

Woman Therapist: Male Client



Nancy L. Carlson

Woman Therapist:

Male Client

Nancy L. Carlson

e-Book 2016 International Psychotherapy Institute

From *Handbook of Counseling and Psychotherapy with Men* by Murray Scher, Mark Stevens, Glenn Good, Gregg A. Eichenfield

Copyright © 1987 by Sage Publications, Inc.

All Rights Reserved

Created in the United States of America

Table of Contents

[Woman Therapist: Male Client](#)

[The Development of Role Identity](#)

[Resistance to Therapy](#)

[Therapeutic Issues for Males](#)

[Precipitants for Seeking Therapy](#)

[Therapeutic Process Issues](#)

[Special Problems for the Female Therapist](#)

[References](#)

Woman Therapist: Male Client

Nancy L. Carlson

An explosion in awareness of the restrictiveness of sex-role expectations for both women and men has occurred over the past few years, a change that was largely precipitated by the women's movement. As women have changed their behavior and self-perceptions through what has been a difficult and painful process, the men in their lives have felt the impact. Many have begun to listen and to examine their own behavior and their perceptions of the male role and its attendant limitations and entitlements.

One effect is a developing men's movement that has spawned some effective support groups and some men have modeled new behaviors in parenting children, in supporting women in their careers, and in relating more openly with each other. Most males, however, still remain largely uncommunicative about their needs and feelings, avoid intimacy except through sex, and remain isolated, competitive, and separate. With concerns being voiced that the world is in danger from male-dominated systems that rely on competition, aggressiveness, and power over people and nature, many men are beginning to seek therapeutic assistance for the growing uneasiness they experience in their lives.

The Development of Role Identity

Until the late 1970s the model of health for both men and women was the white, middle-class male sex role. Male identity was defined as a series of developmental stages that generally described health as independence, separation, aggression, and unemotional interaction. Conclusions about research utilizing only men as subjects were applied to women even though researchers sometimes, according to Gilligan, dropped women subjects from the studies because their responses were complicating the data (Van Gelder, 1984).

By 1978, Nancy Chodorow had suggested that the development of gender identity for males and for females was quite different and that early parent-child interaction, especially with the mother, set the stage for those differences. Female children, she found in her research, were experienced by the mother

as like her and tended to remain in this primary relationship. Attachment and separation, as a result, became the major issues of growth for daughters.

Sons, however, were experienced as different from the mother, and were pushed out (or pushed themselves out) of that relationship with a consequent identification with a distant father and a loss of empathy with the mother. Male issues of growth thus became independence and intimacy. While females know themselves through attachments, males know themselves through separation. Carol Gilligan has argued on the basis of her research on the development of moral values that women see the world in terms of connectedness and are threatened by isolation, and men see the world in terms of autonomy and are threatened by intimacy (Gilligan, 1982).

Males also, according to Jean Baker Miller (1983), often feel abandoned by their fathers, many of whom have developed no basis for the exchange of emotion with their children. Men encourage and even stimulate little boys to anger by sparring physically or verbally with them, then redirect the anger into aggressive behavior by refusing to let it be expressed directly at themselves by punishing it if that occurs. The more hurt, vulnerable, or frightened the boy, the more aggressive he may become. Disconfirmed by his father, the male thus is often unable to experience directly emotions such as fear, hurt, anger or sadness.

Resistance to Therapy

Denied the opportunity of a rich relationship with his mother and feeling emotionally abandoned by his father, the male has little choice but to become part of the membership of the larger group that is dominant in the culture. With male gender identity being based on dominance, separation, and "individuation and a more defensive firming of ego boundaries" (Chodorow, 1978, p. 166), it is unlikely that he will select therapy as a way to solve problems. Therapy threatens that identity with its inherent intimacy and relatedness, and it is often viewed therefore as feminine, something the male must "not be." The expression of vulnerability, emotional needs, pain, and confusion are the antithesis of maleness and may inspire a sense of danger in males who have been taught that to explore their emotional selves will lead to humiliation and rejection, especially by other males. This may be one of the reasons that males often prefer female therapists.

