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Beyond the Stereotypes

An exploration of female counsellors' experience of working with male survivors of sexual abuse.

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Dissertation submitted to the University of Chester for the Degree of Master of Arts
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Counselling

Abstract

This study examines the experience of female counsellors working with male survivors of sexual abuse in the context of the social conditions which are brought into therapy by both the counsellor and the client. The concept of male sexual abuse stands in stark contrast to the notion of masculinity and male survivors often face the additional distress of their perceived failure to live up to our cultural notions of what it is to be a real man. Counsellors are exposed to the same cultural conditioning and bring preconceptions into therapy. This qualitative phenomenological study explored the experience of four female person-centred counsellors using semi-structured face to face interviews.

The findings indicate that the counsellors were aware of the impact of social conditioning on their clients and recognised the additional distress this may cause. They were also aware of their own preconceptions about masculinity but seemed less conscious of the lingering impact that traditional gender role stereotyping has on their emotional responses to their clients. The participants found this work challenging personally and yet their commitment to their clients enabled them to offer a deep therapeutic relationship. Their clients were ready to work and fully engaged in the therapeutic process and somehow together they managed to find a healing space beyond the stereotypes.

Declaration

I declare that this work is original and has not been submitted previously in support of any qualification or course

Signed:

Jane Archdeacon

Date:

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List of Abbreviations

CSA: Child Sexual Abuse

IPA: Interpretative Phenomenological Analysis

PTSD: Post traumatic Stress Disorder

UPR: Unconditional Positive Regard

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Introduction

"Silence about male victims reinforces unhealthy expectations about men and their supposed invulnerability."

Stemple L. cited in Storr, W (2011)

Background

In February of this year Survivors UK launched a hard-hitting advertising campaign to raise awareness of male rape. The campaign was timed to coincide with a six nations' rugby match at Twickenham, perhaps a bastion of masculinity. Fans on their way to the match could not help but notice the dramatic image of a rugby ball punctured by a nail and the slogan: "Real men get raped and talking about it takes real strength". The aim of the campaign was to send a message to male victims that seeking help is not a weakness and that support is available, what it also did was challenge stereotypes about masculinity and 'real men' as victims of sexual violence. Needless to say the campaign proved controversial, both for its exposure of a taboo and for its challenge to our cultural preconceptions (McVeigh 2012).

In the 1970's the feminist movement began to engage people in the debate about the imbalance in the relationship between men and women in a patriarchal society and to expose the extent of sexual violence against women. Through this campaigning women were seen as victims and men became perpetrators. In the extreme, all men were seen as having the potential to be a rapist (Gorsiorek Bera and LeTourneau 1994). The Rape Crisis movement was born out of this radical feminist view point and greatly influenced the support for women and girls who had suffered sexual violence. Their strong political background can be seen as both a strength and a weakness. Although there is little doubt that feminism achieved much in opening up the debate about sexual abuse (Lew 2004), it is also true that the very patriarchy that feminists were fighting against had also imposed on men a cultural stereotype that kept them from owning their vulnerability (Etherington 1995). The tensions between masculinity and victimhood are large and paralysing (Baljon 2011).

And yet men and boys are victims of sexual violence. According to McVeigh (2012) in a recent police report it has been suggested that on average in London a male

becomes the victim of a sexual crime every hour. Mankind (2012) estimate that 3 in 20 men have been the victim of sexual abuse. There is also a strength of feeling that most figures are an underestimate (Finkelhor 1986, Gonsiorek et al 1994). Cultural stereotypes stand in the way of men reporting and where men are also the perpetrators, confusion over sexuality and homophobia can be additional obstacles to disclosure. The silence surrounding male sexual abuse which is fuelled by social stereotypes provides a safe haven where the abuse occurs (Goodwin 2004).

So where does this leave the male survivor? In many cases men remain isolated and unable to access help. White (2009) argues that men's psychotherapy in general in Britain is an overlooked topic and puts this down to the possible avoidance of men's psychological vulnerability by a historically patriarchal society. Some Rape Crisis Centres offer support to male survivors, however, because of their staunch feminist beginnings, men do not always feel safe in this environment (Pelka 1995). This perhaps suggests that our culture, where the feminisation of the victim and masculinisation of the perpetrator which have been developed through the work with female survivors of sexual abuse may in fact stand in the way of men acknowledging their abuse and finding a responsive listener, particularly if their abuser was a woman (Mendel 1995).

Rationale

Against this background, my interest in this topic stems from my placement which supports both male and female survivors of sexual violence. I have been struck by how men's stories have challenged my perceptions and how stereotypes of masculinity exacerbate men's pain and stand in the way of their seeking help. I share Etherington's (2000a) sorrow when she states: "I feel sad to think that such additional burdens have been placed upon boys and men by our society" (p231). I have also considered whether this impacts on therapy and how. Proctor (2008) compares

gender role socialisation to Roger's (1959) conditions of worth and questions how much these powerful cultural messages come into play in the therapeutic relationship. I believe that none of us is immune to the cultural conditioning that is endemic in our society and therefore I set out to explore how this manifests itself in therapy from the counsellor's perspective.

Aims and Objectives

Against this background, I have chosen to undertake a small scale qualitative phenomenological study and my main research question is: how do female counsellors experience working with male survivors of sexual abuse? Within this, my aims are: to explore this experience within the context of the social and cultural expectations placed on men; to reflect on the meaning counsellors make of their experience and to investigate how social stereotypes impact on the therapeutic endeavour. Within the context of organisations, such as Survivors UK campaigning; a heightening awareness of male sexual abuse; more men taking a courageous step into therapy; and little previous research into the therapist's experience, this project will hopefully be a timely exploration of the experience of working with male survivors which I trust will be useful and informative to counsellors and lead to insights for further study.

Overview of Dissertation

Chapter One explored the background, set out the aims and objectives of the study and explored my rationale. Chapter Two will situate the study in relevant research literature. Chapter Three will examine the methodology behind the project and the findings and their discussion in the context of the literature will be in Chapter Four. The final Chapter will be a presentation of conclusions drawn from this work.

Literature Review

*“If you have been abused you feel tainted by association with the awfulness
of the crime”*

Moore, B (2010) p5

In this section I would like to situate my research in the context of the literature that surrounds this subject (McLeod 1999; Oliver 2008). For my searches I used catalogues within Chester University Library and the British Library and involved mostly books and journal articles. The main databases I used were PsychInfo, SocIndex and Taylor and Francis Online. A detailed list of my searches and keywords can be found in Appendix 1. I found that there was far less research on the sexual abuse of males than females and it was less readily available. Therefore, where necessary and appropriate I have broadened my search (Oliver 2008), for example, I have drawn on literature about working with female survivors of sexual abuse and on working with men more generally. I have not attempted to represent all the literature, more to offer a view of the issues that are most pertinent to my topic, either because they afford some insight or because they offer a contrasting view (McLeod 1999).

Background

In 1896 Freud's address, "The Aetiology of Hysteria" suggested that much psychological distress could be put down to childhood sexual abuse (Etherington 1995). His hypothesis was met with huge disapproval and rather than be shunned by his colleagues, he changed his theory to be about the unfulfilled sexual fantasies that girls created about their fathers. Sexual abuse was then "rediscovered" in the 1940's when social scientists conducted large scale surveys that confirmed that between 20% and 30% of the women involved reported having a sexual experience as a child (Draucker and Martsolf 2006). Research carried out by Landis in 1956 revealed that 30% of men reported a childhood sexual experience with an adult who was mostly male (Draucker and Martsolf 2006). The negative impact reported by these surveys was largely put down to social conditioning and not the act itself (Herman 1981). The feminist movement began to campaign against the position of women in a patriarchal

society in the 1970's. Their work exposed the plight of battered wives and female victims of sexual violence (Jones and Cook 2008) but did nothing to highlight that males could be victims too, in fact there are those who would argue that their work made it harder for male victims to identify with their vulnerability (Etherington 1995).

Some suggest that sexual abuse in childhood has no impact and is merely the opportunity for the child to express their own sexuality and fosters psychological adjustment (Raskovsky and Raskovsky in Etherington 1995). Kinsey's report in the 1950's acknowledged that 80% of children were upset and frightened by their sexual contact with adults although he blames the long-term effects on the reaction of those surrounding the child and not the perpetrator (Etherington 1995). Kinread (1992) developed a similar argument when he championed paedophiles stating that their condemnation was based on inaccurate, socially constructed notions of childhood sexuality.

There are many researchers however who believe that the impact of sexual abuse is wide ranging and long lasting (Draucker and Martsof 2006). In considering the effect on men in particular, Bolton, Morris and MacEachron (1989) suggest that there is likely to be some kind of significant and enduring consequences for a child who grows up in an environment where his sexuality is abused. The effect of the abuse can be down to a number of factors including the nature of the relationship to the perpetrator; the duration of the relationship; the type of activities; the degree of force; the age and maturity of the child and the age difference between the offender and the child (Bagley and King 1990). The effects depend upon the child's earlier vulnerability and exposure to other forms of abuse or neglect (Etherington 1995) and early relationships influence the response to the abuse and later adjustment (Diamanduros et al. 2012).

The psychological impact on men presents in many ways e.g. shame, depression, suicide, aggression, intimacy difficulties (Sandford 1990; Mendel 1995; Salter 1995; Durham 2003; Dorahy & Clearwater 2012) and most studies show that there are differences between male and female survivors. Acting out is commonly seen in male survivors (Durham 2003); unlike girls who tend to internalise their reactions and come to the attention of mental health services with depression, anxiety or eating disorders (Etherington 1995), boys may demonstrate aggressive behaviour (Bagley and King 1990, Mendel 1995) or use alcohol and drugs and are less likely to get help and more likely to get punishment. Shame and low self esteem is a common characteristic of male and female survivors (Mendel 1995, Durham 2003, Romano and DeLuca 2001). It involves shame that the abuse actually took place, particularly for male survivors who “should” have been able to protect themselves; about the secrecy and about finding the abuse pleasurable. Male survivors also often have insecurities about their sexuality particularly if they were abused by a man (Mendel 1995; Gill and Tutty 1998; Diamanduros et al. 2012); found the experience physically pleasurable or had a relationship with the perpetrator which had positive elements (Durham 2003). Where the perpetrator is female the victim may redefine their feelings about the abuse to fit into cultural stereotypes (Bolton et al 1994).

The impact of social stereotypes on male survivors and on therapy

Cultural stereotypes make a huge impression on male victims in that they subscribe to views about masculinity and therefore most tragically believe in their own failure to live up to the notion of the ideal man (Mendel 1995, Durham 2003, Diamandouros et al. 2012). The impact of social expectations on men means that there is an additional dynamic to their distress (Etherington 1995, Metcalfe and Humphreys 1985, Bolton et al 1989, Gonsiorek et al 1994, Camino 2000). Bolton et al. (1989) write that boys

rely on stereotypes to guide them more than girls and therefore their disappointment in themselves is greater. Some authors (Hunter 1990, Lew 1999, Mendel 1995; Gill & Tutty 1999) suggest that one of the most difficult issues facing adult male survivors of sexual abuse may be coming to terms with the disparity between their position as victims; the societal expectations on them as men; and society's view that male sexual abuse is somehow less damaging. Although there seems to be more male than female perpetrators, the extension of the feminist views makes it more difficult to accept that women abuse and therefore further stigmatises males abused by women (Bolton et al 1989). It seems that men who have experienced sexual abuse have their masculinity threatened both by the actual act and through the social context (Baljon 2011).

Men also see gender stereotypes as a barrier to their seeking help in counselling and being able to engage with the process because of the focus on vulnerability and emotional expression (Marshall 2004; Sorsoli et al. 2008; Sweet 2012). For Rowan (1997) it is the reluctance to admit vulnerability that is one of the factors which work against men coming into therapy. Alongside this, disclosing abuse is like admitting to failure at being a man (Lew 1999; Camino 2000; Durham 2003). Many men assume their abusers are homosexual and research suggests that fears about being perceived as homosexual is another barrier to disclosure (Dorais 2002). Moreover, at times when men do approach treatment, they remain hesitant to discuss the abuse and focus on other issues (Sorsoli et al. 2008). There is a debate about whether therapy should be altered to better suit male clients. Teram et al. (2006) suggest that there needs to be a male centric method of communicating to men which acknowledges the abuse and their position as a victim as well as acknowledging their position within the social context. Sweet (2006) goes as far as to say that if therapy is not "male user friendly" p7 it can do more harm than good. In contrast, Gillon (2011)

argues that, on the surface, there could be difficulties for men to work with a process which has a therapeutic relationship at its centre but he concludes that it would be wrong to change this.

Counsellors also bring their preconceptions into the therapeutic relationship and most research recognises that this can impact on therapy. Gender splitting can limit expectations of both men and women and therapists need to understand the extent of their conditioning in order to be fully themselves with the client (Natiello 1999). This awareness needs to extend to how their preconceptions are affecting the way they respond to their clients' presentation (Sweet 2012; Marshall 2004). The challenge is where stereotypes are unconscious and unknown and are therefore all the more dangerous (Bolton et al. 1989). The counsellors who took part in this study were female and therefore add a particular dynamic to the counselling relationship which might be both useful and obstructive. Etherington (2001) and Wexler (2009) recommend men working with female therapists at the initial stages as they might be less critical of a perceived lack of masculinity making it easier to be vulnerable. However there is a risk that this dynamic perpetuates traditional female caring role stereotypes and therapists need to be aware of their own limitations and not dismiss their emotional needs in favour of the client's (Proctor 2008). Sweet (2012) recognises the struggle for a female therapist to fully understand the power of male social conditioning and suggests that men's presenting issues may be challenging for women if they are not well informed. Others suggest there is a balance to understanding these issues and, at the same time, being free enough to experience the man as a human being and treating each client as an individual (Sanderson 2006; Morse 2012).

