



Gender Roles in Psychotherapy

Presentation to DBS MA2 Ethics Class

Class Overview

- The focus of the class will be to explore how **masculine and feminine gender roles** and identification (for both client and therapist) can influence the therapeutic process.
- Therapists who are aware of **their predisposed attitudes and beliefs** regarding their own sex, the gender roles they occupy, and that of their clients, will tend to better identify, assimilate and deal with related transference issues in the therapeutic relationship e.g. conflict, anger, erotic transference, power issues.
- In ethical terms, it is vital for the autonomy of the client, fidelity to the therapeutic contract, and justice in the therapeutic relationship that **differences in gender roles do not overpower or distort congruence**, empathy and mutual respect in a psychodynamic and integrative process.

The Gender issue



- *'The times are changing. Change may be occurring too quickly for some, but change is not occurring quickly enough for many women and men, limited by their gender roles to less than full lives' – Jacklin 1989*
- *'The ability to conduct psychotherapy effectively... is becoming increasingly relevant and is recognised to be important in addressing inequalities, which may also be patterned by differences in age, **gender**, class and sexual orientation'*
 - Bhui & Morgan, 2007

Definitions of Gender Roles



- **Gender roles** are behaviours, expectations, and roles defined by society as masculine or feminine, which are embodied in the behaviour of the individual (Basow, 1986) - often referred to as societal gender roles
- **Gender role socialization** is the process by which people in our culture are taught about, and adopt, gender roles
- **Gender role identity** is concerned with the degree to which a person identifies with or displays societally defined masculine or feminine behaviour (Basow 1986)
- **Gender role conflict** describes the detrimental consequences of gender roles (e.g. restrictive emotionality in males) either for the person holding them or for those associated with this person (O'Neil 1986)

Relevance to Ethics in Therapy I



- **IACP Code of Practice** describes what constitutes a professional service (2.0):
 - ‘having sensible regard for **clients’ beliefs and values**’ (1.1.1)
 - ‘diminished by factors such as **gender**, sexual orientation, disability, religion, race, ethnicity, age, national origin, party politics, social standing or class’ (1.1.2)
 - ‘conveying sensible respect for **prevailing community mores, social customs and cultural expectations**’ (1.1.3)

Relevance to Ethics in Therapy II



- **IAHIP Code of Practice** (3.3) espouses that
 - **‘Therapy not exist in social isolation.** For this reason psychotherapists’ responsibilities to the client, to themselves, to colleagues and to members of the wider community are implicit throughout its code of ethics.
 - ‘IAHIP may represent the **social and political concerns** of its members and the manner in which social issues may impact upon clients and wider culture’.

Relevance to Ethics in Therapy III



■ Beauchamp & Childress, 2009

- **Autonomy:** Promotes Maximum degree of choice for Client, but must be able to understand implications of choices and not harm others.
- **Fidelity:** Promotes faithfulness to promises made in contract, provided they have been made.
- **Justice:** Promotes the client's right to be treated with fairness.
- **Beneficence:** Promotes 'what is not of benefit should not be pursued'. Also includes working to produce general benefit to public welfare.
- **Non-Malificence:** Promotes the right of clients to be protected from harm.

Male Gender Role Socialization



- Men are socialized to be emotionally inhibited, assertive, powerful, independent, and to equate sexuality with intimacy, manliness, and self-esteem

(Gilbert, 1987)

Female Gender Role Socialization



- Women are socialized to be emotional, nurturant, and to direct their achievement through affiliation with others, particularly men

(Gilbert, 1987)

Client / Therapist Gender Role Paradigm

	Therapist (male)	Therapist (female)	
Client (male)			Client (male)
Client (female)			Client (female)

Mintz & O'Neil (1990)

Case Studies



- How would you approach this issue with a female client?
- How would you approach this issue with a male client?
- Are there any differences between each approach?
- Do you feel your gender role has influenced your approach in any way?

Male Clients & Therapy



- 'Given their socialization, men often do not seek therapy (it invokes fear for them) and, when they do, according to research, they are often fearful of disclosing, or quite unaware of their feelings' (Carlson, 1987)
- Men express less affect in therapy than do women (Maracek & Johnson, 1980)
- Evidence of in-session behaviours such as irritability and averted eye contact
- Male client interactions contained a higher percentage of 'client one-up' communication patterns & high rates of 'rapid fire' questions and answers (Heatherington & Allen 1984).
- This may reduce threats to self-esteem given the potential power imbalance in the counselling situation
- Men receive less empathy and acceptance in therapy than do women (Sheridan, 1982)

Male Gender Role Conflict (MGRC)



- Defined as a psychological state in which **socialized gender roles have negative consequences for the individual or others**. MGRC occurs when rigid, sexist, or restrictive gender roles result in restriction, devaluation, or violation of others or self (O'Neil 1982)
- 4 main aspects to MGRC:
 - Success, Power and Competition issues (SPC)
 - Restrictive Emotionality (RE)
 - Restrictive Affectionate Behaviour Between Men (RABBM)
 - Conflict Between Work and Family Relations (CBWFR)

MGRC – My Research



- MGRC was related to the experience of **failure in therapy**: sense of failure could spillover from the professional into the personal
- the experience of **strong emotions** with clients in therapy in certain circumstances could negatively impact therapists and cause or exacerbate **emotional restrictiveness**
- masculine ideology and identity could be threatened by a **fear of the feminine** and this was reflected in client preference and experience
- overall, the potential **incongruence between masculine norms and psychotherapy practice** was highlighted.