Another may be the belief that there is greater emotional safety with a woman since females are expected to be caregivers. Safety is, of course, crucial to the process of self-exploration in relationships, and it may allow the male to experience intimacy without losing his identity as a male. In a controlled situation, he can reclaim the emotional life he has been unable to live. He can drop his defensive boundaries, explore his fears, sorrows and needs, and re-experience the losses of both parents. Integrating and balancing what Jung (1959) has called the animus (male) and anima (female) parts of himself may be more possible with a female therapist because of her history of intimacy, relationships, and emotional attachment and because she is his “opposite” or counterpart, representing his own anima.

Therapeutic Issues for Males

Therapy with men is complicated by issues that are directly affected by separateness and fear of intimacy. In order to be independent the male has had to reject a relational life and he very early, as a colleague of Janet Surrey's (1983, p. 4) described, learns “not to listen, to shut out my mother's voice so that I would not be distracted from pursuing my own interests.” Any effort to reverse the process in order to learn to respond to self and others' feeling states requires a giving up of control and dominance. Such a process may require radical trust and initially inspire terror and anger, then a confrontation with his rejected feminine self, which may be unconscious and completely out of his awareness. The assumption of male entitlement is in direct conflict with the desire for intimacy in which the needs of his emotional self may be met. Such a process may be very confusing to the client and require that the therapist be firm, understanding, and patient. Since some males are more aggressive when frightened or hurt, the female therapist may find him returning to efforts to control and dominate as he struggles with his confusion about himself.

Precipitants for Seeking Therapy

Because seeking help is anathema to the male sex-role stereotype, those males who do request therapy are often in more serious difficulty than females (Kirschner, 1978; Rice, 1969). A colleague recently described working with a young man who was unable to talk about himself; he just sat there in evident pain and responded to questions by nodding or shaking his head. Eventually it became clear that he had just lost a relationship, the first one in his life beyond a deprived existence with his parents, and

he felt emotionally incapacitated. Loss or threat of loss often propels males into therapy. Since relationships, especially with females, are so crucial to the expression of any kind of emotional life for some men, the loss is devastating. He may feel emptied of any sense of emotional selfhood, connectedness, aliveness, the half of himself he has relegated to women. Any relationship loss, however, including that of a parent, child, friend, or colleague, may be traumatic. In addition, with the male's investment in work as his life, the loss of a job, college major, or career goal may have the same effect. Incidents of males losing their jobs and continuing their patterns of arising and dressing for work as usual, then returning at the usual hour at the end of the day are heard often enough. These men cannot bear to tell their families that they are out of work. Their very identity is at stake.

In periods of major life change, including divorce, death, or developmental transitions, men often experience a feeling of incompetence and lose a sense of self-worth. The extreme need to achieve and fear of failure, the excessive need to be in control (DuBois, 1978), and terror when things are not in their control make men vulnerable to seeing themselves as "wimps," weak and unable to do what they "should" do. "Masculinity," as Jung (1928) indicated, "means to know one's goal and to do what is necessary to achieve it." This accomplishment-focused lifestyle for men often leaves them susceptible to a collapse of self-esteem when it is based rigidly on external expectations rather than internal flexibility and self-knowledge through relationship to others.

Some men seek therapy because their friends, spouses, or lovers have threatened to leave them unless they begin to change their behavior. Unable to share their dilemma with friends and unable to change through force of will, they accept therapy as a last resort in hopes of averting the loss. A number of young college males on one campus recently requested help for themselves to avoid hitting their girlfriends after being told that if it happened again their girlfriends would leave. Each of the males had been raised in a home where their fathers felt free to hit their mothers to assure control and these young males were experiencing frustration with their girlfriends' demand for equality, respect, and freedom in the relationship.