The therapeutic relationship

Rogers placed the therapeutic relationship at the heart of his theory. In 1957 he proposed hypotheses about therapy in the form of six 'necessary and sufficient conditions of therapeutic personality change'. At the time they developed his non-directive approach and offered a revolutionary theory to all disciplines of psychotherapy. Rogers (1957) was clear that the core conditions were all that was needed to create a climate in which the self-actualisation of the client might be facilitated. Subsequently there has been much debate about whether the conditions are sufficient and indeed necessary. However there is increasing evidence from many strands of counselling that the quality of the therapeutic relationship is central to the effectiveness of therapy (Cooper 2008).

Against the background of both the therapist's and client's social conditioning, it seems that, on the surface the offering of UPR might be both challenging and particularly healing. In 1959 Rogers stated that it is this condition that "frees the client from conditions of worth" (p224). The aim of this is to consistently value the client regardless of conditions so that gradually the client begins to unconditionally value themselves. There are differing views on this condition. Bozarth (2007) claims it is the "curative factor" (p184) because incongruence comes from conditional positive regard and he continues that Lietaer believes it is crucial but improbable because it is very difficult to be fully accepting of all clients. If we are to accept Proctor's (2008) view that the impact of gender conditioning is very similar to Rogers' concept of conditions of worth, then it would seem particularly important that therapists demonstrated this attitude of "prizing" p224 (Rogers 1959). Mearns and Thorne (2007) offer a definition which includes: "deeply values the humanity of the client" p95. Rogers (1980) recognised the difficult balance and it seems there is a danger that feelings for the client are in fact an idealisation of their resourcefulness which in

fact undermines their struggle to come to terms with their experience (Sanderson 2006).

To facilitate a deep relationship with the client there is a need to put preconceptions to one side, to “encounter our clients from a place of naivety” p117 (Mearns and Cooper 2005). Later in his life, Rogers (1986) presented “one more characteristic” (p137) “when I am closest to my inner, intuitive self, when I am somehow in touch with the unknown in me ... then simply my presence is releasing and helpful”. Mearns and Cooper (2005) build on this idea of “working at relational depth” where there is “a state of profound contact and engagement between two people” (p xii). Clarkson (1990) expresses a similar therapeutic space which is empty of the therapist’s ego and which has a spiritual element. It would seem that it resonates with Hycner’s (1993) description of the effect of the therapist’s presence.

Whilst this seems to be therapeutic from a person centred perspective, there are those who argue about the usefulness of a therapeutic space free of judgement when the reality of the outside world is in stark contrast. Person centred theories come under particular criticism in this discussion because of the individualistic nature of both the causes of distress, and the work during counselling (Gillon 2007). It is argued that the focus on the individual is a misuse of power and denies the potential external problems that the client might face. In response to similar arguments, Rogers (1977) suggested that external factors can become internalised by the individual as conditions of worth and therefore by engaging with the client, rather than ignoring the social context, therapy is actually working with it. Proctor (2008) supports this view but also advocates that the impact of gender stereotyping needs to be examined in therapy. This is in agreement with much feminist writing which encourages the setting of the clients’ distress within a social and political context

(Taylor 1994; Chantler 2005; Sweet 2012). From a narrative perspective, the re-setting of the client's story within a wider context is also recommended (Etherington 2000a; Gill & Tutty 1999). Dorahy and Clearwater 2012 also write that the overwhelming sense of shame needs to be put in a wider context for clients. In contrast Bozarth and Moon (2008) writing about gender issues for women in counselling, are very clear that person centred therapy is client-led and therefore issues relating to social conditions are only appropriate in therapy if they are seen as significant by the client.

Person-centred theory recognises the need for the therapist to risk being real in the relationship (Rogers 1980). This is backed up by Mearns and Thorne (2007) who advocate that the therapist must dare to be vulnerable and avoid building barriers which may inhibit intimacy. However, Rothschild (2006) offers an alternative view that being vulnerable does not necessarily enhance connection and availability. Coppenhall (1995) writes specifically about working with female survivors of childhood abuse when she states that the counsellor needs to be able to recognise the emotional world of the client but not get caught up in the feelings. Most literature agrees that personal awareness is essential so that counsellors may feel safe whatever the depth of vulnerability (Rogers 1961; 1987; Wosket 1993; Johns 1996; Etherington 2000c). In working with male clients, Wexler (2009) advocates that female therapists should explore their reactions to all aspects of masculinity and its manifestations.

Personal challenge of this work

For people who have been abused, the experience of a trustworthy relationship is often limited and relating to another person in depth or for any length of time may be an uncommon experience (Walker 1992; Etherington 2000b). It may be challenging

for counsellors to facilitate this level of intimacy (Power 2012). Friedrich (1995) suggests that male clients may hold the therapist at arm's length and therefore reduce the support they can achieve. There may also be pressure on the therapist as men are more likely to disclose just once (Bolton et al.) and expectations of masculinity demand that the more sensitive, vulnerable side is hidden away (Rowan 1997). Feelings of inadequacy are a common stress for therapists working with sexual abuse (Coppenhall 1995) which may emerge from the counsellor's identification with the victim (Etherington 2000c).

Research also suggests that there is a cost to caring and that counsellors who work with clients who have suffered trauma are particularly vulnerable (Etherington 2000c; Rothschild 2006; Tehrani 2007). It has been recognized that workers who have the greatest capacity for feeling and expressing empathy are at the greatest risk from experiencing secondary traumatisation (Figley 1995) and that many of the counsellor's symptoms mirror those of their client (Pearlman & Saakvitne, 1995) or involve more general changes such as having no time or energy for themselves or others, feelings of cynicism, sadness and seriousness. Alongside a more general personal awareness, Power (2012) advocates that therapists need to be aware of their own conditions surrounding sexual abuse so that they do not unconsciously put up barriers. Rothschild (2006) suggests that a dual awareness is essential during therapy particularly during more intense sessions.

Working with sexual abuse means that the subject of sex is present within the relationship. This has the potential to deeply affect a fundamental part of our identity and this is why clients in this field can impact on us (Coppenhall 1995). Sanderson (2006) agrees with this and suggests that the potential for erotic transference and counter transference is much greater with survivors of child sexual abuse. In addition,

other research suggests that the very intimate nature of the therapeutic relationship might be confused by the male client as sexual desire (Sweet 2006; Wexler 2009; Gillon 2011). The therapist's ability to recognise and effectively handle these feelings in either herself or her client is essential to ensuring both the safety and depth of the relationship (Sanderson 2006). Although therapists may feel reluctant to explore issues around erotic transference, there is an argument that it could provide a deep connection and potential for growth (Macaskie 2008). Boundaries are also essential for the safety of the relationship. For many survivors, the notion of an intimate relationship with fixed boundaries is novel but necessary to ensure that they feel safe enough to make their stories meaningful (Salter 1995). Sanderson (2006) suggests that therapists must be very clear about boundaries to do with therapy in order for both the counsellor and the client to feel safe. Mearns and Thorne (2007) acknowledge the need for boundaries but suggest that they need to be appropriate for the client and in line with the equality in the relationship.

Methodology

"The boy-victim is a silent witness, silenced by fears and confusions"

Grubman-Black, S D (1990)

Philosophical Background

In order to gain an understanding of the richness of my participants' experience I chose to carry out qualitative rather than quantitative research. My rationale was that I was not attempting to accurately measure my participants' work with male survivors; my objective was to capture the essence of their lived experience and to offer a useful interpretation in terms of the meaning they bring to it (Willig 2008, Sanders 1994, Denzin and Lincoln 2005). A positivist approach which is characterised by a belief in objective observation, quantifiable data and verifiable truths (Maykut and Morehouse, 1994) which is more appropriate for the measurement of a fixed observable world would not have offered me the scope to explore the diversity of each participant's experience (Sanders 1993, Spinelli 2005). My approach is also interpretive which is in contrast to traditional natural scientific methods which aim to seek out explanations (McLeod 2003). I have tried to facilitate the emergence of the meaning that each of my participants has expressed without trying to offer a reason or universal truth.

In settling upon the philosophical basis for my project, I have been aware of the tensions between phenomenology and hermeneutics within research (McLeod 2011). My approach is phenomenological as it has been to examine my participants' experience as it occurred (Smith, Flowers and Larkin 2009) based on the assumption that reality is socially constructed (Sanders 1994). In trying to elicit the meaning within this experience, Katz in Maykut and Morehouse (1994) describe the need for the researcher to be conscious of and, as far as possible, bracket off their own prejudices and assumptions through the process of *epoché*. However, the hermeneutic approach suggests that even our search for a framework of meaning is

necessarily filtered through our historical context and the cultural constructs of language which colour any interpretation (Spinelli 2005; McLeod 2003, 2011).

These challenges are pertinent to my aims to understand the meaning of my participants' experience through the language they choose to represent it and the meaning that I, in turn give to their language. Therefore, underlying my research is a phenomenological philosophy as described by Heidegger which recognises that both "phenomenological and hermeneutic sensibilities are necessary components of any attempt to study the dynamics of everyday life" p62 McLeod (2011). I recognise that there are tensions inherent in this and my challenge has been to hold these by attempting to indwell in the experiences and meanings shared with me whilst being aware of my own influence and still remaining open-minded and creative enough to do justice to the work of my participants (Maykut and Morehouse 1994, Spinelli 2005).

Sampling

My sample is a homogenous group for whom the research question is meaningful as opposed to a random sample that might be used by traditional researchers. I used purposive sampling which allowed me to select participants who have the necessary experience to engage in the enquiry (Denscombe 2003). My research inclusion criteria were: counsellors trained in the person-centred approach who are qualified to at least diploma level, have recent experience of at least a year of working with male and female survivors and who have access to supervision to ensure that they have the necessary support. My aim with these criteria was to ensure that my participants have a person-centred grounding which is my area of interest and experience, have the confidence of a qualification to explore their struggles and successes and have current, pertinent experiences. Their working with both male and female survivors

also offered me the opportunity to explore differences and similarities between working with men and women.

To recruit participants I wrote to 30 organisations with details of my research and an advertisement (see Appendices 2, 3 and 4). At first I chose counselling services which supported both men and women. Of those, just over half were members of the Rape Crisis Organisation. Whilst I recognised that they were the most likely source of my research participants, I did not want to impose this restriction to my sample. I wanted to facilitate the variability of the participants to provide variation and further insight (Patton 2002). Therefore, the remainder were either organisations which offered a service particularly to male survivors of sexual abuse, generic counselling services or further education counselling departments. I also advertised at Chester University Counselling and Psychology departments and in *Therapy Today*. I hoped this would broaden my sample to include participants from other counselling services that I had not previously considered.

In contrast to quantitative research, qualitative research uses samples which are small in number but “information rich” (Patton, 1997). I settled on 4 participants which is in line with protocols which recommend that three to six participants is appropriate for the development of points of similarity and difference without being overwhelmed by the data (Smith et al 2009). In selecting participants I checked that they fulfilled the criteria and then, both to meet my time constraints and to not impose any of my own preconceptions, I chose on a first come first served basis. These happened to all be women and all come from organisations which offer counselling to both male and female survivors of sexual abuse, 3 of them are Rape Crisis organisations. At first I was concerned that this might restrict my research however, on reflection I recognised that it they represented typical cases (Maykut and Morehouse 1994) and

offered me an opportunity to explore in depth the experience of these women in working with male survivors. Each participant was given a pseudonym to protect their anonymity.

The following table shows a profile of the participants:

Participant	Age range	Sex	Experience
Kim	50-59	Female	1 year
Helen	30-39	Female	7 years
Wendy	30-39	Female	5.5 years
Laura	40-49	Female	1 year

Figure 1: Participants' profile

Data Collection

I used semi-structured interviews to facilitate a rich discussion about my participants' experience. In contrast to a structured questionnaire or interview, this gave me the flexibility to allow the interview to develop in the direction that the interviewee led and as a result, my research has followed paths that I had not considered. This method is consistent with my aim of gaining an insight into the participants' lived experience of working with male survivors (Smith et al 2009). Potter and Hepburn (2005) raise concerns about the use at face value of data from such interviews and suggest that the contextual and interactional features of the interview need to also be considered. To address this, following the interviews I considered and noted my impressions and looked at the biographical data to give some insight into the participants' background to contextualise the interview and to add to the validity of my research (McLeod 2011). I also asked the participants how they felt about the interview and have considered this information in my analysis.

The interviews were about an hour long to allow the participants time to speak freely and reflectively (Smith et al 2009, Willig 2008). I used an interview guide (Appendix 5) with broad open questions to explore new areas and to frame potentially sensitive questions appropriately (Smith et al 2009). My aim was to engage with the participant in an empathic way and to be in their frame of reference as far as possible. To offer my participants clarity, I sent them in advance a summary of the interview guide and the biographical data and consent forms (Appendices 6 & 7). The rapport with my participant was essential for the interview to develop to explore the depth of their experience. In order to achieve this, I attempted to actively attend to my participant to understand their perspective. Whilst I was able to use my counselling experience to help with this, I was also aware of the paradox of using counselling skills to build rapport with participants and remaining aware of boundaries (Dallos and Vetere 2005). I asked participants to review the transcript of their interview before re-confirming their consent. Each of the interviews was audio-recorded then transcribed to produce a semantic record which became my data.

Data Analysis

I chose to use Interpretive Phenomenological Analysis as it allowed me to inductively derive the main qualities which emerged from my data, in contrast to quantitative methods which set out the hypotheses or categories prior to the study (Maykut and Morehouse 1994, Smith et al 2009). IPA is concerned with the analysis of the lived experience and it pursues an “idiographic commitment” (Smith et al 2009 p 32) which offered me the opportunity to analyse each participant’s data in its own context before looking for patterns across all four. This is in contrast to other methods, for example, narrative or grounded theory research which compares data at an earlier stage (Sanders and Wilkins 2010) and which I felt might not offer such a rich personal understanding of each participant’s experience. This seemed important to

me as I felt there could be considerable differences which I wanted to be able to reflect fully.

