GENDER IN THE THERAPY HOUR

Voices of Female Clinicians Working with Men

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CHAPTER 1

Women Working With Men

Challenges and Opportunities

HOLLY BARLOW SWEET

WHY SHOULD FEMALE THERAPISTS CARE ABOUT MEN’S ISSUES?

Projections made on future enrollments in counseling and clinical psychology noted the fact that fewer and fewer men have been entering clinical fields. Oren and Oren (2009) found that men currently make up only 21% of graduate students in psychology, whereas 25 years ago they used to constitute 50% of that population. In a survey done by Psychology Today and a major health maintenance organization in 2004 on the gender of people in psychological treatment (Psychology Today, 2004), 37% of the total number of patients surveyed were male. When those sets of statistics are combined, it seems plausible that future clinicians are likely to be female rather than male and working with populations that will include a substantial number of men.

Although there has been a significant increase in interest in men’s studies since the early 1990s, there has been a lag in the incorporation
of materials about men’s issues in counseling programs. Few academic programs currently incorporate classes on the psychology of men into their curriculum. In a survey of 52 doctoral programs in counseling psychology (Mellinger & Liu, 2006), only 17% of these programs had any classes in the psychology of men available to students. The books that do exist in reading lists on the psychology of men are almost exclusively written by male authors and do not address the needs or experiences of female clinicians who are working or will be working with men. As a result, most women go through an education in psychology without ever having studied men’s issues from either a theoretical or a clinical perspective, yet many will end up working with men in their counseling careers.

The result of this lack of knowledge may have negative consequences for both female and male clinicians and their male clients. Traditional talk therapy in general is a more female-oriented activity because of its focus on interpersonal connection, vulnerability, and emotional expression (Sweet, 2006). This focus can conflict with traditional male norms of autonomy, toughness, and emotional restriction. Male clinicians may understand those norms more directly from their own socialization and may be better able to relate to a style that might focus more on action, structure, and clear goals. Female clinicians, on the other hand, may not directly understand how powerful those norms may be because their own socialization and life experience may be quite different. Women are typically socialized to be connected and emotionally expressive. Therapy is also an intimate activity in which the client talks about personal and often emotional matters in secret behind a closed door. Such intimacy can have erotic overtones on the part of the male client as well as the female therapist.

Erickson (1993) noted the importance of female therapists taking a look at their own histories to make sure that they are not operating out of negative countertransference and to examine the value of having more information about men’s issues to better understand the male experience. For female therapists not familiar with the literature on covert depression in men, depression in their male clients may go undetected and hence untreated. Untreated depressed men may then start or continue self-medicating themselves with alcohol, drugs, or overwork or harming themselves or others (Cochran & Rabinowitz, 2000; Real, 1997). For those who do not understand the dynamics of male socialization, in which sadness may be expressed as anger or irritability, working with angry men can be challenging. It can create countertransference reactions and projections in the therapist that inhibit both positive regard for the client and the ability to create a safe place for the man to express his feelings (Erickson, 1993). Female therapists who do not understand the ways men have learned to inhibit themselves verbally and emotionally to live up to “being a man” may be impatient with men who have difficulty accessing and articulating their feelings in therapy.
Female clinicians who are informed about the range of issues facing them in treating male clients and are more knowledgeable about how other female clinicians have approached their work with men will be better able to help their male clients. In addition, knowledge of men’s issues can aid therapists in helping their female clients understand the motivations and behavior of the men they care about, including fathers, husbands, brothers, sons, friends, and colleagues. This is the “trickle-down” effect of therapy: What clients learn in therapy can potentially benefit those with whom the clients are in contact. For example, if Jane understands more about how her husband’s behavior (social withdrawal, anger, or workaholism) may indicate an underlying untreated depression, she may be better able to deal with her husband in a less-defensive, more empathic way and support him in getting help. If Susan has a highly critical father, helping her learn about rigid male norms of achievement might aid her in not internalizing his negative assessments as much.

