CAN WE TALK ABOUT SEX?
An Exploration of Men Seeking Counselling with Sex-Related Issues

by

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ABSTRACT

Human sexuality is constructed through social identities. The limitations resulting from socially constructed sexuality impede identity development and cohesion of the individual human condition. Men's sexual identity is bounded by these socially constructed limitations. The objective of this study was to interpret transcripts of audiotaped, semi-structured interviews exploring the experiences of 5 men who sought sex-related counselling. The understanding and interpretation of the interview transcripts ensues from extracting the core narrative, the 'move' of the narrative, and identifying both conjoint and disparate themes between and within the interviews. The findings suggest that men confront socially constructed shame, and their own reticence while being driven by an urgent need for help. Connecting with social and political support networks appears helpful with reauthoring their constructs and working through their presenting issues. These findings have implications for social workers, other counsellors and those who train them about working with men who seek sex-related counselling.
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DEDICATION

To Dito

Although it is conceivable that I could have written this
without the support and love you provided me over the life of this project,
the writing would have been immeasurably harder and my life a lot less joyful.
CHAPTER ONE
INTRODUCTION

Our understanding and expression of human sexuality is constructed in relation to our
cultural identities and sustained by sexual scripts (Irvine, 1995). Recent research and literature
have examined these constructions, and helped to develop an understanding of social script
development and challenges (Atwood, 1997; Berger & Luckmann, 1966; Blazina & Watkins,
1996; Brooks, 1995; Brooks & Levant, 1997; Craig, 1992; Hart, 1984; Irvine, 1995; Lazur,
1987; Robertson & Fitzgerald, 1996). Notwithstanding, the enduring limitations of these
constructions impede both development and cohesion of the individual human condition.
Human sexual identity is bound only by the restraints we have constructed.

Men have begun to examine the constructed sexual norms and to challenge their
boundaries. To understand this better, research has begun to focus on men’s sexuality
(Brooks, 1995; Brooks & Levant, 1997; Messner, 1998). Attending to masculinity, sex-role
constructs (Craig, 1992) and the neospiritual “men’s movement” (Brooks, 1995; Brooks &
Levant, 1997; Craig, 1992; Fee, 1992; Messner, 1998) has blinded us when trying to see one
of men’s remaining hidden vulnerabilities, sexuality. In spite of knowing the impact of a
socially constructed identity on sexual identity and applying it as the essential truth
(DeLamater & Hyde, 1998; Epting, Raskin & Burke, 1994; Howard & Hollander, 1997;
Irvine, 1995; Lucente, 1996; Rust, 1993; Vance, 1991; Walker, 1994), a gap in understanding
individual men’s experiences regarding sexuality persists.

I adopted two assumptions in this study to facilitate a more comprehensive
understanding of men’s sex-related counselling experiences. Firstly, identity is assumed to be
socially constructed (DeLamater & Hyde, 1998; Epting, Raskin & Burke, 1994; Irvine, 1995; Rust, 1993; Vance, 1991; Walker, 1994). Secondly, sexuality, an important component of human identity, is also socially constructed (DeLamater & Hyde, 1998; Epting, Raskin & Burke, 1994; Hart, 1984; Howard & Hollander, 1997; Irvine, 1995; Lucente, 1996; Rust, 1993; Vance, 1991). The combination of these assumptions is that, consistent with their socially constructed identities, men have difficulty and have been discouraged from talking seriously about sex and sexuality (Blazina & Watkins, 1996; Brooks, 1995; Brooks & Levant, 1997; Craig, 1992), and men have difficulty with seeking counselling (Blazina & Watkins, 1996; Buhrke & Douce, 1991; Robertson & Fitzgerald, 1992; Wilcox & Forrest, 1992; Whitaker, 1987). Consequently, men who present for counselling with sex-related issues have worked courageously to challenge their social constructions and seek the help they feel they need.

Based on these assumptions, I hope this study contributes to counselling practice by increasing the understanding of the experience of being male and the accompanying freedoms and limitations while seeking sex-related counselling. This study helps to understand the experiences of five men who sought counselling with sex-related issues.

This paper includes several sections. A brief overview of literature regarding men’s sexuality from a social constructionist perspective provides a theoretical frame for understanding the five participant’s experiences. An overview of the theoretical approach helps solidify the frame and provides a base for the interpretation of the findings. A description of the methodology used in this study includes a discussion of ethical considerations and the approach used for data analysis. The findings are presented and discussed in relation to the literature of men’s counselling experiences and help-seeking
behaviour. Finally, I present the conclusions and implications for social work practice and 
counselling with men, and provide direction for future research.

The intention of this study is to find answers to one question. What are the experiences 
of men who seek sex-related counselling?

Language
With the different understandings of contemporary nomenclature, I feel it is important 
to define some of the concepts used in this document. The primary concept for this thesis is 
the idea of sex-related issues. What I mean by sex-related issues is simply anything with 
which a client may present to his counsellor that is related to sex, sexual identity, sex-roles, 
and sexual orientation.

'Sex' refers to individuals' gender. Sex is a biologically based difference whereas 
gender refers to cultural distinctions associated with sex (Biever; De Las Fuentes, Cashion & 
Franklin, 1998). With modern medical abilities, individuals can change their appearance of 
sex at will. 'Transsexuals' or 'transgendered' individuals may be diagnosed with gender 
dysphoria and follow a path towards sex reassignment surgery (Standards of care, 1991). In 
the end, the men who sought sex reassignment surgery may self-identify as transsexuals or 
women.

Like 'sex', 'sexual identity' refers to gender, but it also relates a socio-political position 
and recognition of one's placement in a range of identities such as gay, lesbian, heterosexual, 
bisexual and transsexual. This concept is an important component in individual identity 
formation (Brooks & Levant, 1997; Howard & Hollander, 1997; Larson, 1981; Lucente, 
1996). Some individuals have rigid sexual identities as a result of their worldview, or fear of
examining their sexuality. Others have loosely defined and emerging sexual identities. These individuals are exploring and shaping their sexuality pursuant to their own constructs and the constructs of those around them.

'Sex-role' is simply one's adopted role based on sex, and sexual identity. Stereotyped sex roles are easily recognisable such as the father who works to earn the money for the family. Even though they appear fixed, sex-roles are changeable.

Finally, 'sexual orientation' refers to the object of one's affection and sexual desire. Sexual orientation occurs in three dimensions: physical sexual activity, interpersonal affection and erotic fantasies (Hart, 1984). It is the amalgamation of these three aspects that one uses to recognise their sexual orientation. Two of the five participants in this study self-identify as gay, one as heterosexual, and two as transgendered (they both identify as heterosexual males, and heterosexual females).
CHAPTER TWO
CONCEPTUAL CONTEXT

This section presents the theoretical frame of this study. Beginning with an overview of the theory of social constructionism, I describe the frame through which the participants’ experiences are interpreted. I explain how social constructions are developed generally. This is followed by a brief comparison of constructivist and essentialist perspectives. This leads to an introduction of the use of social constructionism in counselling practice. Moving further, I present how men’s sexuality is shaped and influenced by social constructionism. Finally, this section is concluded with my personal experiences of men’s sex-related counselling, what lead me to conduct this study, and how social constructivism influenced this study.

Theoretical Overview

For this study, I adopt a social constructivist perspective in relation to human sexuality to help better understand the experiences of men seeking counselling with sex-related issues (Biever, et. al., 1998; DeLamater & Hyde, 1998; Epting, Raskin & Burke, 1994; Hart, 1984; Irvine, 1995; Lucente, 1996; Rust, 1993). This theoretical model helps explain how the men framed and interpreted their presenting problems and sex-related counselling experiences. It provides an understanding of the balance between the men’s internal identity formation and the influence of the external environment including the counselling dynamic. Using this model results in a deeper understanding of the men’s experiences.

Social constructionism is one of the postmodern philosophies rooted in Nietzsche’s view that there are no facts, only interpretations (Atwood, 1997). Rather than one universal
truth and discoverable reality, postmodernists and social constructionists speak of multiple and invented realities (Atwood, 1997; Cox & Lyddon, 1997; Hoskins & Arvay, 1998; Neimeyer, 1995a).

Constructivist thought is not a single approach but rather a set of philosophical beliefs that help with the development of knowledge. The beliefs are created based on a cultural context communicated discretely through social interactions (Biever, et. al., 1998), then internalised (Atwood, 1997) and reinforced by socialisation. The interpretations through social interactions are labelled scripts (Atwood, 1997; Irvine, 1995; Hart, 1984; Laws & Schwartz, 1977) or a world view (Atwood, 1997; Rigazio-DiGilio, 1997).

Some social constructionists argue that knowledge and perceptions of reality are individually generated and limited only by the nature or awareness of an individual (Sexton, 1997). In other words, social constructionism leads us to understand that sexual identity and expression originates entirely from outside of ourselves and is limited only by our understanding and awareness. Thus sexual awareness and identity is a result of adopting social scripts (Atwood, 1997; Hart, 1984; Irvine, 1995; Rust, 1993).

Taught from childhood, scripts are the blueprints for behaviour (Laws & Schwartz, 1977). They operate at social, personal, and intrapsychic levels, are embedded in social institutions, and internalised by individuals (Atwood, 1997). Scripts are involved in interpreting internal states, organising the sequences of actions, decoding novel situations, setting the limits and linking meaning from other aspects of life to a specific experience. Both positive and negative scripts are apparent to us for example: “the good son,” “the good father,” “the deviant gay man,” “the unhappy transsexual.”
Shadow scripts on the other hand, are scripts that are just beyond view, and contain the seeds of change. They are also socially constructed and operate socially, cognitively, behaviourally and emotionally (Atwood, 1997). Differing from other scripts, shadow scripts tend to be implicit and covert. They are connected to the dominant scripts because they contain the opposite of what individuals present to others as their dominant script.

The last type of script I will discuss here is most important for counselling regarding sex-related issues. Past shadow scripts contain fragments of childhood influences that define our view of how we were raised (Atwood, 1997). They are imbued with deeply rooted meaning that also affects an individual’s meaning systems or behaviours. For example, an implied non-verbal negative belief about gay men, or gender reassignment that was modelled by parents still, affects adult sexual expression and identity development. Scripts arising from childhood are the most difficult to change (Berger & Luckmann, 1966). The important therapeutic difference is that dominant scripts tend to be overt and direct; shadow scripts tend to be covert and implied.

**Constructivism versus Essentialism**

Constructivist therapy has not taken into account that clients may adhere to ‘essentialist’ beliefs (Hart, 1984). Essentialist beliefs include ideas such as a knowable truth, and that someone is born into their identity. Clients who maintain essentialist perspectives conflict with the constructivist approach. For example, clients who believe they have “come to know themselves as they ‘truly are’” (Hart, 1984, p.41), are following the essentialist paradigm. The revelation that a client ‘knows’ his inner self is subscribing to the essentialist frame.
Constructivists view classifications that are created to label behaviours and feelings as neither objective nor inherently meaningful (Epting, Raskin & Burke, 1994). Social constructivist counsellors who work with clients subscribing to the essentialist paradigm can provide the client with a personal and political history of their lives emphasising the conscious and unconscious choices they have made (Hart, 1984).

On the other hand, self-identifying as gay, bisexual, heterosexual, or transsexual is a potent way for clients to escape from a hidden life haunted with untested fears, guilt and shame (Epting, Raskin & Burke, 1994). Coming out and identifying as part of a sub-culture may lead clients to join helpful social support networks of other accepting people.

Unfortunately, the labels adopted by groups can influence the way people perceive events and lead to pre-emptive thinking (Epting, Raskin and Burke, 1994). With pre-emptive thinking, people adopt behaviours they feel better fit their scripts. As a result, clients attempt to fit their experience with the available scripts (Atwood, 1997) instead of evolving an identity based on their own creation. We internalise the dominant narratives of our culture, easily believing that they speak the truth of our identities (Freeman & Coombs, 1996).

Adopting social constructionism does not make understanding individual’s experiences easier. Instead the objectively knowable universe we enjoyed with modernist thought, is replaced with a more genuine panoply of perspectives (Neimeyer, 1995b). This panoply allows for a more comprehensive understanding of men's sex-related counselling experiences. The more complete understanding is based on the idea that sexual behaviour reflects a diversity that cannot be explained by essentialist theories (Hart, 1984). Social constructionism allows for an individualistic understanding of men’s experiences. Where essentialist theories
require the men to fit a model, social constructionism allows the men to create their own model.

The constructivist therapist needs to take into account that clients may adhere to 'essentialist' beliefs (Hart, 1984). An essentialist client belief system would limit the ability of the counsellor to facilitate client change. Presenting constructionist views to clients who are in conflict about their sexual orientation or social sex-role may help break the fears caused by essentialist thinking (Hart, 1984).

With this study I try to understand the men's experiences of seeking sex-related counselling. Gaining an understanding of the men's sexual identity formation in counselling facilitates a process of describing their location in a social context. Understanding men's development and counselling experiences is advantageous to future research.

**Development of Social Constructs**

Constructivists view individuals as active, anticipatory and evolving participants across their life-span (Mahoney, 1995; Sexton, 1997). The cultural norms and parameters that help create identity arise from interacting with others. Consequently, meanings are not inherent in situations or labels; instead meaning is made from the interpretation of experiences through interactions with others (Biever, et. al., 1998; Epting, Raskin and Burke, 1994; Hayes & Oppenheim, 1997; Shotter, 1997). In other words, reality is created experientially by subjectively interpreting social constructions (Von Glasserfeld, 1994) with the dominant reality reaffirmed by a community (Atwood, 1997) and consistent language (Berger & Luckmann, 1966). This means that concepts such as moral systems are invented rather than discovered (Epting, Raskin and Burke, 1994).
However, individuals seem unaware of the characteristics of the social environment (Atwood, 1997) that shape the development of their cultural world view (Hayes & Oppenheim, 1997; Irvine, 1995; Rigazio-DiGilio, 1997). Gay people, for example, experience problems because of the social constructs of identity. As a result of systems and characteristics being invented, the problems people experience are not created internally instead, they are constructed externally (Guidano, 1995; Neimeyer, 1995b). Stated another way, social problems are the result of social constructions that are not an essential part of an individual.

Social Constructionism and Counselling

New and emerging postmodern and constructivist therapy contradicts long held beliefs such as Aristotle’s conception of self as discovered through embarking on a journey inward (Cox & Lyddon, 1997). Social constructionism is a model that is outward looking rather than introspective (Cox & Lyddon, 1997; Hart, 1984). Instead of the modernist idea that the content of our inner lives originates inside; social constructionism explains that content originates outside (Shotter 1997). In other words, an individual’s psyche develops and occurs outside an individual, with the participation of that individual and the social experiences to which he is exposed.

The organising centre of any experience is in the social milieu surrounding an individual. This means that it “is not experience that organises expression, instead expression organises experience” (Shotter, 1997, p. 13-14). Social constructionism enables people to see their individual reactions and expressions as the focus for an experience they share with others.

Constructivist therapists advocate for client as creator. The foundation of the social constructionist approach to therapy is to help clients reauthor their lives (Atwood, 1997;
Guidano, 1995; Hayes & Oppenheim, 1997; Neimeyer, 1995b). The goal of constructivist counselling is to help the client create more adaptable and viable personal constructions rather than the elimination and revision of cognitive distortions, or corrective emotional experiences (Sexton, 1997). The idea of an evolving, self-organising dialectical identity (Guidano, 1995) as a process (Cox & Lyddon, 1997) shapes constructivist therapy to a significant degree. Helping a client to change his script to something more comfortable may be the counsellor’s only goal.

The unresolved challenge is how to encourage men to seek counselling in earlier stages of their concerns. Men largely seek counselling intervention only when their dissonance reaches crisis proportions (Blazina & Watkins, 1996; Robertson & Fitzgerald, 1992; Wilcox & Forrest, 1992; Whitaker, 1987). If men sought counselling earlier then it would be easier to help them work at reauthoring their experiences instead of also coping with a built up crisis.

Atwood (1997) lists the basic premises of the social constructionist approach to therapy as:

- There are no absolute truths and there are no absolute realities.
- We co-construct reality through language with another or others and in a continual interaction with the sociocultural environment. Thus what is real is the product of those interactions.
- The social cultural environment contains socially created scripts for behavior (sic), blueprints or plans of action that tell us about behaviors (sic) that are appropriate or inappropriate to the given culture.
- Through the process of socialization (sic) which occurs through family interaction, children learn the dominant scripts in society.
- People do not incorporate these scripts in the same way. They tent to select out that information corresponding to the individual, couple or family scripts by noticing behavior (sic) in others that confirms their self-definitions and definitions.
of situations and by selectively ignoring disconfirmatory behavior (sic).

- Always present in the background are shadow scripts, scripts which are just beyond one's awareness .
- Shadow scripts hold possibilities for therapeutic change because their exploration is likely to uncover new knowledge or unique outcomes. Other possibilities for change are the irrelevant scripts; those that contain the fragments of early, no longer useful scripts; the nondominant scripts; the opaque, tenuous, other dominant scripts and the alternative scripts; and those scripts in society which are not deemed appropriate or normative.
- Individuals, couples or families who come for therapy are experiencing problems. They have tried many solutions – most of which have been unsuccessful. The problems they report are not seen as being functional in maintained (sic) the system or as a manifestation of underlying pathology. They are seen as problems – problems which have negative effects for them. The language they use to talk about problems reveals how they can use language to co-construct new possibilities.
- Social constructionist therapy focuses on exploring the (individual, couple or) family’s view of themselves to bring the shadow scripts to the foreground so that possibilities for new ways might emerge. (pp. 31-33)

Men’s Sexuality from a Constructivist Perspective

Over the past several years men’s sexuality has emerged as a special focus of study for personal identity development and improvement (Brooks, 1995; Brooks & Levant, 1997; Craig, 1992). This “men’s movement” (Brooks, 1995; Brooks & Levant, 1997; Fee, 1992; Messner, 1998) was motivated by several factors: men’s recognition of their treatment of women (Bograd, 1988); a response to the women’s movement; needing to understand the new and developing construct of their ‘inner male’ (Brooks, 1995; Brooks & Levant, 1997; Craig, 1992; Messner, 1998); a ‘backlash’ to feminism (Fee, 1992); and men needing a movement to call their own (Brooks, 1995). This movement flourishes for men interested in the incentives listed above, but it provides little support for those with sex-related issues.
Themes such as autonomy, individuation, differentiation (Lucente, 1996), increased sensitivity and awareness (Messner, 1998) typify the men's movement. However, men still have difficulty with sexuality (Brooks, 1995; Brooks & Levant, 1997; Craig, 1992; Hart, 1984; Irvine, 1995; Lucente, 1996; Messner, 1998; Vance, 1991) and seeking counselling (Blazina & Watkins, 1996; Robertson & Fitzgerald, 1992; Wilcox & Forrest, 1992; Whitaker, 1987). Men's difficulty with sexuality and counselling stems from their socially constructed identity. Lucente (1996) writes,

> While biologically determined and genetically immutable as male in morphology, one's masculinity and sexual identity, on the other hand, are socially constructed and subject to the considerable variabilities afforded by constitution, further development, the vicissitudes of interpersonal experience and culture. (p. 99)

In short, men are biologically unchangeable, but struggle with a constantly evolving identity, including sexual identity (Hart, 1984; Rust, 1993).

The elements of male identity consist of a marriage between the social environment and as Lucente (1996) writes, any combination of the following: anatomical reality, gender, sexual identity, intrapsychic structure, sexual orientation, and sex role. The social environment and the related world view is the key to continuing identity development.

Sexual-identity is constantly weighed, measured and updated based on the “trying on” of internal identities (Erikson, 1963) measured with external constructions (Eliason, 1995; Howard & Hollander, 1997; Rust, 1993). Development relies on a combination of the two intrinsically linked internal and external forces (Brooks, 1995; Guidano, 1995; Hayes & Oppenheim, 1997; Rigazio-DiGilio, 1997; Sexton, 1997).
Instead, of absolute external criteria, sexual identity development is based on several factors including internal viability (Hayes & Oppenheim, 1997; Sexton, 1997) and equifinity¹ (Rigazio-DiGilio, 1997). The structure and quality of psychological change and development depends on the level and quality of self-awareness that a person is capable of negotiating (Guidano, 1995) combined with a supportive environment during the reordering process. Development is both encouraged and bounded by the social context in which development arises (Hayes & Oppenheim, 1997).