My first step in the analysis was to “immerse” myself in the data to “enter in an empathic way the lived experience of the person” p85 (McLeod 2003) by listening to the first interview whilst reading the transcript. I re-read the data several times to allow the words to become familiar to me and to start to get a sense of the meaning of the data as a whole. I then moved on to look at particular parts of the data. The next stage was a close line by line analysis of the text making notes on the right hand margin of the transcript within the three areas suggested by Smith et al (2009) which were “descriptive, linguistic and conceptual” p84. At the same time I underlined text which seemed important to me and made unstructured notes about whatever came up for me during my reading. This allowed me to remain true to the philosophical underpinning of my research by looking at both the language used and the sense expressed. My next step was to deconstruct the data to identify the emergent themes by looking at both discreet sections of the transcript and the additional notes and comments that I had made. I noted these themes in the left hand margin (Appendix 8). The aim at this stage was to capture something of the essential quality of each section of the text (Willig 2008). Once themes had been identified I attempted to put some structure around them by putting them in clusters. To achieve this I wrote them out then cut up the paper so that each theme was separate from the others. I then moved them around to identify where there were common elements. This allowed me to develop super ordinate themes.

I was aware of the tentative nature of some of the later interpretive levels within IPA which take the researcher beyond the participants’ accounts and understandings and that there is an ethical danger in imposing meaning and denying the voice of the

participant (Willig 2008). Therefore I ensured that there was a systemic cyclical process of critical reflection and challenge of my own emerging interpretations (Willig 2008). In order to do this, I returned to the text and matched each super ordinate theme with the data that supported it (Appendix 9). This allowed me to test out where data was used a number of times, indicating a commonality between themes and to check that themes really reflected my participant's meaning and had not strayed too far from the data. This fulfilled the requirement for "triangulation" as described by Sanders and Wilkinson (2010) to ensure the trustworthiness of the findings and kept the emerging themes within their context (McLeod 2001). I allowed myself time for this process to develop so that I was neither over-analysing nor moving too far into my own frame of reference. Sanders and Wilkinson (2010) describe this process as "reflection" in so far as it is a "deliberation and meditation" p189. I built a table of themes with page and line references to key words e.g. vulnerability K:13.9 which demonstrated the link back to the data (Appendix 10). I then allowed myself time before moving on to the analysis of the next participant in order to offer it a fresh perspective.

Once emergent themes had been identified for each of the participant, I looked for patterns across cases. I took each theme and compared it to all others to see whether or not there were common findings. In some instances there were similar themes in several cases. I found this part of the analysis particularly challenging. I did not want to lose the sense of my participants' words nor miss out on similarities that would illuminate the work. Once I had identified the overall themes I went back to each participant's data to check whether or not they rang true. I then built tables of master themes (Appendix 11) which had examples of significant data.

Elliott and Williams (2001) suggest that an important feature of scientific research is the detachment and independence of the researcher and yet, paradoxically in qualitative research, the passionate involvement of the researcher can increase the rigour of the investigation. I chose to investigate this topic as it touched me and it has held my interest and emotional involvement throughout. Whilst I have attempted to understand and bracket off my own preconceptions, IPA recognises that the researcher is implicated in the research and interpretation and proposes a reflexive engagement with the data (Willig 2008). Etherington (2004) recommends that studies demonstrate how the researcher's perspective and context have shaped the research to provide transparency to the reader. To this end, I have kept a reflective journal throughout my study to keep track of my awareness of my own thoughts and feelings on the research. This has been particularly useful during the analysis stage to facilitate my understanding of where my own feelings might impinge on the emergence of the participants' meaning and it has given a voice to my questioning and concerns. My research is not a heuristic study but I acknowledge that during my engagement with this topic, I have experienced a developing self-awareness and insights which reflect heuristic processes as described by Moustakas (1990). This reflexivity has proved invaluable to my research and also seen as essential process for accessing tacit knowledge which has illuminated my findings (Guba and Lincoln 1981, Denzin and Lincoln 1994).

Validity

The question of validity within qualitative research is very different from that in quantitative research where there is generally a set of validity criteria (McLeod 2011, Willig 2008). Within qualitative research, the presence of the researcher is felt throughout which makes the traditional tests of reliability less appropriate. Denscombe (2003) proposes rigorous steps to ensure the trustworthiness of findings.

Elliott, Fischer and Rennie (1999) and Yardley (2000, 2008) offer a set of general guidelines for assessing qualitative research.

Yardley (2000) suggests four broad principles: sensitivity to context; commitment and rigour; transparency and coherence and impact and importance. Smith et al (2009) describe in detail how the process of IPA accommodates these principles. As a novice researcher, I have followed this process to ensure that my work is both valid and trustworthy. Whilst working within these guidelines I have tried to embrace the core conditions set out by Rogers (1959) that Mearns and McLeod (1984) suggest describe the basic qualities of the personal validity of the researcher. I also believe that my experience and learning from this small scale study will both inform and enhance my practice and in that sense reflects Wosket's (1999) view of "micro validity" p67. I hope that my work will meet McLeod's (1999) suggestion that it also resonates with other readers and therefore almost certainly has some value.

Ethical issues

It has been my intention to conduct my research in line with the BACP Code of Practice and Ethical Guidelines (2007) to protect my participants from harm and loss (Willig 2008) and to enhance the trustworthiness of my study. Brinkman and Kvale (2008) recognise that ethical issues are not resolved in the planning stages but need to be kept in focus throughout. My project was planned with taking major ethical concerns into consideration and I have attempted to behave in an ethical way throughout and have worked with my supervisor to look at "ethics in practice" (Guillemin and Gillam 2004).

In considering the ethical issues in this project, I have been aware of the risks to the participants who dared to share their thoughts and feelings; their clients who touched their hearts in many ways and myself and my own clients who I have been working

with during my immersion and engagement in what has been an emotional topic. To say that I have adhered to ethical guidelines does not do justice to my sense of striving to work in an ethical way to both protect and do justice to those who have been involved. It is for these reasons that I have ensured the anonymity of my participants and their clients and have kept their data free from identifying facts and names and safely locked away. I have also ensured that the participants have access to personal support to explore their feelings and insights that their involvement may have uncovered. For myself, too I have tried to have a sense of compassion that I normally reserve for others but which felt necessary at times throughout this work. Participants have been offered the opportunity to both review their transcripts and asked to confirm their “process consent” (Elliott and Williams 2001) once they were aware of how much they had shared in the interviews.

Limitations

I am aware that there are limitations to my research. It is a small scale study examining the lived experience of a homogenous group and as such is not intended to provide generalisations or to predict how others may experience the same phenomenon (Willig 2008). It will also not be dealing with why counsellors’ experiences are as they are. Willig (2008) identifies the limitation of the findings in qualitative studies as another researcher may interpret the same data differently. Denzin and Lincoln (2005) also highlight that qualitative research is based on the participants’ ability to report on their experience and the presumption that the researcher can comment on process. Willig (2008) argues that language in fact constructs and shapes reality and that IPA does not engage sufficiently with language’s “constitutive role” p67.

My participants are all female counsellors sharing their experience and unfortunately within the scope of this study, there is no involvement of the clients themselves. My

research will therefore be limited to one side only of the therapeutic relationship. The participants all work in similar counselling settings which are set up to support survivors of sexual abuse, therefore the clients they see already have some recognition of a potential cause of their distress which may make their readiness to engage with therapy unusual.

Findings

"This man's wife has left him, as she was unable to accept what happened. He attempted suicide at the end of last year".

Will Storr (2011)

Research Outcomes

The research outcomes below represent the main patterns from the analysis of the data. Four themes emerged which were looked at in detail and subordinate themes identified (Figure 6 below). I chose to fully explore three super-ordinate themes which focus most closely my research aims and represented the voices of the participants (Smith et al. 2009). These themes are as follows:

- *The perceived impact of social stereotyping on male survivors and on therapy*
- *The experience of the therapeutic relationship*
- *The personal challenge of this work*

Although participants were asked about their experience of the differences of working with men and women, this did not seem to be a major theme for them and because of limited space, I have chose not to represent it here. The list of significant data which I found under this topic can be seen in Appendix 12.

Supporting the super-ordinate themes are a further 13 subordinate themes as shown in the table below;

Overview of super-ordinate and supporting themes
1. The perceived impact of social stereotypes on male survivors and on therapy <i>I. Therapists' views of masculinity</i> <i>II. Men's struggle with vulnerability</i> <i>III. Barriers</i> <i>IV. Therapists' preconceptions about working with men</i>
2. The experience of the therapeutic relationship <i>I. The depth of the relationship</i> <i>II. The impact of clients' vulnerability</i> <i>III. The impact of clients' disclosure</i>

<p>IV. <i>Men are ready to work, resilient and engaged</i></p> <p>V. <i>Admiration privilege and respect</i></p>
<p>3. The personal challenge of this work</p> <p>I. <i>Therapists' feelings of incompetence</i></p> <p>II. <i>Therapists' vulnerability</i></p> <p>III. <i>Difficult content of the sessions</i></p> <p>IV. <i>Therapists' personal growth</i></p>

Figure 2: Overview of super ordinate and supporting themes

1. The perceived impact of social stereotypes on male survivors and on therapy

I. Therapists' views of masculinity

All participants were asked about their preconceptions of masculinity. Although there are similarities in their views there are also considerable differences:

I think there's probably quite a lot in the sort of, from society that you pick up over the years but there is something about men and strength – just how they're portrayed in the media but more so they can still be strong and vulnerable K:39.14

I had a lot of anger towards men a lot of distrust of men a lot of personal fear of men H: 33.11

It was a male society that men got the better deal, men caused all the wars and major problems, [...] I don't generalise now, I'm aware that I have a huge compassion for men, I think society can be very difficult for men H:35.2

My sense was that men just don't need to cry as much as women do, they just don't need to it's not something that they have, that they don't process emotions like women do, but now doing this work I would say no completely, they need to W:32.5

See I kind of, I think that everyone is a kind of mixture of male and female, [...] you can get men who are typically men and you can get women who are typically women. Underneath all that we are human beings; you know we all have emotions, have physically stuff going on
L: 10.20

The impact of these preconceptions can be seen in views on the client's presentation of masculinity in therapy. Kim uses similar words to describe the presentation of her clients to the ones she used to describe her perception of masculinity:

I'm a man and I'm strong and I must present that image to the world
K: 38.12

They are showing the world a strong image from the outside even when they come to counselling K: 18.15

For Helen there is a lingering sense of fear when meeting a new male client which also reflects back on her early preconceptions about men:

I think there's even moments now when they're be a mention of, just got my phone before I meet a new male client, now why that should be any stronger than when I've got a female client, that's my stuff, but it is there and I'm aware of that little bit of residue H:50.12

Wendy describes the sense of loss that masculinity imposes on men and reflects on her sadness for men:

I think men often feel a sense of loss of the sense of who they are, their status in the world as a man, I think they're fighting with society's expectation so that's their area of how they are re-victimised W: 2.11

I think that masculinity is quite a sad place to be for men, really W:
32.13

II. Men's struggle with vulnerability

The notion of vulnerability appears to be antithetical to cultural conditioning of masculinity (Rowan 1997) and there was evidence that two of the participants accepted this and perceived that their clients struggled with being seen to be vulnerable early on in therapy:

This armour of violence around him, so that no one could ever see that he could be vulnerable K: 30.10

I'm a man and I'm strong and I'm invulnerable and I must present that image to the world K: 38.12

How difficult that can be maybe for some men to be true to themselves to show how they feel and feel any sense of vulnerability H: 34.10

For the other two participants there was a sense that once men were in therapy they were prepared to show their vulnerability:

I mean in some ways there's certain vulnerability about them that some women don't have L 3.10

You can challenge quite quickly on I think quite a feeling level to a degree, I think men seem to be quite open, they understand it's a safe place and they're kind of wanting that challenge W: 2.11

III. Barriers

Although their individual preconceptions about masculinity were very different, there was an appreciation of a more general social stereotyping that can act as a barrier to men's healing in many ways (Hunter 1990, Lew 1990, Mendel 1995; Gill & Tutty 2008). Firstly in there being resources for men and them reaching them:

You know, there's a lot of support for woman, but there isn't that for men, or if there is that for men it's for gay men, and do heterosexual men want to be going to? L: 20

There's something about society – to get them through the door K: 20.7

They've made that step to come here and that's a big difference with them L: 3.12

Society's failure to recognise male sexual abuse means that men run the risk of not being believed even if they do manage to disclose:

I think because with guys there's this sense that they won't be believed is more entrenched really there's a sense of society's views do come into this, the sense of being able to disclose in the first place is in my opinion harder for males than for females, there's so many barriers there to start with H:15.6

Or they do not recognise the abuse themselves (Bolton et al.):

I've sometimes found with males almost an attempt to say was this abuse? Was it bad? Have I got a right to these feelings? H: 6.9

There is an additional level of reluctance and shame (Sorsoli et al. 2008) that holds men back because of their cultural expectations:

You're telling me about your experiences, there is definitely something different, I think that men have to overcome that, I think it's twice as hard really W: 9.15

I do think that the role that men have in society is just a silencer, it reinforces that sense of shame W: 9.10

IV. Therapists' preconceptions about working with male survivors:

The participants also had their preconceptions about working with men. There was the idea that men are different and therefore might need to work in a different way:

I guess there may be that anxiety when you're working with a man for the first time there's maybe judgment oh they are totally different W: 20:14

There was also a sense what the man brought to therapy was challenging and an associated doubt as to whether therapy would work:

But this is very real and will this work for this person? K: 8.12

Laura's perception that this work would be tough attracted her to it:

I've had quite a colourful life and I just wanted something a bit more nitty gritty and, you know, put me in a warzone ... L: 37/5

2. The experience of the relationship with male survivors

I. The depth of the relationship

The participants all positively described the relationships that they had with their clients. There is a sense, particularly from Kim and Wendy that the relationship is surprisingly good; they had not expected it to be so. Helen also comments repeatedly that she has never had a problem in establishing a rapport with men which may also suggest that there is an underlying sense that this surpassed her expectation:

What surprised me most was the rapport that I managed to build up – that was a surprise because I'd anticipated that I wouldn't be able to K: 42.11

I don't think I've ever had a problem in establishing that trust or rapport I also think there can be an anxiety around that H: 21.2

The relationships developed and the work was often long-term and at depth.

