding personal information. Again, the word 'avoid' seemed to be heard as a criticism. He said, "The word 'avoid' is like I was consciously, that I was consciously or at least in some way resisting the question. ... it seems there is kind of a boundary there between being a professional interview and a therapeutic relationship, which I do not consider this to be. And so I think it's proper that I kind of pull back from anything that I feel is uncomfortable. ... Cause I remember being pretty open."

I was left with wondering what had occurred and why did I choose the tact I did. I appreciated each of their interviews and while writing this chapter I used a great deal from their interviews. For some reason I adopted a more confrontational stance with these respondents during the summary and feedback phase. My conclusion was that I initially felt that they did withhold parts of themselves during the interview. I was concerned that the information from the interview was too intellectually oriented. Jim commented, in the final minutes of the initial interview, that he was concerned that he was being too theoretical. When I asked about this he said, "... if I were in Charlie's shoes I'd want some nice, good, hard phenomenological grist, you know, 'I felt like this, I said this.' And I want to help...." I was confused. He seemed to grasp the nature of phenomenological research and

by making this comment he seemed to say he realized he was not providing the proper information. At that point I felt frustrated and deceived.

I was left with a feeling of frustration and confusion. Where did I go wrong? He and other respondents were aware of what I wanted to capture but felt it was not safe enough to do. The issue of who is responsible for the success of the interaction arose. This was followed by wondering what is a reasonable amount of disclosure on this subject that is admittedly hard to share, and the related issue of what is disclosure for different individuals. Eventually, I realized that I got caught up in some of their descriptions and missed their disclosures and did not appreciate what they were communicating by focusing on aspects in which they seemed to shift their focus.

I began to see that my concern for completing my dissertation was influencing my understanding of the interview process. My expectations of what I wanted affected my perceptions of their disclosures. Instead of using the word "avoid" using the word "shift" would probably have been more accurate and more respectful. The feedback session was useful in that it allowed them to clarify my misrepresentations and also through the process it dispelled the frustration I was feeling. In each of these two interviews I began to understand more about their reactions. As these interviews proceeded the apparent tension began to dissipate as we reached a mutual understanding of our relative positions. I appreciated the forthrightness and thoroughness of the respondents mentioned in these paragraphs for their willingness to work through the misunderstandings and the tension it seemed to generate in order to reach an understanding and resolution of the perceived conflicts.

Another issue may have influenced the feedback process as well. I gave the summary to the two respondents mentioned above and I read the summary to remaining five respondents. Perhaps while reading the summary I might have made subtle changes in wording to eliminate words which may

evoke a defensive response. Also when reading documents the tone of voice and pacing of the summary might convey different meanings than are conveyed when the respondent reads the words to himself. My initial intention was to read the summary to all respondents, therefore it was written for me. I am not aware of specific reasons for reading the summary to some respondents and not to others, other than expediency. With these respondents we had limited time and I needed to set up the tape recorder and believed it would save time for him to be reading while I working on the equipment set up.

Summary

In an effort to define and describe experiences which comprise the phenomenon of being an male counsellor the data from phenomenological interviews were condensed into four distinct categories. These categories included experiences related to gender-role expectations; feelings of isolation as men in the counselling field; erotic feelings; and the experience of the research interviews.

The results suggested that respondents periodically felt their clients expected something from them because they are men, even though they did not always know what their clients were expecting. This experience usually generated uncomfortable and confusing feelings. The respondents also felt that some clients entered counselling with strong stereotypes of men and male counsellors. Regardless of whether the perceived stereotypes of them were positive or negative, respondents found this situation frustrating or uncomfortable.

Nearly all respondents described feelings of isolation as male counsellors. The specific experiences varied among the counsellors but the results were feelings of aloneness or separateness. Many respondents also felt

a climate of repression permeated the counselling field and certain types of feelings and behaviors were considered anathema.

The third category consisted of erotic feelings. Respondents found their sexual feelings towards clients as potentially more problematic than the clients' sexual feelings towards them. The surprising finding in this category was that not all respondents experienced their sexual feelings as negative. Respondents were cautious when disclosing their erotic feelings, particularly when they found them pleasant. This was partly associated with issues from the previous category. Some of their feelings of isolation included the sense that a "politically correct" standard dictates what feelings are appropriate for counsellors to feel. Enjoying sexual feelings towards clients was something that was not "politically correct."

The final category included experiences of the research interview. This is not specific to the experience of being a male counsellor but it is useful for understanding the context in which the data was generated and interpreted. Several respondents felt their performance in the initial interview was less than adequate and they felt embarrassed by what they perceived as an inability to speak and communicate clearly and effectively. With several respondents it was clear I misinterpreted their meanings and some tension arose. The follow up interview was useful in clarifying the misunderstandings and resolving the associated feelings.

The final section will be a discussion of the results from various perspectives.

CHAPTER V: DISCUSSION

This chapter discusses the results described in the previous chapter. The findings are, at times, consistent with previous research. Where consistency exists, I believe the phenomenological method adds depth and humanness to the previous literature. In addition to supporting previous findings in the literature, the results describe several experiences that have not previously been reported, at least in detail, in the counselling literature.

Included in this chapter are a restatement of the research question; a brief description of the research method; a review of the four categories; a discussion of these categories in light of previous research; the limitations of the research; applications of the research findings; and suggestions for future research in this field.

Review

The purpose of this study was to describe the experience of being a male counsellor relative to issues of sex and gender-roles in the field of counselling psychology. A phenomenological method was employed because of its ability to capture comprehensive descriptions of human experiences. Seven male counsellors were interviewed and these interviews were analyzed using a process developed by Karlsson (1993). The interviews yielded three general categories of experiences. A fourth category, describing the experience of the interview, was included. It is used to provide a context in which to understand the preceding three categories. The first category included the counsellors' experiences of their clients' and their own gender-role expectations and stereotypes. The second category described respondents' experiences of affiliation and isolation as men within the counselling field. The third category described experiences of erotic feelings arising within the

counselling relationship. The experience of the research interview comprised the fourth category.

The results of the present study relative to the counselling psychology literature

The counselling and psychotherapy literature addresses the importance of the relationship between the counsellor and client to the process and outcome of therapy (Borden, 1979; Cashdan, 1983; Orlinsky & Howard, 1976, 1980). The literature also suggests that issues related to gender-roles and sexuality exert a major influence on all interpersonal relationships including the counseling relationship (Hare-Mustin & Maracek, 1986; Kaplan, 1987; Macoby & Jacklin, 1974; Orlinsky & Howard, 1976). Although the results of this study cannot directly prove these conclusions, the respondents described experiences in their clinical work that are consistent with these findings. Issues related to sexuality and gender-roles seemed an important part of their experience of being a male counsellor. Respondents described experiences related to these issues at length and with considerable feeling. In particular, these experiences were described as exerting considerable influence on their perceptions and behaviors in their therapeutic relationships. An example of such a statement is captured in the following comment, which has been paraphrased, "The danger of sexual feelings arising in the counselling relationship is always present." For this individual, experiencing sexual feelings towards his clients is an ever present possibility and this experience has the potential for danger.

The counselling and psychology literature includes articles directly connected with two of the categories described in this study. Those categories are the experiences involving gender-role stereotypes and expectations and experiences of erotic feelings. For instance, gender-role stereotypes and expectations were examined by Broverman et al. (1970), and

by Snell, Hampton and McManus (1992). Erotic feelings were included in studies by Orlinsky and Howard (1976), Blanchard and Lichtenberg, (1998) and described by Bilker (1990). Some of the results from this study are consistent with the literature, while other findings are inconsistent with the existing literature.

The literature suggests that gender based stereotypes and gender-role expectations are subtle and pervasive. However, the findings in the literature are not consistent regarding the presence and effect of these stereotypes and expectations. For instance, Bowman, (1982), Broverman et al., (1970) and Mayer and Marneffe (1992) found that counsellors seemed to hold traditional gender based stereotypes regarding their male and female clients. However, other authors, for example, Jones, Krupnick and Kerig (1987) did not find that counsellors perceived or treated their clients consistent with traditional gender based stereotypes. Respondents, in the present study, tended to describe their male clients using adjectives consonant with traditional gender-role expectations, but they did not describe female clients using traditional gender-role related descriptors. For instance, they often described male clients as unemotional or aggressive but they did not refer to female clients as overly emotional or passive.

Previous authors frequently referred to the propensity for men to be less skilled in establishing and maintaining intimate relationships (Chodorow, 1989; Kaplan, 1985; Meth & Pasick, 1990). Snell, Hampton and McManus, (1993) found that women were usually preferred as clients to men, in part because of their better relational skills and increased willingness to disclose feelings. The findings from the present study are generally consistent with these findings. Respondents tended to describe their male clients as more handicapped than female clients in their ability to manage relationships. In general, respondents seemed more positive in their descriptions of female clients than male clients.

Most respondents, who reported erotic feelings towards clients, experienced these feelings as negative and disruptive in the counselling relationship, which is predicted in the articles by Bilker (1983) and Orlinsky and Howard (1976). Respondents described feeling self conscious, awkward or even ashamed when they became aware of feeling attracted to a client. As a result, respondents withdrew during sessions, made comments they later felt were unproductive or attempted to impress clients so that they would return. In the event a client did not return, they believed their sexual feelings may have been at least partially responsible and criticized themselves.

However, other respondents described their sexual feelings as either neutral or positive in a way which enhanced the therapeutic relationship. The respondents who offered positive descriptions believed their erotic feelings added energy and created interest in their clients. Although they were able to generate energy and interest with clients with whom they were not sexually attracted, erotic feelings seemed one readily available source of this energy. These findings are not consistent with the literature. As mentioned previously, the bulk of the literature focuses on the negative and disruptive effects of erotic feelings occurring in the counselling relationship. Blanchard and Lichtenberg (1998) conducted a survey in which they asked counselling psychologists to describe their reactions to sexual feelings towards their clients and the amount and quality of graduate level training on this topic. Although some of their respondents reported feeling comfortable with their erotic feelings towards clients, there were no reports of beneficial aspects of their erotic feelings. The format of the survey may not have been capable of eliciting such reactions.

Experiences related to the second category, the respondents' feelings of isolation and loneliness, are not well documented in the literature. The literature described the increasing number of women entering the field of psychology, particularly at the doctoral level (Martin, 1995). However, the

impact of this demographic change has not been examined in the literature. The descriptions of experiences describing feelings of isolation and inhibition by men in the counselling field are not surprising. The literature includes references to the belief that men are deficit in the skills necessary to establish an appropriate counselling relationship, especially with female clients (Lerman, 1978). Research has also found that clients frequently prefer a counsellor of the same sex (Urquhart, et al., 1986). Although there is research into the relative efficacy of male and female therapists (Orlinsky & Howard, 1976), there is scant research exploring the effect of these findings and opinions on male or female counsellors. The findings in this study document the existence of feelings of isolation and inhibition in some male counsellors and begin to describe the experience of these feelings on the respondents interviewed in this study.

Perhaps the greatest contribution of this study is in providing detailed descriptions by male counsellors of experiences in their clinical and professional lives related to issues of sex and gender-roles. It portrays how these men experienced their role as male counsellors in their relationships with clients and as professionals in a field in which they felt in the minority.

How counsellors experienced their clients' and their own gender-role expectations and stereotypes

One of the findings from this study was that the respondents often felt that their clients expected something from them as men. They typically became aware of these expectations as they noticed themselves acting in ways which either surprised or disturbed them. An example is the respondent who heard his voice deepen in tone as he was working with a female client whom he believed was attracted to him. In these situations, the respondents felt pulled or induced to respond in a prescribed manner. One way of viewing this process is that it is countertransference.

The concept of countertransference has undergone several mutations in the history of psychoanalytic thought. The most narrow definition is the therapist's unconscious feelings to the client's transference. A broader definition includes all the therapist's transference. The broadest definition includes all feelings a therapist has towards a client (May, 1986).

Countertransference is considered an unwanted intrusion of feelings or thoughts in the counsellor by some theorists, which must be dealt with separate from the client. Other theorists consider these reactions useful sources of information about the client (Cashdan, 1988; Langs, 1989; May, 1986; Tirnauer, 1989). The latter use of countertransference was described by Dan when he related the experience of observing himself as charming and witty and began to understand that this represented his client's way of moving through the world. He used his behaviors and feelings, that is, his countertransference, as a way of understanding his client.

Jones and Zoppel used countertransference to describe aspects of their findings in their study on the impact of gender on counselling process and outcome (1982). They reported that male counsellors experienced more "countertransference problems" than female counsellors, especially with female clients. This finding was inferred from comparisons of the ratings of male therapists with female therapists towards female clients. The male therapists tended to rate their female clients in a more negative and critical manner than did the female therapists. For example, male subjects described their clients as "temperamental" or "conceited" more often than did female subjects. The respondents in the current study did not describe their clients in the same direction as did the therapists in the Jones and Zoppel study. With the exception of experiences in which respondents perceived female clients as "anti-male," they tended to describe female clients in more favorable terms than male clients. They also described their female clients as generally more inclined to present in ways which made them better clients.

The countertransference scenarios described by respondents in this study were often in situations in which they felt clients were wanting or expecting something from them because they were men. Part of the respondents' concern about their reactions was associated with not always understanding what was expected of them. However, another important aspect of the experience was the feeling that something was happening to them in which they were impelled to respond. As one respondent said, "It was weird. ... And I was very aware of how I tried to drop my voice," as he noticed his voice deepen.

Countertransference is presented by respondents as a process of the therapist responding to perceived messages from the client. It is possible that respondents misread clients and their reactions were the result of their own gender related expectations and issues. Because gender-role expectations are so deeply ingrained (Beal & Sternberg, 1993), these scenarios might be a reflection of the respondents' issues. Even though many of the respondents said they worked hard to overcome the impact of gender-roles, they described situations in which their influence may have remained to some extent.

However, an alternative explanation involves the assumption that the respondent is correct in his assessment that the client is making assumptions about him or expecting something from him as a man. If one assumes that the client is an active participant in the process rather than assuming the respondent is acting in isolation, another perspective of countertransference is called for. In this context the counsellor's countertransference is not the product of her or his unfinished business but a reaction to something actually occurring in the present counselling relationship. According to Cashdan (1988), "... countertransference refers to the emotional reactions of the therapist which occur in response to the patient's projective identifications" (p. 97). Projective identification is described by Cashdan as the therapist responding to subtle, unconscious messages from the client to act in a manner

consistent with the wishes or expectations of the client. Projective identification occurs when the client projects some aspect of himself or herself onto the counsellor and induces the counsellor to feel or respond in a manner consistent with the unconscious intentions of the client. Neither participant is initially aware of the process.

The description reported above in which the respondent heard his voice deepen could be viewed as an example of either countertransference as a reflection of the counsellor's issues, as an example of projective identification or as a combination of each. Depending on which interpretation one uses has implications for the course of counselling. Discussing how the distinction among the three possible explanations is beyond the scope of this paper. What is useful to acknowledge is that gender-role issues might be easily tapped in therapeutic relationships, leading to countertransference reactions in the therapist. Counsellors and clients enter the therapeutic relationship with deep seated issues related to sex and gender-roles which are likely to be expressed and communicated in the relationship. Because of this, both countertransference feelings resulting from the counsellor's issues and feelings resulting from projective identification are apt to occur. The implication is that a counsellor who is aware of potential issues which, when tapped, are likely to elicit countertransference can more quickly identify his feelings and their source enabling him to more readily return to the present. The feelings of confusion and disorientation related to respondents can be abbreviated and attention can be re-focused on the counselling process. An example of this process is described later in this section.

Bilker (1993), in his anecdotal article discussing guidelines for therapists working with adolescents diagnosed with eating disorders, described a process similar to that of the respondents. Based on his clinical experience he found that men working with female clients diagnosed with eating disorders would encounter several obstacles. He predicted that the male therapists would

often feel they were "not given a chance" to establish themselves as effective counsellors because they were men. He believed this could lead to feelings of resentment as well as inadequacy and rejection in the counsellor which could easily disrupt the therapeutic relationship. The experience of "not being given a chance" accurately describes the respondents' experience when they describe their reaction to female clients whom they felt rejected them because they were men.

In situations in which respondents felt they were not given a chance, they tended to describe their frustration and anger more than their feelings of inadequacy of rejection. When recalling the interviews, the respondents who described these experiences did seem hurt or saddened by what occurred. However, these feelings were inferred from the taped transcripts and they were not specifically described by the respondents. Respondents may have fallen into a more traditional male position which would lead them to express feelings of frustration and anger more easily than hurt and rejection (Meth & Pasick, 1990).

Bilker (1993) suggested that male therapists would have to monitor their reactions and manage them effectively if they were to establish constructive alliances with these clients. He believed that male therapists could work effectively with female clients with bulimia if the counsellors could remain focused on the therapeutic issues and manage their internal reactions effectively. He did not specify how these reactions could be managed. Even though respondents in the present study were not describing clients with bulimia, the dynamics are comparable in that the traditional gender-role assumptions made by the clients seemed similar. For example, the clients described by Bilker tended to dismiss male therapists as not being able to understand their issues. Respondents felt some prospective female clients assumed they would be not able to grasp their issues because they were men.

Respondents believed they were able to maintain effective relationships with these clients if they "could stay centered."

The process articulated by the respondents, who felt they were successful in maintaining a relationship with these clients, was for the counsellor to identify his experience, which often included self-consciousness and feeling uncomfortable, leading to ruptures in the empathic connection; find a way to accept these feelings; and then put them in a perspective that allowed the counsellor to go forward. This was often an internal process and they believed that their feelings need not always be expressed to the client. Different strategies or processes were described by respondents intended to put the experience in a new perspective. Often respondents used their reactions as clues to the client's interactive patterns and they were able to work through the feelings by finding meaning in the process which would shed light on the client's interpersonal style. Basically, these respondents described a process of working with and through their countertransference experiences. Frequently consultation was sought and the counsellors found relief through sharing their feelings with an impartial and supportive professional. Respondents believed that if the obstacles could be resolved the experience of working with a male therapist was beneficial. Their rationale was that many of these female clients had a history of dysfunctional relationships with men and working with a supportive and respectful male counsellor helped them develop the knowledge and skills necessary for interacting with men.

The findings from the present study are more consistent with Heatherington, Stets and Mazzarella (1986). They found male clients received less favorable ratings from therapists on interpersonal skills and women received higher ratings on behaviors considered requisite for clients. In the current study, respondents described their male clients as reluctant to seek treatment and more uncomfortable when they did. They also tended to see female clients as having characteristics more conducive to therapy than male

clients. As previously stated, often these observations were made in the context of couples counselling. Recall the quote from the respondent who wanted to change the lyrics from the song in My Fair Lady from "Why can't a woman be more like a man?" to "Why can't a man be more like a women?" Many respondents echoed this sentiment. They saw wives initiating the treatment process and many respondents felt their goal was to provide a model, "a husband clinic," for the husbands to emulate in their marital relationship. This is consistent with their descriptions of themselves as nontraditional men. It also implies they saw the husbands as more in need of changing than the wives. Respondents also described strategies and interventions they felt were effective in engaging the husbands in treatment. It is as if they needed to be "roped in" while the wives entered with more willingness and interpersonal skills. As a respondent said, "Whose voice is it that says, 'Honey, we need to see a counsellor.'" He was referring to the voice of a wife.

