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Gender Distinctions: Should We Be More Sensitive to the Different Therapeutic Needs of Men and Women in Clinical Hypnosis? Findings from a pilot interview study

Leiya Lemkey, MSc, BA

Royal Free London Hospital, London, United Kingdom

Belinda Brown, MA, BA

University College London Centre for Transport Studies, London, United Kingdom

Dr John A Barry, PhD, MSc, BA, DHyp

University College London Medical School, London, United Kingdom

Abstract

Men are less likely than women to seek therapies of various kinds. This pilot study aimed to obtain preliminary findings on how gender differences impacts on help-seeking and treatment preferences in clinical hypnosis. Six UK-based clinical hypnotherapists were interviewed by phone between December 2014 and March 2015. All six therapists identified gender differences in help-seeking with their clients. Five of the six therapists identified gender differences as potentially important when dealing with clients' presenting problems and treatment preferences. The core category that emerged from grounded theory analysis of the interviews was 'The causes of changes in gender-typical patterns'. These initial findings have implications on how clinical hypnotherapists are trained in respect to maximising their therapeutic efficacy.

Introduction

Men and women may respond differentially to some medical therapies such as antidepressants (Bigos, Pollock, Stankevich, & Bies, 2009). However, potential gender differences in the outcomes of psychological therapies have largely been overlooked. Even though there is evidence that the psychological needs of men and women are different for some presenting problems such as infertility counselling (Peterson et al., 2012), researchers often fail to report the outcome of psychological treatment by gender (Parker, Blanch, & Crawford, 2011).

A well-established gender difference is that women in general tend to focus on emotions as a coping strategy more than men (Tamres, Janicki, & Helgeson, 2002). Echoing this finding, a recent interview study found that 90% (18/20) of life coaches identified gender differences in their clients' therapeutic preferences, one of which was that women find it easier to discuss painful emotional issues than men (Russ, Ellam-Dyson, Seager, & Barry, 2015).

Gender differences have also been observed in some clinical hypnosis findings. For example, Pyun & Kim (2008) found that women are more hypnotisable than men, although Költo, Gosi-Greguss, Varga, & Bányai (2014) found that this was true only in a group setting, and a meta-analysis of hypnosis for smoking cessation found that men are more likely to stop smoking than women (Green, Lynn, & Montgomery, 2008).

The existence of gender differences in treatment preferences and treatment outcomes is important, since this has implications for how therapists are trained in respect to maximising their efficacy in treating male and female clients. The aim of the present study was to interview clinical hypnotherapists regarding their perceptions of gender differences in help-seeking behaviour and treatment preferences in their clients.

Method

Participants and Sampling

This qualitative study involved interviews with six UK-based clinical hypnotherapists. Interviews lasted approximately 20 minutes on average, and were conducted by phone between December 2014 and March 2015. Transcripts of the interviews were analysed using the grounded theory (GT) method (Strauss & Corbin, 1990).

Participants were recruited from a sample frame from the National Council for Hypnotherapists (NCH). Therapists were includable in this study if they had recognised qualifications in clinical hypnosis, as well as at least two years experience of practicing clinical hypnosis.

Mark Chappell, Director of Research at the NCH in London, emailed experienced clinical hypnotherapists with an invitation to be interviewed by Leiya Lemkey. They were informed about the topic in question, that their semi-structured interview would last between 15 to 30 minutes, and that their interview would be recorded for transcription and analysis. Several interested clinical hypnotherapists then contacted the interviewer who sent them the information sheet and consent form, and arranged the interview time. The interviews were conducted and recorded by phone. Because of the importance of subtleties of language and meaning in qualitative research, participants needed to speak fluent English.