The differences between men arise from their different cultural and social scripts (Atwood, 1997; Irvine 1995) and the level of individual self awareness to confront and challenge their social placement and labelling (Stein, 1989). Instead of challenging their attitudes, values and beliefs, men largely accept their assigned cultural scripts (Hart, 1984; Irvine, 1995). This resignation is either a comforting assurance of one's place, or the source of cognitive and emotional dissonance.

Gender and sexual identity are concepts and sets of socially constructed relationships that are produced and reproduced through people's actions (Franklin & Nurius, 1996). The constructionist view is that sexual identity is changeable and can be therapeutically modified (Hart, 1984). The process of rejecting an old script and adopting a new one is very difficult and may never be fully integrated. The most ingrained social scripts are those taught early in life (Epting, Raskin & Burke, 1994; Hart, 1984), and the most effective way of rejecting those early scripts and adopting a new one is through social networks with people who share a similar world view (Atwood, 1997; Epting, Raskin & Burke, 1994).

¹ People interacting in a similar environment may render different interpretations, based on the power differentials that exist between person and environment and the developmental history influencing each.
Each component of gender, social sex roles and sexual orientation is individually important to sexual identity and self-concept (Larson, 1981). Counselling or studying these issues independently will not facilitate a full understanding of male development and experience.

Men who "come out" and self-identify as gay or transsexual are classifying their internal behaviours and feelings in essentialist terms, not their experiences as social constructionists encourage. Framing someone’s coming out using a postmodern lens is more complex, but genuine to their individual experience instead of a broad application of essentialist views. Modernist, or essentialist approaches lead us to believe that the development of a gay and transsexual identity is a linear, orderly and predictable process (Hart, 1984; Rust, 1993).

Coming out Theories

Reviewing the literature on coming out, or self-identifying as gay or transsexual, illustrates an interesting pattern. I could find no literature regarding transsexual identity development. The literature about individuals who self-identify as transsexual relates more to how to classify them (Bolin, 1988), than to their developmental process. Clearly this is a gap in research.

For gay male identity development, on the other hand, several theorists have constructed stage theories of coming out (Gonsiorek, 1996; Gumaer, 1987; Troiden, 1993). These theories suggest that gay men progress through a series of steps typically occurring in adolescence or young adulthood. Some of the theorists who have created the stage theories
Due to the number of coming out theories, I illustrate only two. Troiden (1993) lists four stages that men experience when they work to accept their same-sex, sexual feelings. The stages Troiden developed include: sensitisation, identity confusion, identity assumption and commitment. This theory explains that a man will become aware of gay feelings, leading to an identity crisis, followed by adopting what he believes is an acceptable gay identity, finally concluding with self-acceptance as a gay man.

Troiden’s (1993) theory is similar to Gumaer’s (1987) three-stage theory. Gumaer explained how men develop same-sex, sexual identity through egocentric, sociocentric, and universalistic stages. These three stages lead a man to recognise his same-sex, sexual feelings, followed by an increased awareness of homoerotic desires accompanied by feelings of confusion, finally, the man recognises that societal norms can be changed, and he accepts his gay identity.

While the theories, including those not described here, differ in the number and description of the stages, there are common themes. The initial stage is where a man blocks recognition of his same-sex, sexual feelings through a variety of defence strategies. This is followed by a period of emotional and behavioural experimentation with same-sex, sexual activity and an increasing sense of acceptance about same-sex, sexual feelings.

The models differ in the later stages. They describe back-tracking and unpredictable stops and starts about same-sex feelings. These halting movements slow progression through the stages. The inclusion of feedback loops in coming out theories illustrates the complexity of the process. Rust (1993) concluded from examining coming out theories that instead of
vainly trying to adapt the modernist stage theories to each individual, that a completely new model is needed. Rust explains that a new model is required because coming out has not been fully developed into a social constructionist account of sexual identity formation.

Rust (1993) explains well when she writes,

Social constructionism teaches that self-identity is the result of the interpretation of personal experiences in terms of available social constructs. Identity is therefore a reflection of socio-political organisation rather than a reflection of essential organisation and coming out is the process of describing oneself in terms of social constructs rather than a process of discovering one’s essence. (p. 68)

In other words, coming out and self-identifying as gay or transsexual does not describe one’s essence. Instead it describes membership in a socio-political group. Declaring membership in a group such as gay or transsexual is only a description of social location and illustrates the struggle against essentialist constructs.

**Men’s Help-Seeking Behaviour**

The conclusions in the research literature regarding men’s help-seeking behaviour are consistent. It is clear that men have difficulty seeking the counselling they require (Blazina & Watkins, 1996; Buhrke & Douce, 1991; Good, Dell & Mintz, 1989; Good, Robertson, Fitzgerald & Stevens, 1996; Robertson & Fitzgerald, 1992; Wilcox & Forrest, 1992; Whitaker, 1987). The solutions to this difficulty however, are not simple.

Whitaker (1987) argues that men in US society both need and fear personal psychological services more than women do. Although Whitaker’s conclusion about men needing more counselling help than women is questionable, his suggestion that men resist the counselling help they need is consistent with other studies.
Good, Dell, & Mintz (1989) examined the results of surveys from 401 men. The men were questioned about a) their help-seeking attitudes and behaviours, b) attitudes toward the stereotypic male role, and c) gender role conflict factors. The conclusions they reached about what prevents men from seeking counselling help stems from men’s limitation of expressing emotions, and concern about expressing affection toward other men. These measures were each significantly related to negative attitudes toward seeking professional psychological assistance. The researchers also found that restrictive emotionality significantly predicted decreased past help-seeking behaviour and decreased likelihood of future help-seeking.

Finding that restricted emotionality limits men’s help-seeking behaviour is the common conclusion (Blazina & Watkins, 1996; Good, Dell, & Mintz 1989; Robertson & Fitzgerald, 1992; Wilcox & Forrest, 1992). Robertson and Fitzgerald (1992) offer a further cause and solution to men’s help-seeking. They reported that reluctance to seek counselling help is related to traditional gender role socialisation and can be lessened by offering counselling interventions that are more congruent with that socialisation.

Wilcox and Forrest (1992) are less optimistic when they explain help-seeking difficulties as a "male problem" suggesting that counsellors must change men, change counselling, or change both. Their solution is similar to Irvine’s (1995) discussion of looking more closely at the way in which gender is created and transmitted through cultural scripts. To examine the cultural understanding of gender reveals the biases of either exaggerating or minimising gender differences and the gender roles those individuals adopt.
Research Orientation

The idea for this study arose from my personal experience in the healthcare field. I worked alone as a program consultant in an enormous geographic region with a province-wide HIV and chemical dependency program (McCrimmon, Kaine & Cave, 1994). We provided regional training, education, consultation, and case management throughout the province. Our mandate was to provide train-the-trainer style education regarding counselling skills and sex education specific to HIV and substance use while maintaining client case loads.

After being in the field a short time, patterns emerged. I watched skilled helpers balk at the need to discuss sexuality issues with their clients. They rationalised that there were others such as my program, offering those services. Unfortunately, due to the remoteness of the region in which I worked, sometimes there was only one individual or a very small agency in a community for clients who needed support. My program alone was unable to fill the void since each region within my program was staffed with only one consultant. Consequently, the other agency professionals chose between three options: they worked, sometimes blindly, with all clients' presenting issues; they worked with clients ignoring sexuality issues; or they referred the client sometimes to a different town for services.

It happened too often that I received a referral for a client who was unable to solicit services elsewhere. The reason for the referrals was often the same. The client presented with substance abuse issues and questions about HIV and other sex-related concerns. Shortly into the interview with many clients, I often discovered their referral problem, substance abuse, was not the most important issue. Instead, substance use masked the real concern, sexuality.

My program's narrow mandate did not allow me to work with clients who did not have both HIV and substance use concerns (McCrimmon, Kaine & Cave, 1994). Consequently, I engaged in brief treatment (Miller, Hubble & Duncan, 1996; Molnar & deShazer, 1987) with
the clients and could not provide the range of services they required. Unfortunately, some clients' needs were unmet.

I began talking about this as I provided training and consultation across the region. The professionals' story emerged slowly. They reported feeling uncomfortable talking about sex with their clients.

After my time in the rural communities, I moved to an urban centre, where I thought this discomfort with sex issues would be less apparent considering the more liberal attitudes of urban residents over their rural counterparts (Ginsberg, 1976; Ingebritson, 1985; Koch, Preston, Young & Wang, 1991). Unfortunately, while speaking with healthcare providers working in urban areas, I discovered this was not exclusively a rural phenomenon.

Consequently, I wanted to learn about the experiences of the clients who seek counselling with sex-related issues. I wanted to understand their experience of the counselling they receive. Through the clients' understanding I have a better sense of counsellors' comfort, competence and training needs.

Due to the complexity of combining men's and women's issues (Daniluk, 1991; Hare-Mustin & Marecek, 1994; Laws & Schwartz, 1977), and the length of time available for this study, I decided to examine only men's experiences at this time. Therefore, the intent of this research is to find answers to one question: What are the experiences of men who seek counselling with sex-related issues?
CHAPTER THREE
METHODOLOGY

To address the question of what are the experiences of men who seek counselling with sex-related issues; I recruited and interviewed five men who sought sex-related counselling and analysed their transcribed interviews using a structured narrative analysis. This approach is consistent with postmodern social constructionism that suggests there are multiple understandings of experiences.

Recruitment

The participants for this study were five male clients (Sandelowski, 1995) recruited from a publicly funded sexual medicine clinic in a major Canadian urban centre. Counsellors, psychiatrists and physicians refer their clients who present with difficult sexuality issues, due to the clinic’s specialised focus. The clients are referred with medical and/or psychological sexuality issues. The clinic is associated with a teaching and research hospital. I did not approach the client directly to participate in this study, instead, he, like the other participants, was given the recruitment flyer and volunteered.

I used a criterion sampling recruitment approach to recruit the research participants (Creswell, 1998; LeCompte & Preissle, 1993; Light, Singer & Willet, 1990; Patton, 1990). I used this approach because the men’s counselling issues were the main criterion for inclusion in this study. I sought men who presented with psychological concerns regarding sexuality for inclusion in this study.
Men referred to the clinic with medically related sexual concerns were excluded from participating in the study since those concerns are generally out of the scope of practice for counsellors. Consequently, men with physical presentations such as urinary concerns, premature ejaculation, retarded ejaculation, erectile dysfunction and spinal cord injuries (Basson, 1998, 1999; Elliot, 1997a, 1997b, 1997c, 1998) were excluded from participating. However, if it was determined that any of the above issues were psychological in origin (Basson, 1998, 1999; Elliot, 1997a; Robinow, 1997), then these individuals’ inclusion would have been considered.

The specific approach to recruit participants was to advertise by posting flyers (see Appendix A) in the client waiting area, and by providing flyers to the counsellors working with appropriate male clients. This recruitment method is commonly used at the clinic to recruit participants. It is also the most benign method possible, while still accessing this specialised population that can be difficult to locate.

The reason for choosing this site for recruitment is simply that it is associated with a teaching and research facility, and the clinic is not the first stop for these clients. Instead, clients who seek services from this clinic have already been to see other healthcare professionals for their sex-related issues, and were referred to the clinic because of its specialised focus. Consequently, with most of the participants having sought counselling with more than one counsellor, they have a larger information and experience base on which to reflect.
Sample

The participant group consisted of five men. At the time of the interviews, all five participants were receiving sex-related counselling from the specialised sexual medicine clinic. One of the five had seen only one counsellor, while the others had worked with at least two counsellors.

All five participants were white, middle-class men ranging in age from thirty to seventy-six years. Their sex-related counselling experience ranged in length from two years to fifty-five years. Their counsellors were trained in: psychology, social work, psychiatry, nursing, theology and philosophy. They experienced sex-related counselling across several provinces in Canada and in England.

The men presented with a surprisingly homogeneous set of sex-related issues. Three of the men presented with issues regarding their sexual orientation; one of those also reported to have included sexual abuse among his issues. The other two participants presented with issues regarding their gender.

Data Gathering

The interviews ranged in length from fifty to sixty minutes. They occurred in the location of the participant's choosing including: the clinic where they received counselling, the interviewer's home, and the participant's office.

The semi-structured interview questions (see Appendix C) were created and used as a general guide for the interview. Although I encouraged the participants to discuss and share what they felt was most relevant and important to their experiences. As I explained above, I told each participant about the objectives of the study, and allowed them to direct the discussion as they felt was most appropriate.
The interviews were recorded on audiotape and followed a semi-structured format. They occurred on a one-to-one basis in a location of the participant’s choosing. By having the men select the interview location, my goal was to minimise their participation anxiety. Because they were in a safe place of their own choosing, all the participants reported being more comfortable exploring and sharing their experiences of seeking sex-related counselling. During the interviews and immediately following, I documented field notes relating the mood, the pace, the environment, the interview length, any changes in expression or feeling during the interview, my sense of the arriving and departing feelings of the participants, and anything else that I felt was significant.

With men generally having difficulty seeking counselling (Blazina & Watkins, 1996; Robertson & Fitzgerald, 1992; Wilcox & Forrest, 1992) and talking openly and seriously about sex (Brooks, 1995; Brooks & Levant, 1997), I paid close attention to the environment in which the interviews occurred. I allowed the men time to become comfortable in the environment and worked to establish rapport by casually chatting with them before the interviews began. We also initiated contact by speaking on the telephone, sometimes speaking several times.

During the interview, I explained in detail who I was, and what the objectives of this study were. I explained clearly that if at any time they felt they wanted to terminate participating, they were free to do so. I explained that if there was something they were disturbed by with the study or if they wanted to discuss the procedures or policies, that they were free to contact my supervisor or the director of research services at the university. I also explained that if they were interested, I would provide them with a copy of their transcribed interview and the findings from their own interview for comments. Finally, I offered each of them a copy of the final draft of this paper.
Through the interviews, and the experience of conducting this study, I was aware of the impact of my presence. I recognise that I influenced the outcome of this study (Mishler, 1986a; Rubin & Rubin, 1995). However, my influence was unavoidable and an essential component of this narrative process. My influence included: the discourse between myself and the participants; my mode of questioning, my method of engaging, acknowledging, facilitating and interrupting the participants' flow; and the impact of my gender, cultural and ethnic background and perceived sexual orientation.

I discussed with the participants that it is impossible to extract my influence from the findings. Offering the participants the option to read their transcripts, or any of the findings I discovered in their interviews fosters the co-participant nature of this research and limits my influence. However, each of them explained that they felt satisfied with what they related, and all but one rejected the offer to read their transcript or findings. They explained that they felt free to contact me at any time if they thought there was more to add to their interview, and if they changed their mind about reading their interview transcript or findings.

I transcribed the interviews. The transcripts were taken verbatim without the thought of collecting comments such as the “uh’s” and “um’s” that occur frequently in conversation. The pauses were not identified unless they were significantly long or pregnant.

Ethical Considerations
During this study I was forced to consider and confront three larger ethical issues. Firstly, I was concerned about having the participants feeling forced or coerced to participate. Secondly, I was aware that discussing the men’s sex-related counselling experiences could trigger a negative reaction that they may need to resolve by talking with someone else.
Finally, I was forced to confront an ethical issue that arose during one of the interviews; one of the men expressed that he had been a perpetrator of sexual abuse.

The first potential ethical issue presented itself when I was considering how to recruit participants for this study. The burden was to ensure that the participants did not feel forced or pressured to participate. I tried reducing that pressure in two ways. I left the recruitment flyer on the tables with the magazines and other reading material, in the client waiting area. I also affixed the flyer on the board where other research and information notices were posted. In this way, the clients were aware of my research and were free to phone if they felt inclined to participate. Also by advertising this study in the client waiting area, when the counsellors in the clinic gave the men the flyer, the clients would not be surprised and caught unaware.

The other way I tried to reduce the pressure of participation was that I asked the counsellors who provided their clients with a flyer to redirect all questions to me. This reduced the concern that the counsellors who may be perceived as being in a power position, were coercing their clients. As it turned out, no men phoned to ask for clarification, except those who were willing to participate.

The second larger ethical consideration I dealt with was being prepared to refer the participants to other support resources as they may require. The ethical objective of this research is to do no harm to the participants. Consequently, I was prepared with a list of related support resources (see Appendix D) for the participants if the interview triggered difficult issues that they wanted to resolve.

The research objective is to understand the men's experiences of their sex-related counselling, not to explore their presenting issues. However, I was mindful of the possibility that the participants may have been triggered by their own stories. Although they were all
actively seeking counselling when I interviewed them, I still felt it was important to have alternative resources available as they may have preferred to talk with someone else other than their current counsellor.

The last ethical concern related to one of the men's disclosures. One participant reported during his interview that he had been a perpetrator of sexual abuse. I had not prepared in advance for this possibility by including requirements for reporting child abuse to the child welfare authorities in the informed consent form. Consequently, I discussed this with my supervisor who reviewed the requirement to report child abuse under the Child, Family and Community Services Act of British Columbia. While I talked to the participant to better understand his statement, my supervisor sought advice from both the Director of the School of Social Work and the Director of Research Services at the university to determine the appropriate steps, and to date, no further action has been advised. When I telephoned the participant following the interview to discuss his disclosure, he was helpful and understanding. He explained that there was no child at risk of being abused, and that he had also reported and worked through this with his current counsellor. Moreover, it was unclear the abuse he perpetrated was child abuse.

Credibility

I worked to maintain the credibility of this study that explored the experiences of men who sought sex-related counselling. I was concerned with the credibility of this study in three large areas, including: transparency, consistency and communicability (Rubin & Rubin, 1995). Transparency ensures the reader is able to recognise the process, the description, and the strengths and weaknesses of the study. Consistency refers to my reporting of the individual
participant's responses, consistency within each participant's interview, and consistency across the participants. Communicability refers to how the findings and discussion are expressed for the reader. High communicability is seen in vivid, detailed, transparent, coherent and consistent reporting. Since this is an explorative study, I was not concerned with comparisons to a control group, and discrepant or negative cases (Maxwell, 1996).

**Transparency**

I attempted to prevent my framework from incorrectly influencing my interpretation of the participant's experiences. I offered each of the men the opportunity to review their transcripts and the findings from their interview. Since all but one rejected my offer to review their words, I reread the interview transcripts each time I extracted data. In this way, I worked to be aware of the difference between my words, and what the interview transcripts contained. All the men explained that they were satisfied with what they said, and did not feel the need to review or change their words.

Even with vigilant awareness of my influence on the interpretation, I recognise that my bias and influence as the researcher is still felt. Consequently, I declared my personal research orientation above. Declaring my orientation, I hope to inform readers of my ideas regarding the experiences of men who seek sex-related counselling. Notwithstanding, the analysis of this research is a co-creation between the participants and myself.

Finally, at the end of this document, I review the methods I used while conducting this study. I discuss the strengths and weaknesses of the process of both the study methods and the analysis. Recognising the weaknesses of this study I illustrate the contentiousness and awareness I had throughout the process of this study.
Consistency

To ensure I maintained consistency throughout this study I used a type of triangulation (Creswell, 1998; Maxwell, 1996). The triangulation I used covers several components, including: multiple sources, following a semi-structured interview approach, audio-taping and transcribing interviews, and maintaining field notes of the interview process.

By recruiting men from the publicly funded clinic, I worked to ensure I heard about a broad range of experiences and that I did not recruit men who all had seen the same counsellor, or who had limited experiences. The clinic is typically not the first service provider clients use regarding their sex-related issues. Instead, clients seeking services at the clinic have already seen at least one and possibly several other healthcare professionals. They were referred to the clinic because of its specialised focus.

Most of the participants in this study had sought counselling on more than one occasion, from more than one source. As a result, this approach ensured that the men’s experience of counselling is not derived all from the same single source. In other words, this approach gauges the experiences of men who sought counselling from different counsellors, with different training backgrounds, working in diverse locations and applying different counselling paradigms. This approach addressed potential threats to my interpretation.

