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UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

EXPLORING MALE COUNSELORS' EXPERIENCES WITH  
VULNERABILITY IN THE COUNSELING RELATIONSHIP

A Dissertation Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Philosophy

Hannah Edith Davis Kreider

College of Education and Behavioral Sciences  
Applied Psychology and Counselor Education  
Counselor Education and Supervision

December 2015

This Dissertation by: Hannah Edith Davis Kreider

Entitled: Exploring Male Counselors Experiences of Vulnerability in the Counseling Relationship

Has been approved as meeting the requirement for the Degree of Doctor of Philosophy in the College of Education and Behavioral Sciences in the School of Applied Psychology and Counselor Education, Program of Counselor Education and Supervision

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Accepted by the Graduate School

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## ABSTRACT

Kreider, Hannah Edith Davis. *Exploring Male Counselors' Experiences with Vulnerability in the Counseling Relationship*. Dissertation, University of Northern Colorado, 2015.

While existing literature clearly indicates that the relationship between counselor and client is important and crucial for therapeutic progress (e.g., Norcross & Wampold, 2011), little research has been done on the experiences of counselors within the therapeutic relationship. Vulnerability has been noted as an important component of growth-fostering relationships (e.g., Jordan, 2008), however research is lacking on how counselors experience vulnerability with their clients. Within the field of counseling, men are underrepresented (Michel, Hall, Hays, & Runyan, 2013) and little research exists exploring their unique experiences as counselors. Additionally, due to gender role socialization, men are likely to struggle with the vulnerability required of them as counselors (Wester & Vogel, 2002). This dissertation study addresses this gap in the literature through a phenomenological examination of 11 male counselors' experiences of vulnerability in the counseling relationship. Results indicate that male counselors' experiences of vulnerability are impacted by their relationship with the concept of vulnerability, and are characterized by an attention to balancing the counselor role with vulnerability, as well as having intense reactions and growing pains. Furthermore, results suggest that vulnerability moments are a type of critical incident, and that they are impacted by various aspects of the person-of-the-therapist. Implications of the findings

include that counselor educators and supervisors can assist male counselors by fostering self-awareness about one's relationship with the concept of vulnerability, addressing vulnerability explicitly throughout counselor training, and providing supervisory support that is informed by the findings of this study. Specific recommendations for counselor educators and supervisors are presented. Areas for future research include examination of the impact of counselor vulnerability on clients and exploration of best practices for addressing vulnerability in counselor education programs.

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and reminded me when to take a break to prioritize my sanity, and when to keep pushing towards my final product. Kyle, your reflections on power, privilege, and gender inspired me, and also helped me feel empowered to continue to investigate male counselors' experiences.

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## **CHAPTER I**

### **INTRODUCTION**

The purpose of this study was to investigate male counselors' experiences with vulnerability within the counseling relationship with their clients. Although men make up 49.2% of the population of the United States (U.S. Census Bureau, 2014), only 17.31% of counselors are male (Council for the Accreditation of Counseling and Related Educational Programs (CACREP), 2013). Early psychological theories were predominantly reflections of male experiences (Jordan, Kaplan, Miller, Stiver, & Surrey 1991), but currently counseling is a female-dominated profession. One possible reason for this is that gender role expectations of men, such as restricted emotionality, an emphasis on success, power and competition, and restricted affectionate behavior with other men, must be contradicted in order to be a successful counselor (Wester & Vogel, 2002). Additionally, emotional vulnerability may be required of counselors in order to be maximally effective with clients (Jordan, 2008). It has been argued that expression of emotional vulnerability is in direct contradiction to gender role expectations of men (Wester & Vogel, 2002). Through this study, I hoped to facilitate greater understanding of how male counselors experience this apparent conflict. Illumination of these experiences may lead to changes in counselor education and supervision to increase the efficacy of training practices with male counselors and male counselors in training.