The Research Team

As the lead author, Leiya Lemkey is an MSc Psychology graduate and Forensic Psychology doctoral student. Previous to this she was a psychology assistant working with adult men with mental health and addictive behavior problems. Belinda Brown is an honorary research associate with University College London (UCL) with an interest in the mental and physical health of men and boys, especially in relation to the environmental factors that impact lifestyle choices. Dr John Barry is a chartered psychologist with 10 years experience practicing clinical hypnotherapy. He taught GT analysis (amongst other research methods) to undergraduate psychology students for several years before becoming a research associate with UCL. John is interested in gender aspects of health, and in particular the question of whether men might seek psychological therapies more readily, and have better outcomes from therapy, if therapies were more male-friendly.

Leiya Lemkey conducted the interviews and transcribed them. In tandem with John Barry she also did the coding and categorisation, as well as interpreted the result. Belinda Brown reviewed the analysis. The entire team contributed to writing this paper.

Grounded Theory Methodology

This study used semi-structured interviews, analysed using GT, which is a sociological method designed to minimise subjectivity in the interpretation of interview material, avoiding preconceptions that might be imposed by the researcher (Strauss & Corbin, 1990). Despite the inevitably subjective aspects of the GT process, the aim of this method is to give the clearest possible voice to those being interviewed. This is achieved, in part, through the ability of the researchers to reduce the contribution of their subjectivity in their interpretation of the transcripts. Thus researchers strive to be aware of their own subjective processes during the study, especially during data analysis. To aid this self-awareness, Leiya Lemkey kept notes ('memos') of her mental processes during key phases of the study (interviews and data analysis) in order to be able to reflect upon her reactions to the transcripts, development of the codes and categories, thus minimising the effect of any expectations or biases brought to the analysis.

The interviews were recorded and transcribed, and the transcripts analysed by the methods of GT as described in Strauss & Corbin (1990). In summary, this method involves identifying recurring themes or 'codes' in transcripts, and identifying where these themes cluster together to form higher-order categories. More specifically, each interview is transcribed and the emerging themes organised into descriptive line-by-line codes. These initial codes are grouped, based on their common themes, into more abstract higher-order categories called focused codes. These focused codes are in turn grouped into still higher order categories. The organising and sorting of codes into increasingly higher order categories continues, resulting in a hierarchy of data, until ultimately the core category emerges. Theoretical saturation is recognised to have been reached when

the addition of a transcript to the analysis does not result in any change to the higher order categories.

The study involved semi-structured interviews, which asked several open-ended priori questions such as:

- “Some people say that men are less inclined to seek help than women are, including psychological therapies. What are your thoughts on this, based on your clinical experience?” and
- “Some people say that men and women may have different preferences for modes of clinical hypnosis. How much have you seen of this in your practice, if at all?”

These questions served as a means of allowing the interviewee a starting point from which to share their opinions on the subject, with a minimum of steering from the interviewer, thus allowing the interviewee the maximum freedom in how they expressed themselves. The interviews were then analysed using GT (Strauss & Corbin, 1990) as described above.

The study was conducted in accordance with the ethical guidelines of the Declaration of Helsinki (DoH) and the British Psychological Society (BPS), and was approved by the National Council of Hypnotherapists (NCH). Participants gave their informed consent before participating in the study.

Researcher Reflexivity

Contrary to what the research team believed would be a universal observation, not all of the participating hypnotherapists said they had seen differences between men and women in preferences for different techniques. During the analysis of the transcripts, the team initially found it difficult to pull out one core concept that tied the themes together. After a break from a long day of reading the transcripts several times, the team suddenly recognised the most important theme within the transcripts (see description of core category below).

Results

Line-by-line coding of the six interviews yielded 41 open codes from 289 line-by-line codes. These were grouped by meaning to form four subcategories, which were then grouped together to form three categories (see Table 1). From these three categories, the core category of ‘Causes of changes in gender-typical patterns’ emerged. Although only two of the four categories related specifically to changes in gender-typical behavior, it was chosen as the core category as these changes were the most dynamic and interesting aspects of the interviews, and have most relevance to clinical applications of hypnosis.