Sometimes the development of intimacy in a new or continuing relationship is so threatening that it drives the male into therapy. The conflict experienced in desiring the closeness and fearing it precipitates confusion and avoidance of the very person to whom he is attracted. As difficult as it may be

if the person is female, the problem is confounded much more by another male, as fears of homosexuality may surface and overwhelm him. Males have received strong societal sanctions for experiencing intimacy only through sex and only with women, and when the desire for emotional intimacy that goes beyond sex surfaces in a relationship, males often assume that sex and intimacy are the same. There are few models from which males can learn to differentiate the two. Fears of homosexuality may occur for the male with either gender when the desire for closeness is felt, as the lack of a wish for sex with a female in a situation of intimacy may be interpreted by him to mean that he must prefer men. Therapy may be one of the best ways to explore and resolve that fear, and to clarify the meanings of both sex and intimacy for the male client.

Therapeutic Process Issues

With male development being grounded in separation there is very little preparation for the first stage of adulthood defined by Erikson as intimacy (1968). His charting of life cycle stages of development holds that identity precedes intimacy, a process that is different for women in that it may be either fused or reversed (Gilligan, 1979). Male identity development presumes individuation and independence, and for males who are confronting the issue of intimacy through attachment to another person, there may be a feeling of a loss of self, a feeling of being smothered as the rigid "boundary between self and world" (Levinson, 1978) lessens, and he becomes threatened by the experience of engulfment. Since males often identify this experience with females, the female therapist may find that he is projecting onto her the feminine side of himself, so long denied and often so primitive and frightening to him. (It will, of course, be important for her to understand that his projections are his and not descriptive of her as she patiently works through these unfamiliar and suppressed feelings of his.) What a man needs to learn in this process is that he can become intimate with another human being without losing his self and without being engulfed. In the safety of the structured therapeutic setting, with its clear limits and boundaries, it becomes possible to try out this feeling side of self with someone who understands the struggle from her greater experience with intimacy. Once he lets go of the control he has had to utilize to protect himself from his own needs, he may re-experience his hurt and anger with both parents and release himself and them from that burden. He may also re-experience those feelings about other losses in his life. Then he can move on to adulthood with its attendant intimacies and struggles as a more whole person, not so

dependent on the rules for being a man.

In the therapeutic relationship there is a sharing of the self with another person who does not violate that self. There is, therefore, an opportunity to experience one's deepest fears, hopes, hates, joys, sorrows, and loves. For example, one male client feared that chaos would reign in his life if he let go of the control he felt he had to use to handle life and another feared that he was not worthy as a human being. Still another felt he was incompetent as a person. All felt vulnerable to the desire to be dependent on someone who cared for them, and loved them for who they were, not what they did.

As a male experiences these conflicts and enters a therapeutic relationship with a woman therapist he is likely to want early assurances of his worth. He may be wanting to test his capacity to control the interaction and ensure protection from his own fears. He may become disappointed or angry if he does not receive easy assurance from a woman who understands that shoring up rigid defenses in that manner will only serve to support the sex-role stereotype that is so destructive. In addition, if he controls the interaction, he may in effect sabotage his own growth and undermine the therapist's attempts to be helpful.

These power dynamics in the relationship of the male client with a female counselor appear early and demand recognition if there is to be resolution during the process. For a male to enter therapy and abdicate power to a woman, with whom he is usually expected to be dominant, is very stressful (Downing, 1981)—that is, unless he is experiencing extreme emotional discomfort, at which time alleviating the pain is his primary concern. The power dynamics may become an issue, however, as the pain diminishes. The power issues tend to dissipate with an explanation that he is in charge of defining the direction of the therapy and for educating the therapist about who he is. Once one client heard that from his therapist, he stopped disagreeing with every interpretation she offered and began to express his concerns about his pattern of problems. Her responsibility is to work with him on these issues, including those revolving around power and control, and to assist him toward creating a more rewarding life. A collaborative relationship is one of equals working together toward a mutual goal, and developing a relationship of collaboration and trust usually involves identifying issues of power so that they do not block the process.