Participants reported a strength of emotions for themselves and their clients:

I was dead honest with him because by then I'd seen him for 23 weeks we had that relationship and he started crying he was so made up L: 15.10

I was just struck by, it took me a while to get my head round how different he was in the sessions, [...] 15 years of not feeling any emotion and then working with the emotion, him being in touch with the reality that he wasn't to blame for what went on, that he wasn't gay W:7/12

It's only a segment but its right to the core, it's really like deep stuff that you know about someone and there's stuff I feel and share and want to work with erm it is only a segment because there's the whole of their lives but its quite deep and intimate really K:13.2

A lot of raw honest painful work H: 32.16

A lot of being able to hold deep and raw and strong emotions H: 7.10

II. The impact of the client's vulnerability

The depth of the relationships facilitated the exploration of the more vulnerable side of the clients (Rogers 1986; Mearns and Cooper 2005) which touched the participants in ways that seemed particularly special and poignant.

Very angry but a gentle gentle person as well ... gentle and soft in lots of ways K: 12.14

And yet they're coming and they're at their absolute weakest and most vulnerable they're... and so I kind of have great respect for that – I cant imagine how hard that must be K:37.3.

He was working with me on a weekly basis and, he was just so different to the character he was on paper, sometimes I read his police files, you know, the difference.W:6.13

I guess it's only been on a few occasions when I've worked with men and when you hear about that little boy and it does, maybe it's because it's different W: 18.5

III The impact of the client's disclosure

Society's expectation's of men and its failure to recognise male sexual abuse has set up barriers to men's disclosure and weakened their confidence in being helped should they take that courageous first step (Lew 1988; Camino 2000; Durham 2003). Against this backdrop, the act of them disclosing seems to have a significant impact:

Never spoken to anybody before and for me that's just such a humbling experience and just wow, I can't think of any better job H: 27/5

I just have so much admiration I think that they can come and talk to someone about this that they've managed to pluck up the courage K: 37.12

That kind of secrecy, I mean, I've had clients where I'm the first person they've told and they've carried that with them for years. L: 26.7

Alongside feeling privileged was a pressure that this could be a one-off opportunity:

Guys won't necessarily disclose more than once so if they'd had a particularly bad experience of when they disclosed they might think, that's it, I'm not going anywhere else with it H:20.5

You're the only person they may be speaking to; it's like working through that being effective enough and not to take that pressure on board W: 17.6

IV Men are ready to work, resilient and engaged

Although there are many negatives to the difficulty that men have in accessing services, the experience that the participants described was that, where men overcame all the barriers and arrived in therapy, they were mostly ready to work, and engaged:

I think you can establish that relationship and you start building the trust up within the situation I think it can really start to flow H:15.6

Both of these clients have come religiously week after week after week K: 10.12

I do think it's because they're not referred by anyone, they've come themselves and once they've reached that point of 'I'm doing this' L: 27.

He wanted to get better, to get better; he wanted to be able to move forward in his life L: 10/4

There is also a sense that men have waited so long to seek help, they know exactly what they need to do:

Maybe it's that knowing, they hold onto it for so long, that they maybe look at it so much that they know what to look at what they need to try and understand W:23.15

V Admiration privilege and respect

All participants expressed a sense that they were emotionally touched by working with male survivors. "Privilege" was a term used by three of them. At one level it seems a common term to use to describe this kind of work, however, the sense of what the participants were describing was possibly their own feeling of honour that in our society, where it is so difficult for men to disclose their abuse, they were party to that experience:

Society doesn't want to look at what it doesn't want to face so there's not a great deal of awareness and I think that's where my compassion has come in H:36.7

I think that men have to overcome that – it's twice as hard really and because they're bringing it to you it's quite a privilege really H: 9.15

I think that was one of my proudest moments, proud of him, not of myself because he's done it and that was lovely L: 16.9

There is also a realisation by Wendy that this sense of privilege and admiration comes from her preconceptions about men and how they might engage with therapy:

There is such a level of astonishment of admiration because my expectation is well I never thought your brain would work like that W: 41.1

Wendy also articulated the overwhelming nature of these feelings and how it is not always helpful in the therapeutic relationship (Sanderson 2006):

How overwhelmed I was at the time by their level of resilience, I was totally moved by it at times W: 28.11

It's not helpful is it to keep saying to someone, oh I admire you, you're amazing W: 29.3

Kim was the only participant who did not actually use the word 'privilege' to describe her feelings about working with male survivors however she did share and articulate the strength of her feelings of admiration and respect:

I suppose I want to say I care- love my clients – really prize – prizing is a better word. K: 15.2

I suppose there's a bit of me that has all the more admiration for men in a way K: 38.9

There seems to be a number of levels at which this work is satisfying. There is this sense of privilege that men are disclosing and therefore this is something special; there is also a sense that men have to overcome such difficulties they are more deserving and there is the fact that men are ready to work, progress is made and therefore it is professionally satisfying, almost against expectations:

They kind of feel much more deserving K: 16/7

I'd often feel energised [...] I want to work with men because you see the work being done quite often W: 38/14

And I love seeing people grow, I love it. And it's not always going to be like that but I do L: 48.10

3. The personal challenge of this work

I. Therapist's feelings of incompetence

Feelings of incompetence (Thierault and Gazzola 2008) were described by all participants. There was a particular anxiety for all of them prior to starting work with male survivors. This appeared to centre on preconceptions about how a male client might want to work, the building of the therapeutic relationship and for one participant, the possibility of a sexual attraction to the client. All participants had experience of working with female survivors of sexual abuse and therefore the anxiety did not stem from a lack of experience of working in this arena. Neither did it appear to stem solely from the gender of the client; there were other concerns about difference in age and race for some of the participants:

I'm this middle aged, middle class white woman, I'm like how will he relate to me and actually again it made no difference. K: 9.10

I did start to panic a bit when I started to work with men that, oh this might not be very logical H: 11.12

Cause I did feel that I was almost out of my depth L: 23.6

I'm thinking oh god is this going anywhere, I don't know really L: 49.1

II. Therapist's vulnerability

All participants recognised feelings of fear and a sense of risk in this work, both for their own physical safety and for their safety as a therapist in working with the content of the sessions and the impact that this had on them:

I felt quite frightened of him because he's quite an angry person K: 12.15

I made sure there was always someone around when I saw him the first couple of times K: 30.1

He disclosed that he was only recently violent again, so that made me feel anxious in one or two sessions, but then it's, I think that was just my perception of what someone like him was capable of doing W:5.1

I find if someone is sitting there with that kind of very passionate language that's very raw and very explicit and needing to be there where the client is but also being aware of what that might trigger in myself H: 7.12

There was an uncomfortable feeling that I had in the room, and I noticed I used to have a banging headache after every time I'd seen him L: 10.15

III. Difficult content of the sessions

As mentioned above, there was also a sense that the participants could be deeply touched by this work. The content of the sessions was acknowledged as difficult at times for all therapists:

The hardest thing was him telling me about the movies that had been made of him when he was a kid and you know I could feel myself getting, oh god you know, that's pretty horrible L: 17.3

I think the stigma for an adult male coming to us when they've been raped – it seems like another dimension altogether H: 22.6

Quite graphic explicit detail H: 5.13

For males that seems more explosive on occasions H: 7.2

For Wendy there was an expression of her sadness about the impact of sexual abuse on her client:

I think I struggled with the character that he was, and it made me deeply sad, I did feel, he was a client that affected me in that I did feel sad that there was, all of his violence, you could clearly see that it was linked to him being sexually abused by two people
W:7.3

Kim found it a struggle to remain connected to her client as he described his violent behaviour:

If someone is talking and being very violent its it would be so easy to take it on yourself – they might do that to you and become right fearful about it K:31.15

It would seem that whilst this work can be hugely rewarding, there are risks to the therapist. They all described their use of supervision to explore their challenges. Those who continued to work with clients that they found frightening ensured that there were appropriate professional boundaries and safety measures. Where the relationship was ended, this too had to be done in a safe and caring way. The self awareness and self care of the participants seemed essential in maintaining both the clients' and therapists' safety:

I'm aware of it and I'm aware I'm finding it difficult K: 32.9

There's a lot of containing going on, a lot of being able to hold deep and raw and strong emotions H: 7.10

Knew when it was coming up so I did the grounding thing W:

24 5

The best thing for me, I make a point of getting the bus into town and I really appreciate that walk up to the bus stop and that bus journey home, I hate it if I bump into anyone on the bus, that's just my time to watch the world go by, so when I come back here I'm back here that's me L:38.3

VI. Therapist's personal growth

Within this challenging work, it is unsurprising that all therapists found that it provided a source of personal and professional development:

A learning curve for both of us H: 34/2

So there's been a lot of mixed emotions on my journey as I learn to work with male survivors H: 50.15

It was a great learning experience L: 13.9

I feel more secure in myself K: 13.13

with a man he'll probably talk about a specific moment in that abuse, which has really helped me to sometimes understand women a little bit more W:43.9

Discussion of findings

The perceived impact of social stereotypes on male survivors and on therapy

The findings indicate there were many layers of preconceptions that impacted on the therapeutic relationship: the stereotypes of masculinity and their influence on men and how this presents in therapy; the participants' social conditioning and how that affects their response to their clients; and the participants' preconceptions of this work.

The participants were aware, to some extent of their own preconceptions about masculinity and were also conscious of the wider social conditioning and the impact that might have on their male clients. Their recognition that society's expectations add another dynamic of abuse or re-victimisation is consistent with research. Metcalfe and Humphreys (1985), Bolton et al (1989) Gonsiorek et al (1994), Etherington (1995), Lew (2004), Baljon (2011) all suggest that the role that men are expected to play in society adds to the layer of shame for male victims and is a great silencer. Not only do men face additional burdens about their sexual abuse, they also face discrimination about accessing help. In the early stages of therapy the extent to which cultural stereotypes was perceived to impact on the clients was also consistent with research. Participants experienced their clients' struggle with their vulnerability (K: 37.15) (Rowan 1997, Lew 1988; Camino 2000; Durham 2003), their difficulty with disclosure (H: 20.5) and their acting out of their distress (W: 2.9) (Durham 2003).

There was evidence that participants' preconceptions stemmed from social influences (W: 5.1) (K: 8.15) as well as their personal history (H: 51.12) (K: 39.8) (L: 37.5) and both elements impacted on how they experienced their clients. The feelings attached to these preconceptions were reflected in their emotional responses in therapy and their awareness did not seem to consistently extend to a

full appreciation of this impact nor explain the strength of these feelings. In part this sense is consistent with Marshall (2004) and Sweet (2012) who confirm that preconceptions may affect therapists' reactions to clients' presentation. However this lack of awareness is surprising as generally counsellor training involves extensive personal development to facilitate such understanding (Rogers 1961, 1987, Mearns and Thorne 2007, Johns 1996, Etherington 2000) and the participants showed a depth of insight in other areas. Perhaps it has more to do with the deep-seated impact that social conditioning might have on the self concept (Rogers 1977, Procter 2008). Although all participants expressed a perception that was no longer in line with traditional patriarchal views of men, there is a possibility that these traditional views are still fundamentally part of their self structure although just outside of their awareness (Mearns and Thorne 2007). The presentation of a man who does not meet with their deeply held, albeit unconscious values (Bolton et al.'s 1989) creates incongruence (Rogers 1959) and a strong emotional reaction. It is possibly these emotions that are triggered when they meet the client.

From a female perspective, the participants recognised their anxieties about working with male clients prior to therapy (K: 8.12) (W: 20.13). This stemmed from preconceptions that men might want to work in a different way which is consistent with research that suggests that a male centric method of communicating is needed (Sweet 2012, Wexler 2009). However, the overall experience of counselling did not bear out their previous concerns (K42.11). There was no evidence that men would have preferred to work with a male counsellor which is in line with earlier research (Etherington 2000). Natiello's (2001) work with groups, however found that men prefer to explore some areas e.g. gender socialising with male counsellors. It is possible that the clients chose not to explore this in detail with their female therapists.

There was no sense that the participants' felt their gender would adversely affect the therapeutic relationship even though there were concerns from two participants relating to other issues to do with race and age. On reflection, participants felt that they did not need to work in a different way or know anything more than how to meet a person in distress (L: 17.3) (K: 42.8). This perhaps raises the debate about how well-informed counsellors need to be working with men. The participants did have an awareness of men's issues which seems to support Sweet's (2012) view, however there is a possibility that this fuelled their preconceptions and at times affected their emotional response to their clients as seen above. It seems that there is a fine line to tread to be able to see beyond stereotypes and work with the individual which is more in line with Morse's (2012) and Sanderson's (2006) recommendations.

