Gender in psychotherapy

How does the literature portray the power dynamics in the female therapist-male client dyad?

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by

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Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgments), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Signature

Adina Dumitrache

Date 24/06/16

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Abstract

This dissertation aimed to reveal and explore how the reviewed literature portrayed the gendered power dynamics that may play out in a psychotherapeutic alliance between a female therapist and a male client. This research offers an investigation of the literature on male gender roles socialisation, and how men's distinctive ways of communicating their emotions may influence their attitudes towards therapy, and towards female therapists in particular. It also offers an understanding of the concept of power and how the inherent power differential in psychotherapy may contribute to the imbalance of power between female therapists and male clients. Alternatively, the study explores the transference and countertransference phenomena that may emerge in the female therapist-male client dyad. The data was examined from the perspective of female therapists working with male clients. Finally, the purpose of this research is to support the psychotherapy practice and training by offering an understanding of the gendered power dynamics that may occur in a female therapist-male client dyad.

Introduction

"Try to understand men. If you understand each other you will be kind to each other. Knowing a man well never leads to hate and almost always leads to love."

John Steinbeck, Of Mice and Men

My interest in the topic of gender in psychotherapy has stemmed from my early work with male clients. In my own position as a budding psychotherapist, I encountered male clients whom I found challenging to work with. It all began for me when I realised that my work with them was somewhat different and possibly more challenging than my work with female clients. I then started to pay attention to those differences and I noticed particular power dynamics and relational patterns that occurred in my therapeutic relationships with male clients. Also, throughout my training, I had frequent conversations with my female peers who often acknowledged their own limitations in understanding the power dynamics between them and some of their male clients. All these processes contributed to my growing interest in learning and understanding more about this particular gendered dyad in the therapy room.

First of all, I noticed that most of my male clients were often self-conscious and uncomfortable about needing to see a therapist, and coming to therapy was often perceived as a weakness that was often kept secret from family and friends. Furthermore, they would usually start therapy by asking me how long it was going to take and how fast I could "fix" them. They often wanted concrete strategies and solutions, and they struggled to fully engage in the therapeutic work. I think that one of the most unsatisfying aspects of my work with some male clients was related to their persistent avoidance of their vulnerability by displaying an impenetrable mask of arrogance and stoicism. They would often try turning the attention on me by making a joke about coming to therapy, or by asking me a confronting personal question, like "have you ever been cheated on?" or "have you been on antidepressants yourself?" It often felt like they were trying to regain their power as men in relationship with a woman. In addition, sexual language and sexualised behaviours were also used by some of my male clients, and there have been times when I felt challenged, patronised, and disrespected.

Needless to say, I faced moments of therapeutic impasse and I struggled to find my own ground. I observed myself trying to please them or trying to find ways to "fix" them as quickly as possible so I could prove that I was a "good" therapist. In supervision, I realised that I was spending most of my time trying to understand my "mischievous" male clients. By contrast, my female clients were the "good" clients who I was able to relate and engage with, who were able to tolerate and reflect on my interventions, and wait patiently for the therapeutic process to develop in its own time.

Considering that during our many years of psychotherapy training we have never really focused on gender, I initially wondered if thinking of my clients in terms of gender was actually incorrect, something that would fuel the popular culture stereotype of unbridgeable difference between men and women, reinforcing the slogan "men are from Mars and women are from Venus". Even though I am fully aware that not everyone fits this stereotype, gender role socialisation does exist, and men and women have always been conditioned in different ways. Therefore, I wanted to understand my male clients' experiences in therapy, to recognise what exactly makes them "tick" and how to reach their true selves hidden behind their elaborated defences. I also wanted to be able to read into their transferential reactions while understanding my own countertransference to them. So, I started focusing my attention on understanding the potential power dynamics between my male clients and I.

I recall that I often discussed about power and power dynamics with my clinical supervisor – a real father figure to me throughout my training years. He has repeatedly pointed out to me that my "power" in my work with clients is intrinsically related to my position as a therapist. As expected, a professional should always remain in control of the treatment and my supervisor has always encouraged me to use my professional power with authority and courage.

However, I noticed that it was still challenging for me to feel "powerful" and effective when working with male clients. Why? I wondered if my perceived powerlessness in my work with these clients was related to the therapy setting or to my insecurities as a beginner therapist. I then wondered if that was actually rooted in something more profound - my own socialisation as a woman in a patriarchal society.

Consequently, I embarked on my own gender socialisation journey. I wanted to understand how my biases reflected my upbringing, my own personal experiences and my relationships with my father and other men in my life. I started to look at the feminine gender roles in my own culture and how these have shaped my thinking and my behaviours. Similarly, I wanted to understand how masculine gender roles have influenced my male clients' approaches to

me as a female therapist, and also how to adapt my practice to reflect my growing understanding of the dynamics between men and women. My personal reflections on my therapeutic work and my growing interest in the topic of gender and power dynamics in the therapy room have laid the foundation and also fuelled my work for this dissertation.

Aim of the research

When I decided to embark on this research journey, the main goal was to be able to inform my practice as a psychotherapist. As my focus was on having a psychodynamic framework for my findings, the texts that I reviewed for this hermeneutic research included concepts from psychoanalysis and object relations theories. I also used a wide assortment of texts from the literature on masculine psychology and masculine mental health, and the literature focused on the sociological perspectives on sex and gender, as well as feminist literature about the gender power dynamics in the Western socio-cultural context.
The aim of this research was to develop an understanding and provoke thinking on how gender power dynamics between a female therapist and a male client are represented in the reviewed literature. Therefore, the question being researched is, "*How does the literature portray the power dynamics in a female therapist-male client dyad?"*

Brief overview of chapters

This dissertation comprises six chapters that I briefly present here. Chapter 1 introduces the core concepts used in this research as they are presented in the reviewed literature. Chapter 2 provides an explanation of the methodology of enquiry, namely the hermeneutic literature review and the method that I employed for getting my findings. Then, the results of the research are discussed in the following three chapters, Chapter 3- *The paternal complex*, Chapter 4-*The erotic dance*, and Chapter 5-*The power game*. These chapters explore various power dynamics that may occur between a female therapist and a male client, and how these dynamics may impact the psychotherapy practice. Finally, Chapter 6 provides a discussion of the findings of this research, and how these findings may have implications for practice and future training.
As mentioned above, the research process started off with an initial search of the literature as presented in Chapter 1.

Chapter 1. Literature review

Introduction

Chapter 1 presents the review of the literature for this research. It begins with the review of the literature on gender, traditional masculine role socialisation, and masculine gender identity in relation to the disidentification process. It continues with the review of the literature on the transference and countertransference phenomena that develop within the relationship between client and therapist, and how the gender of the therapist may influence the client's transference process. Finally, this chapter provides a review of the literature on the concept of power as it is understood in the Western socio-cultural context, and on the power dynamics that may occur within the female therapist-male client dyad.
Considering the vast literature informed by or linked to the concepts included in this study, this literature review aims to capture the core concepts.

1.1. What is gender?

The concept of gender refers to the psychological, social, and cultural features and characteristics that have been strongly associated with the biological categories of "female" and "male" (Gilbert & Scher, 1999). Understating the differences between women and men is a difficult task, especially due to the unclear representation in the literature of what psychological, sociological, biological and cultural processes are responsible for these differences (Addis & Mahalik, 2003). Furthermore, the concepts of masculinity and femininity are often illustrated in the literature using the social learning paradigm of gender role socialisation. This model is based on the assumption that men and women learn gendered attitudes and behaviours from social environments in which cultural values and ideologies about what it means to be a man and a woman are modelled and reinforced (Addis & Cohane, 2005). Similarly, Pittman (1985) emphases the fact that gender roles are not decided by the biological sex, but by the social forces at play in a particular society at a certain time:

> "*The human animal is divided in two genders, not really very different from one another, until one is taught from birth how to be 'masculine' and the other is taught*

> *how to be 'feminine'. Most people have been taught their gender stereotype so well that they don't remember learning it and assume it is inherited and innate, as if they came into the world wrapped in either a pink or a blue blanket, and everything flowed naturally from there"*. (Pittman, 1985, p.24)

Although gender is seen as constructed by cultural and societal norms, the literature argues that would be inaccurate to consider that masculinity or femininity are fixed concepts that are entirely constructed. For example, Chodorow (1999) suggests that it is vital to consider that gender is also unique to each individual and that we have our own contribution to it. In her conceptualisation, gender is a combination of our inner self with the culture in which we are growing up. Similarly, Maguire (2004) suggests that "masculinities, like femininities, are not fixed global entities, but are built through the layering of multiple identifications, memories and fantasies" (p.12).

Also reflecting on what is "the feminine" or "the masculine", Sullivan (1989) argues that these concepts do not refer to men and women; they allude to "energic patterns of being, both of which are present in all people at all times" (p.13). Sullivan believes that neither women's nor men's personalities can be categorised because "we are people first, each of us carrying unpredictable possibilities for development" (p.1). Therefore, Sullivan stresses that our culture is the force behind our ideas about what is feminine and what is masculine, with stereotypical images of male and female being created and developed through millennia of human history with the use mythology, folklore, fairy tales, religion and various forms of art. These images reflect how we, women and men, have been conditioned to position ourselves in the context of our culture. Additionally, it is argued in the literature that thinking of traits "in terms of the masculine-feminine dichotomy perpetuates the old set" (Rawlings & Carter, 1977, p.28). This view is also shared by the feminist philosophy that emphasises the harmful effects of sex role stereotyping for both men and women, and the need for an androgynous model of mental health which calls for a "flexibility of roles and life-styles, egalitarian rather than power-based relationships, and a sensitivity to human rights" (Bograd, 1991, p.5).

1.2. Men, masculinity and socialisation

Traditional masculine socialisation represents the process through which men exemplify masculine characteristics that society believes that they should display (O'Neil, 1981). The

masculine ideology is depicted in the literature by two models of traditional masculinity, the "blueprint for manhood" (Brannon, 1976), and the "masculine mystique" (O'Neil, 1982). The term "blueprint for manhood" has been coined by Brannon (1976) to outline four guidelines regarding how men are socialised to avoid appearing feminine, to gain respect and status, to appear invulnerable, and to seek violence and adventure. Similarly, according to the model of "masculine mystique" (O'Neil, 1982), men are typically socialised toward independence and achievement, avoidance of characteristics associated with femininity and homosexuality, and restriction or suppression of emotional expression.

Furthermore, according to the traditional masculine ideology there are many positive characteristics associated with traditional masculinity. For example, men have strengths in areas such as problem solving, logical thinking, and assertive behaviour (Levant, 1996). Additionally, Levant (1996) emphases men's ability to think logically and calmly in the face of danger; men's willingness to sacrifice personal needs to provide for dependants; their willingness to try to solve other people's problems; and also men's integrity, and loyalty to commitments. Likewise, "being a man" in our culture implies that the man needs to be a "good provider" for his family and also achieve success in the workplace (O'Neil, 1982).

However, the fact that men are traditionally constrained to adhere to rigid stereotypes and beliefs about men and masculinity, may also have detrimental consequences for men. For example, when a man fails to live up to the internalised expectations of what it means to be a man, he may experience a gender role conflict that may lead to psychological turmoil. According to O'Neil (2008), the masculine gender role conflict is defined as "the negative consequences of conforming to, deviating from, or violating the gender role norms of masculine ideology" (p. 363). Four patterns of the gender role conflict have been identified: restricted emotionality; success, power, and competition; restricted affectionate behaviour between men; and conflicts between work and family relations (O'Neil, 2008).

Furthermore, Englar-Carlson's and Stevens' (2006) review of the literature on psychotherapy with men indicate that the strong adherence to the masculine traditional gender roles may result in some psychological difficulties for men, such as risk taking and self-destructive behaviours (Meth, 1990), problems with alcohol and drug abuse (Blazina & Watkins, 1996), and problems with interpersonal intimacy (Fischer & Good, 1997). It has also been suggested that the emphasis that gender role socialisation puts on stoicism and restricted expression of emotions may contribute to depression and anxiety in men (Cournoyer & Mahalik, 1995; Cochran & Rabinowitz, 2003).

1.3. Masculine gender identity and the disidentification process

In the psychoanalytic literature, gender identity is seen as a result of the psychological development. For example, Chodorow (1978) argues that gender identity for males and females originates in the early mother-child interaction, emphasising the role that the process of separation from the mother has on the development of masculine identity. The separation from the mother in the so-called disidentification stage (Greenson, 1968) is considered as an essential task of a boy's early development and a first step toward the achievement of autonomy for men. Within this theory, the pre-oedipal boy is required to disidentify with his mother to move closer to his father in order to achieve a secure gender identity (Pollack, 2001). However, because the process of separation is painful and conflictual, the boy is left with a traumatic experience of abandonment "which though not consciously remembered, forever casts a shadow on their relationships" (Pollack, 2001, p.530).

Therefore, the disidentification process is seen as responsible for men's "omnipresent fear that one's sense of maleness and masculinity are in danger and that one must build into character structure ever-vigilant defenses against surrendering to the pull of merging again with mother" (Gornick, 1994, p. 308). Guttman (1984) also argued that the results of a difficult disidentification process may be the source of an unconscious fear of fusion, which may become an aspect of relationships with women throughout life.
Similarly, Chodorow (1994) suggests that there is connection between the men's fear of femininity and their separation from the mother. She argues that in order to separate so early and so profoundly, the boy pays a price by repressing his feminine self in order to break his tie with his mother and not feel close to her. This may result in a lifelong avoidance to identify with the femininity for fear of being pulled back into a union with the mother and thereby losing his masculinity. As an effect of this process, men tend to reject aspects of their own feminine self, as well as all the things that are perceived as "the feminine" in culture.

Furthermore, Chodorow outlines the contrast between the gender identification of men and women. She considers that women are more inclined to develop affective relationships due to their continuous and close identification with their mothers. As a result, Chodorow conceptualises that feminine identification processes are relational whereas male identification processes tend to be counter-relational, defined more by rejection than by

acceptance (Chodorow, 1994). On a similar note, Bergman (1995) sees the disidentification process as much more than just “separating from the mother”; it’s “a disconnecting from the very process of growth in relationship, a learning about turning away from the whole relational mode” (p.4) and it is responsible for the man’s “relational dread” (p.4). The literature also presents the disidentification process as responsible for men’s restricted emotionality and an inability to commit (often as an attempt to protect against loss); an inability to express sadness or to grieve; and a type of syntonic character armour blocking the expression of strong emotional feeling, called a “mask of masculinity” (Pollack, 2001).

1.4. Masculinity, self-seeking behaviour and psychotherapy

There has been a consistent view in the literature that emphasises the challenges in psychotherapy, particularly with male clients due to the incongruity between the "culture of therapy and the rules of masculinity" (Rochlen, 2005, p.628). From a gender role socialisation perspective, men’s refusals to acknowledge weakness or needing help are identified as key indicators of masculinity (Courtenay, 2000). Therefore, it is suggested that the masculine socialisation has a major influence on men’s help-seeking behaviours and their attitudes toward seeking psychotherapy services (Addis and Mahalik, 2003).

Barriers to help seeking may arise from male’s socialisation to be stoic, interpersonally dominant, and self-reliant (Addis & Mahalik, 2003). Traditional male socialisation also contributed to men beliefs that they “should” never show weakness and “should” endure difficulties without relying on others for help (Mahalik, 1999). Men tend to “endure pain and be strong and silent about ‘trivial’ symptoms, and especially about mental health and emotional problems” (O’Brien, 2005, p. 514). Moreover, it has been suggested that men who actively seek help and support are classified as weak, vulnerable, and potentially incompetent (McCarthy & Holliday, 2004). Consequently, some men may believe that psychotherapy is a feminisation process that threatens their masculine identity (Englar-Carlson & Shepard, 2005), and they may fear being judged negatively for seeking treatment (Deane & Chamberlain, 1994).

