

## Gender and Group Psychotherapy: A Review

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*This study reviews the literature on gender in group psychotherapy. The impact of therapist and cotherapist gender is explored from both the counselor and client perspective. Differences in styles of interaction and communication between male and female group members are identified, and gender differences in the emergence of leadership roles are discussed. Perceptions of group counseling leaders by same-sex and opposite-sex group members are also described. Additionally, this review explores the impact of gender composition on participant behavior and some differences between gender-heterogeneous and gender-homogeneous therapy groups. The implications of this review for group theory, treatment, and research are discussed.*

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Among the many schemas used to categorize individuals and classify human behaviors, few are as thoroughly delineated and potentially restrictive as the concepts of femininity and masculinity. Before a child is born, two predefined categories exist; the child will instantly become identified with one category. This label will shape their perception of self, their conceptualization of their "proper" role in society, and potentially their view of others. The categories of "male" and "female," as they are defined by contemporary American culture, are predominantly exclusive. Each gender model is replete with specific criteria and standards with which every individual is consciously and unconsciously compared. It could be

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argued that definitions for appropriate gender-stereotyped behavior appear to be less stringent today than in the past; however, as a society we are far from allowing any individual to exhibit the full range of human characteristics—both “masculine” and “feminine”—without negative repercussions. Given the existence of deeply biased familial and societal beliefs, and corresponding reinforcements, it is logical that individuals will tend to display behaviors that accommodate sex-role expectations, and refrain from exhibiting those behaviors that are considered better suited to the sex “opposite” their own.

An increasingly voluminous body of research seeks to investigate the complex processes that result in the socialization of gender roles (Bem, 1981, 1983; Chodorow, 1978; Kohlberg, 1966; Mussen, 1969; Turkel, 2000), as well as the related phenomena of sex-stereotyping (Bem, 1981, 1983; Broverman, Vogel, Broverman, Clarkson, & Rosenkrantz, 1972; Foddy & Smithson, 1999; Hosoda & Stone, 2000), and sex-based discrimination (DiTomaso, 1989; England & McCreary, 1987; Graves & Powell, 1988; McIntyre, Mohberg, & Posner, 1980; Misra, Kennelly, & Karides, 1999). Literature also exists that focuses upon group counseling (herein also referred to as group psychotherapy and group therapy) as both a unique and an effective intervention for the treatment of numerous psychological problems and disorders. However, surprisingly little research investigates how issues of gender may impact the group therapy process or, more specifically, how gender factors may be related to treatment outcomes.

The theory and practice of feminist group psychotherapy has received recent attention as an outgrowth of the women's movement and the proliferation of writing about psychology and gender (Brody, 1987; Butler & Wintram, 1992; DeChant, 1996). Glover Reed and Garvin (1996) outline thirteen feminist principles that have implications for the practice of group psychotherapy. A careful feminist analysis that considers the impact of gender socialization opens our understanding of group processes in its examination of sociopolitical factors, language, and power relationships.

This literature review summarizes research findings that pertain to gender dynamics in the group counseling process. Implications of therapist and cotherapist gender are explored, and differences between male and female styles of interaction are identified. Perceptions of therapy group leaders and the impact of gender composition on group counseling participant behavior are also investigated. Finally, potential benefits of gender-heterogeneous and gender-homogenous therapy groups are explored. Following this review, implications for group therapy treatment are summarized and suggestions for future research are made.

## SEX AND GENDER

*Sex* is a term used in reference to a person's biological identity (Butler & Wintram, 1991), whether the individual is classified as male, female, or androgynous (having