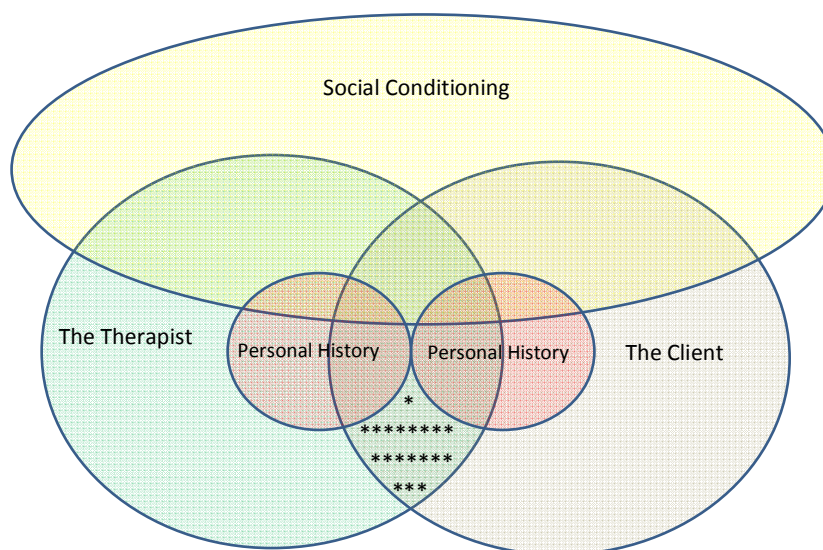
There is an underlying sense that this work with men is special and it is possible that this is partly based on gender stereotyping in so far as the way men engaged with the process is unexpected (W3:10) and therefore more rewarding. It seems that the participants had limited their expectations of how a man would work in therapy (W: 40.13) in line with Natiello's (2001) findings. At times there was also perhaps a sense that therapists' were privileged to work in this area (L:27.1) and this access to an intimate knowing of a man could be a reflection of traditional gender roles where the female's position is secondary to the male's as suggested by Procter (2008).

The experience of the relationship with male survivors

Despite the layers of preconceptions and prejudices that have been brought consciously and subconsciously into the therapeutic relationship, the participants' experience of therapy was very positive (H: 15.6) (K: 9.13). There was surprise that, out of their self doubts and presumptions, they had managed to meet a client at depth who our cultural conditioning tells us struggles to recognise his vulnerability

(Rowan 1997; Durham 2003) and shuns emotional intimacy (Wexler 2009). Both the client and counsellor perhaps accept the notion of cultural conditioning but neither of them totally buy into those stereotypes. It is as if there is a space which is beyond their preconceptions (K: 44.11), which seems to carry a sense of exclusivity and make the relationship all the more meaningful and powerful (W: 38.14).

This can perhaps best be represented in the diagram below:



The overlap between the therapist and the client is their meeting in therapy. The area with *s is where they are able to meet beyond the impact of both their personal history and social conditioning.

Figure 3: Therapeutic space

This experience seemed to reflect a consistent offering of the core conditions to facilitate the therapeutic relationship (Rogers 1959). The space without preconceptions however also seems to mirror Rogers' (1986) and Hycner's (1993) notion of "presence" although the participants' experience did not seem to contain the spiritual element suggested by Clarkson (1990). It is also a mutual meeting, which is not achievable by the therapist alone (Cooper 2008). It is possibly consistent with the experience of relational depth where both the client and counsellor are fully available to each other and are in a sense naïve (Mearns and Cooper 2005).

The participants valued this intimate relationship for a client group for whom social conditioning has particular meaning (Etherington 1995, Metcalfe and Humphreys 1985, Bolton et al 1989, Gonsiorek et al 1994, Camino 2000) and recognised its' inherent healing qualities (H:2.13) (Cooper 2008). This is in contrast with much research, particularly feminist and narrative approaches (Procter 2008; Taylor 1994; Chantler 2005; Sanderson 2006; Sweet 2012) which sees the setting of the clients' distress within a social context as essential. This would seem to be particularly appropriate for these clients to overcome the additional layer of distress that social conditioning casts on men and which is seen by some as one of the primary causes of their suffering (Hunter 1990, Lew 1999, Mendel 1995, Gill and Tutty 1998). Some person-centred perspectives back this up e.g. Natiello (2001) suggests that men need to understand the pain and confusion related to their socialising. However, the outcomes indicate that the importance of the social impact is how it relates to the client (Rogers 1977) and therefore its inclusion in therapy should only be led by the client (Bozarth and Moon 2008). They are also supported by Gillon's (2011) findings that simply the provision of a safe non judgemental therapeutic place for men is all the more enabling because it is so rare.

For therapy to be effective, the client needs to be fully engaged in the process and to meet at depth they have to be prepared to be receptive to the therapist's presence (Cooper 2008). This study's findings that the clients engaged in therapy (L:15.10) , were committed to the process and demonstrated resilience (W29.11) and a readiness for challenge at an emotional level is in contrast to much research which suggests that there should be specific therapy targeted at men (Teram et al. 2006; Wexler 2009; Sweet 2012). It is possible that because there are so many barriers to sexually abused men arriving in counselling (Lew 1988; Camino 2000; Sorsoli et al. 2008) those who made it through had prepared themselves well and were ready to

work. In addition, the participants were counselling in organisations that offer support to male and female victims of sexual abuse. By choosing these organisations, the client has recognised a potential root of his distress and therefore it could be implied that some insight and acceptance has already been achieved.

There is, of course, an alternative interpretation of the research outcomes. The willingness of the clients to engage in the process and work, it could be argued, left little for the therapist to do. Wosket (1999) suggests that for some clients purely the therapist's listening is significantly therapeutic. However, the participants' experience of therapy as a positive relationship is far more likely to support the vast array of literature which acknowledges the benefit of a therapeutic relationship across many disciplines of counselling (Cooper 2008).

For the participants, meeting their clients in this therapeutic space carried with it both joys and risks. All shared a strength of feeling of admiration for their clients (K: 37.12) (H: 56.14); a sense of privilege (W: 13.2) at being a witness to the unveiling of the clients' vulnerability and expressed the pleasure of their growth and healing. At times these feelings were overwhelming (W: 29.11). To some extent this might be locked into the social conditioning that permeates this work and limits our expectations (Natiello 2001) as previously discussed. There is also the possibility that this sense of admiration is an extension of offering UPR in challenging circumstances. Even though the participants' experience of male clients was often demanding and at times, frightening, they still seemed to offer a non-judgemental acceptance. Whilst this is necessary to create a healing relationship (Bozarth 2007) the balance of offering facilitative UPR is difficult to achieve (Mearns and Thorne 2007) and could be seen to be particularly so when there are many conditions surrounding this relationship. There is a danger that the strength of these feelings suggests they may

be based on the therapist's own sense of a vulnerable male as opposed to genuinely offering their presenting client UPR (Sanderson 2006).

The personal challenge of this work

Personal challenges of this work came from a number of sources, both based on preconceptions and the experience of therapy. Initially participants' feelings of incompetence (Thériault and Gazzola 2008) seemed to stem from their preconceptions of how difficult it might be to establish a relationship with a male survivor of sexual abuse (K: 12.17). This reflects research that suggests there may be these difficulties with either male or female survivors (Walker 1992, Friedrich 1995, Etherington 2000, Power 2012) and further literature that suggests men in general may need a different approach (Sweet 2012, Wexler 2009). These concerns however are not lived out in the relationship itself which could be down to the clients' readiness to work as discussed above and the participants' ability to facilitate the relationship. There were also feelings of inadequacy during the engagement with their clients (L: 23.6) although these perhaps reflected their own self doubt (Thériault and Gazzola 2008) or their clients' sense of hopelessness (Coppenhall 1995; Etherington 2009) and "stuckness" p186 (Mearns and Thorne 2007).

Perhaps the biggest challenge was for the participants to have the courage and personal insight to risk being vulnerable (Mearns and Thorne 2007) in a relationship that triggered strong emotions, to facilitate meeting at depth with a client who at times frightened them. Person-centred theory suggests the therapist needs to avoid putting up barriers and lay aside their preconceptions (Mearns and Thorne 2007, Power 2012) and understand the internal world of the client by entering their frame of reference (Cooper 2008, Nelson Jones 2009). Experiences of erotic transference also posed the question of: should they "throw caution to the wind" p60 (Mearns and

Thorne 2007) and trust in the good nature of their fellow human being or tread more carefully and risk not being fully available to a client (Rothschild 2006, Coppenhall 1995) who might not be able to access help elsewhere and would miss out on the opportunity to explore this deep connection (Macaskie 2008)? There is also a possibility that therapists may experience secondary traumatisation (Figley 1995) and although none of the participants expressed a particular experience of this, there were examples of physical and emotional reactions to the traumatic events that were retold (W:7.3) (L:10.15). The participants recognised these risks and demonstrated a courageous commitment to their clients. They showed an awareness of their process (L: 17.3) (K: 32.2) particularly during the more intense times with their clients when the content of the sessions could be explicit, aggressive or heart-wrenchingly painful. This reflects Rothschild's (2006) findings about dual awareness. For these clients there is perhaps an additional dynamic of understanding: how men may present in therapy and the impact that can have (Sweet 2012, Wexler 2009). This also supports the literature that development of the therapist's awareness of their own process and responses is essential (Rogers 1961, Wosket 1993, Mearns and Thorne 2007, Johns 1996, Rothschild 2006).

On the other hand, there was a process of personal development for the therapist which runs parallel to that of the client (K: 13.13) (H: 50.15). All participants recognised that this work had offered them the opportunity to grow, both professionally and personally. This is consistent with research which suggests that therapists experience growth at a number of levels in therapy (Wosket 1999). This growth was also supported through supervision which was used by all participants to explore their relationships with clients and the impact that they might have had on them (Merry 2002, Wosket 1999). Participants recognised the importance of a level of supervision which can ethically facilitate the safe resolution of issues arising from

therapy (Bond 2010, Merry 2002). Supervisors were also used to discuss issues of boundaries and to ensure that the therapeutic relationship was safe for both the client and therapist. Boundaries were particularly important when working with reflecting the risk that the participants felt at times. This is in line with research into counselling male and female survivors of sexual abuse for whom the establishment and maintenance of a safe relationship within consistent boundaries may be a new experience which facilitates trust and healing (Salter 1995, Sanderson 2006, Cooper 2008).

Conclusion

“the sexual abuse of males elicits much resistance; it is more threatening to current conceptualisations of adolescence, gender and social structure than most people can easily articulate” p12

Gonsiorek et al (1994)

The aim of this study was to explore the experience of female counsellors working with male survivors of sexual abuse in the context of our social conditioning and preconceptions. The findings indicate that social stereotypes are threaded through the therapeutic endeavour with male survivors. They impacted deeply on the participants' view of the client before and at times during therapy; on the perception of their own ability to create a therapeutic relationship; on how they felt about their client and on the perceived outcomes of therapy. Awareness of these preconceptions did not consistently extend to an understanding of how traditional views of masculinity still impact on our emotional responses even if our own presumptions have developed away from the stereotypes.

Working in this area carries risks. At times all participants felt vulnerable and anxious and yet continued to offer a healing space to clients with whom they felt privileged to work. They were humbled by their clients' disclosure and their offering of a self that was more real than the defended man who might have appeared at their counselling door. The fact that there are few resources for male survivors and there is evidence that they may only disclose once, made this work feel all the more important. There is a need to balance these feelings to ensure the safety of both the therapist and client (Rothschild 2006; Etherington 2000). Counsellors also needed the support of supervision and the security of safe boundaries in this work (Sanderson 2006; Yarrow and Churchill 2009).

The web of preconceptions surrounding this work seems to make unlikely the simplicity of a therapeutic space free of ego (Clarkson 1990) and prejudice. However, the findings indicate that together with the counsellors' commitment, the clients were ready to work, resilient and engaged in a therapeutic process which

facilitated a meeting at depth (Mearns and Cooper 2005). This offered the rare opportunity to put preconceptions to one side and just meet person to person (Hycner 1993) which was healing for the client and rewarding for the counsellors. The participants felt positive about the outcomes of therapy and against considerable research, the findings did not suggest that it needs to be altered to become more male friendly. Nor did they support literature which suggests that placing a client's distress in the wider social context is essential.

The levels of personal insight required in this work are manifold (Rothschild 2006; Power 2012; Sweet 2012). Counsellors need to: understand their preconceptions about men as victims of sexual abuse and how this impacts on them in therapy; recognise how this interacts with their client's presentations; appreciate how they respond to the possible acting out of men in therapy; and see how their social conditioning may have contaminated all of this at a very fundamental level. If there are recommendations that can be made from this project, it would be to encourage the rigorous personal development of the therapist in these areas to maintain their safety and that of the client whilst holding the ability to put knowledge to one side and work with each individual (Morse 2012).

Much of the research used in this study is about working with male clients more generally and working with female survivors. This small scale project is limited to female therapists working in similar environments; however, I hope that it is a first step into the research about working in this area. Further study into the experience of male counsellors and an exploration from the clients' perspective would offer another angle on this work. In addition exploring the experience of working with male

survivors who do not present with a history of sexual abuse would add a valuable insight to facilitate offering the best opportunity for the clients' healing.

The findings and previous research indicate that this work is challenging and rewarding. Therapists are asked to put to one side deep-seated values and preconceptions to meet a client at depth in a non-judgemental safe place. They are asked to tread a fine line between vulnerability and safety and to hold their clients and their raw, emotional, sometimes explicit stories. They are asked to value their clients, but not too much and to work through projected feelings and transference. Remarkably, they manage to balance all of these intricacies and simply meet a person in distress.

Epilogue

The fact that this study is concerned with male survivors of sexual abuse is not in any way intended to diminish the pain of female survivors. In carrying out this research I have often thought of my own female clients and I recognise that they too have many barriers and preconceptions to overcome which are not easy to negotiate. At times I have felt angry by the sense that if it is so difficult for men to be seen as a victim then does that mean it is easy to see women as such? And that feels very wrong. My learning through this process has been immense and I hope that, as I continue my therapeutic work I have the courage to put my preconceptions to one side to meet beyond stereotypes with the person that is my client.