There may also be an expectation on the part of the male client that the female therapist will defer to his perceptions of the situation rather than to question them or consider alternative views. Deference to male thinking, as inexperienced female therapists often discover, precipitates neither movement for the client nor a sense of competence in the therapist. The reinforcement of the sex-role stereotype for both people diminishes the potential for developing a rewarding relationship that produces a commitment to his personal growth and change. The tendency to avoid problems by behaving as one always has as a way to avoid painful confrontation with one's self is what brings people to therapy. Necessary to changing that process is learning how to experience what Peck (1978) calls "legitimate suffering" that results from dealing with problems. Acceptance and support, which are essential on the part of the therapist, produce little change without confrontation. To alter any behavior pattern that is self-destructive requires exposing that pattern in a clear, direct, and caring way. It also requires trusting the client's courage and resources for dealing with the pain of recognition of the behavior and the consequences of it for himself and others.

One therapist found that it was not uncommon for males to tell her that she did not know what she was talking about when she said she sensed fear in them in the first few sessions. They would reassure her that they were not afraid of her, only concerned about getting a change accomplished soon. One male said he wasn't sure he could trust her to care about him without involvement outside the office, something she felt was a control issue. She explained why that was not possible. Then he began to share his grief over an impending divorce. She knew he needed the security of clear limits on the relationship with her in order to feel he could be vulnerable. He became anxious again when she explored the depth of the grief with him and often tried to intellectualize it, blaming his wife for not caring and himself for not seeing the divorce coming. Eventually the anxiety became overwhelming and he was unable to sit still. He paced the office until she suggested that he was afraid of being understood at a deep level. He angrily said yes and sat down, realizing how little he had been understood and known for who he was, how much he had missed all his life. Then he cried and told her that his family had always expected him as the only male to take care of them, to be strong and successful, and the provider of advice and action when they were in difficulty. He was never able to receive or be vulnerable because he had to be strong for them; even his wife did not know who he was. The therapist gently suggested that now he could begin to be himself and allow others to take care of him at times. He angrily said he didn't know if he

could do that, and she proposed that he would be withholding a gift, that others wanted to take care of him but did not believe he would let them. He relaxed and said he would try.

The male client may not be prepared initially for confrontation from a woman and may become aggressive, defensive, or even threatening, sometimes even terminating therapy. Men often accuse women of being “castrating bitches” when they feel angry at being confronted with something that is painful or feels in some way attacking. Firmness in clarifying what the therapist has observed without judging him negatively and without becoming in turn defensive or hurt by his anger is most often helpful. In addition, the therapist may need to indicate that she understands his pain and that such labels do not apply to her. Remaining centered, consistent, and non-defensive in the face of his aggressiveness is often crucial to his developing trust for her and a commitment to his own therapy.

Defenses that limit the man’s capacity to be naturally spontaneous and expressive need to be pointed out and recognized as limiting. While he may refuse to lend any credibility to her interpretation of his defenses, refuse to focus on his feelings, accuse her of being angry at all men, and suggest that she is not meeting his needs nor is she a good therapist, he will still need tact, patience, persistence, and sensitivity from her to move beyond them. As he recognizes these as defenses that are destructive to living a full life, he will gradually give them up and replace them with more healthy and productive behaviors.

Once he begins to see that he has a trustworthy, sensitive, direct and firm collaborator in his therapist, the fear of being out of control and no longer dominant will begin to diminish. He may then begin to experience a desire to be dependent on her, which in turn often produces a fear of dependency as well as a fear of eventual loss of the therapist. Becoming vulnerable to the child subpersonality in himself, which fears being hurt or abandoned by anyone he is beginning to trust and need, and admitting it can be a profound threat for a male who has been separate all his life. Such a crisis sometimes results in sudden termination, renewed efforts to control the interaction, or a sabotaging of the therapy in any number of ways. It is important that the woman therapist recognize both his need and his fear of it and invite him to approach it slowly while she reassures him of her commitment to continue to work with him. He is at his most vulnerable at that time and will instantly move to protect himself if she is not clear and sensitive to it. His greatest fears will be projected onto her then, and she will need to clarify for him

the differences between his projections, which are reflections of his own rejected feminine side, and herself.

A male client indicated to his therapist not long ago that he was afraid to continue in counseling because he was becoming frightened of being dependent and feared that he would be judged as weak. When he was assured that he was seen as quite courageous he visibly relaxed and did not mention it again. He, of course, had judged himself as weak, and his fear inhibited his natural expression of need.