attributes in some way representative of both males and females) (Hoffman & Borders, 2001). *Gender*, on the other hand, is a term used to denote a cluster of psychological qualities and/or characteristics with which an individual most closely identifies him- or herself, or is most closely associated with through the eyes of others. A person's gender undoubtedly has a large impact on the way people behave, think, and feel (Philpot, 2000). On the surface, gender appears to be far more complex than sex, as the latter locution denotes the presence or absence of specific characteristics, while the concept of gender “denotes an array of masculine or feminine attributes that includes biological, political, power, sociocultural, and psychological determinants” (Lazerson & Zilbach, 1993, p. 682). Although it has been found that sex differences in hormone exposure throughout the lifespan can shape gendered behavior, it is the individual's environment that provides initial exposure to attitudes and knowledge of sex-typed behavior and its consequences (Fagot, Rodgers, & Leinbach, 2000; Udry, 2000). While it is most often the case that an individual's sex correlates with his or her gender identity (arguably due predominantly to the processes of socialization), there are numerous individuals whose sex and gender (or sexual identity) differ. Given the unique psychological struggles that may accompany such occurrences, the research findings cited in this review primarily refer to individuals whose gender-identity and sex correspond.

## Societal Expectations of Men and Women: Past and Present

While some historical theoreticians have suggested that sex roles are necessary for society to function, many contemporary social scientists maintain that the oppressive nature of such procrustean ideals hinders the ability of children, adolescents, and adults to explore and enjoy the full range of the human experience. Gender-based inferences have even been identified in children as young as three years old, thereby demonstrating the pervasiveness of this phenomenon and lending credence to the idea of gender associations imposing restrictions on behavior (O'Brien et al., 2000). Stereotypes, expectations associated with a person's gender, age, social class, or race, can affect judgment when other information about a person is scarce or ambiguous (Kobrynowicz, 1998). Historically, the female member of the sexes has been the individual who exhibits traits and behaviors such as nurturance, sensitivity, warmth, empathy, dependency, compliance, emotionality, and passivity (Alonso & Rutan, 1979; Butler, 1981; Doherty & Enders, 1993; Johnson, 2001). Nevertheless, research has found that such feminine traits as these are viewed as childlike and thus perpetuate stereotyping (Powlishta, 2000). Women are consistently perceived as having less authority and lower social status than males (Conway & Vartanian, 2000); they are habitually viewed as objects rather than as multidimensional individuals acting upon the world willfully (Doherty & Enders, 1993) and competently. Gender-based expectations even carry over to the interpretation

of emotionally expressive behavior as women are supposed to be more sad, less angry, and more capable of experiencing a fuller range of emotions than men, barring few exceptions (Plant et al., 2000).

Similar to their female counterparts, beginning even in infancy, males encounter pressure to adhere to socially prescribed sex-based standards of performance. The limit on the range of behavior traditionally deemed acceptable for the males of our culture is equally confining; males have been socialized to appear confident, independent, autonomous, and emotionally aloof (Anders, 2000; Doherty & Enders, 1993; Greene, Morrison, & Tischler, 1981; Wellman, 1993), despite whatever inner emotions they may experience. While socially imposed rules of conduct for women and men are less mutually exclusive than in previous decades as attitudes have changed, new and more complex standards of behavior have evolved. In addition to, but not instead of, exhibiting displays of aggression, power, and dominance, the "modern" man is capable of intimacy, is able to nurture, has an egalitarian orientation and style of communication, can outwardly express emotion, and can satisfy his partner's emotional and sexual needs. An equally unrealistic prototype, the "modern" woman is assertive yet compliant, confident yet submissive, sexually appealing but not promiscuous, and is successful at her career but also available to meet the needs of her children and partner. New expectations of men and women have evolved, but traditional and often contradictory demands continue to linger. There is evidence to suggest that the strain resulting from the inability to satisfy contradicting sex-based standards of performance can lead to emotional and psychological problems serious enough to require therapeutic intervention (Feld & Urman-Klein, 1993; Lazerson & Zilbach, 1993).