Following the same semi-structured interview format ensures I covered the same broad areas with the participants. Each of the men were asked the same general questions while I asked specific questions to their unique experiences.
While transcribing the interviews, I listened repeatedly to each of the tapes to ensure I heard their words accurately. At the same time, maintaining field notes of the interview process ensured that I collected the flavour of each interview.

**Communicability**

Communicability overlaps with the efforts I used to ensure transparency and consistency. I worked to ensure effective communicability, in several ways, including: audiotaping the interviews, transcribing the interviews, and maintaining field notes of the interview process. From these three steps, I maintained a detailed description of the men’s experiences of seeking sex-related counselling.

With each interview, I sought to ensure that I obtained comprehensive data. At the end of each interview, I asked the participants if there was anything that I missed asking them, or if there was anything that they felt was important that they wanted to share. Moreover, I asked each of the men to contact me following the interview, if there was something important they did not present during the interview. Using these techniques, I collected as rich data as I could without having successive interviews with the participants.

I felt that with the structural narrative analysis I used, I was able to create a vivid, detailed and accurate description of each participant and their experience of sex-related counselling. The consistent reporting was achieved by referring the discussion back to the original research question.
Analysis

I used a structured narrative approach to interpret the data. The approach consisted of three components: identification of the core narrative (Coffey & Atkinson, 1996; Creswell, 1998; Mishler, 1986a, 1986b; Rubin & Rubin, 1995), identification of the 'moves' of the core narrative (Coffey & Atkinson, 1996; Goffman, 1976; Mishler, 1986a, 1986b), and identification of the interview themes (Coffey & Atkinson, 1996; Creswell, 1998; Rubin & Rubin, 1995). These three types of analysis offer rich findings for interpretation.

The presentation of the findings begins with a description of my experiences interviewing men who sought sex-related counselling. My experiences were compiled in field notes providing the context and the relevant demographic information for the participants I interviewed and some of my experiences while talking with the men.

Core Narrative

Drawing on Labov’s structural analysis I reduced the full interview into a “core narrative” and specified its elementary units (cited in Coffey & Atkinson, 1996). The elements of the core narrative include: orientation (places the narrative in a context), abstract (an overview of the narrative), plot or complicating action (the action of the narrative), resolution (how the narrative was resolved) and coda (a reflection on the narrative after the event has past) (Coffey & Atkinson, 1996; Mishler, 1986a, 1986b). Each core narrative may lack one or more of the elements.

Although the core narrative is straightforward, the elements of the narrative occur in an “invariant order” (Coffey & Atkinson, 1996, p. 58). In other words, the elements appearing in their final sequence of the core narrative are not presented in that order during the interview.
To draw out the core narrative, I read the interview transcripts several times and extracted what I felt was the core message each of the participants explained. The core narrative answers the question I posed at the beginning of this study: What are the experiences of men who seek sex-related counselling?

**Move**

Goffman’s (1976, cited in Mishler, 1986a) concept of a ‘move’ is a decontextualised interaction between the participant and another character, in this case, the counsellors. This second stage reduction of the interview transcript illustrates the structure of the action in the core narrative and helps to explain the narrative in a different manner (Mishler, 1986b). This further reduction of the interview transcript shows the actions of how the men experienced their sex-related counselling without the details.

Mishler (1986a) explains a ‘move’ as a “triadic structure,” or a three-step movement. However, I found that some of the core narratives could not be reduced to only three moves. Some of the core narratives were reduced to more than three moves since the core narratives illustrate the men’s total experience while seeking sex-related counselling. The two factors that expand the moves from three actions to more than three were: the number of people involved in the narratives, including more than one counsellor; and the span of time described in some of the narratives.

Although some of the moves were extended beyond the three actions as described by Mishler, the abstract structure of the move is not intended to relate the core narrative back to the reader (Mishler, 1986a, 1986b). In other words, the move does not explain the content of
the core narrative, or the context of the core narrative. Instead, the move illustrates the actions of the participant and counsellors while the participant sought sex-related counselling.

Themes
The final form of data analysis I used was to identify important themes described by the participants. The transcribed interviews were coded and interpreted to identify both conjoint and disparate themes. The interview transcripts were examined for "patterns, themes and regularities as well as contrasts, paradoxes and irregularities" (Coffey & Atkinson, 1996 p.47). Both the regularities and irregularities provide rich findings for interpretation and conclusions.
CHAPTER FOUR
FINDINGS

Interview Narratives

I present the interview findings below. This section includes a brief description of the participant, allowing the reader to picture the participant. A short introduction to the core narrative is presented for each, providing context for the narrative. The core narrative relates the basic message the participants expressed during the interview regarding their experience of sex-related counselling. The 'moves' of the narrative illustrate the secondary reduction of the interview providing an abstract view of the men's counselling experiences. Finally, I discuss of some of the important words, phrases and thoughts the participants used.

BN

BN is a thirty-year old single white anatomical male who presented for sex-related counselling to three different counsellors in British Columbia over the past five years. The first two counsellors BN worked with were private practitioners with training in psychology. BN's first counsellor was a marriage and family therapist to whom he was referred through a telephone referral centre for private practitioners. BN was referred to the second counsellor by a publicly funded clinic to meet his need while he was on the clinic's waiting list. While seeing these two counsellors, BN paid for the sessions out-of-pocket. The third, and current counsellor, is at the publicly funded sexual medicine clinic. All three occasions of counselling have been related to BN's exploration of his feelings of gender dysphoria and history of cross-dressing.
BN presents as a stable, quiet, well-groomed man. He has 3 years of college training in financial management and computer programming. He worked as a Certified General Accountant. At the time of the interview, BN was house sitting for a friend with plans to find his own apartment as he had before.

The sixty-minute interview occurred at the clinic where BN was receiving counselling and progressed smoothly. The core narrative BN presented during the interview was readily apparent. BN presents that he processes his concerns on his own outside of counselling, but looks to a counsellor for confirmation and recognition. BN asks both himself and his counsellors “where do I fit?”

Core Narrative: Where do I fit?

Orientation
Just not fitting in. That’s what really sums it up. Like a non-person, and very secretive. Because you don’t tell people about yourself. You try to fit in with the other guys, but you know you don’t fit with the other guys completely.

I had been searching for a long time myself about several issues. So it got to the point where I pretty well figured out who I was. But I wanted to make sure I wasn’t way off topic or way off base.

Abstract
I pretty well had figured out what I was and what the problem was. But sometimes when you think about things too much, or you read about it too much, you ask, “Are you wrong or off base?” I kind of wanted confirmation about what I was.

There were three things I was looking at: the fetish thing, not that; the cross-dresser thing, hmm yeah; transsexual, hmm yeah! So, cross-dressing isn’t a horrible thing. Also it seemed to be a little bit more. From the little information I
had, I said, “I am female,” from 5-6 (years old), so I was not a classical one, and [my second counsellor] also said, I was not a classical transsexual. I worked out the numbers. I’m an accountant. What are the odds? So that is where I slotted myself. That’s where I hoped I would fit in.

It might have been a combination of being a little awkward talking about it and then also wanting to steer it in that direction and not wanting it to be steered in the other direction. Probably in some respects, I didn’t want to go there.

Plot

Because here’s a person you’re telling, and you kept all this to yourself.

The first time I went to see the first psychologist, I kind of thought that I want to be a cross-dresser, and I can live with that. That’s where I kind of put myself. That’s where things went.

I think that’s what I wanted to believe. I wanted to be a cross-dresser. It was easier to swallow. I wasn’t particularly thrilled about it, but I figured, okay, it’s not the end of the world.

At that stage, I was a little concerned why I wasn’t chasing girls. I think [my first counsellor] thought that too; that cross-dressing was getting in the way. So deal with that and the rest will follow.

So he did not focus on the gender spectrum at all. He kind of treated it like it was a fetish. I tried to say “No it’s not.”

He didn’t tell me anything I didn’t know. Its not going to go away, you are not going to change. So you have to find some way of incorporating it into my life & living with it. Which is quite right.

I made up my mind that I’m a cross-dresser and ok, I can do that. I can do that and pursue females and I will need some help in that so, I probably helped.
My mind is not made in stone. But generally speaking, I research stuff. It would take something very significant to change my mind.

I thought, okay, I’m a cross-dresser, and I can deal with that. So I joined [a cross-dressing organisation], and it didn’t take me too long to realise that yeah, we have a couple of similar interests, but I’m different from most people in [the cross-dressing organisation]. And [the cross-dressing organisation] has had a few transsexuals in it.

Douglas: Did you go back to your counsellor and talk about that again?

BN: No. At that point, I hoped that if I joined [the cross-dressing organisation] . . . . I thought it would change me. I thought I could move on and be more like the other guys in [the cross-dressing organisation] and have things fall into place. Which was kind of naive on my part.

Resolution

Being around [an American transgender organisation], and hanging around with the other transsexuals. I knew that uh oh we have a problem here.

BN: I tried to fit the process [of society in general]. I tried desperately to fit in as one of the [non-cross dressing] boys. Trying to fit into society where I was supposed to fit in.

Douglas: So you first thought you were gay, and said no, that’s not it.

BN: Yes

Douglas: Then you saw a counsellor, and said I’m a cross-dresser. You tried to fit in with that. And that didn’t work.

BN: Yes, that’s not it.
Douglas:
The next step is . . .

BN:
Transsexual and that does fit.

Douglas:
Did you get to that point on your own with the help of [your second counsellor]?

BN:
No, I got to that before I got to [my second counsellor]. He kind of just confirmed it. It was like, no, you are not wrong.

That’s basically what I said to him. “I want to know, am I way off track here, or how would you classify me as?” I wanted second opinion. This is who I think I am. And he did, at the end of the first session, he said, “Based on our talk here, this is where you best fit in.”

I just sort of accept myself for who I am and find some way to incorporate that into my life and whether I transition, which is probably where it is going. But if I don’t I will at least be open with them and stop trying to fit in, and do things that everyone expects you to do. And try not to let society to dictate how you should be. Sort of find your own way of living. That’s what I’m hoping for.

Narrative Summary

BN began seeking counselling with a marriage and family therapist whom he was referred to by a telephone referral centre. The counsellor apparently had little knowledge of cross-dressing and gender dysphoria. BN paid out-of-pocket to receive counselling from this man, but he did not help to thoroughly explore BN’s identity.

While talking to BN about his experiences, questions arose. I wondered what would have happened if the counsellor had more experience with gender dysphoria? Would BN
have concluded earlier that indeed he was transsexual, or would he still have adopted the safer identity of cross-dressing as his identity?

BN expressed no concerns about his second counsellor who helped him to classify himself as transsexual. BN was relieved that his second counsellor was available to fill the gap of time while he was waiting for his first appointment with the publicly funded sexual medicine clinic. BN expressed that he felt he may have self-identified as transsexual if he had seen this second counsellor earlier instead of the marriage and family therapist.

With BN’s counselling at the publicly funded clinic, he expressed relief to be a client at that clinic. When BN was first assessed by the clinic, he was uncertain about whether he was going to transition to a female, or live as a cross-dressed male. At the time of this interview BN had decided to begin hormonal treatment as one of the initial stages of transitioning to a female (Standards of care, 1991). He expressed that he was satisfied with the counselling he received from the clinic.

It was not through counselling alone that BN found his answers. His experience tells us that counselling offers one of the several possible processes required to resolve personal struggles. Through a combination of self-reflection, social support and counselling, BN was able to answer his own question, “Where do I fit?”

Moves of Fitting In

First BN arrives to counselling hiding his most frightening identity choice. Secondly, with the counsellor’s direction, BN adopts the safest of the options. Fourth, BN returns to counselling in crisis having failed to fit his chosen identity. Finally, he is directed towards
adopting his current identity. The simplest reduction of BN's counselling experience is a

This secondary reduction illustrates how BN struggled with, resisted, and eventually
resolved his three identity options with the help of counselling. He knew all along, the third
and most challenging option was the one that he would ultimately choose, but he was not
initially prepared to accept that decision. His first counsellor did not help him explore his
transsexual identity very thoroughly, but helped him accept that his cross-dressing feelings
would be with him for the rest of his life.

BN left his first counselling experience I suspect feeling only partially satisfied. After
living for several years with the safer option of being a cross-dresser, BN recognised that he
did not fit the construction of that identity. He had to return to counselling to adopt his
current identity of being a transsexual.

Issues

Identity and categorising were interrelated themes for BN. The difference between
them is their locus; identity reflects an internal and personal understanding whereas
categorising reflects placement in a social taxonomy.

Identity. This theme is reflected by BN through statements such as “I pretty well
figured out who I was,” and “I kind of wanted confirmation about what I was.” BN was
looking for recognition of who and what he was.
His internal feelings did not correspond with his outward appearance. BN felt that he had to fit into the mould established for him as a man. “I tried desperately to fit in as one of the boys. Trying to fit into society where I was supposed to fit in.”

Even in his counselling sessions, he was put into the mould and expected to fit that construct. In the end, BN compromised his feelings about his identity and adopted ‘cross-dresser’ as his identity. He sought sex-related counselling to be recognised, and through some degree of mutual agreement, BN was put into a mould that he struggled to adopt.

On some level, BN knew his first counsellor was wrong to dismiss the transsexual identity, but he lacked the conviction to recognise himself as transsexual. It was as if BN sought a counsellor to give him permission to adopt the identity he felt. Returning to counselling several years later, BN received the confirmation he sought all along, and finally accepted himself as a transsexual.

**Categorising.** BN’s core narrative is rich with categorising words and statements. He expresses this by his attempts to place himself in a social taxonomy. Using his skill as an accountant, BN tried placing himself in categories to see if he fit them. BN told me, “there were three things I was looking at: the fetish thing, not that; the cross-dresser thing, hmm yeah; transsexual, hmm yeah!”

Because of BN’s difficulty accepting his transsexual feelings, he compromised one level and convinced himself that there was a better fit as a cross-dresser. BN said, “cross-dressing isn’t a horrible thing.” It is understandable then, that he struggled to accept his transsexual identity because, by elimination, a transsexual identity is “a horrible thing.” BN
had a sense that being a transsexual is horrible, but he did not explain what about it was horrible.

It is unclear if his first counsellor felt similarly, that a transsexual identity is a horrible thing. If his counsellor felt this also, then it is understandable that BN did not want to adopt that identity, and the counsellor did not explore it thoroughly. As a result, BN concluded, “I kind of thought that I want to be a cross-dresser, and I can live with that. That’s where I kind of put myself. That’s where things went.”

BN sought sex-related counselling to confirm his self-categorisation. BN explained that he asked his second counsellor, “how would you classify me as?” BN said “I was not a classical one, and [my counsellor] also said, I was not a classical transsexual.” In other words, BN did not fit the profile of most transsexuals.

He explained what he meant by ‘classical transsexual’ by saying,

when I was growing up, I wasn’t saying ‘I’m a girl. I’m a girl. I’m a girl.’ No [instead I said], ‘I want to be one’. And that’s what really caused me confusion, because when I went to the first [counsellor], everything I read, said I am. But I said I want to be, so there was a difference there.

BN understood a ‘classical’ transsexual to say, “I am a girl,” but he never made that statement. Instead he said, “I want to be one.” Consequently, he did not fit the classification he understood as a transsexual. In short, BN did not perfectly fit the construct of what he understood to be a transsexual, so he struggled with adopting it as his identity, when it is what he wanted to choose all along. Since BN adopted the essentialist paradigm of classifying himself, he did not recognise that he had the freedom to adopt and rework the social construct of ‘transsexual’. If BN was given the permission to adopt and reauthor his identity from the outset, then he would have likely chosen transsexual after a shorter struggle.
Ultimately, BN was seeking congruence between how he saw himself, and how others saw him. His struggle was that the feeling of his identity was so socially challenging that he could not accept it right away.

Avoidance. This is a minor theme in BN’s core narrative. He was hesitant to accept the truth about his identity, probably because it is a socially unacceptable identity to adopt. He explained, “I didn’t want to go there.” Notwithstanding he did not fit his own understanding of a classical transsexual.

Avoiding the truth initially, he adopted a safer identity by conciliation. He explained this by saying, “I’m a very stubborn person. I try generally to do all these things myself. It was just something I could not do on my own.” This suggests that he knew what the right answer was, but again, he wanted the counsellor’s recognition and affirmation of his identity. Since the first counsellor did not recognize BN’s transsexual identity, BN did not either.

BN was also afraid of other people knowing about his identity. He was afraid of the ‘wrong people’ knowing his secret. BN said,

I want to keep my medical records clear and nothing on my medical chart. It’s kind of silly but it’s in your medical chart when you go here. Hopefully that it never gets in the wrong hands. It’s way out, but if a bizarre government ever gets in who decides that they don’t like people like us, who’s to say that they can’t go into your medical records? So, it’s a bit weird to actually know that’s in your medical file.

I do not know if his fear is a type of paranoia or an avoidance mechanism to protect him from having too many people know about his gender dysphoria. But it explains why he wanted to avoid recognising and adopting a transsexual identity.
Stages of identification. This theme encompasses many other themes and builds on them. With BN’s self-categorisation he worked in stages to accept his identity. BN could not accept his transsexual feelings right away. This working in stages was expressed most clearly when BN and I walked through the categories and stages he adopted then rejected, finally stopping at the last stage when he accepted his transsexual feelings.

BN:
I tried to fit the process. I tried desperately to fit in as one of the boys. Trying to fit into society where I was supposed to fit in.

Douglas:
So you first thought you were gay, and said no, that’s not it.

BN:
Yes

Douglas:
Then you saw a counsellor, and said I’m a cross-dresser. You tried to fit in with that. And that didn’t work.

BN:
Yes, that’s not it.

Douglas:
The next step is . . .

BN:
Transsexual and that does fit.

Douglas:
Did you get to that point on your own with the help of [your second counsellor]?

BN:
No, I got to that before I got to [my second counsellor]. He kind of just confirmed it. It was like, no, you are not wrong.

For BN then, client awareness in counselling is a process that occurs in a sequence.
**Counsellor Inexperience.** BN expressed frustration several times about his first counsellor's lack of experience regarding his presenting problem of cross-dressing. “He kind of treated it like it was a fetish. I tried to say, ‘No it’s not.’”

When BN sought this first experience he telephoned a referral centre for a private practice counsellor. BN said,

> I knew I had to speak to someone who was knowledgeable, ... I would phone and get the referral to psychologists. So I mustered a lot of courage to phone and say, “yes I am a cross-dresser, is there somebody specifically I can talk to.” ... That’s where I got this fellow ... Intimacy problems and marriage was more along his lines, and expertise.

BN worked with this counsellor despite his apparent inexperience because BN was unfamiliar with the counselling process. He explained that he enjoyed hearing advice about dating and relationships since he had never been in a relationship. Ultimately, the benefit of BN seeing this first counsellor who was inexperienced with cross-dressing issues was not related to the counsellor’s speciality, instead, it was helpful because the counsellor was there to hear BN’s secret. “... It was a tremendous help. That was when I was 25. That’s the first person in the world ... I ever admitted anything to.”

This lack of counsellor experience and understanding resulted in BN not receiving the treatment he required. BN said this is a common experience among other cross-dressers and transsexuals. “Generally speaking we educate them.” BN felt that, “If he was knowledgeable in that area, he would have zoomed in and steered it and would have better determined, you are a cross-dresser only, a transsexual, or somewhere in between.”
First Time Telling Secret. Counsellor experience and understanding is important because of the weight of these secrets in the lives of their clients. When BN approached his first counsellor, he had never spoken to anybody about his cross-dressing and transsexual feelings. BN said, “that's the first person in the world that I ever admitted anything to.” The counsellor’s role as a skilled listener was very important. For BN, the first counsellor lacked experience in the area of gender dysphoria and cross-dressing, but he was now the holder of BN’s secret.

Telling Someone. Once BN told the first counsellor about his feelings, it became easier to talk about. “It just got easier and easier and easier.”