The experience of male counsellors and male clients

Although respondents believed their female clients approached them with mixed expectations regarding their gender-role behaviors, they chose to describe male clients who entered treatment with nontraditional gender-role expectations for them. Respondents saw their male clients expecting their counsellors to elicit feelings, be "touchy feely" [sic] and would want them to adopt more feminine behaviors. These descriptions are consistent with the literature. For instance, Johnson (1978b) believed that male clients expected male counsellors to act more feminine than masculine. Respondents realized that if they wanted to engage these men in counselling they needed to approach these male clients in such a way as to mitigate their discomfort and concurrent feelings of losing control. They described various interventions for accomplishing this goal. For instance, they shook hands firmly, allowed the client some control in setting the tone for the initial part of the session and

accommodated the clients' needs for control and information. Carlson (1981) as well as Meth and Passick (1990) described men as more reluctant to enter counselling and suggested similar approaches to engage male clients in the therapeutic process.

Felton (1986) and Ipsaro (1983) wrote that counsellors would experience negative feelings and might reject individuals who presented with sexist ideas. They also predicted counsellors might rush to change their clients' beliefs rather than explore what they meant. Respondents reported experiences consistent with these findings and described specific situations in which they felt these dynamics were at work. This was described clearly by the respondent who related how he could fall into the trap of reacting to the "salesman" type of male client versus standing back and intervening in a more thoughtful and constructive fashion. Although counsellors knew what they should do, they sometimes fell into the trap of reacting to clients when confronted with clients who presented in traditional male roles. Being able to move into and then beyond their initial reactions in order to explore the underlying therapeutic process was the goal of respondents, but this was not always easily accomplished. The presentation styles, which seemed to create the greatest discomfort in the respondents, were interpersonally controlling behaviors, avoidance of affect and attitudes which were sexist and homophobic. These reactions by respondents can be understood as a form of countertransference. This type of countertransference would fit the more traditional definition which reflects the intrusion of the therapists' unconscious conflicts into the relationship. Perhaps the counsellor is attempting to distance himself from remnants of his feelings which are reminiscent of the client's. This is speculation and provides one tentative explanation for the counsellor's response. The usefulness of this speculation is that it suggests areas of future research. Should this explanation prove valid, then it suggests directions for counsellors to work on managing their reactions in session.

A pattern that emerged, when working with couples, was the tendency for the respondents to align themselves with the wife. A "triangle" often formed with the husband slightly removed. Generally erotic feelings were not present, at least in the counsellor. Respondents said they needed to be careful to avoid taking a side and alienating the husband. Respondents seemed to anticipate this inclination to side with the woman. Realizing the tendency to move towards the wife was useful in evading this potential conflict and the resulting damage to the emerging therapeutic relationship. In this study, the respondents were generally aware of their tendency to side with the female partner. This finding is useful to alert male counsellors of a potential pattern, when seeing couples, which might be counterproductive.

An interesting observation is that the respondents who described couples chose heterosexual couples in which the husband and wife tended to conform to traditional gender-roles. This pattern held for counsellors who were homosexual and bi-sexual. It would be interesting to query these men about how they made their choice of couples to describe and how these experiences compare and contrast with couples they have seen who do not conform to traditional gender-roles.

Gender-role identities: Androgyny and the male counsellor

Many authors believe an androgynous counsellor is the ideal (Ipsaro, 1986; Petry & Thomas, 1986). They advocate the balance of masculine and feminine traits is essential for establishing a working alliance and proceeding through the counselling process. The respondents seemed to agree, although not all respondents seemed comfortable with the label of androgynous. Nearly all the respondents described themselves as incorporating male and female qualities but not all respondents used the word "androgynous" when describing themselves. Respondents described themselves as empathic, respectful, cooperative and emotionally oriented; characteristics often associated with the feminine gender-role. Respondents were less apt to use

traditional male attributes when describing themselves. For instance, no respondent depicted himself as strong, independent or decisive. Several respondents stated that they enjoyed "being a man." Many respondents felt that being men had advantages and that men had "something to offer" as counsellors. Although this was not clearly stated, several respondents seemed to identify primarily with being men who possessed nontraditional traits rather than as androgynous men.

One respondent in particular struggled to describe his gender-role identify. Early in the interview he described his gender-role as "traditional," later he changed that to "nontraditional." He commented that saying he was a traditional man "felt more comfortable" but that in retrospect he did not fit the traditional role of a man. It seems as if respondents varied in their self descriptions of their gender-role affiliation and struggled, to some extent, in knowing where they fit. I would assume if forced to choose among descriptors such as masculine, feminine, androgynous, undifferentiated or crossed, they would choose androgynous. However, when given the opportunity to describe in their own words their self described gender-role affiliation it might be more amalgamated. For example, I don't see myself as androgynous but first as a man then as a man who has feminine parts.

In our culture when men behave in ways defined as feminine, society usually responds harshly. Several authors (Beall & Sternberg, 1993; Brown, 1986; Chodorow, 1989) referred to the adverse consequences of being less than male in our society, yet most of the men interviewed did not seem to have negative feelings related to their adoption of nontraditional gender-role behaviors, at least in the role of counsellor. I anticipated that respondents might feel some discomfort when working with traditional male clients relative to their self perception as nontraditional men. I listened for these feelings when respondents were describing their interactions with more traditional male clients but I did not hear any clear descriptions of negative experiences related

to their gender-role behaviors from respondents. Most respondents described how they consciously adapted their behaviors to engage these men but they did not seem to feel discomfort associated while interacting with these men.

One respondent referred to feelings of "inadequacy" as a man in social situations when encountering men who seemed to expect him to know about cars or sports. Another respondent poignantly described his feelings of loneliness as a nontraditional man in our culture but again these feelings did not seem to impinge into his professional relationships. While it is possible to isolate the roles of being a counsellor with being a man outside the therapy office it seems to me that this compartmentalization cannot be so complete that conflicts do not occur. I have felt uncomfortable while working with traditional men. I have wondered how they perceived me and how to establish credibility when working with them. I have, periodically, questioned myself as a man when being with these men. For instance, I have felt, at least momentarily, indecisive or passive in comparison to self-assured and domineering male clients. However, none of the respondents reported similar experiences. One respondent mentioned he felt envy when working with very attractive male clients but this is different than questioning one's gender-role behaviors as adequate. Another respondent described how he approached clients who eschewed "touchy feely" situations but again he did not report personal discomfort with these clients. In fact, he very much liked the client whom he described while relating his experience. Another respondent described attempting to work with male clients who project a "salesman" image. He described feeling angry and rejecting towards these clients. He was aware that he needed to work on learning different ways of perceiving these men and interacting with them. He was clear that he felt strongly challenged by these men. However, he did not describe self doubts. Another respondent described his struggle with fitting into our society as a man who did not fit the traditional stereotype of men. He reported feeling separate from

others as well as occasionally creating discomfort in others. He described feelings of sadness that others sometimes avoided him. He found his effect on others more prevalent outside the therapeutic relationship, but he did not report negative feelings about his nontraditional gender-role characteristics

The lack of descriptions of negative feelings related to their nontraditional gender-roles from the respondents in sessions was surprising. Several explanations are possible. Perhaps the role of therapist serves to insulate these nontraditional male therapists from dysphoric feelings associated with their gender-role behaviors; the expectations of being a therapist supports having male and female qualities; the respondents who were interviewed feel particularly secure in their gender-roles; or the interview did not tap feelings which may have been present but not expressed. More investigation into this phenomenon seems indicated.

The respondents' tendency to not stereotype their clients

Research predicts that counsellors bring their stereotypes of men and women into their clinical relationships (Broverman et al., 1970). Only one respondent stated that he was aware of how his stereotypes had adversely affected his earlier work. Other respondents were aware of being stereotyped and some described how they felt induced to respond in stereotypical ways. All respondents disclosed gender-role stereotypes as they described their clients, however, no other respondent explicitly questioned, defined or described his gender-role stereotypes and how these may influence his clinical work.

Respondents made generalizations about men and women, by way of describing their clients. These generalizations were generally consistent with traditional male and female gender-role assumptions (Beal & Sternberg, 1993; Meth & Passick, 1990) and were considered useful by them in understanding and approaching clients. For example, respondents assumed male clients

expected them to focus on feelings, which might be uncomfortable for men. If the respondents felt a particular client held these beliefs, they approached these clients with this in mind and tailored interventions around these beliefs.

Respondents acknowledged male and female behavioral styles and thought processes without identifying them as stereotypes. Several respondents referred to "male" types of thinking. In the section from the previous chapter on male thinking and values I discussed the respondent who took pleasure in the "male" aspects of psychology. He referred to the style or rigorous thinking, the bantering style of interacting and the rational approach to defending one's beliefs. However, no respondent identified or defined their beliefs as stereotypes.

Although stereotypes are generally outside an individual's awareness that does not preclude some insight that we hold them. For example, I have heard counsellors describe an awareness of their racial stereotypes and their struggle to become cognizant of what these stereotypes are and consciously work to eliminate them. The acknowledgment of personal gender-role stereotypes was absent in all but one respondent. Although the interview did not directly elicit descriptions of gender based stereotypes it was striking to me that more respondents did not acknowledge they might hold stereotypical beliefs.

The respondents' experiences of affiliation and isolation as men within the counselling field

The strong influence of feminism in the field of counselling described by Hare-Mustin (1985) and Kaplan (1986) was alluded to by nearly all the respondents. The strength of this reaction by the respondents led to the creation of a category to include these experiences. The experiences fell under the categories of feelings of isolation, feeling prejudged because they were

men and adapting to changing social norms governing interactions involving men and women.

The literature describes the increasing number of women entering the profession of psychology at the doctoral level (Martin, 1995). All but two respondents stated the observation that more women than men are in the field, at least at the Masters level. However, there is scant literature on how these changing demographics at the doctoral level or the minority position of men at the masters level is experienced by men. It was evident that many respondents experienced strong feelings as a result of their minority position and the strong influence of feminism in the counselling field.

Jones and Zoppell (1982), Lacy (1984) and Orlinsky and Howard (1976, 1980) describe the perception, not necessarily their own, that male counsellors may be less capable or less preferred than female counsellors. For instance, Jones and Zoppel, in their literature review, refer to findings suggesting that "noncollege women subjects viewed female counselors as more genuinely interested in them and better able to understand their problems and reported expectations of greater comfort and ease of expression with women than with male counselors" (p.259). Kaplan (1985) uses the works of Chodorow to describe how the psychosocial development of men predisposes them to be less able in establishing therapeutic relationships. She does not advocate that men be excluded from the counselling profession but she suggests training be aimed at helping men compensate for their interpersonal deficits. Lerman (1978) does state that "many male therapists should not see female clients" (p. 250). She adds this comment after previously writing "Pressure on male therapists now comes from some women's groups which have stated categorically that women clients should only be seen by women therapists" (p. 249).

Respondents expressed strong reactions to these perceptions of male therapists. As one respondent said, "These beliefs are killing men in counselling." The sense of isolation combined with the influence of feminism resulted in feelings of anger, resentment, discomfort and helplessness. Many of the respondents believed they had struggled to overcome and change much of their gender-role training and no longer considered themselves traditional men. Nonetheless, many respondents felt prejudged and helpless to be seen as people versus men.

Although respondents considered themselves to be nontraditional men, they continued to identify themselves as men who acted as nontraditional men or men who were also androgynous. Two respondents clearly stated, "I'm glad to be a man." Because of this strong identification with their sex it is possibly that respondents realized they may continue to possess some of the characteristics or feelings that are identified by the offended group as offensive. For instance, respondents reported one of the charges against men is that they sexualize women. Therefore, when men feel sexual attraction towards a woman it can become a piece of evidence to support the belief that men are overly sexual. The complication occurs when these men become aware of their feelings. If they accept or have incorporated the belief that men are overly sexual then they may feel guilt. This was displayed by the respondent who said, "I'm not worthy to be a counsellor having these feelings." If they do not incorporate these beliefs then they may not experience negative feelings related to their erotic feelings but they may feel reluctant to express their sexual feelings in order to avoid what they anticipate as an attack. This was illustrated by the respondent who asked me what I thought about feeling sexually attracted to a client before he described his erotic feelings, "I didn't want to be the first." In either case, the result was a tendency to withhold feelings and thoughts. In the bigger picture the could be

that clinicians may avoid seeking support and consultation leading to the loss of opportunities to enhance their clinical work.

A way of understanding the urge to seek male peers stems from the feelings associated with their perception that they are not traditional men, which may lead to questions regarding their gender-role identity. As has been previously stated, many authors, for example Beall and Sternberg (1993), believe that men who act in nontraditional male ways are open to ridicule and often their self esteem is adversely affected. Constantly being supervised by women and working in a mostly female environment may undermine one's sense of being male, particularly when these men identify themselves as nontraditional men. Seeking out other men may alleviate feelings or concerns generated by these factors. As one respondent stated when entering a room of therapists and finding men his sense of comfort increases as if he belongs after all.

The experience of erotic feelings

Erotic feelings became one of the most discussed issues and comprised a great deal of interview time. The feelings associated with this topic seemed the most powerful. As reported in the previous chapter, the respondents described a variety of reactions to their sexual feelings ranging from shame to pleasure. The intensity of the feelings seemed uniformly high for those who reported them.

Interestingly, even for those respondents who described their erotic feelings as negative, some of the descriptions resembled the description of feelings which were positive. For instance, one respondent, when relating an uncomfortable experience involving erotic feelings, reported the time went faster, he felt more interested and his energy was greater. Similar reactions were described by the respondent who found these feelings enhancing his

work. It is interesting that similar experiences, that is, sexual interest, can evoke such disparate reactions.

Several of the respondents who reported discomfort with their erotic feelings described how these feelings disrupted the relationship. They reported feelings of self consciousness and, at least, brief loss of contact with the client while they wrestled with their thoughts, feelings and impulses. A few respondents described how their sexual attraction towards clients led them to make errors in judgment which may have disrupted the therapeutic relationship. For example, the respondent who rushed to offer a premature interpretation as a way of impressing his client so she would return the following week illustrates how erotic feelings could interfere with clinical judgment. The respondent who related this incident also had reported feelings of shame and guilt over his erotic feelings. The findings of Jones, Krupnick and Kerig, (1987) and Orlinsky and Howard (1976) that female clients perceived male therapists as more "detached" may have some connection to this experience. Clearly other issues may account for the clients' observations but the impingement of erotic feelings in the counsellor and his attempt to monitor and control these feelings by withdrawing into himself and withholding these feelings from his client could explain such a breach of empathy and connection.

The two general strategies described by respondents for managing erotic feelings were either to consciously push their sexual feelings away and suppress them or to enjoy their erotic feelings and use these feelings to arouse interest and energy in sessions while avoiding expressions of these feelings to their clients. One respondent who described these feelings disclosed that he was raised in an environment in which sexuality was considered normal and healthy. The second respondent who described pleasure in his erotic feelings in sessions stated that he also considered sexual responses normal and healthy. Both individuals believed that their sexual feelings were their

responsibility to contain and that clients did not and should not be burdened with them. They believed that their feelings were not communicated to their clients and that their clients were not aware of their feelings. The findings lead me to conclude this phenomenon is partially related to the respondent's comfort with his sexuality and his confidence in his ability to maintain appropriate boundaries. They seemed to be saying to themselves, "I feel excited by this client, that's OK, it's my feeling and the client need not know. Now, let's get to work." The discomfort described by other respondents when they experienced erotic feelings towards clients seemed to be generated by their inherent prohibitions regarding sexual feelings. These internal conflicts led to a focus on their feelings, interrupting the therapeutic relationship.

The finding of positive clinical experiences and positive feelings associated with erotic feelings towards clients was unanticipated. The belief that the presence of a counsellor's erotic feelings might enhance the counselling relationship sounds a very risky claim to make and needs further exploration. The preponderance of articles agrees with the majority of respondents who found erotic feelings negative and disruptive. The literature, for example, Bilker (1993) and Orlinsky and Howard (1976) generally describes the negative and even malignant aspects of erotic feelings in the therapist. In their survey, Blanchard and Lichtenberg (1998) found that not all counsellors experienced erotic feelings negatively but no further details regarding how they experienced these feelings were provided. Several authors, for example Cashdan (1988) described how erotic countertransference in the therapist is useful for understanding the client's interpersonal dynamics. They see these feelings as common and normalize their presence.

Very few authors write about the beneficial and enjoyable effects of erotic feelings in the counsellor for a client. One author who does describe such feelings is May (1986). He writes,

And do we, on noticing one of those moments of desire, treat it phobically, as something to be avoided or got rid of? Is there not some value in the process of the therapist experiencing these emotions? And here I mean more than the notion of our "countertransference" is a source of information about what the patient may be experiencing, or fending off. I mean the possible direct therapeutic function of the therapist's activity in sustaining and containing these emotions or fantasies, in experiencing, while not acting on them. Perhaps in this area our technical principles of restraint should be seen as involving more than abstaining from harm. Perhaps our restraint is a therapeutic act. What sort of work is the therapist doing in having erotic feelings without acting on them? Are there times when by containing those feelings the therapists is playing his or her part in a vital developmental drama? (p. 170)

May continues by describing a clinical case in the which a male therapist found his female client "appealing, interesting and attractive" (p. 172). In the course of the clinical presentation he openly acknowledged his sexual feelings and his occasional enjoyment of them. He used his erotic feelings in a variety of ways including a source of energy their sessions.

The article by May came closest to capturing the experience of the respondent who described his pleasure in his erotic feelings in session with clients. The disclosure of erotic experiences by respondents was in itself surprising, in light of the current atmosphere of political correctness described by so many respondents. Only one respondent spontaneously described his pleasurable erotic feelings. Other respondents disclosed similar experiences only after testing the water to see if their disclosures would elicit a negative reaction.

The reported experience of erotic feelings in psychotherapy is common (Keith-Spiegel, & Koocher, 1985). The erotic feelings and, the often reported, attendant feelings of shame and discomfort can be intense. In my opinion, being able to openly discuss these experiences with supervisors, consultants and peers is an important way to process these reactions and learn to manage

them appropriately. This discussion will more easily occur if an atmosphere of acceptance and support can be achieved. However, several factors make discussion of erotic feelings difficult. One internal factor is the shame and embarrassment many respondents associate with these feelings. The second factor, which is external, is the expectation that disclosing such feelings will elicit derision, criticism and attacks from others, which is described in the preceding section.

The experience of the interview process

A discussion of the interview process is included because it is an integral aspect of the research method. The interview is co-created by the participants. This point was made clear during interactions such as the one in which the respondent asked me for my opinion about sexual feelings in the counselling relationship. My acknowledging their presence and displaying support for the other respondent who described his enjoyment of erotic feelings seemed to give him permission to disclose his experiences. Respondents also spoke of the experience of the relationship between us. One respondent clearly described his dilemma regarding how much and what to share with me. He spoke aloud in an effort to define our relationship saying, "You are not my therapist or confidant or consultant. ... Some things about my sexuality are no one's business but mine." The feelings described by respondents towards the interviews, their reading of the transcripts and their reactions to my feedback also contributed to my belief that this category should be included.