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Appendices

Appendix I

Research Strategies

Initial Search	
Research Question: <i>How do counsellors experience working with male survivors of sexual abuse</i>	
Key Words	Databases
Counsellors Counselling Counsell* Person-centred counsellors Therapists Psychotherapists Men Males Boys Sexual abuse Sexual violence Rape Male rape Survivors Victims Targets Working with Treating Treatment	PubMed PsycINFO PsycARTICLES and the Psychology and Behavioural Sciences Collection Soc INDEX Zetoc Alert Google University of Chester Library Catalogue Shropshire County Library Catalogue Cheshire Library Catalogue British Library Catalogue BACP website Taylor and Francis online
Results:	
<p>Although there were many titles which appeared to meet the criteria many of them were irrelevant to my study, often referring to men as the perpetrator. I found two articles which were specifically about working with male survivors from the therapist's perspective:</p> <p>Yarrow, C. and Churchill, S (2009) Counsellors' and psychologists' experience of working with male survivors of sexual trauma: a pilot study. <i>Counselling Psychology Quarterly</i> Vol. 22, No. 2, June 2009, 267–277</p> <p>This pilot study highlighted many themes that are relevant to my study although it worked within the NHS and with clients who did not present with sexual abuse.</p> <p>Ritchie-Suttles, S. & Remer, R (1997) Psychologists' Attitudes Towards Adult Male Survivors of Sexual Abuse <i>Journal of Child Sexual Abuse</i> 6:2, 43-61</p> <p>This study was about the psychologists' reactions to vignettes that they read about male sexual abuse and looked at attitudes of blame which was not relevant to my research.</p>	

Books that appeared relevant were mostly concerned with the impact of sexual abuse on males which I used and for particular strategies for working with men which I found less useful. Many books were not available locally and had to be ordered from the British library or from US. Some titles which looked promising proved to be more self-help focussed and at times reading their content felt voyeuristic and uncomfortable.

At this point I began to identify authors who had made particular contribution in this area e.g. Etherington, Lew, Hunter, Finkelhor, who I search through alternative websites e.g. Google scholar articles and amazon. Surprisingly this uncovered texts that might otherwise have been difficult to find

I also looked at websites to do with male sexual abuse e.g. Mankind UK and Survivors UK who also had some details of research available.

Secondary Searches

Culture Influence Patriarchy Gender Masculinity	PsycINFO PsycARTICLES and the Psychology and Behavioural Sciences Collection Soc INDEX Zetoc Alert Google University of Chester Library Catalogue Shropshire County Library Catalogue Cheshire Library Catalogue British Library Catalogue BACP website Taylor and Francis online
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Results

This produced many interesting titles which introduced me to new approaches and highlighted the contribution that feminist research has in this area. There were a number of titles that were useful:

Baljon, M. (2011): Wounded masculinity: Transformation of aggression for male survivors of childhood abuse in *Person-Centered & Experiential Psychotherapies*, 10:3, 151-164

Bozarth J. D. & Moon K. A. (2008): Client-Centered Therapy and the Gender Issue *Person-Centred & Experiential Psychotherapies*, 7:2, 110-119

Chantler, K. (2005) From disconnection to connection: 'race', gender and the politics of therapy *British Journal of Guidance & Counselling*, Vol. 33, No. 2,

Diamanduros, T. Constantino, C. Tysinger, P. & Tysinger, J (2012) Theoretical Perspectives of Male Sexual Abuse *Journal of Child Sexual Abuse* 21:2. 131-154

Gillon, E. (2008) Men, Masculinity, and Person-Centered Therapy in *Person-Centered & Experiential Psychotherapies*, 7:2, 120-134

Proctor, G. (2008) Gender Dynamics in Person-centred Therapy: Does

gender matter? *Person-centred and Experiential Psychotherapies* Volume 7
Issue 2

Teram, E., Stalker, C., Hovey, A., Schachter, C., Lasiuk, G. (2006)
Towards male centric communication *Issues in Mental Health Nursing*,
27:499–517

Taylor, M. (1994) Gender and Power in Counselling and Supervision *British
Journal of Guidance and Counselling* 22:3

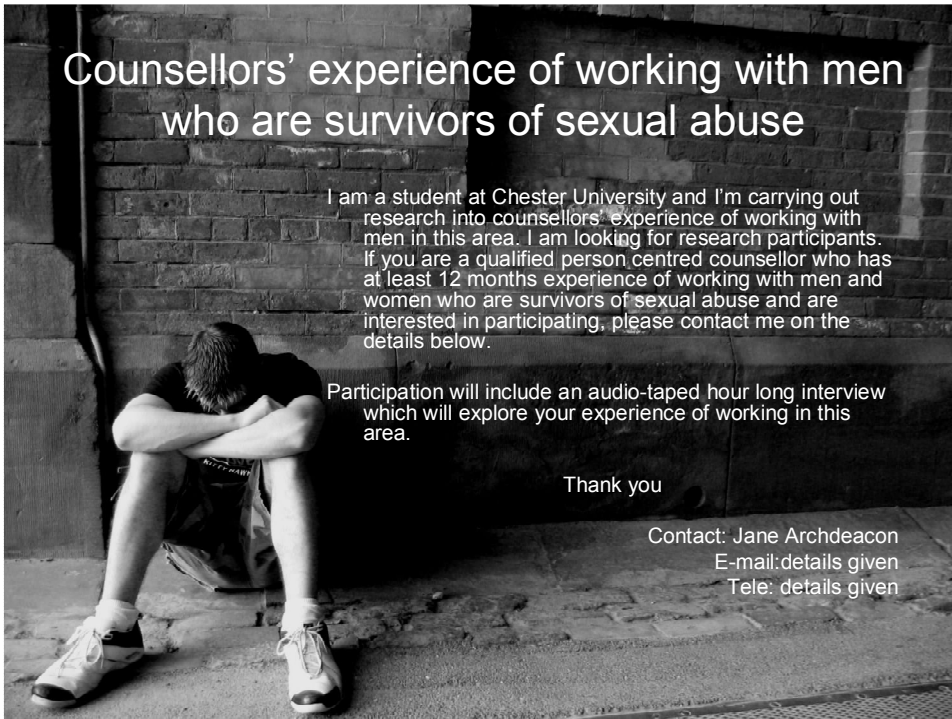
White, A. (2009) Big Boys Don't Cry: Considering men's reluctance to engage
in counselling in *Counselling Psychology Review*, 24:3-4, pp 2-8

Once again I also identified authors who had made a particular impact and
searched for them separately e.g. Procter, Sweet, Gillon, Natiello and Bozarth

At this point I had to balance being open to authors that I did not know about
and being focussed on my research question.

Appendix 2

Advert sent to organisations to recruit participants:



Counsellors' experience of working with men who are survivors of sexual abuse

I am a student at Chester University and I'm carrying out research into counsellors' experience of working with men in this area. I am looking for research participants. If you are a qualified person centred counsellor who has at least 12 months experience of working with men and women who are survivors of sexual abuse and are interested in participating, please contact me on the details below.

Participation will include an audio-taped hour long interview which will explore your experience of working in this area.

Thank you

Contact: Jane Archdeacon
E-mail: details given
Tele: details given

Appendix 3

c/o Tony Parnell
Department of Social Studies and Counselling
University of Chester
Parkgate Road
Chester
CH1 4BJ
Cheshire

20th April 2012

Dear

The experience of counsellors working with men who are survivors of sexual abuse

I am a third year post graduate counselling student at Chester University and my placement is at a rape crisis organisation which supports both men and women. Working with men, I have been struck by how the concept of what it is to be a man in our society can stand in the way of disclosure and healing. There is little research on working with male survivors and yet it seems to me to be a complex experience. My dissertation will be an exploration of that experience from the counsellor's perspective and I hope, will lead to some insight. I have enclosed an information sheet with more details about my research.

The purpose of this letter is to recruit research participants and I have enclosed an advert. I would be very grateful if you would display it and let the counsellors working with you know about my research.

If you have any questions at all, please don't hesitate to give me a ring or e-mail me.

Many thanks

Yours sincerely

Jane Archdeacon

Telephone number given

E-mail address given

Appendix 4

Research Information Sheet

Title of dissertation: An exploration of the experience of counsellors working with men who are survivors of sexual abuse

About me: I am a third year post graduate student at Chester University studying for an MA in Clinical Counselling. My counselling placement is at a rape crisis centre where I have had the opportunity to work with both men and women who have been subjected to sexual abuse.

My Research: It is estimated that 1 in 6 men are sexually abused in childhood or adolescence. Whilst there has been pioneering work by women for women, this is not the case everywhere for men and they often remain isolated and unable to disclose their suffering. Some Rape Crisis Centres offer support to male survivors, however they have grown from a radical feminist viewpoint which identifies women as victims and men as perpetrators. Men do not always feel safe in this environment. Society's preconceptions about masculinity and what it is to be male also add a perspective which may hinder disclosure and healing. I would like to understand how this feels from a counsellor's point of view in the therapeutic relationship and whether the experience is any different from that of working with female survivors.

What does participating in this research mean? If you choose to put yourself forward to participate and you meet the inclusion criteria your involvement will be an hour long audio-recorded interview which will offer the opportunity to explore your experience. The interview will be held at a mutually convenient, safe and confidential location. After the interview, I will transcribe the audio-recording and this will become my data. I will send you a copy of the transcript for you to check for accuracy. Your data will be analysed using interpretive phenomenological analysis methods and will then be compared to the data from other participants to identify themes. Once the analysis is complete you may wish to see the results to ensure that they are a true account of your experience.

What are the potential risks? There is a risk that exploring this sensitive topic may bring up unexpected painful feelings for you. If this were the case, I would hope that you might be able to use the support of your supervisor to understand what this means for you. I will ensure that you are able to access the list of BACP registered counsellors should you wish to do so.

Confidentiality Throughout the research and writing up of my dissertation I will ensure that your anonymity is protected by allocating a pseudonym to all information relating to your involvement in the project. Any information which may identify you or any of your clients will not be included in the project.

Any parts of the interview which may identify you or one of your clients will not be used in the research. With your consent, verbatim sections of the interview may be used in the final dissertation.

Benefits of the research: Current research indicates that there are many men who have suffered from sexual abuse and that those currently seeking help are just the tip of the iceberg. I am hoping that my research will be an exploratory step which I hope

will be useful and informative to other counsellors and lead to insights for further study . The potential benefit for participants is that they gain a greater awareness of their own process in working therapeutically with men who have been victims of sexual violence and as a result, are able to enhance their practice.

What will happen to the results: The results of my research will form part of my MA dissertation which will be submitted to Chester University who will keep a copy. The results may also form part of other works which are put forward for publication.

Data Protection: My data will consist of the audio recordings and transcriptions of interviews with my research participants. The interviews will be recorded onto a digital recorder which will be kept securely when not in use. Recordings will be transferred onto my PC and their file will be password protected. Files will be saved under a pseudonym so that individuals may not be recognised from the file name. These pseudonyms will be used throughout the research to protect the participants' anonymity. A back up copy of the files will be held on a pen drive which will be kept in a locked drawer.

Ethics: It is my intention to conduct my research in line with the BACP Code of Practice and Ethical Guidelines and the University's Research Governance Handbook in order to protect my participants from harm and loss and to enhance the trustworthiness of my study. I have also submitted my research proposal to the University's Ethics Committee and have gained their approval to undertake this project. I am aware that ethical issues are not resolved in the planning stages but need to be kept in focus throughout; therefore I intend to work with my supervisor to look at ethical issues for the duration of the project.

Contact details:

Jane Archdeacon

e-mail: address given
telephone number given

Appendix 5

Interview Guide

This is intended as an aide-memoire and not as a script. It is my intention to allow the interview to develop in the direction that the research participant leads whilst being mindful of the subject matter and the fact that there are questions that I would like answered

Introduction: Thank you for coming – I would like us to spend the next hour exploring your experience of working with male survivors of sexual abuse and its impact on you. I have some questions – there are no right or wrong answers and I am happy to allow the interview to develop to get the best understanding of how it is for you to be with your clients.

(Ensure consent form is signed)

Do you have any questions about the process before we start?

Questions

How many men have you worked with who are survivors of sexual abuse?

When working with men, what is it that you are trying to do?

What approach do you use?

What drew you to work in this area?

How do you find working with men who have been sexually abused?

Can you describe the feelings that you have during your work with male survivors?

Can you describe any difficulties that you feel in working with men in this area?

What for you are the joys of this work?

What for you are the challenges of this work?

Do you feel differently working with men to your work with women?

Could you describe your preconceptions of what it is to be a man?

How do your preconceptions of what it is to be a man impact on your work in this area?

How have your attitudes towards this client group changed?

Are there any patterns that you have noticed in this work?

How do you feel after your sessions?

Could you share with me the particular issues that you have taken to supervision about your work with male survivors bearing in mind confidentiality?

How is it for you now talking about this work?

Is there anything that you would like to add?

Closing: Thank you for your participation. I will now be transcribing the recording of this session so long as you are still happy for me to do that? I will then send you a copy of the transcription for you to check for accuracy if you want to.

Appendix 6

Biographical Information

Name:

Address:

Telephone:

Age *please circle the appropriate range:*

18-29

30-39

40-49

50-59

60 plus

Sex:

Background Information

Counselling training and background:

Type of current workplace *(e.g., voluntary sector, GP Practice etc):*

Agency where work with survivors of sexual abuse took place:

Length of time working in this area:

Appendix 7

Counsellor's experience of working with male survivors of sexual violence.

CONSENT FORM

If you are happy to participate please complete and sign the consent form below.