When BN sought counselling for a second time with someone who was more experienced with cross-dressing and transsexual issues, it was easier to talk about because the external resources BN found for support. “By the time I talked to [my second counsellor], it was easier because I had talked to several people in the [cross-dressing organisation].” Following his first counselling experience, BN joined a community group for cross-dressers finding friendship and support.

After his first experience with the marriage and family counsellor, BN joined a cross-dressing group. He spent several years out of counselling as a member of the group while considering his cross-dressing and transsexual feelings.

Urgent Need. The issue that struck me when talking to BN was the urgency with which he expressed his need for counselling. “When it hit, it really hit, and I wanted to speak to someone right away.”
Several years after talking to the first counsellor and trying to fit as a cross-dresser, BN could not hold back any longer. After spending time with other transsexuals, he accepted where he fit, and constructed the courage to talk with his family doctor about his feelings of gender dysphoria. He was referred to a publicly funded sexual medicine clinic.

Unfortunately, “[the waiting list] was four months. Which is not terrible terrible, but at the time I really needed to see somebody.”

Waiting even four months was difficult for BN. He explained that he was panicky and anxious. He allowed his concerns to build over time, then “things just boil over.” BN described that, “things build, build, build and then they go bang.” When they “go bang,” BN explained that he needed to talk with someone immediately at any cost.

Help at any cost. Due to the urgency of BN’s need, he was willing to go to great lengths to receive services, especially when he was put on the waiting list for the publicly funded clinic. “I ended up going to see [my second counsellor] who works here for a fee. But at that time it didn't matter. I wanted to go and speak to somebody.” BN continued by saying, “if [my second counsellor] wasn't there, I was going down to the states. I would have gone to Seattle.” BN expressed that his level of need was to the point of desperation.

Even with the first counsellor BN saw, he was willing to pay a significant amount of money for help. BN said, “for one hundred and fifty-bucks an hour it was worth spending the money just to have somebody to talk to.”
Self-reflection. Self-reflection was an important practice for BN. He worked hard to understand himself. He found resources for self-reflection through counselling, reading, social support networks and thinking alone.

BN said, “I started doing more reading and research and stuff, and I found a particularly good book, that was written.” The book about transsexuals BN found was significant to his identity development. “It was just that book. Nothing I have ever read hit me that hard.” It was after reading that book that BN sought counselling for the second time.

Barriers. BN clearly stated, “the biggest barrier was me.” He acknowledged that he could not accept his new transsexual identity right away. He recognised that it was himself that was holding back his development. It is unclear to what degree counselling played in breaking the barrier, or supporting it.

Shame. This last theme for BN is perhaps the most important, but was expressed almost in passing. When we talked about the struggles he experienced in seeking and engaging in sex-related counselling, BN said that he did not have any trouble talking about sex since he has never engaged in sexual activity. BN did not consider this problematic and was happy to hear about relationship issues from his first counsellor. The shame BN expressed about engaging in sex-related counselling, “was because I was different.”

This feeling of difference is the foundation of BN’s core narrative. It is because of his feeling different, and not belonging to any single social construct, that BN did not know where he fit.
NG

NG is a forty-two year old single white male living alone in his own apartment. He works in the office of an industrial business. He presents as an uncomfortable, shy, quiet man. NG has been in sex-related counselling for the past four years with a private practice counsellor trained in psychology. He initially presented for counselling with his boyfriend to work through relationship difficulties, but NG soon discovered that he also had to resolve his conflicted feelings of being gay.

The fifty-minute interview progressed haltingly. By NG’s choice, the interview occurred in the interviewer’s home. The core narrative NG expressed during the interview was readily apparent by his own statements. Several times during the interview, NG explained that he often attempts to side-step his personal struggles. He also explained that this avoidance could only be carried for a short time.

Core Narrative: You can only side-step so far

Orientation

I have a major Irish Catholic background and it was just . . . . I can say the things, but relaying them to myself in a good way is the hard thing, regarding the sex.

Abstract

What I kept doing was falling into this space where I would just not say anything.

Just zoning out. Day dreaming about other stuff rather than focusing on what was at hand trying to talk about it.

NG: It was uncomfortable. It was something that was new. There were two of us, and [my counsellor].
Just being very candid with somebody else in front of your partner.

Douglas:
So you were seeing [your counsellor] together with your partner then?

NG:
No, actually just the first time. Once or twice I think.

Douglas:
It was uncomfortable to be so open in front of [your counsellor] all telling all your secrets to [your counsellor].

NG:
Yeah, but it was [uncomfortable] only because [my partner] was there.

Plot

It was like an escape thing. What it did was prolong the inevitable. Just made it easier to deal with [being gay] by not dealing with it.

I thought I was talking about [my struggles with being gay] but I wasn’t really talking about it.

Like I said, it took quite some time too, for me to see what I was doing. [My counsellor] is just very good at, I guess holding it up, figuring it out.

Douglas:
What was it like working with [your counsellor] and coming to terms with being gay, and finally accepting yourself?

NG:
I’m still doing that.

I thought, like I said that I had it all figured out, this is the way this goes, and that is the way that goes. This is who I am. It’s really quite a can of worms though.
I was just side-stepping [my struggles with being gay]. I side-step very well. Except eventually, it all starts . . . . You can only side-step so far.

I think to make it more comfortable it would have to come from me.

Resolution
Actually the anxiety really isn’t still there about [being gay, and in counselling]. You lose the anxiety, or I do. I’m just much more relaxed now about it.

Coda
When I came to [my counsellor], I thought that I had handled it to some degree. But I hadn’t.

I guess I discovered that counselling should be part of school kids regular curriculum . . . . If you talked about [your problems] in grade 6 or grade 7, [or] even earlier, and got rid of that stuff, you would be much, more well-adjusted.

Because there is so much stuff out there that people develop within themselves that is just a bit wrong. Not wrong, just, well, wrong. Like the garbage you saddle yourself with.

I’m really comfortable with the way things are now. For the most part I get what I want done, done.

Narrative Summary
NG began counselling with his boyfriend who found NG’s counsellor through a referral by his own counsellor. Soon after they began couple counselling, NG and his boyfriend separated. NG continued in counselling alone. NG realised that he had to resolve his dissonant feelings about being gay.
NG expressed that he had no concerns about his counsellor. He reported to feel very comfortable with his counsellor. For NG, the counsellor helped breakthrough the avoidance that held him back from progressing.

For NG, it seemed that through counselling alone he found his answer. His experience suggests that counselling provides the time and reflection needed to break through barriers such as side-stepping. Once these barriers were conquered, NG was able to continue the work he required.

**Moves of Side-stepping**

First NG was pulled into counselling. Secondly, NG continued hesitantly in counselling after separating from his boyfriend. Thirdly, NG avoided his real counselling issue. Fourthly, time passed and NG’s counsellor reflected NG’s avoidance back at him. Finally, NG confronts his own avoidance. The simplest reduction of NG’s counselling experience is a back and forth movement of: avoiding – confronting – accepting.

This reduction illustrates how NG struggled in counselling by avoiding looking at himself and recognising what he considers his real issues. With his counsellor’s skill of reflection, NG was confronted with his avoidance. After being confronted, NG recognised his avoidance and began looking at the difficulty he experienced with his gay issues.

**Issues**

**Avoiding.** NG presented a contradiction with this, the most pronounced theme of his core narrative. NG said, it “just made it easier to deal with by not dealing with it.” This
contradiction was apparent throughout NG’s interview. He knew he needed help but was ashamed about needing it. He was also ashamed about being gay.

Avoiding served NG well. “I think it was difficult but I wouldn’t talk about it. I thought I was talking about it but I wasn’t really talking about it.” In this way NG was protecting himself from the difficult emotions associated with the work he required. “It was like an escape thing.”

NG even created a plausible avoidance scheme. “Initially there was a monetary barrier. It wasn’t cheap, and it’s not covered by anything.” Although over time, NG recognised and accepted that he was using it as a form of avoidance. He admitted, “I would also use that occasionally as an avoidance mechanism.”

What NG did while he was avoiding was, “just zone out. Day dreaming about other stuff rather than focusing on what was at hand trying to talk about it.” NG felt that ‘zoning out’ and avoiding his own issues, “just made it easier to deal with by not dealing with it.”

He eventually recognised that avoiding and escaping his issues served only to, “prolong the inevitable.” NG recognised what he was avoiding by ‘zoning out’, but said, “it took quite some time for me to see what I was doing.” For NG, it was time passing and his counsellor reflecting back what he was doing that allowed him to overcome his avoidance of looking at his struggle with his gay feelings.

By avoiding looking at himself, and hiding that he was in counselling from others, NG reinforced his social construct that both being gay and seeking counselling are bad. Only after NG’s counsellor began to reflect back to him what he was doing, and NG recognised it, NG was able to begin to reconstruct his idea about himself and counselling. NG was able to accept himself as gay and accept that he was in counselling for it.
**Social support.** Another theme that struck me during the interview was the lack of support NG felt from his friends, exacerbating the amount of shame surrounding his help-seeking behaviour. NG told me, “I won’t tell my friends that I’m seeking counselling because I’m actually ashamed of seeking counselling. Or having to seek counselling and having to admit that to somebody.” NG said that one of his friends, “thought I was nuts that I was seeing a counsellor.” NG felt that he had to hide the fact that he was seeing a counsellor.

His fear of telling others that he is seeking counselling added to his struggle of confronting his gay feelings. Establishing the precedent of hiding that he is seeking counselling adds to him hiding his gay issues from himself. This layering of avoidance and shame is significant for NG.

Without the helpful benefits of social support, NG is left to work through the reconstruction of himself alone. That his friends tell him he is ‘nuts’ for seeking counselling reinforces NG’s shame and avoidance and makes it even more difficult for NG to engage in the work he knows he needs in counselling. Since he continued seeking counselling after he knew what his friends felt, notwithstanding his own hesitation, NG illustrated courage and insight about his needs. If, on the other hand, NG had a supportive social environment, counselling would likely have been easier for him.

**Shame.** NG did not frame his experience as shame; instead he saw it as the opposite, pride. He explained, “I think of it as . . . what would you say the opposite of shame is?” I offered pride as the answer.
NG prefers viewing his experience as pride, not shame. “When I think of it, I don’t think of that whole thing of shame, . . . it comes across for the pride side. I don’t know how that happens.” NG recognises that it is the opposite of how his counsellor frames his experiences, but NG prefers his own slant. He said, “it is the same thing, but from a reverse perspective.” As an example of how he frames his experience, NG said, “[I am] too proud [to] admit that [I] need to speak to someone.”

NG expressed being too proud about two experiences. He felt too proud to tell anyone that he is in counselling and too proud to tell anyone that he is gay. NG’s counsellor used shame instead of the pride that NG expressed. NG said, “I always have trouble with [my counsellor] with shame. I’m thinking [of] it as something else.” NG had difficulty verbalising his feeling about the difference between his experience of shame and pride.

I think that although NG and his counsellor frame NG’s experience opposite of each other, the most important part is that they arrive at the same end point.

NG:
Not telling people that I’m seeing a counsellor. Just not letting people know certain things because its . . . (long pause)

Douglas:
Embarrassed I guess?

NG:
Yes but pride sort of comes into that a bit. (long pause)

[My counsellor] says that . . . , well we’ll be talking and he’ll say “did somebody shame you?” I don’t know, I just have a hard time with it.

Douglas:
Is it like you don’t experience the same kind of shame that he says he thinks you experience?

NG:
I don’t know if I experience it the way he... his definition of it. It’s like we get to the same destination, but I go a different way than he does.

Douglas:  
Is it like you are too proud to admit that you need to speak to someone. Is that it?

NG:  
Yeah it’s more like that, than feeling ashamed of admitting it. It is the same thing, but from a reverse perspective.

NG had difficulty with framing and reframing his experiences. The shame and pride reframe posed challenges for NG. He continued by explaining, “I can say the things, but relaying them to myself in a good way is the hard thing, regarding the sex.” NG expressed that he had difficulty relating and reframing his thoughts and experiences in a positive way. He especially experienced difficulty with framing being gay, in a positive way.

Time. In the end, I asked NG about how he had been able to stay in counselling and work at framing his experiences in a positive way. He told me, “a lot of it is just time.” However, when I asked him about how he would want his counselling experience to be different, NG said with some tongue-in-cheek, “condense it all so you can do it in a month.” Again NG expressed a contradiction in his counselling experiences.

NG had been looking for a way to work through his self-acceptance, but he lacked the social support outside of his counselling dynamic that would help him move faster. Because of the lack of support NG felt from those around him, it took him longer to arrive at the point he is now, with his self-acceptance. If NG had been a member of a support network, or had more supportive friends, then he would have been able to work towards his counselling goal.
faster than he did. Without a supportive network around NG, he arrived at the same end point, but it took him longer to get there than if he was supported and encouraged by others.

**Comments**

NG experienced several conflicts in his counselling experience. Four of the conflicts he expressed during the interview are related to the themes: avoidance, social support, shame and time.

NG had difficulty being in counselling, and progressing in counselling. He knew he wanted and needed to be there, but he avoided his issues as much as he could because he felt unsupported and frightened of feeling vulnerable. Of course in the end with his counsellor’s reflections, these issues confronted him.

The lack of support NG felt from his friends about being in counselling served to exacerbate both his avoidance and the shame/pride he felt about his presenting problems. With this lack of support, NG had difficulty breaking through and reframing his feelings in a positive way.

Finally, NG has been able to slowly break his avoidance cycle and work through his shame/pride concerns with the passage of time, and his counsellor’s skill. NG acknowledged that it took a lot of time for him to break these patterns, but at the same time, he wished he could have condensed his total counselling experience into a short time.

**QC**

QC is a seventy-six year old white male widower living alone in his own house. QC presents as an eager articulate stable well-groomed man. He is retired from his approximately
30 years of work as a probation officer in two countries. QC has been in sex-related
counselling sporadically over the passed fifty-five years in both countries. His counsellors
have consisted primarily of psychiatrists, then social workers and nurses.

QC first presented for sex-related counselling in 1944. He was concerned that he was
gay. Through his many years of counselling, he discovered “… I am not homosexual. It was
an aberration.”

The sixty-minute interview occurred at the clinic where QC received counselling. The
interview progressed smoothly.

The core narrative QC presented during the interview was not readily apparent. QC
expressed that he enjoyed his counselling experiences. He explained that he was able to
terminate and initiate counselling as needed without concern or hesitation. The insight QC
expressed and his apparent freedom to terminate and initiate counselling as needed emerged as
the core narrative. QC explained that, “… I know where the lifeline is.”

Core Narrative: I know where the lifeline is.

Orientation

I guess very basically, years and years ago, when first I went
to counselling, and that was in 1944, I was only 22 then.
Right through until probably the late 60’s, I really felt that I
was a homosexual. I was still unmarried in the late 1960’s,
and I was still a virgin. Although I was pushing 50. So that
was my driving force, I wanted to know what it was about.
And try to be more understanding of myself and be more
accepting of myself. Because I really went through
purgatory. I was most unhappy and went through a lot of
horrible things and experiences.
Abstract

I would really say all the way through, I have found it extremely helpful. I have learned an awful lot about myself. It's been helpful, very helpful.

All the way through I've received such terrific, I feel such terrific, counselling from various psychiatrists and then its been social workers lately, that I've never felt at all reluctant to go for more help. To seek help again, I have always felt very comfortable.

Plot

Initially I felt it terribly difficult to discuss various experiences I had, things I did which I don't like to think about.

I was so ashamed of the things I did

I was never unhappy talking about it, the theory of what I was doing . . . It was that actual telling someone of what I actually did.

I was panicking by then. I just didn’t know what [to do]. I felt very unsure of myself.

I was so hurting that I had to [seek help].

I was forced to. I was so driven by my own hurting.

There have been times, where 2 or 3 years have gone by when I haven't been seeing anyone, and then something else has come up. Something or other has come up in my life, which has brought something up from the past again, and so I sought help again.

I felt for a long time, there was still a lot more I could dig out and I could therefore eventually become 100% perfect. I have no dreams. I still have the odd sexual dream that involves my own sex but I accept that this is all from the past.
Resolution

[It was difficult] until once I talked to a counsellor, talked about an experience to a counsellor, then the next time it was easier because I've already said it.

I never regarded it as courage. I just felt that it was for my own peace of mind, and my own comfort. It never occurred to me any other way.

I have, whether it is misplaced or not, I have a trust. I do, until I find out otherwise.

Once I got to know a counsellor, and I feel there is a good rapport, and I feel there is an understanding of where I'm at. Then I'm comfortable.

I now know that I am not homosexual. It was an aberration. It was like a river with a block, and you go round that sort of thing. So yes, I can understand it now. But earlier on, it was terribly difficult.

I've been seeing [my current counsellor] now for probably a year-and-a-half. And it has usually been about every month. And this last time, was probably 6 weeks [ago] . . . And I'm going to be suggesting that maybe we make it 2 months time, or [terminate and] maybe just [see] if I want to get in touch with him again. . . . I'm reasonably comfortable with myself at the moment. But who knows, in a year's time I may feel different. I know that you people are here, and I feel good that I know where the life-line is.

I process things through and I arrive at the point where I can say that things seems reasonably ok right now. Like lets not make an industry of raking up all the stuff from the past. Let it go, It's part of you, and we are not going to milk anymore out of it. So, for crying out loud get on with the future. This is how we have been talking.

Coda

I feel a lot more than I do, but I have always assumed that men don't seek the help that women do. Men aren't supposed to have feelings now are they? You have to keep a stiff upper lip and that sort of thing. I have never had [a] problem in mentioning that I have feelings. I have always been very aware of that.
It was my own comfort level. It was bugging me so I was always anxious to get with it.

**Narrative Summary.**

QC began seeking sex-related counselling approximately fifty-five years ago due to his concern about his same-sex, sexual feelings. He has continued in counselling episodically ever since. QC sought counselling primarily with psychiatrists, then with counsellors with other training. All of the counselling QC received was free to him and paid for either through provincial medical services or a publicly funded sexual medicine clinic.

QC sought sex-related counselling and maintained semi-regular sessions over fifty-five years. He explained that there were several years when he did not seek counselling. During those times, he continued to reflect on his identity and sought help when needed.

QC expressed no concerns about any of his counsellors. He felt very fortunate to have had the counselling he received. He felt that it worked well for him over the years to resolve his fear that he was gay.

It was not through counselling alone that QC found his answers. Instead, he processed his experiences on his own over many years as an adjunct to counselling. QC’s experience tells us that counselling offers one of several steps required to resolve personal struggles. Through a combination of self-reflection and counselling, QC feels that he was able to work through his same-sex, sexual feelings. As a result of his counselling experiences, QC feels more complete in the knowledge that indeed he is not gay. It is unclear if it was QC or his counsellors who initiated the idea that he is not gay.

When it became too difficult for him or he had a particularly challenging time, QC reengaged in counselling. He explained that he felt very comfortable knowing where he could
find the help he needed when he needed it. The comfort QC expressed about knowing that help is readily available was like a lifeline to him. Knowing where safety and support is at all times was reassuring for him.

**Moves of Finding the Lifeline**

First QC anxiously arrived to counselling presenting with an issue that at the time was illegal and considered a mental illness. Secondly, his counsellors listened and helped him understand that his same-sex sexual feelings are not genuine. Thirdly, he accepts the belief and freely terminates from counselling, reengaging as needed over the years. The simplest reduction of QC’s counselling experience is a back and forth movement of: anxiety — directing — free-flow.

This reduction illustrates the decontextualised interaction between QC and his counsellors regarding his struggle with his sexual orientation. He felt conflicted about his feelings but was unwilling to accept himself as gay. His counsellors supported his belief and encouraged him to seek opposite-sex, sexual relations. QC returned and stayed in counselling each time for as long as he required.

This reduction also illustrates the social construction involved in QC’s rejection of his gay feelings. Although it is unclear who initiated the idea that QC is not gay; it is clear that both QC and his counsellors did not try to facilitate his acceptance of his gay feelings. At the time of QC’s initial counselling experiences, engaging in same-sex, sexual activities was both illegal and considered a mental illness. Consequently, if QC was encouraged to accept his gay feelings, it would be comparable to a counsellor helping a client admit that they are a criminal
and that they have a mental illness. It is easier to rework the internal feelings of a client aligning with social norms, than encourage a client to defy what is acceptable.