Before moving to a discussion of the process I want to make some general comments. My experience of these men varied with the men and throughout the interviews. Some men were emotionally expressive of their sadness and vulnerability while others seemed more rational and descriptive. My experience of some respondents was of being kept at some distance while

with others I felt more included. However, my impression was that all respondents sincerely wanted to be helpful, were honest and none of these comments reflects positively or negatively on their abilities as professionals. There is not one respondent to whom I would hesitate referring a client.

When I felt I was being pushed away, I made the error some respondents described when they experienced strong feelings in sessions. My feelings became the focus and I reacted to the feelings rather than taking time to examine and understand the process and then respond. In addition, I was concerned with completing a dissertation and when I encountered what seemed to be resistance I began to panic and my judgment was affected by these considerations. I think this may have contributed to my misinterpreting them or mistakes in framing my feedback to them.

The reactions to hearing the summary at the beginning of the second interview were mixed. These reactions are detailed in the previous chapter. All but two respondents reported favorable reactions to hearing the summary and believed it was an accurate reflection of their thoughts. Several were reassured that they had made a contribution to the project because they left the initial interview feeling they had done poorly. Several respondents also felt that the transcript made them appear less than articulate. Mishler (1986) commented on the experience of respondents reading their interviews in his book on interviewing. Seeing one's interview with all the repetitions, "ah's" and lapses in syntax can be discouraging. In these situations, I was pleased to have persisted in reaching all respondents and encourage them to return for the follow up session.

Grasping the initial purpose of the interview was difficult for nearly all the respondents. This was said by many respondents and implied by others. As previously stated I purposively kept the initial question open ended and perhaps, too vague. On the other hand, disclosing one's sexual feelings, fears,

frustrations, doubts and anger to a peer is inarguably difficult. Some of the digressions, mentioned in the beginning of the last chapter, were undoubtedly related to the difficulty of disclosing thoughts and feelings related to the subject. As I noted previously, these digressions were initiated by either the respondent or me. Despite the discomfort, respondents persevered and offered much of themselves for analysis.

The inclusion of a second interview had many benefits. It provided an opportunity to check my perceptions of the interviews and gave the respondents a chance to have their data verified. The questions asked in the follow up interview were more specific as they focused on material from the previous meeting. Also revealing what other respondents reported seemed to introduce new ideas or perhaps gave permission for respondents to reveal more information than they previously had.

Conclusions

Several conclusions emerged from the study. One conclusion was that as men, respondents were susceptible to experiencing feelings in several areas in their therapeutic relationships. These were feelings of being stereotyped by clients as men and the experience that something was expected from them by clients because they were men.

The findings suggest that male therapists find working with traditional male clients challenging and occasionally the counsellors felt provoked to act in non-therapeutic ways with these clients. These counsellors were also susceptible to feelings of rejection when female clients expressed disappointment having to see a male therapist. The respondents, who shared these experiences were aware of their inclination to react from their feelings rather than work their feelings through without responding to the client in counterproductive ways.

The findings describe the experience of the respondents working with heterosexual couples and the tendency to align with a wife and perceive the husband as the identified patient. As with many of the processes described there was often an inductive quality present in which the counsellor found himself acting or reacting to a therapeutic situation.

Another conclusion was that many respondents felt isolated and prejudged as men by some of their female peers. The related atmosphere of political correctness was felt to limit what they disclosed in professional groups even when it might be clinically beneficial to discuss their thoughts and feelings.

An overarching finding was that strong negative feelings on the part of the counsellor either led him to focus inward, disrupting his connection with the client, or impelled him to respond counter-therapeutically. Either response can have a negative impact on the relationship. Whether the feelings were sexual arousal, anger, self-doubt or some other feeling was less important than the process it initiated.

Lastly, I was surprised to hear the description of the positive experience of erotic feelings by one counsellor. Eventually another respondent acknowledged he was not particularly concerned about occasional erotic feelings in sessions. It was assumed by me and implied by others, for instance, Orinsky and Howard (1976) that therapists would have mostly negative reactions to their erotic feelings. This is an area which needs further exploration.

Bracketing

In Chapter Three I described several preconceptions I carried with me as I proceeded in conducting the data collection and interpretation. In this section

I will return to these preconceptions and comment on how they relate to the results and conclusions.

Several beliefs I held, based on personal experience and findings from the literature, were that male counsellors would experience erotic feelings towards clients, these feelings would be described in generally negative ways (Bilker, 1993; Orlinsky & Howard, 1976, 1980) and they would exert a disruptive effect on the counselling relationship. Some of these feelings might be related to the fear of crossing boundaries (Biker, 1993). Several respondents did provide descriptions consistent with these beliefs. However, other respondents felt no compunctions about their erotic feelings. One respondent described his erotic feelings as enjoyable and enhancing his clinical work. Respondents described an effective way of dealing with these feelings as establishing clear boundaries but no respondent specifically stated a fear of him crossing a boundary. The concern seemed to be about the client's need to feel the presence of a strong boundary.

Many respondents described feelings of either not being given a chance or being prejudged by female clients. This is consistent with my experience and with Bilker's (1993) thoughts in his work with female clients having bulimia. The experiences in this area are very consistent among the respondents, the literature and myself. Respondents described difficulty working with traditional male clients. Their feelings tended to be frustration and irritation. This is consistent with much of the literature but no respondent revealed feelings of inadequacy or self doubt. This is not consistent with my experience and was surprising to me. No respondent described feelings of discomfort with male clients who presented in nontraditional ways. For instance, no respondent reported feeling uncomfortable with men who cried, as Ipsaro (1986) expected.

I was concerned about my theoretical preconceptions influencing the interpretation of the data. Much of the results seemed to easily fit the concepts of countertransference. I wondered if I was blinded to alternative interpretations. I was somewhat reassured that this was not the case after I sent the Results and Discussion chapters to members of my committee for their comments. I did not intend this as a validity check but it became one. One member commented several times that the respondents seemed to be experiencing countertransference feelings in their descriptions of their interactions with clients. Another member also wondered if some of the findings might be countertransference experiences. These comments were offered spontaneously.

Although I cannot be certain to what extent my preconceptions influenced the data collection and interpretation, there seems to be reasonable assurance that their influence was minimal.

Limitations

As discussed in the chapter on methodology the ability to generalize the findings are limited. The phenomenological design prevents the ability to predict how many or how often male counsellors encounter the experiences identified in this paper. However, this does not mean that the experience of these respondents are limited to these respondents.

In the first chapter I discussed a link between sex and gender. Gender related descriptors need a reference point to be clearly understood. For example, the adjective "masculine" can describe either a man or a woman. So, I was conscious of wanting to pair the words sex and gender. However, in our language the word sex is used in other connotations, for example it often refers to erotic feelings or actions. The wording of the interview questions included a phrase such as, "Think about clinical experiences in which

sex and gender-role issues" This wording may have led respondents to think of sexual or erotic experiences even though that was not the intent.

Also this study initially had a vagueness which made the question difficult to frame. I wanted respondents to have full reign to tell me what arouses feelings and stands out to them as male counsellors and then describe these experiences to me. I did not want to define what is important for men as male therapists. For instance, I chose not to limit the question to the experience of erotic feelings. Now that several aspects of being male have been identified these specific areas can be further illuminated.

Several methodological issues need to be addressed which may have compromised the study. During the second interview, in about half the interviews, I shared some information and experiences from previous respondents with the current respondent. Initially, this occurred at the end of the second interview with a respondent. It seemed as if the interview was over and he said, "I'm curious about what you are finding out. Can you tell me what other men said?" Thinking we were finished, I disclosed some of the preliminary findings and when I related that one respondent found his erotic feelings enjoyable and even beneficial he said, "Well now that you mention it ... " and proceeded to describe a similar experience. It seemed that hearing the experience of the other counsellor gave this respondent permission to divulge more personal and intimate experiences than he previously had done. As a result I followed a similar pattern in several other second interviews. This does not follow a strict phenomenological method, which prompted some members of my committee to comment that it compromised the methodology. However, the result of this deviation seemed to elicit new and highly useful data which otherwise may have been missed.

I did not follow exactly the same procedure with each respondent in sharing the summary of the first interview. As I wrote previously, I read the

summary to all but two respondents. With these two respondents I handed them the summary to read. At the time the decision was based on expediency. Both individuals had limited time and I decided that it was more efficient for them to read the summary while I set up the recording equipment. It was these two respondents who voiced more disagreement with the summary than the other five respondents. This deviation from the feedback process, undoubtedly accounted for some of the variation in the feedback experience. I may have edited the summary as I read to change some of the more pejorative wording and the tone of voice I would have used may have conveyed different messages than the words being read from the page.

Applications

The results indicated that some male counsellors experience uncomfortable feelings related to their sex and gender-role expectations in their clinical work and find disclosing these feelings difficult. One implication of these findings is the need to develop more effective consultation, training and supervision approaches for male counsellors. The results also illustrate how male counsellors feel isolated in the counselling profession and tend to feel reluctant to share some of their experiences with female colleagues. In addition to developing training and consultation approaches another implication is the need to find ways of bringing men and women within the profession together to discuss their feelings and repair the rift which seems to have occurred.

One suggestion is to design courses and seminars for male counsellors to better prepare them for dealing with the types of potentially problematic experiences described by the respondents interviewed in this study, for example the appearance of erotic feelings in the counsellor.

As with Kaplan (1987) and Lerman (1978) the question is not whether men should be counsellors but how can they be most effective. If men tend to be impeded by certain beliefs or characteristics then how can training programs address these issues. Kaplan (1987) wondered if counsellor training programs would need to focus on different issues in the education of male and female counsellors. For instance, female trainees may need to learn to be comfortable with taking charge, while male trainees may need to learn how to be less controlling, especially with female clients. There is an implicit understanding that a combination of masculine and feminine attributes defines the ideal counsellor (Cook, 1984). It would seem that female and male counselling students would benefit from separate courses in which to deal with issues pertinent to their sex. Concurrently, it seems that more communication must occur between female and male counsellors in order to increase communication, trust and support between women and men in the counselling profession.

A course designed for male counselling students could include information on issues relevant to men but also must involve discussion about issues which will confront men as they enter the profession, specifically erotic feelings in counsellors. Many respondents recalled some discussion on sexual issues in their graduate education but the focus was on maintaining ethical boundaries and seeking consultation when these feelings arose, useful but inadequate. This is consistent with the findings of Blanchard and Lichtenberg (1998) who found that nearly one third of counsellors surveyed reported no training on how to deal with their erotic feelings towards clients and nearly 40% of those who reported receiving such training rated it as inadequate. Because most male counsellors will experience erotic feelings in sessions (Keith-Speigel & Koocher, 1985) the focus needs to be on how this impacts them, what these feelings mean, how they can be managed and how to

process their reactions to these, often disturbing, feelings. If they are not disturbed by these feelings then this needs to be voiced as well.

The tendency for male counsellors to feel isolated and inhibited is an issue that must be addressed. It would seem that whenever individuals feel pressure to conform to the demands of others and feel inhibited from expressing their ideas and feelings resentments and mistrust result. Forming male support groups was a suggestion offered by several respondents. Providing a forum for men to discuss issues with other men related to the experience of being a male counsellor would encourage open discussion and support for the participants. Combining this with mixed groups keeps the lines of communication open between the sexes and encourages a on-going dialogue and opportunities for building trust and respect.

Future studies

Various follow up studies come to mind. Continuing to utilize a phenomenological method in order to probe deeply into these areas of experience is recommended. One of the next steps is to choose one of the categories from this study and pursue it in more detail. For instance, the category of erotic feelings elicited a great deal of data and is an issue which is often touched upon in the literature, see Orlinsky and Howard (1976). Therefore interviewing male counsellors using a phenomenological method focusing on their erotic feelings and asking them to describe experiences related to their sexual feelings could further illuminate this issue. The finding that some counsellors experience erotic feelings as enhancing or positive was unexpected. Interviewing counsellors who find their erotic feelings towards clients beneficial seems interesting and may provide insight into this phenomenon. Interviewing their clients could determine how their counsellors' feelings are processed by the clients.

Another area of interest is to explore the apparent difference between male and female therapists in their use of immediacy especially when conflict is present. Jones, Krupnick and Kerig (1987) found that female counsellors tended to address conflict more directly than their male counterparts with female clients which is beneficial to the therapeutic relationship. If this is valid then developing an understanding of the why and how male counsellors choose to proceed this way would be useful.

Using a group format similar to the one used by Daniluk (1993) in her study, "The Meaning and Experience of Female Sexuality", would have several advantages to the format used in this study. She collected data using an on-going group of women discussing their experiences of sexuality in our society. The dynamics of a continuing group would likely stimulate discussion into more areas and deeper into areas already discussed. As I wrote previously, during the second interview when I shared the erotic experiences of other respondents, several respondents disclosed more of their own descriptions of erotic experiences. Because this subject was described as difficult to discuss, an on-going group could establish a trusting environment in which respondents might be more open and spontaneous. This experience may also mitigate the feelings of isolation.

Several other findings from this study suggest the need for more investigation. The failure of respondents to describe their own gender and sex based stereotypes needs a closer look. This finding is not consistent with the literature (Felton, 1986; Sherman, 1980) and seems unrealistic. The finding that respondents had no uncomfortable experiences being nontraditional men is not consistent with the experience of many men (Beall & Sternberg, 1993) and needs more exploration. Perhaps their comfort with co-existing masculine and feminine traits and behaviors was restricted to clinical situations. However, it seems unlikely that this split between professional and personal identities could be so marked. Assuming these respondents have achieved

comfort in combining masculine and feminine traits then describing the process by which they achieved this state would be helpful to those who continue to struggle in this area. Finally, a potential research project would be to interview female professionals regarding their experiences with sex and gender-role expectations and then compare and contrast these experiences with those from this investigation.

The experiences of isolation and alienation described by the respondents may be similar to the experience of many minority groups within a culture. Comparing and contrasting the experiences of male counsellors with that of other minority groups could increase our understanding of the experience of discrimination and social isolation. The experience of alienation of men in a segment of a culture which is dominated by white men in so many areas might add some interesting insights to the study of cultural relations and discrimination.

It might also be useful to develop structured questionnaires to survey a large sample of counsellors to ascertain the extent and prevalence of the experiences described in this study. The ability to describe both the experience and the prevalence of that experience is necessary to determine how much energy should be allocated for its future study.

Summary

This study attempted to grasp the phenomenon of being a male counsellor relative to issues of sex and gender-role expectations. The findings suggest that men often experience that clients expect something of them as men even though the respondents do not often know what the expectation is. Respondents also hold certain expectations of their clients associated with the clients' sex. Respondents often feel in a minority position in the counselling field and find that experience frustrating. Working in what respondents

referred to as a "politically correct" atmosphere was described as confining and stifling. It also prevents the discussion of certain clinically relevant issues for fear of backlash. Finally, respondents frequently experienced erotic feelings with clients and described reactions ranging from shame to enjoyment. Some respondents described the experience as inhibiting while other respondents believed these feelings were enhancing.

In general respondents described their experiences associated with gender-roles and their sex with a great deal of emotion and clearly their identification with their sex was inextricably connected with their overall identity.

An enormous amount of data was generated during the course of this study. More than 20 hours of interviews led to hundreds of pages of transcribed data. After repeated readings of the transcripts the categories presented in this dissertation began to gel. The nature of the categories flowed from the data. By that I mean, the categories began to emerge and reveal their inherent shape. Once this process commenced I looked for an order to the categories and sought to find their meaning and breadth. Eventually the four categories described throughout the last two chapters emerged.

My goal was to present the categories as thoroughly and life-like as possible using the words of the respondents. I hoped to present the data faithfully, completely and transparently. To the extent that you, the reader, can grasp or feel the meaning of the categories presented in this dissertation determines the successfulness of my endeavors.

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Appendix B: Letter to respondents



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Dear Colleague,

I am a doctoral candidate at The University of British Columbia currently working on my dissertation. The subject I am studying is how counsellors experience gender and sex related issues in their therapeutic relationships. I am using qualitative interviews to capture the experience of therapists working with their male and female clients.

I am seeking counselors and psychotherapists to be interviewed on audio tape and I hope you will consider agreeing to participate. You will be asked to participate in two interviews.

The interviews will last from one to two hours. The first interview will focus on your description of your experiences in your work with some of your clients. The interviews will be transcribed and then analyzed using methods from a qualitative perspective. This design seeks the meaning of the underlying structure of the experiences you provide.

After the initial data is categorized and interpreted I will forward a copy to you for your review. The purpose of the review is for you to verify that what I have understood is what you intended to communicate. If there is any discrepancy or confusion the second interview will be used to clarify the confusion. In addition, if after the initial interview you discover you have more to say or wish to elaborate on your interview, the second interview will allow you the opportunity to do so.

The identity of all participants will remain confidential. Any information or interpretations made using information you provided will be done maintaining strictest anonymity. At no point will you name or identifying information be shared.

If you decide to participate you reserve the right to withdraw from the project at any time without pressure or coercion to remain involved. If you decide to withdraw you can request information you have provided be withheld from the study.

I will also be seeking demographic information such as your training, length of professional practice, theoretical orientation, sexual orientation, types of clients you see, address and phone number.

Professionals who have participated in this form of research have often found the process meaningful and informative. In addition you have the satisfaction of knowing you are participating in the process of contributing to the advancement of the profession of psychology.

If you are interested in being interviewed or if you wish more information feel free to contact me at the address or phone number below.

Appendix C: Orienting Statement**ORIENTING STATEMENT**

A great deal of the counselling research has looked at differences in the experiences of clients based on the sex of the counsellor and on the client's gender-role orientation and expectations. As a result, some writers have suggested that female clients should only work with female therapists and male clients should only see male therapists. Other authors have suggested that when the client and counsellor hold divergent gender-role expectations and orientations this will adversely impact counselling outcomes. So far little attention has focused on how the counsellor experiences his sex and gender-role expectations and orientation in his or her work with clients. The focus of this research is to answer the following question:

What is the male counsellor's experience of sex and gender-role orientation and expectations in his work with his clients.

The purpose of this interview is to learn how you experience your own biological sex and your gender-role orientation and expectations in your work with your clients. I want you to focus on your experience of these aspects of yourself in your work throughout this interview.

As a starting point you might find it useful to describe your gender-role orientation for instance, would you describe yourself as traditional, androgynous or non-traditional.

Many respondents also find it helpful to describe some clinical situations in which your experience of your sex and your gender-role orientation or expectations stood out to you. What was that like? How did you feel? What were you thinking? What did you do?

Please feel free to say whatever and as much as you like about the experiences you choose to describe.

I will ask for clarification at times and encourage you to provide as much of a description of your experiences as possible. I hope you will feel free to say as much or as little as you feel comfortable.

Do you understand the question and the purpose of this interview? Do you have any questions you would like to ask before we begin?

When you are ready why don't you begin with describing your sex-role orientation and we'll go from there.