- | | |
|--|-----------------------------------|
| | Please
Initial
Box |
| 1. I confirm that I have read the attached information sheet on the above project and have had the opportunity to consider the information and ask questions and had these answered satisfactorily. | <input type="checkbox"/> |
| 2. I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to myself. | <input type="checkbox"/> |
| 3. I understand that the interviews will be audio recorded. | <input type="checkbox"/> |
| 4. I agree to the use of anonymous quotes. | <input type="checkbox"/> |
| 5. I agree that any data collected may be passed to other researchers. | <input type="checkbox"/> |

I agree to take part in the above project

.....
Name of participant **Date** **Signature**

.....
Name of Person taking Consent **Date** **Signature**

Appendix 8

Example taken from interview transcript with Kim pp 6-9			
Key			
Descriptive Linguistic Conceptual			
	1	Umm I have to say it was just such a ...	Difficult to
	2	I started working with this person quite	articulate?
	3	early on. I had very little experience, I	Lack of experience
	4	went there it wasn't my first placement,	
	5	maybe it was one of my first placements	
	6	cause I've had 3 or four placements that	
<i>Long-term work</i>	7	I've been working with and it was long	Long-term again
	8	term work and it felt like it was just so	
<i>Worthwhile work</i>	9	worthwhile, the person changed. The	
	10	thing about working with men is and this	Work felt worthwhile – it
	11	is a mass generalisation and I've	worked, person-centred
	12	worked with 2 men, just putting a big	Guarding her
	13	proviso, just working with the 2 men that	statements – only 2
	14	I've worked with long term, There's	men
<i>Threat to masculinity difficult to articulate</i>	15	something about the threat to their	Threat to masculinity P
	16	masculinity. The day the first, the man	experienced with client
	17	I've just been talking about arrived for	This seems to move P in some way
	18	his first appointment – I kind of, the t-	T-shirts – how clients appeared
<i>Client's t-shirt – physicality message</i>	19	shirt, he had this of t-shirt on with "I'm a	physically at beginning of
	20	muff diver" <u>do you know what I mean</u>	therapy
<i>Client's displays/messages about masculinity in the therapy session</i>	21	and every week he would come in some	P's concern that I hear what she is saying –
	22	t-shirt which was like an outward display	commitment to clients

<p><i>Client wants to be seen as a man in therapy (not as a child/soft?) Recognition of this part of him</i></p>	<p>23 24 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24</p>	<p>– they were just his t-shirts they just happened to be what he wore but they weren't they were always, you know, there was the <u>big biker</u> one there was quite heavy "I'm a man. I'm masculine. I only a man. I'm not – I can't possibly be recognised as anything else." Both of the men that I've worked with are very sort of masculine men, ermm you know, ermm who've done all kinds of things in their lives but there was something about whether it was unconscious or not, something about, my masculinity is out there, and maybe I'm completely reading something into that but <u>it struck me because</u> I know I talked about it in supervision because he kept turning up every week with a t-shirt that kind of had a <u>message</u> somehow and it you know something in supervision that we talked about. Whether he had any conscious knowledge of it or not but he certainly saw himself as a sort of <u>machismo type</u> of man you know r really <u>man's man</u>, you know a <u>biker type</u> of man and that was significant to him. Part of his</p>	<p><i>Dismissing t-shirt impact?</i></p> <p><i>Metaphor</i></p> <p><i>Client telling her he's a man – why?</i></p> <p><i>Both client's masculine but difficult to articulate</i></p> <p><i>T-shirts had an impact</i></p> <p><i>Message on t-shirt for P?</i></p> <p><i>Significant for the client to be seen as masculine</i></p> <p><i>Metaphors – stereotypes</i></p> <p><i>Was it more significant for the client to be wearing</i></p>
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	25	identity	<i>the t-shirt coming to counselling?</i>
	1	And I just wonder about the impact of	
	2	that on you	
<i>Confidence in therapy</i>	3	Well, cause as I say, I'd done very little	<i>Lack of experience as a counsellor so "curious"</i>
	4	at that point erm I suppose I was just	
	5	curious, I was more curious, you know I	
	6	was coming from the point of, I know	
	7	what I'm doing works I've seen it work,	
	8	I've been practising it, I've done it with	<i>Confident process works but will it work for this client?</i>
	9	colleagues and so on and I kind of	<i>Will it work for a man? A sexually abused macho t-shirt wearing man bringing in his own stereotypes?</i>
<i>Questioning whether therapy will work for this client</i>	10	believe in this but this is very real and	
	11	will this work for this person at that point	
	12	you know cause I was at the kind of you	
	13	know not everything works for	<i>Questioning whether Ok with this client</i>
	14	everybody, different people maybe need	
	15	different things but actually that wasn't	
	16	the case. I have had fears before about	<i>Fear about process not working for all</i>
	17	this – not necessarily relevant to this but	<i>Strong emotion</i>
<i>Relationship – how will the client relate to her?</i>	18	I've worked with some very young girls	
	19	14 in the same organisation and I was	
<i>Self-conscious therapist</i>	20	kind of like, how will they relate to this	<i>How will clients relate to P?</i>
	21	middle aged old fuddy duddy woman	<i>Conscious of age/race etc is P self conscious?</i>
	22	erm and my other client that I've the	
	23	other long-term male client that I've had	<i>Long-term</i>
<i>Concern about understanding the client - cultural</i>	24	is a 29 year old black Asian erm,. British	<i>Mix up about client's eo</i>
	25	Asian, I meant to say, is a 24 year old	

<p><i>Long term</i></p> <p><i>Fears were a stage early on</i></p> <p><i>Good relationship emphasised</i></p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p>	<p>British Asian and very in your face kind of person and the first time I met him and I'm thinking how is he going to relate to me – I'm this middle aged, middle class white woman, I'm like how will he relate to me and actually again it made no difference. You know, almost 30 sessions on we have a really good relationship, really strong relationship and he again he came specifically wanting a young person at the time cause everyone's like list was full cause he'd had a bad relationship with a therapist previously and he'd come to us from that and it had been this middle aged white woman who was patronising and the first time I met him I said, you know look this is, this is who I am if</p>	<p><i>Repeated concern about relating/understanding /getting the client</i></p> <p><i>Concern how he will relate to her</i></p> <p><i>Fears were unfounded</i></p> <p><i>Repetition of relationship</i></p> <p><i>Relationship with client is really strong</i></p>
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Appendix 9

Example of checking back all data against one emergent theme for Kim and pulling out key text

Theme	All Text	Key Text
<p>Masculinity</p> <ul style="list-style-type: none"> • Clients want to be seen as a man • Threat to masculinity of coming to therapy • Male stereotypes within the therapy session • Clients' messages about masculinity • Difficulty of men coming to counselling • As an obstacle to therapy • Therapist's preconceptions about masculinity and their relevance in the therapy session 	<p>The thing about working with men is and this is a mass generalisation and I've worked with 2 men, just putting a big proviso, just working with the 2 men that I've worked with long term, There's something about the threat to their masculinity.</p> <p>The day the first, the man I've just been talking about arrived for his first appointment – I kind of, the t-shirt, he had this of t-shirt on with "I'm a muff diver" do you know what I mean and every week he would come in some t-shirt which was like an outward display there was the big biker one there was quite heavy "I'm a man. I'm masculine. I only a man. I'm not – I can't possibly be recognised as anything else."</p> <p>there was something about whether it was unconscious or not, something about, my masculinity is out there, and maybe I'm completely reading something into that but it struck me</p> <p>Whether he had any conscious knowledge of it or not but he certainly saw himself as a sort of machismo type of man you know r really man's man, you know a biker type of man and that was significant to him. Part of his identity but this is very real and will this work for this person</p> <p>because things happen to them when they were children through no fault of their own, theres something about their their innocence being taken away.</p> <p>I think the difference between men and women is to do with the society view of men as strong and powerful. Women can be seen as weak and submissive and things can happen to them and they're victims - but men its, its in society in general they're seen as strong and they've been as vulnerable as it's possible to be and that's extremely hard for them.</p> <p>a man might do it by thumping a wall and being more violent sometimes violent towards other people as well its still about ways of getting the pain out they're still working in the same way of finding a means to get the internal pain externalised</p> <p>I don't think they're really that different but there's something about society – to</p>	<p>the threat to their masculinity an outward display "I'm a man. I'm masculine. I only a man. I'm not – I can't possibly be recognised as anything else."</p> <p>you know a biker type of man and that was significant to him. Part of his identity society view of men as strong and powerful if someone is talking and being very violent its it would be so easy to take it on yourself I think it does reflect probably my preconceptions, I had a father who was outdoorsy, physically quite strong erm but gentle so they are showing the world a strong image from the outside even when they come to counselling</p>

	<p>get them through the door, I found it really difficult with erm my angry violent client at first, I had to really work hard to listen to some of the things that – to some of the violence and the anger once I kind of got that this was his coping mechanism, how he coped with defending his maleness somehow, because of what had happened to him it was essential to have this armour of violence around him erm so that could ever see that he could be vulnerable like that</p> <p>I didn't want it to interfere with my you know listening – something about transmission and losing the picture because I had to like – I don't want to be losing the picture and concentrating on erm thinking about you stabbing someone – I want to be listening to what you are saying and your vulnerability so I had to like separate out and really try and work hard to listen and not erm there's an instinctive reaction – if someone is talking and being very violent its it would be so easy to take it on yourself – they might do that to you and become right fearful about it. I just I made a definite conscious decision that I need to sit that here – Im aware of it and im aware that I'm finding that difficult.</p> <p>– it seems important to them to talk to some extent about the abuse and for you to acknowledge you know and certainly to acknowledge that they were not in anyway responsible – they were children. That's such like that's the number one kind of important thing to kind of be hammering home their lack of culpability in all this somehow erm and its so needed to be heard somehow erm – its difficult for men and women to talk about it but I think its even more difficult – something about that masculinity and control to being in control and a lot of the violence is about being able to keep themselves in control</p> <p>I see children because for me its always in the context of children you know and I think that's what makes it somehow easier to bear, you know the fact that they're children and you know just so vulnerable</p> <p>I'm seeing them as children when they're talking about what has happened and you can't help but realise their vulnerability and how hard this is for them to come to talk to someone about this, you know – I just have so much admiration I think that they can come and talk to someone about this that they've managed to pluck up the courage – there is something about this taboo of</p>	
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	<p>men and being seen to be weak and vulnerable that society kind of image that men cant be weak and vulnerable and yet they're coming and they're at their absolute weakest and most vulnerable there and so I kind of have great respect for that – I cant imagine how hard that must be</p> <p>. I suppose there's maybe a bit of me that has maybe all the more admiration for men in a way – that doesn't sound right – I don't, yeah, I don't feel – I think theres just something about – I'm a man and Im strong and I'm invulnerable and I must present that image to the world</p> <p>theres something about that how society sees men - I wonder maybe that's why we have so few men come through the door – yeah</p> <p>I think it does reflect probably my preconceptions, I had a father who was outdoorsy, physically quite strong erm but gentle so,</p> <p>I think theres probably quite a lot in the sort of from society that you pick up over the years but there is something about men and strength – just how they're portrayed in the media but more so they can still be strong and vulnerable I think that's quite – very much a current view but invariably people are vulnerable with, men are vulnerable only with their close people they're intimate with, people they're close with.</p> <p>There's something about how many men are abused – when I went on the training the statistics were quite a shock because I always thought of men as being the perpetrators erm in the cases in the men that I worked with men were perpetrators as well, but about men being abused, boys being abused because they're children so that was quite an eye opener and it makes me wonder more and more about peoples lives and how they are.</p> <p>yeah I just see it as kind of how they see themselves as the difference and how they view themselves and themselves in society and how they feel they should be.</p> <p>The facade they put on – its just struck me then – my female clients don't come to me walking in strong – they tend to be really physically cowed – really struggling and they show that emotion – the men walk in quite fine and the emotion comes later so they are showing the world a strong image from the outside even when they come to counselling till they walk through the door it might be different then but till they walk through the door, but for women maybe its more acceptable that they can show that they're upset or sad</p>	
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Appendix 10

Kim			
Themes	Page/Line	Key Data	
Therapist's feelings towards clients <ul style="list-style-type: none"> • Clients are irresistible • Fear • Prizing • Pain • Love/Care • Anxiety • Loyalty • Optimism • Pride • Admiration • Respect 	12/15	<i>I felt quite frightened of him because he's quite a violent person,</i>	
	15/2	<i>I suppose I want to say I care – love my clients – I really prize – prizing is a better word. But yeah</i>	
	22/1	<i>I really care about my clients</i>	
	23/13	<i>can't help but care about them. I find it to be there's something about – there's an optimism and a positivity about this.</i>	
	30/1	<i>It was quite scary because he was so like angry and violent that just listening to it felt – I felt quite uncomfortable</i>	
	37/12	<i>I just have so much admiration so I kind of have great respect for that – I cant imagine how</i>	
	38/4	<i>hard that must be</i>	
	38/9	<i>I suppose there's maybe a bit of me that has maybe all the more admiration for men in a way</i>	
	Therapist's experience of working with men <ul style="list-style-type: none"> • Therapist's concern/vulnerability/risk about this work • New counsellor – being inexperienced • She comes from a different world – questioning herself; her rejection of sexual abuse • Questioning whether she could relate to/work at depth with client; would she get him • Wanting to get it right • The challenge of hearing about anger, violence and aggression • Struggle to attend to what the client is really saying • Keeping herself and her clients safe • Strong feeling that this is really worthwhile both for her and for the clients • It is important – innocence of children • Hard work- for both therapist and client • Working long-term with male clients is significant and valuable to the 	8/12	<i>but this is very real and will this work for this person</i>
		9/4	<i>how will they relate to this middle aged old fuddy duddy woman</i>
12/7		<i>am I going to get him?</i>	
27/6		<i>we're always like striving aren't we</i>	
42/11		<i>what surprised me the most was the rapport that I managed to build up – that was a surprise because I'd anticipated that I wouldn't be able to</i>	
43/15		<i>its about my kind of prejudiced glasses</i>	
45/1		<i>some of that was insecurities about being a new counsellor</i>	

