

interview with brett mccann and susie tuckwell

Brett McCann and Susie Tuckwell spoke with James Middlewood.



Brett McCann is CEO at Impotence Australia, Associate Lecturer Graduate Program in Sexual Health at the University of Sydney, and Educator at the Australian College of Applied Psychotherapy (ACAP). He is also President of Australian Society of Sex Educators, Researchers and Therapists (ASSERT) (NSW) and Vice-President of ASSERT (National).



Susie Tuckwell is a counsellor, psychotherapist and coach in her private practice, beingcounselling, in Sydney. She is particularly interested in applying the new science of positive psychology in her practice. She has worked in many facets of communication and presents papers and workshops nationally and internationally.

Brett McCann and Susie Tuckwell presented a joint workshop at the recent CAPA NSW conference, entitled 'The Space Between the (Female) Counsellor and the (Male) Client.'

James Middlewood (JM): We know that the majority of adult clients are women. What do think motivates women to seek counselling or psychotherapy?

Susie Tuckwell (ST): Actually, I think that statement is quite outdated. Perhaps it applies to certain sub-groups seeking specific help. In my experience, I have more or less an even number of male and female clients. I find when men do come they are very committed, but they don't always stay for long periods of therapy but tend to return when they need a top-up. Probably, then, most of my long-term regular clients are women.

JM: What about you Brett?

Brett McCann (BMc): I think Susie's right. Australian culture has had big changes. Men don't mind going to groups and using the words therapy or counselling.

Historically, in mental health, women were the consumers and were more funnelled into mental health and men were even criminalised, so there is a possible historical picture to the gender bias. Also, counselling itself is not really so much solution focused, which men prefer. Women do need to talk more about an issue, not the

solution. So, there may be a bias around making your counselling more suitable for one gender or another.

JM: I'm interested in your views on females' choice of gender for their therapist. In what circumstances would a female choose a female therapist over a male therapist, and vice versa, are there circumstances where a female would choose a male therapist?

BMc: Sure. There is an assumption that if there is domestic violence and or sexual assault, as a woman you choose a female therapist not a male therapist. However there are certainly some women who choose to see men and so there is a change in the selection of gender. There is a culturally constructed view that of course she would want to see women because a man had harmed her. Men who choose a female therapist might do so because they want 'the women's perspective' and, equally, a female may choose a male therapist for the same reason. 'What's a man's view on my issue?' They want to know, 'What might be going on in my partner? What's it like for a man? Tell me what it's like.'

ST: I agree, a woman might say, 'I don't really understand men or my

partner, maybe I need to talk to a man.' I think it does work the other way, too. Young women sometimes feel more secure about talking to an older woman.

JM: A motherly figure?

ST: Yes, I may be asked, 'Do you have children?', 'Are you married?' There's an assumption that, because you are older, you have some life experience.

BMc: A role model?

ST: Yes, a mentor and, yes, and there can be that maternal transference with younger women.

BMc: I think sometimes young women in relationships may choose a male therapist because they might be sick and tired of the female's perspective and want to understand their relationship patterns from a male therapist perspective. 'What are my patterns?'

ST: In couple therapy, some older women come frustrated that their partners won't listen, and are looking to me, the therapist, to make him listen. To be their voice. Of course you don't, but that's what they want – 'Please tell him!'

BMc: Yes I find in couple work that I am often helping people understand.

Women come knowing what they want and are often the initiators of coming to couple therapy. And I think they may choose a male therapist because they need that direct style of communication with their husband. I think women are a lot stronger these days than they were twenty years ago. Women come having reached an impasse or a point that they need to sort out. They are very definite in what they want. In the past, women didn't have much of a voice [culturally].

ST: Yes, that directness is a really important point. If I am working with men, I know I tend to be more practical, more solution focused – that's what men want. Women often come to talk about their problems and I think that's why women remain longer-term clients. Female long-term clients are often coming to off-load and digest what is happening in their life and their families. And I think that is part of the reason for choosing an older woman, to share the language of a women's life experience.