If the respondent has trouble with these queries I can add: Describe clinical experiences in which you were very aware of being male. What was that like for you? How did you feel? What were you thinking? What did you do?

Alternate or subsequent queries.

If the respondent does not include his sex or gender issues I will prompt for them. For example, as a man what was that like for you?

To facilitate the interview, some additional probes will include: The situation you just described involved a male/female client. How did your being a man affect that experience for you?

Or: In the situation you just described, if the client had been a man/woman (I will choose the sex opposite of the one described.) how might the experience have been different?

Or: How were you aware of being male in that situation?

The goal is to elicit a description of how the respondent experienced his sex and gender-roles in his work. The interview will vary in content and process with each respondent and will follow a relatively unstructured format. Flexibility will be allowed however, the focus will be kept on the respondent's descriptions of his sex and gender-role related experiences.

Appendix D:
Analysis of self interview

While constructing the question to ask respondents I asked myself the question and thought of how I would respond. The question was 'Think of several interactions with clients which aroused strong feelings. Think of one of those experiences which seemed related to sexual or gender issues. Describe it in detail.

I thought of several sessions which had an impact on me during the last year. Then I identified one session in which gender seemed particularly salient.

During my internship I saw a young woman who presented with depression and substance abuse. /1 I was struck initially by her appearance. She was attractive and dressed in a short skirt, a tight fitting blouse and with heavy but appropriately applied make up. /2 She related a history of sexual abuse as a child /3 and reported a stormy and generally unpleasant relationship with her father. /4 She had a history of substance abuse which she supported by being an exotic dancer in a local topless bar. She related several stories from her job in which she was encouraged to entice male patrons to spend money on her in the bar in order to earn more money for the establishment. /5 While relating these anecdotes she referred to the men in disparaging terms and said how easy they were to mislead, how she could manipulate them and how they were not to be trusted. /6

I found myself feeling uncomfortable /7 and I was continually trying to think of how to communicate empathy while not acting in a manner which I thought would reinforce her opinion of men. /8 I was also feeling attraction towards her /9 and wanted to be careful to not communicate this. /10 The result was that I felt extremely self conscious /11 and I was trapped more in my head than in the relationship with this client. /12 I imagined I was acting stiff and aloof /13 but felt that if I let down my guard I would be seen as inappropriate, just another man who wanted to use her. /14 I heard myself talking too much then I backed away. /15 At the end of the session we

discussed options and a referral to a substance treatment program was one of the options. /16 We scheduled a second session which she did not keep. /17 I was not completely surprised that she did not return and criticized myself for the way I managed the initial session. /18

ANALYSIS

Step One

I began by reading the protocol through several times. Between readings I compared the meaning of the entire protocol with the various parts of the protocol. For instance, I noticed the first description was 'a young woman.' This was followed by a description of her appearance which connoted a sexually attractive element. This aspect is repeated several times throughout the protocol and seems to communicate a strong impression on the part of the respondent. The sexual component also seems related to the client's style of interacting with others, especially men. The counsellor experiences a variety of uncomfortable feelings and conflicts during the session and the sexual issue is one arena in which these feelings are experienced. However, when looking at the entire protocol the sexual element seems part of a larger process of the interaction.

While writing the above I was reminded of Alexander's (1988) method of assessing salience. One of his signals for assigning importance is primacy. The protocol begins with the client's sex and a description of her appearance pointing to the potential importance of this aspect of the interaction.

Step Two

The above protocol has been divided into meaning units (MUs). They were chosen when shifts in meaning were detected. As the protocol was reviewed changes from the original assignment of the MUs occurred. I pondered over the MUs in the second paragraph. I was not certain if the MUs 7 through 14 should be divided as they were or if each sentence should

be a single unit. I decided to divide the feeling MUs from the consequences. An example is MU 7 "feeling uncomfortable" and the thinking of how "to not act" MU 8. Together these pairs of MUs constitute a series of conflicts. This process would be documented in a diary written as the analysis progresses.

Step Three

In Step Three each MU is interpreted or paraphrased using the researcher's words. I note this in the text by assigning a tag or tags to each MU. Next MUs with similar meanings are categorized. I was tempted to resort to the psychodynamic concept of projective identification to understand the process of this protocol. However, the EPP-method cautions against approaching the data in this manner. So I will attempt to check the tendency to interpret the data using this concept.

In this protocol I am the respondent so placing myself in the position of the respondent (RUE) is academic. However if this protocol was reported by another respondent I would attempt to put myself in the situation and develop an empathic connection with the protocol.

During my internship I saw a young woman who presented with depression and substance abuse. /MU 1 [demographics]

I was struck initially by her appearance. She was attractive and dressed in a short skirt, a tight fitting blouse and with heavy but appropriately applied make up. / MU 2 [client presentation; erotic]

She related a history of sexual abuse as a child / MU 3 [history; process]

and reported a stormy and generally unpleasant relationship with her father. / MU 4 [history; process; relationships]

She had a history of substance abuse which she supported by being an exotic dancer in a local topless bar. She related several stories from her job in which she was encouraged to entice male patrons to spend money on

her in the bar in order to earn more money for the establishment. / MU 5
[process; erotic]

While relating these anecdotes she referred to the men in disparaging terms and said how easy they were to mislead, how she could manipulate them and how they were not to be trusted. / MU 6 [stereotype]

I found myself feeling uncomfortable / MU 7 [reaction; process?]

and I was continually trying to think of how to communicate empathy while not acting in a manner which I thought would reinforce her opinion of men. / MU 8 [stereotype; reaction; conflict]

I was also feeling attraction towards her / MU 9 [erotic]

and wanted to be careful to not communicate this. / MU 10 [conflict; erotic]

The result was that I felt extremely self conscious / MU 11 [reaction; conflict; break of empathy]

and I was trapped more in my head than in the relationship with this client. / MU 12 [self conscious; break of empathy]

I imagined I was acting stiff and aloof / MU 13 [reaction; self conscious]

but felt that if I let down my guard I would be seen as inappropriate, just another man who wanted to use her. / MU 14 [stereotype; self conscious]

I heard myself talking too much then I backed away. / MU 15 [reaction; self conscious]

At the end of the session we discussed options and a referral to a substance treatment program was one of the options. / MU 16 [descriptor]

We scheduled a second session which she did not keep. / MY 17 [client behavior]

I was not completely surprised that she did not return and criticized myself for the way I managed the initial session. / MU 18 [reaction]

What follows is a modification of the actual analytic process to demonstrate how the analysis proceeded. On the transcripts from the respondents I made hand written notes on margins, in the dairy and used index cards. In the

analysis my notes generally comprised abbreviations and phrases. The outcome of that process was equivalent to what appears below.

MI 1: This contains a basic and traditional description of the client including her presenting problems and her sex. MU 2: 'R' is "struck" by her appearance which contains a strong sexual component. MU 3: A brief history which includes a reference to sexual abuse. The 'R' sees this as relevant for understanding the client's current presentation and problems. MU 4: 'R' notes her history of "stormy" (powerful) relationships with her father (men). The relationships described are also negative. MU 5: The client is an exotic dancer and "manipulates" (entices) men. She uses sexual behaviors to gain control in her relationships with men. MU 6: The client again refers to a negative view of men as easy to manipulate and control. Possible the 'R' is taking the messages of the client to heart because the next MU notes a change of the process to the 'R' describing his reactions to the session. MU 7: 'R' is finding himself "uncomfortable." MU 8: 'R' is in a bind, conflict. He wants to be empathic, which is part of establishing an intimate relationship while not falling into her stereotype of men. 'R' seems to have incorporated the client's feelings about men and seems to be losing his center. MU 9: 'R' experiences sexual feelings towards the client. MU 10: 'R' attempts to conceal these feelings from the client. Another source of internal conflict for the counsellor. MU 11: The result is 'R' sees himself ("self conscious") and he is uncomfortable. MU 12: 'R' becomes more internally focused and distant. This could be a parallel process of the client. The client uses her sexuality to manipulate and control others and therefore is removed from her sexuality as well. The 'R' is probably following the process of the client but without awareness of this process and how to utilize this process constructively. MU 13: 'R' continues to be distant and is aware of this process "acting stiff and aloof." MU 14: Taken with MU 13 another conflict in the 'R' is described. MU 15: 'R' continues to be split and

internally focused "heard myself" and then "backed away." MU 16: The session is terminated and referrals are discussed. The commitment of the therapist to the client is not strengthened. MU 17: The client no shows for the subsequent session. MU 18: 'R' is "not completely surprised" and criticizes himself.

My initial thought is that the respondent is thinking it will be difficult to establish a therapeutic relationship with this client, in part because of gender and sex related concerns. MUs 2, 3, 4, 5, 9, 10 support this belief. He suspects that he will be lumped in the category of men who cannot be trusted and whom she can manipulate, MU 6.

The next series of MUs consist of ego-dystonic feelings followed by descriptions of behaviors or actions MUs 7, 8, 9, 10. They communicate states of conflict in the respondent. For example, MU 9, 'I was feeling attraction' and MU 10 'and I wanted to be careful to not communicate this.' The respondent then reports feeling 'self conscious' MU 11, and describes a break in the connection between him and the client MUs 12, 13. There is also a internal split, in that he sees himself acting in a manner which he finds counterproductive, MUs 13, 15.

The connection between sex and intimacy is suggested in MU 8.

Stereotypically men have had difficulty with this element of relationships, that is, separating sex from intimacy. The client is described as using sexual seduction to control men.

He seems to have incorporated the client's assumptions that he will either take advantage of her MU 9 or be perceived by the client as wanting to take advantage of her MU 14, which inhibits his performance in the session and he distances himself from her MUs 13, 15 which seems, in his estimation, to lead to the client not returning for the next appointment MU 18.

Step Four

In this step a synopsis is constructed. The male counsellor meets a female client and is initially struck by her appearance which he perceives as sexually provocative.

(It is noted that the description of the experience is reported by the respondent without the interviewer's interference. Therefore what the respondent chooses to report is meaningful in that it communicates what aspects of the interaction were significant for the respondent. Of all the aspects of the interaction that occurred the respondent selects what parts to report in the protocol.)

He then reports parts of the clients history relevant to his experience. He includes her history of being sexually abused and her "stormy" relationship with her primary developmental male figure, her father. Next is a description of her patterns of interacting with men, which are manipulative and based on feelings of distrust. [The category of stereotypes begins to appear.]

He seems to hear her comments as warnings for him to be careful or implications for how she perceives him. There is a relationship between empathy and intimacy which is connected to sexual behavior. To be empathic may signal sexual interest which is unacceptable in this context. The counsellor then reports instances of feeling "uncomfortable" and describes several internal conflicts. These conflicts are ego-dystonic and lead to inhibitory behaviors which he chooses to keep internal. [The category of erotic feelings appears here.]

The respondent has insight into the dynamics of the interaction but is not able to use this awareness to respond in a therapeutic manner. The counsellor is unable to use the insights to achieve an appropriate degree of distance. It is as if he is overwhelmed by the emotions and conflicts he experiences, impairing his ability to be present in the session and intervene

constructively. [The category or sub-category of reactions or interventions appears.]

The following is an example of the summary which would be read to the respondent during the second interview.

In this protocol the interaction is strongly influenced by sex and gender related issues. The interactive process between the client and counsellor is also evident. The counsellor attributes gender and sexual traits to the client. She is described as attractive in a sexually provocative manner and she uses her sexuality to manipulate and control men. By choosing to begin the interview with this description indicates its influence on the counsellor.

The process of the protocol is that it moves from the description of the client to his experiences of discomfort and associated conflicts. This process implies the influence of the client's style of interacting with men on the counsellor.

The session represents a process between the counsellor and client in which the boundaries seem fluid. The client discloses a history of sexual abuse and conflicted and manipulative relationships with men, in which she disparages and controls men. The counsellor is also a man and seems to have been influenced directly and indirectly by the client's presentation and report. He responds to her presentation of sexual energy which includes the arousal of feelings of attraction followed by a wish to not communicate these feelings and perhaps shame for having these feelings.

Control seems an issue throughout this interaction and the struggle moves from one participant to the other. Initially the control is presented as related to sexual behaviors. As the protocol ends control seems an issue within the counsellor.

The counsellor responds by feeling "trapped," inhibited, out of control and seeks distance. He is bound by internal conflicts. He seems to experience a variety of negative affects including "uncomfortable," fear and possibly shame. He seems careful to not want to disappoint the client by succumbing

to her usual mode of interacting with men. His effectiveness is compromised and the outcome is perceived as negative by the counsellor.

One essence of the experience is: 'That whatever I do I feel as if I'll be seen as untrustworthy.' By keeping his feelings bound internally the counsellor loses effectiveness.

The relationship among empathy, intimacy and sexual interest is also an essential aspect of the interaction. From the process of the interview it seems as if the counsellor perceives that the client sets this dynamic up. The experience of the session may be reduced a step further. The session has a underlying tacit process which is described by the counsellor's description of his internal process. He appears to be in a reactive position provoked by his perception of the client's style of interacting with men. Undoubtedly some of his meta-communication is perceived by the client.

Step 5. In this step the interpretation moves into a general structure. The eidetic meanings from all protocols are incorporated. In this example this aspect of step five is not possible since only one protocol was available.

Appendix E:**Interview #1 with Abe**

I: This is the first interview with Abe and what I am going to do is I am going to read you an orienting statement and then we'll take it from there, OK?

What I am interested in learning is how male therapists describe experiences related to sex and gender. When I refer to sex I mean biology, an individual is either a man or a woman. Gender refers to practically everything else related to sex. What we have learned and incorporated into our beliefs about what men and women are supposed to; how men and women should act and what they should think and feel is gender related. Our gender related beliefs, expectations and behaviors affect our feelings about our self as a man and our male and female clients. What I want you to talk about are your feelings and thoughts related to how you feel as a male counsellor and also about how your gender expectations and beliefs influence your work with your clients. You might find it useful to think of some clinical situations in which you were aware of feeling related to being a man or situations related to sex or gender were prevalent.

Please feel free to say as much as you like about the experiences you chooses to describe.

I will ask for clarification at times and encourage you to provide as much of a description of your experiences as possible.

I am interested in knowing how you felt, what you were thinking and what

you did.

Do you understand the purpose of the interview?

R: Um hm.

I: Do you have any questions you would like to ask before we begin?

R: That was quite long and I'm trying to remember everything. So I might come back and ask you about it.

I: That's fine. So why don't begin by thinking of clinical situations in which sex or gender related issues influenced how you felt and what you did?

R: OK. When you asked that question the first thing that jumped into my mind was some of the remarks that were from especially some women clients who came to see me / MU 1 and ahm, sometimes unlike other clinical situations where clients choose their therapists because of the nature of the work I do I'm the only choice. So they have to see a male therapist. / MU 2 An some of them actually hate male therapists. / MU 3 So when you asked that question the first thing that came to mind was some of the instances where I was not able to establish a rapport / MU 4 because they came with predetermined agenda that they were nor going to talk to me. / MU 5

I: Because of the agency in which you work you're the person they have to see.

R: Yes because I'm the first person they see as they walk in. And some of them actually after talking to me for a while realize that I don't come with the same kind of, in I can use the word, it's a strong word, programming, /

MU 6 because they say, 'You're not, you don't think and or behave or react like ordinary American male behavior.' / MU 7 I have experiences because I don't react in certain ways they expect me to react. I don't have the same kind of beliefs or expectations so it's been kind of a different experience for them which has been positive. / MU 8 Yet there are times when, you know, just the fact that being male, you're excluded. / MU 9

I: So all they see is that you're a man and the assumptions are there and (They don't want to talk.) nothing you say or do is going to make any difference. (Yeah) But other times a woman comes in expecting you to be a certain way and you surprise her by being different. What is it that you think they are expecting and what is it that you are doing differently?

R: It's hard to answer that. This is what I believe. (Right) What I believe they expect of me. They expect to be told sometimes what to do. They expect to learn as a male therapist not to feel what they're feeling / MU 10 and I have, you know because I do see a lot of patients in crisis and sometimes I cry with them. / MU 11 That they find very different because they come in expecting me to be very stoic and not showing any feeling and taking charge of the situation / MU 12 and I don't do that, / MU 13 so that way, those are some of the things I think they expect. / MU 14 And I think sometimes they, especially at Antioch, when I was not, not as a patient therapist situation but in a classroom situation where I was a male student some of the female students talked about the white Anglo-Saxon

Protestant male bashing / MU 15 and they don't take me into that. They feel like I am not like them. / MU 16

I: Because you're not a white Anglo-Saxon Protestant?

R: They, at Antioch a lot of that happens.

I: So they, it wasn't male or female it was a specific kind of male they were having issues with. (Yeah a white male.) / MU 17 And you weren't a white male.

R: Yeah. And there are times when being an Indian male some people come in with some preconceived ideas. That I'm, you know, controlling, male dominated society where women have no rights, no voice. / MU 18 That also was there sometimes. People who know about Indian or know little about [East] Indian society come in with these presuppositions too. I'm trying to think what are some of the other things they might expect from male therapists that I don't usually fit in. Can't think of anything off hand but if I think of anything I'll come back to it. / MU 19

I: So now as a male therapist, do you see a male therapist as different from most males?

R: Yeah I do, I do. I think male therapists mostly are the ones who have done some personal work as opposed to the general male who has not looked at themselves. In that way I see a difference between male therapists and general men. / MU 20 There exceptions of course on both sides. / MU 21

I: So then when you think of a traditional man as a stoic, unemotional, wants to take charge those (doer) and then you would contrast yourself by describing yourself as someone who can feel and show emotions.

R: Yeah and not much of a doer either. / MU 22 Well I see myself quite differently actually because in the last 10 years or so since I left home I, before I was different I didn't know how to cook for myself, I didn't know how to take care of myself whereas being on my own I've learned all that and I think that had an effect too. / MU 23 I enjoy cooking now and I enjoy, I can take of myself, I don't need somebody else. Before that it was all taken care of, mom or sisters or servants. So that has been a big change and I see a lot of men still like that. Like when their wife goes away or they go out of home they don't know how to take care of themselves. / MU 24 In that way I see myself as different. / MU 25

I: Self sufficient but in a domestic way

R: Not just a domestic way I think it's also an emotional way. / MU 26 Ah, wait, why do I say that? / MU 27 I think it's part of the soul searching that goes as part of the training as a therapist. You don't correct all your flaws but at least I've learned to live with a lot of them. My neurosis have become my friends rather than [laughs] somebody that I am always fighting against. / MU 28

I: Which would be different than how you think a traditional man would be?

R: Um hu. I'm painting as someone who's is not aware of these things. / MU

I: And therefore not able to change them.

R: Yes. Let me give you an example. That might be a good way of illustrating it. Ahm, a male therapist or someone who has done some inner work through therapy versus someone who hasn't come up and some, loss happens in their life and you're sitting with them you experience the sadness and you make a statement about it. So a person who's not done this kind of work, would outright deny it. / 30 Whereas the other one would consider the possibility even if they're not aware of it. / MU 31

I: So a willingness to at least entertain the ideas that maybe I am feeling something, something painful. (Yes) I guess an awareness of it and also the ability to speak it to another person, which is disclosing it. Can you think of any other, can you think of any situations with clients in which this an issue where's it's worked or hasn't worked, facilitating or hindering?