Conversely, there are voices in the literature that suggest that men are subjects of negative biases in the therapeutic domain, where therapists’ views on men are often focused on the deficit model of male emotionality (Nahon & Lander, 2014). For example, Heesacker and

Prichard (1992) argue that men are often portrayed in the literature as being characterised by restrictive emotionality, fear of intimacy, and psychological defectiveness. In contrast, the healthy and positive aspects of traditional masculinity such as honour and integrity are rarely mentioned in the literature on psychotherapy (du Plock, Lander & Nahon, 2008).
Furthermore, it is argued that the negative and devaluing understanding of men may have contributed to the creation of the "myth of the emotionally defective male" (Nahon & Lander, 1998, p.16), and it may have created a self-fulfilling prophecy "in that the measured behaviour of help-seeking may ultimately reflect the attitudes of health professionals rather than those of potential male help-seekers" (Nahon & Lander, 1992, p.413).

Another aspect widely discussed in the literature is that the psychotherapy puts a great emphasis on the therapeutic relationship. The therapeutic relationship represents the connection, collaboration, and agreement on the goals and tasks of therapy between client and therapist in the therapeutic context (Bordin, 1979), and it is a “function of the closeness of fit between the demands of therapy and the personal characteristics of the patient and therapist” (p. 253). Due to their traditional masculine role socialisation, it is often argued in the literature that men will resist developing working relationships with their therapists out of fear of intimacy and emotional closeness (Hammen & Peters, 1977). Even more, working with a female therapist may appear as particularly problematic for a man considering his presumed “fear of femininity” stemmed from the process of disidentification as presented above. The fact that a male client may find it difficult to form an alliance with a therapist may have a significant impact on the success of the therapy because, according to the literature, a strong therapeutic alliance is associated with positive therapy outcomes (Martin, Garske & Davis, 2000; Horvath & Bedi, 2002).

1.5. Transference

Understanding the concepts of transference and countertransference is paramount for this research because they will assist in explaining the various dynamics that might take place between a female therapist and a male client in the therapy room.
The concept of transference was first introduced by Freud who noted that what the patient does not remember from previous relational encounters will be repeated, acted out, and worked through in the relationship between patient and analyst (Freud, 1914). According to

Steiner (2008), a major development in the conceptualisation of transference came from Klein's (1946) work on the theories of splitting and projective identification. Within Klein's conceptualisation, the analyst becomes the receiver of a specific fragment (or even multiple fragments) of the patient's ego as the patient is bound "to deal with conflicts and anxieties re-experienced towards the analyst by the same methods he used in the past'' (Klein, 1952, p. 437). Consequently, the transference and countertransference responses depend on the projections and the subsequent identifications, which can be multi-layered and difficult to unravel (Steiner, 2008).

A more inclusive definition of transference was elaborated by Greenson (1967) who describes the process of transference as "the experiencing of feeling, drives, attitudes, fantasies, and defenses toward a person in the present which do not befit that person but are a repetition of reactions originating in regard to significant persons of early childhood, unconsciously displaced onto figures in present" (p. 171). Over time, the concept of transference has evolved to a new perspective where the transference refers "to the assimilation of the analytic relationship into the thematic structures of the patient's personal subjective world" (Stolorow, Brandchaft & Atwood, 1987, p. 45). Within this conceptualisation, transference is an expression of "the universal psychological striving to organize experience and create meaning" (p.45).

1.6. Types of transference

Transference is classified as positive, negative and sexualised (Ladson & Welton, 2007). When transference is positive, the client experiences gratifying aspects of past relationships and tends to see the therapist positively as caring, wise, and knowledgeable (Ladson & Welton, 2007). By contrast, negative transference occurs when the client experiences painful or distressing emotions, such as anger, hatred or aversion towards the therapist (Bloom, 1973). The third type of transference, referred to as sexualised transference, is where the client may develop fantasies about the therapist that contain elements that are primarily romantic, reverential, intimate, or sexual (Book, 1995). Sexualised transferences may take two forms: erotic and eroticised transference, which differ in their intensity and underlying motivation. The term erotic transference is commonly used to describe positive transferences accompanied by sexual fantasies that the client understands are unrealistic (Koo, 2001).

Positioned at the high end of the spectrum of sexualised transference, eroticised transference is described as “an intense, vivid, irrational, erotic preoccupation with the analyst, characterized by overt, seemingly ego-syntonic demands for love and sexual fulfilment from the analyst” (Blum, 1973, p. 63). Additionally, Blum (1973) uses the concept of erotised transference to describe diverse phenomena, such as “turbulent demands for sexual relations disguised as adult love or assaultive antagonism, unlimited demands for approval and admiration, the need to please and comply, dependent clinging with fear of object loss, etc.” (p.62). Blum (1973) also stresses that the erotisation of the transference frequently masks the trauma of repeated seduction and overstimulation in childhood or adolescence, thus the client may attempt repetition of the seduction pattern with the therapist, sometimes identifying with the early object who was the original seductive partner.

Considering that both transference and countertransference (as described next) have the quality to change continuously, depending on the internal objects of both the male client and the female therapist, the full range of these phenomena would be almost impossible to capture in one single session. Maguire (2004) suggests that it is often challenging for psychotherapists to differentiate diverse aspects of transference because of the kaleidoscopic rapidity with which images merge with each other. Considering the patient’s multitude of identifications with different aspects of significant objects, the psychotherapist may at a given moment in a session represent aspects of the father, mother, siblings, all-powerful kind objects or persecutory objects, and internal and external figures (Maguire, 2004, p.137).

1.7. Countertransference

Freud (1910) was the first to describe countertransference as being “a result of the patient's influence on [the analyst’s] unconscious feelings” (p. 144). For Freud, this phenomenon appeared initially as an obstruction to the freedom of the analyst's understanding of the patient, and thus the countertransference needed to be recognised and overcome. Klein was herself sceptical, suggesting that countertransference tells us more about the analyst than about the patient, and that the effect on the analyst depends on many factors, including the analyst’s state of mind and his or her receptiveness to the client (Spillius, 2007).

Over the years, however, understanding of the therapist's countertransference has become increasingly important in providing information about the client's unconscious processes and the dynamics between the therapist and the client. Racker (1957), for example, described countertransference as a normal phenomenon created by both the analysand and the analyst. In Racker's view, the analytic situation appears as an interaction between two personalities, each personality having its "internal and external dependencies, anxieties, and pathological defenses; each is also a child with his internal parents" (p.134). Therefore, for Racker, countertransference is a result of these two whole personalities − that of the analysand and that of the analyst − which respond to every event of the analytic situation.

Furthermore, Epstein and Feiner (1988) discussed a more inclusive view of countertransference in which the countertransferential process is seen as the natural, role-responsive, necessary complement or counterpart to the transference of the client, or to his style of relatedness. Even more, both countertransference and transference phenomena mutually influence each other and contribute to the inter-subjectivity of the therapeutic process: the countertransference has a "decisive impact in shaping the transference and codetermining which of its specific dimensions will occupy the experiential foreground of the analysis" (Stolorow, Brandchaft, & Atwood, 1987, p. 42).

1.8. The influence of gender on transference and countertransference

According to the traditional definitions of transference, issues such as sex, age and style of the analyst are not significant factors in determining transference reactions. Discussing the psychoanalyst's influence in the creation of transference, Lehner-Bribing (1936) was one of the first analysts who indicated that transference is influenced by the particular characteristics and attitudes of the analyst. Lehner-Bribing (1936) used clinical cases to discuss the modifications in the client's transference-resistance when the sex of the second analyst differed from that of the first. For example, Bibring presented how the first analysis with her, as a female analyst, triggered the male client's mother-transference, which was expressed as extreme hostility towards her and had arisen from his conflict with a bad, unloving and stern mother. However, when the intense manifestation of transference pushed the analyst to stop the treatment and to suggest the client to work with a male therapist, the male client quickly

developed a father-transference with a more normal degree of intensity, wherein it was possible for the client to improve. Therefore, Lehner-Bibring concluded that the analyst's characteristics are playing a considerable part in a client's transference dispositions. She referred particularly to therapists' sex and their "real personality, such as a friendly or reserved attitude, (or) a disposition to severity or kindliness." (p.187).

Over the years, the literature has frequently suggested that the analyst's gender, age, and personality are important factors that influence transference (Blum, 1971). For example, Karme (1979) pointed out that even though the sex of the therapist may appear to be irrelevant in the development of maternal transference during the client's pre-oedipal stage, the actual sex of the analyst becomes significant during the analysis of the client's oedipal stage. Also, Lester (1985) inferred that the transference depends on the gender of the therapist and the client, "...certain aspects of transference and their sequencing may be influenced by the real person (gender) of the analyst, the conscious and unconscious expectations of the analysand and the homosexual or heterosexual character of the dyad" (p. 283).

Similarly, countertransference is influenced by the same rules. Referring to the female therapists' countertransference towards male clients, Bernadez (2004) argues that their reactions are influenced by the internal representations of female therapists that have crystallised in the course of their development and that have emerged from their life circumstances. The countertransferential reactions also have a strong cultural and gender dimension as they are products of female therapists' socialisation as women. Female therapists' prejudices, preferences, fears and inhibitions follow the expectations of women in our culture (Bernadez, 2004).

1.9. Gender power in a patriarchal culture

Power represents the ability to obtain authority, influence, or ascendancy over others (O'Neil, 1981). The literature argues that power has traditionally been seen as the province of men and that men are typically socialised so that dominance, control, and power are essential characteristics of one's masculinity (O'Neil, 1981). Power is understood as having different meanings for men and women. The patriarchal norms of our society require that men will adopt dominant and aggressive behaviours and function in the public spheres, while women

will adopt nurturing behaviours and function in the private sphere of the family (Levant, 1996). Research show that women have less power than men in the society and that power relations between men and women show the least plasticity in terms of who is defined as playing the dominant and subordinate roles, and the most constancy over historical time and across societies (Pratto, Sidanius, & Levin, 2006).

From a feminist perspective, it is argued that women experience powerlessness not only because of their gender status but also because of violence or other forms of oppression that have limited their options (Enns, 2004). Even more, women are often affected by unequal work distribution and they feel less entitled to the same rewards as men (Hochschild, 1989). There is also claimed that, in their efforts to deal with their internalisation of issues related to violation and unequal power relationships, women may often experience psychological problems such as post-traumatic stress disorder, eating disorders, and depression (Morrow & Howxhurst, 1998).

Furthermore, feminist authors argue that another form of men's power over women is expressed through sexuality. MacKinnon (1989) argues that the male dominance is sexual, and thus sexuality is seen as male supremacy, violence and coercion. As a result, in our society women are often victims of abuse, battering, sexual harassment, or rape (Enns, 2004). It is also argued that male sexuality has been drastically influenced by gender socialisation, which requires a male to "take the initiative, be dominant and overcome the expected resistance of the female, while there is the expectation of the female that she says 'no' when she actually means 'yes'"(Fortune, 1982, cited in Bogard, 1991, p.16). Consistently, Bergman (1991) maintains that when we discuss men's development we cannot ignore male violence or male power, arguing that "male violence is epidemic; women are often the victims. […] A primary violation in women's lives is the early realisation that men are strong and can hurt them, physically and sexually" (p.8).

Understanding power in relationships is a complex process. Literature suggests that power can only be understood with reference to social context (Anderson, 2011). For example, someone's power does not come from the characteristics that make them powerful such as race, gender, age, religion, social class, but from the value that society has placed on these characteristics (Anderson, 2011). Therefore, in order to understand the power dynamics that may occur between men and women, we need to look at the sociological dimension that

applies to these relationships. In relationships between men and women, men may be seen as the winners because of their physical power, cultural power and economic power, while women may be seen as the winners because of their emotional power and relational power (Bergman, 1991).

Conclusion

As presented in this literature review, the interaction between gender and power is incredibly complex and has multidimensional implications on the therapeutic process. Considering that in our culture gender is socially constructed in a hierarchical manner, and that power and authority are traditionally attributed to men, one may wonder what will happen in the therapy room where these dynamics are reversed, and the female therapist has more authority and power.

The literature discusses the inherent power differential in psychotherapy and warns about the imbalance of power between therapists and clients. It is suggested that in a psychotherapeutic dyad, the therapist's hierarchical position may come from the therapist's power as an expert (Hare-Mustin & Marecek, 1986), whose knowledge and theories are invariably superior to the client's (Chapman, 1993). Due to their vulnerability and dependence on the therapist for help, the clients, regardless of their gender, are considered to be always at a power disadvantage (Ward, 1993). Even more, the power of the therapist can also be magnified by the different societal positions between the therapist and the client, especially when the client belongs to a marginalised or oppressed population with regard to sex, socioeconomic status, disability status, ethnicity and sexual orientation (Proctor, 2002).

In the female therapist-male client dyad, both members of the dyad may be influenced by experiences of gender power in the culture. Gornick (1986) suggests that the female therapist and the male client may have difficulties in addressing the new power arrangement where the power roles are reversed. Therefore, despite the power that is inherited in therapy which places the female therapist in a more powerful and authoritative position, the male client may attempt to reorder the relationship to the "natural" order of things, by adopting a position over the female therapist. Similarly, Bograd (1991) argues that even though male clients may feel powerless in other areas of their lives, they may attempt to control the relationship with the

female therapist and to gain power over her in order to prove their masculinity. Therefore, it is expected that the gendered experiences of power in our culture will have a major influence on the transference and countertransference themes that may occur within the female therapist-male patient dyad.

As described above, client's transference is a complex phenomenon that is significantly impacted by therapist's countertransference. Both transference and countertransference may be used to gather psychological material and gain a deeper understanding of the patient's motivations. In this research, the term "transference" or "transferential reaction" will include the male client's conscious and unconscious responses and reactions to the female therapist and the therapeutic situation, based on his individual and gendered experiences. Correspondingly, the term "countertransference" or "countertransferential reaction" will be used to describe the female therapist's conscious and unconscious reactions to the client, based on her psychological frame of reference, her personal experiences and her views on masculinity and culture. The female therapist's countertransference will be used as a clinical tool to understand the dynamics within the dyad.
Given the complexity of the interaction between gender, power, and psychotherapy processes, the purpose for this research is to bring some clarity on this matter.

Chapter 2: Methodology and Method

Introduction

This chapter is divided in two parts, methodology and method. In the first part, an explanation of the methodology of enquiry, namely the hermeneutic literature review that underlies this research, is given. In the second part, the method is presented. Also, the practical aspects that guide the engagement with the literature on the research topic are described.

2.1. Methodology

This dissertation uses a qualitative methodology and a hermeneutic review of literature to inform the research process. Here the concepts of “hermeneutic circle”, “hermeneutics of faith”, “hermeneutic of suspicion”, and the “feminist hermeneutics”, which form part of the process are explored. In this section I also discuss the trustworthiness of the research.

2.1.1. Aim

This dissertation aims to develop an understanding and provoke thinking on how gender power dynamics between a female therapist and a male client are represented in the literature. The question being researched is, "*How does the literature portray the power dynamics in a female therapist-male client dyad?"*
In this inquiry, I examine the question from the perspective of female therapists working with male clients. This research also aims to inform psychotherapy practice.
Finally, the aim of this hermeneutic review of the literature is “not to prove or disprove, not to provide irrefutable evidence but rather to provoke thinking towards the mystery of what ‘is’” (Smythe, Ironside, Sims, et al., 2008).

2.1.2. What is the hermeneutic philosophy?

Hermeneutics represents a current in philosophy that may be traced through Kant, Hegel, Schleiermacher, Dilthey and Gadamer (Mace, 1999). The etymology of the word 'hermeneutics' originates from the Greek verb hermeneúein, which means to interpret or translate. It is also connected to the noun hermeneúos, related to the Greek god Hermes, the mediator between gods and men, who made the unknowable knowable through the invention of language and writing (Thompson, 1990). Hermes also symbolises the "mediation of men's thoughts in speech and writing, mediation between silence and speech and, even more deeply, mediation between falsehood and truth, between darkness and light, between the hidden and the manifest" (Lawn & Keane, 2011, p.62).

Heidegger defined hermeneutics as a "listening to the hidden or submerged meanings in language (that) goes beyond the necessary analysis of the conditions of human understanding" (Lawn & Keane, 2011, p.62). Furthermore, in Gadamer's (1997) view, hermeneutic philosophy "does not understand itself as an 'absolute' position but as a path of experiencing. Its modesty consists in the fact that for it there is no higher principle than this: holding oneself open to the conversation" (Gadamer, 1997, p.36).