JM: *That's interesting. Deborah Tannen, a linguist and author, has written a number of books about gender discourse and included in her work are case studies of girls and women in peer groups. Her observations are similar to what you have said, in that girls and women emphasise their similarities, referring to similar problems, and they talk more about relationships. You've touched on this in your experiences in style of communication, which of course plays out in transference and their expectations of you as a therapist. I think you're saying that the way you build rapport with a female client maybe different in the way you build rapport with a male. Is it different?*

BMc: In general terms, yes. With a man, I work out my position with this male client. We sort this out. I'm not going to have that [with women] because we are not similar, we know we are different, we have different positions, so we don't have to sort out status in the relationship. The other difference is that women have many aspects of self. Men have fewer, maybe just work, father, sport, or hobby, and men talk about each part separately. They are not connected

and the parts are compartmentalised. Where as the aspects of a women's identity are [usually] merged, all connected.

JM: *Yes, and I think women can see the connections more.*

ST: Women are often very vulnerable to pressure from other people, in a way I think men, as a whole, don't express. Women [in therapy] will discuss how much pressure they are under.

BMc: I think because men are often compartmentalised, they can put this in a compartment and they are ok.

ST: Some of my female clients are lesbians, and there is a slightly different element to the relationship.

BMc: A sexual one?

ST: Yes, it's quite sexual and they may not know I am heterosexual or not, and so there is another sexual layer of 'checking me out'.

JM: *You can obviously sense that. Tannen also talked about how women and men use power in relationships. She said men are much more obvious their use of power in relationship, generally being more competitive and confrontational. Women are subtler, non-confrontational. So in terms of power in the female client relationship, what kind of power transference issues come up with the maternal transference, where there is a power struggle of the mother and child?*

BMc: I think the use of power is different for each sex. Women often have power, but don't [always] own it. In therapy I work against that, female clients minimising their power, and it's interesting to see female client's reactions when I say things like 'that's really powerful'. It's perceived as a masculine word. The term 'empowering' seems more acceptable than 'powerful'. Women are uncomfortable until they can own it. Socially, I think women's power has been abused, being used against them, and that's had an impact on how they perceive power.

JM: *Susie, what experiences do you have of power in peer relationships?*

ST: Of course there is always power in the therapy room. The therapist guards themselves from manipulative power and reflects that back to the female client. Also, the emotional connection goes back and forth, with the power shifting between people as they engage - and this is safe and wholesome, not a misuse of power. It's interesting that often clients who present weakly are the ones who keep changing appointments or they won't pay on time and they use more subtle ways to experience power.

JM: *They are being manipulative?*

ST: Well, certainly playing with power. Another aspect of power in peer relationships is the way some female clients use the status and authority of my role as the therapist. My voice may be used to influence the female client's circumstances; for example a women may use me as an authority to influence her family and partner to make changes. The other situation is in couple relationships where a woman expects you to side with her, telling the husband what to do.

If you look at the Seligman studies of learned optimism and pessimism... Women tend to be more pessimistic because they don't often have that psychological structure to protect them [or the social encouragement to do so], and when a women is living in a relationship and family environment based on traditional gender stereotypes, then this is her reality; it is internalised and becomes very hard to shift.

BMc: I see the sexual power. Women's dress, for example, may be quite deliberate and on occasion I have had to address this with clients because clearly there was something going on [in relation to the therapy]. Also, I would say that sometimes you have to be sensitive to the client's boundaries. Some women may have had a very hard life, abusive relationships and so on. I may say something positive, but sometimes a little bit of kindness can be overwhelming, and emotional for the client. My job is to ensure that my actions are not misinterpreted and still give that support to model a decent relationship in which the female client feels supported. If therapists aren't aware of these kinds of boundary issues then the therapy can get into trouble.

JM: *You both touched on this. Can we talk more about the unique opportunities for female to male and female to female client-therapist relationships? What would you summarise as the unique relationship issues and also, on the flip side, the limitations in the relationship?*

BMc: I think with a male therapist and female client relationship, there is definitely the need to model a decent relationship, some women maybe developing a safe place with a male, and this helps the female client to make better choices in male partners. Females may see the male therapist as a male first, then a therapist, and gender always comes first. This is contrary to some training where people are taught that all therapists are equal - that's simply not true

ST: Vice versa for men seeing female therapists, it's very clear that gender comes first. In relation to female-to-female therapeutic relationships, I do a lot of positive psychology based on the therapist using self, helping clients recover from set-backs. Particularly with younger women around twenty-five to thirty, when I hear them say, 'I will never meet another' or 'I will never get married', 'I will never be as happy as

that again', I can look them in the eye and say, 'You don't know that' and this is very powerful [coming from an older woman]. As a therapist, you have to be those things that the client seeks, positive and accepting of life's up and downs. It's about working with the transference and counter-transference, of being a role model and peer for the female client.