R: What has worked?

I: This ability to, well to be a non-traditional man?

R: Yes, I think so. One client immediately jumps to mind when you ask that question. Someone who is finishing up her Ph.D. Her husband is also finishing up his Ph.D. too. And she came in a crisis because they were, she wanted some advice about where to go and he's been violent and she was scared of his anger. And he, he had scared her so much that she had formed an opinion of men in general and men from Afghanistan, he's not from Afghanistan he's a Turkish man actually, Turkish men or Muslim men in particular, you know that she's made that. / MU 32 So it was useful for

her to come and speak with me. I'm not Turkish, yet from a foreign country and see that this person is not like her husband. He's different and I think that was a good experience. / MU 33 I could see that and that was a good experience for her, to change her frame inside, within herself. That not all men are like that. / MU 34 Because she, one of the first few things she said was, 'It was a mistake. I should not have married this guy. I should have known that people from that part of the world treat women like this.' / MU 35 So that it was useful. I'm forgetting your original question now. / MU 36

I: Do you want me to go back and read some of it over? (Um hm) Well let's see where should I go to. Ok what I want you to talk about are your feelings and thought as a male counsellor and also about how your gender expectations and beliefs influence you work with your clients.

R: The other thing that comes to mind is that I do co-facilitate a men's group. / MU 37 There again I see the difference in styles between the two leaders. / MU 38 My co-therapist is, he comes from a psychodynamic background. He's, if I can use the word, a Winnecottian. And in his individual, when he is seeing people individually I think he tends to be very silent. Yet in the group I see him talk a lot. / MU 39 And when we first started the group I thought it would be the other way around. I'll be the talker. / MU 40 So, how am I going to answer you. You know I believe that all of us whatever our biological sex is we have both the male and the female energies in us in different proportions. / MU 41 And depending

upon which, how balanced we are on either side or both sides we, the way we express it is also different. / MU 42 And the men who are extremely feminine versus the men who are quite masculine. And I see myself as a male in the middle usually. / MU 43 So going back to the group situation that is where I do a lot of holding, you know. And I see that, though it's my co-leader who does a lot of interpretation and commenting on the process and stuff like that I tend to the one who's throwing out emotions. Or give feedback in emotionally charged situations. / MU 44

I: So compared to him would you be more towards the (feminine) feminine side. He's more towards the cognitive, interpretation side. (Um hm) How does that work.

R: It works well. We complement each other. / MU 45 We are fortunate that we can really, / MU 46 unlike the previous experience where I ran a group with another therapist, / MU 47 this time around I am fortunate we can talk openly. That helps a lot. / MU 48

I: Between yourselves you can talk about what's going on in there, how you experience the group.

R: Yeah and that helps the group a lot. And ourselves too.

I: And you talk about it outside the group too.

R: Yeah. Other ways in which, you know, how being a male affects I think we are in a profession where the male therapists are a minority. / MU 49 And client wise also the majority are women. / MU 50 Even in the setting where I work where supposedly people are more open about these things.

Sometimes it feels bad to be in that situation especially where there's the majority of women and there's a lot of quote unquote male bashing going on. / MU 51 I feel very uncomfortable. / MU 52 I mean I don't do a lot of the things they accuse men of doing. / MU 53 But still it doesn't feel very comfortable sitting and listening to that. / MU 54

I: This is like your peers you are talking about, female peers. Talking about men in derogatory ways in your presence.

R: Not just as a peer, yeah even in school it happened.

I: What's that like, what goes on inside of you when you are in a situation like that?

R: It doesn't feel good, it feels unfair. / MU 55 They are painting everyone with the same brush. / MU 56

I: So you feel like they are including you in this group of people that they are criticizing.

R: Yeah, sometimes I do confront them about specific issues. / MU 57 They say, "Oh no, no, no we we mean generally.' Then they correct themselves. / MU 58 I think we are straying from the topic. Is that OK. / MU 59 (Well) I'm not talking about clients I'm talking about peers. / MU 60

I: Exactly, but ahm, but what you're saying is very consistent with what everybody else has said.

R: OK. Yeah so it seems like it's especially peers, therapists who are in this, you know, who have supposed to have done their own work, looked at

their own issues, / MU 61 especially when it comes from them it makes it worse. / MU 62 I mean it doesn't happen so much in my current place of work. I've felt it in the past./ MU 63

I: What do you mean people who have supposedly done their own work and still

R: Still so biased and generalize men like that. / MU 64

I: How does it affect you then when you interact with women peers.

R: I don't like the ones who are very fixed in their beliefs. / MU 65 I give room for people to vent their frustrations and anger but if I see that somebody is really fixed or fixated in their beliefs about men are bad then I tend to not interact with them very much. / MU 66

I: Have you ever found that there's certain things you might withhold or you think twice about saying with female therapists.

R: Um hm. I was trying to think of an example of what that might be like. Something like I almost feel like I may not engage them in a discussion because I feel like it'll be so one sided with those people who are fixated. That it's not worth my time. / MU 67 Because they're so almost delusional in thinking that's it's not with it. So I might not engage them as much as I would / MU 68

I: So people you identify as in that segment of the whatever, that you just kind of it would be useless or frustrating to try and change their minds so you just let that go. I thinking just in general does it affect what you might say or if you were in a consult group with men and women how would that

affect what you would share? Would there be things you wouldn't share or things that might be even more

R: You know I've noticed how in a group like that I've kind of become super aware. You watch every thing you say like this political correctness like. / MU 69 As I'm saying that I'm aware of another change in my behavior since I've moved to this country. / MU 70 I was, in England I was used to hugging, my therapist used to hug me. / MU 71 In the group we used to sit around on cushions and sometimes someone is feeling very vulnerable, male or female we'd hold them. / MU 72 Whereas here I'm terrified of doing that. / MU 73 In fact right now I'm working with a client, I've seen her 15 or 16 times and she had asked, I remember early on she used to come in and cry during a lot of the sessions and the fifth or sixth session I asked, / MU 74 'When you're feeling like this what is it that you are wanting?' She looked up and said, 'I want someone to hold me.' / MU 75 A part of me wanted to reach out and at least touch her but I found myself holding back. / MU 76 And really questioning, there are two things going on here; / MU 77 one is my previous training and the way I was I would have reached out and done that, / MU 78 versus now after coming here I'm leaning about all this litigation and stuff like that and I'm holding myself back. / MU 79 Another part of it is I sat there and thought for who am I doing this for. If I am going to touch her whom am I doing it for? / MU 80 And when it's not clear you don't do it. / MU 81 Even if it's clear I don't know if I would do it. / MU 82

I: For the litigation, legal reasons?

R: Not just that also clinically I wasn't sure. I mean there was attraction there.

And (On your part?) On my part. / MU 83 And it became clear now, this is early on in the session, especially in the last few sessions she started talking about it finally so it's like a mutual thing. / MU 84

I: She started talking about being attracted to you.

R: Yeah. Not, she said she's afraid of feeling attracted to me. That's what she said. / MU 85 Because I was giving her some feedback the other day about she had come consistently at a fixed time, week after week, regularly and suddenly she wanted to not make the next appointment but she wanted to look at her schedule and call back. And came back after 10 days instead of the usual 7 days. / MU 86 And I listened to the material that was coming out and I said, 'OK it seems like you're trying to take things in control here.' / MU 87 She said yeah. I said, 'What would it be like having no control.' 'I'm afraid that I might be attracted to you.' / MU 88 So it came out and it was, I mean I took it immediately after the session I went and saw my supervisor / MU 89 and said, 'Look this is scary.' / MU 90 So here is one way going back to your first question this is on way being a male therapist working with, you know, attractive members of the opposite sex there is always that danger of attraction, / MU 91 both ways. / MU 92 But I think how we, I think it's grist for the mill and I think how we handle it is going to make a difference. / MU 93 It's not going to stop, that's my belief. How I'm going to handle it is going

to make a difference. / MU 94 My supervisor gave a very good example in which she said (Did you express to her that you were feeling attraction?) Um hu. Yeah. She said she gave an example she said when she was a client with her therapist she used to watch the clock and until one day her therapist told her, 'You know it's OK you can leave that, you can forget about that, I'll keep track of it. You don't have to worry about taking up too much of my time I'll take care of that. You can focus on your issue now.' / MU 95 So when she said that it immediately came clear to me that that's what I need to do in this case. That I need to make the client feel that I'm not going to sexually be abusive, you know in any way. 'You don't have to worry about that.' / MU 96 So once that guarantee is there now let's explore what's behind this attraction. So that was a very useful thing that she said. / MU 97

I: And does that mean in a sense that you have to be clear about that boundary as well? That you might feel certain attraction to a client but that knowing (That I will not act on it.) you will not act in it and that will be something you will be clinically appropriate (right) allows you then to take a step into this and say, 'Let's talk about what's going on.' (Um hm) Did I make sense?

R: Yes, I think that's exactly what I'm talking about. / MU 98

I: What were some of the feelings you were having as this was going on with this person?

R: Very difficult. Ahm, feeling guilty, feeling, feeling that I'm unfit to do this job, feeling or thinking, 'How could I?' feeling I've done something bad for having those thoughts and feelings of attraction. / MU 99 Also feeling good when she said she was feeling attracted to me. That was, I have to say that is was a good feeling too. Pleasure about that. / MU 100

I: In the sense of good in what way?

R: In the sense of, you know, in the sense that I'm attractive to her, / MU 101 because I found her extremely attractive, I mean she was. / MU 102 To realize that someone as attractive as that could be interested in me was a good feeling. / MU 103 Because when she first came I started seeing her as a client, I mean it was there in the back of my mind, how attractive she was. So 'a person that attractive was never going to be interested in me.' So / MU 104

I: So at the very beginning there was something about her that had some arousing part or whatever. (Yeah) How was that to work around? It sounds like you got to the point where you were able

R: I was aware that, by the fifth or sixth session I was aware that I was kind of looking forward to my sessions with her. / MU 105 You know how sometimes when you hate someone you wish they would cancel or no show, / MU 106 whereas with this person I was looking forward. / MU 107 There are a few people like that both male and female I look forward to sessions with them because it feels meaningful each time. / MU 108

I: Can you think of some male clients you look forward to

R: That's what I was thinking. / MU 109 No, though I've seen numerically I've seen far less male clients than female clients. / MU 110 When you asked that question the first thing that jumped into my mind was how many times I've kind of gotten into a confrontational situation or a situation where a client or I had some anger / MU 110 and though I've seen more women I've gotten angry or they've gotten more angry with me more with male clients than with female clients. / MU 111

I: You've gotten more angry with men or men have gotten more angry with you?

R: Both ways. / MU 112 I wonder whether that's because anger is something men are comfortable with. / MU 113 Cause the moment I reflect about that I was reminded of a situation just last Friday somebody walked in and he's seeing a psychologist from Kirkland and wanted to get some medication from here. to see a psychiatrist here because it's cheaper. I said sure our policy is you need to get a referral from the therapist you're seeing because we need, our practitioners who prescribe would like to have an open communication with the therapist who's treating the patient, that's how we work. / MU 114 And he started going off on a tangent giving me some stories and I got kind of irritated / MU 115 and I could have used that as a therapeutic not a therapeutic, a diagnostic clue. / MU 116 But I reacted to it, I could feel some irritation in me. / MU 117 And I cut him off and I said, 'I need a referral.' I focused and I emphasized the word need. /

MU 118 And there was a silent gap and the next thing he just he blew his top, so much anger using very foul language, 'What the fuck you mean, bla, bla bla,' just kind of blew and. / MU 119 I can think of a couple of other instances too. / MU 120

I: What was it like for you when he was saying, 'What the fuck'

R: Surprising enough at that very moment I was feeling very calm when he did that / MU 121 because I remember telling him there's not point in getting angry here. 'You're not going to get anything out of this.' / MU 122 That immediately calmed him down and ah got behind the anger. Very soon he was crying then. / MU 123 Ahm, and you know he called the therapist and the therapist and he set up a medication appointment. / MU 124 It was a good experience for me that I, I've criticize myself for missing that clue that there was something there that I reacted from the irritation / MU 125 rather I could have used that to understand this is what the client is feeling probably. / MU 126 And, you know, either relate with it at that stage rather than reacting from me place of irritation. / MU 127

I: Right which kind of provoked the client too. (Oh yes.) Well what were you angry about?

R: That he was bullshitting me, that he was giving me a cock and bull story and he was trying to make me a fool. He was moving away from the topic. / MU 128 Because when I asked him to get a referral he was talking about how good the work has been and things like that. Irrelevant. / MU 129 (What did you) Actually there's another reason too. That day it

was 11:25 and at 11:30 I had an appointment. And when there receptionist told me this guy has come here and he's angry / MU 130 and he wants a, I said why don't you tell him this is the usual procedure, you need to get a referral and that's it. We don't make an appointment without it and I was also wanting to go to the, we had a psychiatrist from town who had a private practice that's downtown come and do some consultation with us. That was the first day of it so I wanted to be there on time, at 11:30 and this guy is coming and 11:25. That also. / MU 131

I: So you were also operating under time, you really wanted to be with him and you also wanted to be in this meeting. And you were already, it sound like you were tipped off that he was pretty annoyed to start with.

R: Yeah. So in other words it seemed like a power struggle then. / MU 132
But I think with with male clients it's easier to get into that than with female clients. / MU 133 I've gotten into that with female clients too but mostly male clients, I think. / MU 134 Well if you were to look at the difference, I mean you asked me that question earlier about what do you think about male competition? The word competition and power struggle applies more to male clients than female clients. / MU 135

I: Male clients with male therapists?

R: Yes, I mean I'm talking about me. / MU 136

I: So can you say more about that. What can you say about that?

R: Having said that I'm thinking about all the other male clients with whom I do work well. / MU 137 I'm wondering if it's really true to say that or

just, you know a sampling of what's out there in the real world. Meaning if I were to take the small sample and superimpose in on the larger society it's bound to be there. Do you know what I mean? (No, I'm lost, what's likely to be there?) That I'm not going to get to a stage where I'm working effectively with all men. There are bound to be certain men I'm bound to get into conflict with and competition with / MU 138 and so considering the amount of men I work with then how many times it has gone well that this is to be expected. There'll be some men with whom it won't work and it's create hiccups. / MU 139

I: Do you, what sort of men that would be for you?

R: I hate the salesman quote, unquote kind if people who come in there with some kind of, especially the people who come in there with an agenda. / MU 140 Let me explain what I mean by that. Ahm, they have goofed around the whole quarter and not attended classes and in the end they have learned from somewhere in order to get money back you have to see a counsellor and get a letter from them saying you were under emotional stress. (Too depressed to perform or something.) Yes and they come in there and it's pretty obvious to me now with experience. / MU 141 And I see through it and when I see through it I have no, especially if they're kind of pushy about it then I lose my temper. / MU 142 Get into a real power struggle. Because they see me as someone who can deny them something. / MU 143

I: Yeah, there's the power. But with the other person they also see somebody they can get something over on. (Something what?) Can get something over on. (Over on) Over on (Oven on). Like they can pull something over on you and trick you into, manipulate you into giving them what it is they want. So they kind of see you as an easy touch or somebody they can bullshit.

R: Yeah. It happens with both, men and women. / MU 144

I: It happens with both but does it seem, when you first it was a man that popped into your mind first.

R: Yeah because I think I get more emotionally charged with men than with women. / MU 145 (How come?) I don't know, that's what I'm thinking. It's almost like their approaches are different. / MU 146 There are women who get angry too but most of them are sad and crying and that evokes more sympathy in me / MU 147 than guys who tend to tell me stories about how difficult this has been and when you look at it hasn't been that difficult, they've just been goofing around. / MU 148

I: But there's no tears nothing to get your sympathy involved.

R: Yeah. The word salesman, that's something that I hate. You know how car salesman are when you're not interested they still try to sell you that. That kind of behavior that I cannot stand. / MU 149

I: And is it that men are more likely to do that or if you were approached by a saleswoman would you react the same way.

R: Oh yes. It's the salesman, the salesperson behavior. / MU 150

I: Ok salesperson behavior which seems to be more typical of men but it isn't necessarily just men. (Yes) But a woman coming on the same way would evoke a similar reaction. Have you found that you've had to come on to men or engage them in a particular way to get them into treatment, so to speak?

R: Good question. I feel like in the case of men like I have to sell it to them. / MU 151 It was interesting I was talking about the salesperson before that and I'm going back to that. / MU 152 Maybe I get angry because they don't but the product. / MU 153 Because women come they're already are , a lot of them at least, committed to being in therapy, / MU 154 where as men are just testing the waters. And in that way I feel like I need to sell it to them. / MU 155 (How do you do that?) By normalizing mainly and if, you know somebody comes in and with just a lot of stuff going on in his life, and he came in because he's exhausted and not sleeping and not identified any of the sadness or any of the feelings that might be going along so I might just normalize and say, 'Oh wow all this, I would be really upset or sad or overwhelmed or angry or whatever it is.' / MU 156 Angry is not something you usually need to tell them but normalize it. / MU 157

I: Normalize it and add a few other feelings that might not be what they put forward.

R: Yes, yes give them a choice. So that way yes. Whatever I'm saying you need to, / MU 158 I'm trying to put it into boxes. There's a lot of overlap going on. (Exactly) OK. Ahm, / MU 159

I: A lot of the research actually shows there's a lot more differences within the sexes than between the sexes but we still are raised with certain beliefs about what men and women are supposed to be like and there's a certain amount of, people but that. So present themselves consistent with that, to a certain degree. Ahm can you think of any other situations?

R: Yeah another thing that comes to mind is that I tend to work better with men who are a bit older, my age, closer to my age or older than me than with very young men. I don't know. / MU 160 There's probably some research about this that younger men may not be ready for to engage in counselling and the drop out rate might be much higher than men who are older. I don't know there might be studies done. It's be anecdotal evidence there. / MU 161 So in that way I enjoy working with especially when you're sharing life experiences and stuff like that it makes more sense to men who are around my age or older than very young. By very young I mean under 20. / MU 162

I: So when you're with those men under 20 what do you do, what's it like?

R: Kind of like a patch up work. You just deal with that particular situation and not get into issues, like behavior modification kind of thing. Rather than engage them into therapy itself. / MU 163

I: So you stick more with the presenting issue and working it through I wouldn't say behavior modification which has a masculine ring to me, but maybe something they would be more comfortable with.

R: Yeah something very task oriented. / MU 164

I: So you kind of join them where they are and develop a plan that seems consistent with what they would want to do.

R: Actually my client load right now I have half and half. Actually it's more than half because I run a men's group. If you disregard that even then it's about half and half. / MU 165

I: That's a little unusual from what most people report.

R: Because there are very few men in this department too. / MU 166

I: I see. OK so it's balance out because there are fewer men therapists available. And male therapists ask for men, I mean do male clients ask for

R: No, not necessarily. I mean some of them do and some of them don't. / MU 167

I: Then why is yours more equal?

R: Because I think a lot of the women don't want to see men, male clients. That's why.