Based on the idea that understanding is the universal link in all interpretation of any kind, Gadamer (1996) argued that the aim of hermeneutics is not to develop a procedure of understanding, but rather to clarify the interpretive conditions in which understanding takes place. Since there is no absolute interpretation, Gadamer argued that "different interpretations can remain justifiable by providing conclusive arguments for justifying one interpretation over another" (Wiercinski, 2009, p.4). Even more, the aim of hermeneutics is to provoke thinking rather than to be reduced to a single truth or understanding (Smythe & Spence, 2012). Similarly, the emphasis in qualitative research is on understanding and interpretation, as opposed to explanation and verification (Schwandt, 2001).

In using hermeneutics as my methodology, I feel encouraged to engage fully with the literature and be a reflective inquirer, and therefore to participate in the creation of a new understanding (Smithe & Spence, 2012). I also believe that the hermeneutics will serve as a major source of ideas for my qualitative inquiry.

2.1.3. Engaging with the hermeneutic circle

Explaining the origins of the hermeneutic circle, Shklar (2004) argues that the hermeneutic circle was initially designed by theological writers "to intimate the relation of an infinite, eternal, and omnipresent God to his creation" (p. 656). The medieval literature, for example, portrays God as an overflowing source of energy of both love and knowledge who recreates himself in ever-diminishing reproductions. God is a sphere whose centre is everywhere and whose circumference is nowhere. Being the creator and the anchor of the circle, God is entirely in every part of this circle, and thus the hermeneutic circle makes sense only if there is a known closed whole, which can be understood in terms of its own parts. In this vision, the Bible is the only possibly wholly self-sufficient text (Shklar, 2004).

This notion of the hermeneutic circle has undergone many transformations without ever quite losing its original character. The first who sketched the limits of hermeneutics was Schleiermacher, who put forward the general problem of the circular structure of interpretation − a circle that binds the understanding of the entire text to an understanding of its parts (Shklar, 2004). He adapted the hermeneutic circle in his theological writings, and placed at its centre the human faith, rather than a traditional deity with the aim to "encompass every form of knowledge within a single whole in a system by reference to that center" (Shklar, 2004, p.656).

For Gadamer (1997), the hermeneutic circle of understanding refers to a circular movement − an ever expanding circle of understanding and interpretation. He described the hermeneutic circle as the "fusion of horizons" where the horizon is "the range of vision that includes everything that can be seen from a particular vantage point" (p.302). According to Gadamer, the researcher approaches the text with an unavoidable pre-given horizon of understanding or pre-judgments that emanate from the historical and cultural context in which the writer engages with the text. Therefore, the mind of the interpreter is filled with a set of expectations or models of meaning, and the interpretation is a continuous exchange between familiar concepts and concepts to be learned, between learning and responding via the interpretative attitude (Lawn & Keane, 2011). In addition, the text is understood by viewing "the whole in terms of the detail and the detail in terms of the whole" (Gadamer, 1997, p. 291).

2.1.4. Hermeneutics of faith and hermeneutics of suspicion

Hermeneutic philosophy has been separated by Ricoeur (1970, 1981) in two different forms: a hermeneutics of faith (or trust), which aims to restore meaning to a text, and a hermeneutics of suspicion, which attempts to decode meanings that are disguised (Josselson, 2004). According to Ricoeur, the hermeneutics that is animated by truth aims at the *restoration* of a meaning addressed to the researcher in the form of a message; the researcher is prepared to listen, to absorb as much as possible the message in its given form (Josselson, 2004). Similarly, Gadamer also considers truth as important and thus the researcher needs to assume that the text makes sense, and that if there is ambiguity and something is readily misinterpreted, the researcher should give it the benefit of the doubt (Lawn and Kean, 2011).

By contrast, Ricoeur's perspective on hermeneutics of suspicion is that there are hidden meanings behind the obvious ones, or meanings that are consistent with, or opposed to, those intended by the author (Josselson, 2004). Within this framework, hermeneutics may be approached as the *demystification* of meaning presented to the researcher in the form of a disguise. Therefore, Ricoeur suggested that this type of hermeneutics is characterised by suspicion, by a scepticism towards the given (Josselson, 2004). In psychoanalysis, for example, Freud treated clients' words suspiciously as he tried to uncover the traces of the unconscious wish-fulfilment and other manifestations of instinctual drives (Lawn & Kean, 2011). As I engaged with the research literature, I made use of both hermeneutic approaches, of trust and of suspicion. Therefore, I aimed to stay objective and immersed in the text, and, at the same time I wanted to remain open to what the text may have to say and to capture, as much as possible, the message within the text.

2.1.5. Feminist hermeneutics

The feminist hermeneutic methodology aims to recognise and understand the gender perspective of each research. Within the feminist hermeneutics perspective, female researchers are encouraged to explore what it means to be a woman in the context of each inquiry. Buker (1990) argues that "Since each researcher has a gender, a feminist approach requires an acknowledgement of a gender decision — the act of choosing a perspective" (p.28), a choice that each researcher needs to make, male or female. Furthermore, Buker (1990) points out that hermeneutic philosophers have failed to recognise a gender perspective

and that hermeneutics has an androcentric voice. Therefore, she considers that all research requires an explicit recognition of a gender perspective and she maintains that feminist values are necessary components for a project: "They are not *vices* to be set aside but *virtues* which guide the research toward its practical goals" (p.25).
Similarly, based on the fact that the feminist perspective acknowledges and assesses prejudices, it is intrinsically positioned within the hermeneutic circle (Bowles (1984). Bowles argues that: "There is no such thing as a 'detached', 'neutral' or 'objective' place to stand when we know something. We are always speaking from a 'prejudiced' (in the sense of prejudgment) and 'interested' and 'evaluative' posture. This is the circle that we are intimately (personally, socially, historically) involved with what we claim to know" (p.187).

From early stages of my research, I reflected on my own prejudices and my pre-understandings resulting from my socio-cultural background, my gender perspectives and my general views of the world. The decision to include the feminist hermeneutics perspective in this research was related to the fact that this inquiry was set from the start to explore the gendered experiences within a female therapist-male client dyad. Also, it is one of the purposes of this research to recognise female therapists' voices, including my own voice as a female therapist and researcher. Buker (1990) also argues that hermeneutics research moves forward in two directions: "first, toward understanding more about the world out there - the others, the objects of inquiry — second, toward understanding more about the self and the society that shaped that self." (p.26). Therefore, part of my job as a researcher within the feminist hermeneutic perspective is to recognise the impact that gender has on in my inquiry, while aiming to understand the changes both in myself and in others.

2.1.6. The trustworthiness of the research

Lincoln and Guba (2000) argue that qualitative research cannot be judged on the criteria of rigour and quality, but should rather be judged on an alternative criteria of trustworthiness. In order to achieve the necessary trustworthiness for my hermeneutic research, I aim to meet the four criteria that are used to measure trustworthiness: *credibility*, *transferability*, *dependability*, and *confirmability* (Lincoln & Guba, 2000).
To meet the *credibility* criterion, the research findings need to be reliable and consistent. In order to achieve credibility, I have followed Patton's (1980) recommendations to return to my

data “over and over again to see if the constructs, categories, explanations, and interpretations make sense” (p.339). To achieve *transferability*, I aim for my research to offer adequate detail of the context so the findings could be reasonably applied to other situations. Furthermore, the *dependability* criterion is met when the research process is consistent and reasonably stable over time and between researchers. The data that I used for my research was extracted from literature that has persisted over the years, from Freud’s writings to the present times. Finally, to reach the *confirmability* criterion, my aim was that the results of this research emerge from the data and not their own pre-dispositions.

Another validity procedure uses the lens of the researcher, so the researchers need to self-disclose their assumptions, personal beliefs, values and biases that may shape their inquiry (Creswell & Miller, 2000). Within the qualitative research, researchers’ reflexivity is particularly important because it allows readers to understand their positions (Creswell & Miller, 2000). Smythe and Spence (2012) argue that hermeneutic approach has evolved around the idea that how we interpret experiences is inseparable from our past and present and, therefore, interpretation describes a unique and playful dialogue in which the subjectivity and prejudices of the researcher are recognised and valued.

I therefore recognise that my research is a product of a dynamic relationship between myself as an interpretive researcher and female therapist, and the literature that constitute the subject of my research. This relationship is influenced by the way I see the world today, based on past experiences: it is influenced by my culture, ethnicity, education, religion, views on gender roles, and so forth. Being brought up in a communist Romania, where people lived in poverty and terror, my personal experiences have been shaped by that particular context. Within that deficient socio-political system, I experienced deprivation and fear, and I witnessed injustice and violence. I quickly became aware of my own powerlessness as a girl living in a hostile world dominated by powerful and threatening images. Furthermore, regarding my own gender conceptualisation of masculinity, I think it is based on my own experiences with the men in my family and other relationships with men throughout my life. My views of men are complex and sometimes dialectical. In my negative view, men are tough, unpredictable, angry, violent, and condescending. In my positive view, men are courageous, confident, respectful, committed, and honest.

I am therefore aware that I approached this research with my own pre-conceptions and biases. Gadamer (1982) argues that the prejudices of individuals, more than their judgements, constitute the historical reality of their being (Smithe & Spence, 2012). Even more, the acknowledgement that "all understanding inevitably involves some prejudice gives the hermeneutical problem its real thrust" (Gadamer, 1982, p.239).

2.2. Method

This section outlines the research process used for this inquiry. The method that I used for my hermeneutic research is a literature review. The process of going through the hermeneutic circle was assisted by the framework provided by Boell and Cecez-Kecmanovic (2010). This particular framework offered a structure that I found helpful in the process of searching the literature. The steps that I followed are described in this section. I also include here the interpretation of data and the presentation of results.

2.2.1. Literature reviews

In a hermeneutic research, the reader is encouraged to approach the literature and engage with it based on the Gadamer's philosophies that literature cannot be regarded as objective truth. According to Smithe and Spence (2012), in a hermeneutic literature review the researcher needs to be aware of the literature as "a rich, complex array of meanings, all of which will be interpreted across gaps of understanding, and all of which is representative of a point of view" (Smithe & Spence, 2012, p.14).
However, even though the literature will present an argument and it will point to findings, "it is not definitive, not complete, and not all-encompassing" (p.14). Therefore, the aim of the literature review is not simply to gather pre-articulated knowledge, or to show a gap in the literature, but to provoke thinking and to encourage readers to engage in dwelling, pondering, and questioning (Smithe & Spence, 2012).

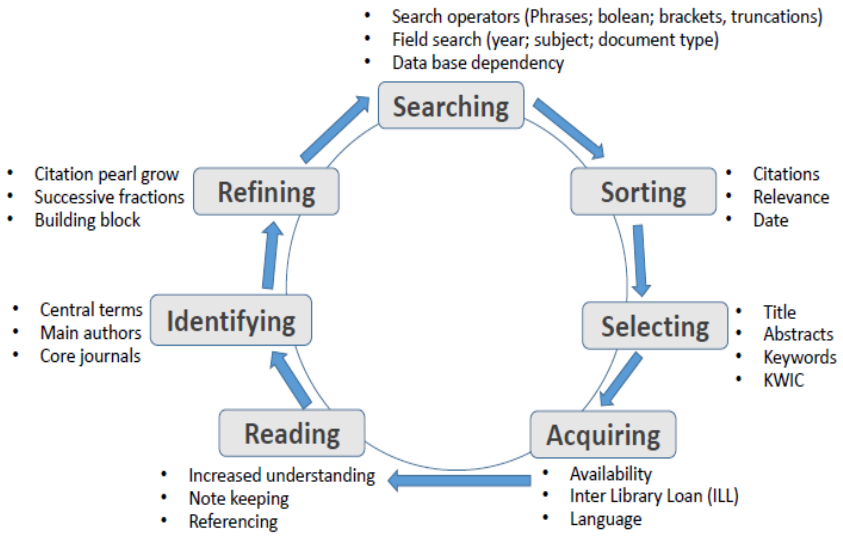
2.2.2. Researching for the relevant literature

According to Boell and Cecez-Kecmanovic (2010), the process of researching the relevant literature resembles a hermeneutic process because the understanding of individual texts

depends on the understanding of the whole body of relevant literature, which in turn is built up through the understanding of individual texts. Therefore, they argue that the literature review can be described by a hermeneutic circle where there is no final understanding of the relevant literature, but a constant re-interpretation leading to deeper understanding of relevant texts.

The framework proposed by Boell and Cecez-Kecmanovic (2010) consists in the breaking down of the process of searching for relevant literature into seven specific steps associated with different techniques: searching, sorting, selecting, acquiring, reading, identifying, and refining.

Figure 1: The hermeneutic circle of reviewing literature and techniques associated with different stages of the hermeneutic circle (Boell & Cecez-Kecmanovic, 2010, p. 134).



I briefly present below the steps that I followed in searching for the relevant literature that I used for my research:

Step 1. Searching for literature (inclusions and exclusions)

I started the hermeneutic process by selecting some helpful articles to serve as initial texts. Consistent with the hermeneutic process, I located the relevant data that resonated with me by using my subjectivity and my inquisitive attitude to the topic.

My views, prejudices and cultural backgrounds have influenced what data was collected.
In order to constrain the amount of literature manageable (in terms of size, time frame and required academic standards), I employed some inclusions and exclusions criteria.

Considering that traditional gender roles represent the dominant white middle-class culture, I included only those materials that referred to white male clients and white female therapists, and I excluded texts that referred to men and women of colour. Furthermore, I decided to exclude the literature focused on male clients working with female therapists in forensic settings because I considered that the power dynamics that might emerge with this group of clients may be specific to that particular violence-prone environment. I also decided to exclude the literature focused on homosexual male clients and lesbian therapists because I thought that would probably ask for a more complex approach and understanding of sexuality and a comparison between straight and gay people approach to sexuality. Therefore, I decided that was beyond the purpose of this research. Also, I noticed from early on that studies of lesbian therapists working with men (gay or straight) were difficult to find. That was probably linked to the fact that therapists not often indicate their sexualities.
Considering that the processes of searching and selection are interwoven, after reading the first set of documents, I returned to the search for additional documents, avoiding the irrelevant literature.
In the process of searching for literature I employed search operators which included the use of phrases, truncations, and the Boolean operators AND, OR and NOT.
For example, I searched for words and phrases like*: 'gender'; 'gender roles'; 'masculinity'; 'femininity'; 'traditional masculinity'; 'gender in psychotherapy'; 'male clients issues'; 'female therapists'; 'female therapist-male client dyad'; 'transference male client female therapist'; 'countertransference female therapist male client'; 'power'; 'power in society; 'power dynamics in therapy'*, etc.
I included '*Western culture*'. I excluded: *'gay men'*; *'men of colour'; 'forensic'*, etc.
I also used field searching, such as 'subject category': '*psychotherapy*'; *'psychology'; 'sociology';* and *'feminism'*.
I used various search motors, such as: Ovid, ProQuest Central Wiley, PEP, and Online AUT library.

Step 2. Sorting search results

This was the stage when I utilised citations as ranking criteria, in order to identify central literature that has been used extensively by other academics. Citations were useful for identifying central older publications, although the citations had limited use when searching for latest research publications.

Step 3. Selecting search results

During this step, I analysed the relevance of the previous retrieved results looking at the title and abstracts of documents in order to establish if they were relevant in the context of my search. Retrieved documents were analysed for their relevance in order to adjust the search strategy.

I repeatedly used analysis, refining, and searching until the selection of retrieved documents reached an acceptable level of precision and completeness.

Step 4. Acquiring relevant documents

This step was dedicated to the process of acquiring the relevant texts for reading. I used journal articles that were available in electronic form and books from the AUT library.

Step 5. Reading of identified publications

Through reading, I was able to increase my understanding of the topic, identify important concepts, and master the vocabulary used to describe those concepts. During this process, I learnt how similar results are interpreted differently by different authors. I also used note keeping to keep track of literature I had read, and the APA 6th referencing style to ensure that all literature was cited correctly.

Step 6. Identifying

Using reference tracking, I was able to identify further relevant literature while reading though the process called *"snowballing"*. Also, paying attention to the literature referenced by others I was be able to identify additional search terms and phrases, as well as related theories that were used in subsequent searches.

Step 7. Refining

During this step, I used some methods for refining searches, such as building blocks (starting with a set of simple searches that are then combined to build a complex search), successive fractions (successively 'slicing off ' groups of irrelevant documents from the results), and citation pearl growing strategy (using relevant articles as a starting point for further searching).