JM: *There are qualities in you the client admires, probably wants to replicate.*

ST: Yes ... identify. And also there is something about the sense of the elder narrative and, 'I've seen this and, trust me, its gets better'.

BMc: It's interesting when I think about reframing. With female clients I tend to reframe emotions and with men its concepts and content. I know this is generalising but with women it's much more about emotions. What would you prefer to feel? With women I might ask, How does this feeling affect you? What do you think about this? What's true?

ST: Some of this is cultural, and women are very affected by their relationships.

BMc: I am more likely to hear men say, 'There are plenty of fish in the sea', and I don't hear this often from women. Men's attitude is often, 'Don't worry, move on', whereas women tend to be [socially] encouraged to be stuck in the emotional loss of relationship; 'You should be devastated'. With men its, 'Yep, you're hurt, but move on'

JM: *In terms of gender socialisation and stereotypes, say you're seeing a female client with a strong stereotyped view of her own gender. This view is interfering with her life and her decisions. How do you address that?*

BMc: I name it and I am very clear in saying this could be a shame when this is so tight and you don't have other possibilities - can we imagine what it might be like [otherwise]?

Usually people with such traditional stereotype ideals can't

imagine themselves in new situations. The difficulty may be the role they have been put in, or have put themselves in, and this, of course, is the underlying issue, and it may be the first time someone has said to them there are other possibilities. Also, it's in human nature to want to change and yet resist changing and just because it's uncomfortable, doesn't mean its wrong.

ST: I think women can often become negative about their gender. That is, women will actually say things like, 'We women are very manipulative' or, 'Women are very weak'. They will personalise it. For example, a girl may get a 100% in the HSC and say, 'I worked hard', and I might ask them if they perceive themselves as intelligent and they will say, 'Oh no, I just worked hard'.

If you look at the Seligman studies of learned optimism and pessimism, men so often frame their achievements in the more optimistic style of owning and generalising their good qualities, and that could be why men are less susceptible to depression. Women tend to be more pessimistic because they don't often have that psychological structure to protect them [or the social encouragement to do so], and when a women is living in a relationship and family environment based on traditional gender stereotypes, then this is her reality; it is internalised and becomes very hard to shift.

BMc: Yes, the general use of language and stereotypes become reality. Sometimes my female clients are quite shocked when I say that's not my experience [as a man].

ST: ... the first time a woman has heard grounded and positive comments, it can start to challenge dad's power, his authority, because the women realises she has a choice.

BMc: A woman may make a choice, say, to go to university that goes against her role in the family, her identity and may find herself isolated. She may find, in fact, that she has no identity outside of her family; she may find herself separating from her family to find herself.

ST: To reclaim herself?

BMc: Yes, and maybe not even to reclaim it but to actually create what she knew was always underneath but was never allowed. Women [traditionally] tend to rely on others to define who they are.

ST: I think that Robert Kegan described this as a stage in the evolving self, from depending on others to author your identity, to taking charge of it yourself. I think often marital difficulties come out of this shift. At around the thirties, the unease of identity can come around this time of life and that's often a reason to come to therapy. This is when women experience this conflicting picture of being valued by the therapist and their perceptions of themselves based on their partner's criticisms.

JM: *You've partly touched on this. I wanted to discuss depression, the kind of clinical depression that we hear about in the media. Statistics tell us that there are twice as many women that experience depression than men. Yes, it is questionable whether the diagnostic techniques for women are suitable for men, but besides that debate, do you find that female clients come to therapy finding that they are depressed?*

BMc: Clearly, men do present depression differently to women, so, as you say, we have to be careful accepting such statistics. Female clients may say they feel depressed and clearly women are obviously depressed when they are saying, 'I'm run down', 'I can't cope', 'There is something wrong with me', 'Am I nuts?'

Sometimes I will see women in couples being withdrawn, and this is often not picked-up at home. It's a subtle change over time and their family goes on not really noticing. Perhaps mum is not present, sometimes it could be prescription drugs, sometimes self-medication or just a response to depression. Families notice when mum changes her routine, stops making lunch for

the children, gets up late and so on. The family notice there is something 'wrong' with her.

For advice to female therapists, I would say do not over-identify with the client's emotions; be mindful, don't ignore them, but don't get drawn in... Yes, there is a real danger, for female therapists, of getting into that nurturing position...