As the male client becomes more able to experience his emotions, including those that are painful and associated with his early life and its attendant disappointments, he may continue to need encouragement to share them. Since he may have few skills at expressing feelings, he will require a very sensitive and perceptive confidante who is unafraid of strong emotions. The issues of dependency, need, and sexual attraction between the client and therapist will then have to be talked about. Encouraging the male client to differentiate sex from intimacy by expressing emotional attractions and intimate thoughts and feelings in words, rather than through sexual contact, presents another kind of threat to a man who expresses himself through action. A man who is at ease in making sexual overtures may feel quite inept and embarrassed at speaking about his fear of surrendering control or his need to be cared for. The therapist will need to be comfortable with both her sexuality and being desired by the client so that she can explore the sexual feelings between them *without ever acting on them*. Safety is essential in therapy for the person to grow, and safety from sexual activity helps to assure moving toward healthy intimacy in other relationships. The development of, and expression of, intimacy in therapy may move the male to adulthood and wholeness, and it may also release the man to own the feminine side of himself for greater balance.

Sharing deep emotions may also permit him to see his separateness, the denial of his needs, his inability to express feelings, and his sense of shame for his vulnerabilities as uncaring of himself and limiting of his ability to give and receive love in his relationships. He may learn to stop evaluating himself so harshly and begin to drop some of the assumptions that he has held about himself and others in favor of new ones that are more empathic. Each of the values he gives up will of course precipitate a period of grieving until he can accept the loss and replace it with a value that is more rewarding and offers him a more positive and deeper sense of self.

As he moves toward the termination of his therapy he may once again begin to experience discomfort, this time with separation from the therapist. Leaving an intimate relationship is painful, and he may try to do it abruptly, thus aborting what some have called the most important part of the process. If aborted, sharing the sadness, appreciating the process, and building anticipation for a healthier life leaves both people with a sense of being unfulfilled, unfinished. To share saying goodbye with an honest expression of feelings about what the relationship means to both is crucial to completing the therapeutic relationship. Then the separation can be complete and fulfilled, and he can move on to assimilate his growth into a healthier life with others.

Special Problems for the Female Therapist

Therapists cannot move clients past the point where they are in their development. The female therapist therefore, has an obligation to grow beyond the sex role that traps women into limiting behavior that in turn does not challenge the male client and presumes a power imbalance in his favor and a caregiver role for her. One of the earliest learnings for one inexperienced therapist was to let a male client cry. Neither counselor or client had been willing for him to be vulnerable despite his need to be. Once her male supervisor said, "Let him cry," she had permission to challenge him, and he took the opportunity to express feelings he had denied for years. It released him from a great deal of tension and allowed for unanticipated change. Caregiving in that situation was protecting him from his own freedom. Subsequently, the female therapist may need to learn many times to use the power she has as a therapist and woman to free clients from constrictions rather than to collude with maintaining them. Therapists must move beyond limiting sex roles in order for their clients to do so.

Female therapists, like a large percentage of females in this culture, have experienced mistreatment by males because of the power imbalance. The abuse could be in the form of harassment or job discrimination or incest or rape, and if not explored and resolved could have an unconscious effect on the male client. Awareness of one's anger and hurt over previous abuses is crucial in assuring that a male client is not in turn abused for the "sins" of other men. The vulnerable male client cannot be forced to suffer for something he did not do.

Since women have not been offered much opportunity to participate in male-male interactions, it

may be difficult to understand male competition and threat, male bonding, and male friendship (which is very different from female friendships), and women will have to spend time learning from their clients what that experience is like without judging it. It is important both for appreciating the man's life experience and for recognizing the anima in herself so that she does not project what may be her own suppressed masculine side on her client.

Depending on its nature, attraction to a male client may present a difficult problem for a woman therapist. If it is toward the male as a son, she may have a tendency to be a mother-caregiver who does not challenge him to grow in significant ways. If it is toward the man as a lover, she may be unable to see him realistically and may precipitate a strong transference by being more unconsciously seductive than consciously helpful. If it is toward the man as a father, she may relate to him as an authority and support a power imbalance by either deferring to him or fighting him. Either deferring or fighting undermines the equality required for his growth in therapy. As attractions are often projections, they need to be recognized and dealt with so that genuine attractiveness of two human beings working in collaboration for the growth of the client is accomplished. Caring for a client and seeing him for who he is provides the greatest opportunity for that growth.