Finally, when I realised that a point of saturation was reached, I decided to leave the hermeneutic circle. All the additional publications were only considered as making a marginal contribution to the understanding of a phenomenon.

2.2.3. Applying the methodology

The hermeneutic process for this dissertation started with reading the selected literature. During this step of the hermeneutic process my goal was to develop a first layer of understanding the texts.

As a next step, I allowed my own associations and interpretations to emerge. I entered my thoughts, feelings, observations, reflections and understandings about the process in a research diary. In addition, I regularly discussed with my dissertation supervisor my role in the research process and the power dynamics between me and the male clients in my psychotherapy practice.

Having Gadamer's ideas as guidance for my research, my purpose was to read and examine texts, to reflect on their content and discover something insightful, and to bring forth interpretation and meaning that would create a new understanding and a new starting point for further research. Throughout this process, I allowed myself to immerse in the reading, searching, intuiting, thinking, talking, writing, letting-come process by which I discerned what mattered for my research (Smithe & Spence, 2012). I aimed to keep my mind reflective and open to explorations and interpretations, and I noticed and recorded the development of new ideas.

Utilising the hermeneutic principles, I often went back to the original texts and I allowed the process of interpretation to start over. This dynamic movement of understanding from part to whole, and from whole to part, has constituted the hermeneutic circle for this research. Interpretations arrived through the "fusion of horizons" between the horizon of understanding I brought with me to the encounter and, on the other hand, the horizon which I addressed in the encounter. The hermeneutic process continued until the apparent absurdities, contradictions, and oppositions in the organisation no longer appeared strange, but made sense (Myers, 1994).

Finally, understanding was achieved when I found a consistency between the whole and all its parts and vice versa. At the end of this interplay, my understanding was transformed and I became a more confident contributor (Gadamer, 1960).

2.3. Presentation and interpretation of findings

The process of engaging with the hermeneutic circle, which involved the moving back and forth between the parts and the whole of the text, helped me to reach a new understanding and to identify new ideas. As I engaged with the literature, a number of 14 subthemes emerged from the data. My initial idea was to divide them in two groups: “Male client’s transferential experiences with a female therapist”, and correspondingly, “Female therapist’s countertransferential experiences with a male client”.

However, I soon realised that some of the themes were intertwined and strongly connected to each other, having many commonalities. For example, a male client’s erotic transference shares similar features with the female therapist’s erotic countertransference. I then decided to bring male clients’ experiences and female therapists’ experiences together, under common overarching themes.

As a result of this process, three major themes emerged:

1. The parental complex (including five subthemes)
2. The erotic dance (including six subthemes)
3. The power game (including three subthemes)

These three major themes represent the power dynamics, the transference, and the countertransference that may emerge between a female therapist and a male client. They are illustrated in more detail in Figure 2.

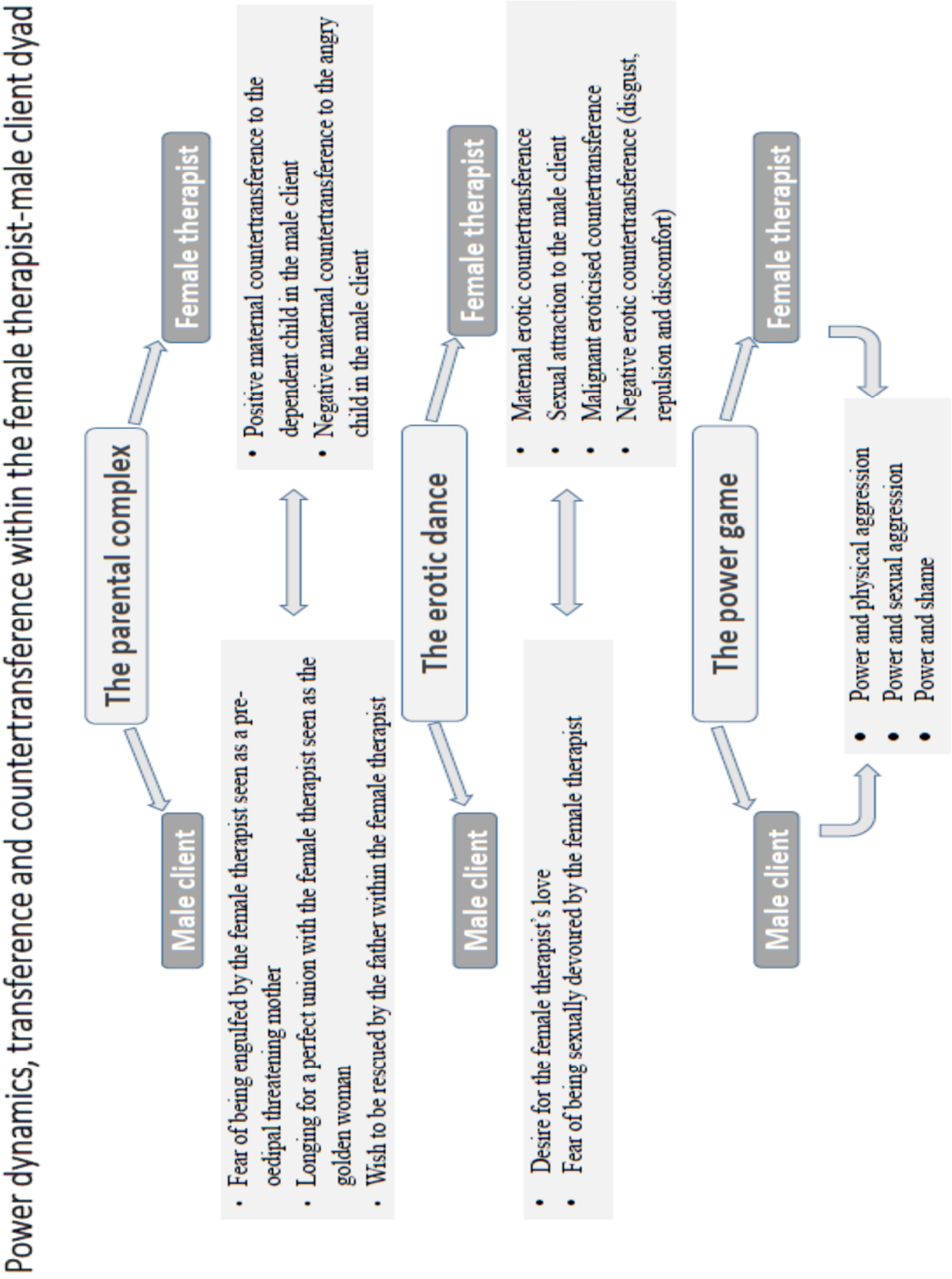
The results of the research are discussed in the next chapters, as follows:

Chapter 3- The parental complex;

Chapter 4 -The erotic dance; and

Chapter 5 -The power game.

Figure 2: Results of research. Power dynamics, transference and countertransference themes within the female therapist-male client dyad as they emerged from the research literature



Chapter 3. The parental complex

Introduction

The themes presented within this chapter contain a diversity of maternal and paternal transferential elements that may occur in the female therapist-male client dyad, as they have emerged from the reviewed literature.
This chapter is structured in two sections. The first section presents the male client's transferential reactions to the female therapist's images as either as a threatening pre-oedipal mother or as an ideal and all-nurturing mother, as well as images of the female therapist as a rescuing father figure. The second section explores the female therapist's countertransferential reactions to the male client's images, either as a needy and dependent child, or as a frustrating and angry child. These transferential and countertransferential responses provide an overarching representation of the parental complex which may be re-enacted between a male client and a female therapist.

3.1. Parental transferential reactions in the male client-female therapist dyad

In this first section of the chapter, the male client's transferential reactions toward the female therapist are discussed as follows: first, the male client's transferential fear of the threatening mother image in the female therapist; second, the male client's longing for a perfect union with an ideal mother figure; and third, the male client's wish to be rescued by the masculine image of the father within the female therapist.

3.1.1. Male client's fear of being engulfed by the female therapist seen as a pre-oedipal threatening mother

As I engaged with the reviewed literature, I realised that the maternal asexual transference between a male client and a female therapist is considered to be one of the most common and the most beneficial themes that occurs in the dyad. There is probably a good reason for this

type of transference to be seen in such positive terms, since it maintains a perception of safety for the female therapist and it is highly regarded by our culture (Russ, 1993; Gornick, 1986).

Within this particular transferential theme, the female therapist is portrayed as an image of the archetypal Great Mother, or correspondingly, as the pre-oedipal phallic mother. In the psychodynamic literature, the pre-oedipal mother is actually an image of opposites: at one end she is caring, nurturing and compassionate, and at the other end, she is devouring, seductive and poisonous. Moreover, the literature describes the female therapist as an image of an omnipotent and absolutely powerful, sexual neutral figure (Grosz, 1992), as well as an image of an engulfing, suffocating, dominating, and punishing figure (Gornick, 1994).
As it can be seen, these various transferential images of the pre-oedipal mother are intertwined, with both sexual and asexual images being portrayed in the literature, resulting in a difficulty to separate them. I have chosen to focus here on the theme of the asexual image of the female therapist as an engulfing pre-oedipal phallic mother. The theme of the female therapist seen as a sexually devouring and potentially castrating mother is explored later, in the chapter entitled “The erotic dance”.

Taking into consideration the dual feature of the pre-oedipal maternal transference, the literature portrays the male client entering into an asexual relationship with the female therapist where he may experience both wishes for reunion with the pre-oedipal mother seen as an ideal object (as described within the next transferential theme), and feelings of fear, shame, humiliation, and anger towards the female therapist perceived as more potent than he (Karme, 1993). It is also hypothesised in the literature that the positive maternal transference concerns the beginning of therapy when the male client would relate to the female therapist as the superior, giving and loving mother whom he will attempt to please.

However, the literature also suggests that as the therapy progresses, a subtle negative transference may emerge in the dyad, for example through the ‘reversal of gaze’ whereby unconscious associations between the experience of being looked at and the childhood fears of being devoured are evoked (Fenichel, 1945). The following quote by Lester (1985) captures the image of a male client seeing his female therapist as "a big predatory bird perched somewhere high up watching the little chicken down on the ground" (p. 289). I find this metaphor very powerful as it captures very well the male client’s terror of being helpless like a little chicken in the face of the perceived omnipotent female therapist who is

experienced as intrusive and threatening. I speculate here that some of the male client's fear of the female therapist may be also related to his masculine role socialisation, and will discuss this more fully later. I also wonder how the male client's views on the particularities of the mother-son relationship may influence the content of his feelings about the female therapist and also how his views on gender roles may contribute to the construction of his defences against her perceived power.

3.1.2. Male client's longing for a perfect union with the female therapist seen as the golden woman

This theme is discussing the male client's transferential longing for a perfect union with an ideal mother image within the female therapist. This theme has emerged from the literature as the opposite transferential reaction to the male client's fear of the threatening pre-oedipal mother in the female therapist, as presented above.

As I engaged with the literature, I came across the idea that the male client's longing for a "perfect union" with the good mother is reactivated when he enters an intimate relationship with the female therapist (Celenza, 2007). Therefore, the intimacy created by the therapeutic encounter may trigger the male client's fantasy of the ideal pre-oedipal mother, also seen as the golden woman, who is the source of all nurturing and sexual goodness (Smith, 1977). According to the literature, the image of the female therapist as a golden woman or ideal object can be explained as having its roots in the re-enactment of the blissful original moments of union with the mother and in the child's fantasy that "*Mommy and I are one*" (Smith, 1977).

Another idea which has been presented in the literature is that the fantasy of the golden woman is especially present for men because of the legacy of the disidentification process which occurs at a time when the integration of objects is not completed, and there is a reliance upon one object to have all the needs met (Blazina, 2004). Therefore, one could argue that the male is arrested at an unintegrated place within the psyche longing to return to a state that is both unrealistically all-gratifying and encompassed within only one relationship with one ideal person (Blazina, 1994).

I include here a vignette that illustrates this particular type of transference, as described by a female therapist working with a male client in his late forties, whose mother died when he was an infant.

> *"In the first period of therapy the focus was on his previously disavowed vulnerable states. Ben reacted to this focus with intense neediness, panic states, and long periods of crying. He recited a litany of embarrassing moments in his life and was deeply comforted by my understanding and explanatory comments. He viewed me as the understanding loving mother he had longed for in childhood. This was most affirming of my self-construct as a loving, caring mother. (…) In the godlike status he assigned to me, I became the embodiment of his dead mother who would watch over him."* (Flax & White, 1988, p.18)

What is described here is the male client's transferential wish for the "perfect union" with his female therapist who has been given a godlike status of an ideal mother who is holding the omnipotent powers of taking all the pain away. It becomes evident that within this particular transferential theme, the female therapist is seen as an ideal object who is expected to meet the male client's every need, his nurturing fantasies, and his intense longing for indissoluble union and unconditional love. When viewed from an object relations perspective, the female therapist is perceived here as a "part object" woman. This is because the full understanding of who she is as a complete object both good and bad, and both gratifying and ungratifying, has not yet been integrated by the child within the male client (Bly, 1990). As a result, one could argue that this transferential situation may contain a risk for the male client who holds wishes to be loved totally, and without judgement: he may experience rejection and abandonment once again.

3.1.3. Male client's wish to be rescued by the father within the female therapist

Moving on from the maternal transference with both its features ─ the threatening phallic mother and the ideal mother transferences ─ another theme that I introduce under the theme of the parental complex transferences is the theme of paternal transference, which may occur within the male client-female therapist dyad. This particular transferential theme that has emerged from the reviewed literature refers to the male client's wish to be rescued by the masculine image within the female therapist. The literature suggests that the paternal transference could be rooted in the process of disidentification wherein the boy has the

fantasy of the father as a rescuing figure, the one who will save the boy from the closeness that he has with his pre-oedipal mother (Worell, 2002). On the other hand, the literature talks about the negative father image transference wherein the female therapist may be seen by the male client as the stern, penetrating, castrating, and threatening Oedipal father who would punish the boy for desiring his own woman, the mother (Karme, 1979; Diamond, 1993; and Schaverein, 2006). However, considering the similarities between the threatening Oedipal father transference and the engulfing phallic mother transference which has been discussed earlier, I will focus here on the positive paternal image, which may trigger some interesting dynamics in the dyad.

This type of transference with a female therapist is rarely talked about, and I noticed a significant debate in the literature regarding the occurrence of paternal transference in a female therapist-male client dyad. Some authors, like Karme (1979) and Schaverein (2006) suggest that the lack of reported paternal transferences is the result of interpreting the masculine images in transference in terms of pre-oedipal phallic mother. However, others think that paternal transference to female therapists have been seen as a matter of course and so have not felt it necessary to describe it (Chasseguet-Smirgel, 1984). One could argue that it may be problematic for the female therapists to allow themselves to interpret the transference in masculine terms, especially because they may be inclined to focus on the familiar and more comfortable pre-oedipal mother transference.

Considering the multidimensional definition of the phallic mother (including as a maternal, paternal and bisexual object), there may be some confusion around the differences between these two types of parental transferences, and I wonder how a female therapist can really distinguish between the pre-oedipal phallic mother transference and the Oedipal father transference. I agree with Maguire (2004) who suggests that the process of assigning gender to aspects of the transference is a difficult task, since what the psychotherapist perceives as feminine-maternal, or masculine-paternal, may not accord with the client's experience. Furthermore, one can argue that the images of the Oedipal father may represent a sign of the male client's awareness of triangular relationships, like a "glimmer of the other, a third force" (Maguire, 2004, p.142).

To illustrate how the paternal transference may occur in the therapy room, I include here a vignette that describes the paternal transference which emerged between a 24-year-old male client and his female therapist:

> *"During this period, Jason intermittently demonstrated a paternal transference to me. He sometimes experienced me as condescending, critical, aloof, having to be right, judgemental and highly accomplished ─ all qualities he associated with his father. At other times, his need for an idealising merger relationship with a paternal figure was reactivated in the transference. He brought in fishing magazines, and fantasised about us doing-father son activities together. " (Diamond, 1993, p.217)*

As argued in the literature, and also exemplified by this little vignette, it appears that the gender of the therapist does not affect the way transference unfolds since the client will re-enact relationships with significant others of both sexes.