Surprisingly, the family is so invested in getting mum to go back to the way she was before. Often what's going on for the woman is she is deciding whether to stay or leave but hasn't told anyone. Then there is the over-diagnosis of depression, this cultural emphasis to be happy all the time. Therapy is to help clients see that life has its ups and downs. There are situations where of course you are going to be sad and maybe people need to work through emotions, not be given another diagnosis.

ST: The other part of that is that women maybe just are exhausted and often they are simply doing too much and there can be pent up anger about this. Another thing is again the influence of gender socialisation. Consider Seligman's studies on how the socialisation of girls affects their perception of their abilities. For example, at school, boys may play up, don't pay attention, so the perception is that if a boy does well [academically] it must be because he is 'bright' because he hasn't really worked hard, or if he applied himself he could do even better.

JM: *And girls are 'responsible'.*

ST: Yes, girls are responsible. If girls don't do well, girls are not bright; if they worked hard, they did well because they worked hard. That's the comparison girls go through life with

- the kind of thinking we know that is associated with depression. Girls don't have [and are socially discouraged from having] the mental structures to protect themselves and they blame themselves. One of the really hard things working with women is trying to get them to look at the causes of their problems and achievements differently, and move away from that self-reproaching attitude that devalues their abilities.

JM: *Yes, and by the age of four, girls and boys understand their gender in terms of what a woman 'should be'.*

ST: ... and what is interesting is before the age of about thirteen, girls are more optimistic, and it's around that high school transition when there is more emphasis on self-responsibility and hard work that girls' thinking style begins to change.

BMc: Yes, I think for adolescent boys going through puberty, the changes to the body are more likely to be seen as positive, even they may feel uncomfortable. For girls, I think it is often not spoken about and it may be a fearful time. I think also when you are looking at gender socialisation you can't take away the socialisation of the therapist, and research has shown that if the client didn't do well the female therapist is more likely to take it on as a personal failure. A male therapist is more likely to blame it on the client, saying, 'It was the client who didn't do the work, it wasn't me'.

JM: *These are two extreme views.*

ST: There was another study done about the gender of the therapist and the perceptions of the therapist reaction to a client's anger.

BMc: When the male therapists were interviewed they typically were quite blasé, 'Oh yes, the client was angry, I named it and moved on'. The female therapists also recognised the anger but typically said, 'I still felt connected'. When the clients were asked of their experiences they said that their experience of the male therapist was consistent with the

male therapist: 'He mentioned it as a matter of fact'. But their perception of the female therapist was that she had become angry. The female therapists' response to this was, 'No I wasn't angry. I was engaged.' So perceptions about females were quite different, and this I think is quite cultural and consistent with common attitudes about women and anger; that it is negative and a bad quality. So it's important therapists look at their own gender socialisation.

JM: Yes, that's right. Otherwise there is the risk of collusion and reinforcing the same relational patterns. Well, we're almost out of time and I'd like to end by asking you what advice would you give about working with female clients to someone who is just beginning their career in psychotherapy or counselling?

BMc: I think if the gender of the person I was giving advice to

was male, I think the advice would be around communication and specifically, don't jump into solutions, slow down. For advice to female therapists, I would say do not over-identify with the client's emotions; be mindful, don't ignore them, but don't get drawn in.

ST: Yes, there is a real danger, for female therapists, of getting into that nurturing position, and the therapy becomes a process of nurturing each other's feelings and I don't think this is the role of therapy at all. Yes, there is a safe place for your female client to express emotions, but it can fail to encourage anything else. It sometimes fails to encourage solutions and challenge the client in ways that help them become more resilient.

JM: There a risk of becoming too indulgent with emotions and feelings.

ST: Yes, I think so. I also think for a lot of women, they simply come

to process what is going on for them because they are being emotionally responsible for other people in their lives. For some women, it may be the only hour they have in the week for themselves, where they can talk through things and sometimes it's just about having someone to be there on the journey with them. ♥

James Middlewood

James has a Bachelor in Counselling and Human Change. Since 2008, James has been facilitating groups for people recovering from alcohol addiction. Recently, James started his own psychotherapy practice in Sydney's Inner West. He provides psychotherapy for men and women, specialising in relationship issues, group dynamics, male psychology and wellbeing, and somato-emotional disorders. (www.integralman.com.au)



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