### Gender Differences in the Manifestation of Psychological Problems

Researchers offer contrasting hypotheses as to why substantial gender differences exist in the prevalence of various psychological problems and disorders. Notwithstanding conscious and unconscious gender bias in assessment and diagnosis (Doherty & Enders, 1993), social and individual psychological processes appear to be most culpable. For example, despite inherent difficulties in illustrating such a relationship, many researchers purport that sex roles can explain the way the genders are represented in sexual abuse statistics (Lazur, 1996). Wellman (1993) and Taylor (1999) suggest that females are susceptible to becoming victims of sexual abuse by males because they are socialized to be dependent and nurturing. Similarly, Rush (1980) and Haworth-Hoepfner (1998) suggest that societal approval of patriarchal excesses creates an environment in which males are at risk for becoming sexual abuse perpetrators. Lastly, Finkelhor (1986) suggests that because men are often in positions of authority and perceive their role as the initiators of sex, a foundation exists for the development of the

perpetrator-victim relationship. Other more complex gender-related findings in sexual abuse statistics include differences in the victim's relationship to the offender, the type and extent of abuse suffered, and rates of disclosure of the abuse (Haworth-Hoepfner, 1998; Levesque, 1994).

The probability that an individual will experience various other psychological problems and/or trauma can also be related to gender. Butler and Wintram (1991) and Moretti, Rein, and Wiebe (1998) report that women consistently suffer from low self-esteem and poor self-image and suggest that this may be due to oppression in the form of economic disadvantages, inadequate financial and emotional resources, and interpretation of women's behavior via "paternalistic and patriarchal definitions." It is well documented that females experience depression more often than males (McGrath et al., 1991; Moretti et al., 1998) and attempt suicide more frequently (Kaplan, Sadock, & Grebb, 1994). Males, on the other hand, actually commit suicide more often (Denning, 2000; Kaplan et al., 1994), are more likely to engage in high-risk behavior, exhibit symptoms of conduct disorder, and more often suffer from alcohol abuse. Lastly, symptoms of the eating disorders anorexia and bulimia appear predominantly in adolescent females (DSM-IV, 1994). Interestingly, while societal pressures upon women to be passive and subordinate are becoming more widely recognized as being harmful to females, societal pressures upon males to be aggressive and dominant are largely perceived to be beneficial to men. Perhaps because males are perceived as the controlling members of society, little literature examining the psychological ramifications of the internalization of the male sex-role stereotype exists. At the moment, it is safe to say that we have a limited understanding of the psychological harm suffered by men and women as a result of sex stereotyping and discrimination. Moreover, we have inadequately investigated the cost to the emotional and psychological well-being of women and men; and finally, many males strive to satisfy a sex-role stereotype epitomized by the repression of emotion.

### GENDER-BIASED COMMUNICATION DYNAMICS

Regardless of whether we are consciously aware of them and whether they are being overtly processed, gender-biased dynamics are present within groups of all types and sizes. As a purported microcosm of society (Brown & Mistry, 1994; Doherty & Enders, 1993; Yalom, 1995), it is logical that differences in the behaviors of men and women in group psychotherapy often parallel family dynamics and patterns of communication existing within the larger culture. The psychotherapy group provides an ideal setting for individuals to identify, explore, and work through sociocultural factors (the world in which a person lives), interpersonal experiences (the way the individual interacts in the world), and intrapsychic dynamics (the motivation and conflict that affect the individual's interaction and color his or her perceptions) (Doherty & Enders, 1993; Sonstegard, 1998).

Patterns of dominance, cohesiveness, and coalition formation (Burrows, 1981; Perrone & Sedlacek, 2000), as well as degrees of disclosure, levels of intimacy, and competition, will occur differently in relation to the gender ideologies of the group psychotherapy participants and the gender composition of the group in question.

Despite the existence of contradictory findings in the limited amount of research conducted in the area of gender and group therapy, an important aspect of male and female behavior has consistently been shown to differ. As in the larger culture, women have been found to seek positions of leadership less often and have been found to behave less overtly competitive than their male counterparts. Wallach (1994) writes that competition tends to be avoided by females because such behaviors "are perceived as unfeminine, and are feared to result in the loss of relationship to others" (p. 36). She expresses that "the aggressive and destructive components of competition" arouse discomfort in women as their "identity as nurturers does not allow for 'self-determined power' (i.e., that which is not enhancing others), which is equated with selfishness" (Wallach, 1994, p. 30). Other evidence exists that suggests that women's priorities differ from males with regard to competitive behavior. In mixed-gender groups, women have been observed striving for the approval and attention of the male participants; the males, in turn, were observed to be competing instead for the attention and the approval of the group leader (Carlock & Martin, 1977). It is important to note that reported gender differences in competitiveness might be more accurately explained in terms of styles of competitiveness, rather than degree. It is possible that women compete more frequently than is recognized because they do so in ways that are more in alignment with the sex role stereotype of the compliant female. For example, Alonso and Rutan (1979) state that women in group counseling are usually less overt than males in competing for time and power: "this deference takes a variety of forms, ranging from vague, poorly articulated attempts to join in, to an apologetic request for a little of the group's time 'if no one else needs it.'" They continue to say,