Furthermore, reflecting on my work with male clients, I noticed how I occasionally use more of my masculine traits, such as planning and strategising the treatment, and I wonder if that is actually an indication of the countertransferential reaction to the male client's paternal transference. Thus, I suggest that monitoring the countertransferential responses and being able to recognise the use of masculine traits could be beneficial in the process of detecting and understanding the paternal transference. This idea agrees with the literature, which argues that in order to integrate his own psychic bisexuality, the male client needs to see that the female therapist can draw on both conventionally masculine or paternal and maternal capacities (Maguire, 2004).

3.2. Maternal countertransferential reactions in the male client-female therapist dyad

Focusing now on the maternal countertransferential themes, two types of countertransference reactions are illustrated below: first, the positive maternal countertransference in which the female therapist sees the male client as a needy and dependent child; and second, the negative maternal countertransference in which the female therapist feels frustrated with the angry child in the male client.

3.2.1. Female therapist's positive maternal countertransference to the dependent child in the male client

This countertransference theme has emerged from the reviewed literature as one of the most frequently evoked countertransferential dynamics in the female therapist-male client dyad. The literature often portrays this dyad as a re-enactment of the mother-infant matrix, and as an opportunity for the female therapist to play the maternal role for the client's infant (Winnicott, 1965). One could argue that playing the role of the mother comes naturally to many female therapists because it agrees with the woman's gender-role socialisation of being nurturing, sensitive to others' needs, giving, and accepting of man's confidences (Maguire, 2004).

As I engaged with the literature, I have noticed that many female therapists feel that by employing a maternal nurturing role toward the male clients, they are able to connect better to the childlike aspect of a male's vulnerability and to remain attuned and immersed in the emotional world of the patient (Morgan, 1996). The literature also suggests that the female therapist's work is often guided by the fantasy to be a 'good breast'–the all-giving mother for her clients, regardless of their gender (Gutman, 1984). What I find interesting here is that if the female therapist fails to be the "perfect mother", she may experience a frustration countertransferential response, wherein she sees herself as an abandoning and bad mother. As a result, the female therapist may sacrifice her needs in order to be a "good mother" at all costs. I believe that this situation could lead to a potential risk of the maternal countertransference by fostering the client's dependence on the ideal mother within the female therapist.

I include here a relevant vignette that illustrates the good mother countertransference and the female therapist's emphasis on pre-oedipal transference:

> *"I see them as little boys. I was just picturing myself ...opening that door to the 57-year-old and he's always got a baseball cap on... when he's in the waiting room. Such a little boy! And yet he's tall and large, and I don't know, I just like him.... I mean to me he is a little boy that wasn't loved, and I don't know how that differs from a little girl that wasn't loved. And that's who I'm treating.... It's just the level that I find the pain to be most excruciating. It's a level that I work toward and has been successful... no matter what they come*

> *in to tell me. They're here, I think, because of a little child that didn't get what they needed."* (Fitzpatrick, 2000, p.99)

I find it fascinating how this particular female therapist talks about her maternal countertransferential reactions toward a male client whom she sees like a little boy, not a real man who is 57 years old, large, powerful, and presumably sexual. It appears to me that here the female therapist is determined to find the little child underneath the male client's physical and sexual power. This situation relates to another idea existing in the literature that suggests that the female therapist may see the maternal countertransference as a possible escape when she feels helpless in the face of the patient's more difficult demands, such as sexual and aggressive transferences (Schaverein, 2006) ─ dynamics described later in the next chapter, "The erotic dance".

Therefore, one could argue that the female therapist might find it easier to deal with her own discomfort by viewing the male client as a needy, dependent and deprived child. I also believe that for a female therapist, the image of a needy boy would be less confronting than the sexual image that might follow the acknowledgement that the male client is in fact a sexually desirable man. However, the danger here is that by refraining herself from making pertinent interpretations, the female therapist may be restricting the male client's autonomy and growth, and she may also be limiting his natural tendency to become independent and sexually demanding (Schaverein, 2006).

3.2.2. Female therapist's negative maternal countertransference to the angry child in the male client

The second type of maternal asexual countertransference that has emerged from the literature refers to the female therapist's negative reactions of frustration, annoyance and anger when she realises that she is working with the angry and the provocative child in the male client. However, experiencing a negative maternal reaction may be a difficult realisation for a female therapist due to her feminine role socialisation and her intrapsychic dynamics (Schaverien, 2006), as I will explore below. I noticed a consensus in the literature about the woman's need to display qualities that are culturally accepted and to be experienced as a nurturing and non-sexual good mother, as opposed to the unacceptable, hostile, depriving, sexual and seductive bad mother (Fuerstein,1992).

To exemplify the negative maternal countertransference, I include here a short vignette in which the female therapist talks about her feelings of exasperation and impatience towards a male client:

> *"I think the maternal feelings probably covered a lot of ground for me. Some of them I think were probably perfectly fine, and I think some of them were the way I dealt with my irritation at him. Because he was sometimes difficult to sit and listen to (…). And I think sometimes my maternal feelings, in fact, were probably, "Get your act together here. Get off your ass" — that sort of also maternal feelings from my experience-you know, more of a hostile or angry or impatient, the negative side of the maternal" (Chiu, 1994, p.156).*

As seen in this narrative, and as it has been suggested in the literature, the female therapists may feel discomfort in accepting negative feelings as anger and exasperation toward their male clients. It is assumed that for most women the unconscious ego ideal carries the concept of aggression as evil and unfeminine and when recognised in the self, it often leads to depression, guilt, and anxiety (Bernay, 1986). I find it interesting how the literature portrays the unconscious feminine ideal as almost completely associated with nurturance and nearly devoid of aggression.

Reviewing the literature on this matter, one perspective stood up for me; the need of a woman to be seen as all nurturing and compassionate is possibly related to the importance that is placed on the pre-oedipal attachment of the little girl to the mother in the formation of her ego ideal. It is argued that due to being in a constant proximity to the mother and experiencing a mutual identification with her, the daughter may experience the ego boundaries between them as malleable and fluid (Lebe, 1986) and that may result in the woman's comfort with merger states, caring for others, maintaining relationships and difficulties with separation. The literature says that, in contrast to the man who has the tendency to deny the mother in himself as part of his gender role (as presented in the previous chapters), the woman has difficulty to differentiate herself from others and tends to deny her agency and subjectivity (Flax and White, 1998). As a result, I suggest it is rather expected for a female therapist to experience a natural pull to maintain the merger with the child in the male client, as a pre-oedipal caring and nurturing mother to her son.

However, as mentioned above, colluding with the male client is seen as a manoeuvre that encourages the dependency of the male client and his avoidance of more challenging

transferential phenomena such as erotic and sexual transferences. I therefore agree with the literature that emphasises that the female therapist needs to be able to accept the negative parts of herself, to be ready to perceive herself as “the bad breast, aggressor or father, as she is the good breast, nurturer or mother, in order to further the evolution of the erotic transference in particular and the expansion of the working-through process in general" (Fuerstein, 1992, p. 69). I believe that being able to move beyond the good and nurturing maternal stance may represent a major step in the female therapist’s development.

Conclusion

This chapter presented the maternal and paternal transferential phenomena that may occur within the male client-female therapist dyad. The male client fear of the threatening mother in the female therapist, as well as his longing to merge with the ideal mother in the female therapist have been explored in the first part of the chapter. Also, a less explored theme of the paternal transference have been introduced here as representing the male client’s wishes to be rescued by a father figure. In the second part of the chapter, the female therapist’s countertransferential responses have been presented – a distinction being stressed between the female therapist’s need to be seen as a good mother for her male client and her fear to be seen as an angry and ungratifying mother by the male client.

Chapter 4. The erotic dance

Introduction

This chapter explores the sexualised transferential and countertransferential feelings and reactions that may occur within the female therapist-male client dyad, as they have emerged from the reviewed literature. The chapter is divided into two sections corresponding to the male client's sexualised transference, and respectively, to the female therapist's sexualised countertransference. The term sexualised transference is used here as a more general term and includes both forms of experiences, erotic and eroticised transference. These two types of sexualised transference differ in their intensity and their underlying motivation, as described in Chapter 1.

In the first part, the focus is on presenting the sexualised transference experienced by the male client, with both the positive erotic transferential feelings (e.g. the male client's desire to be erotically involved with the female therapist), as well as the negative erotic transferential reactions (e.g. the male client's fear of being sexually devoured by the female therapist). In the second part of this chapter, I explore four forms of sexualised countertransference as they may be experienced by a female therapist, ranging from the maternal feelings intertwined with erotic feelings, to a more extreme form of malignant eroticised countertransference. I also present here the female therapist's negative erotic countertransference reactions to the extreme sexual material provided by the male client.

4.1. Male client's sexualised transferential reactions

In the first section of this chapter, two themes of erotic transference that may be experienced by the male client in a dyad with a female therapist are discussed: first, the male client's transferential love for the female therapist who is seen as seductive; second, the male client's fear of being sexually devoured by the female therapist who is perceived as a dangerous and sexually frustrating object.

4.1.1. Male client's transferential desire for the female therapist's love

The theme of erotic transference in a female therapist-male client dyad appears in the literature as a "hot" topic that requires special consideration. As presented earlier in the literature review, erotic transference is a complex phenomenon that represents client's reverential, romantic, intimate, sensual or sexual fantasies about the therapist (Book, 1995).

What became apparent from the reviewed literature is that erotic feelings and sexual arousal are "commonplace, ubiquitous and presumably normal" (Tower, 1956, p. 232), regardless of the genders involved (O'Connor & Ryan, 2003). In my view, a good argument for the occurrence of the erotic transference in therapy is deeply related to the inherent seductiveness of the therapeutic setting where the client is invited to re-experience feelings of dependency, helplessness, and vulnerability (Kalsched, 1996) and where the intimacy of the relationship between client and therapist is kept confidential and private behind closed doors. Another fascinating argument here is linked to the sensual bond between mother and baby and the fact that we are born into a power relation. Therefore, being in a relationship with a person one may perceive to be more powerful than oneself may activate memories of the power imbalance experience in the parent-child matrix (Celenza, 2004).

What I also find interesting here is that, for many years, the focus in the literature has been on the reports of erotic transference that occurred between a female client and her male therapist, while the display of the erotic transference by the male client to the female therapist has been consistently overlooked. The argument for the paucity of literature on this theme is related to the idea that the male client's expression of erotic urges may be inhibited by his fantasy of the threatening pre-Oedipal mother (Lester, 1985) or by his tendency to maintain the image of the nurturing mother (Person, 1985). One could also notice here the subtle socio-cultural pressure on the female therapist to minimise the appearance of the erotic transference when working with a male client and to accept some personal responsibility for departing from the strict nurturing maternal stance (Lester, 1985).
Similarly, one could argue that the paucity of writings on this theme could be related to the female therapists' embarrassment that they may be viewed as being exhibitionistic or seductive, and therefore their efficacy and worth as a therapist would be questioned (Karme, 1993). Interestingly enough, for most male therapists the erotic transference experienced by their female clients is seen as a normative romantic pattern and even beneficial for the female

client, a sign of her blossoming femininity (Freud, 1915; Gorkin, 1985). This situation reminds us again of the gender configuration in our culture where a powerful man is undoubtingly seen as sexually desirable, but for a woman, power is perceived as conflicting to her normative gender role (Braude, 1988) ─ a dynamic discussed in more depth later in the chapter “The power game”.

However, despite these controversies, I found numerous narratives and clinical examples of the erotic transference within the female therapist-male client dyad in the more recent literature that I have reviewed. The aspect that stood out to me is related to the defensive role of the erotic phenomena in this particular dyad. I find it particularly interesting how some aspects of the gender role socialisation are played out in this type of transference. For example, the literature suggests that the erotic transference of male clients to their female therapists can function “as a defense against feelings of humiliation evoked by the therapy situation or against threats to masculinity spurred by the regressive pull of the pre-oedipal transference” (Gornick, 1986, p. 315). Therefore, the erotic transference may be seen as an opportunity to "turn the tables" i.e. for the male client to change the power balance in the therapeutic relationship.

The following quote by Koo (2001) captures this particular dynamic in the dyad:

> *"Mr. A. expressed significant anger toward persons of higher social status and professional stature, and he vehemently degraded their “unrealistic” views of the world and their intelligence. Erotization allowed avoidance of exploring his envy of me, an apparently well-established, aspiring professional. Moreover, Mr. A. felt ashamed to need me; erotization permitted him to express a more socially sanctioned need, a man's sexual passion for a woman, rather than a dependency that made him feel weak and needy.” (p.33)*

As it is apparent in this vignette, a male client may unconsciously use eroticisation as a tool to deal with the power inequity in the therapeutic dyad with a female therapist who is in an enviable position. It could be argued that by reducing the female therapist to the level of a lover and by fantasising about the masculine dominance of a sexual encounter with her, the male client may attempt to undo the power and the authority inherited in the female therapist’s position and thus restore his power as a man in the dyad.

The theme of defeating the powerful woman has always been present in the popular literature, where it is common for the female’s power to be perceived as an impediment to a

man's power (Gornick, 1988). Thus, by conquering an independent and powerful woman, a man would often gain more power, respect and reputation. It would be interesting to see how this dynamic may play out in a therapeutic situation where the male client may find himself in an unacceptable submissive position with a more powerful female therapist. As suggested above, he may feel compelled to use erotic demands to gain the power over her, as a woman. The theme of dethroning of a female therapist by her male client is portrayed in many movies. I find fascinating Gornick's analysis of three Hollywood movies (*Zelig, Spellbound, and The Man Who Loved Women*) that present female therapists falling in love and having sexual encounters with their male clients. Gornick argues that by doing so, female therapists give up their positions of power so that their male clients can become "real" men. Interestingly, it could be also added here that a male client falling in love with and conquering his powerful female therapist would not be like any other mortal man (Gornick, 1988) because that is a situation that breaks from the normative gender erotic patterns in our culture.

As I engaged more with the literature, I realised that the male client's erotic transference to a female therapist can be a very complex phenomenon and, in addition to the defensive function presented above, there are multiples meanings that can be assigned to it. The most commonly reported narratives of the erotic transference in this dyad are those that portray it as based on the Freudian classic view that the erotic transference is anchored in the Oedipal erotic demands (Flax and White, 1988). However, I noticed that more recent literature suggests that the male client's erotic transference may be also triggered by the pre-Oedipal recreation of the mother-baby bond in the therapeutic setting with a female therapist (Wrye & Wells, 1989). The danger within this transference is that, if the female therapist interprets the erotic transference only in terms of maternal transference (as explored in the previous chapter "The parental complex"), it may result in a stagnation of the treatment.
I include here a narrative to illustrate the development of a sexualised transference out of a maternal transference between a female therapist and a male client:

> *"At times, the transference felt overwhelming, acquisitive, even devouring. At times I was lost in his call for more. (…) When I understood the client's sexual feelings to be based purely in the mother-child transference dynamic it fostered regression. When I acknowledged the powerful sexual atmosphere, I could feel for the first time, his sexual arousal; I could no longer reduce the erotic charge to the desires of an infant. It would have been humiliating to us as adults in the*

> *room. There had to be an acknowledgement of the adult who desires sexual intimacy, in both of us, as well as the infantile sexual demands."* (Tanner, 2014, p.69-70)

As it can be seen in this vignette, it is in the female therapist's power to acknowledge the sexual atmosphere in the therapy room, even if the male client is not conscious of it. I find Tanner's interventions quite courageous and I am fascinated by her capacity to facilitate the progression from maternal transference to sexualised transference. However, I think that this type of interpretation is a difficult therapeutic strategy that only an experienced female therapist could approach. Considering the delicate nature of sexualised transference, I would probably be apprehensive thinking that the male client may perceive such sexual interpretations as provocative and seductive. Not surprisingly, my position would be consistent to my feminine gender socialisation. These dynamics will be discussed further in the chapter "The power game".