<p>therapist</p> <ul style="list-style-type: none"> • Intimacy and trust • Surprise/joy at good long-term relationships 		
<p>The challenge and necessity of vulnerability</p>	13/6	
<ul style="list-style-type: none"> • Difficulty for men to be seen as vulnerable and how they protect themselves 	17/4	I made sure there was always someone around when I saw him the first couple of times their innocence being taken away.
<ul style="list-style-type: none"> • Struggle for therapist to see men as victims 	19/4	they've been as vulnerable as it's possible to be
<ul style="list-style-type: none"> • Pain of lost innocence 	30/10	this armour of violence around him erm so that could ever see that he could be vulnerable
<ul style="list-style-type: none"> • Child in the therapy session 	32/2	I want to be listening to what you are saying and your vulnerability they do talk about it and it's a bit
<ul style="list-style-type: none"> • Therapist's vulnerability 	35/8	drip feed and its probably about as much as they can bear at the hammering home their lack of culpability
<ul style="list-style-type: none"> • Therapists protection of clients and herself 	36/7	I think that's what makes it somehow easier to bear, you know the fact that they're children and you know just so vulnerable
<ul style="list-style-type: none"> • Sometimes a challenge to get beneath the surface to meet at depth, be exposed and vulnerable 	37/2	there is something about this taboo of men and being seen to be weak and vulnerable
<ul style="list-style-type: none"> • Vulnerability and risk of secrets 	37/15	they're at their absolute weakest and most vulnerable
<p>Masculinity</p>	38/3	I'm a man and Im strong and I'm invulnerable and I must present that image to the world
<ul style="list-style-type: none"> • Clients want to be seen as a man • Threat to masculinity of coming to therapy 	38/12	So I don't see men as necessarily a strong thing because I see them vulnerable as well so having the 2 sides
<ul style="list-style-type: none"> • Male stereotypes within the therapy session 	40/6	the threat to their masculinity an outward display
<ul style="list-style-type: none"> • Clients' messages about masculinity • Difficulty of men coming to counselling 	6/13 7/3 7/6	"I'm a man. I'm masculine. I only a man . I'm not – I can't possibly be recognised as anything else." you know a biker type of man and that was significant to him. Part of his identity
<ul style="list-style-type: none"> • As an obstacle to therapy • Therapist's preconceptions about masculinity and their relevance in the therapy session 	8/4 39/14	I think there's probably quite a lot in the sort of, from society that you pick up over the years but there is something about men and strength – just how they're portrayed in the media but more so they can still be strong and vulnerable

	18/15 32/5 39/8 46/11	<p>society view of men as strong and powerful</p> <p>if someone is talking and being very violent its it would be so easy to take it on yourself</p> <p>I think it does reflect probably my preconceptions, I had a father who was outdoorsy, physically quite strong erm but gentle so they are showing the world a strong image from the outside even when they come to counselling</p>
<p>Therapist's experiencing of clients</p> <ul style="list-style-type: none"> • The child in the therapy session and as the victim of abuse • Different from her • Violent angry and aggressive men • Gentle, soft men • Vulnerable as both a child and a man • As anxious and struggling as they come to therapy • As a very physical presence • The use of anger, violence and aggression as coping mechanisms 	2/8 3/5 5/15 7/8 10/12 16/7 18/11 23/4 31/10 37/2	<p>a high state of anxiety, very anxious</p> <p>He was a man and he liked a process and clarity</p> <p>the difference in his demeanour</p> <p>very sort of masculine men</p> <p>both of these clients have come religiously week</p> <p>they kind of feel so much more deserving</p> <p>how they feel about themselves and that's at the heart of what you're working with</p> <p>I don't see them as the abuse somehow I just see them as a person</p> <p>the person that I've experienced is a gentle gentle person</p> <p>I see children because for me its always in the context of children</p>
<p>Development of therapist as a parallel process</p> <ul style="list-style-type: none"> • From anxiety to joy and acceptance • Self-consciousness to self awareness • Doubt about ability to relate unfounded in the end • Acceptance • Confidence 	6/5 8/12 9/11 9/13 32/9 12/5 12/13 13/13 26/4 26/5 27/9	<p>little experience</p> <p>will this work for this person</p> <p>I'm like how will he relate to me and actually again it made no difference</p> <p>we have a really good relationship, really strong relationship</p> <p>Im aware of it and im aware that I'm finding that difficult</p> <p>I felt it was quite a scary process</p> <p>I kind of felt I got him because at the beginning I felt quite frightened</p> <p>I feel more secure in myself the more you can kind of trust and you're kind of tuned in somehow to that the better it is you lose that am I doing it right that takes a bit of doing at the beginning and then you just kind</p>

Appendix 11

Example of one super-ordinate theme with supporting data

Perceived impact of social stereotypes in therapy		
<p><i>Masculinity</i></p> <ul style="list-style-type: none"> • “I’m a man. I’m masculine. I’m only a man. I’m not – I can’t possibly be recognised as anything else” • I’m a man and I’m strong and I must present that image to the world • You know a biker type of man and that was significant to him. Part of his identity • Society’s view of men as strong and powerful • They are showing the world a strong image from the outside even when they come to counselling • Meant to be machismo • I think that masculinity is quite a sad place to be for men really • I think men often feel a sense of loss of the sense of who they are, their status in the world as a man, I think they’re fighting with society’s expectation so that’s their area of how they are re-victimised • I think there’s probably quite a lot in the sort of, from society that you pick up over the years but there is something about men and strength – just how they’re portrayed in the media but more so they can still be strong and vulnerable • I had a lot of anger towards men a lot of distrust of men a lot of personal fear of men • It was a male society that men got the better deal, men caused all the wars and major problems, [...] what I’ve come to realise is there’s a balance and not all men, I don’t generalise now, I’m aware that I have a huge compassion for men, I think society can be very difficult for men • I think there’s even moments now when they’re be a mention of, just got my phone before I meet a new male client, now why that should be any stronger than when I’ve got a female client, that’s my stuff, but it is there and I’m aware of that little bit of residue • My sense was that men just don’t need to cry as much as women do, they just don’t need to it’s not something that they have, that they don’t process emotions like women do, but now doing this work I would say no completely, they need to • I think because my experience of it in sexual violence in men it’s just been a silencer, they’re just taught from such a young age, this you know this is what you do, this is your role this is your protector, it’s fathers as well of daughter who have been abused how they react to it is that they’re angry but they never talk about why they’re angry, they’re helpless because they couldn’t protect their daughter • I am respectful of that that they have to be in that place I think in society I think, they’re kind of putting on a bit of a face as well as sort of looking at their own stuff as well and how maybe how they 	Kim	7/6
	Kim	38/12
	Kim	8/4
	Kim	18/15
	Kim	46/11
	Helen	17/11
	Wendy	32/13
	Wendy	2/11
	Kim	39/14
	Helen	33/11
	Helen	35/2
	Helen	50/12
	Wendy	32/5
	Wendy	33/8
	Wendy	34/4

<p>don't fit into that</p> <ul style="list-style-type: none"> • See I kind of, I think that everyone is a kind of mixture of male and female, [...] you can get men who are typically men and you can get women who are typically women. Underneath all that we are human beings; you know we all have emotions, have physically stuff going on 	Laura	10/20
<i>Men's struggle with vulnerability</i>		
<ul style="list-style-type: none"> • They've been as vulnerable as its possible to be 	Kim	19/4
<ul style="list-style-type: none"> • whereas sometimes they've completely lost sight of that and lost sight of the soft nice person that's somehow got lost in it all and that they can like themselves 	Kim	25/6
<ul style="list-style-type: none"> • This armour of violence around him, erm so that no one could ever see that he could be vulnerable 	Kim	30/10
<ul style="list-style-type: none"> • I'm a man and I'm strong and I'm invulnerable and I must present that image to the world 	Kim	38/12
<ul style="list-style-type: none"> • I think once you've managed to bypass all the rational, the defence mechanisms that logical part of the brain with some men then the vulnerable parts come out 	Helen	47/3
<ul style="list-style-type: none"> • How difficult that can be maybe for some men to be true to themselves to show how they feel and feel any sense of vulnerability 	Helen	34/10
<ul style="list-style-type: none"> • In some ways there's a certain vulnerability about them that some women don't have 	Laura	3/9
<ul style="list-style-type: none"> • and there was times when he was just like a little boy, cause he's never had, this abuse had been happening to him since he was five years old, so he'd never had that female nurturing figure 	Laura	5/6
<ul style="list-style-type: none"> • You can challenge quite quickly on I think quite a feeling level to a degree, I think men seem to be quite open, they understand it's a safe place and they're kind of wanting that challenge 	Wendy	2/11
<i>Barriers</i>		
<ul style="list-style-type: none"> • There's something about this taboo of men being seen to be weak and vulnerable 	Kim	37/15
<ul style="list-style-type: none"> • There are so many barriers there to start with 	Helen	15/6
<ul style="list-style-type: none"> • With guys there's this sense that they won't be believed 	Helen	15/2
<ul style="list-style-type: none"> • The degree of silence and shame seems considerably greater 	Helen	55/12
<ul style="list-style-type: none"> • I've sometimes found with males almost an attempt to say was this abuse? Was it bad? Have I got a right to these feelings? 	Helen	6/9
<ul style="list-style-type: none"> • I'm also seeing another layer of difficulty of men. I don't think for a moment its easy for women to come forward and say but I think its even more difficult for a man to come into a service like this 	Helen	56/14
<ul style="list-style-type: none"> • there might be that real fear, that people who know that shameful secret will think they're going to be an abuser, 	Helen	18/4
<ul style="list-style-type: none"> • I think because with guys there's this sense that they won't be believed is more entrenched really there's a sense of society's views do come into this, the sense of being able to disclose in the first place is in my opinion harder for males than for females, there's so many barriers there to start with 	Helen	15/6

<ul style="list-style-type: none"> • the other thing, the cultural aspect, he's a Muslim so there's 3 different strands here that are adding to all the barriers adding to the difficulties • I think men have to overcome that – I think it's twice as hard really • I think men have more potential to be silenced really • I do think that role that men have in society is just a silencer, it reinforces that sense of shame • I think its like an added layer of trauma really • There's something about society – to get them through the door • They've made that step to come here and that's a big difference with them • They've made that step to come here and that's a big difference with them • I think with men they've been to GPs not really wanting to tell them what's might have been put on anti depressants..... and nothing's really whereas a woman's more likely to say to a GP I was raped , this happened, and I think maybe that's the male barrier with going to a GP and saying stuff like that 	Helen	27/13
	Wendy	9/15
	Wendy	32/13
	Wendy	9/10
	Wendy	34/10
	Laura	20/7
	Laura	3/12
	Laura	3/12
	Laura	29/4
	<p><i>Therapist's preconceptions</i></p> <ul style="list-style-type: none"> • What surprised me most was the rapport that I managed to build up – that was a surprise because I'd anticipated that I wouldn't be able to do that • It's about my kind of prejudiced glasses • But this is very real and will this work for this person? • There is such a level of astonishment or admiration because my expectation is well I never thought that your brain would work like that • I don't generalise now, I'm aware that I have a huge compassion for men, I think society can be very difficult for men • I guess there may be that anxiety when you're working with a man for the first time there's maybe judgment oh they are totally different • I did start to panic a bit when I first started with men that oh this might not be very logical or my approach might not be erm, you know, but I was concerned about that • I've had quite a colourful life and I just wanted something a bit more nitty gritty and, you know, put me in a warzone ... 	
Kim	42/11	
Kim	43/15	
Kim	8/12	
Wendy	41/1	
	35/7	
Helen	20/14	
Wendy		
	11/11	
Helen		
Laura	37/5	

Appendix 12

Differences between working with male and female survivors		
• Its really hard to say what the difference is	Kim	18/6
• I think the difference between men and women is to do with the society view of men as strong and powerful.	Kim	18/4
• I don't think they're really different but there's something about society – to get them through the door	Kim	20/7
• Men struggle to talk about the detail of the abuse	Kim	35/8
• A person in distress is just a person in distress	Kim	44/7
• But for a woman maybe its more acceptable that they show that they're upset or sad	Kim	46/15
• I think for males quite often the actual stigma of getting here	Helen	3/2
• One of the differences is that males can sometimes be more concentrated on telling the narrative, they need to tell the details	Helen	5/8
• Sometimes men's anger about the situation when they have disclosed	Helen	6/14
• Guys don't necessarily disclose more than once	Helen	20/5
• Perhaps more so for males – risk taking behaviours	Helen	49/2
• The presenting level of anger	Wendy	2/9
• Men often feel a sense of loss of who they are, their status in the world as a man	Wendy	2/11
• You can challenge quite quickly on I think quite a feeling level to a degree, I think men seem to be quite open, they understand its a safe place and they're kind of wanting that challenge	Wendy	3/10
• They're almost wanting that, almost you know they can't get it from anywhere else	Wendy	4/5
• There is another difference about men that they are prepared, I've noticed that they will go to the specifics sometimes	Wendy	23/4
• Men will sometimes go to the detail of how I reacted	Wendy	23/10
• I mean in some ways there's a vulnerability that some women don't have	Laura	3/9
• They've made that step to come here and that's a big difference with them	Laura	3/12
• So for me there hasn't been a big difference between male and female, erm but I think women are more comfortable talking to a woman	Laura	18/15
• I think with men you have to evidence it, this is fact, they can't take well done you you're doing a brilliant job, well how do you know that, so being quite straight with them in that respect	Wendy	30/9