I: So the female therapists (Not all of them) so they prefer working I mean they state a preference for working with women clients.

R: A lot of them state that, openly. Don't like working with male clients. And we have 4 interns and interns all 4 of them are women, I think all 4 have said that. 'I've never worked with a man and I don't want to work

with a man. Maybe I'll try later but not now.' (That's a bit unusual) All 4 of them have said that, you know they are Ph.D. candidates, social work students./ MU 168

I: Any other thoughts on working with men. Because my experience has been that most of the people I've interviewed have automatically started talking about woman. (Start talking about women) At least they start talking about women.

R: Yeah I think that's because primarily most people's caseload is primarily women. (Right) That's probably why so when you ask therapist the immediate thing that jumps to mind is people you see, might be. / MU 169

I like some of the discussions I've had with some of my male clients. It's been very useful. Both to me and to the clients. Ahm, there is a kind of camaraderie that comes out of it. / MU 170 I don't take it outside of the therapy room / MU 171 but still even there it. And especially in this ah, setting I'm working with people are very intelligent, bright very bright people who are going to make a change in the world in the future. And in that way I feel like I have an obligation to work with these men to make them more aware of issues that we are struggling with now. And to move from either ahm, from a male dominated masochistic, oh what do you call that (misogynist) no, macho society to a society where we are equals. Not kicked under by women, not kicking women but we're equals. So when therapy works with men I feel very good about it. / MU 172

I: Because part of the work you're doing as helping them to (Go into the society) go into a more egalitarian society. (Yeah) And do the men seem

R: Yeah. And I am doing some very meaningful work with a lot of them. / MU 173 And there was one guy I saw about 15 times last year and he waited because every year there is 15 sessions and he came back and, you know, and sometimes I see men who are just coming into therapy saying they want to break up with their woman and if I can, if the situation is otherwise if I can talk them into staying there and working on it rather than walking out I feel good about that. / MU 174 There is one guy I'm thinking of actually, very bright, graphics, software graphics design. He does some very interesting stuff with the virtual reality, two of them both in computers. Came in their relationship situation was not very satisfactory but throughout dialogues and discussions they realized that for one it was sex and the other one it was money are not the most important things in the relationship and there are other things that are worth staying in and working on. And these things will take care of themselves. / MU 175 That was very satisfying. / MU 176

I: To help them get beyond a more superficial level

R: Yes. Well this one guy came in and he was a mountain climber and very fit. And his girlfriend was she works for, she's in a managerial position in one of the radio stations in Seattle and because she's the boss she has to work very long hours, almost 12, 14 hour days. So she comes home and she doesn't have time for anything. This guy works out and keeps fit. And

that's a turn off for him, the fact she's not interested in that. But she's (Not in?) Not in working out every day. But she's not a complete vegetable either. I mean they go hiking during weekends, kayaking. She can't climb mountains but at least she can hike. He was prepared to leave the relationship just based on that, at least superficially. And now they are together and he's realizing a lot of other things about her that are good. The relationship is working out. She's also gone to counselling. / MU 177

I: So what did you do?

R: I questioned some of his perfectionistic thinking where everything has to be just so. / MU 178 Where he was coming across as his dad and how their marriage. Apparently his dad during one of their walks told him how disappointed he was with his mom. / MU 179 And that had a huge influence on this guy. Also he's afraid of choosing the wrong person, he's so afraid of that. That this person is not perfect. In a lot of other ways he loves her. She's a great listener and she's, they have a lot of fun in a lot of ways. But when it comes to this lack of physical activity he's kind of thinks she's not going to do it and he could lose interest in her. / MU 180

I: So then what you did for him was to do what.

R: Say that it's OK she doesn't have to be perfect. That it's unrealistic to expect something 100% perfect. / MU 181

I: So you challenged his ways of looking, his expectations. (OK) / MU 182
And you feel good about working with him it sounds like. Is he one of those persons you have that sense of camaraderie with?

R: Not so much. I think, when you asked that question the word that went through my mind was like a big brother. An older brother, who's been through that stage, he's trying to go through and speaking from experience.

/ MU 183 I mean that's, of course I didn't tell him that. / MU 184 When you asked that question that word jumped at me, big brother. / MU 185

I: Big brother it sounds kind of nurturing and supportive, kind of sharing some wisdom. (Um hm) Anything else?

R: Another thing that gets me with men, especially men is how displaced anger which comes out as humor gets me. / MU 186 Especially in the men's group it's happened a few times. That they're displacing a feeling and it's coming, especially anger and it's coming out as a joke. / MU 187 I get offended by that. I feel angry with that. / MU 188

I: Like sarcasm or put down or things of that sort? (Um hm) And it makes you angry?

R: Yeah. / MU 189 I'll say something like, 'I wonder what that means.' Try and get behind that and that usually, / MU 190 not usually sometimes it kind of backfires. / MU 191 That they defend. ('I didn't mean anything by that.') They use denial. (Yeah, 'You're making a big deal, I didn't mean anything by that.') "Can't you take a joke. I'm just kidding." / MU 192

I: Is it directed towards you?

R: Or to the other person. / MU 193

I: It can be just anywhere (Yes) Just hearing it it makes you mad? (Yes) And then what do you do with your anger?

R: Hmm? (What do you do with your anger?) Just become aware of it
remember not to act on it. / MU 194

I: OK Just kind of note it and think of some way to intervene if you can.

R: It also gives me a clue about what might be going on with that person. /
MU 195

I: And from your experience it's just seems like a male way of interacting?
(Um Hm) / MU 196 I would agree with that too. How do you feel talking
about this?

R: Kind of anxious. / MU 197 There are two things going on. One is that my
thinking is very slow today. Probably because last night with all that
thunder I was up with, A. [his infant son] was awake too and I was kind of
pooped and I had to go to work today and 8 o'clock and I had to work until
noon. So I'm exhausted physically. That's one thing. / MU 198 Secondly
I was, the reason I was asking how many people do you have to interview I
was realizing that this was, I was kind of anxious about it because you are
talking about very personal issue / MU 199 and I was thinking would it be
easier if you were a total stranger or would it be easier if you were my
friend, I mean you know me. / MU 200 I don't have an answer to that. I
think it's easier because I know you. / MU 201 Otherwise it would be
quite intimidating to ask these questions. Or you can get a lot of thoughts
not feelings. / MU 202

I: Yeah and I get some of both, depending on the person. And actually either is fine although I feel like you, actually I think you expressed as much feeling as anyone I have spoken with so far. And I appreciate that.

R: Boy it's a lot of work, transcribing this.

I: Yeah. Are we finished?

R: Looks like it. I know there is a follow up thing.

I: Yeah let me turn this off.

Analysis

MU 1: The first thing that jumps into R's mind is situations with female clients. [Male/female]

MU 2: Female clients have no choice of sex of therapist. [No choice of sex]

MU 3: Some female clients hate men. [Stereotypes]

MU 4: R's first thought is of situations with women that did not go well.
[Sex related obstacles]

MU 5: Some women bring in negative stereotypes. [Negative stereotypes of men]

MU 6: Some women eventually see R as being different from their stereotypes. [non-stereotypical]

MU 7: Client sees counsellor as non-stereotypical. [non-stereotypical]

MU 8: Therapist sees self as atypical which is positive. [non-stereotypical]

MU 9: However some clients won't give him a chance. [stereotypes]

MU 10: Therapist believes clients expect men to be controlling. [stereotypes]

MU 11: Therapist believes clients expect men to be unemotional.
[stereotypes]

MU 12: Therapist believes clients expect him to be stoic, unemotional and taking charge. [stereotypes]

MU 13: And therapist is different. [non-stereotypical]

MU 14: Therapist re-states he believes female clients expect these things.

- MU 15: Therapist reacts to female peers bashing men. [male bashing]
- MU 16: Therapist feels excepted from the bashing. [non-stereotypical]
- MU 17: Therapist is non-white and therefore excepted from the stereotypes.
[non-stereotypical]
- MU 18: Even so some clients have stereotypes of Indian men, including
controlling, dominating of women. [stereotypes]
- MU 19: R sees male therapists as different from men in general because they
have done their work. [non-stereotypical]
- MU 20: Male therapists are different from men in general. [non-stereotypical]
- MU 21: Acknowledges exceptions on both sides.
- MU 22: R is no a doer. [stereotypical]
- MU 23: R has changed as a man and is less dependent on women for being
taken care of. [non-stereotypical, male dependence]
- MU 24: R is n o longer dependent but many men are. [stereotypes,
dependence]
- MU 25: R is different. [non-stereotype]
- MU 26: R sees self as different more than domestically but emotionally. [non-
stereotypical]
- MU 27: R considers why he responded as he did. [process]
- MU 28: He as a therapist has looked at himself, made changes and learned to
accept himself as he is. [non-stereotypical]
- MU 29: Traditional men are not insightful or introspective. [stereotypes]

MU 30: Typical male would deny experience especially affect. [stereotype]

MU 31: A man who has done inner work is willing to consider emotional reactions. [stereotypes]

MU 32: Immediately thinks of female client who assumed all eastern men were controlling. [stereotypes]

MU 33: R, by being different, showed her some eastern men are different. [stereotypical]

MU 34: The experience of being with R showed her some men are different which was positive. [stereotypical]

MU 35: Client re-examines her opinions after being with R. [non-stereotypical]

MU 36: R asks for re-orientation to question. [process]

MU 37: R co-facilitates men's group. [misc]

MU 38: R contrasts himself with co-leader. [misc]

MU 39: Co-leader is more talkative than R [misc]

MU 40: R is surprised this is the case. [misc]

MU 41: R believe people have male and female parts. [androgyny]

MU 42: Some men are masculine while others are more feminine. [androgyny]

MU 43: R sees self as in the middle and moves are on the mid-point. [androgyny]

MU 44: In the group R is more focused on emotion, feminine. The balance is maintained. [androgyny]

MU 45: R sees the masculine partner mixing well with his feminine role.

[androgyny]

MU 46 & 48: R and co-leader work together and communicate about the

process. [misc]]

MU 47: A previous experience was less open and less constructive. [[misc]

MU 49: R sees men the minority in the profession. [demographics, isolation]

MU 50: The majority of clients are women. [demographics]

MU 51, 52: R refers again to male bashing and feeling bad, uncomfortable.

[male bashing, isolation, negative affect]

MU 53: R objects to being stereotyped, not seeing these negative qualities in

him. [stereotype]

MU 54: Even though he feels this is not deserved he feels uncomfortable

when he hears it. [male bashing]

MU 55: R feels unfairly treated. [male bashing, affect]

MU 56: R feels stereotyped. [male bashing]

MU 57: R sometimes confronts male bashers. [male bashing]

MU 58: When he does the offenders except him from. [male bashing]

MU 59, 60: R wonders if he is straying off topic. [process]

MU 61, 62: R expects other professionals to have looked at these issues and

when they make stereotypes he finds it more troubling. [stereotypes,
isolation]

MU 63: In his current work pace this is less common than in his past.

[stereotypes, isolation]

MU 64: Again when peers make these remarks he finds it galling.

[stereotype, isolation]

MU 65, 66: When he finds female peers stereotyping and inflexible he avoids them. [stereotypes, isolation]

MU 67: With inflexible women he chooses to avoid interacting. [stereotypes, isolation]

MU 68: R finds these women near delusional and seeks to avoid engagement. [stereotypes, isolation]

MU 69: In consult groups with men and women he is conscious of what he says and is politically correct. [self-conscious, isolation]

MU 70: R is aware he has made changes in his style since moving from Europe to the US. [erotic]

MU 71: In Europe he and his therapist hugged each other. [erotic]

MU 72: In group therapy with men and women sometimes one member would hug another. [erotic]

MU 73: Here he is terrified of doing that. [erotic]

MU 74: R thinks of current female client who cried regularly and he asked what she wanted. [erotic]

MU 75: Client replied she wanted to be held. [erotic]

MU 76: R was torn between wanting to comply and hold back. [erotic]

MU 77: R sees two issues. [erotic, conflict]

MU 78: Previously he would have complied. [erotic, conflict]

MU 79: The fear of being sued for sexual malpractice leads him to hold back.

[erotic, conflict]

MU 80: Another issue is for whom would he hug her. [erotic]

MU 81: If in doubt, don't. [erotic]

MU 82: Even if he's clear he wouldn't hug her. [erotic]

MU 83: R is also aware of feeling attracted to the client. [erotic]

MU 84: He was aware that the client was attracted to him.. [erotic]

MU 85: Client disclosed she was afraid of feeling attraction to R. [erotic]

MU 86, 87: R reflects the client's recent behavior and comments she is wanting to take control. [erotic, intervention]

MU 88: She discloses she might feel attraction to R if she lets her control down. [erotic]

MU 89, 90: R immediately goes to his female supervisor after the session and said he was scared. [affect, intervention]

MU 91, 92: R sees sexual attraction as potentially always present and a danger with male therapists and female clients and it may emanate from either participant. [erotic]

MU 93: It can be used positively. [erotic]

MU 94: It is always a potentiality and the issue is how it is managed. [erotic]

MU 95: R's supervisor discloses her experience as a client when her therapist lets her know he will manage the time and she can let it go and focus on her needs. [intervention]

MU 96: R realizes his job is to maintain the frame by communicating his intention to not abuse the client so she can let that go. [intervention, erotic]

MU 97: Once R sets the boundary they can look into the issue. [intervention]

MU 98: I rephrases R's comment saying that by communicating firm limits that he will not take advantage of the client he can process the underlying issues and R agrees. [boundaries] [erotic]

MU 99: R feels 'guilty ... that I'm unfit to do this job, ... thinking 'How could I,' ... I've done something bad for having those thought and feelings.'
[erotic, shame]

MU 100: R adds that he felt good when the client said she was attracted to him. [erotic, positive]

MU 101: He repeats feeling good about her being attracted to him. [erotic, positive]

MU 102, 103: R sees the client as attractive and she is attracted to him felt good. [erotic]

MU 104: Initially he saw her as attractive and thought anyone who looked like her would never be attracted to him. [erotic] [ego]

MU 105: By the 5th session he realized he was looking forward to his sessions with her. [erotic positive]

MU 106: He disclosed there were clients he hoped would cancel. [misc]

MU 107: But with this client he looked forward to seeing her. [erotic]

MU 108: R adds that there are male and female clients he looks forward to because he finds the sessions meaningful. [misc]

MU 109: I asked if he could think of male clients he looked forward to seeing and he was having the same thought. [process]

MU 110, 111, 112: Even though he has seen numerically more women than men he recalls more anger and confrontations with men than women. The feelings can be on the part of the client or R. [male client] [anger]

MU 113: R suspects men are more comfortable with anger than women. [stereotypes]

MU 114: Relates incident with male client who wants to receive medications from R's clinic and R informs the client a referral from his therapist is required. [male clients] [anger]

MU 115: Client responds with irrelevant information and R becomes irritated. [male client, anger]

MU 116, 117: R in hindsight realizes he could have used this as clinical information but instead became angry. [male client anger]

MU 118: R cuts the client off and expresses his anger indirectly through his voice. [male client anger]

MU 119: Client blows up. [male client anger]

MU 120: R adds he can think of other similar incidents. [misc]

MU 121: When asked how he felt R said he surprisingly felt calm. [male client]

MU 122: R explains that the client's reaction is not going to get him anywhere. [boundaries]

MU 123: Client then becomes tearful going behind the anger. [male client]

MU 124: The incident ends with the client complying with the original request. [boundaries]

MU 125, 126, 127: R realizes his initial reaction of irritation was unnecessary and he should have looked at the process and not gone with his reaction. [intervention, male client]

MU 128: When asked what R was angry about he said it was feeling the client was manipulating him and making him a fool. [male client]

MU 128, 129: The client was not complying with R's request and changing the topic. [male client]

MU 130: R also was told by the receptionist the client was angry. [anger]

MU 131: Another compounding issue was that R was missing an in-service he wanted to attend by this client's appearance. [anger]

MU 132: R describes the interaction as a power struggle. [power struggle] [anger, male client]

MU 133: R believe this is more easily done with other men. [male client]

MU 134: It happens with women but more often with men. [male client]

MU 135, 136: R believes that competition and power struggle occur more often with men than with women. [male client]

MU 137: On reflection he thinks of many male clients with whom he had worked well. [male client]

MU 138: R believes it is inevitable that there will be some men with whom competition and conflict will arise. [male client, stereotype]

MU 139: There will always be some men he has conflict with. [male client]

MU 140: Primarily it's the salesman kind of man who has an agenda who hook him. [male client, stereotype]

MU 141: R cites an example of a male student who wants an excuse for his irresponsible behavior to get a tuition refund. [male client power struggle]

MU 142: He denies them the request, they become pushy and R loses him temper. [male client, power struggle]

MU 143: R sees this a power struggle and he has the power to grant them an exception. [male client, power struggle]

MU 144, 145: This happens with men and women but when it happens with men he becomes more "charged." [power struggle] [male client]

MU 146: R states the approaches of men and women are different. [male and female clients]

MU 147: Women more often are tearful and sad evoking sympathy. [female clients]

MU 148: R sees men using deceit. [stereotypes]

MU 149: R sums this behavior up using the word salesman. [male client]

MU 150: When questioned R states it can be men or women. [disclaimer]

MU 151, 152: I ask R is he's ever felt the need to engage men in counselling and he acknowledges that he has had to sell counselling to them. [male client]

MU 153: R wonders if he becomes angry when men do not buy the product.