A BRIEF REVIEW OF MALE AND FEMALE NORMS IN AMERICAN CULTURE

Levant and Kopecky (1995) identified seven key norms in their book *Masculinity Reconstructed*: restricted emotionality, emphasis on the importance of strength and aggression, sex disconnected from intimacy (nonrelational sex), self-reliance, avoidance of femininity, pursuit of achievement and status, and homophobia. David and Brannon (1976), some of the first authors to explore men’s roles, came up with one meta-norm for men that they called “no sissy stuff.” In other words, above all, men should never act, think, dress, feel, talk, or look like women. Pollack (1998) talked about the boy code and how these roles, especially the role of no sissy stuff, are socialized in boys from early on in formidable ways. Men growing up in our culture are trained to see male role models as tough, independent, sexually active, successful professionally, and never expressing vulnerable feelings. Without perspective or alternatives in sight, many men come to see themselves as weak, wimpy, or a sissy if they do not follow normative male behavior.

Traditional male norms are not necessarily bad, especially in the workplace. Certainly, strength, self-control, self-reliance, and the pursuit of achievement and status can be positive traits that both women and men might wish to cultivate. However, rigid adherence to these roles can be problematic, especially in interpersonal relationships in which another set of skills is needed, such as the ability to be connected, nurturing, receptive, interdependent, and emotionally expressive. Other norms can be directly damaging in and of themselves. These norms include restricted emotionality, avoidance of femininity, homophobia, and nonrelational sex. What compounds the problem is the excessive emphasis on the positive sides of these norms while not seeing their
drawbacks. It then becomes even harder for men to engage in behavior that counters male norms, especially in the area of showing need for others and expressing vulnerable feelings. For a man, even talking about one’s problems can be seen as a sign of weakness and lack of masculinity.

In contrast, traditional female norms are centered on being emotionally open and connected to others. In a textbook on the psychology of women (Hyde, 2007), mention is made of a survey done by Spence and Buckner (2000) in which a sample of Americans believed that female characteristics include being warm, gentle, understanding, devoted to others, helpful to others, aware of others’ feelings, and emotional (p. 87). Hyde discusses the strong and persistent socialization influences behind these traits and says that “gender socialization shapes emotions, beginning with parental socialization from infancy… girls and women are more facially expressive of emotion and talk about emotions more than boys and men do” (p. 190). In another updated textbook on the psychology of women (Matlin, 2012), a summary of research on women’s communication patterns shows that women are more likely than men to gaze more at their conversational partners, smile more than men, and are generally more accurate than men in decoding nonverbal messages that other people send (pp. 186–187). Girls are also more likely than boys to self-disclose to their friends (p. 196).

Being open, connected, and self-disclosing as a therapist is probably beneficial to many male clients for whom this style might help establish a strong therapeutic alliance and make them feel more cared for in the therapy hour. However, this style can also lead to miscommunication and confused expectations for men who adhere more rigidly to traditional male norms. The “traditional” male client may misinterpret a female’s style of connectedness (smiling, gazing directly at him, etc.) as sexual in nature. Too much openness and emphasis on emotions might be unsettling for a man who has been taught that his emotions are to be kept inside at all costs. Asking a man to speak intimately about his life in weekly sessions with a person who is there to help him might make him uneasy since it goes against the stereotype of the independent “Marlboro Man” who relies on himself and doesn’t really need others. Given the difference in gender norms and in the experience of growing up male or female in American culture, it is important that female clinicians learn about the socialization of men and how male norms might affect their male clients. In addition, female therapists need to learn about their own expectations and biases about what a “good” client should do in therapy and how therapy should be conducted. If therapy is practiced according to norms that are largely female, then therapy can end up feeling unfamiliar (or even threatening) to many men. It is no wonder, therefore, that the average man might not be inclined to think of therapy as his first line of defense against anxiety, depression, or other mental health issues.