It is also clear from the reduction that QC was not completely resolved about his sexual orientation. Since he returned to counselling for the same related issue over fifty-five years, it suggests that the idea that he is not gay, and that he should not have same-sex, sexual desire, did not persist.

Issues

Desperation. QC explained that he was forced into counselling because of his internal pain. He said, “I was forced to [seek counselling]. I was so driven by my own hurting.” He expressed that without some kind of intervention, he did not know how he would cope. His actions and conflicted desires were contrary to the accepted sexual scripts of earlier this century near the time when he sought counselling (McDermott, 1931; Stekel, 1940).

Living as a young man in England during World War Two, QC may have been exposed to a significant amount of same-sex, sexual activity among servicemen (Humphrey, 1990). If he was struggling then to reject his gay feelings, as was expected at the time, it is understandable that he would have felt desperate to find help.

This initial desperation was eventually replaced, with a calmer approach to seeking counselling. Once the crisis passed, he feels he was better able to objectively explore his gay experiences. After he engaged in counselling for the first time, he was more confident about seeking it again and did not wait until it was a crisis the next time.
Counselling is work. Now QC anticipates seeking counselling with excitement. He explains, “I enjoy seeing [my counsellor] because he makes me work, that's good. He doesn't come up with pat platitudes, and that sort of thing. He really is a worker, and I enjoy that.” The counselling process is not any easier than it had been when QC started, but he likes the work involved.

QC enjoys how his current counsellor challenges him and offers alternative ways of looking at his experiences. With the distance of time, QC is able to explore his experiences more objectively, but still struggles to relate some experiences. He enjoys talking theoretically about his experiences, but still struggled to revisit his past experiences.

QC embraces both the work and pain involved in counselling. The marriage between work and pain in counselling results in him achieving his goals. He believes that work in counselling is good, and that pain in counselling is necessary since it suggests he is working and accomplishing his goals.

Difficulty telling secrets. At the beginning, of his counselling experiences, QC said that it was difficult to talk about certain things. “Initially I felt it terribly difficult to discuss various experiences I had, things I did which I don't like to think about.” He explained that over the years, with more time away from his same-sex, sexual experiences, it became easier to talk about.

Although even in this interview, QC had difficulty relating some of his experiences. He explained that telling someone about his experiences was initially, and apparently still, difficult. QC explained,

It was that actual telling someone of what I actually did. [I will] give you an example. [pause] I'm going back now 40
years. [long pause] I’m having difficulty here, you see. It’s not easy. I fooled around with other boys. That sort of thing. That’s not easy to talk about. I had difficulty about that.

The difficulty QC had in relating his experience tells me that counselling has not helped him fully resolved his concerns. On one hand QC explains that he had resolved his same-sex, sexual experiences, and embraced his heterosexual identity. On the other hand, since he is unable to relate his experiences during the interview, I am left feeling that he still struggles with his sexual identity.

That he apparently still struggles with his sexual identity suggests that his heterosexual identity does not exactly correspond with his personal experiences. This is similar to the experiences of other men who sought counselling when same-sex sexual activities were illegal and considered a mental illness (McDermott, 1931; Stekel, 1940). The men at that time worked to adopt a heterosexual identity while rejecting their gay feelings. This reworking of the men’s identity was facilitated by the social construct of the men, their counsellors and society.

**Shame.** The overpowering feeling that still holds QC back from talking about his experiences is that he is ashamed of them. He said, “I was so ashamed of the things I did.” Although once the initial barrier is broken, QC explained that it was much easier to talk to his counsellors about what he did. “Once I talked about an experience to a counsellor, then the next time it was easier because I’ve already said it.”

From his inability to relate one of his experiences to me during the interview, I wonder how much shame he still harbours about his past. I expect that he was able to talk about his
experiences with his counsellors, but only when he felt there was sufficient rapport between him and his counsellor. Perhaps not enough rapport was established between us for him to share more openly with me.

The root of his shame comes from his feeling there is something wrong with what he did. He did not allude to believing that gay people were bad, instead he suggested that it was fine for them to engage in same-sex, sexual activity, because they were gay. But since he believes that he is not gay, then it is bad for him to engage in same-sex, sexual activity.

**Distancing self from actions.** QC believes that the distance he gained with time allowed him to revisit his previous experiences with more clarity and ease.

QC:
... over the years, I have gained so much more understanding that I can talk much more objectively now. Whereas before it was much more emotional.

Douglas:
And the emotional things are much more challenging to talk about? I guess because they are shameful?

QC:
Yes. Things that I didn't like about myself, that's for sure. I wish it didn't happen, but it did. I can't do anything about it. Telling once breaks the ice.

QC feels that the distance developed over time allowed for emotional objectivity.

I wonder if the objectivity he gained is real, or perceived because he talks about the conceptual issues, instead of his actions and feelings. He has always been able to relate the conceptual concerns he has, but talking personally has been challenging.
QC:
I felt, as I say, I was never unhappy talking about it, the theory of what I was doing.

Douglas:
So the idea of it was ok

QC:
It was that actual telling someone of what I actually did.

Talking about his feelings and experiences in a conceptual or theoretical way is easier than talking from his feelings and experiences. Talking about his feelings shields himself from the angst of genuinely working on his identity. His counsellors have apparently supported QC in his conceptual-type counselling.

Helpful. Notwithstanding his difficulties in relating to emotionally charged experiences, QC has constantly found his counselling experiences helpful. He told me, “I have found it extremely helpful. I have learned an awful lot about myself. It's been helpful, very helpful.”

He has never regretted any of the counselling he received. In fact he raved at how excellent the help he received was for him. He explained,

All the way through I've received such terrific . . .
counselling from various psychiatrists and then its been social workers lately, that I've never felt at all reluctant to go for more help. To seek help again, I have always felt very comfortable.

Perhaps this is the most important part of QC’s experience in sex-related counselling.

If QC feels that he is achieving his goals, then that may be the single most important part.
After all, counselling is about the client, not about the counsellor. If the client feels he is receiving the help he requires, then everything else is secondary.

**Rapport.** QC attributes the feeling of his terrific counselling to the rapport he and his counsellors established. The rapport he felt was very important for him to feel comfortable and open enough to talk about his difficult experiences. QC said, “once I got to know a counsellor, and I feel there is a good rapport, and I feel there is an understanding of where I'm at. Then I'm comfortable.”

That QC experienced positive rapport with all of his counsellors is surprising since he has been in counselling over so many years. Again, if he feels that the rapport between his counsellors and himself was positive, then that is most important.

Near the end of the interview I asked QC about how he experienced his and my interaction. We talked on the telephone several times to arrange the meeting; and developed a rapport both on the telephone and in person at the beginning of the interview. He explained “I felt completely comfortable. I have no problem with it at all. . . . it has been very comfortable.” I do not expect it would have been different if I provided personal information such as my sexual orientation or my relational status to QC.

**Self-awareness.** All these years of counselling have contributed to QC's solid sense that he knows himself very well. He is able to recognise when he is doing well, and when he requires counselling intervention. QC explained,

I'm reasonably comfortable with myself at the moment. But who knows, in a year's time I may feel different. I know that you people are here, and I feel good that I know where the lifeline is, as it were.
QC went on to explain that following the interview he was going to see the counsellor whom he had been working with for over a year. During that session, QC explained that he was planning on terminating with that counsellor, until he requires further intervention.

**Self-motivation.** What keeps QC reinitiating in counselling is that he is working hard to better understand himself. Regarding his same-sex, sexual feelings. QC reflected and said, “I wanted to know what it was about, and try to be more understanding of myself and be more accepting of myself.”

This ambition to further understand himself was based on the foundation of his own comfort. QC said, “It was my own comfort level. It was bugging me so I was always anxious to get with it.” This feeling of comfort and anxiousness to know himself are well balanced, thus allowing him to feel free about terminating and initiating counselling as he requires.

**Comments**

Reflecting on QC’s interview and the themes that emerged, I am left wondering about the degree to which he wanted to appear positive about his counselling experiences. After being in counselling over a fifty-five year period, I was surprised about the discomfort QC expressed when he tried relating one of his experiences. That he offered to share the experience was surprising, but even more surprising was how he was unable to verbalise the experience. When working through his same-sex, sexual feelings, and reaffirming his heterosexual identity, QC must have explored his experiences thoroughly with his counsellors.
Consequently I am left wondering about how comfortable QC really feels, and how comfortable he wants to portend to feel.

This does not invalidate how positive QC’s feels his sex-related counselling experiences have been. Instead, this illustrates that his perception of his counselling experiences are more important than the counsellors’ paradigm or techniques. I am excited for QC that he feels he has received such excellent services from such a broad range of counsellors over such a long time.

VE
VE is a forty-year-old divorced white man who works in an administrative position for a non-profit community based organisation and holds an undergraduate degree in physical education. VE presents as a thoughtful articulate sincere well-groomed man.

VE sought sex-related counselling with three different counsellors between two provinces episodically for three years, over the past ten years. The counsellors VE worked with have training in theology, philosophy and psychology. They worked in a university-based employee assistance program and private practice settings. VE sought counselling for three concerns: to help him accept his same-sex, sexual feelings, and to deal with both his sexual abuse and perpetration of sexual abuse.

The sixty-minute interview progressed smoothly and occurred by VE’s choice, in his office. The core narrative VE presented during the interview became apparent after some reflection. Throughout the interview, VE talked about safety in his life and in his counselling. He explained that now he understands the counselling is about him and for him. He
understands that the counsellors do not apparently judge him; that helps create the safety he requires to engage in the work.

Core Narrative: It creates safety and that’s the most important part.

Orientation

Most important was just an intuitive thing. Did I have a connection with [my counsellor], did I feel safe, and was I going to be comfortable.

I was not going to talk about the sexual abuse. And yet I think what I tried to do was find some comfort to justify, and try and discover, kind of indirectly, and get an answer from somebody, in this particular case the therapist in terms of, am I gay, because that was a big issue for me.

Abstract

So I had all this shame and guilt around just coming-out, and thinking, I am gay because I was sexually abused as a child. But I was not going to talk about it.

Plot

VE:
I wasn’t prepared to even begin to talk about it, I wasn’t ready to let this secret out. In particular my first counselling experience fresh out of the marriage, there’s no way.

Douglas:
There was too much to deal with.

VE:
That’s exactly it. Plus I was doing everything I could to protect that secret. And not knowing the power of shame in my life at the particular time in my life. And how I would continue to expend all of this energy just to make sure that I wasn’t discovered. On top of, now I’m out, there’s one big secret, well guess what, I have another one. No, I didn’t want to touch that one.
VE:
That might have been my bigger motivation behind going. I wanted somebody to say, “Is they’re something else here?” Or “This is kind of what I think might be going on for you”, to name it for me. No, nobody ever did.

Douglas:
What would have happened if someone did?

VE:
One of two things: with all the skill I had around covering up the secret, I may have gone more into denial around that; or would have been completely open to it and said “Yeah you are right.” Would have been really terrified, but said “Yeah you are right.”

I knew how to not be present. Authentic [VE] would never be there.

The battle that would go on inside me. Who would sit in front of them. Most times, it was not authentic [VE]. It just wasn’t. I was there to do just one thing, or so I thought. I remember times [when] little things came up in my mind. There was sexual abuse here, but I am really scared to say anything.

That whole cycle, you get close to coming then you make it disappear. Because real [VE] could be discovered. I did everything in my power to make sure that would not happen. What moved me forward was this intuition to be authentic.

So it was a combination of my sexuality, but my experience of sexual abuse, to my thinking, had a lot to do with it. But I did not know what the hell it was or even where to begin. And the important part was being able to say to someone, "this has been my experience," and touch on that as much or as little as I wanted to at that time.

It was never explained to me that I could be here and bring the greatest secret, and dump it, and have the other person just hold it for me.

Resolution

There were some tremendous things to learn about me. But probably most important, I was letting go of blaming
somebody else for the circumstance, and take responsibility now for my life having that experience. And I got to that place on my own. Because ultimately, what I sat with was that it was not out there, it was in here. It is not in another relationship, it is not because mom didn’t do this, or that dad didn’t do that, its here. A tough kind of pill for me to swallow.

So coming-out as a gay man I would again begin to test the waters around this experience of sexual abuse, not just having experienced it, but that I was a perpetrator of sexual abuse. So I was constantly testing the waters. And I would do the same thing with [my counsellor].

All of a sudden I show up and play with this and realise that yeah, he could hold it. And that this was a safe place.

Coda

But what he did was create this safe environment, where I could show up and be who I really needed to be. And for me it was the greatest experience of counselling or therapy because it is my experience, but I didn’t know what was going on at that time. And that is the kind of environment I sought in speaking with someone like [my counsellor]. That was really important to me.

The difference between then and now is I think I’m really clear on my purpose in terms of being there. It is a space about me.

I also am safe in knowing there is someone there who will gently challenge me. . . . But it is also a place where I can show up and say, “You know I have nothing going on.” It is where I can go and be. I discovered authentic [VE] there.

That is the biggest difference that today I know what it is all about, but before I didn’t.

I think in my other two experiences, I went in thinking I was broken. And I didn’t go into this experience with [my current counsellor] thinking that I was broken, I went into this with the experience of I want to complete this circle of wholeness for myself and here is a piece that I’ve always known about. I’ve always known that at some point in time I need to deal with this. So my request would be to support me by simply
listening. Then, I would request that you can ask me questions about my questions about my experience.

It creates safety, and for me that’s the most important part.

Narrative Summary

VE began seeking sex-related counselling ten years ago following the break-up of his marriage. The break-up was related to his concern about his same-sex, sexual feelings. Each of the first two counselling experiences lasted a short time. He has been in constant counselling with one person over the past 2 years.

VE sought counselling with men trained in theology, philosophy and psychology. The recent counselling VE receives is paid for out-of-pocket, however, the first two experiences were free to him.

The only concern VE expressed about his counsellors was that they did not provide education or an orientation about what counselling was supposed to be like. Otherwise he felt comfortable with his experiences. The difference between his three counsellors was that he seems, after testing his current counsellor, to trust him with more personal information.

While VE was both in and out of counselling, he vigilantly reflected on his experiences to better understand himself. His internal reflections were both fuel for further sessions and homework between sessions.

Thus it was not through counselling alone that VE found his answers. Instead, he processed his experiences on his own as an adjunct to his counselling. VE’s experience tells us that once safety is established, counselling offers one of several steps required to resolve personal struggles. Through a combination of self-reflection and counselling, VE was able to work through his same-sex, sexual feelings and sexual abuse experiences. As a result of his
counselling experiences, VE feels more complete in his self understanding about the impact his experiences of sexual abuse have on his gay feelings, and more comfortable self-identifying as a gay man.

Moves of Establishing Safety

First VE arrived in crisis to counselling hiding his sexual abuse experiences. Secondly, his counsellors listen and help him accept his identity as a gay man. Third, VE returns to counselling after several years and tests his new counsellors’ limits. Fourth, VE received genuine openness and acceptance from his counsellors. Fifth, VE finally opens up completely and talks more freely. Finally, His counsellor listens and does not judge VE for his actions.

The simplest reduction of VE’s counselling experience is a back and forth movement of: hiding/testing – acceptance – opening up – acceptance.

This reduction illustrates the interaction between VE and his counsellors regarding his struggle with his sexual orientation and experiences of sexual abuse. He felt confused about the impact of his sexual abuse on his gay feelings. VE feared that he may have become gay as a result of being sexually abused as a child. He hid his sexual abuse from his counsellors because he was ashamed of the experiences, but did not feel comfortable until they were resolved. All three of his counsellors supported him in his identity as a gay man. VE remains in counselling to more fully integrate and understand his life experiences as they relate to his identity.
Issues

The most pervasive theme VE expressed during his interview was shame. Since his experience of shame is woven through most of the other themes he presented, there is no special heading for shame. Instead, it will be presented along with the other themes where it applies.

Barrier. The most important theme for VE was about the barriers he constructed ensuring that he would not be “discovered.” “Real [VE] could be discovered. I did everything in my power to make sure that would not happen.” He added, “the battle that would go on inside me. Who would sit in front of them? Most times, it was not authentic [VE].” This struggle of who would sit in front of his counsellors was about the overwhelming feelings of shame VE felt about himself and his actions, and about the level of safety he felt in the counselling office.

VE presented examples of several barriers to his counselling experience. What he learned from his time in counselling was that the barriers all came from inside himself.

Ultimately, what I sat with was that it was not out there, it was in here. It is not in another relationship, it is not because mom didn't do this, or that dad didn't do that, it's here. A tough kind of pill for me to swallow.

Well into the interview VE explained again about the internal barriers and exactly what it was that he was protecting himself from.

I think it was more me. I wasn't ready to do that. Just enormous shame around it. It was a double-edged sword. It was not just that I had sexual abuse experience, but I was also a perpetrator of sexual abuse. So there was all that going on too.
Clearly this was not an easy piece of information for VE to reveal. In his initial counselling sessions, his sexual abuse perpetration did not come out because he was so ashamed about it, and he did not feel safe to bare himself. With his current counsellor, VE felt safe enough to talk about all his sexual abuse experiences. This safety came after a type of testing he did on his counsellor, that I discuss below.

VE eventually realised that he made his own barriers to his counselling. During his first two experiences, he erected barriers that even he was not aware of, preventing him from learning about himself. He realised that during those experiences, he was not prepared to open himself up to reveal his secrets.

With his current counselling, it is different. Now VE realises that he was the one holding back, and not prepared to look at himself. VE said,

just knowing that I felt ready to do some of the work. There were some tremendous things to learn about me. But probably most important, was [to] let go of blaming somebody else for the circumstance, and take responsibility for my life having that experience.

**Testing.** The testing that VE did on his counsellors was apparent during the interview. With his counsellors, VE would, “test the water to see if it was safe, and was I going to be shamed. Testing him, would he shame me. Would I get shamed here?”

The testing I experienced during the interview was similar to that which he described doing with his counsellors. He revealed pieces of himself to me in stages of difficulty. He began by telling me that he is divorced, and that he is gay. I did not react in any way about this information. Later he explained that he was sexually abused as a child, and that he was initially concerned that the sexual abuse he experienced made him gay. When I did not react to that, he finally revealed to me that he was also a perpetrator of sexual abuse.
This preoccupation with shame held VE back from opening himself to his first two counsellors. His experience of shame manifested also as resistance to opening up and understanding himself more fully.

**Resistance.** VE explained that he expended a lot of energy to hide himself from his counsellors. His fear of his counsellors getting too close to the truth was apparently overwhelming for him. He said,

I had all this shame and guilt around just coming out, and thinking am, I gay because I had [experienced] sexual abuse as a child. But I was not going to talk about it. I was not going to talk about the sexual abuse.

VE expended so much energy deflecting the truth that his counsellors were prevented from really doing their work. They could not see him because he hid so much of himself from them. He explained,

I was doing everything I could to protect that secret. And not knowing the power of shame at the particular time in my life. And how I would continue to expend all that energy just to make sure that I wasn't discovered.

Of course being discovered is exactly what VE wanted to have happen.

And maybe being with somebody who might have named the dynamic of shame in my life, and how powerful it was. And there wasn't anybody who really did that kind of work. No body ever pulled me in that direction. Nobody ever went specifically after some of the adult child of alcoholic stuff that went on for me, and name the shame-based individual, and the power that had over me. And it was [my current counsellor] who really began to touch on that. And really began to have me be uncomfortably open to know that this is a very powerful force in my life.
Misunderstanding the counselling process. VE did not talk much about his misunderstanding of the counselling process, but he alluded to it as he talked about waiting for the counsellors to do something. VE explained,

I didn't know how to be responsible, so I would abdicate that, and hope [my counsellor] would take it for me. In some instances that happened, and in other's it didn't. Of course, I know today that I don't want to live my life that way.

VE seemed to contradict himself here by asking that the counsellor take the upper hand and help him be more responsible and look at himself.