Core Category	Category	N (%)	Subcategory	N (%)
Causes of changes in gender-typical patterns	Help-seeking	6 (100%)	<i>Prompts to help-seeking</i> Women's encouragement; disturbing to others; role models for help-seeking; having a male therapist.	5 (83%)
			<i>Barriers to seeking help</i> Stigma; fear; seen as weakness; need specific reason; not recognising there is a problem.	4 (66%)
	Presenting Problems	5 (83%)	<i>Types of issues</i> Men present with: pain; anger; clearly specified issues; insomnia and phobias. Women present with: anxiety; IBS; psychosomatic; weight loss; confidence and depression.	5 (83%)
			<i>Types of approaches</i> Men prefer: rational approaches (e.g. CBT; structure; analytical; goal-focused); a male therapist; coaching; less inclined to talk about issues. Women prefer: esoteric / spiritual; eclectic; imaginative; feeling-focused; more disclosing of issues.	5 (83%)
	Treatment approaches	5 (83%)		5 (83%)

Table 1. Core category and subcategories, which emerged from grounded theory analysis of the six interviews with clinical hypnotherapists on gender differences in client needs, attributes and outcomes.

NOTES: N = number of clinical hypnotherapists who expressed sentiments related to this category or subcategory; '%' indicates percentage of the six clinical hypnotherapists who expressed sentiments related to this category or subcategory.

Core Category: Causes of changes in gender-typical patterns

The key theme to emerge was the causes of changes in gender-typical patterns. This material demonstrated that although gender differences were seen in how clients behaved, there were conditions under which these gender differences did not hold true. For example, men's help-seeking was said to improve based on observing another man seeking help.

Category 1: Help-seeking

Men were seen as being not as proficient in seeking help as women. Two subcategories were found, which were related to help-seeking.

Subcategory 1: Prompts to help-seeking

An example of causes of changes in this gender-typical pattern was given by a number of the therapists who were interviewed. For example: "Their partner or their mother or female association will make the initial contact" [Therapist 3].

Another therapist explained: "If you had sort of high profile people like footballers or whatever, actually standing up and saying 'Do you know what? I've had these issues, I went to talk to someone, I went and sorted something out' and that's the only way you're going to get a change" [Therapist 6].

Subcategory 2: Barriers to help-seeking

One hypnotherapist described the following: "Men don't like to seek help certainly for mental health issues. I think there's still a lot of stigma attached between mental health, and probably for medical intervention I think [there is] fear... so they'd rather bury their head in the sand" [Therapist 1].

Category 2: Presenting problems

Five of the six therapists noted there were gender differences in the types of issues with which their clients presented.

Subcategory 3: Types of issues

Half of all participants described women as presenting with issues involving anxiety. One participant said men: "Commonly present issues related to pain" whereas women presented with: "Issues such as anxiety and IBS [irritable bowel syndrome]" [Therapist 1].

However, gender differences were not universal—Therapist 2 said there was no gender difference in presenting issues. Therapist 3 said that anxiety was equally represented in men and women. Therapist 5 said there was no gender differences in presenting problems, but went on to say that men have problems with sleeping and phobias, compared to women who presented with issues around confidence and depression. Furthermore, Therapist 5 made the point that it is important to be aware that some clients have gender-atypical problems (eg. men with anorexia), and that more research was needed to identify the best treatment options for such clients.

Category 3: Treatment approaches

All but one therapist described in some detail the gender differences in the treatment approaches preferred by clients. One participant described: “No differences at all” [Therapist 3], whereas another participant explained that: “Men prefer a more logical approach” [Therapist 1]. Similarly, another therapist explained that men prefer: “A more structured approach” [Therapist 2]. Therapist 5 said: “I find that women have a tendency to kind of like the sociable aspects of what we do”.

Subcategory 4: Types of approaches

All but one therapist (Therapist 3) described gender differences in preference for treatment approaches. Therapist 4 explained that: “Men tend to prefer more analytical um, types of techniques, more, and things that you can explain to them in a more scientific way”, whereas with women this therapist tended to “Have a bit more free rein, um, as I say they tend to engage their imagination a little bit more”.