typically, the men ultimately find themselves criticized by the women for having been greedy of the group's time. The angry rebuttals of the men are met with tears or cold withdrawal, and the group has, at this juncture, replicated the broader society. (pp. 484-485)

In addition to being perceived as less competitive, females have been found to differ from males in terms of both ability and willingness to be perceived as an authority figure. Although research indicates that men can dominate group discussion (Alonso & Rutan, 1979; Wallach, 1994), at least one researcher has found evidence to suggest that the behavior of females in groups may contribute to the perpetuation of the sex-role stereotype of female subordination. In this study, women were found to be reluctant to assume leadership roles even when they were

paired with males who tested low on a measure of dominance (Megargee, 1969). Again, these phenomena may reflect women's priority of creating and maintaining relationships, a tendency that contradicts the behavior of the traditional authority figure. In alignment with this philosophy, Wallach (1994) offers a clinical example of a purported unconscious female fantasy in which "good" is fixed in amount, and that one cannot have it without depriving others of the same (Modell, 1984). Wallach (1994) has written,

Jeanine fears that having more (materially and otherwise) will be viewed by her parents as . . . saying to them, "You're not good enough" (something she in fact feels, but finds intolerable). Wanting more, and expressing that through her actions (success), makes her feel "mean." In group, Jeanine also does not ask for much. In contrast, Anthony, a male member from a similar working class background, expresses great pride in regard to his financial success, particularly in regard to having exceeded the achievements of his parents. He does not fear rejection as a consequence of success. (pp. 31-32)

#### GENDER-RELATED TRANSFERENCE ISSUES

Originally defined by Freud within the context of individual psychoanalysis, transference occurs when the client views the therapist as "the reincarnation of some important figure out of his childhood or past, and consequently transfers onto him feelings and reactions which undoubtedly applied to his prototype" (Freud, 1912, p. 31). More recently, self psychology and object relations theory have broadened the concept with the idea that transference involves a "quest for a new object or selfobject experience that will be reparative and corrective for the patient" (Gabbard, 2000, p. 99). While parental figures are often considered foremost, the concept of transference has been expanded to include other significant personal relationships outside of one's parents (Andersen & Miranda, 2000; Schleidlinger, 1992; Sullivan, 1940). Transference issues are closely related to gender ideologies in that our perception of others is shaped largely by our expectations of their behavior, which in turn relates to our past experiences and encounters with others whom we perceive as similar. We "transfer" onto others "feelings and reactions" that apply to their gender prototype. There is evidence to suggest that clients perceive therapists differently due to transference phenomena and gender-role ideologies. For example, findings from one study suggest that the transference will be negative or positive in accordance with the member's early relationship with the parent of the same sex as the therapist (Burrows, 1981).

#### GENDER OF THERAPIST

Research investigating gender-related perceptions of therapists has examined client preferences (Carter, Mitchell, & Krauthelm, 2001; Fowler & Wagner, 1993),

perceptions of influence (Alfred, 1992; Morris, Hulbert, & Abrams, 2000; Nemeth, Endicott, & Wachtler, 1976), perceptions of effectiveness (Alfred, 1992; Goktepe & Schneier, 1988) and client satisfaction (Kushell & Newton, 1986), but have not substantially differentiated male and female therapists with regard to treatment outcomes. Research indicates that it is likely that a female group leader will encounter a myriad of gender-related transference issues resulting in resistance by group members to accepting her as a competent authority figure. Because group members expect female leaders to be relationship oriented, warm, accepting, and never angry or critical (Doherty & Enders, 1993; Johnson, 2001), a woman who exhibits traditional leadership characteristics may challenge the perceived role and status of women (Alonso & Rutan, 1979; Dies, 1985; Gornick, 1986). One study found that in discussion groups, displays of competent-assertiveness from women group leaders elicited negative nonverbal cues from group members (Butler & Geis, 1990). Other research supports the proposition that female group leaders are often conceptualized as mothers or sex objects (Reed, 1981), and may become the object of sexualized competition among male group members (Krugman & Osherson, 1992).