Before any work could begin with VE, he seemed to need permission to be in the counselling setting and be genuine. VE reflected,

I'm thinking today that the saddest experience in growing up with all the alcoholism and sexual abuse, that nothing was really mine, nothing was ever mine. It might have been promise to me, it might have been there but only for a short period of time. So I could be in the space, but it was the counsellor's space. First it was [my first counsellor's] then the other counsellor. It was never explained to me that I could be here and bring the greatest secret, and dump it, and have the other person just hold it for me.

Hearing him reflect on this reminded me of a little boy who needed permission to talk about whatever was on his mind. This construct held him back until he recognised it and confronted it.

Comments

It seemed to me that VE arrived to counselling as a scarred little boy. As that scarred little boy VE knew he had some heavy secrets. He was uncertain about whether he could trust
the men in front of him. He did everything he could not to be discovered, but knew that is exactly what he wanted. The safety VE required and eventually established came from himself, not from his counsellor’s special words and actions.

YM

YM is a forty-eight year old white anatomical man living alone in his own home, and separated from his wife for ten years. He is the father of two teenaged children of whom he has partial custody. YM presented cross-dressed and excited to be helping with this study. He has worked as a draftsperson for the passed 23 years.

YM has been in counselling continuously over the past ten years with a private practice psychiatrist and two months prior to this interview began counselling at a publicly funded clinic. It is unclear exactly when YM began his sex-related counselling since he initially presented to his psychiatrist to examine his marital break-up. Over the passed three years YM sought counselling exclusively for his feelings of gender dysphoria.

The fifty-minute interview progressed smoothly and occurred by YM’s choice, at the clinic where he received counselling. The core narrative YM presented during the interview emerged after some reflection. YM expressed that throughout his counselling experiences, he did not felt the freedom or openness from his counsellor to discuss his most intimate secret, his feelings of gender dysphoria. This need to have the space to talk emerged from the interview as YM’s core narrative.
Core Narrative: I need the chance to talk

Orientation

In a lot of cases, when I would come to his office, he starts a subject. I really, deep down, I want to talk about something, my problems. And I found it very difficult to talk to him about something else.

I was always waiting for an opening. Often I did not get that.

Abstract

YM:
I admit that I am very straightforward with questions. I don’t beat around the bush. If I have something to say, I will say it.

Douglas:
How is that different for you seeing your psychiatrist and you couldn’t say what was on your mind?

YM:
Oh, that’s too personal. That’s too deep [when my psychiatrist asks me].

Plot

I dragged [counselling] on with [my psychiatrist] for 10 years before I mentioned to him my sexual [((gender))] dysphoria.

I guess basically over the years, we became very friendly. Often I would go to his office and we would just talk about anything else but my problems.

I guess he felt, like after 10 years he knew me. I’m a very stable person.

He had been after me for years to go out, get a girlfriend of some sort, and have some fun. Myself I [am] completely busy all the time. I always engross myself in various types of work. With boy scouts, with the council where I live, the place I have on the island, the work here. Basically, that occupies my time 100%. And the kids on the weekends. I
get them from Friday night to Sunday. So it kills my social life.

So he gave up on the idea of trying to get me set up. He said buy a modem and go on the Internet, so I did. The first thing I went to is the transgender forum. I just spent hours, days, [and] weeks exploring it.

He tries to encourage me to try to talk about it. Often enough I just clam right up and we talk about something else.

There was a certain amount of shame at the beginning from my perspective.

Quite a few times, I was not able to speak about my inner self. We went on to other subjects.

Resolution

That’s why I wrote a lot of letters when I would come home. Once I would give him the letters, he would carry on. That was my way of opening it up.

I went home and wrote a long letter stating how I felt. I managed to explain myself better writing it down than I did speaking to him.

For the month after [telling him about my gender dysphoria], I kept going home and writing a letter and giving it to him.

Over time it got better.

Once I told him, it felt a little easier to talk about it.

More than one person knew about it, and more-or-less understood the situation, I felt more comfortable talking about it.

I have no problem talking to you about it. Mainly because I know you in the group therapy. If it was a complete stranger, I would hesitate further.
Narrative Summary

YM began seeking counselling with a psychiatrist ten years ago when his wife left their relationship. The counselling developed into an apparently casual relationship between YM and his psychiatrist. But YM continued to receive counselling from that psychiatrist. The informal format continued for several years until, YM expressed his feelings of gender dysphoria.

YM expressed no concerns about his counsellor except that he did not feel free to talk about his intimate feelings. There is an apparent conflict for YM because even after YM broke the ice by writing to his counsellor about his dysphoria, he still did not feel comfortable talking about it. It took more time for him to feel comfortable. It may have been that his counsellor knew about his dysphoria, but they did not talk about it, instead YM continued to write letters until he developed more courage.

Once YM told his family doctor, he felt more comfortable because more people knew about his feelings. After this, he was relieved and felt freer to talk about it in counselling. After revealing his feelings, his counsellor approached another psychiatrist experienced with gender dysphoria. The question here is why did it take YM so many years to express his feelings?

YM expressed relief to be receiving counselling from the publicly funded sexual medicine clinic. He was very excited about beginning the transition from male to female. He expressed that he is satisfied with the counselling he received from the clinic.

Moves of Having the Chance to Talk.

First, YM felt inhibited to talk about his secret. Secondly, his counsellor continued for several years by directing the sessions. Thirdly, After being pushed in the wrong direction by
his counsellor, YM finally tells his secret. Finally, his counsellor scrambles to collect information. The simplest reduction of YM’s counselling experience is a back and forth movement of: hiding – directing – hiding – pushing – revealing – scrambling.

This reduction illustrates how YM struggled with opening up about his feelings. His feelings about himself did not fit his image, but he did not feel the opportunity to tell. As the counselling relationship progressed, YM believed his counsellor felt there were no more secrets he was holding. His counsellor tried pushing YM in a direction that he thought was best. Instead, he pushed YM to tell his secret.

Issues

Hiding the Secret. For YM, to be open was difficult when he was relating private secrets. YM said, “Putting myself out explaining things, how I felt. I’ve never done that before. It was difficult. It was the most inner feeling I have had that I have kept all my life.” To finally reveal this innermost secret took a long time and courage. Feeling inhibited from talking only slowed the experience.

One of the inhibiting features for YM was a feeling of shame. He explained, “There was a certain amount of shame at the beginning from my perspective.” I am not sure YM broke through this fear until he began receiving counselling from the publicly funded clinic.

YM struggled for years because his internal feelings did not correspond with his outward appearance. He felt that he had to fit into the mould established for him as a man. He was married, has two children, is a disciplinarian father, owns a business, and supported his family while his wife stayed at home with the children. He struggled to maintain his expected role.
Even in his counselling, he adopted roles and patterns that he was expected to fit. In the end, YM was pushed in the wrong direction by his counsellor for too long, and he decided that he would finally be truthful.

**Pervasive Discomfort.** Even after YM was finally able to tell his counsellor in a letter about his secret, he was no more comfortable talking about it. YM said, “once I gave him the letter it was extremely difficult to even talk about.” Writing was apparently helpful, but did not ease verbal communication.

Even after several years of counselling, it was difficult for YM to be completely open with his counsellor. YM said, “it was difficult for me to talk about it. Because I am a very private person. I don't like talking about anything about me.” It begs to wonder then what happened in YM’s counselling over all the previous years.

YM’s comfort eased as he told more people. After he approached his family doctor to talk about it, he found it easier to discuss. He explained, “more than one person knew about it, and more-or-less understood the situation, I felt more comfortable talking about it.”

It was not revealing his secret to only one person that made YM more comfortable talking about it. Instead after more than one person knew, YM felt more free. I did not explore the difference between YM telling his counsellor and telling his family doctor. I suspect the difference was that YM’s family doctor immediately made an appointment for YM with a specialised clinic, whereas his counsellor did not move to advance him in the transition process.
Counsellor Inexperience. An important theme YM expressed in his interview was about his frustration with his counsellor's apparent inexperience with gender dysphoria. YM complained, "he kept asking a lot of questions as if I'm teaching him something." Later YM said, "he appears to be learning as well." He felt, "it was frustrating, very frustrating."

YM was upset that his counsellor hinted his gender dysphoria might be sexually motivated. YM said, "he sort of thought there has to be a sexual thing to it." YM expressed, "I kind of wish he would have been more up-to-date on the transgender situation."

Although his counsellor was apparently inexperienced with gender dysphoria, he did seek other resources. YM explained that his counsellor was, "trying to get information." Consequently, his counsellor was aware of his lack of experience and sought the help he required. But that help did not include referring YM to the speciality clinic.

Comments

The narrative and themes YM expressed here are sometimes conflicting. YM explained that he does not feel there was space for him to open up to his counsellor. But at the same time, when his counsellor knew about his gender dysphoria, YM still did not feel comfortable talking. I am left thinking that YM may have been better served by another counsellor.

It seems that after so many years of seeing each other, YM and his counsellor constructed a pattern of interaction that did not allow for change and effective counselling. Over time, the boundaries between counsellor and client became blurred. The diffuse boundaries between YM and his counsellor may have contributed to YM's discomfort talking.
about his gender dysphoria, and his counsellor's apparent reluctance to refer YM to a more appropriate referent.
CHAPTER FIVE
DISCUSSION

The particular issues raised by the participants in their core narratives and interviews are interrelated for the most part, with some important differences. These issues have implications for practising counsellors and those who train them. In this section I discuss the important findings in this research, the implications for counsellors and social work, and finally explicate the value of this study while identifying future research possibilities. The role for social workers requires specific examination.

I was surprised by the types of issues the participants of this study presented for sex-related counselling. Recruiting the participants from a publicly funded sexual medicine clinic, I expected to have some participants with concerns such as autogynephilia, erectile problems or the common issue of premature ejaculation (Basson, 1998, 1999; Blanchard, 1991; Charlton & Brigel, 1997; Elliot, 1997a, 1997b, 1997c, 1998; Robinow, 1997; Spector & Carey, 1990). One of the pervasive themes presented by the five participants might answer this question.

Each of the five participants expressed feeling shame related to their experience of sex-related counselling. In a way, the men all “came out” about their sex-related issue. Similar to others who “come out,” the men expressed shame about admitting their concerns (Epting, Raskin & Burke, 1994). They all presented shame in different ways, but that feeling was part of each of their experiences. Their feelings of shame are reflected in their core narratives, the moves of their narratives and the other issues raised during the interviews.

The feeling of shame and its related desperation may have been what prevented men with other presenting issues from coming forward. Looking at this in a different way,
something allowed the five men who participated here to come forward. For each of the issues presented by the five participants, there are related social movements and political groups. The people facilitating and acting in these movements are working to achieve social and political acceptance, equality and pride. With each of their concerns, movements arose that provide a sense of community including social identity, membership and a feeling of interconnectedness.

The participants of this study had not been members of the social or political groups related to their presenting issues. However, they still may have benefited from the groups’ existence and actions. With these related groups receiving local, national and international recognition, the issues that the five participants present with are broadcast via television, radio and the various print media including the internet. Hearing about other people who have struggled and overcome their shame with the issues that are similar to the five participants here, may have allowed these men to feel more comfortable sharing their experiences.

BN for example explained that as a member of the cross-dressing organisation, he was able to talk with people who have similar experiences. As a result of participating in the related social organisation, BN felt more confident about seeking the help he wanted and needed. Moreover, after being a member of the social group, and working at reconstructing his social script, BN better understood what he wanted and how to achieve it.

The other issues I expected to hear about, such as premature ejaculation erectile problems and autogynephilia, tend to be more alienating (Basson, 1998, 1999; Blanchard, 1991; Robinow, 1997) and not socially accepted. They have also only recently begin to be discussed in public (Basson, 1999; Charlton & Brigel, 1997; Elliot, 1997a, 1997b, 1997c, 1998; Spector & Carey, 1990). This lack of social and political activism makes it more
difficult for men with those issues to come forward and admit to having those concerns. In the end, the men with those concerns may feel overwhelming shame related to their experiences, resulting in them not seeking the help they require, or if they do seek help, they may not want to discuss it as a participant in a study with a stranger.

The five participants here expressed shame mostly because of a feeling of their disgrace or dishonour. Each expressed a sense of dishonour and disgrace of themselves related to their presenting issues. For BN his shame was related to his feelings of being different. NG expressed shame that he sought counselling. VE expressed it as it related to both his gay feelings and experiences of sexual abuse. Similarly, QC expressed disgrace in himself for having acted on his gay desires. Finally, YM expressed disgrace that he was afraid to admit to his feelings of gender dysphoria.

This theme of shame is carried through each of their counselling experiences. The dynamics of the counselling may not have elicited shameful feelings, but still prevented smooth movement through their experience. It was the barrier they all experienced, but manifested by each in different ways. This feeling is like a hydra, each of the heads or conclusions being different, but originating from the same body or source.

Their common experience of feeling shame related to their presenting issue is seen in different ways as illustrated by their core narratives. Each of them were able to “come out” to their counsellors, but sometimes only after a long period of reflection and building urgency outside of counselling. BN sought counselling to receive confirmation about his identity, but was afraid to accept what he felt was the essentialist truth since that would make him even more different, when all along, he was only trying to fit in with the accepted world view. He was ashamed that he felt different, and tried everything he could to fit in. This is similar to
NG's experience that he knew what he had to do and look at, but he was afraid to confront, and accept his experiences. Instead, he worked hard to avoid his struggles with being gay. Side-stepping and avoiding are similar to VE's experience of hiding important parts of his history that he felt ashamed about. YM also avoided talking about his inner feelings. Instead of revealing them, he carried his feelings and was haunted by the thought of being a transsexual and the difficulty in accepting this reality.

QC sought counselling to work towards a reassurance that he was not gay, in contrast, the others sought counselling to accept difficult parts of themselves. QC on the other hand, sought counselling to reject the difficult part, and reinforce his heterosexual identity. Now I turn to the main findings of this study.

Issues
The issues presented by the participants are divided into two sections. First a discussion of the participants' personal issues associated with their sex-related counselling experiences will illustrate the most important themes: shame, barriers, urgent need and other themes. The second group of themes identified by the five participants, illustrate their experiences of their counsellors' abilities, paradigms, techniques, and apparent level of experience. I discuss the implications for practice and policy following each theme. With each of the two larger issues
Personal Issues

Shame

As presented above, the most pervasive theme identified by the participants is shame. The experience of shame, is not the same for each of the men as related to their experience of counselling. The counselling-related shame they felt was regarding: seeking counselling, being in counselling, their individual presenting issue, fear of being discovered with their secret, coming out and admitting to having a secret, and appearing weak or vulnerable to another person.

The larger social movements related to each of their presenting issues may have been what allowed them the freedom to confront this shame within themselves and both seek the counselling they required and participate in this study. While these movements help to change the social norms and reconstruct social attitudes, people both within the movements and those who are related to the movements also reconstruct their own scripts (Brooks, 1995; Brooks & Levant, 1997; Messner, 1998) for example, of what it means to be gay or transsexual. The lack of associated social movements, again, may be what prevented men with other more secretive concerns from participating here.

From what each of the participants related, this feeling of shame has prevented them from moving forward earlier. Not feeling safe, or comfortable enough to talk, or feeling so different from others that it is too difficult to accept, are tremendous barriers to overcome. This is illustrated in the participants’ ‘moves’ by their hiding and avoiding their secrets.

Standing out from the others is QC who rejected his gay feelings over his heterosexual identity. Similar to the other participants, there are social movements and political groups related to him rejecting his gay feelings. However, he did not say anything to me about being associated with those movements. Instead, I wonder what the outcome of his counselling
would have been if he sought counselling at a time when engaging in same-sex, sexual activity was not illegal or considered a mental illness.

I wonder how much influence the social construction of sexuality had on QC’s counselling experience. At the time when he sought counselling, and when his first counsellors were trained, the construction of sexuality was much more restricted than what is currently accepted. If he initially sought counselling with the present day understanding, I wonder if he would have been encouraged to accept his gay feelings as a part of his identity. For the other two participants who presented more recently with similar issues, they were encouraged to accept their gay feelings as a part of their identity.

Implications for practice and policy. Based on these different experiences, it is important to recognise the influence of social movements and legal and political ideologies on counselling experiences. A client may present for counselling, feeling shame about a personal issue, but if encouraged over time, that client may reconstruct his experience and accept and embrace what was initially shameful, irrespective of its social acceptability. Expressed another way, a client who presents with an issue that is negatively considered in the current social construct, such as polyandry\(^2\) or polygny\(^3\), may be able to reject and rework the construct to better suit their belief. This may be good or bad.

Practising counselling in a vacuum from social influences prevents the construction of identities based on contemporary thinking. Since this is impossible, it falls on the counsellor’s shoulders to consider the broader influences involved in the counselling dynamic. Adopting

\(^2\) Having multiple male sexual partners.

\(^3\) Having multiple female sexual partners.
and using social work values would help shape the counselling practice that encourages counsellors to embrace a more open view of people (Delaney, 1995; Ginsberg, 1976; O'Neil McMahon, 1996). The effective counsellor would help a client reauthor his experience and find his own answers to identity.

Helping a client find his own answer is more difficult than it sounds. With clients, such as BN, who ask to be classified, or labelled pursuant to an essentialist paradigm, it is easy to provide an opinion based on modernist structures. However, only the client will know what is right, and given the time and space for that opinion to emerge, the client will draw his own conclusions.

Barriers.
Shame was the most prevalent theme of the five men, and was integral to the counselling barriers they all described. The barriers served a dual purpose of providing both safety from difficult struggles, and the impetus to continue. The barriers the men exhibited kept them feeling safe, but at the same time, gnawed at them from inside. The barriers are, “a double-edged sword,” as VE described.

Avoiding was the most common type of barrier expressed. It allowed the men to hide from both themselves and their counsellors. The men’s ‘moves’ illustrate how they hid from themselves and their counsellor, but were eventually confronted and faced their fears. Like VE’s ‘moves’ of hiding/testing – acceptance – opening up – acceptance, he was unwilling to be open initially with his counsellors. He avoided talking about his sexual abuse experiences, but like the other participants, he could only avoid their issues for so long.
They all described a feeling of desperation or building discomfort that one day became too much to hold back. It was this strong feeling that pushed them over the edge to either seek counselling, or if already in counselling, share and confront their secret. It was with this overwhelming discomfort and its subsequent urgency that QC, for example, sought counselling. This feeling of building pressure ending in a crisis or urgency is consistent with men’s help-seeking behaviour (Blazina & Watkins, 1996; Whitaker, 1987).

While in counselling, the barriers the men described were still primarily an avoidance or resistance to looking at themselves. For instance, NG described, “zoning-out” and not recognising that he was avoiding talking about his concerns. The avoidance in counselling illustrates a resistance, not to the process, but instead, being afraid of confronting themselves and ultimately, being discovered. VE explained, that he was, “terrified of being discovered that I was really gay.” The vulnerability associated with discovery is overwhelming, but the desire to be open and truthful is even more so.

Other barriers the men described were more unique to each of them. Blaming others prevented VE from taking responsibility for his actions and his feelings. By blaming his parents, teachers and counsellors, VE was able to identify what they did not do to help his development. This experience is similar to the script of other men who avoid responsibility for their feelings and actions (Brooks, 1995; Craig, 1992). Like the script of what it means to be a man, VE did not explain what role he took in his own development.

As for anyone “coming out,” BN expressed hesitation and fear of the truth (Rust, 1993). He knew when he went to counselling the first time that being transsexual was closer to the identity he felt most comfortable with, than being a cross-dresser. His concern of the impact of being a transsexual on his social construct prevented him from moving to that level.
initially. BN's 'move' of hiding and being directed initially made it easier not to contemplate adopting his transsexual identity. However, after meeting, socialising and adopting the script of other transsexuals, BN felt more comfortable with his decision to self-identify as a transsexual.

Different from the others, QC was humiliated by his actions as a young man, and was uncomfortable thinking about them and confronting them. He explained that both with counselling, and on his own, he worked through his discomfort. But even during the interview for this study, QC was unable to relate an example of his actions that he offered to share. His discomfort and its subsequent barrier may still be holding QC back from the "perfection" he has been trying to attain. There is an apparent sense of an idealised person that QC has been working to adopt, but the difficulty he still has with his sexual desires prevents him from fully adopting that identity.

