The effect of client and therapist gender on Psychologists' attitudes and expectations of therapy

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Background

♂ Studies, such as the common factors theory of psychotherapy (Grencavage and Norcross, 1990) have investigated the ways in which different client and therapist factors impact on the development of the therapeutic relationship and outcomes. The contextual model (Wampold & Imel, 2015) proposed that the perceptions clients and therapist hold are influenced by top-down processes; pre-existing schemas affect perception of others, including those about gender.

♂ A recent grounded theory study identified that psychological therapists have some different experiences of men and women in therapy (Holloway, Seager & Barry, in review); male clients wanted speedier solutions whereas women preferred exploratory work. There was also some observations that men were more likely to seek help for work, while women were more likely to seek help for relationships.

♂ It is unclear whether this may represent bias. Liddon, Kingerlee and Barry (2018) showed sex differences in client preferences for therapy. Men were more likely to prefer a male therapist than women were and they also preferred support groups compared to women, and women liked psychodynamic psychotherapy more than men did. Yet, while Harris et al. (2001) found that therapists were more likely to note expressiveness in female clients than male clients, earlier research by Bernstein and Lecomte (1982) found that therapist expectations were not affected by client gender. Conversely, Bernstein and Lecomte (1982) found therapist gender had an effect on their expectations of the therapy.

♂ Substance misuse literature has shown that therapist gender roles (rather than biological sex) predicts their preferences of different therapeutic models (Artkoski & Saarnio, 2013), and their biological sex predicted their attitudes to clients (female therapists being more positive). Furthermore, there is literature suggesting that therapist gender can affect the strength of the therapeutic alliance. Bhati (2014) demonstrated that therapist gender identity predicted therapeutic alliance; clients of female therapists reported stronger therapeutic alliance.

Rationale

♂ Client and therapist gender has been shown to affect therapeutic expectations, alliance and outcome. However, there is not a clear picture of the nature of this relationship.

♂ Better understanding of the impact of gender within the therapeutic relationship will provide insight into the biases and expectations therapists bring into the room and how top-down processes could affect therapy outcomes.

Hypotheses

Based on the previous research the following hypotheses were made:

♂ The gender of clients will affect the psychologists' expectation of the outcomes of the therapy.

♂ The client's gender will affect the psychologists' perception of risk the client poses.

♂ The psychologists' gender will affect perceptions of therapy outcome and the level of risk posed by the client.

♂ Psychologist biological sex will affect their perceptions of the outcomes of therapy and the risks the client poses.

Methods

Participants

♂ 94 Psychologists were recruited (81 female, 13 male), with a mean age of 37.02 (SD = 8.43), from social media.

♂ Participants were: 70.21% Clinical Psychologists, 23.40% Trainee Clinical Psychologists, 4.26% Counselling Psychologists, 2.13% Trainee Counselling Psychologists.

♂ Participants worked across: Adult Mental Health, Child and Adolescent Mental Health, Learning Disability, Older Adult, Neuropsychology, Physical Health and Forensic settings.

Measures

♂ Two vignettes were constructed; one to represent a primary care mental health client and one to represent a client in a secondary care setting.

♂ There was a male and a female version of each vignette.

♂ Participants rated their agreement with 9 statements about their expectations of the client's appropriateness for and engagement in therapy, desire to work with them, complexity and perceived risk (using a seven point Likert scale).

♂ Masculinity and Femininity were measured using the Personal Attributes Questionnaire (PAQ; Spence, Helmreich, & Stapp, 1975). The PAQ is one of the most commonly used measures of gender identity (Palan, 2001).

Procedure

♂ Participants completed the test booklet using an online survey package.

♂ Half read and responded to the primary care male and secondary care female vignettes, the other half read and responded to the primary care female and secondary care male vignettes.

♂ Participants were randomly allocated to conditions.

♂ Following providing consent, participants completed a demographic questionnaire, were presented with the Personal Attributes Questionnaire, and then responded to the vignettes, then provided with debrief information.

Results

Effect of biological sex

Of the 36 possible outcome variables (9 questions x 4 vignettes), Psychologist biological sex was only a significant predictor for three.

Participant sex significantly predicted :

♂ How much hope participants held for the female primary care client to have a better life ($F_{(1,45)}$ = 5.304, p = 0.026, R = 0.325), with female participants holding more hope (female M = 6.30, male M = 5.70)

♂ How appropriate participants felt the secondary care female client was to be seen by a trainee ($F_{(1,45)}$ = 5.611, p = 0.022, R = 0.333), with male participants more likely to think the client was appropriate for a trainee (female M = 2.77, male M = 5.00).