Sex-role biases affect the participants' perceptions of the behavior of male therapists as well. In a comparison of psychotherapy groups led by female-male and female-female cotherapist teams, participants perceived the male cotherapists as being significantly less empathic and as having less regard for group members (Geillinger-Tess, 1992). As with similar research, it is difficult to determine if the results of the above-cited studies reflect differences in the behaviors exhibited by the counselors, the sex-role biases of the participants, or a combination of both.

### Cotherapists

The majority of group therapists prefer to work with a cotherapist (Berman, Messersmith, & Mullens, 1972; Paulson, Burroughs, & Gelb, 1976; Yalom, 1995). Advantages in doing so include the benefits of having two points of view, greater opportunity to observe and analyze client behavior, greater range of transference reactions, greater opportunities for strategy and treatment planning, and better continuity of care (Yalom, 1995). Aside from the more general benefits of having a cotherapy team, many researchers perceive additional value in the symbolic recreation of the two-parent family system when the cotherapists are female and male (Alfred, 1992; Yalom, 1995). Yalom states that "many patients benefit from the model setting of a male-female pair working together with mutual respect and without the destructive competition, mutual derogation, exploitation, or pervasive sexuality they may associate with male-female pairings" (1995, p. 414). Roller and Nelson (1993) provide a clinical example of how a mixed-gender team may assist a client in the reexamination of sex-typed behavior:

A 30-year old depressed man entered a psychotherapy group conducted by a male-female cotherapy team. He presented to the group his fear of self-assertion and related it to his having been intimidated as a child by a domineering father. The group encouraged his self-expression, but the young man languished in passivity and failed to progress. At one point the female therapist corrected a mistake the male counterpart had committed in summarizing the narrative of the previous session. The patient stated with astonishment, "My mother would never have spoken to my father in that way." The patient proceeded to build a therapeutic alliance with both his coleaders and began experimenting with more assertive behavior. (p. 307)

### Therapist Gender and Related Attitudes

There is an abundance of research that examines clients' gender-related perceptions of therapists. However, little research examines therapists' gender biases in the conceptualization of psychopathology and attitudes toward clients, despite the obvious implication for effective intervention. It is disputable as to whether therapist gender or gender-role ideologies (which usually correlate with gender) result in differences in the counselors' expectations of clients (Adams & Betz, 1993; Ihle, 1999; Reed, 1981). Male therapists have been found to endorse narrower definitions of incest, and may be more likely to indicate the possibility that incest claims may be untrue (Adams & Betz, 1993). Female counselors were found to be more optimistic than their male counterparts that an incest survivor could overcome the trauma (Adams & Betz, 1993).

Although conducted three decades ago, a much cited study by Broverman and colleagues (1970) found that mental health professionals, when defining mentally healthy women, children, and men, consistently described characteristics of the mentally healthy male. Along these lines, therapists need to be aware of how their gender biases may impact their own behavior and, in turn, may perpetuate sex-role stereotyping in the clients they treat (Ihle, 1999). Bernardez (1987) cautions that female therapists may respond to group members' requests or demands for nurturance, support, and dependency without feeling able to deny and frustrate those needs when appropriate. Wallach (1994) suggests that female therapists can indulge the group's characterization of her as being deficient, in order to avoid being threatening. Doherty and Enders (1993) also maintain that female leaders may contend with cultural inhibitions related to power and authority. Similarly, the male therapist "may struggle with his own archaic fears of aggressive women, or unconscious needs to have them remain in a passive position" (Wallach, 1994, p. 35). They may also be more inclined to allow or encourage the development of a dominant-subordinate relationship through "unconscious encouragement of the female's compliance, submissiveness, and passivity" (Bernardez, 1987, p. 27).