4.1.2. Male client's transferential fear of being sexually devoured by the female therapist

Within this type of negative sexual transference, the male client's sexual and hostile feelings towards the female therapist are merged. The female therapist appears here as a negative and terrifying sexual object who is experienced by the male client as a sexually tantalising, frustrating, and a potentially dangerous object. She also appears as an all-powerful persecutor and perpetrator of past failures and abuses (Schaverein, 2006). According to the literature, the male client's tendency to sexualise his aggression towards his female therapist may have its origins in the boy's powerful and violent infantile fantasies towards a maternal figure (Maguire, 2004). The writing of Chasseguet-Smirgel (1984) is very evocative − she hypothesises that a male's hostility towards a woman originates in the boy's terror that his mother has a vagina that could kill. This is captured vividly in her statement that: "For the little boy, the realisation that the woman possesses an organ which allow access to her body is terrifying. If his pre-genital impulses are projected, his desire for connection with the mother may be experienced as her desire. This evokes a terror that he will be sucked back in the womb, absorbed and so annihilated" (p.171). Furthermore, as described in the literature review, Stoller (1975) emphasises how the process of disidentification, which requires the boy to reject his mother as a precondition of his masculinity, contributes to the creation of a reservoir of hatred for women within the man.

Perhaps the most vivid encapsulation of the male client's transferential fear of being annihilated by a powerful woman ─ the therapist − is the myth of the "vagina dentata" (vagina with teeth), which appears in popular literature described by Ducat (2004). According to Ducat, the metaphor of the "vagina dentata" holds together men's terrors of being "emasculated in less literal ways - being eaten, poisoned, infected with disease, rendered impotent, and turned into women" (Ducat, 2004, p.118). Also, this myth relates to men's fears that the teeth of the vagina may remove their masculinity, and thus taking from them their ability to be separate or to have an independent identity (Blazina, 2004). Due to the fantasy of the "vagina dentata", men may fear that there is no return from the place of merging sexually with another, leading to the idea that the sexual intercourse poses annihilating dangers for men who, although entering triumphantly, they always leave diminished (Ducat, 2004).

Although appearing rather extreme, the above narratives can be seen as an attempt to make sense of men's hostility against women. What is interesting here is that this literature can be seen as almost "explaining away" extremely hostile and violent male fantasies, such as that described in the vignette below:

> *"[…] He unexpectedly missed three sessions in succession. […] When he returned he was also able to confess that he feared that he might attack or rape me; he became very aware that we were alone in the building. He said simply "What do you do if you fancy your analyst?" He felt first that this was inadmissible but second it meant that he had to do something about it. He became acutely aware of the limits of the boundaries of the therapy room ─ would they hold? He desired but also feared, that I would permit a sexual relationship with him or else that he would lose control and rape me." (Schaverien, 2006, p.26)*

It is somewhat chilling to hear Schaverien calmly relating this as though it is 'normal' within a therapeutic frame. According to this view, the female therapist is expected to be able to deal with this type of transference in a detached and objective way, and understand that the male client is only reacting to his childhood separation trauma. It looks as if there is an acceptance of this dynamic along the lines of what Ducat (2004) reiterates that "rape is not a crime of passion, but a sadistic assertion of male dominance" (p.53), and that "men who feel that the feminine parts of themselves are bad, frightening, and destructive of their manliness will project them onto women (…) and unconsciously fantasize that, by overpowering and destroying the women (…), they are subjugating and annihilating the unwanted aspects

of themselves" (p.53). Within this situation, there is almost an implicit expectation that an accomplished female therapist will be able to handle these sorts of dynamics, to not be phased by this as it is all part of the male client "working through" something that is necessary for a good therapeutic outcome. This feels like yet another enactment of power within the therapeutic frame that is almost paralleling the sexual violence against women in our culture. However, the dynamics between power and sexual aggression in the female therapist-male client dyad will be explored further in the next chapter – "The power game".

4.2. Female therapist's sexualised countertransferential reactions

The second part of this chapter "The erotic dance" introduces four erotic countertransferential themes within the female therapist-male client dyad as they have emerged from the literature research. Despite the paucity in reporting of the female therapist's erotic countertransference, there is a general consensus in the literature that this type of countertransference is often present in this particular dyad. This overarching theme includes female therapists' erotic feelings and reactions of sexual attraction to their male clients, as well as female therapists' negative reactions to the erotic material presented by the male client.

4.2.1. The erotic extent of the female therapist's maternal countertransference

This theme of erotic-maternal countertransferential responses that may occur within the female therapist-male client dyad has taken shape as I have explored the literature on the topic of erotic feelings within the maternal countertransference. I refer here to the intriguing idea that seduction exists in the bonding between mother and infant, which is not perverse or inappropriate, but occurs in a natural and spontaneous way (Tanner, 2014). On a similar note, it is argued the primal maternal seduction between mother and baby would not be shamed or be acted upon, but delighted in and celebrated (Laplanche, 1989).However, the literature suggests that for female therapists working with male clients, the erotic elements of the transference and countertransference are often discussed with the anxiety that surrounds all things prohibited because it resonates with the forbidden erotic attraction between mother and son. Within this conceptualisation, it is suggested that the female therapist may feel terrified to deal with the erotic transference and her own erotic countertransference because of her

deep fear that she could act out her erotic thoughts, and consequently she may get lost within the horror and incomprehensibility of an actual incestuous enactment (Davies, 1994, p. 153).

I include here a vignette to illustrate the thin boundary between the erotic countertransference and maternal countertransference as experienced by a female therapist working with a young male client:

> *"Ryan's youthful appearance aroused my maternal feelings and I felt saddened by contrasts between his negative life events and the lifestyle and freedom of my own son who was close to his age. (…) Listening to Ryan describing his intense longings to feel 'touched' and to be 'touched' by another, alongside his fears of intimacy, deeply moved me. I felt spellbound. However, within the enchantment it was as if I had drifted into an 'emotional storm'. In the silence, I felt small and powerless in front of something very large and powerful. His intense gaze and the feelings that his descriptiveness evoked, felt as if they had touched reciprocal feelings that carried with them a deep sense of my own aloneness. If I would have physically acted on such feelings, I either would have fled the room or embraced him."*
> (Schaverein, 1995).

In my view this narrative offers a pertinent example of the erotic-maternal countertransference. It shows how female therapists may experience confusion and anxiety when they come to the realisation that their countertransference responses include more than just nurturing maternal feelings. I felt intrigued by this female therapist's experience of feeling "small and powerless in front of something very large and powerful" and I thought that this situation is consistent with the tendency of some female therapists to suppress and censor their conscious awareness of sexual feelings, which are seen as dangerous and disturbing in therapy with male clients. This will be discussed further in the next section of this chapter.

However, the literature points out that, despite the female therapists' perceived difficulties in handling their own erotic countertransference, they may manage their feelings of anxiety and wariness around the erotic phenomena quite well in the session**.** Female therapists will commonly be welcoming of the male clients' sexual fantasies and they will understand them as a natural extension of the maternal transference and as reflecting the male clients' interweaved experiences of dependency, sexual desire, and aggression (Brown, 1985).

4.2.2. Female therapist's sexual countertransferential attraction to the male client

This particular countertransferential theme that has emerged from the literature illustrates the female therapist's sexual reactions to the male client's erotic transference, or to her own sexual attraction to the male client. The literature suggests that, despite the lack of reporting, most therapists experience sexual feelings toward a client at some point in their professional lives (Pope, Tabachnick & Keith-Spiege, 2006), but that enacting the sexual desire is not widespread (Fisher, 2004). Data from research suggest that overall about 4.4% of the therapists report having engaged in sex with at least one client (Pope, 2001). However, research shows exceptional gender differences regarding the therapist-client sexual involvement, with most sexual incidents being limited to male therapists and female clients. Pope (2001) concluded that "the offending therapists are overwhelmingly (though not exclusively) male while exploited clients are overwhelmingly (though not exclusively) female" (Pope, 2001). Even though the literature mentions very rare reports of sexual behaviour between female therapists and male clients, it is difficult to say whether this is because female therapists just do not get involved in sexual activities with male clients, or whether it is because when it does happen, male clients are not likely to report it (Barnhouse, 1978). I am inclined to consider that the reason lies in the nature of the incest taboo, as mentioned earlier under the theme of maternal countertransference.
Here is a narrative that illustrates a female therapist's experience with sexual attraction to a male client:

> *"He was the most gorgeous man I've ever seen in my life. Gray, beautiful gray hair... Wonderful sense of humour. I can remember myself in session feeling like I was 18 years old... I could just be in love with this guy. I fantasized about making love to him or him making love to me. It was the first time that I'd run into those dynamics. It's like, whoa, what do I do with this? So, of course I went into therapy. It was a lovely, lovely, lovely work. I needed that situation to learn about some of my own deprivation. We didn't have any kind of sexual relationship... (…) His impact on me, I believe was such a gift because ...I was able to move into a forward development of myself."*
> (Fitzpatrick, 2000, p.119)

This story offers a good insight into how the sexual countertransference may be experienced by a female therapist. What I find interesting here is how the female therapist struggles to maintain her professional stance while she becomes a sexual woman who is vulnerable and

confused about her unexpected erotic fascination with this particularly endearing male client. However, despite her powerful sexual countertransference, the female therapist respects the ethical boundaries and remains therapeutically available to her male client. This vignette also offers an example of how therapists need to make use of their erotic countertransference in order to explore their own sexual feelings that may emerge in the dyad, and how this situation may contribute to the development of their personal understanding. This narrative is consistent with the literature that suggests that for female therapists the erotic transference often forces a confrontation with the therapist's own concerns about being seductive and her own discomfort with discussing erotic issues (Wooley, 1988). Even more, the "erotic countertransference asks the therapist to understand and to find a method of coping, in order to maintain her perspective in the treatment" (p.123).

I would like to return here to the female therapist's fear to be seen as seductive when working with male clients. As I mentioned earlier in this chapter, it has been hypothesised in the literature that this fear is rooted in the incest taboo. I am also inclined to believe that this anxiety is a result of our socialisation as women. In a patriarchal culture, women are usually the ones who are held accountable for sexual transgressions and for displaying behaviours that are perceived as provocative (Brownmiller, 1975). It is no wonder then that female therapists may fear their attributed power to sexualise the therapeutic relationships with male clients. This idea agrees with Person's (1983) view that women may fear "their power to draw men seductively into an erotically tinged relationship" (p. 198). It can be also observed in the literature how these attitudes of blame against women may extend to female clients who become involved in sexual activities with male therapists and where, shockingly, the female client is often perceived as the only one responsible for sexualising the therapeutic relationship with the male therapist (Notman, 1982).

As I engaged with the researched literature, another interesting idea emerged in regard to the seductiveness that is inherited in the language of love and sexual desire that is commonly accepted as part of the treatment. I refer here to the view expressed by Davies (2004) who said that the language of sexuality can be more erotic than having sex itself. Moreover, the literature talks about the symbolism of the dialectic between "holding" and "penetrating" for both genders, which resonates to both phallic and receptive form of loving and sexuality (Celenza, 2004). It becomes apparent that in this particular dyad, the female therapist can be both holding and incisive, and enveloping and penetrating. Therefore, one could argue that the development

of erotic transference and countertransference is somewhat expected in this particular dyad where the "sexual metaphor" is constructed as an intrinsic part of the treatment (Celenza, 2004).

Finally, considering that there are so many aspects that contribute to the seductiveness of the therapy (some of them presented earlier in this chapter under the theme of erotic transference), it is still surprising for me how female therapists, conditioned by their feminine gender role socialisation, often bear the fear of being the only one responsible for any sexual misbehaviours of their male clients. Talking about the threat of the erotic phenomena in this particular dyad, the literature says that the real danger is not that the female therapist will throw herself at her male client but that she will struggle, out of fear, to engage with the client's erotic transference (Wrye, 1993).

4.2.3. Female therapist's malignant eroticised countertransference toward the male client

This particular type of sexual countertransference has emerged from the literature as a more extreme and malignant form of eroticised countertransference. The malignant eroticised countertransference experienced by therapists, is seen as a manifestation of a desperate need for validation by their clients, a longing to be loved and idealised, and the tendency to use clients to regulate their own self-esteem (Gabbard, 1994). The extreme eroticised countertransference applies to therapists of both genders working with both male and female clients, and the literature suggests that it is called "malignant" because of its potential for destroying the therapy and harming the lives of both the client and the therapist (Chessick, 1997).

An interesting view on the malignant sexual countertransference in a female therapist-male dyad was proposed by Kernberg (1995) who wrote about the situation in which the female therapist is dealing with a narcissistic, seductive male client. Moreover, Kernberg argues that when the female therapist is sexually attracted to a nonconforming, but charismatic male client, there is an indication of some masochistic traits in the female therapist, and even more, there is a possibility of a sadomasochistic excitement in the acting out of the malignant eroticised countertransference. It is also suggested in the literature that the female therapist is

often drawn to the seductive male client with an unconscious fantasy that her love will cure his wounds that have been inflicted by infantile objects (Gabbard, 1994).
I want to emphasise here the universal consensus in the literature that the violation of sexual boundaries and the enactment of sexual desires in therapy is always harmful for the clients, both male and female, generally seen as a crossing of the incest barrier as previously discussed in this chapter. However, these sexual transgressions do occur in the therapeutic dyad, and they often are indications that "omnipotent and grandiose fantasies have overtaken both patient and analyst (Gorkin, 1985). Similarly, the literature warns about the "the love sick therapist" (Gabbard, 1994) whose sexual enactments could be in fact unconscious re-enactments of incestuous longing, enactments of rescue fantasies, a projected idealisation of the self of the therapist, or a fantasy that love is curative (Gabbard, 1994; Chessick, 1997).

4.2.4. Female therapist's negative erotic countertransference

This negative countertransferential theme refers to the female therapist's reactions to the sexual content brought in by the male client and his sexually degrading and violent attitudes toward her or women in general. Most people, particularly women, are conditioned by the culture to react with disgust to someone who displays sexual arousal (Hastings, 1998). I imagine that things could become even more challenging for a female therapist in a therapy room when she is the target of male sexualised behaviour and an object of his desire. The literature argues that when faced with problematic sexual material, female therapists may experience a diversity of negative countertransferential emotions such as fear, anger, disgust, irritation or contempt (Schaverein, 2006). Interestingly enough, even though one would expect that this type of negative countertransference would be often experienced in the female therapist-male client dyad, I find that it is hardly explored in the literature.
To illustrate this negative countertransference, I include here the narrative of a female therapist who reported having been given a gift-wrapped present by a male client who then continued to describe in vivid detail about his sexual practice of eating maraschino cherry chocolates from the genitals of his girlfriend:

> *"All of a sudden I knew what was in that box … I felt quite disgusted by the whole thing…as if he was making me a voyeur of his stuff…He always described the kind of women that were turn-ons for him, and they couldn't be more different from me, which of course says a lot. He never really engaged in therapy in a way that you could access that material. (…) [T]his was not the*

time to make any deep interpretations about this, or to bring it up, so it just got left. But that was a very uncomfortable situation." (Morgan, 1996, p.120)

This vignette is a relevant example for discussing the female therapist's negative countertransference of disgust and discomfort with sexualised behaviour. I identify with this female therapist and I imagine my own disgust at receiving such a gift. It would have been interesting to know more about the unconscious process behind the male client's choice of gifts. However, what I find intriguing in this narrative is that the female therapist did not take the chance to discuss her discomfort with the male client because she decided that he was not ready for a deep interpretation. I think that by adopting a passive position, she gave her power away. I concur with the literature that argues that addressing sexual behaviour in the session is not an easy task for a female therapist, especially for a female therapist at a beginning of her career. I imagine that most female therapists would probably inhibit their disgust and discomfort, and, as most women in our culture, they would prefer to look the other way and pretend that the male's sexualised behaviour never happened. They probably fear to offend or shame the male client who may feel judged and rejected.

Here I include one more narrative to exemplify the difficultly to set limits experienced by a female therapist when dealing with a male client's offensive sexual behaviour:

> "*…I was not able to identify, let alone set limits about the oozing of lustful, invasive, sexual energy. Frank made sexualised sounds throughout sessions, and looked at my body parts. I felt almost constantly violated, and had no idea how to proceed. (…) Frank left therapy with me to return to a previous therapist. I suspect that I didn't hide my disgust as well as other therapist had.*" (Hastings, 1998, p. 251)

Reflecting on this particular power dynamic in the female therapist-male client dyad, as well as on my own experiences with negative erotic countertransference in my practice, I came to realise that there is a considerable pressure placed on female therapists to tolerate the ambiguity and the distress of such intense sexual manifestations. In this case, the female therapist's visible disgust pushed the male client to quit the therapy with her. However, I wonder how a female therapist should actually react in such situations when the male client's sexual behaviour is so explicit and so difficult to contain. Do we need to pretend that we are comfortable with it when we are really not? How much of this compliant behaviour is in fact a result of our gender socialisation as women?