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MAKING THERAPY MORE MALE FRIENDLY

Increasing attention has been paid since the beginning of the twenty-first century to the consequences of male norms for how men perceive and utilize psychotherapy. Prominent researchers in the field of men and psychotherapy (Addis & Mahalik, 2003; Good, Thomson, & Braithwaite, 2005; Mahalik, Good, & Englar-Carlson, 2003; Rochlen & Hoyer, 2005) have written about the restrictions caused by male norms to men’s help-seeking behavior. These norms include (a) being stoic in the face of personal difficulties; (b) not showing feelings; (c) striving to be independent; and (d) not relying on others. These norms have generally been seen in our culture as positive traits for a “real” man: an independent, action-oriented person with a stiff upper lip who does not have to rely on anyone and never asks for (or even appears to need) help. How often have you heard the expression “man up” as a way of saying, tough it out, or “crying is for sissies”? An ad appeared recently on television that showed a male therapist making fun of a male client who is trying to express his tender feelings. “You’re in namby-pamby land,” says the therapist, “What a wimp you are!” It is supposed to be funny since it was a take-off on a drill sergeant as therapist. However, it represents a commonly held view that real men do not cry, and that men should take care of their personal problems by themselves. If they cry or ask for help, they are seen as wimps or wusses, “girlie” men, men who are not to be respected or valued.

Where does this leave the average guy who needs some help in dealing with his emotions or situations that are difficult for him? Many men probably do not even go to therapy when they have issues. Instead, they may withdraw from others, get angry or irritable, turn to substances such as alcohol or drugs for relief, act out sexually, become workaholics, or turn violent with themselves or others. For those who try therapy (often at the insistence of a spouse or boss), it means confronting those barriers to therapy and still being able to see themselves as manly. If therapy is not male user friendly (i.e., done by a therapist who is not sensitive to men’s issues or someone who does not really like men or is angry with or afraid of men), it can actually do more harm than good. Men who are shamed, blamed, or not listened to in therapy are not likely to come back. They may even share their negative experiences of therapy, discouraging others from seeking help.

Mark Kiselica (2011) suggests that we make therapy more accessible to boys and men by changing the focus of how we view male clients as well as the style of therapy we use with them. He appreciates the new psychology of men that looks at the social construction of masculinity and has raised awareness among both professionals and the general public about the influence of masculinity on male attitudes and behavior. However, he has concerns about viewing masculinity currently in a more negative light and states that

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the tendency of the new psychology of men to emphasize male pathology has resulted in a comparative neglect of male strengths and the good things that boys and men do. As a result of overlooking these strengths, psychologists have a tendency to view males as being damaged victims of flawed development. . . . Embracing this type of deficit model fosters the mind-set that boys and men are defective and damaged, that they need to be fixed, and that they are at fault for the problems they bring to therapy. (pp. 132–133)

He indicates we need to develop a new focus on the way we counsel boys and men that he calls “male-friendly” therapy (Kiselica, 2005) or “male-sensitive” counseling (Kiselica, 2003). He addresses how to make therapy more user friendly for boys and men, including how to attract males into therapy and how to make the actual therapy process more directly applicable to their specific needs and style.

Other authors in the field of men and therapy have reiterated the value of practicing male-friendly therapy in a variety of counseling approaches. Wexler (Men in Therapy, 2009) mentions the roadblocks to men entering therapy, including the stigma of counseling (i.e., you must be sick to see a therapist) and the fear of being changed against one’s will, not being understood, and being confused about what the whole process is all about. Wexler gives some excellent practical suggestions in his book about how to work with these roadblocks, including using guy talk, making it clear how a man can benefit from therapy, respecting resistance and the male style of relating, using self-disclosure, giving empathic responses when the client tries new behavior, setting a pace that works for the client, and advertising therapy as having specific skill-based tasks. Brooks (Beyond the Crisis of Masculinity, 2010) also focuses on the value of cognitive and behavioral therapy (CBT) for men. He indicates that the key points of CBT (here-and-now focus, action oriented, less emphasis on emotional expression, psychoeducational style, skill building, and control of client over process) may work better with a man, especially with traditional men who tend to be less comfortable in a female-style therapy world of feelings, reliance on others, and intimacy.