## GENDER-HOMOGENEOUS GROUPS

Researchers have identified potential advantages and disadvantages of gender-homogeneous and heterogeneous therapy groups (Burden & Gottlieb, 1987; Doherty & Enders, 1993; Perrone & Sedlacek, 2000); however, research conducted thus far appears largely inconclusive with regard to the overall superiority of one format versus the other (Nicholas & Forrester, 1999). A related debate found in a series of articles in the *International Journal of Group Psychotherapy* (Lakin, 1991, 1992; Lazerson, 1992a, b) considered how best to explore power dynamics and gender socialization within gender-homogeneous and heterogeneous group settings. The question of how to balance an intrapsychic focus with the sociopolitical analysis advocated by models of feminist group psychotherapy and whether this represents ethical group practice indicate an ongoing controversy related to the purpose and structure of therapy groups.

Although it is likely that a gender-homogeneous group will be more therapeutic for certain individuals, questions remain as to which specific types of clients will be best served by each format. Greater group cohesiveness and universality, two primary factors related to effective outcomes for group therapy (Yalom, 1995), may be among the significant advantages of a single-gender group. The strength of all-male and all-female groups in providing what is perceived as a safe and empathetic environment may be related to individuals' ability to more easily identify with others who are subject to the same stigmatization and sex-role stereotype.

The most obvious disadvantage of the gender-homogeneous group is its limited ability to replicate gender dynamics and interpersonal relationships as they occur between males and females in "the real world" (Schoenholtz-Read, 1996). Some authors suggest that gender-homogeneous therapy groups are seriously deficient in this regard, and may actually be oppressive to clients. For example, Doherty and Enders (1993) suggest that all-female and all-male therapy groups can perpetuate gender polarities that support the continuation of gender role mythology, which can result in a tendency for group members to blame the absent gender for problems. They also suggest that gender-homogeneous groups create increased susceptibility for fusion between members or with the same-sex leader. Similarly, it has also been found that group members who participated in a male-facilitated group had more positive attitudes toward men post-therapy than those who participated in female-led groups (NeSmith, Wilcoxon, & Satcher, 2000). Despite these objections, ample research exists that indicates women's groups led by women can be of particular therapeutic value (e.g., Brodsky, 1973; Johnson, 1976; Kirsch, 1974; Salierno, 2000). While lesser in amount, research that has investigated all-male therapy groups advocates its effectiveness in a variety of areas for males as well (Osherson, 1992).

## Women's Groups

Common goals of women's therapy groups include (a) decreasing the isolation many women feel by creating a safe atmosphere of warmth and acceptance; (b) exploring the processes of sex-role stereotyping and sex-based discrimination; and (c) empowering women through the examination of stereotypical styles of interaction that may be nondirective and self-defeating (Lazerson & Zilbach, 1993). Unlike mixed or men's groups, in all-female groups self-disclosure and intimacy may be present from the beginning (Reed, 1981), and participants may be less concerned with status and leadership positions (Aries, 1976; Carlock & Martin, 1977). In all-female groups, members talk "more freely, more frequently, and more intimately"; trust and intimacy are developed through the sharing of intrapersonal issues (Walker, 1981). For these and other reasons, some research indicates that women who have experienced sexual abuse or who have been victims of battering may feel more comfortable and less inhibited in an all-female group (Herman & Schatzow, 1984; Nicholas & Forrester, 1999). Other authors suggest that women's groups may be especially helpful for females who are at points of transition in their lives as they may particularly benefit from an extra boost of female support in order to move ahead (Doherty & Enders, 1993). Lastly, it has been proposed that all-female groups can better validate women's styles and experiences than mixed-gender groups (Reed, 1981). Groups in which males are present may decrease opportunities for personal growth for women (Carlock & Martin, 1977). Women's groups provide unique opportunities for women to work through issues of anger, competition, and conflict among group members (Bernardez, 1996).