Finally, I would like to mention here that the theme of negative erotic countertransference can be understood as being on a continuum with the so-called theme “Power and sexual aggression” that will be explored in the next chapter -“The power game”.

Conclusion

To conclude, this chapter presented some of the male client’s sexualised transference reactions, positive and negative, towards the female therapist. As discussed above, the male client may use the erotic transference defensively against his feelings of vulnerability and dependency triggered by his work with a female therapist. He may also use sexual aggression against the female therapist as a way to conceal his fear of his own feminine aspects of himself. Alternatively, the sexualised countertransference experienced by the female therapist can take various forms from an erotic-maternal countertransference to a malignant eroticised countertransference. Also, the negative erotic countertransference discussed in this chapter is seen as a reaction of the female therapist to the sexual and sadistic material delivered by a male client.

Chapter 5. The power game

Introduction

This last chapter of research findings presents three power dynamics that may occur within the female therapist-male client dyad, as influenced by the socialisation of gender roles. The chapter begins by presenting the theme “Power and aggression”, which refers to the fear experienced by the female therapist when dealing with the male client’s physical aggression. Second, the theme “Power and sexuality” explores the contrast between what these two concepts represent to each gender. Third, the male client’s shame of dependency on the female therapist is explored within the theme called “Power and shame”.

5.1. Power and physical aggression

This particular power dynamic, which has emerged from the reviewed literature, refers to the female therapist’s concerns regarding the male client’s physical strength and aggression in the therapy room. I would like to note here my interest in the occurrence of this dynamic in the female therapist-male client dyad, as well as my interest at the lack of literature on the topic. For me, this subject is related to the basic needs of the female therapist to work in conditions of safety. In my view, the female therapist's fear of a male client’s potential violence needs to be understood in the context of women's experiences in society, wherein the danger of physical and sexual aggression by men is a real problem. It is a commonly accepted fact that in the therapy room, as much as everywhere in the world, “men are physically stronger than women, [and] it is more plausible to imagine a man overtaking a woman than the inverse" (Silverstein, 1994, p. 39).

Not surprisingly, the literature describes situations wherein female therapists often experience concerns for their safety (Fitzpatrick, 2000; Morgan, 1996). For example, the literature says that before starting the therapeutic work with male clients, female therapists assess carefully for aggressive impulsivity or a history of aggression, whether it is safe to see a particular male client, and how to manage the male client’s anger and physical aggression (Fitzpatrick, 2000). Female therapists also consider how to appear strong enough when, as women, they

are usually smaller and less physically fit than most of their male clients (Fitzpatrick, 2000). Furthermore, in discussing her findings after interviewing a number of female therapists, Morgan (1996) talks about female therapists' concerns about their physical vulnerability, reporting that many participants discussed needing to be constantly guarded and concerned about provoking anger or hostility in male clients.

To illustrate this particular countertransference, the following vignette presents a female therapist's unsettling narrative regarding her serious concerns for her safety throughout her work with a male client:

> *"I've been seeing him in therapy for a year. And maybe some of the fear is gone, but I'm always… I'm never really at ease . . . But even before I really knew his story [his father's history of horrible violence toward women], his size and he has a sort of rugged face, and can look aggressive, although in fact he's very mild-mannered. I have a countertransference fantasy: "If he jumped up now and attacked me, could I defend myself? What could I say? It's clear in me that if he wished to kill me, he could. And all this feeds into a countertransference that I must always, always have my finger on because we're talking about my being too afraid to work with him".* (Morgan, 1996, p.65)

This narrative makes me think of how much pressure is sometimes placed on female therapists working with aggressive male clients and how difficult must be for them to stay focused on the treatment. What I find particularly disturbing here is this particular female therapist's feelings of complete powerlessness and the horror upon the realisation that if he wished to kill her, he could. Not surprisingly, the power dynamics between male dominance and female submissiveness that are played out in our culture are often enacted in the therapy room. And even more interestingly, these power dynamics are rarely acknowledged.

Similarly, reflecting on my own practice, I have also experienced moments of fearfulness in my work with some male clients whom I perceived as potentially aggressive at certain moments during the treatment. I remember one particular case, when the male client's aggressive narratives used to keep me in a constant state of distress and fear. After many discussions in supervision around my concerns about this male client's perceived hostility, I decided to terminate my work him. My experience concords to the view in the literature that women have been socialised to react to potentially aggressive situations by assuming a

posture of hyperalertness and hypervigilance (Morgan, 1996). Even more, the fear that women experience in the society is expressed by "a constant anxiety firmly embedded in the body, as well as in the psychological self" (Kaschak, 1992, p.184).
Interestingly enough, my decision to terminate therapy with that particular male client was not an easy one for me because I felt it was part of my responsibility as a nurturing woman and as an empathic female psychotherapist to be able to deal with that male client's aggression. Therefore, I suggest that this situation may often occur in the therapy room as well as in the female-male interactions in our culture, wherein women often feel that it is their obligation to tolerate and work around male's aggression.

5.2. Power and sexual aggression

Very similar to the countertransferential theme presented above, another power dynamic that may occur in the female therapist-male client dyad refers to the female therapist's concerns and fears of aggression– this time with regard to sexual aggression. I find that this particular countertransferential theme replicates, to some extent, the sexuality and power dynamics between males and females that play out beyond the therapy room. Referring to the relationship between power and sexuality in our society, the literature clearly differentiates between genders. For instance, in the case of men, power and sexuality are complementary: "the powerful man is perceived as sexually desirable, and sexual desirability both reflects and enhances men's sense of power" (Gornick, 1986, p.8). In contrast, for women, the relationship between power and sexuality is certainly not complementary: for a woman to be perceived as powerful often means that she needs to decline a receptive position and refuse to be regarded as a sexual object (Gornick, 1986). One could then argue that for a woman to be seen as a sexual figure implies that she loses her power. Consequently, in order to appear professional, proper and respectable, the female therapist may feel the pressure to put on a coat of authority and show that she is not to be seen as a sexual object.

As I engaged with the literature, I started to realise that this state of affairs becomes even more complicated in the psychotherapeutic setting where the female therapist needs to disguise her sexuality, while having to remain open to male client's sexuality, as discussed in the previous chapter "The erotic dance". The literature talks about the female therapist's struggle to maintain her position of authority while inviting her male clients "to reveal their

feelings about her, which, because of both transferential and non-transferential reactions of the patient, often include sexual feelings" (Gornick, 1986, p.8).

I would like to point out here that this particular dynamic may represent an impasse for both members of this dyad, but especially for the female therapist who carries the responsibility of the treatment: if the female therapist appears as a sexual woman for the male client, he may blame her for being seductive (as discussed in "The erotic dance"). Alternatively, if the female therapist appears as a stern and restrictive figure for the male client, he may experience a maternal transference, which may restrict him to an infantile state of dependency toward the therapist-mother (as discussed in "The parental complex").

Moreover, what became evident for me while reviewing the literature is that, since power and sexuality have a different relationship for women than for men, women and men may have divergent perspectives on the sexual material and sexual aggression. For example, the literature reported significant differences between the experiences of male therapists and female therapists in regard to the client's declarations of sexual desires. Brodsky (1977) suggests that "for a male therapist, a client stating that she was in love with the therapist raised the dilemma of rejecting the client versus seducing her. For a female therapist, concerns were raised for the therapist's safety should the client lose control and sexually attack her or try to pursue her outside of the therapy situation" (p. 64).

To illustrate this type of power dynamics in the dyad, I include here a female therapist's uneasy description of her reactions to a male client's sexual aggression:

> *"He began by commenting, "I like the way you're dressed, or your perfume smells nice." He then moved into saying, "I realize that I'd rather sleep with you than be treated by you" very quickly — within two or three months of seeing him. (…) He was so aggressive; it really put me off and made me kind of nervous of him. And I'm sure that my decision to terminate treatment, even though it seemed to be for the right reason, probably was influenced by my discomfort with this fellow — it was uncomfortable to sit in a room with him*". (Morgan, 1996, p.122)

The countertransference theme of the female therapist's concerns when facing a male client's sexual aggression is present in this vignette which also shows that the female therapist may feel nervousness and discomfort at being the target of sexual hostility and aggressive

comments. It could be seen here that the therapist's fear of sexual aggression, if unmanaged, may contribute to the termination of the treatment and result in a failure of the treatment.
I confess my frustration at reading this narrative, especially because one could argue that in any other profession, this type of aggressive sexual behaviour would probably be considered an indication of sexual harassment and it would be seen as humiliating and degrading for the woman, especially because it has been often recognised in the literature that one important reason of sexual aggression is the desire to dominate women (Brownmiller, 1975).

However, what I noticed is that in the psychotherapy profession, female therapists have the tendency to attribute male's aggression to infantile strivings and so they deal with it in a gentle motherly fashion. One could also argue that female therapists are often trapped in their traditional gender roles of being the caretaker for others at the expense of their own safety and wellbeing. There is a sense in the literature that female therapists are fearful of acting powerful because, by doing so, they may limit the power of others (Braude, 1988). I find it very interesting that, consistent to their socialisation as women, female therapists may fear to recognise their needs and their desires to increase their power in the dyad with a male client.

Furthermore, to be able to address sexual feelings in therapy, a female therapist needs to understand and accept "one's own psychological sexual and erotic fantasies and feelings, including guilt, shame, fears and inhibitions, or the wish to transgress boundaries or to go against conventions" (Felton-Logue, 2012, p.58). It is frequently emphasised in the literature that the female therapist must allow herself to "swim" in the often unclear and chilling waters in order to illuminate the concealed material of the countertransference (Flax & White, 1988). Even more, the literature talks about the necessity of coming dangerously close to the abyss of unethical transgressions and that "only by tiptoeing on the edge of that abyss can we fully appreciate the internal world of the patient and its impact on us" (Gabbard, 1994, p.1103). To me, this sounds like a significant cost that a female therapist may need to pay for the good of a male client.

In conclusion, I would say that, surprisingly, when dealing with the male clients' aggression, physical or sexual, many female therapists are ready to give their own power away to empower their male clients. It appears that only by doing so, their male clients may benefit from the treatment.

5.3. Power and shame

One last type of power dynamics that have emerged from the researched literature refers to the male client's reactions of shame for being seen as vulnerable and dependent by a more powerful female therapist. This situation can be related to men's attitudes toward seeking help and psychotherapy services (Addis and Mahalik, 2003), discussed in Chapter 1. Similar to the other phenomena explored in the present chapter, this type of transference may also be interpreted as a power struggle between a male client, who, contrary to his traditional gender role, is working with a female therapist who is dominant in the relationship.

My findings show that this transference is only vaguely discussed in the literature and it emerged for me from the thoughts and discussions shared by a few female therapists with regard to male clients who fail to engage in the therapeutic process (Martin, 2012) and male clients who leave too soon (Schaverien, 2006).
According to the literature, sometimes male clients may try to defend against feelings of shame, dependency and vulnerability by sabotaging the therapeutic process. For example, they may try to transform the therapy sessions into business meetings where their strategy will be to take control over the session and the female therapist (Morgan, 1996). In this type of transferential phenomena, the female therapist may be seen as a hired service provider whose job is to "fix" the male client, paralleling a car mechanic fixing a damaged car.
To illustrate this type of transference, I include a suggestive vignette extracted from a female therapist's narrative:

> *"[…] often men who come for therapy want you to tell them what to do, or how to do it . . . and fast. And wanting to treat it like a business meeting: "This is the agenda; what did we accomplish today? If I do this, this, and this, then that should fix it;" and, a tremendous pressure to produce and produce fast. And tremendous anxiety to give them structure because it makes them feel less controlled. It's control in the sense of not being overwhelmed by feelings.*" (Morgan, 1996, p.54)

What becomes apparent from this narrative is that some male clients want tools that they can use to fix themselves, thus denying the power of the female therapist who is seen as a repairer, not as a professional with knowledge and authority. As described in this vignette, when working with male clients who experience this type of transference, the female

therapist may feel a “tremendous pressure” in countertransference, and she may struggle to establish her authority in the dyad. This concurs to the findings of Fitzpatrick (2000) who noticed that female therapists often report feelings of intimidation when confronted with powerful men who have status and male clients who want to set the rules of the therapy. Furthermore, female therapists also talk about how important it is for them to establish an authoritative framework for their therapeutic alliances with male clients early on, by setting expectations for treatment and payment (Fitzpatrick, 2000).

Another interesting idea that emerged from the researched literature refers to Schaverien’s (2006) depiction of this type of male client in archetypal terms as the “man of the word” type, meaning that he sees himself as the hero who is prepared to fight the dragon, rescue the princess, and bring home the treasure. For this man-hero the vulnerability is split off and attributed to women and children, therefore there is no way he will identify himself with the vulnerable ones. One could also argue that, working with a female therapist may put this male client in a very painful reversed position of needing to be “saved” by the “princess”. Reflecting here on my own experience in working with male clients, I recognise this type of transference of shame of vulnerability and fear of dependency in male clients as rather common, especially in the initial stages of the treatment when they come for therapy seeking a quick fix to their problems. What I noticed is that, in many cases, when they realise that therapy cannot offer them the fast and clear solutions that they want, the male clients may refuse to engage and then terminate therapy rather abruptly (Martin, 2012).

Conclusion

This chapter presented some power dynamics that may occur between the female therapists and male clients with regard to power and physical aggression, power and sexuality, and finally, power and shame. It became noticeable here the significance of the gender role socialisation for both the male client and the female therapist in the playing out of these power dynamics in the therapy room. While female therapists fear physical and sexual aggression, they still try to find ways around it, often losing their power and their authority in the process. For the male clients, showing vulnerability in therapy with a female therapist is highly shame-provoking, and they would often try to diminish the therapist’s power by using aggression or other manoeuvres to “turn the tables” or disengage from the process.

Chapter 6: Discussions

Introduction

In this last chapter of the dissertation I discuss the findings of the research, and how these findings may have implications for practice and future training. I also discuss the limitations of the research. Furthermore, I explore how this research has influenced my own understanding on this topic and my professional development.

6.1. Discussing the findings

Reflecting on the findings on this research, I realise that my work on answering the question - "*How does the literature portray the power dynamics in a female therapist-male client dyad?"* was very complex. According to my findings, the power dynamics that may occur in the female therapist-male client are multidimensional. They include a fascinating mosaic created by the male client's and female therapist's intrapsychic forces glued together to aspects resulted from gender roles socialisations imposed on them by the patriarchal society.

In summary, my findings show that power in therapy is an exceptionally complex construct and it is seen as a dynamic and multidimensional factor in the female therapist-male client dyad. It became evident from the findings that in this particular dyad, a female therapist's power may result from her expert position, while a male client's power may come from his ability to exert control and domination over a female therapist. As seen in the "power game", a male client may assert his power with a female therapist by non-disclosing and non-engaging in the therapeutic process, by missing sessions, or ending therapy. Even more, caught up in a "power game", he may gain power over her by dominating the conversations with aggressive or sexual language. As seen in the "erotic dance", a male client may also display sexualised behaviours and act seductively or he may offer the female therapist inappropriate gifts with sexual content. He will feel powerful when he gets the sense that the female therapist is attracted to him, and his seductiveness is effective. This way, even though he may feel in a less powerful position as a client, he will feel powerful as a man in a relationship with a woman. All these power enactments and transferential reactions will

reverberate to the female therapist's countertransference and will affect her power in the session. Consequently, she may feel embarrassed, diminished, and controlled. Actually, as it appears in my findings, the only position that gives her power is in a parental transference.

One important finding of this inquiry that I would like to discuss here is related to the power inherited in this profession. As discussed in Chapter 1, in a patriarchal culture women are often affected by unequal work distribution (Hochschild, 1989) and they often internalise issues related to violation and unequal power relationships (Morrow & Howxhurst, 1998). However, this profession offers a great opportunity to a woman to be seen as a respected professional who has power and authority as an expert. This profession seems now to be abundant in female therapists, and for a good reason too considering their perceived natural nurturing and empathic qualities. Yet, due to the fact that women only have rare opportunities to show their power in society, the female therapist may find her power overwhelming, especially when working with men. Therefore, she may experience difficulties resulting from having power over her male clients. Findings show that the female therapist may overlook or deny her power as a professional as she may feel trapped in her position as a woman in a culture dominated by men. She then may try to equalise the power imbalance by adopting a passive and submissive position as seen in the "erotic dance".