Repulsion for a male client may be the experience of some therapists and such a feeling needs recognition before it has a negative effect on the client. Continuing to work with any client one does not like is neither ethical nor humane. An honest disclosure regarding the therapist's inability to provide what the client may need and suggesting an appropriate referral may be the best service the client can receive. This may occur when a female therapist who has been abused is asked for example to work with a rapist, or she may be offended when asked to work with someone who seems to be a bigot, racist, or sexist. She may be frightened to work with someone who is extremely aggressive, in which case the referral should be immediate. Fear of a client prevents any real possibility of openness and understanding.

All therapists who are able to be gentle and strong, open and aware, grow because of the relationships with their clients. As clients change they have an impact on their change agents as therapists allow themselves to be deeply involved in what Seguin (1965) calls the "psychotherapeutic Eros," the unique and unconditioned love a therapist has for a client, the love that frees another human

being to love.

It is an unselfish and undemanding gift to free a man from hiding, disguising, denying, and avoiding his feelings because of an expectation of rejection by both other males, where his self-esteem is at stake, and females, where his dominance is at stake. No less can be given in a world where time appears to be short and fears for our collective future are great. Women therapists who have the opportunity to work with male clients must accept the full responsibility for helping to create a different consciousness of life, one where balance is achieved.

McClelland, (1975, p. 96), found that the characteristic of the power motivation of the mature feminine style was that of "independence, building up resources, and giving." When this is added to an achievement-oriented masculine style in one person, a perspective is possible that is not inherent in either alone. To do this effectively the female therapist must become balanced herself. She must have experienced difficult separations in her life that resulted in individuation and firmer ego boundaries and an integration of risk taking and power into her sense of self. She must be more comfortable with her own anima, her power to confront and create, to change inside and to affect the world. Assuming an emotional, physical, and spiritual responsibility for ourselves and each other may be essential to our survival. Flexibility and personal strength arising from interdependence and the realization of a connectedness to all of life are the building blocks for both men and women to assure an individual and collective future for this earth.

References

- Chodorow, N. (1978). *The reproduction of mothering*. Berkeley: University of California Press.
- Downing, N. (1981, March). *Counseling men: Issues for female counselors*. Paper presented at the American College Personnel Association Convention, Cincinnati, OH.
- DuBois, T. (1978). Male therapists' fears of the feminist movement. *Social Change, 8*, 1-3.
- Erikson, R. (1968). *Identity, youth and crisis*. New York: W. W. Norton.
- Gilligan, C. (1982). *In a different voice*. Cambridge, MA: Harvard University Press.
- Jung, C. G. (1928). *Contributions to analytical psychology*. London: Routledge & Kegan Paul.

Jung, C. G. (1959). *Aion*. London: Routledge & Kegan Paul.

Kirschner, L. A. (1978). Effects of gender on psychotherapy. *Comprehensive Psychiatry*, 19, 79-82.

Levinson, D. (1978). *The seasons of a man's life*. New York: Knopf.

McClelland, D. (1975). *Power: The inner experience*. New York: Irvington.

Miller, J. B. (1983). *The construction of anger in men and women*. Work in progress (No. 83-01). Wellesley, MA: Stone Center.

Peck, S. (1978). *The road less traveled*. New York: Simon & Schuster.

Rice, D. G. (1969). Patient sex differences and selection for individual therapy. *Journal of Nervous and Mental Disease*, 148, 124-133.

Seguin, C. A. (1965). *Love and psychotherapy*. New York: Libra.

Surrey, J. (1983, November). *Self in relation: A theory of women's development*. Paper presented at the Stone Center Colloquium Series, Wellesley, MA.

Van Gelder, L. (1984, January). Carol Gilligan: *Leader for a Different Kind of Future*, pp. 37-40.