Pollack (2005) highlights how psychodynamic therapy can help men acknowledge the issues of grief and loss in an empathic way by highlighting the emotional wounding and trauma common in male development. Rabinowitz and Cochran (2002) use a more active style that goes beyond just talking with their clients and say that “experiential interventions that allow a man active expression of his feelings and behavior enhance the therapy process and work well in combination with traditional psychotherapeutic strategies” (p. 4). There are many other approaches (including feminist therapy, interpersonal therapy, couples counseling, and group therapy) that can be used effectively if the clinicians employing those approaches are sensitive to men’s issues and styles.

Despite some of the negative aspects (e.g., emotional restriction) of traditional male norms for a therapeutic relationship, there are also
many positive aspects of male norms that should be acknowledged if possible. Kiselica and Englar-Carlson (2010) outline a positive psychology/positive masculinity model of psychotherapy with boys and men. They describe this model as drawing from the emerging literature on the psychology of human strength and see it as

a model of boys, men and masculinity that accentuates noble aspects of masculinity, including the following: male relational styles; male ways of caring; generative fatherhood, male self-reliance; the worker-provider tradition of men; male courage, daring, and risk-taking; the group orientation of boys and men; fraternal humanitarian service; male forms of humor; and male heroism. (p. 277)

The open acknowledgment of and respect for a man’s strengths, in fact, may be the crucial building block of a positive therapeutic alliance between client and clinician. As female clinicians, we must be particularly sensitive to the degree to which these traits need to be openly acknowledged and appreciated since we do not always share or value the same traits or may choose to focus on the negative consequences of those traits for men entering therapy.

In considering working with men, it is important to learn how to meet the male client where he is instead of expecting him to adjust to our way of doing things. This may involve learning new techniques and approaches and moving us out of our comfort zone in terms of how we work. How and why men start therapy, what they find useful in the sessions, and when they decide to leave may be quite different from female clients with whom we have worked. Female clients tend to bring themselves into therapy on their own, whereas many men may come to therapy reluctantly and often at the insistence of others. Female clients are usually more comfortable with the emphasis on feelings and relationships; men may find this threatening or difficult to do. Female clients may better fit the model of the standard therapy flow (i.e., weekly sessions for a prolonged period of time), whereas men may come and go on a more intermittent schedule. Simply put, what we learned in graduate school and subsequent training may not work well for male clients.

Although the focus of this book is on ways to better serve male clients, our female clients can benefit as well. Better understanding the implications of rigid male norms for interpersonal relationships can help women deal more effectively with men in their lives. Men who are in therapy may become less depressed and angry and therefore more available to the women who love them. New approaches and techniques we learn to work more effectively with men can also help our female clients. We ourselves can benefit as we develop a more compassionate and knowledgeable approach to men that may spill over into our personal lives. The once-common belief held by many women that men have all the power and privilege and do not suffer is not only outdated but also shortchanges both men and women. Empathy for men’s struggles

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to be free of restrictive sex role norms helps us all. In a zero-sum game approach to gender, the more attention we pay to men, the less attention we have available to pay to women. In a gender empathy approach, the more attention we pay to men, the more women also benefit. If men can become more nurturing, less constricted, more available emotionally, and less rigid in their approach to their lives and those around them, aren’t we all better off?

FEMALE THERAPISTS AND MALE CLIENTS: CHALLENGES AND OPPORTUNITIES

I saw Hurt Locker the other day, a film about men trying to fulfill traditional male roles under extraordinarily difficult circumstances. I thought about the phrase hurt locker as it applies to the men who come into therapy. Many of them have put their hurt feelings in a locker and hidden the key. My job as a therapist is to make the environment attractive and safe enough for them to explore those hurts and to come to terms with their wounds so that they can lead more productive and emotionally connected lives. My role as a female therapist is to understand how my experiences as a woman can help or hinder the creation of that kind of environment and to understand how men’s fears of or needs for women can have an impact on that safe place.

Given that women have probably not had the same set of experiences and expectations as men, we have some special challenges to address in doing our clinical work with men. As you read the following list of challenges and ways to deal with them, think about male clients you have now and how this might apply to your work with them. If you do not yet have male clients, you probably will in the future since increasing numbers of men are entering therapy. At the least, all of us have relationships with men in our lives, be they partners, colleagues, relatives, friends, employees, or supervisors. Not everyone will agree with this list. For some, it will seem too short; for others, it will seem too long. You might want to write up your own list or work with others to come up with a different list. The important thing is to think about how you work with men and where you might need to grow or change in how you approach this work.