## Men's Groups

Men are generally reticent to seek therapy and may be especially reluctant to join men's groups (Collison, 1981). Stein (1983) indicates that membership in a men's group (a) represents participation in a nontraditional male activity suggesting rejection of traditionally masculine ideals; (b) provides a unique opportunity for men to relate in a personal context without the presence of females; (c) provides an environment in which men may become aware of how they have related to significant male figures in their lives; (d) illustrates to men how they behave around other males in the present; (e) helps men significantly improve the nature of adult male-male relationships; and (f) increases men's awareness of how they are both the objects and perpetrators of sexist attitudes. In contrast to women's groups, men's groups tend to be characterized by stable dominance patterns and hierarchies, competition for status, intellectualized discussions of issues, and low levels of the expression of feelings and the sharing of personal information (Aries, 1976). Osherson (1992) writes that men's groups offer specific and valuable opportunities for men that are not present in mixed-sex groups:

Men as friends, colleagues, and mentors may be able to discuss legitimate issues of vulnerability, shame, grief, anger, and hope for each other in ways that are difficult for women. When a man turns to a woman he loves or depends upon for emotional help, there is often an undercurrent of being infantilized, and feeling like a boy turning to mother for help. This does not mean that women cannot be of help to men, but rather that men may have an even greater role in fostering one another's normal emotional growth. (p. 288)

Of an all-male group experience, a man related,

The men's event was so good because we could have lots of feelings without resolving them immediately. It was important for me to see that men can stay with discomfort: We are so quick to change the subject, move onto something else more manageable, go in and solve it. (Osherson, 1992, p. 288)

Another group therapy participant commented, "Among the most important aspects of the men's retreats were the chances for connection with other men. Without a doubt, the most important part for me was seeing other men express their feelings" (Osherson, 1992, p. 320).

#### MIXED-GENDER GROUPS AND GENDER COMPOSITION

Existing research indicates that the behavior of men and women differs in mixed groups when compared to their respective behaviors in gender-homogeneous groups. In mixed-gender groups, women have been shown to talk less, talk predominantly with the men, share less personal information (Reed, 1981), take the role of pleasing others (Halas, 1973), and withdraw and become less assertive (Beasley & Childers, 1985; Carlock & Martin, 1977). In contrast, it has been suggested that the presence of women offers advantages to males in that it "enables them to be more expressive of, and more in touch with, their feelings than they can be in groups of men" (Brown & Mistry, 1994, p. 9). It is well documented that with women present, men are more willing to engage in self-disclosure and interact more frequently with others (Aries, 1976; Carlock & Martin, 1977; Lazerson, 1992a; Rubin, 1975). In addition to the aforementioned challenges facing women, Krugman and Osherson (1992) write that mixed-gender group therapy may be especially challenging for men in a number of ways: "The threat comes in several forms: the group itself, the presence of women, the competition with other men, and the transference to the leader" (p. 401).

Despite such concerns, Knight (1993) advocates the existence of several distinct benefits of mixed-gender therapy groups. She relates that a mixed-gender group more closely represents the outside social world in which individuals must function, and thus may afford greater opportunity for members to work on relationship

issues. She suggests that with men and women present, the anger, hostility, and suspicion that accompany interpersonal relationships with the opposite sex are more likely to surface. Along these lines, membership in a therapy group that includes both sexes may afford male and female participants a unique opportunity to explore how tendencies to stereotype can seriously limit their understanding and appreciation of each other. Doherty and Enders (1993) offer an illustration of how female group therapy participants came to recognize that their behavior resulted in the confirmation of deeply held but inaccurate sex stereotypes of men. They write,

by actively ignoring them, the women weren't giving the men a chance to prove that they could be sensitive and responsive. Later in the group, the women wondered how often they unconsciously shunned men to prove to themselves how unfeeling men were and how wonderfully sensitive women were. They saw how their interpersonal actions served to block intimacy. (p. 382)