[male client]

MU 154, 155: R contrasts men with women, women come in ready to begin but men are reluctant participants and he has to engage them. [male can female clients, stereotypes]

MU 156: R does this by 'normalizing' their behavior and suggesting other behaviors or feelings that they may have. [male client]

MU 157: Anger is not a feeling he has to identify as they are generally aware of this. [male client]

MU 158: R suggests other feelings they can choose to accept. [male client]

MU 159: R adds that he is generalizing and that some women also fit this pattern. [disclaimer]

MU 160: R believes he works better with men closer to his age. [misc]

MU 161: His experience is that older men are more willing to engage in counselling. [male client, stereotype]

MU 162: R seems better able to relate to men his age. [male client, age]

MU 163: With younger men he uses behavior mod techniques versus therapy. [male client, stereotype]

MU 164: In response to my comment he agrees that his task oriented approach is masculine. [stereotype]

MU 165, 166, 167, 168: R sees equal numbers of men and women. The reasons are that there are fewer male than female therapists and also that many of the female therapists refuse to see male clients. [stereotypes]

MU 169: I remark that nearly all the persons I have interviewed began their interview with female clients. R comments that is because most clients are female. [demographic]

MU 170: With male clients R sometimes feels a camaraderie. [male clients]

MU 171: R maintains the boundary of keeping this in the therapeutic frame. [boundary]

MU 172: R sees one goal is to teach many men to be less macho and equalize the disparity between men and women. [stereotypes, male client]

MU 173, 174: R describes his work with male client who was considering leaving his relationship with his female partner and the client eventually decides to work out his problems with his partner. [male, couples]

MU 175, 176: R thinks of another similar case in which a male client works though his relationship instead of leaving and R feels good about this. [male client]

MU 177: R cites an example of a male client who decides to stay and work out his relationship. [couples, male client]

MU 178, 179, 180, 181, 182: R describes the case and intervenes by challenging the client's perfectionist thinking. [intervention]

MU 183: R describes his relationship with the client as being a big brother. [male client]

MU 184: R does not tell the client this. [male client]

MU 185: But big brother is the role he feels in. [male client]

MU 186, 187: R finds men's tendency to express anger with humor as bothersome. [anger, male client]

MU 188, 189: R feels angry with this. [male client, anger]

MU 190: R attempts to get behind the humor to the affect. [male client, stereotype, anger]

MU 191, 192, 193: This often backfires. [male, stereotype, anger]

MU 194: R seeks only to be aware of his anger. [male client, stereotype, anger]

MU 195: R uses the anger to understand the client. [male, intervention]

MU 196: R sees this behavior as male. [male, stereotype]

MU 197: I ask R how he feels about our interview and he said he was nervous. [process]

MU 198: R describes external reasons for his behavior, he's tired. [process]

MU 199: R is talking about personal issues. [process]

MU 200: R wonders if it would be easier talking with a total stranger.
[process]

MU 201: R decides that talking with someone he knows is easier. [process]

MU 202: R thinks that with a total stranger I will get more thought than feelings and he attempted to provide feelings. [process]

Summary

Stereotypes

The initial MU's deal with women stereotyping men as unfeeling, controlling and stoic. R sees himself as not fitting these characteristics. R is also the gatekeeper for the service for which he works and therefore all potential clients must see him initially. His first thoughts to the opening questions are of women with whom he has not be able to establish a positive relationship. He implies that their stereotypes are an obstacle to this, that they are not open to giving him the opportunity to demonstrate that he is not that kind man. Because he is not the stereotypical man some clients are eventually able to see past his sex. And because he does not perceive himself as a traditional man he feels frustrated, surprised and irritated that others judge him as a traditional man.

R comments that he acts as a model for female clients to see that men can be inconsistent with these stereotypes. One of his goals seems to be demonstrating that not all men are insensitive clods.

{Question for follow up interview. Can you think of some of the situations that did not go well and describe one?}

{How did he know the client changes her opinion.}

Male Bashing

R recalls instances when female peers made disparaging remarks about men and R felt "painted with the same brush." R reports feeling uncomfortable, unfairly treated and possibly angry. R gives examples of acting in a manner

inconsistent with the stereotypes which are, introspective and emotionally demonstrative.

His response is to confront these women at times while at other times he avoids them if he feels they are intransigent. R believes that all people contain male and female aspects. Some tend to be near the extremes either consistent or inconsistent with their sex. He sees himself in the middle and able to move from one side of center to the other as the situation warrants. He gives the example of co-leading a group in which the male co-leader is more masculine and he is the elicitor of emotions.

Another factor is that R perceives men as less numerous in the profession.

Later, when describing his work, he refers to his general goal of equalizing the disparity between men and women. He acknowledges the inequality between men and women and sees his role as teaching men to be more respectful and better partners with women. R acknowledges the stereotypes of male behavior described by the male bashers.

R believes that part of being a therapist is undertaking one's personal exploration and examination. Because of this he believes male counsellors are more introspective and evolved than men in general. Therefore the perception by female peers that he and all men are misogynists is unfounded. Also because female therapists should have done similar work the idea that they continue to lump all men together is frustrating, as if they should know better.

Another result of the male bashing is that he becomes cautious in consultation groups involving men and women and is careful to measure his comments against the standard of what is politically correct, "you watch everything you say."

Sexual Arousal

R talks about his experience in England where he was a psychiatrist. {R is not a licensed physician in the U.S.} There he felt more able to touch and hug his therapist and his clients than he does in the U.S. One reason he gave was the prevalence of law suits in the U.S. for sexual malpractice.

However he gives an additional reason, while describing a client in the transcript. In the course of treatment R describes an interaction during which he asks a client what she wants in a session and she said to be held. He does not comply initially saying the fear of a law suit deters him.

Then he continues by disclosing that he felt attracted to this client. Part of his reluctance may have been not wanting to act in an inappropriate manner since his motivation was unclear. Another aspect may have been that he did not want to communicate his feelings to the client indirectly. {Clarify}

Later R disclosed that he felt guilt and shame for having these feelings. At the same time he felt flattered that an attractive women would be attracted to him.

R said that when men and women work together there is always the 'danger' of sexual arousal occurring on the part of either participant.

When R became aware of his feelings and those of the client he immediately went to his supervisor, a woman, and sought consultation. I do not know what he disclosed, meaning I am not certain he told the supervisor about his feelings of attraction to the client. {Ask R for clarification.} His supervisor disclosed an example from her therapy of her therapist communicating to her that he was responsible for maintaining the frame so she was to focus on her issues. R found this useful and reassuring. He decided his role was to maintain the frame, for both?, communicating that he would not abuse his client and enable her to feel safe in the relationship. His fear of acting out was contained and her fear of abuse was assuaged.

Male clients

When R thinks of the male clients he has seen he associates anger and competition with many of them and more so than with female clients. R stated several examples of feeling manipulated and engaged in power struggles with men. He becomes hooked and feels anger in response and believes he has missed opportunities to steer the session into a more productive exploration of what is behind the affect. (This could be true when he feels sexually aroused as well.) R has been able to experience the affect and move beyond it to deal effectively with male clients.

R identified a 'salesman' type approach that tends to hook him. He feels as if he is being manipulated and 'made a fool of.' He realizes this occurs with women as well but he remembers women being more sad and tearful

which evokes his sympathy versus men who tend to deceive and bully which provokes his ire.

I asked if he has felt he needed to engage men into treatment and he acknowledged that he has. He becomes the salesman, although I believe his technique is not the same as those he described that men have used on him. He described the use of mirroring and tries to offer men options for expressing their feelings, going beyond anger which they tend to over use.

R stated he tends to enjoy working with older men, men closer to his age. He feels a camaraderie with them. With younger men he feels the need to patch them up and move on, utilizing behavioral techniques more freely. He also described a relationship with a male client where he felt he was functioning as a big brother, nurturing, supporting and sharing wisdom.

Lastly he mentioned the pattern of men in his group expressing anger using sarcasm and teasing. When he has intervened he believes it has not been effective and he is accused of not having a sense of humor.

Appendix F:**Interview #1 with James**

I: We'll see if you have any questions and then go from there. So what I am interested in learning is how male therapists describe experiences related to sex and gender. When I refer to sex I mean biology. And individual is either a man or a woman. Gender refers to practically everything related to sex. What we have learned and incorporated into our beliefs about what men and women are supposed to be, how men and women should act and what they should think and feel is gender related. Our gender related beliefs, expectations and behaviors affects our feelings about ourselves as a man and our male and female clients. What I want you to talk about are your feelings and thoughts related to how you feel as a male counsellor and also about how your gender related expectations and beliefs influences your work with your clients. You might find it useful to think of clinical situations in which you were aware of feelings related to being a man or situations related in which issues related to sex or gender were prevalent. Or perhaps you might discuss how being a man in this field has been an advantage or a hindrance. Please feel free to say as much as you like about the experiences you choose to describe. I will ask for clarification at times and encourage you to provide as much of a description of your experiences as possible am interested in knowing how you felt, what you were thinking and what you did.

R: Yes.

I: Do you have any questions you would like to ask before we begin? (No).

OK so why don't you begin by thinking of some clinical situations in which sex or gender issue influenced how you felt and what you did. Or in a more general way talk about how being a man in this field has been an advantage or a hindrance.

R: Several years ago Ah, I became very interested in feminist therapy theory.

(Oh, Jay wait a second.) [I had not clipped the microphone onto R's shirt.]

Several years ago I became interested in feminist therapy and started to read some things and talk with a colleague of mine. And came to recognize that I had failed to really be aware of some issues that women patients may experience, maybe, yeah may experience. / MU 1 And I started to become tuned into the degree to which I treated women with some perhaps condescension, expecting them to be weak or to speak about weakness, to be in some way deferent to me, more so than I did with male patients. / MU 2 And the more I found, and the more I listened to how I spoke to female patients the more I realized that it was very subtle but it was present. / MU 3 And I started to modify the way I approached males and females. / MU 4 Now I know this doesn't exactly have to do with gender but it has to do a lot with, with sex with the female patient versus the male. / MU 5 (Yeah) I was really grateful to that women who ahm, whose material I was reading and discussions occurred with her about this. And I was really grateful for the opportunity to really look at

how I treat patients different depending on their sex. / MU 6 I have always preferred working with females a little bit more than with males. / MU 7

I: Do you have a reason why or

R: Ah, I don't know I think I enjoy working with younger women because I feel more alive with younger women. I fearl [R inadvertently uses a combination of words.], feel ahm, sexually stimulated by some and I enjoy the feeling. MU 8 Ah,

I: How does that influence your work or your interactions with them?

R: Well, you know, I think mostly it arouses my interest in knowing more and more about them. So I think I come across more animated, more excited, more interested and I am. / MU 9 (Um hum) Ah, I don't like to be neutral inside of me. I like to be ah, aroused, interested, excited in some way. / MU 10 And I think that just feeling a some of the sexual excitement makes my whole self more alive in general. / MU 11 So I think that accounts in part for my enjoyment of working with females more than men, males. / MU 12

I: OK, well and then how do you keep that in check in the sense of maintaining boundaries and appropriateness and that sort of thing?

R: I don't know how I do it, I just, I don't know, I have a, I guess I have a pretty rigid idea about what's right or wrong and so I don't need to do much, it's just there. / MU 13 My personal reactions to people I work with

are important but they don't always need to be revealed or dealt with, they're just there. / MU 14

I: So they provide sort of an inner, inner dynamic or inner flow

R: Interest, right a flow, an awareness, an animation of my self inside./ MU 15

I: But externally one would probably be aware of the energy but not perhaps of the specifics, feeling that energy.

R: I think so. I think that people know when I'm more interested and when I'm more, I'm more neutral. / MU 16 (Um hum, OK)

I: Well then how do you work with the older women, the men in which that spark isn't there?

R: I dig. (You dig where?) I dig into their minds. I try to find what is interesting. / MU 17 Ah, let me think of that a moment. What do I do with less sexually attractive people, the older women, for example? I don't, I'm thinking about a, Ahm, a woman I'm working with now in therapy who's about 64 or 63 that area. And I'm fascinated with her. / MU 18 I absolutely no sexual arousal like I do with the younger women and yet I am so animated, I look forward to meetings with her so much. But I think it has to do with the fact that I know, I know her well, she's very open, she has such an interesting mind. / MU 19 I think what I'm trying to say is that I just need to find something in the patient that keeps me interested, riveted and fascinated and wanting to know more. / MU 20 In younger women it's something that happens in me having to do with my

own sexual arousal, with the older ones it has to do with other things that would arouse me, that would keep me alive and interested. / MU 21

Interest is very important to me. If I'm not interested in someone I, there's something dead about the relationship and it doesn't go anywhere, and I don't want to leave it that way, I want to do something to make it alive for me. / MU 22

I: OK so you look other place for that interest. (yeah.) To get that spark.

And with the older person it would be her, something about the way she thinks, the way she interacts, the

R: Yeah, her thinking. It's just remarkable. She's so articulate that I feel I know what goes on in her mind, What's she thinking, the kinds of things she's thinking. / MU 23 And she's so responsive I think because she knows I'm interested in her. So when I ask her a question she really / MU 24 ah, I just saw 'Zorba the Greek' the other night on the movie channel, I just thought of a line from the movie and it's, 'She gives you all she's got.' (Um hum) You know. / MU 25

I: It seems like an interactive process, (Yep) / MU 26 in the sense that somehow she responds to you, your interest by being open and transparent Ah, and through her doing that it arouses your interest.

R: Yeah, I'm peaked. You know my interest is peaked. / MU 27

I: Anything related to her sex, her being a woman?

R: No.

I: So there's no sexual interest.

R: No. / MU 28

I: Then with men what do you do. How do you get that jolt? Can you think of anyone in particular?

R: Well somebody just came to my mind, somebody who I am also currently working with. He's fascinating too. He's a, in fact a lot of his problem that he presented when he first saw me was sexual. But he talks about it very little. There's almost no sexual discussion or, / MU 29 I don't experience any sexual arousal or interest in that area. And yet he is a fascinating man. You know come to think of it is, a lot of it has to do with the few moments when he really is transparent. / MU 30 I like that word, it's good. / MU 31 When he is very transparent and he sort of lays these things out for me so clearly and in a way undefensively. And, Ah that is Ah, it gives me something to work with. / MU 32 You know I don't use a strict psychoanalytic approach. So I, I'm more active than a real analyst and when something really peaks me Ah, then I'm more active and I'll start to inquire more to get the person to be more specific so they'll look more and more inside. / MU 33 He has a multiple sexual related complaints. And yet I don't think, / MU 34 I guess I treat a lot of sexual complaints in a kind of perverse way, not sexually perverse but perverse in general because I tend to think that the sexual complaints are really a reflection of more relationship issues. / MU 34 (Um hum) You know this guy has, one of his complaints is Ah, general impotence with women. Ah, he's very

hyper-aroused all the time but he's, he's virtually impotent. And I think the impotence is a reflection more of his inner sense of powerlessness than something that is, maybe something a behaviorist would look at and say, 'Let's see if we can fix his erectile impotence.' Now I wouldn't, I wouldn't approach it that way. Especially because I know that there's no evidence for any medical cause of the impotence. / MU 35 Does that make sense, you know what I'm saying? (Yeah) The sex is really something that leads to even deeper interpersonal issues. / MU 36

I: I understand what you're saying I'm trying, in my mind I'm going back to your, one of your opening comments, of your attraction to some of your younger clients and how that fits in with the (female) yeah, in the sense that you're seeing sexual arousal as a metaphor in a sense or as an illustration of other relational components. Does that make sense?

R: Well I'm trying to make a connection and I haven't, I can't see any yet. An interesting, I don't know if this will shed light on the issue or not if not just tell me. / MU 37 I've worked with a patient for 7 years in very intensive 3 times a week therapy. And I, toward the end of the therapy, like about 8 months before we terminated, I discovered something I was, I was really blown out of the water because he told me something I hadn't known and hadn't expected and that was that he and his wife had not had sex for over a year. Ahm, that was interesting in a non-sexual way. / MU 38 It was interesting because Ah, I know sex is very important to him and for him to not talk about it with me, about such an important thing meant that

something very important was going on that he would avoid sex with her or she with him Ah, something. / MU 39 Why didn't I know about that. (Right) Why didn't I, I couldn't, I had no way of knowing. / MU 40 I, for a whole year I was, we didn't talk about it. He was talking about other things that seemed so important that I never bothered to ask about something that he didn't bring up. / MU 41 And he in the last 5 years, the first 2 years of our therapy was awful. I didn't know what was going on but after I realized what was happening, what our relationship, with how the transference was really being played out he became so interesting / MU 42 and Ah, I, I used his case in supervision to really learn much, much more about my therapy with him and in general. / MU 43 Now he was a man who was in his mid 40's. Ahm, not, I'm not sure if women would find him sexually attractive, I didn't think so. And I always felt, / MU 44 I never felt anything sexual about him. I'm a heterosexual person and men don't usually attract me in that way. / MU 45 I'm still going back to your question, I don't know it fit, about the Ah, how young females are so or tend to be able to stimulate me sexually and that arouses my interest. Whereas / MU 46

- I: You were talking about sex in the sense of that it's, that it's part of, perhaps a matrix of relational variables (Yes) so that the impotent person, you didn't see that so much as a sexual problem but as a relationship problem or a statement of who he was in relationships, powerless or whatever, so you know wondering if that same type of metaphorical

processing could be superimposed on relationships between you and the younger women. Does that make

R: Yeah I got your question now. / MU 47 No because virtually all the younger women Ah would not talk about sex openly, at least in the early stages of therapy. (Um hm) and so I wouldn't have anything to start with as a metaphor although / MU 48 just thought of, and now to contradict what I just said I just thought of a, I think she was an 18 year old patient of mine, I didn't see her very long maybe say 7 or 8 months. And she spoke about Ah some very upsetting sexual events with her boyfriend. And I just realized she did talk about sex, she was a younger one that talked about it. Ah, I didn't find myself stimulated sexually by that. / MU 49 In fact what maybe a very close parallel because what I found myself experiencing was how Ah, her discomfort, her upsetness with this sexual issue with her and her boyfriend was a reflection of Ahm, her, her, what I think is a the very depths of her personality, a neediness, a desire for someone to take care of her. And she was starting to feel that he was exploiting her rather than taking care of her. And so it was really in a way used, / MU 50 I didn't interfere or, I don't mean interfere I didn't interrupt her discussion and I didn't even make any comments about her concerns about this sexual conflict with her and her boyfriend. / MU 51 Ah, but I felt strongly that is was a really not a sexual issue at all, it was really an issue of how at how disappointed how bereft she was because the

boyfriend's sexual needs were not meeting her deeper needs. / MU 52 (Um

hm) Do you understand what I mean? / MU 53

I: Yeah that that he was more concerned about his, what he got rather than perhaps what he gave. (Yes) She picked that up.

R: And also the power difference, the power differential between the boyfriend and the girlfriend. Ah, he probably very rapidly came to recognize, Ah, that in order for her to feel Ahm, close to him and stay with him, how did I, I don't remember how I started this out. He came to recognize that she Ah, might provide him some, some sexual gratification and in turn she would then receive, or she expected the care giving that she needed. It was a real bartering that I don't think was that conscious on her part at all. / MU 54

I: But if she were to be this for him she would be, she would receive in turn (Yes) some being taken care of in a sense (yeah) and that didn't happen apparently.

R: Ah, way more infrequently that she needed. (right) Yeah she was very needy. / MU 55

I: But how about in the sense of you and the client your sexual feelings, what is, what other metaphors might come from that in your relationship with that client? Or what else might that represent in your relationship to that client?

R: Fascinating. She was very histrionic in my office. She would come in very revealing clothing, very sexually revealing stuff. And she would stretch in

such ways that it was clear that she was emphasizing her femininity. Ahm she was really an early adolescent in a 18 year old, chronologically 18 year old woman. And that, I found that very stimulating. / MU 56 Ah, bit as usual I, I maintained a neutrality and didn't let her know what my reactions were. That would have been, I think damaging to the relationship. / MU 57 But Ah, all of a sudden it dawned that I may have also been trying to provide her with the gratification taking, of giving her the message I care for her and I will care for her, you know, as a result in the same way parallel way what she was doing with the boyfriend. (In a non-sexual way.) Yeah, yeah. / MU 58 And then oddly enough I stopped in for a hamburger at a fast food place she was working, didn't know it, and Ah, I do with all patients when I meet them outside of my office I maintain a very, very distant, aloof, neutrality / MU 59 and Ah she came over to the window where she was delivering my hot hamburger and she whispered, 'See you on Thursday,' or something like that, you know like letting me know that I was important and that she was, she was going to keep her appointment, you know that kind of thing. / MU 60 So it could be very well that she felt, by something I had done that I was going to be a caretaker for her. She didn't even, I was surprised that she even came over and talked to me at all / MU 61 and I didn't say anything, I didn't give, I didn't even smile, I tried to make believe I didn't even know her. I like to allow people to deal with me if they want to, to maintain the certain amount of confidentiality about it. / MU 62

I: Right. Well as you sit there and have those feelings or have that experience what goes on within you?