CHALLENGES FOR WOMEN WORKING WITH MEN

- Not knowing enough about male norms and their impact on men in therapy. As women, we have not been socialized to feel unfeminine if we express emotions or ask for help from others. We may not have had firsthand experience of what it feels like to be shamed for doing something that goes against long-held and ubiquitous gender norms. Therefore, we have a special obligation to understand male norms and their impact on how men
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perceive therapy. Taking a class or workshop on men’s issues or doing reading in this area is essential for practicing both ethical and effective therapy with men. One possibility is to start your own “gender-in-the-therapy-hour” book club with other therapists. Sharing ideas with others is a great way of learning.

• Negative countertransference. Without solid understanding of our own experiences with men, we may end up reacting to our male clients as we would to men in our personal lives. This could take the form of misinterpreting a man’s motives, becoming defensive with a male client, or being cold and distant as a way of protecting ourselves from old wounds that may be activated in our work with men. We may feel detached from men when they do not share feelings or pathologized by men when they put down emotions or therapy in general. If we are doing couples counseling, we may tend to take the side of the female partners. Discussing our reactions with colleagues and supervisors is one way of handling this; personal therapy is another. As we learn more about ourselves, we are likely to be better therapists, more compassionate and less reactive, and more emotionally available to our clients.

• Making therapy attractive to men. Because of their upbringing, men are particularly sensitive to being seen as unmanly when they ask for help and may feel shame for needing support. Starting with an upbeat focus such as “I appreciate you coming in today—it shows you care about taking some positive steps” can help bring the man back for future sessions. Reframing therapy as a place for winners, not losers, is important, as is viewing the client as heroic rather than as a victim. In addition, the way we advertise therapy can help bring men in or scare them off. Consider using some action words in your description of what you do and having a more psychoeducational approach to advertising your work, such as “building an action plan,” “setting specific goals,” or “developing a skill set.”

• Dealing with sexual feelings in the therapy hour. Men who confuse emotional intimacy with sexual intimacy may become attracted to us in ways that may feel uncomfortable to us or push our boundaries. Many men may only know how to relate to women sexually, which limits their interactions with women. Being nonjudgmental and curious together about sexual transference can lead to growth on the part of your clients. Some of us may experience erotic feelings toward our clients. This can be useful information for us and is nothing to be ashamed of. We may be picking up on the feelings of our clients (projective identification), or we may be responding to our own internal reality. Kenneth Pope (Pope, Sonne, & Holroyd, 1993) stated that we do not talk enough about this topic and therefore limit ourselves and our clients. Reading about how to handle erotic feelings in therapy or discussing them in supervision can be helpful to you in exploring this issue further.
• **Working with judgmental male clients.** We may have a difficult time responding positively to men who are dismissive or condescending toward women. If we are working with men who question our credentials or the value of therapy in general, we can take that as an opportunity to be honest with them (after all, they have a right to know) and then explore why they asked the question and what lies behind it. Rather than feeling threatened or disrespected, we can see their confrontation as a valuable opportunity to learn about our client’s concerns and fears. Sometimes men who challenge us are using that as a smoke screen for fear and sadness. What they may be asking is, “Will you really be able to help me?” Respecting their view and being willing to hear more about it is a better way of helping them feel comfortable than resisting and defending.

• **Being afraid of male anger.** We may become afraid of a man’s anger in part because it can trigger memories of our own experiences with angry men who might have hurt us emotionally or physically. Even if we have not had angry or violent men in our lives, it is hard not to be affected by examples in the media of men acting violently against women. Anger is a normal and healthy emotion, one of the few emotions that men are able to access without feeling unmasculine. Use that anger to see what is really going on for your client. If we can listen to a man’s anger, we are likely to find that underneath that anger is a great deal of hurt, wounds that have never healed. If we find that we react negatively to the anger in our male clients, then we should get some help from supervisors, our own therapists, or colleagues to figure out ways to adopt a more detached and compassionate stance.