QC explained that over time and with practice, self-confrontation became easier. Like the others QC struggled with telling his counsellors his secret. But after fifty-five years of episodic counselling, he felt he was better able to explore his past experiences as he requires. Although I wonder whether it was the passage of time or QC's perseverance that has allowed him the distance he requires to explore his issues. On the other hand, he may be deceiving himself about his success of being able to effectively explore and resolve what he requires since he could not share an experience he offered. QC may only be entrenched in his beliefs and unwilling to consider alternative perspectives, like other men who find it difficult to change their constructs and are caught in their own constructed system of sex-roles (Brooks, 1995; Craig, 1992; Irvine, 1995; Messner, 1998).
The important part is that QC feels he is receiving and benefiting from the services he receives. QC explains, “I went into the office and sat in the chair, and worked through what I needed to do.” He explained that he sought counselling for specific issues and knew that he only hurt himself if he avoided his problems. That he felt he received benefit from the counselling he received is the most important experience.

I preface the last barrier for discussion by saying that there was apparently some truth to BN and YM’s feeling that they were not treated by experienced and understanding counsellors. Both BN and YM described feeling their counsellors did not work with them as experienced professionals regarding their gender dysphoria. Their ‘moves’ relate to being directed and pushed in the wrong direction by counsellors who clearly did not understand gender issues. However, from what BN and YM described, there seemed to be some projection onto their counsellors about their own discomfort of coming forward with the truth. Indeed their counsellors were inexperienced with gender dysphoria, but the level of their counsellors’ discomfort and avoidance was not apparent.

Given enough time and space, both men broke through their own avoidance and adopted the identity they felt best reflected their feelings and experiences. YM explained that after approximately seven years of counselling, with his counsellor urging him after the dissolution of his marriage to meet another woman, he could not hide anymore. “I just sat in the living-room one day in front of the computer and wrote a long letter. [Explaining] what was happening right from the beginning to date; how I felt; how I wanted to be.” YM was pushed to the edge by his counsellor’s misguided intention, and finally revealed the secret only he knew existed.
The common element of breaking through the barriers for all five men is that they expressed the need for self-responsibility because they realised that no one was going to do their counselling work for them. Taking this responsibility and moving forward was accomplished in little steps, and in their own time.

The common assessment was, “the biggest barrier was me.” In the end, they all progressed to where they felt they needed to be. As NG expressed, “you can only side-step so far.”

For some of the participants moving forward meant challenging, breaking and reauthoring their own social constructions. They were forced into counselling by their own built-up need, and held-up only by their own avoidance and fear. But for the most part they faced and reworked the constructs that shaped and sometimes limited their lives. In the end, they emerged more satisfied with their world view, how they saw themselves and how the newly developed script helped shape their experiences in the world.

This is not to say that they have achieved their desired identity goal. For example, YM and BN will likely confront more barriers in their two year minimum transition from male to female (Standards of Care, 1990). They will be in constant counselling and continue to rework their constructed identity throughout their transition. At this point, they both self-identity as transsexuals but following surgery, they may self-identify as women. During the process of transition other as-yet unrecognised barriers will be create.

If any of the men were stuck, or unwilling to go further, a push to continue forward in counselling came from inside. None of the participants expressed their experiences of this push in a social constructionist frame. Instead, they related this drive in essentialist terms. They did not express that they or their counsellors considered working at reauthoring their
scripts (Atwood, 1997; Epting, Raskin & Burke, 1994). The only social constructionist technique that was encouraged by some of the counsellors was to encourage the men to meet others who are accepting of the participants' new identity (Epting, Raskin & Burke, 1994). BN who talked most about this experience, described it as very helpful; meeting others with similar experiences.

Social constructionism offers more choice with identity formation. With a social constructivist approach, the men have the freedom to create their own model of identity instead of following and being placed in the footprints of others before them.

Implications for practice and policy. It is clear given the drive the men exhibited for seeking and maintaining counselling, that they were all there for a purpose. The challenge for the practising counsellor is how to encourage that drive and help clients break the barriers clients themselves construct. From the experiences of these men, the answer is time, space and meeting others with related experiences. The consistent message from all five participants was that it takes time for them to first, acknowledge their barriers, then more time to work through them.

Opposed to this are postmodern counselling paradigms such as solution-focused therapy that demands a maximum of twelve sessions (Molnar & deShazer, 1987, Miller, Hubble & Duncan, 1996). From the experiences of the participants here, twelve sessions is clearly insufficient. To understand this conflict better and find a resolution, requires more study into the benefits or detriments of short term versus long term counselling for issues concerning sexual identity.
Offering time as a solution to confronting barriers is not to suggest that YM’s experience of being in regular counselling for ten years with one counsellor is appropriate. Instead, it was clear that there was a reason YM did not terminate. The challenge for the practising counsellor is to work towards finding the reasons the client sought counselling, and allow the appropriate time and space to progress and develop that will best facilitate the client’s goal.

This again is easier said than done. The effective counsellor has several paradigms and tools from which to draw that can facilitate the client’s movement. These evolve over time with practice, supervision and further education. Moreover, effective counsellors will recognise their professional limits and advise a client if they lack sufficient experience with a specific presenting issue and refer to a more appropriate counsellor as needed (O’Neil McMahon, 1996).

Notwithstanding, effective counsellors will work to be aware of the barriers they bring to counselling themselves. It is not only the client who experiences fear or hesitation in counselling. Counsellors, just as clients, live by their own social constructs that may obstruct their client’s progress. Through practices such as supervision and peer reviews, an effective counsellor will continue to be aware of their own limitations that prevent counselling from progressing.

The other helpful piece for these men may be to talk with others who have similar issues. Participating in a social support network of some type would help the men break the constructs that hold them back from moving forward in counselling (Epting, Raskin & Burke, 1994; Rust, 1993). Similarly, group counselling may be helpful for these men since the other
members of a group may better confront and support someone who is experiencing something similar to their own issues (Robinson, 1986; Steinberg, 1997).

Urgent Need

During three interviews, I was struck by the urgency expressed by the men to find a counsellor. They described a feeling of desperation or crisis that lead them to seek counselling. Both VE and QC were able to arrange for counselling immediately when they felt the crisis. They secured counselling through private practice and personal connections.

BN on the other hand, was placed on a waiting list before he could have an appointment during his second try at counselling. BN explained that he needed to speak to someone immediately, and could not wait the four months before he saw someone. The desperate need BN expressed pushed him to consider seeking counselling out of the country. He was willing to drive several hours into the United States to receive experienced help, and pay for the very likely expensive help, out-of-pocket.

The three men all described how their concerns built up over time, until something pushed them over the edge. They all knew the tension was building, but only sought help when their concerns became unmanageable. Once they began to receive counselling, their crisis and desperation level fell to manageable levels. For them, just knowing that they were in counselling and working towards a resolution of their issues was enough to reduce their anxiety to manageable levels.

The men here knew they needed counselling intervention but sought it only when their issues reached crisis levels. This building up of emotion that results in an eruption of need is related to men's difficulty in seeking counselling. These men required a significant push to
seek the help they required. Needing a strong push is consistent with findings that men have difficulty seeking counselling intervention (Blazina & Watkins, 1996; Robertson & Fitzgerald, 1992; Wilcox & Forrest, 1992). As a result of not seeking intervention sooner, the men are left sometimes scrambling to manage their crisis.

**Implications for practice and policy.** There are two issues for counsellors related to the urgent need of clients sometimes being unmet. On one hand, with the trend to limit spending in healthcare, it is becoming increasingly difficult for clients to access publicly funded services immediately. Private practitioners may be the solution to this problem, but that means the clients will pay for their expenses out-of-pocket unless they have health insurance to pay those practitioners who can bill to a third party, such as an insurance company or a public funding source.

Looking back at the availability of counselling when immediate need is apparent, third party billing and waiting lists pose problems for practising social workers and their clients. Social workers who work as private practice counsellors are usually not able to bill to a third party for their services. Consequently, their clients are forced to pay out-of-pocket to receive services. Unfortunately, some clients in need are unable to pay for the services they require.

Similarly, as social workers typically rely on publicly funded agencies as their employers, and those agencies often have long waiting lists for clients to gain access to services (Obetz, Farber & Rosenstein, 1997), social workers are unable to help those in immediate need. As illustrated by the urgent need of three of the men, being placed on a waiting list was agonising. After they saw a counsellor even for one session, their anxiety and
urgency was reduced. Unfortunately, the first session may not occur for several months following initial contact with an agency.

There are several solutions to this problem. Simply giving more money to social agencies to hire more counsellors is the easiest solution, but it is flawed. Giving money broadly to agencies does not ensure it will be used to help those in immediate need.

As BN suggested, having the clients on the waiting list attend for even one session to reduce their anxiety would help (Obetz, Farber & Rosenstein, 1997). This could be similar to an in-take interview to release the tension and take a history. Once they have been seen only one time, then they may return to the waiting list until their name comes to the top. Although this solution is feasible, it may not be conducive to a high quality of continuing care. Obetz, Farber, and Rosenstein (1997) studied client anxiety and satisfaction of seeing counsellors at least once while they wait on the waiting list. They concluded that seeing a counsellor once greatly reduced the client's anxiety and urgency making it easier to wait for the rest of the waiting period.

Another half-measure solution is to enable professionally trained private practice counsellors to bill to third party organisations for those clients who have health insurance. A full measure solution would be to allow professionally trained private practice counsellors to bill both to third party insurance companies, and the same provincial medical service plans from which psychiatrists and family practice physicians who also engage in counselling draw. Indeed this opens other concerns such as ensuring the professionally trained counsellors billing to that third party are providing a high quality of mental health care. But this can be remedied by instituting a professional college for professionally trained social workers and other counsellors similar to colleges of other disciplines.
Allowing professionally trained counsellors to bill to both third party insurers and provincial medical service plans, could facilitate clients receiving the care they required. This type of plan is similar to the proposed reform by the Roeher Institute. Rioux and Crawford (1994) explain that individualised funding would result in increased effectiveness and responsiveness of services (cited in Matysiak, 1998). They refer to individuals with physical and intellectual disabilities in their report, but it may be applied to individuals with a range of needs. This plan would ensure that individuals receive the most-appropriate professional services based on their needs when they require those services, not based on an agency's waiting list.

The second large implication for policy and practice is that the mystification and stigmatisation of receiving counselling may inhibit men from seeking the required help. Not understanding how to access and recognise effective counselling is a common problem (Smith & Quinn 1985). However, not understanding and being fearful of the counselling process is something that can be remedied.

Both NG and BN were affected by this fear and misunderstanding of the process. NG expressed the fear that his friends would discover that he was seeking counselling. He explained to me that when he told one friend about seeking counselling, the friend said he was "nuts." There is no apparent solution for this problem, except helping the client to rework his social script to reduce the influence of others on his help-seeking activities.

The other issue of not understanding the counselling process can be more easily remedied. BN explained that he passed through the appropriate channels to find an experienced counsellor for his specific presenting issue. Unfortunately, he was referred to someone who had a very limited understanding of his needs.
That BN continued working with that counsellor is a testament to his need, but he was clearly under-served. I cannot be certain, but I expect that if BN better understood what counselling was about, from the beginning, he would have terminated his relationship with that counsellor and sought another consult. Instead, BN continued with the counsellor he was referred to and left after receiving some good advice, but accomplishing nothing significant.

Unfortunately, it was BN’s lack of understanding of the counselling process that prohibited him from leaving his first counsellor when it became apparent that his counsellor was inexperienced with gender issues. This could have been prevented if BN received a sort of counselling orientation before he decided what he wanted to do. An orientation would educate the client about what he can expect, and how he can ensure he receives the best quality of care for his concerns.

Other Themes
The men presented too many themes during their interviews to effectively discuss here in detail. However, I identify some important trends, including some of the solutions the men presented for overcoming their barriers.

All five of the participants explained that their counsellor was the first person with whom they shared their secret, or presenting issue. “That’s the first person in the world that I ever admitted anything to,” was the common statement. Due to feelings of shame, and embarrassment, it was very difficult for them to openly talk about their issues with their counsellors. Some of the counsellors and participants discovered helpful methods to work through and resolve their concerns.
Writing/Journalling. Writing was the most common technique the men discussed for sharing their feelings. Through writing they felt both safe to express themselves, and that they were best expressing themselves.

For me to go away and write about some of the things that were going on for me was really safe. . . . I don’t know if he ever went through it all, but I think by the sheer [act of] metaphysically [putting] it all out there, I worked through a good chunk of it. It wasn’t about [my counsellor], it was about me.

The men recognised that they did not necessarily have to verbalise their issues to their counsellor to work at resolving them.

The participants explained that sometimes they expressed themselves better when they wrote instead of talked. “I managed to explain myself better writing it down than I did speaking to him.” Hearing this from the participants is an important reason to use this technique.

A consideration for further research would be to study the effect of using this technique. This could be done with a grouped comparison with some clients using this technique, and not using it with others.

Social Networks. Another technique that was helpful for some of the men was joining a social network of accepting people or support group. “I think that by the time I talked to [my counsellor], it was easier because I had talked to several people in the group. It just got easier and easier and easier.” Joining a group with others who experience similar issues may help normalise their concerns and help them develop important skills. Brooks and Levant (1997) explain that men need to model acceptance, vulnerability and interpersonal tenderness. They
can learn these skills by participating in social networks. A group would also facilitate an
easier reconstruction of the men's social script (Epting, Raskin & Burke, 1994; Rust, 1993).

That the presenting issues for these men all have associated social and political groups,
makes it easy to find external support, at least in urban settings. To find helpful support
networks in rural or remote settings is more difficult (Cave, 1997; Ginsberg, 1976). But with
current and developing telecommunications, support networks may be established through
mediums such as the internet.

Future research may focus on the impact of social support networks in both rural in
urban settings, specific to sex-related issues. Understanding the level to which people in
urban, rural and remote areas rely on social support networks for sex-related issues would be
helpful for counsellors and clients alike. With the indication that membership in a support
group demystifies counselling, social workers and other counsellors might work to establish
more community support networks.

Again standing out from the others, QC does not readily subscribe to the dogma of the
groups associated with his presenting issue. He did not, however, express regret for not
participating in a related social support network.

I cannot help to speculate about how QC's counselling outcome would have been
different if he had sought counselling more recently. If there had existed a support network or
therapy group that encouraged acceptance of gay feelings at the time that he began his sex-
related counselling, QC's counselling outcome may have been radically different.

For men with other sex-related issues such as premature ejaculation or erectile
problems, finding social support networks may prove much more difficult. Hearing from men
with those presenting concerns would be helpful to understand how they resolve the related emotional difficulties without apparent social movements and networks.

With the movement towards group therapy (Robinson, 1986; Steinberg, 1997), clients may rework their conflicting social constructs faster and with greater ease than working alone (Epting, Raskin & Burke, 1994). Talking to others with similar presenting issues may facilitate a faster resolution of the client’s presenting and underlying concerns.

Reading. The last personal theme I will discuss here is how helpful reading and other research was for some of the men. They used reading and other research both before counselling began and while they were working with their counsellor. These techniques were used to either prepare for a counselling session, or as the catalyst for the crisis that made them seek help.

Reading helps frame an issue or collection of issues in a way that the men may not have considered. Seeing different ways to look at an issue, the men are lead to more completely understand themselves, and the concerns they have. It also may offer alternative solutions and ways of thinking, that the men had not previously considered.

The men found other helpful research tools such as the internet. This again may provide new ways of looking at and framing their experiences. Moreover, with the advent of internet chat capabilities, the men learn that they are not alone with their concerns. With the possibility of establishing international connections, they can both receive and offer support to others with similar concerns.

An interesting consideration for future research and development would be to study the impact of internet connections on support networks. Because of the ability to connect with
people from around the world for real-time text and video connections, establishing international support networks are more feasible now than ever before. In this way, people who live in rural and remote areas, with limited social networks can access supports now unlike ever before.

Counsellor Issues

The other large group of themes identified by the men, related to their experiences of their counsellors’ abilities, counselling paradigms, techniques, and apparent level of experience. Drawing from the comprehensive group of counsellors the participants worked with, there was no one theme significantly more prevalent than the others.

The range of counselling experienced by the men exemplifies many conflicting experiences by the men. For some, the counsellors provided advice, answers, and problem-solving solutions. Other counsellors provided support, positive reframing, and relief to an overwhelming problem by breaking it into smaller components. These different experiences are attributed to how the different counsellors applied their paradigms. No one paradigm appeared significantly better than another. Instead, the men talked about how they felt the counselling experience progressed based on a combination of several points: the counselling paradigm, rapport, establishment of the counselling space, and enough time to allow the issues to unfold.

From the range of experiences the men shared, there is one theme that I found disconcerting. Two of the men who presented with gender dysphoria experienced some of their counsellors’ as inexperienced with their presenting issue. The men recognised the lack of
experience on their counsellor’s part, but did not know where to go or lacked the courage to
seek other assistance.

Counsellor Inexperience

BN and YM presented to their counsellors expecting the professional to have an
understanding of their presenting issue. Instead, they both felt, “he kept asking a lot of
questions as if I’m teaching him something,” and that, “he appears to be learning as well.”

The two men found their counsellors through different means, and broached their issue
differently. BN telephoned a referral centre for private practitioners, explaining that he is a
cross-dresser, and that he wanted to talk with someone experienced in that area. YM, on the
other hand, had been seeing the same counsellor for several years before he revealed his
gender dysphoria.

When he contacted the referral centre, BN was referred to a marriage and family
therapist who had no apparent experience with cross-dressing or other gender issues. He
explained that he found the counselling he received helpful, but only because he was able to
share his secret with another person, and that the counsellor was able to talk to him about
relationship dynamics. BN has never been in an intimate relationship, and found the
counsellor’s advice “helpful.”

Clearly BN was inappropriately referred to that counsellor. However, the counsellor
continued working with BN providing the advice that BN should find a girlfriend who would
support his cross-dressing. After several sessions, BN terminated the counselling because it
was expensive and not what he expected. In retrospect, BN felt that if the counsellor had been
more experienced with gender issues, he would have begun his transitioning to female several
years ago. It is impossible to confirm BN’s conviction, but likely something would have been different if his counsellor was better suited.

After joining the social support network, BN was better able to understand and articulate what he felt he wanted. He also recognised after talking to other members of the group that, “everybody [in the group] has gone, without exception to a therapist. And they all say . . . we educate them.”

Similar to BN, YM felt that his counsellor as inexperienced with his gender issues. One difference between their experiences was that YM’s counsellor quickly began, “trying to get information from other professionals.” Instead of referring YM to a more experienced counsellor, YM’s psychiatrist acted as a resource gatherer. Although YM was excited to receive the information his counsellor collected, he was concerned about how his counsellor framed his gender dysphoria as possibly a transvestitic fetish (American Psychiatric Association, 1994).

Because both BN and YM’s counsellors were unfamiliar with their issues of gender dysphoria, the counsellors could not help the men reframe the constructs of their gender issues more positively. Counsellors unfamiliar with the issues their client’s present may only reinforce existing social and sexual scripts (Blazina & Watkins, 1996; Brooks, 1995; Brooks & Levant, 1997; Craig, 1992; Irvine, 1995; Robertson & Fitzgerald, 1996). Reinforcing stereotypical scripts does not allow for significant development. Neither BN nor YM began to positively rework their constructs until they sought help through other means, such as social support networks or group therapy with others who have similar issues.
Implications for practice and policy. These two examples relate to the different ways of working with clients when the counsellor is unfamiliar with their presenting issues. One counsellor did not concede the limits of his knowledge, and proceeded along the wrong path providing inadequate service to his client. This resulted in BN terminating counselling without fully exploring his concerns. BN reengaged in counselling after several years with a better understanding of his feelings, but only after connecting with social support groups. Clearly the counsellor could have done more for BN if he better understood gender issues; or better serviced BN if he more appropriately referred BN on to a more experienced counsellor.

On the other hand, the other counsellor was aware of his knowledge gap, and sought expert intervention, providing professional linkages for YM. Again however, the counsellor did not refer YM to those resources for help. He instead made a consultation appointment with a counsellor trained in gender issues, but did not refer YM on to that counsellor.

