

## **Strategies for Overcoming Gender Differences when Working with Male Clients**

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### **Challenges: Acceptance of Uncertainty and Vulnerability**

- Uncertainty and Vulnerability:
  - *Uncertain*: not completely confident or sure of something
  - *Vulnerability*: the quality or state of being exposed to the possibility of being attacked or harmed, either physically or emotionally.
  
- Clinicians' Experiences (to name a few)
  - Psychosocial Influences (society, culture, family)
  - Abuse of Power experiences
  - Boundary system (rigid, loose, flexible, tenuous)
  - Expression of Femininity
  
- Male Clients' Experiences with Female Authority (to name a few)
  - Negative experiences with authority
  - Distrusting of Females
  - Expression of Masculinity
  - Abuse of Power experiences
  - History of rejection/neglect by Females
  
- The Complex Interaction breeds Uncertainty and Vulnerability:
  - Disclosure
  - Boundary Setting
  - Distrust
  - Transference/Countertransference
  - Feminine Expression
  - Giving Feedback
  - Safety Concerns

### **Specific Examples:**

- Engagement, Marriage, Pregnancy
- Compliments
- Identification with maternal/relationship rejection (Client)
- Identification with victim/child (Clinician)
- Disclosure of fantasy (Client)
- Feeling deep intimacy/connection (Clinician)
- Physical Appearance
- Balancing firmness with empathy and compassion
- Differential consideration of safety concerns

### **Strengths: Healthy Female Connection Guides Growth**

- Alternative Experiences of Women
- Healthy "Reparenting"
- Viewed as more empathetic and supportive
- Healthy conflict resolution with females
- Perspectives of females
- Can Decrease Shame when Female is Nonjudgmental and Supportive

## Some Considerations:

### *Prevention for serious therapist/client challenges based on Gender:*

- Supervision
  - Expecting the Uncomfortable:
    - Practice direct feedback related to boundary testing
    - Explore types of clients that may be particular challenge
    - Explore both strengths and challenges that gender brings to role
    - Discussing and modeling good examples of boundaries
    - Each supervision week discuss periods of discomfort, examples of direct feedback, missed opportunities
    - Normalize attraction to the client, or conversely feelings of repugnation
    - Normalize Identification with the victim, or spouse of SO, or child of SO
  - For Supervisors and Clinicians Alike: “Benign Neglect is Not Benign”
    - Develop comfort bringing relational aspects of the treatment
    - Dress code
    - Importance of dialing down the countertransference that will naturally occur
    - Attention to red flags (social media searches, boundary stretching, neediness)
- Client & Therapist matching
  - Religion
  - Significant age difference
  - Client’s history of DV & violence against women, anger episodes, relationship to previous helpers, sexual preoccupation, dominance/ submission; power control dynamics
  - Personality issues such as narcissism, neediness
- Preparation
  - Gift discussion in beginning/paperwork
  - Help clinicians discuss nature of client/therapist relationship at outset
  - Disclosure: Engagement/Maternity Plan Discussion/Preparation
  - Move, transfer, violation discussion
- Red Flags
  - Dreams about therapist
  - Early infusion of sexual topics
  - Nuanced pushing of boundaries (extra time, arriving early, asking for more sessions)
  - Pay attention to how you feel the first few minutes before client is coming in
  - Is it hard to stay centered?

### *Providing Feedback: In Session Comments*

- Helping to Connect the Dots –“Where does that come from?” or “I wonder if this feeling or thought relates to some of the outside relationships we have been working on”
- “What hard times has this attitude or belief gotten you through?” paired with “What are some ways it might hold you back?”
- Confusion/Rejection = Anger
- Creating Distance: “This is part of our job..As part of the evaluation I am now going to ask about your sexual history”
- Focusing on them and taking therapist out of compliment. “You really are working hard” vs. “I am so proud of how hard you are working.”
- Boundaries help the relationship to keep things consistent, focused, and safe; setting boundaries, providing direct feedback is not being “mean” but is a measure of your concern and care for them.
- Balancing empathy with firmness

- Identify yourself in third person “In therapy”, or “As your therapist...”, “In this therapeutic relationship”
- Remembering: Looking at another persons behavior toward you as a reflection of the state of their relationships with themselves rather than a statement about your value as a person, then you will over time, cease to react at all (Yogi BhaJan)

#### *When to consider Transfer*

- Significant hostility towards women/ history of violence
- Difficulty complying with boundaries
- Expresses continued romantic/sexualized interest in therapist
  - No efforts to stop
  - No apparent recognition of interference in relationship
- Egregious behavior?
- Consultation/Supervision

#### *Clinicians' Boundaries*

- Does the relationship appear too social?
- Your own stress?
- Porous Boundaries
- Fatigue & burnout
- Pregnancy
- Covid-19 Stress

#### *Caring for Yourself*

- Flooded with negative stories of sexuality
- How does our sexuality & relationships influence our work?
- How does our work influence our sexuality & relationships? Our partners?
- Ways to leave work at work
- Creating boundaries at home and safe guarding your space