Furthermore, the female therapist may often feel apprehensive in the face of a male client's aggression, physical and sexual. In the theme "power game", I talk about some female therapists' fears and concerns for their own safety. These findings are consistent to Bergman's (1991) view that women have a realisation early in life "that men are strong and can hurt them, physically and sexually" (p.8). It should be no surprise that for a female therapist the experience of male physical and sexual aggression in the intimacy of a therapy room could be extremely challenging. As also described in the "power game", it is part of their role socialisation as women to react to aggression by assuming a submissive position. Even more, some female therapists who experienced male aggression in their personal lives may find male clients' enactment of power in the therapy room as re-traumatising. Findings show that female therapists are aware of their physical vulnerability and they are guarded about provoking anger in male clients. Considering her gender role socialisation, it is no wonder that the female therapist may feel distress when she experiences negative countertransference such as anger, hatred or aversion towards the male client. Knowing that

the female therapist may avoid to make interpretations that may trigger anger, I wonder how that may affect the treatment with the male client.
However, I also realize that some male clients may benefit from having experiencing a female as having power over them. I think that change may come over for the male client from understanding that the female therapist is comfortable with having power and she may use that power when needed. Therefore, the female therapist may offer the male client the experience of dealing with a powerful woman who's not afraid of her power.

Other findings of this research show that power dynamics change dramatically when sexuality enters the therapy room. The female therapist is then faced with the possibility of losing her favoured privileged position as a respected parent image as presented in the "parental complex". The pressure is on for both female therapist and male client. As seen in the "erotic dance" and the "power game", sexuality means different things for men and women. My findings show that when male clients experience sexualised transference and show sexual and aggressive behaviours, the female therapist may perceive these enactments as dangerous and may interpret these behaviours as the male client's need to fuel his sexual addictions or to win a power struggle. Therefore, she may react with negative countertransference reactions, from disgust to fear. However, I wonder if there is something that will be missed in this context. For example, both Blum (1973) and Hasting (1998) argued that male client's sexualised behaviour may be rooted in an early sexual trauma. The danger is that being caught up in her negative countertransference or in a "fight or flight" mode, the female therapist may overlook some of the underlying dynamics that will then remain unattended (e.g., male client's early trauma).
Undoubtedly, it is part of the female therapist's responsibility to be able to sort out the dynamics that are playing out in the therapy room. It is also part of her job to facilitate clients' healing by providing a good container where they can express their entire range of thoughts and feelings, including sexual feelings, without the fear of being ashamed, judged or rejected. However, managing and processing sexualised transference is almost always challenging and it requires the female therapist to be skilled and very tactful. As seen in the "erotic dance" and the "power game", there are many reasons why the female therapist may feel hesitant to discuss sexual transference and sexual behaviour in the therapy room. It looks like it is a general rule in our culture that women are held accountable for sexual transgressions and for displaying behaviours that are perceived as provocative (Brownmiller,

1975). So, there is no wonder to me that some female therapists may fear their attributed power to sexualise the therapeutic relationships with their male clients.
Even more, the findings of this research also show that the power dynamics between a female therapist and a male client may be influenced by the female therapist's difficulty in understanding and exploring her own sexualised countertransference. As seen earlier, there is a cultural attitude of badness that it is attached to woman's overt expression of sexuality (Hastings, 1998). However, the results of this inquiry reinforce that sexual feelings represent a natural component of human experience and it is essential to be examined and understood beyond the cultural conditioning, for the sake of both male client and female therapist. I want to mention here, however, that sexuality needs to be addressed but not acted out in therapy. As seen in the "erotic dance", there is a fundamental prohibition against therapist-client sexual encounters, no matter the circumstances, no matter who the client is, and no matter their gender. The locus of responsibility for sexual behaviour remains always and completely with the therapist (Pope, 2001). Fortunately, according to the literature that I reviewed for this thesis, female therapists have a good reputation for keeping strong boundaries with regard to sexual encounters with male clients.

6.2. Implications for practice

This research is important for practice because if offers some insights into the complex power dynamics that may occur in a female therapist-male client dyad. The findings of this study have been drawn from a review of the available literature, and even though the study is based on certain inclusions and exclusions (see Chapter 2), the findings may prove to be a useful tool for female therapists working with male clients. The study casts light on the complex phenomena of transference and countertransference that may develop in the female therapist-male client dyad, and represents an invitation for female therapists to stay open and curious about the process of therapy with male clients.

The interaction of the three major themes revealed in this study – the "parental complex", the "erotic dance" and the "power game" – may generate some very complex dynamics between a female therapist and a male client. These themes are not only trying to portray archetypal gender interactions in the dyad, they also offer a lens necessary for studying the micro-dynamics that may exist within the same session. For example, the theme of "the parental

complex" could be seen as an opportunity for the female therapist to investigate the male client's early relationships with his parents as they emerge in the transference. The female therapist may need to carefully consider the tension between her power as a therapist and the male client's power. If the therapist's power is too strong, the male client, based on his early experiences, my feel annihilated or engulfed by a powerful therapist-mother. Alternatively, if the female therapist's power is not strong enough, the male client may feel abandoned and rejected. Therefore, I think that a key responsibility for the therapist is to remain alert to how the power dynamics are playing out moment to moment in the session. The task of balancing these power dynamics may be a difficult endeavour due to the rapidity with which transferential images may merge with each other.

Furthermore, the theme of "the erotic dance" may help the female therapist recognise the changes in the power dynamics within the dyad when sexuality enters the therapy room. She will need to assess if the male client uses sexuality defensively to protect against the feelings of humiliation evoked by the therapy situation, or against threats to masculinity (Gornick, 1986). The power dynamics that may emerge under the "erotic dance" may also put a significant pressure on the female therapist to handle these sort of sexual dynamics and not to retreat into the maternal transference that may appear as less challenging. Therefore, the female therapist will need to assess the power dynamics in the dyad, being mindful that the male client may use sexualised transference to undo her power as a therapist or to restore his power as a man in a relationship with a woman. Evaluating these dynamics may offer information about the male client's interactions with women outside the therapy room. One other implication for practice that comes from the "erotic dance" theme is that female therapists are invited to explore their own sexual countertransferential feelings and assess their seductiveness in therapy with male clients. The overuse of power by the "love sick therapist" is always damaging for the client.

Finally, the theme of "the power game" may also offer some significant implications for practice. This theme could be seen as an opportunity for female therapists to assess the conditions of safety when working with male clients' transferential reactions of anger and aggression. It is important for female therapists to assess their tolerance to these types of dynamics and be aware of how their reactions of fear or discomfort may influence the treatment.

Therefore, I think the findings of this research may help female therapists to reflect on the power dynamics in this particular dyad and stay mindful of how male dominance and female submissiveness, which are often played out in our Western culture, may be enacted in the therapy room. The results also suggest that by understanding and working with these power dynamics, female therapists have the capacity to change the therapy outcome by limiting the gap between genders role socialisation. I want to emphasise again that there is no one-size-fits-all answer that universally applies across all situations and all female therapist-male client dyads. However, I hope that the findings of this research would allow a better understanding of this incredibly complex phenomena by helping us reflect on how these dynamics may play out in the therapy room and how they may influence the treatment.

6.3. Implications for training

Therapists in training, regardless of their gender, may find this study relevant for understanding how gender role socialisation may influence the power dynamics in therapy. For trainee female therapists in particular, the findings of this research may be important in assisting them in the development of self-awareness around issues of power and sexualised feelings and behaviours in their work with male clients.

Regarding the issues of power in therapy, female therapists in training have to be aware of the imbalance of power between therapists and clients and to make sure that they never abuse their power. The therapist's power, inherited in the therapeutic setting, may provoke a variety of transferential reactions in the client of opposite sex. Too much power may make the male client feel overpowered and defeated, so he may try to balance out the power by employing different strategies based on his masculine role socialisation and individual intrapsychic dynamics (e.g., non-engaging, ending therapy, sexualised transference, etc.).

Due to their complexity and unpredictability, gendered power enactments could be challenging for female therapists to identify. The findings of this research may offer a practical framework in recognizing such possible dynamics. For example, the theme of the "paternal complex" offer some good information on the maternal and paternal transferential and countertransferential phenomena. One of the most essential learning here for therapists in

training is that the female therapist's fantasy of being a good and nurturing mother may tend to block the acknowledgement and discussion of sexual issues in the dyad.

I would also like to stress that, according to my findings, when female therapists work with male clients, sexuality is almost always on the menu. These sexual feelings may catch the female therapist off guard and cause a strong reaction of "fight or flight". I consider that graduate training programmes often downplay the occurrence of such sexual feelings and thus female therapists may feel totally unprepared to deal with them. Therefore, developing awareness around issues of sexuality and sexualised transference and countertransference may be a very important part of training for female therapists. The theme "erotic dance" may provide a good insight into these sensitive issues and may also help female therapists to understand the seductiveness inherited in the therapy setting.

Finally, the theme of the "power game" could be helpful for female therapists in training to help them deal with strong power dynamics that may be triggered by male clients' physical and sexual aggression. Therefore, female therapists in training would need to be prepared for the eventuality when they may experience anxiety, distress or anger at being the target of male clients' physical and sexual hostility.
Considering that this research covers many dynamics that may occur within the female therapist-male client dyad, I hope it will prove a helpful and valuable tool in the toolbox of female therapists in training.

6.4. Implications for my personal development

As described in the introduction of this research, the choice of my research topic was influenced by my desire to understand some of the power dynamics that emerged in my sessions with some male clients. I wanted to be able to recognise and assess what was going on in sessions, so I could feel less anxious and more empowered in my work. As it is expected in a hermeneutical research for the researchers to be changed by their journey, I too feel changed as a result of this study. The findings of my research helped me reflect on my practice and make some changes in my therapeutic interventions. For example, I became mindful on my tendency to "mother" my male clients and my inclination to protect them from vulnerability and hurting. Being the "good mother" therapist has always been a

satisfying position for me; however, I am now cognisant that I have been enacting my gender role socialisation that seems to have conditioned me to be nurturing and avoidant of aggression. I am now more aware of my tendency to push away or negate my negative countertransference of anger and disgust that sometimes emerges with some of my male clients.

Another major realisation came from understanding that sexuality is seen very differently by men and women. While for me, as a female therapist, a discussion about some latent sexual feelings in the room may trigger embarrassment, vulnerability and weakness, for a male client may activate his sense of virility, strength, and power. Therefore, I now appreciate that discussing difficult topics is merely unavoidable and absolutely necessary in order to truly understand the client's perspectives.

I also consider that I gained a good insight into the complexity of the power relationships between female therapists and male clients, and generally between women and men in our Western culture. I became more aware of my power as a therapist while I realised that the power inherited in my professional position may trigger male clients' desire to turn the tables so they can feel more potent and "masculine" in their relationship with me, as a woman.
I also need to mention here that this study triggered some strong feminist reactions within myself. Although, my life has been relatively sheltered from major gender inequality, I have always been aware of the gender disparity imposed by the patriarchal culture. Engaging with the literature on female therapists' challenging experiences with male clients' power enactments, I became more connected to my feelings of frustration and powerlessness as a woman in a culture based upon masculine rules. To conclude, I consider that this research assisted me in the process of finding my strength and my voice as a female therapist.

6.5. Limitations

Some limitations of this research arise from the core of hermeneutic philosophy. As explained earlier in the method chapter, the interpretation of the meaning of texts comes exclusively from the observer's interpretation, so the process of interpretation cannot be unbiased and free of prejudice. As a researcher, I bring with me my own phenomenological experience of being a woman, and my own understanding of women in a patriarchal culture.

As a result, the interpretation presented in this research is limited by my own life understanding, my culture, my gendered experiences, and by my ability to understand the literature. Therefore, when I embarked on this type of inquiry, I needed to recognise that the resulting understanding will never be complete, and that I cannot discover "everything". Even more, I am aware that the readers of my research will also have their own prejudices and biases.

Another limitation may come from the complexity of the phenomena that I have engaged with. In my quest to find the relevant literature on the theme of power dynamics within a female therapist-male client dyad, I researched texts from gender psychology, masculine psychology, feminist philosophy, and psychoanalysis and object relations theories. The amount of the literature that I have engaged with seemed limitless, and I often found myself lost inside an endless hermeneutic circle. However, due to the specific requests for this dissertation, I had to limit my data so it could fit within a limited word count.

One other limitation may came from the fact that this research is focused exclusively on female therapists' perspectives on both male clients' transferences and their own countertransference and does not include male clients' perspectives. I also wonder how power dynamics would play out in other gendered dyads, like, female therapist-female client, male therapist-female client, or male therapist-male client. However, this was not the purpose of this research and these dynamics may be explored in further research.
I would also want to mention here one more possible limitation that arises from the fact that this research did not attend to the power dynamics that might occur when working with gay clients or when the therapist is lesbian. However, the vast majority of the literature that I reviewed for this research did not offer material on the female therapist's sexual orientation.

Finally, given the complexity and generosity of this research topic, it feels like I have only managed to scratch the surface in some areas. For example, I would have liked to do more for this research in terms of its cultural dimensions. The selected literature is relevant for the Western understanding of "femininity", "masculinity", and "power", so I wonder how other cultures may define these concepts.

6.6. Recommendations for further research

While this research of the literature contributes to the awareness of some significant power dynamics between female therapists and male clients, further research may have the resources to investigate these power dynamics in greater depth. Considering that this research looked for the literature that portrayed the female therapists' perspectives on their work with male clients, it might be valuable to further research to also include the male clients' gendered perspectives and experiences when working with female therapists. For example, further qualitative research could gather rich descriptive data from interviews with both female therapists and male clients that would elucidate more of the complex power dynamics that may occur in this particular dyad. It would also be necessary to know to what degree the "masculine mystique" is still present within the contemporary men's conscience, and how this may be reflected in their reactions and behaviours towards female therapists.
Furthermore, a qualitative inquiry on female therapists' views and considerations about their own internal processes in relation to feminine gender roles would also be valuable. I refer here to the female therapists' owns views on power, dominance or sexuality and how these may affect their work with male clients. I think it would also be interesting to see in a further research how gender and power dynamics may play out in a relationship between a male therapist and a female client. I could be useful to compare the results of that research to my findings of "parental complex", "erotic dance" and "power game". I also wonder if the findings of that research would be similar to my findings but reversed, or they would show some completely different power dynamics.
A final recommendation for further research is to explore the power dynamics that may emerge within a relationship between a female therapist and a male client in some diverse cultural contexts, such as Pacifica, Maori or Asian culture. I think that a research like that would be especially useful in the multicultural New Zealand where we need to adjust our therapeutic practice to a variety of cultures and ethnicities.

Conclusion

The findings of this research offer a good understanding of the power dynamics that may play out in a female therapist-male client dyad and bring some light on issues of gender in psychotherapy. The results stress the importance of looking beyond the one-dimensional

myth of the therapist's inherited power and invite us to acknowledge that this view is often incorrect in a female therapist-male client dyad. The reality in this particular relationship is very complex. Traditionally, in our patriarchal culture the power belongs commonly to men. However, this situation is reversed in the therapy room where the authority and power are attributed to the female therapist who is in charge of the treatment. The findings of this research show that some male clients may find female therapist's power quite challenging.

The themes of "parental complex", "erotic dance" and "power game" present and explore some interesting power dynamics that may emerge between a female therapist and a male client. The "parental complex" shows that female therapist may try to hold her power by maintaining a maternal transference. Alternatively, the "erotic dance" and the "power game" show that the male client may try to overpower the female therapist by using strategies that are congruent with his masculine role, such as sexualised transference, aggression, or non-engaging strategies. These power dynamics are giving the female therapist the opportunity to see beyond the male client's mask of stoicism and aggression.
Finally, the female therapist needs to able to step outside her nurturing role in order to meet the male client's sexual and aggressive demands, even if that will require her to go against her cultural conditioning as woman.

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