From these two experiences, and from the anecdotal report by BN about the other members of the cross-dressing organisation, counsellors require much more education regarding gender issues. Clearly this is an area for further follow-up research and education.

The lack of commitment regarding male sexuality may relate to the lack of training regarding sexuality for counsellors (Bauman & Sachs-Kapp, 1998; Buhrke, 1989; Glenn & Russell, 1986; Cave, 1997; Iasenza, 1989; Vance, 1991). There have been numerous calls for the inclusion of human sexuality training in counsellor education (Buhrke, 1989; Buhrke & Douce, 1991; Cave, 1997; Glenn & Russell, 1986; Iasenza, 1989; Rochlin, 1982; Vance, 1991). Although there is no mention of gender issues. Unfortunately this call seems largely unheeded. With sexuality being an important component of human identity development, the lack of sexuality training counsellors receive is disconcerting (Vance, 1991). This study is
well placed to continue learning about the impact of counsellor training about sexuality issues on their male clients who seek sex-related counselling.

Pre-Counselling Orientation

The other interesting theme identified regarding the men’s experience of their sex-related counselling is their understanding of the counselling dynamic. Some of the men explained that they first approached counselling unaware of how to proceed.

The men did not approach counselling as educated consumers, instead they were men in urgent need to speak with someone, but did not know how to progress. Their counsellors did not provide an orientation, or information about what counselling is or what to expect. This resulted in lost time in counselling while the men learned what the process was about.

Implications for practice and policy. The debate among practising counsellors about how much pretherapy orientation and education to provide to the clients at the outset of counselling is ongoing (Dauser, Hedstrom & Croteau, 1995; Lewis, Epperson & Foley, 1989). Dauser, Hedstrom and Croteau, (1995) illustrate through experimental means that pretherapy comprehensive disclosure to clients is preferred. But the conclusions are based more on attrition from therapy, not satisfaction measures. None of the men in this study received a pretherapy orientation.

Piper and Perrault (1989) reveal that the 20 studies on pretherapy training for group psychotherapy identified from 1962 to 1987 concluded that the benefit of pretherapy training is not particularly impressive. They evidenced certain immediate effects (e.g., improved attendance), but results concerning process and outcome effects are suggestive of only
potential benefits. As a whole, the advantage of pretherapy orientation is not strongly convincing. They conclude that, while the results are disappointing, the use of pretherapy orientation techniques remains worthy of clinicians' consideration.

The men here present with an urgency and desperation to receive counselling, therefore, the pretherapy orientation concern is not to prevent attrition from counselling as with some other clients. Instead safety and issue relevant experience by the counsellor is more important for these men. They have a strong drive to be in counselling, but require an alembic of safety and competent experience.

These men would have benefited from pretherapy orientation that focuses on three areas: a) pretherapy orientation designed to create a feeling of safety would have allowed them to feel more comfortable with their difficult presenting issues; b) information from the counsellor explaining the counsellor's level of experience with sex-related issues would have been helpful to determine if they were with the right counsellor; c) finally, a general discussion of the here-and-now concerns regarding how to proceed in counselling would relate a feeling that the counselling is about the client, and for the client not for the counsellor.
CHAPTER SIX
IMPLICATIONS

Social Work Role
Of the counsellors the five participants worked with, only a few were social workers. Most of the other counsellors were trained in psychiatry and psychology. Nonetheless, the experiences of these men apply to the social work field, as well as to the other related mental health disciplines.

Direct Practice
The findings here suggest that these men knew they needed counselling intervention but sought it only when the issues reached crisis levels. This is consistent with findings that men have difficulty seeking counselling (Blazina & Watkins, 1996; Robertson & Fitzgerald, 1992; Wilcox & Forrest, 1992). The challenge for the practising social worker is how to help reduce men’s anxiety of seeking counselling, and specifically seeking counselling regarding sexuality.

Considering the numerous roles social workers play in the helping professions (Compton & Galaway, 1989; Delaney, 1995; Ginsberg, 1976; O’Neil McMahon, 1996), social workers are well placed to act in the area of sex and sexuality. As advocates, social workers, both in the field and those training to work in the field, must continue to develop and call for a greater understanding and training of sex-related issues by their colleagues.

Social work will move to the forefront of sex-related assistance with improved understanding of sexuality that includes gender issues. There is clear indication that education
regarding gender is non-existent and can only be improved from what the two men who presented with gender dysphoria, and anecdotal information related. Social work is well placed to advance that understanding and improvement.

Recognising the social constructs of sexuality, social workers can work to help reduce the shame involved in seeking sex-related intervention by talking about it more. Most of the participants explained that after speaking about their sex-related issues even once reduced their anxiety enough to explore it further. But this cannot happen unless individual practitioners work for themselves to reduce the shame related to their own sexuality.

The Profession
As a profession, social workers must confront the medical model of sexuality intervention, and reframe it using a socio-political lens. As advocates for equality (Compton & Galaway, 1989; Delaney, 1995; Ginsberg, 1976; O'Neil McMahon, 1996), social workers recognise the destructive qualities of ignoring important components of peoples’ lives. Social workers must act on their commitment to improving social wellbeing by confronting constructed taboos thus continuing to reduce the fears of talking about sex.

The findings here suggest that a sense of parity with a social or political movement helped the men confront their fears of their sex-related issues, and seek the counselling intervention they required. This feeling of community membership and involvement is ideal for social work intervention. As one of the specialities of the profession is to help develop communities (Delaney, 1995; Ginsberg, 1976), and facilitate a sense of belonging; social work is ideally suited for this task with these clients.
Counsellors’ Role

Overall the men reported to have experienced satisfactory counselling regarding their sex-related issues, although there were specific concerns. The most pointed concern was the apparent inexperience of the counsellors who initially worked with the men presenting with gender dysphoria. Clearly, there is a gap in understanding of how to work with clients who present with gender issues.

In my own counselling training, there was no academic preparation or even discussion for working with gender issues. Instead, the only training regarding this issue was available in the field at a specialised clinic that was associated with a university medical and research centre.

Consequently, most counselling students receive no education regarding gender issues. The lack of focus on this population may be a result of its small size (Landen, Walinder & Lundstrom, 1996). As a result of its size, and the absence of training regarding gender issues, that population is left vulnerable with very limited, experienced counselling practice.

The prevalence of shame through all the interviews, relates to the social constructs of sexuality in our culture (Brooks, 1995; Brooks & Levant, 1997; Craig, 1992; Howard & Hollander, 1997; Irvine, 1995; Messner, 1998; Vance, 1991). Clearly the constructs created about sexuality, impact us all. The most devastating impact is with those who require interventions such as counselling to confront personal concerns.

In order to engage in counselling, these five men had to confront daunting obstacles. They were forced to confront not only the fears they created for themselves; but they also confronted other’s constructed fears of both sexuality and counselling. These obstacles, placed on them and those they constructed are challenging to overcome. That these men sought counselling illustrates the significance of their issues and their courage.
Knowing that it is a courageous client who presents for sex-related counselling, those who experience clients with such issues must be prepared to respond. Counsellors who continue to work with clients presenting with issues unfamiliar to the counsellor will only reinforce the men's social and sexual scripts (Blazina & Watkins, 1996; Brooks, 1995; Brooks & Levant, 1997; Craig, 1992; Irvine, 1995; Robertson & Fitzgerald, 1996). Reinforcement of stereotypical scripts inhibits significant development. To be ill-prepared to work with sex-related issues, or not refer appropriately undermines the effort of the men who struggled to engage in the help they require.

Several of the men relayed that once they shared their secret with one other person, it became easier for them to accept and explore in counselling. The idea that their presenting issues became easier to work with after more than one person knew, supports the need for group work. Some of the men explained that they joined groups to help them with their self-acceptance (Epting, Raskin & Burke, 1994). Therapeutic groups can be beneficial for those struggling men. In therapeutic groups, the other members can both support and confront the men's constructs sometimes better than a counsellor in individual sessions.

One of the other men came to a realisation during the interview regarding earlier, experienced intervention. He realised that if he had experienced counselling at an earlier age, then he would have been better equipped to confront his adult problems. He said, "counselling should be part of school kids regular curriculum." Perhaps if not part of the curriculum, then it may be helpful for students if they are encouraged more to seek a school guidance counsellor for adolescent struggles.
Reading and other self-help methods were described as helpful. The men who read books took an active role in their own self-reflection and were better equipped to begin recreating their social construct. Reading allowed them to confront themselves and actively develop a new self-concept.

In summary, these men related feeling shameful, hiding from themselves, creating resistance and barriers exemplifying the difficulty of coming-out and exploring their sex-related issues, at least initially. With informed and supportive counselling intervention, they were better able to begin breaking the barriers they constructed even after an initial session and continue to work through their presenting issues. With more time in counselling, these men felt better able to confront themselves and their constructs with their counsellor’s support. At the same time, creating their new socially constructed identity that better fits how they want to live.

Clearly informed and supportive counselling provides the most helpful setting for men who present with shameful sexuality issues. Over time, and as they talk with more people, their discomfort eases. Some pragmatic options to facilitate this for the men are therapy groups where men with similar presenting issues may come to help each other. Providing sex education throughout the education system may help improve the constructs adolescents develop. Moreover, encouraging experienced counselling at an earlier age may help children and adolescents develop social and sexual scripts that better correspond with their experiences.
Methodological Considerations

Conducting this study provided learning in several areas. With the relative lack of literature that discusses men's experience with seeking and receiving counselling for their sex-related issues, allowed me the freedom to explore as I felt was most appropriate. However, my understanding of the experiences of men who present with common issues such as premature ejaculation and erectile difficulties remains unsated.

Sample Population

As my goal was not to attain a representative sample of all the issues men present with for sex-related counselling, I have achieved my goal by opening the window into what it is like to be a white man with some common sex-related issues. Given more time for this study, I may have been able to open the window wider, and included other ethnic cultures and presenting issues. This study provides a foot-in-the-door for a broader exploration in the future.

Ethical Concerns

An important lesson I learned while conducting this study is to include a section in the informed consent form explaining my reporting responsibilities. I did not anticipate any issues arising that I would have a duty to report to child welfare authorities, therefore I did not include this as part of the consent process. In the future I will include a reference legal reporting requirements as a standard point on the informed consent forms.

However, I wonder if the participant would have disclosed that he was a perpetrator of sexual abuse if I had included legal reporting requirements on the informed consent form. It is an important part of the findings with that participant that he felt comfortable enough to share
his history of sexual abuse with me. If he did not share all his sexual abuse experiences, I would have heard only part of his story, and an incomplete picture.

**Interview Techniques**

The participants unanimously reported no concerns with the interview process. They all explained that it was comfortable and relaxed. They all explained that they appreciated the opportunity to participate in this study, however, they also all explained that they did not want to see the findings or the final product.

All the participants reported that the interview questions accurately sampled their sex-related counselling experiences. None of the participants felt the need to add to or change the questions. They also all reported feeling comfortable telephoning me if upon reflection they felt that there was something further they wanted to contribute.

**Transcripts/Findings**

All the participants, except one explained that they did not want to see their transcripts or findings. The one participant who asked to view his transcript, was satisfied by what he read. He explained that it accurately represented what he wanted to share. He appreciated the opportunity to review what he said, but felt that no changes were required.

A possible gap in the methodology for this study was not to include a member check as a requisite part of the process. I offered to share the findings with each of the participants for their reflection, but they all explained that they were satisfied with what they said, and that there was no need to review and augment their interviews. Most of the men did offer that if there was any further information I required from them, that I was free to contact them. Given
more time and their willingness, I would have appreciated having them review their core narratives for accuracy.

Directions for Future Research

The potential for further research in this area is significant. With a continued discussion of men's experiences about their sex-related issues, may contribute to reducing the shame that has been constructed around men's sexuality. The advantages of reducing sex-related shame are incalculable.

From this point, the direction for further research is diverse. Exploring men who present with other issues not discussed here is an important addition. This would add to the understanding of the inter-related experiences of the varied issues men experience.

Exploring both male and female counsellors' experience of working with men who present with sex-related issues is another important step. To hear from the other side, and complete the picture would allow for a more comprehensive understanding of how men's sexuality is addressed by counsellors, and experienced by their clients. This understanding would provide counselling trainers with an understanding of the gaps in education, and the obstacles both the counsellors and their male clients experience.

The other half of this study would be to explore the same issues from the perspective of female clients. Although, I wonder what impact the gender of the interviewer would play in the findings. As with this present study, replication by researchers of divergent genders would allow for a more comprehensive understanding of men's experiences.

The next step of studying female clients and their counsellors would provide an even further understanding of how sexuality and sex-related issues are addressed in counselling.
Again this would offer a more complete picture for counselling trainers to offer more sophisticated education to counsellors.

As discussed earlier, a study to understand the possibilities of internet chat capabilities providing support for people with counselling issues, including sex-related issues, would help those who lack sufficient or expert resources in their home community. Recognising that actual or peripheral membership in a social or political movement may help someone break their own barriers regarding their counselling issues; and that the advent of internet chat capabilities may contribute to one's feeling of belonging that may further facilitate someone's progress. This new type of social interaction may more readily allow someone to confront their barriers that have held them back from seeking the counselling that may help them.

A study to help understand the possibilities of internet chat support networks may enable social workers and other counsellors to assist in developing a cyber-support community for specific sex-related concerns. Establishing support networks for people who live in other countries and in rural or isolated communities, are more feasible now than ever before. To understand the extent to which it is currently being used, and gauging its possible future use would be helpful to clients and counsellors alike.
CONCLUSION

This study explored the experiences of five men who sought counselling with sex-related issues. Using social constructionism as a frame helped contextualise the men’s experiences based on social and sexual scripts and identity development. The themes identified from the five core narratives, moves of the narratives, and other themes support the current literature regarding men’s help-seeking behaviour.

Clearly the experiences of these men illustrate the constructed shame and resistance that limited their ability to seek the help they needed. They were all driven by some internal force to seek and continue in counselling, until they came out. They felt they needed to express, accept and understand what they felt was an enormous secret. The barriers they experienced were primarily self-created, however, counsellor inexperience contributed to their sometimes slow movement. The addition of sexuality issues into the understanding of men’s help-seeking behaviour provides a path for further research.

A summary of the recommendations of this study is listed in Appendix E. The recommendations I present, cover personal learning from conducting this study, counsellor education and training comments, suggestions for practising counsellors, and directions for future research. Counsellors who work with men who present with sex-related issues, those who train future counsellors, and people interested in research regarding men’s sexuality may use the recommendations to improve on the understanding of sexuality and counselling.
REFERENCES


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APPENDIX A
RECRUITMENT FLYER

THE UNIVERSITY OF BRITISH COLUMBIA

Male Participants Needed

for a study regarding men’s experiences of seeking counselling with sexuality issues.

**Can We Talk About Sex?:**
A phenomenological exploration of men seeking counselling with sexuality issues

is the title of a study being conducted by Douglas Cave, to receive a Master of Social Work degree.

**What is the purpose of this study?**
- The purpose is to learn about the experiences of men seeking counselling with sexuality issues from both client's and counsellor's perspective.

**How will the study be conducted?**
- Individual interview in a location of your choosing
- Interviews will be conducted by Douglas Cave
- The interview will be audio taped and transcribed
- Participants will be provided their own interview transcript for feedback and accuracy
- Final report will be made available to participants pursuant to their interest

**Who is invited?**
- Male clients who have sought counselling for sexuality issues
- Men of various backgrounds, ages, abilities, and religions are encouraged to participate
- Withdrawal or refusal to participate will not jeopardise your access to counselling

**Confidentiality**
- Information from each interview will be kept strictly confidential
- All identifying information will be deleted in study reports

If you are interested in participating, please contact:
APPENDIX B
INFORMED CONSENT FORM

THE UNIVERSITY OF BRITISH COLUMBIA

Informed Consent Form

Can We Talk About Sex?:
A phenomenological exploration of men seeking counselling with sexuality issues

Principal investigator
Brian O’Neill DSW
Assistant Professor
School of Social Work

University of British Columbia
Vancouver, BC
Tel: 822-2460
Fax: 822-8656

Co-Investigator
Douglas Cave MSW (cand.)
Graduate Student

Purpose:
The purpose of this study is to learn about the experiences of men who seek counselling with sexuality issues from the client’s and counsellor’s perspective.

Study Procedures:
Douglas Cave will interview me on a one-to-one basis in a location of my choosing. During this interview, I will share my experiences of seeking counselling regarding my sexuality issues.

I understand the interview will be audio taped depending on my comfort level. If I am uncomfortable with being audio taped, then Mr. Cave will write notes as a record of our
discussion. I also understand that Mr. Cave will be taking ‘field notes’ to describe the location and the atmosphere of our meeting.

I understand that I will have the opportunity to review and edit my interview transcript for accuracy and feedback.

Confidentiality:
All information from this study will be kept strictly confidential. All documents including diskettes will be identified only by code number and kept in a locked filing cabinet. Participants will not be identified by name in any reports of the completed study.

Contact:
If I have any questions or desire further information with respect to this study, I may contact Dr. Brian O’Neill or Douglas Cave at 822-2460.

If I have any concerns about my treatment or rights as a research participant I may contact the Director of Research Services at the University of British Columbia, Dr. Richard Spratley at 822-8598.

Consent:
I understand that my participation in this study is entirely voluntary and that I may refuse to participate or withdraw from the study at any time without jeopardy to myself.

I have received a copy of this consent form for my own records.

I consent to participate in this study.

______________________________    _________________________
Participant Signature                Date

______________________________    _________________________
Witness Signature                   Date
APPENDIX C
INTERVIEW GUIDE

1. How did you come to be referred to your counsellor?

2. Can you describe to me your experiences of receiving counselling related to your issues of sex or sexuality?

3. Did you experience barriers while seeking counselling?

4. How would you want your counselling experience to be different?

5. What recommendations would you have for your prospective counsellor?

6. How was this interview?

7. What could be done to improve this interview?

- Name:
- Age:
- Relationship status:
- Education:
- Occupation:
- Number of years in counselling:
APPENDIX D

PARTICIPANT REFERRAL
LIST

Family Services of Greater Vancouver
1616 W 7th.
Vancouver, BC
(604) 731-4951

Zenith Foundation
Box 46, 8415 Granville St.
Vancouver, BC, V6P 4W7
(604) 261-1695

Gay, Lesbian, Transgendered, Bisexual Community Centre
2-1170 Bute
Vancouver, BC
(604) 684-6869
1-800-566-1170
APPENDIX E
RECOMMENDATIONS
SUMMARY

1. Education regarding sex-related issues for counsellors must be included in counsellor training, and updating courses.

2. Education regarding gender issues for counsellors must be included in counsellor training, and updating courses.

3. Counsellors must encourage clients to connect with social support networks.

4. Counsellors must consider group therapy for men seeking sex-related issues.

5. Counsellors should consider a client orientation covering three areas:
   1. pretherapy orientation,
   2. presenting counsellor’s level of experience with sex-related issues,
   3. discussion of the here-and-now about how to proceed in counselling.

6. Counsellors may encourage clients to maintain a journal or write about their experiences.

7. Counsellors may encourage clients to read about their own presenting issue.

8. A goal for the counsellor may be to reduce men’s anxiety of seeking counselling, and seeking it specifically around sexuality, by better understanding men’s experiences.

9. Encourage students to seek a school guidance counsellor for adolescent struggles.

10. Include reporting requirements on the participant informed consent forms for research.

11. Conduct research about the efficacy of internet connections on support networks.

12. Conduct research about coming-out with social constructionism as the theoretical frame.

13. Conduct research about the identity development, or ‘coming out’ of transsexual individuals.

14. Conduct research to understand if solution-focused therapy would work with men struggling with sex-related issues since allowing time to pass is a solution to some of the avoidance barriers.

15. Conduct research about other presenting issues, and research conducted by people from divergent backgrounds.
16. Conduct research about counsellor’s experiences of working with men who present with sex-related issues.

17. Conduct research about women and their counsellor’s experiences of sex-related counselling.