R: You mean here, in the office

I: Yeah, in the sense of the attractive feelings or the arousal feelings, what transpires in you?

R: I don't know. It gives me a vague sense of pleasure. A generalized sense of pleasure being here. / MU 63

I: And any corresponding thoughts or

R: I don't think so. / MU 64

I: Well the reason why I asked that is because when other people that up there's often times some dysphoric feelings, you know 'I shouldn't be feeling this way, or there's something wrong with me for feeling this way, or what am I going to do now, I can't let the client know this, Ah, you know this isn't right' a lot of the negative stuff that comes along with that. You don't have that, (No) it looks like.

R: I don't have that at all. I don't think it's wrong to have those feelings and I don't feel bad about them, in fact I like them. And I really think, I don't have any evidence for it but I think it really enhances my therapy. / MU 65

I: In the sense you convert it into energy and a desire to relate to that person.

R: Yeah, my own interest in the person gets widened, gets deeper. / MU 66

I: Which they sense

R: I think they do. / MU 67

I: And then respond and like or whatever.

R: I suppose if I was bisexual that might happen more with men to. But it just doesn't happen./ MU 68

I: And throughout your career would you say this has been consistent?

R: No, I don't think so. I had actually thought of that a moment ago when we were talking and I don't think that was true 15 years ago. I mean I've been in practice for 30 years. / MU 69

I: Well then how was it 15 years ago?

R: What was your question?

I: How was it 15 years ago?

R: That's what I'm trying to think back to. I'm even trying to think back 8 or, 9 years. Wait a minute I got her in 72 I must have started my practice around 75, part time so you're talking 20 years. Well I thought of one of my first patients in my practice, here in Seattle about 20 years ago. Ah, and she spooked me because she wasn't hinting, she was, she offered to have an affair with me. Almost within the first 2 or 3 sessions. She tested me out and thought, 'OK.' And Ah, I gave her a stock answer, but I was very spooked by that. / MU 70 I'd never had anyone proposition, any patient proposition me openly. Ahm, and I continued seeing her a long time afterward because I think that I was successful in Ah, cutting off that part of the relationship but I don't think the whole therapy was successful in the end because there was too much really, I don't know what to call it, juicy stuff that we never dealt with. / MU 71 We really didn't, I just cut it off, /

MU 72 I said and I told her the truth, I really felt honored, in a way, by her forthrightness and her interest in me, but I thought it would be very destructive if and there wouldn't be a therapy left if we were to have an affair. I wasn't open to it at all. / MU 73 But there was more to it because I was very upset but it. I didn't like what I was feeling, I didn't like the conflict within me, I didn't like of that, but I don't have that now. /

MU 74

I: That's a different situation than what you were describing (yes) because in the other situations it was your feelings towards the client which the client may or may not be aware of.

R: Well actually, you know, I'm trying to think back, to an older patient, back in the 70's, she was attractive sexually. But then her aggressiveness really threatened me and the therapy process. And I had to cut it off, I had to stop it.

I: But then again that's the client's sexual feelings towards you.

R: Well she initiated it, sure. But I'm sure thinking back I can't remember exactly what I was thinking but I'm pretty sure I was attracted to her. She was a young, vibrant, Ah, attractive, young woman. / MU 75 Ah, I suppose it's possible at that time I might have weighed the possibility, would I be willing to give her up as a therapy patient if I were to have an affair with her. / MU 76 But I did not, I actually never did with any patient. / MU 77 You know, now I've matured and I've become a professionally more astute therapist, I know of course that would be

unethical as well as destructive of the relationship, you know, the therapy relationship. / MU 78 But she was very interesting. She was another of those people whose mind was active and there was so much more to her than just the sex and she dropped it after that. She, once I told her that it was outside of my interests and Ah, it would be destructive of the therapy process we turned to lots of other things of importance. / MU 79 And that was very interesting, the rest of the relationship and the therapy went fairly well but I just think there could have been much more if, if I had allowed more real discussion of what we cut, what I cut off./ MU 80

I: Are you talking about with the first person or the second person?

R: The [tape ends]

I: Relations where ones in which the client expressed some interest in you which is different than what you were talking about earlier which when you were having the arousal but the client wasn't aware of it. Ah, and in those situations it sounds like you felt Ahm, good, OK, this is enhancing and enhancing experience, Ah so I'm thinking 15, 20 years ago whether there were times when you had that attraction towards in which the client may not have responded and did you have the same experience of it then or how was your experience the same or different then?

R: I can't recall any people other than that one I mentioned. (OK) Ahm, what's coming to mind is a very early experience with L. B., do you know L?

I: A she's a local psychologist. She does a lot of testing, a feminist.

R: Yeah, she's a pretty radical feminist Ah, and I think her caseload is primarily lesbians. And she's a very, very bright woman and she was in a training program of mine in Gestalt therapy back in the early 70's. And she always inserted sexual issues in the discussions. And I found that offensive./ MU 81

I: What do you mean, what issues?

R: Ahm, personal issues like Ahm, what, the only thing that came to my mind was one example, I think there were lots more but the one that comes to mind is we were talking about something about therapy one evening in this seminar. And she took most of the session talking about how foolish her parents were because when she came out of the closet and let them know she was not heterosexual and she had no intention of marrying a man and so forth that they were stupid, they were foolish. And she was putting people down for their failure to accept her as a lesbian and feminist. And that had nothing to do with what we were talking about. Get that stuff out of here. / MU 82 You know and now if I had heard her, of course she wasn't a patient of mine, she was a student in a program but if I had heard her now I think I might treat it very differently. I probably would recognize the metaphorical qualities of her sexual content. Ah, (Which were?) Ahm, the sense that she was not accepted for what who she was. And her resentment for that. Her parental, sort of the parents abandoning her when they discovered something that was real about her and that she found to

be very important. And they, of course, tended to minimize. More than minimize they rejected it and her. They were outraged and I would look at how she responds to people in terms of being accepted or rejected more than what her orientation is and the importance of the actual sexual act and who her partners would be, how her partners would be chosen. / MU 83

I: So there was something in the sense perhaps about the style she did it back then and that you reacted to than perhaps versus the underlying issue or whatever it was that she was dealing with.

R: Well I see it as a failure of my vision. See I didn't recognize the importance of transference and symbols back then. And countertransference. So I treated it more as a surface issue. She's being intrusive and bringing up content that's not relevant here. / MU 84 But, you know, again she wasn't a therapy patient. It's a little bit different. / MU 85

I: Have there been any other experiences of that sort, in the sense of having been around peers or she wasn't a peer at that point, but peers in which as a man you've had the experience of fitting or not fitting in?

R: With me fitting or not fitting in? (Yeah, because you're not a man.) Oh, yeah, yeah. What comes to mind, this has nothing to do with therapy. (Um hum, but as a man in the profession.) Oh no this has nothing to do with professional issue at all./ MU 86 I went to a birthday party of a young woman who I knew and discovered it was a combination of birthday and coming out. And a lot of the, the dykes who were in, at the party rejected me. I came with my wife, they didn't reject her but they sure rejected me.

I heard somebody singing some folk songs on a guitar so I walked into that room. There was a very, very imposing woman at the door and she wouldn't let me through. I just tapped her on the shoulder and said, 'Excuse me I'd like to go in there.' And she acted like I didn't exist, she wasn't going to let me in. (She was the bouncer.) And I tell you I was not, yeah, I was not going to mess with her. She was wearing these leather lederhosen, Austrian shorts and she had Ah, she had a very strong muscular build I was not going to mess with her. I didn't like that. I left immediately. / MU 87

I: But not in professional situations have you found that?

R: In the sense of not being accepted because of my maleness? (Yeah) No, I mean maybe, I can't think of any. Something else came to mind that had nothing to do with therapy, but (No, we should stick with therapy.) Yeah. / MU 88 You'll find that I have a very wide ranging mind and I associate freely. You'll have to reign me in and keep me on the subject. / MU 89

I: In the very beginning you commented that it was brought to your attention that some of your thinking was Ah, you didn't say sexist, you said wasn't respectful or something of that sort. Can you think any examples of that or any examples of how you've changed from what to what?

I: Well I thought I said it, maybe I was too general. / MU 90 Ah, I find myself being more careful with women in terms of making suggestions about where our discussions should go, I don't like to dominate / MU 91 because I know that women in general have had, I mean lots of women

have had very bad experiences about being dominated by males. So if I bring up a subject, you know, it's a way, it's a very subtle, small, but not so insignificant way of dominating another person. / MU 92 So I'm careful about that, about trying to not lead as much as I can to avoid leading the discussion. / MU 93 And, you know, I always like to follow a patient rather than lead them but sometimes I do need to Ah, direct the patient's attention somewhere and with women I'm sure I do that less now because of the stuff I read on feminism. / MU 94

I: And with men that wouldn't be an issue so much?

R: I don't think about it. Ah, I think I'm, maybe what happens is that the more recessive less domineering type of men I might respond that way to also. Skittish, anxious, fearful men I might tend to pull back and not lead them also for a similar kind of reason not because of anything sexual but because of their Ah, submissive dominance relationship with me. To prevent me from further enhancing their submissive stance in the world. / MU 95

I: So that submissiveness would be sort of the therapeutic issue which tends to be more associated with women than with men.

R: I think so, yeah.

I: And was there an then awareness that you tended to be more dominating when you were with women.

R: I think so, yeah. / MU 96 You know I've been involved in the Masterson Institute training groups with S. R. for a number of years and in our case

presentation seminars I became increasingly aware of that tendency. Ahm, in general to be way, way, way too directive. And I think much more so with women than with men. / MU 97

I: In that do you present cases or do you demonstrate in the Masterson groups?

R: No, we present cases.

I: Present cases. And it was pointed to you at times during, when you were presenting that you being more

R: No, it became obvious to me without anybody saying it at all. / MU 98

I: Can you think of a situation where that, where that occurred?

R: A particular case where I was presenting. You're testing me Charlie.

You're testing my brain. / MU 99 The case I presenting most was this guy that I was telling you about that I worked with for 7 years. (Who didn't bring up the lack of sexual intimacy until the end.) Right, so I think maybe the issue of, of my being too dominating in the session is probably more than anything had to do with him because I presented him once a month, every month for like 3 years. Everybody got interested in following his progress with me. So I agree to present his, his case once a month. Can't think of, I can't think of any other people that I, that might have been involved in the discussion when I realized this. I remember the moment of the 'Ah, ha.' I mean it's just, 'What the hell am I doing.' I realized as I'm reading to the group what I had, you know, my process notes that I wasn't doing therapy with this woman, or whoever it was, I was doing, I was

making her, I was dominating her, I was making her look at things that she was not interested in or him, I don't know who it was. / MU 100 I

remembered how embarrassed I was in front of the group realizing that.

And then were very kind to me but I was embarrassed. / MU 101

I: So all of a sudden thin became very clear to you that's you were doing.

R: That I was doing it way too much. / MU 102

I: But not in the session was it clear.

R: No. I've become much more aware of that. I mean that happened a few years ago where I started to really get aware of that. And in those case presentation groups but now when I'm with patients I'm much more aware of the benefits of being a good listener, a better listener and not so directive. My ears are open wider and my brain is much more tuned into the patient when I'm not directing the patient./ MU 103

I: Yeah, because you're not thinking of what you are going to be doing and saying and where you are going to be going. (Yeah.) Anything, can you think of anything else related to any of stuff we have talked about or anything different?

R: [sigh] I work some with, as you know, with really badly damaged kids who've been at the hospital who've been sexually abused as children. I just find myself sometimes very, very sad, working with kids who have been so, abused. I find it difficult because I'm always, you know, feelings of sadness will come up when it's clear that having been traumatized sexually has really damaged their inner self deeply. / MU 104 I don't know

that's the only thing that came to my mind, the sadness. Especially the younger ones, the 12 and 13 and 10 year old kids. / MU 105

I: And the sadness over what's been done, over what's been lost, over what will

R: Losses, losses. You know people will sometimes talk a little bit about the pain, the physical pain they have experienced but, you know, I think the losses are very way deeper than skin. / MU 106 I'm working with a 48 year old woman who was badly, badly abused as a child, 5 years old, awful stuff. And Ah, when she does talk about it, and she avoids it much as she can, it's just so upsetting, when she talks about her childhood recollections of abuse Ah, it's so poignant, she'll talk about how, you know the TV show 'Roots' by Alex (Haley) Haley the moment that Kunta Kinte comes out of his stupor when his foot was chopped off. [I nod that I don't.] / MU 107 He, you know he was a run away, he tried to run away as a slave and finally somebody came by a chopped off his feet so he couldn't run away anymore. And his comment was, 'How can one person do something like this to another person.' You know that's what she said, not those exact words but it was the same sort of thing, 'How came one person damage someone else who's also a person.' / MU 108 And it just aroused such deep, it does it right now, you know it just deep waves of sadness about how that happens so much. It's not the sexual part, I mean, people could be damaged in any way just like the slave having the foot chopped off. / MU 109

I: What do you do with the sadness with that person.

R: I don't do anything with it, Charlie./ MU 110

I: Do you express it?

R: Just like I'm doing it right now. I let it be. You know if I cry, I cry. / MU 111
And if that's an issue for the patient then we go into it but I just let it be. Sometimes I'll tell somebody. Or I'll even ask them if they recognize that I experienced something very strong cause I think sometimes it's important for people to not close their eyes and ears so much and be able to see that I too am a human being. / MU 112

I: And affected by their life.

R: Yeah, yeah, there's a guy who said he had noticed all along for about 30 minutes that I was on the verge of tears but he was, he was unable to talk about it because he thought that I was like, that was not discussible. My having feelings was not discussible. / MU 113
And yet, I just had to find out whether he knew what was going on because I thought it was important. / MU 114

I: That he knew what was going on with you (Yeah) experiencing and expressing

R: Well I wasn't going out of my way, I wasn't talking about it I was just letting the feelings be and they were, you know waves of sadness would come and I knew that my eyes filled with tears. / MU 115
I just, you know, 'Did you see it?' I had to find out if he knows, I couldn't control it, I didn't want to control it. It's not, I don't think that I should. / MU 116

I: But the sexual attraction you do control and do not show.

R: Of course. / MU 7117

I: How do you do that?

R: I told you, I don't know. / MU 118 I, it's just a natural thing for me. Ah, to hide those feelings and it's not hidden like I feel naughty or guilty, / MU 119 it's hidden because it's something that's not going to be helpful for the patient to know about, in most cases, I think, virtually all cases. / MU 120 (Right) You know, some of my training was in gestalt therapy. And some of the gestalt tenets are that the revelation of self experiences can be very enhancing to the relationship and to the therapy process. / MU 121 I have never been able to do that in the sexual sphere, I have never felt comfortable doing that and it's just sort of over 30 years now I've developed a very sort of natural thing. / MU 122 If I feel sexual that I just let it be. / MU 123

I: Does it dissipate?

R: Oh yeah, it dissipates. / MU 124 Especially if, if the topic becomes particularly interesting. / MU 125 You know and something about the inner workings of the person become the focus. And then all of a sudden I'm, I don't find myself sexually aroused but more like, I don't know how to explain it, just generally more alive./ MU 126

I: More alive and drawn into the person's life or whatever.

R: Their, yeah their internal images, their objects. / MU 127

I: I'm just thinking of the other people who have brought up the arousal and how it's been so problematic and you bring it up and it's advantageous and how that could be used or taught or whatever. It's just a thought, I'm not asking you for an answer or to say anything. And the reason that I asked you about has that always been so is that I think about the people who have brought that up many of them have been newer to the field.

R: Well you see that's what I just thought when you asked the question. I wonder if it's just a matter of how much experience I've had doing therapy. It really had been 30 years, so I'm wondering if that's the issue. Maybe if you've talked to other people who've had that level of experience you might find a similarity in how they respond to the question, with me, a similarity with me. I don't know./ MU 128 It's not a conflict area with me. Of course that's a reflection of my outlook on life in general, I like to be stimulated sexually. / MU 129 I like the feeling of remaining sort of background stimulated and feeling sexually alive, in general. / MU 130 And sometimes, with my wife, I enjoy longer periods of having no sex between our sexual encounters because the longer it goes the more I feel aroused during the day when I'm not with her. And I just like that in general. I like being a man, I guess. / MU 131

I: OK, any other issue or thoughts?

R: About gender and sex in therapy? (Yeah) Ahm, I just thought of a few women that I have worked with. Ahm, not recently, a long time ago, 15, 20 years ago who aroused me sexually or I felt sexual feeling toward. Ah,

and I was embarrassed by my thoughts of, of a sex with them. Just doesn't happen any more. / MU 132

I: The embarrassment doesn't happen anymore.

R: Right. / MU 133

I: So it might have something to do with age, not age but with experience.

R: Yeah, maybe age too. / MU 134

I: Has it been anything you have dealt with in your consultation or things

R: No, it's not. It's not been an issue / MU 135 and I, I seek out consultation when I feel like I need it, I'm on some sort of shaky group therapeutically, or I feel like I'm missing or there's too much lack of progress. I don't like to just let that go on so I consult with people. / MU 136 But that's not come up with the issue of sex. I'm pretty open about sex with people. I mean I don't get easily, I don't get dysphoric about it the way some people, like it's like a, for some people it's like touching a hot pot or something. I don't feel that way about it. / MU 137 Maybe it's because I not only have more experience but because I do have a sort of, I'm a student of Tantric sex. So I really enjoy long periods of sort of generalized sexual arousal without orgasm. And it's very enjoyable. That may have something to do with it. I'm sort of like, I just realized I probably am turned on much of the time in my life. Ah, and it's, it has strong a strong sexual component. It's with so much, maybe it's like being desensitized. / MU 138

I: Well although that would reduce the, the energy and it doesn't sound like the energy's reduced.

R: No, no that's right, it's not desensitized in that sense at all. No the energy is enhanced. / MU 139

I: With no desire necessarily to act. (Right) / MU 140 Or drawn towards orgasm just the process of the arousal and stimulation.

R: It's a real gut reaction. It's sort of a background and it's very enjoyable. I've never really wanted to have sex with a patient / MU 141 but I enjoy the sense of arousal I have with certain people especially the younger woman. / MU 142 I feel like I've skewed your results because I think I may be too different from the other people you've interviewed so far./ MU 143

I: Well, Ahm, yes and no.

R: I'm not worried that I skewed, I'm worried that I've ruined it. / MU 144

I: Actually not at all because again you've brought the issue of sexual attraction as an issue that's brought up by heterosexual men. More so than homosexual men I've interviewed surprisingly so. But your take on it or your experience with it is different. Ah, and that might have something to do with your years of experience Ah, but the fact that it's there and again brought up by another person it useful from my perspective.

R: OK, that makes me feel better. / MU 145

I: OK are we, are we finished?

R: Yeah, I am./ MU 146