Male therapist / male client



- Restrictive Emotionality & Homophobia
- Male therapists may find it difficult to show concern and caring to male clients
- Male client may feel terrified of his warm and perhaps dependent feelings towards the therapist (Ipsaro 1986)
- Male clients may feel shame and embarrassment in revealing feelings
- Control and power issues more evident

Female therapist / male client



- Represents the most typical care-giving patterns in our culture, and a reversal of the typical power dynamics
- Male clients tend to prefer female therapist because of their association with care giving (Heppner & Gonzales 1987)
- It is also uncomfortable for men to enter therapy and abdicate a degree of power to a woman
- Power issues may be evidenced by client behaviours such as disagreement with therapist interpretations
- A female therapist who is uncomfortable with either her own authority or strong emotions in men may engage in behaviours such as content changing or fidgeting (Carlson 1987).

Female Clients & Therapy I



- Women are much more likely to seek therapy, as help-seeking and dependence are more familiar to the socialization of women than men (Collier, 1982)
- More likely to assume a subordinate role, not questioning a therapist's interpretations, and a tendency to attempt to please the therapist (Kaplan 1979)
- Female client interactions contained a higher percentage of communication patterns that were 'control neutral', i.e. less motivation to be in control or be powerful (Heatherington & Allen 1984).
- More open and affectively oriented

Female Clients & Therapy II



- Therapists tend to have fewer concerns / less therapy spillover with female than male clients (Buczek, 1981)
- Female clients more likely to perceive therapist as critical and as making remarks that decreased their self-respect (Jones & Zoppel 1982)
- Female clients receive more acceptance and empathy in therapy than do male clients (Sheridan 1982).

Male therapist / female client



- The norm in therapy until the 1970's
- Male therapists may react to female clients as sex objects (Hare-Mustin 1983)
- Male therapist more likely to adopt a one-up position / active / power-oriented stance (Heatherington & Allen 1984)
- Schwartz & Abramowitz study: when a female client was dressed up to look more physically attractive, male therapist trainees made more supportive comments than when the same clients dressed down / unattractively

Female therapist / female client



- Since the 1980's, the preference of female clients for male therapist has changed in favour of female therapists
- Incidences of subtle challenges to the role of female therapist via questions regarding age/training/experience
- Due to similar socialization, emotional intensity and empathy experienced may be heightened (Jones & Zoppel 1982)
- Including more emotional pain, anger at the therapist, discussion of difficult childhood experiences and interpersonal relationships (Jones & Zoppel 1982).
- Female clients working with feminist therapist felt safe and more understood than working with more traditional female therapists (Chambless & Wenk 1982)

Gender Aware Therapy (GAT)



- GAT is a synthesis of gender studies and feminist therapy into the principles of counselling. GAT encourages therapists to facilitate the development of women and men through exploration of their unique gender-related experiences.
- Principles
 - Non-sexist approach to therapy work
 - Consideration of the socio-cultural context of case issues ('personal is political')
 - Actively seek to change gender injustices experienced by both sexes
 - Emphasize development of collaborative egalitarian therapeutic relationships
 - Respect Clients' Freedom to choose

GAT Stages / Method



- GAT principles can be integrated into all therapies, and at similarly typical stages of therapy, placing particular focus on the influence of social forms, customs and structures on the individual's development:
- 1. Problem conceptualization
 - What aspects of gender socialization might be at play?
- 2. Therapeutic Interventions
 - Discussion, support, clarification, confrontation, interpretation, information offering, guided fantasy, experimentation, modelling, self-disclosure, family history etc
- 3. Endings
 - Male – may learn to acknowledge feelings of sadness, vulnerability, pain of saying goodbye
 - Female – opportunity to further increase sense of self-reliance and self-direction

GAT applied to Case Study A



- Female client: Neglecting to actively explore both the benefits and liabilities of sacrificing her career to assume child care responsibilities = abandoning the client to the pervasive societal pressures urging her to leave her career.
- Male Client: Therapist should not assume that a man in a dual career relationship would not want to consider being the primary caretaker of the child

GAT applied to Case Study B



- Male Client: Being in control; shame at having been overpowered;
- Female Client: shame lest she be seen as seductress or blameworthy
- Work with client to facilitate understanding of how he/she may have internalized stereotypic views of maleness/femaleness and help them to realize that as a child they couldn't be responsible for causing or preventing the act

Summary / Conclusions



- Both theory & research indicate that sex / gender roles exert an influence on how clients (& therapists) react in therapy, both positively and negatively
- Gender is complex and must be understood in its socio-cultural context
- Therapists require a good knowledge base and awareness of gender differences and roles for effective, non-sexist therapeutic practice
- Therapists need to engage in self-examination and supervision in order to avoid 'doing gender' following traditional gender ideas / interpretations in therapy (Gilbert & Scher 1999)

The future



- Move from binary descriptions / categorization of human experience i.e. masculine/feminine; maternal/paternal; homosexual/hetosexual (Maguire 2004)
- A more integrated approach which leads to an enhanced relation between the sexes and within the psychotherapeutic relationship (Maguire 2004)
- A move from male bias in mainstream theories
- Integration of gender informed counselling theories such as Gender Aware Therapy (GAT)

Resources

- *Therapy : Not a man's world A qualitative study of the influence of male gender role conflict on male therapists and their work with clients (B. Gillen 2012)*
 - Go to: <http://esource.dbs.ie/> and click on Arts Thesis & Author name
- **Maguire, M.**, (2004) *Men, women, passion and power: Gender issues in psychotherapy*
- **Good, Gilbert & Scher** (1990) Gender Aware Therapy: A Synthesis of Feminist Therapy & Knowledge about Gender in *Journal of Counselling & Development* March/April 1990 Vol 68.
- **Gilbert A., & Scher M.**, (1999) *Through the Looking Glass: Sex & Gender in Counselling Practice*

Discussion



Thank you for your time!