Therapist 5 said the training of therapists needed to keep up with developments in neuroscience (eg. sex differences in brain function)—the understanding of which might lead to improvements in the efficacy of therapies.

Therapist 2 said that prior to seeking clinical hypnosis, men would often first try self-help and exercise.

Regarding treatment outcomes, Therapist 5 said that once men: “Take on board the idea of what’s going on in their brains, and what they can actually do, um to you know, help themselves, they do actually work a lot quicker”.

Therapist 1 made the interesting point that rather than being strictly a gender difference in preference for approach, the variation observed was more probably due to personality differences. Theoretical sampling was conducted in order to clarify this point, and Therapist 1 explained that because gender and personality appeared to overlap somewhat, it was not always easy to distinguish between gender differences and personality differences.

Discussion

This interview study, which asked six clinical hypnotherapists their views on the impact of gender in their practice, found that male and female clients were different in several respects, mainly related to help-seeking, presenting problems, and treatment preferences. Because help-seeking, as well as the prompts for help-seeking, were the most important theme to emerge, this will be the main focus of the discussion below.

Help-seeking

The lack of help-seeking among men is a potentially serious issue. Although men are at three times higher risk of committing suicide than women (Office of National Statistics, 2012), men tend to seek help for physical and emotional problems less

than women do (Addis & Mahalik, 2003). This gender difference in help-seeking might be related to men's preferred ways of coping with problems, including their preferences for types of therapy and other aspects of interventions. Farrimond (2011) found that men were more likely to discuss health issues with their wives than male friends, except for 'macho' injuries sustained during sport or while drunk. This echoes the point made by Therapist 4 that men seek therapy only when they have a very specific type of problem, compared to women seeking therapy for more general problems.

The prompts to help-seeking are of value, as they suggest ways in which men's help-seeking can be improved. It was noted that men often required prompting from female partners or female family members to seek help, which supports the findings of Norcross, Ramirez, & Palinkas (1996) and Russ et al. (2015). This also echoes portrayals in the media where women are sometimes depicted as the carers of infantile men who need to be persuaded to seek medical help (Lyons & Willott, 1999).

Regarding the media, Therapist 4 said that media depictions of men recommending psychological therapy could influence men's help-seeking in a positive way. This is supported by the suggestion by an American Professor of Psychiatry (Gabbard, 2008) that the TV series *The Sopranos*, in which the protagonist is a macho male undergoing psychotherapy, has increased the number of men seeking therapy. However, Barry & Seager (2014) identify ways in which the depiction of therapy in *The Sopranos* might actually discourage men, because the influence on men considering therapy is likely to be mediated by factors such as the depiction of the poor outcome of therapy, and the way some important problems were not addressed during therapy (eg. being a male victim of partner violence). Russ et al., (2015) found that male help-seeking was enhanced when encouraged by men higher up the workplace hierarchy, which might suggest that real-world recommendations are more effective than media depictions.

Hegemonic Masculinity and Help-seeking

It is clear that therapists believed that gender had an impact on various aspects of therapy. These differences might be explained, at least in part, in terms of sociocultural constructions of masculinity and femininity. For example, often in the literature, the lack of male help-seeking behavior is ascribed to a rigid adherence of a patriarchal hegemonic masculinity in which to seek help is to fail to be a 'real man' (Levant, 1996). Some authors have questioned whether this is an adequate explanation for men's poor help-seeking. For example, the sample of Farrimond (2011), consisting of 14 middle class men, reported seeing themselves as men who 'take action' regarding health concerns in contrast to 'Neanderthals' who take no action and risk damaging their health and thus compromise those around them. This notion of 'taking action' is probably a very useful way of reframing the hegemonic masculine idea, expressed in the traditional male gender script (Seager, Sullivan, & Barry, 2014a), of having mastery and control over one's life, although Farrimond suggests that working-class men might be less able to 'take

control' of their health because of having less time, money and less social status than middle class men. Similarly, O'Brien, Hunt, & Hart (2005) found that men were more inclined to engage in help-seeking when it was seen as a way preserving important aspects of masculinity (eg. staying healthy in order to keep their job). These examples demonstrate that some aspects of hegemonic masculinity are not inflexible, and may be modified to improve help-seeking.

