Person-Centered Therapy, Masculinity, and Violence

Debra Weikert

Valley Youth House

When it comes to best practices in therapy, there is no one-size fits all, but the person-centered approach can apply to many. The current paper examines the applications of the person-centered core conditions to working with client issues of masculinity and violence.

The Person-Centered Relationship

The person centered approach focuses on the therapist's attitudes and the client's perceptions of those attitudes, and can be applied to a variety of clients with a variety of problems. Carl Rogers believed that a therapeutic relationship must develop between client and therapist for the counseling process to be effective. He also maintained that the person centered therapist must be fully integrated in the client/therapist relationship (Kirschenbaum, 2007). This relationship creates a safe climate for the client to journey from a state of incongruence, or inconsistency between internal and external world, to one of self actualization and full functioning.

In person-centered therapy, clients recognize capacities within themselves, and move toward self actualization and congruence. The therapist's part in relationship building "…calls for a total sensitivity to the client in his own perspective and the communication of this kind of acceptance and understanding…." (as cited in Kirschenbaum, 2007, p. 156). "To the extent that the therapist finds himself experiencing a warm acceptance of each aspect of the client's experience as being a part of that client, he is experiencing unconditional positive regard" (Rogers in Kirschenbaum, 2007, p. 193).

Rogers modified his views about the therapy process throughout his career. In discussing Rogers' evolving view on the importance of therapist attitudes, Kirschenbaum (2007) states, "…in

modifying these attitudes, he came to believe that, even more important than the therapist simply holding these attitudes, the attitudes must be lived and experienced by both therapist and client in a genuine, interpersonal relationship" (p. 195). "It is only as he is, in this relationship, a unified person, with his experienced feeling, his awareness of his feelings, and his expression of those feelings all congruent or similar, that he is most able to facilitate therapy" (as cited in Kirschenbaum, 2007, p. 189).

Therapy Seeking by Men

It is estimated that about one in seven men seek psychological services, and that "women tend to use the mental health system more often than men" (McCarthy & Holliday, 2004, p. 26). In evaluating gender expectations of therapy, Apfelbaum reported that males expected a more directive type of counselor, while females expected a more client-centered type of counselor (as cited in Cashen, 1979, p. 680). Gender role socialization theory has been used to explain gender differences in psychological service-seeking. Levant defined gender role theory as the processes of male socialization into a culturally defined structure of gendered beliefs to which men are expected to adhere (as cited in Gillon, 2008, p. 123). The normative male gender role encourages an externalizing, acting-out mode of being. Emotional distress is often manifested by males through destructive behavior, such as violence, substance abuse, and risk-taking.

According to Robertson (in Gillon, 2008), the implications of gender role conflicts on masculinity can be found in men's physical and mental health difficulties, particularly in their lower levels of participation in psychotherapy. "Traditional counseling requires men to set aside much of their masculine socialization simply to get through the door and ask for help" (as cited in McCarthy & Holliday, 2004, p. 26). Entering counseling can be scary for both males and females. The very nature of letting one's guard down and becoming emotionally available to a counselor or therapist goes against the traditional male role. According to Scher (1979), men are expected to be powerful and in control of themselves and their situations at all times. Seeking

psychological services indicates the need for help, which may be difficult for those who adhere to the traditional male role.

Although gender role socialization still exists, gender roles have drastically changed over the past fifty years. Challenging role socialization theory, Addis and Mahalik (2003) suggest that individual men are capable of different behaviors depending on the context. Men who adhere to traditional masculine roles may cry, and non-traditional men may act in a destructive manner, such as making a homophobic remark (as cited in Gillon, 2008, p. 124). Additionally, the social constructionist approach views men as actively constructing the meaning of their masculinity in the moment, rather than as a fixed product of gender role socialization (Gillon, 2008). Other alternatives to role socialization theory shift the focus from individual masculine identification to the cultural domain in which men negotiate and renegotiate their identity.