Similarly, Feld and Urman-Klein (1993) suggest that couples group therapy provides a particularly ideal forum for resolving conflicts stemming from different gender orientations as well as couple dysfunction related to individual psychopathology. "Overall, a psychodynamic couples group incorporating gender decreases unrealistic expectations of the spouse, encourages greater acceptance of individual differences, enhances understanding, and increases the capacity of each couple to resolve their problems" (Feld & Urman-Klein, 1993, p. 11). As Lazerson and Zilbach (1993) relate,

listening to the voices of women and men [in mixed-gender groups] adds to the understanding of women's and men's lives, underscores how social and economic changes influence conceptions of femaleness and maleness and gender formation, and shifts the notions about normative behavior. (p. 686)

Last, a number of studies have specifically analyzed the effects of gender composition (the ratio of men to women) on the interactive styles of the participants (Aries, 1976; Eskilson & Wiley, 1976; Johnson & Schulman, 1989; Lorenzi-Cioldi, 1991; Staats et al., 1998). The impact of sex composition is felt to be related to the degree to which group participants adopt and exhibit characteristics in alignment with their sex-role stereotype (Johnson & Schulman, 1989). It has been suggested that the gender equity (or lack thereof) may remind participants of their conventional sex roles that they consciously or unconsciously seek to satisfy (Levine & Moreland, 1990).

### CONCLUDING PERSPECTIVES

Given that the prevalence rates of various psychological problems appear to correlate with gender (DSM-IV, 1994), and the vast amount of research that suggests that males and females have dramatically different experiences of contemporary American culture, it is imperative that group psychotherapists—as well as practitioners who treat clients individually—have an understanding of how gender dynamics may impact the counseling process. Lazerson and Zilbach (1993) relate that therapists should act as “gender analysts,” acknowledging the political and cultural influences on client’s gender-related values and behaviors, while Brown and Mistry (1994) advocate that anti-oppressive group therapy practice demands “not only specific worker actions towards equalizing the power and positions of group members, but constant awareness and vigilance to ensure a consistent approach to all aspects of the group work process” (p. 13). Counselors who are aware of gender dynamics, and who are able to deal with them effectively and therapeutically, will likely be better able to develop an environment that is liberating and welcoming of options, and one that fosters clients’ self-exploration. In addition to illustrating the need for additional research in the area of gender and group therapy, a final finding from this review of current literature was the identification of methodological limitations of the research conducted thus far: many of the studies reviewed collected data via case study analysis.

Males and females are treated differently throughout their lives by parents, siblings, friends, teachers, coworkers, and, as this review of literature suggests, even by their therapists. Being narrowly defined as “masculine” or “feminine” affects an individual’s existence to a remarkable degree. Given that we have sex-based assumptions about how we should appear and behave, and that self-perceptions are largely related to personal views of our role as a female or a male, it is no surprise that prevalence rates of various psychological problems appear to correlate with gender (DSM-IV, 1994). It is for these and other reasons that sex roles, and the often oppressive processes of socialization that perpetuate them, warrant exploration within the therapeutic milieu.

As a subgroup of the larger culture, group therapy presents the clientele of the prepared clinician with unique opportunities for liberation from sex-stereotyped behavior. If a therapist is knowledgeable about gender dynamics, and is proactive in creating a nonsexist therapeutic setting, clients can examine gendered interactions and styles of communication that are detrimental to their mental health. They can also evaluate alternative behaviors that may not have been perceived as options in the past. In nonsexist therapy, clients are afforded chances to act more purposefully, not as males or as females, but rather as individuals with both feminine and masculine attitudes, traits, and characteristics. If therapy successfully addresses familial and societal processes that lead to problematic sex-stereotyping, clients can learn skills that allow them to meet their needs more effectively.

While useful in conveying the existence of various gender-based dynamics in group counseling and emphasizing the need for well-informed practitioners, perhaps the most relevant finding of this review of current literature is the identification of the need for more empirical research in this area of study. The majority of research cited herein is nonexperimental in design and relies primarily upon subjective observational reports. For example, it would appear logical that there would be both advantages and disadvantages of gender-heterogeneous and gender-homogeneous therapy. However, very little literature identifies which types of clients and issues may benefit the most from either group composition. Likewise, while we may recognize that it is important for therapists to address sex-role stereotyping when it occurs in therapy, little if any literature outlines the most effective ways of doing so and fails to provide information on client’s responses to such interventions and related treatment outcomes.

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