Awareness of Gender Differences Amongst Therapists

In contrast to Russ et al. (2015), the clinical hypnotherapists who participated in the study showed little evidence of either beta-bias, that is, overlooking or explaining-away gender differences, or male gender blindness, that is, the assumption that gender issues don't really apply to men (Seager, Sullivan, & Barry, 2014b). This might be because clinical hypnotherapists receive training that is more open to recognising gender differences than the training experienced by life coaches, but this hypothesis remains to be confirmed by future research.

Strengths and Limitations of Findings

A criticism of the help-seeking category is that although it generated a relatively large amount of information, it is partly an artefact of the research, insofar as this was a topic that we specifically asked about rather than a topic that emerged unprompted from the spontaneous expressions of the therapists. However, this is fairly usual in semi-structured interview-based research, and the relative volume of responses suggests this was an issue the therapists had a lot to say about.

Future studies might:

- (1) Explore further the various ways in which changes in gender-typical patterns occur or can be beneficial, and
- (2) Ask therapists to expand on their observations of gender differences in treatment outcomes.

Implications

This study has important implications for the training of clinical hypnotherapists and others working in related professions (ie. psychotherapists, psychologists etc). Taking account of gender as one of a range of important differences relevant to client needs is potentially important to the delivery of a successful intervention, perhaps in a similar way to taking account of a client's ethnicity or sexual orientation. The authors, therefore, suggest that it is of greater ethical importance for gender differences to be recognised by therapists, than to be ignored by therapists out of fear of stereotyping.

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About the Contributors

Dr John A Barry



Dr John Barry practiced clinical hypnosis in London from 1999 to 2010. After completing his PhD (Psychology) in 2011 at City University London, he joined University College London's Institute for Women's Health at the UCL Medical School, based at the Royal Free London Hospital, London, England. While there, he pioneered the use of guided imagery to change hormone levels in women suffering from polycystic ovary

syndrome. Since 2010 he has published over 40 papers in various peer-reviewed journals, including international-standard journals in gynaecology, cardiology and ophthalmology. Prompted by the considerable suicide rates among men and the establishment's inertia in dealing with men's mental health problems, John initiated a research program in 2011 to investigate the mental health needs of men and boys—the paper published in this journal is part of that program. John specialises in research methods (especially surveys and questionnaire development) and statistical analysis (eg. meta-analysis, meta-regression), and currently practices clinical hypnosis on a part-time basis.

Dr John A Barry

University College London (UCL) Medical School
London, UK

Email: john.barry@ucl.ac.uk

Website: iris.ucl.ac.uk/iris/browse/profile?upi=JBARR47

Belinda Brown



Belinda Brown is an honorary researcher at University College London (UCL), London, England. She is a Fellow of the Young Foundation, and writes and lectures on family and gender issues.

Belinda Brown

University College London (UCL) Centre for Transport Studies
London, UK

Email: info@genderequitynetwork.org.uk

Website: www.genderequitynetwork.org.uk/

Leiya Lemkey



Leiya Lemkey is currently completing her doctorate in forensic psychology at the University of Birmingham, England. Her interests include: trauma/PTSD, behavioural determinants into terrorist acts, postpartum psychosis, eyewitness testimony, behavioural investigative profiling, and interview techniques. Her thesis is focused on behavioural and psychological patterns into terrorist activity. Although originally from

Canada, she plans to work in the UK as a chartered forensic psychologist once qualified.

Leiya Lemkey

Royal Free London Hospital
London, UK

Email: lemkey_leiya1@hotmail.com

Website: www.malepsychology.org.uk/other_information_4.html