Person-Centered Therapy and Masculinity

Because gender accounts for a large part of an individual's identity, it is worthwhile to ask how gender identity is approached from the person centered perspective. According to Wolter-Gustafson (2008, p. 101), "the person-centered approach already allows each person to find their unique way of making sense of their experience without gender-based preconceptions." Rogers "demonstrated that the actualizing tendency of the organism seeks to operate as a whole" (Wolter-Gustafson, 2008, p. 100). He affirmed the uniqueness of each male, female, and transgendered person without consideration of their sexual orientation. Through his genuine acceptance of each individual as a whole, rather than separate aspects of their identity, Rogers challenged the hierarchy of gendered binarism. Wolter-Gustafson (2008) stated, "gender binarism, the assumption that there are two opposite genders, is a construction well encoded in language" (p. 99). In a case of binary division, one side is valued more than the other, creating categorical conditions of worth.

It is reasonable to assume that many clients may be affected by gendered conditions of worth, although there is disagreement among person centered practitioners as to how gendered personhood should

be adequately accounted for. The person centered approach associates with traditional female characteristics, such as interpersonally relating with empathy and nonjudgmental caring. Scher (1979) suggests that counselors should carefully consider male reluctance to engage in the counseling process, and to be aware of male need for power and control. Rather than the therapist addressing gender as it relates to the client, Bozarth suggests gender become relevant in the client centered process only if introduced by the client (as cited in Wolter-Gustafson, 2008, p. 102). If the person centered therapist is practicing empathic understanding and perceiving the client for who they truly are, the relevance of gender will become apparent through the client's being.

Successes in Therapy with Violent Male Clients

Research on therapy with violent men has yielded some documented successes. Cognitive behavioral techniques have "helped men alter their problematic thinking, control their aggression, and use strategies to cope with negative feelings such as anger, jealousy, insecurity, and low self-esteem" Weaver (2008, p. 176). Cognitive behavioral therapy was effective in restructuring cognitive distortions that men held in relation to women, and in reducing the use of violence to resolve conflict. But documented success using cognitive behavioral therapy with violent men is limited and inconclusive, and the actual process that makes specific interventions effective is lacking (Weaver, 2008). Though male perpetrators may leave cognitive behavioral counseling with learned tools to change cognitions, Gadd (as cited in Weaver, 2008, p. 176) suggests that if interventions only work at the cognitive level, they risk failing to engage in more emotionally embedded aspects of violent masculinities which often shape men's use of violence and control and their sense of themselves as men. Men's engagement in the counseling process is likely to be low in a relationship that is confrontational and unresponsive to their deeper needs. Without a genuine understanding of the client and a strong psychological relationship between the client and therapist, the client can easily participate at a superficial level without ever reaching a deeper process of self understanding and transformation (Weaver, 2008).

Person-Centered Therapy with Violent Male Clients

Rogers was careful to point out that the necessary and sufficient conditions for personality change may not apply to all types of clients. He stated that while these conditions are necessary for client centered therapy, other conditions may be necessary for other types of therapy. Seeking to discover whether certain types of clients benefit more from the person centered approach than others, Weaver (2008) found little research on the person centered approach in regards to specific clientele. Cooper has suggested that the paucity of research on person centered therapy with specific client populations may be due to the reluctance of person centered practitioners to categorize clients according to pre-defined diagnostic indicators (as cited in Weaver, 2008, p.175). Rogers emphasized the person and rejected categories, since categorizing tends to make people feel as incongruent as they did before entering the therapist's office.

Person-centered therapists value continuous self-awareness of prejudices that may block empathic attunement to their client's experience, and realize that being genuine depends on seeing clients from their internal frame of reference. Person-centered attitudes are challenging to hold when the client is a male perpetrator of abuse and violent acts against women. Male perpetrators of violence are often repeat offenders. Brief programs designed to address their violent attitudes may be ineffective, and ultimately allow them to continue destructive behavior. Destructive behaviors are symptoms of deeper problems within individuals, which, if addressed within the safe environment of a person centered approach, could result in long lasting changes.