♂ How much risk they felt the secondary care male client posed to other people ($F_{(1,45)}$ = 5.687, p = 0.021, R = 0.335), with female participants more likely to perceive a higher risk (female M = 4.08, male M = 3.20).

♂ Participant's biological sex did not predict Masculinity ($F_{(1,92)}$ = 9.248, p = 0.620) or Femininity ($F_{(1,92)}$ = 2.111, p = 0.150).

Psychologist gender roles

♂ Higher scores on participant's masculinity predicted lower scores on their ratings of risk to others for the male primary care client ($F_{(1,45)}$ = 6.491, p = 0.014, R = 0.355), female primary care client ($F_{(1,45)}$ = 6.607, p = 0.014, R = 0.358), and female secondary care client ($F_{(1,45)}$ = 4.714, p = 0.035, R = 0.308).

♂ Higher scores on participant's masculinity predicted higher scores on whether the client will attend until the end ($F_{(1,45)}$ = 6.159, p = 0.017, R = 0.347) and the hope for the client to have a better future ($F_{(1,45)}$ = 4.365, p = 0.042, R = 0.297) in the male primary care vignette.

♂ Higher scores on participant's femininity predicted higher scored on wanting to work with ($F_{(1,45)}$ = 7.468, p = 0.009, R = 0.377) and appropriateness for psychological therapy ($F_{(1,45)}$ = 4.301, p = 0.044, R = 0.295) for the primary care female vignette.

♂ Higher scores on participant's femininity also predicted higher scores on appropriateness for psychological therapy ($F_{(1,45)}$ = 6.514, p = 0.014, R = 0.356), and lower scores on risk to others ($F_{(1,45)}$ = 26.460, p < 0.001, R = 0.609) for the primary care male vignette.

Client gender

♂ In the primary care vignettes, participants rated how much they wanted to work with the male client significantly higher than the female client ($t_{(92)}$ = -2.453, p = 0.016, d = 0.502), and how much they thought the male client was appropriate for psychological therapy significantly more than the female client ($t_{(92)}$ = -2.310, p = 0.023, d = 0.478). These differences were not observed in the secondary care vignettes.

♂ In the secondary care vignettes, participants rated the female client as significantly more complex than the male client ($t_{(92)}$ = 2.272, p = 0.025, d = 0.551), but rated the male client as significantly more a risk to others ($t_{(92)}$ = -2.452, p = 0.016, d = 0.502). These differences were not observed in the primary care vignettes.

Discussion

♂ Higher levels of reported masculinity predicted lower risk in all groups bar the secondary care male client. Higher levels of risk taking are commonly attributed to masculinity and fit with narratives of males as more risk taking. Therapists reporting higher levels of masculinity may be more inclined to take risks or less likely to believe that the client poses as significant risk to others. The increased risk that men are believed to pose may explain why even therapists who scored higher on the masculinity scale rated the male secondary care client as posing a higher risk. Alternatively, therapists may underestimate the risk that females pose to others, influenced by social narratives about females being more empathic and caring.

♂ Biological sex was not a predictor of how masculine or feminine participants rated themselves. As a group therapists may demonstrate similar qualities such as empathy and capacity for reflection, qualities more commonly associated with feminist traits. Therefore biological sex has little bearing on the ratings given. This is interesting as previous research has indicated that clients prefer female therapists, despite the current research indicating that biological sex does not necessarily predict which masculine or feminine qualities the therapist will have. This suggests that clients are also influenced by gender stereotypes and may prefer female therapists due to beliefs they will have greater levels of empathy.

Future Implications

Clinical implications

♂ Clinicians to reflect on the interplay between actuarial indicators, personal bias and gender (theirs and client's) in how they assess risk.

♂ Psychologist gender considered in wider reflective practice.

♂ Client choice to be informed by Psychologist wider identity rather than just overt biological sex.

Research implications

♂ Naturalistic research investigating the relationship between pre-therapy expectations, post-therapy outcomes and client gender.

♂ Consider the impact of models of distress in mediating between client gender and perceived complexity.

♂ Explore how social constructs around gender shape Psychologists' language and beliefs about male and female clients.

Limitations

♂ Only 14% of the sample were male. Results regarding Psychologist biological sex should be interpreted with caution. However, this split in biological sex is not unexpected for a sample of Practitioner Psychologists.

♂ Vignette based studies provide a pragmatic approach to investigating attitudes, but compared to more naturalistic approaches they lack ecological validity.

♂ The study investigated attitudes, but did not directly measure behaviour.

♂ In many instances gender does not predict a large amount of the variance in response to the statements, other variables not included need to be identified.

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