• **Responding to male clients who think we cannot help them.** Sometimes, male clients say to us, “You can’t understand about what I’m going through; you’re not a guy.” Instead of feeling inadequate to the task, we can just answer, “Yes, that’s quite right, but I’m interested in learning more about your experience.” This answer supports their concerns about working with someone of the other gender and opens the door to more dialogue. In addition, it acknowledges they have something to teach us, which can help them feel on a more equal level with us. Therapy is not a one-way street: We have things to learn from our clients as well as vice versa. Learning more about what it is like for our male clients is normal and healthy.

• **Making your office male friendly.** Therapy should be a place where men feel comfortable and where they can be themselves. This includes what your office looks like. Think about what would make a man feel comfortable in your office. For example, consider getting rid of women’s magazines and find some neutral ones, such as travel magazines. Be aware of how you decorate your office; it should feel like a place where a man would feel
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at home. If you are not sure about your decor, have some male friends or colleagues come over and give you feedback.

• **Learning guy talk.** Women do not always know how to use “guy talk” in therapy. This involves everything from a straightforward introduction with a firm handshake, to male metaphors (e.g., going on a fishing trip as a metaphor for doing therapy), to discussing ostensibly nontherapy topics such as sports teams. It also includes using male words for feelings (“I’m feeling down” versus “I’m depressed”). The rule here is to make the man feel like he does not have to check his masculinity at your door.

• **Being impatient with men and their emotions.** Men take time to access, understand, and express emotions (the currency of traditional talk therapy). As women, we have been socialized to express emotions relatively easily. For men, the experience is very different. Some men do not even know what they feel (having been trained to ignore emotions except for anger), have feelings but do not know how to name them (alexithymia), or know what they feel but are afraid to express their emotions for fear of being shamed by others. In research on women’s views of men’s experiences in heterosexual romantic relationships (Sweet, 1995), the women surveyed underestimated the degree to which men are afraid to show their feelings or did not know how to. Pushing a man to express emotions before he is ready will not help him feel comfortable and may scare him off.

• **Seeing therapy as serious business.** Humor can be a powerful tool for making a man feel at home in the therapy hour. Not only is shared laughter a bonding experience, but also it helps the man develop more of an observing ego and a healthy sense of detachment from his woes. Do not be afraid to share a laugh with your male clients. It can help both of you feel more comfortable with each other.

• **Operating on a male client’s timetable.** Men may stop coming to therapy in a different way than the traditional ways taught in graduate school. The recommendation for a proper “termination” (always a strange word to me because it sounds so . . . final, even sinister) was that the client would indicate that he or she was ready to leave therapy because goals had been accomplished. The two of you would spend a few sessions reviewing your work together, gains made by the client, possible unfinished business of the client, ways to handle that, and acknowledgment of the relationship between the two of you. It seems, however, that some men do not follow this model. Some men may come and go, never quite finishing therapy and often leaving before you think they are ready to quit therapy, but coming back months or even years later to review old issues or work on something new. Perhaps they see a therapist much like they see a primary care physician—there when they need them and “on call” when they do not. Brooks (2010)
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recommended that “therapists must be exceptionally patient with this ‘fits-and-starts’ type of therapy, realizing that even when therapy starts positively, it will not always result in the preferred smooth and linear unfolding of a long-term therapeutic journey” (p. 91). Men may need control over the process of therapy, including when they leave. It is important to respect their pace and not challenge it as wrong.

• **Using self-disclosure.** Some of us may have been taught that disclosing information about ourselves is unprofessional, so we may be uncomfortable sharing our own views and experiences with our male clients. In fact, opening up about yourself can be a way of making your male clients feel more on an even level with you. Just coming in to therapy can feel like a “one-down” setting for them already. Being “real” in the relationship with your male client can be reassuring to him and make him better able to open up to you down the road.

• **Educating clients about the therapy process.** Some of us assume, based on our experiences with female clients, that men coming in to therapy will be familiar with the process. In fact, many men do not have any idea about what is involved and may only know about therapy from movies and the media. We need to spend time educating them about what is involved in therapy and finding out more about what they want. The first session is an important one with any client, but especially with male clients who may not know what to expect. Consider developing materials to hand to clients that explain the process of therapy. Developing a well-written treatment plan in conjunction with the client is also helpful.