The person centered approach might be particularly effective in producing long-lasting change in male perpetrators of violence, but building person-centered relationships with violent men is a difficult task. Weaver (2008) points out that this difficulty is compounded by an urgency to help quickly due to the danger the individual poses to others. Understanding the masculine social context from which men's violence stems may help, and the concept of *hegemonic masculinity* (Connell, 1995 in Weaver, 2008) is a useful concept for this purpose. Hegemonic masculinity stresses the dominance of traditional modes of

masculinity over others within Western cultures. In exploring the implications of the concept for the establishment of a person-centered therapeutic relationship, Connell (in Weaver, 2008) begins with four main facets of hegemonic masculinity: power, ambivalence towards femininity, domination and objectification, and avoidance of emotion. Hegemonic masculinity raises important considerations about the PC relational conditions of psychological contact and client incongruence. Hemegonic masculinity recognizes that men are culturally apt to avoid therapy because of feeling that seeking help indicates weakness. This avoidance prevents the prerequisite client-therapist psychological contact and minimizes potentials for development of a therapeutic relationship. The precondition of incongruence, and the requirement for the client to be vulnerable and anxious, has implications for person centered therapy working with male clients.

Connell (in Weaver, 2008) suggests that the terms of person centered therapy align more to feminized than masculinized identities. Wilkins (as cited in Gillon, 2008, p. 126) points out that clients whose therapeutic process is affected by hemegonic masculine identity can relate in therapy under certain conditions. For example, men who enter counseling as required by a female partner or employer, rather than as a self identified need, seem more amenable. Perhaps it is the monumental consequences—divorce, loss of job-- that awakens the client into "submission." Accepting their position of relative weakness and need for help, the person centered therapist is cautioned to proceed carefully in the case that some hegemonic masculine clients may require another individual to initiate the help seeking for them.

The communication of empathy is crucial to the person centered approach to hegemonic masculinity. Hegemonic masculinity encourages men to think and do rather than feel. The empathic process presents a challenge for both the therapist and the client. Both parties may be working towards different goals, the therapist focusing primarily on the emotional experiencing and the client perceiving a failure to think or do rather than an empathic understanding of their true being. Essentially, the person centered efforts to experience the client may be lost in translation.

Gillon (2008) suggests that many of the therapist's experiential responses or emotional questions done so to introduce emotional

experiencing may invoke feelings of shame that could undermine the client's experience of the therapist's unconditional positive regard. To be truly empathic and sensitive to the implications of hegemonic masculinity may require the person-centered therapist to move away from emotional experiencing. This raises an ethical and personal dilemma for the person centered therapist, presented with a decision contradictory to making emotional contact and facilitating emotional experiencing to support change. The male client who adheres to hegemonic masculinity is likely to challenge the therapist to make ethical decisions about the sufficiency of the core conditions in light of violence and non-emotionality. Gillon (2008) presented different approaches to working with male clients, specifically some of the challenges in the relationship between person centered therapy and masculinity.

It is important for counselors to understand the implications of gender as it relates to the individual's being and identity. Wolter-Gustafson (2008) contends that "we need to cast a wider net of empathic understanding to include the normative and contextual givenness of our clients' lives, and our own" (p. 106). It is the intention of the person centered therapist to apply Rogers' conditions to each individual client, including a perpetrator of assault. While use of the person centered approach vis-a-vis masculinity presents certain challenges, person-centered therapy has some unique advantage in helping masculinized and/or violent male clients overcome some of the destructive behaviors of the normative male gender role.

References

Cashen, V., (1979). Sex of Client as a Factor in Preference for an Approach to Counseling. *Journal of Clinical Psychology, 35, (3)*, 680-682.

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

Kirschenbaum, H., (2007). *The Life and Work of Carl Rogers.* Ross-en-Wye, England: PCCS Book.

McCarthy, J., Holliday, E., (2004). Help-Seeking and Counseling Within a Traditional Male Gender Role: An Examination from a Multicultural Perspective. *Journal of Counseling & Development, 82,* 25-30.

Scher, M., (1979). On Counseling Men. *Personnel and Guidance Journal, 57,* (5), 252-254.

Weaver, L., (2008). Facilitating Change in Men Who Are Violent towards Women: Considering the ethics and efficacy of a person-centered approach. *Person Centered and Experiential Psychotherapies, 7,* (3), 173-184.

Wolter-Gustafson, C., (2008). Casting a Wider Empathic Net: A case for reconsidering gender, dualistic thinking and person-centered theory and practice. *Person Centered and Experiential Psychotherapies, 7,* (2), 95-109.