• **New techniques and approaches.** Many of us have been taught to use talk therapy as the primary way in which we work with our clients. Therapy that uses talk as its primary technique might not work as well with men who may not be as comfortable with words. Consider learning some nonverbal techniques, such as those outlined in Rabinowitz and Cochran’s book *Deepening Psychotherapy With Men* (2002) or Weiner’s book *Beyond Talk Therapy* (1999). Another possibility is to use other modalities in conjunction with your individual work with the man. These might include a referral to a clinician who specializes in EMDR (Shapiro, 2001) or having your client join a men’s group. Men’s groups can be powerful (Andronico, 1996) and can work well in tandem with individual therapy.

• **Viewing men and masculinity in a positive light.** Female clinicians may have trouble seeing the strengths that men bring in to therapy (such as emotional reserve and independence) since they don’t fit the model of traditional therapy (emotional expression and reliance on others). In addition, we may have issues with men in our own lives which may skew our view of men in general in a more negative direction (i.e., detached fathers, emotionally repressed...
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partners, or judgmental or demeaning bosses). We may also consciously or unconsciously view masculinity as inherently flawed and think like a female Henry Higgins—“Why can’t a man be more like a woman?” In welcoming men into our offices, we must be able to appreciate men for who they are, regardless of the way in which they engage in therapy. A strength-based approach is useful for establishing any therapeutic alliance, but even more so in working with men who may not feel at home in the therapy hour.

Challenges can turn into positive opportunities for both clinician and client. As female clinicians, we can play a really important and positive role with our male clients. We can serve as a role model for a healthy relationship between a man and a woman. Men who have been afraid of women or angry with them can learn to be comfortable in our presence. We can remother them, giving them the respect and attention that they may not have had. We can help them learn about new ways of relating to women, using the therapy hour as a laboratory for experimentation. Since many men may be more comfortable sharing distress with a woman (who is seen as nurturing) versus a man (who may be seen as threatening or top dog), we have a particularly important role to play in making therapy safe and attractive to them. If a man’s distress is caused in part by lack of intimacy, we can provide a safe environment where he can open up to us without being afraid of being seen as weak. We can also learn from our male clients about different ways of relating and being. This knowledge can inform our relationships with men outside a professional setting. The best therapy is a two-way street, with client and clinician learning from each other in an atmosphere of trust and respect.

PERSONAL REFLECTIONS

As you read this book, take a moment to reflect on your personal and professional journeys. Think about your own relationships with men in your life, how you conduct therapy with men, and what you can do to become a more effective therapist with men. If you have not worked with men yet clinically, imagine what you might encounter when you do. The authors of this book, in their own chapters, considered the following questions in their personal and professional journeys. Take some time to think through your own answers and write them down. For a more powerful exercise, get together with some colleagues you like and trust and share your answers with each other. Individuals might have experiences or suggestions that could help everyone in the group.

2. What has been your experience with men in your personal life, and how might this color your work with male clients?
3. Have you taken a course, class, or workshop in men’s studies or done reading in this area? If not, would you consider doing so in the next six months?

4. Are you willing to learn about new techniques and approaches that might work better for men than some of the traditional approaches you learned in your training? In what ways might you learn about and try out new ideas?

5. Do you genuinely like and trust men? If you cannot answer “yes” wholeheartedly, think about why and imagine how you might find ways to develop more trust and liking for men.

As female therapists, we have an obligation to educate ourselves about the world of men—how men were raised and what it is like being a man in this culture. We need to understand how our socialization as women and our own history with men may interfere with working most effectively with our male clients. We need to investigate different methods of working with men that may challenge our particular preference for doing therapy. Above all, we must continue to strive to be compassionate and nonjudgmental with the men in our offices, particularly with male clients who sexualize us, threaten us, or shut us out. It is by continuing to grow both personally and professionally that we stand the best chance of working effectively with men.

REFERENCES


**RECOMMENDED READING**