## Background and Context

Counselor educators and supervisors are tasked with preparing counselors in training to provide effective counseling to future clients. An abundance of research exists exploring what aspects of psychotherapy are the most predictive of change (e.g., Cuijpers, Driessen, Hollon, van Oppen, Barth, & Andersson, 2012; Farber & Doolin, 2011). Norcross and Wampold (2011), as leaders of a task force on Evidence-Based Therapy Relationships, summarized several meta-analyses by stating that “[t]he therapy relationship makes substantial and consistent contributions to psychotherapy outcome independent of the specific type of treatment” (p.98). As commissioned by the task force, Horvath, Del Re, Flückiger and Symonds (2011) conducted a meta-analysis on the topic of alliance, and found that the therapeutic alliance was significantly correlated with positive therapeutic outcomes ( $p < .0001$ ). Norcross and Wampold (2011) recommended “[p]ractice and treatment guidelines should explicitly address therapist behaviors and qualities that promote a facilitative therapy relationship” (p.98). Elkins (2012) agreed, emphasizing the need for psychotherapy research that focuses on the personal and interpersonal aspects of therapy (including therapist qualities and behaviors) that make it effective, rather than creating and testing the efficacy of techniques and treatment protocols.

Some therapist qualities and/or behaviors that have been identified as promoting an effective therapeutic relationship are: collecting client feedback (Lambert & Shimokawa, 2011), repairing alliance ruptures (Safran, Muran, & Eubanks-Carter, 2011), paying full attention to the client (Duff & Bedi, 2010), positive regard (Duff & Bedi, 2010; Farber & Doolin, 2011), congruence (also known as genuineness) (Kolden, Klein,

Wang, & Austin, 2011); and empathy (Elliott, Bohart, Watson, & Greenberg, 2011). Although informative, these studies were limited by their focus on one aspect of counselor behavior, exclusive of other, perhaps equally informative aspects of the therapeutic relationship. While examining the specific behaviors that promote a therapeutic relationship is important, it seems that counselors also may possess certain underlying traits that contribute to their ability to effectively utilize these counseling skills. Counselor educators and supervisors may benefit from understanding what such traits are so that they can utilize supervision and teaching efforts to train counselors in training more effectively. By thoroughly understanding what counselor behaviors and traits create a therapeutic relationship, counselor educators and supervisors can specifically train and evaluate counselors in training on these facets of helping.

Theoretical perspectives regarding what promotes a therapeutic relationship have become increasingly unified in recent years, with the majority of theories advocating the importance of a strong therapeutic relationship (Capuzzi & Gross, 2007). Client-centered theory (Rogers, 1951) posits that all effective therapy begins with the presence of six conditions: psychological contact between client and counselor, an incongruent state within the client, empathy for the client's experience, genuineness, unconditional positive regard of the client, and the client perception of each of the preceding conditions.

Existential theorists draw from Martin Buber's writings (1958) about an I-Thou relationship with a sacred other, and espouse the need for therapists to fully encounter clients, including both the positive and negative aspects of their humanity (Schneider, Galvin, & Serlin, 2009). Cognitive therapy theorists assert that, "a strong therapeutic alliance is essential" to effective treatment (Beck, Liese, & Najavits, 2005, p. 480). Far

from Freud's original suggestion that therapists ought to serve as blank canvases on which clients can project their inner issues (Novie, 2007), current theory and research is in general agreement that the relationship between counselor and client is vitally important to therapeutic effectiveness. However, the specific role that the therapeutic relationship plays within the change process varies by theory (Capuzzi & Gross, 2007).

While all major counseling theories emphasize the importance of the relationship between client and counselor as a necessary *prerequisite* for change (e.g., Beck, Liese, & Najavits, 2005; Rogers, 1951), Relational-Cultural Theory (RCT), suggests that the relationship is both the source and context of change. Improving the client's relational abilities within the therapeutic relationship, as well as in other relationships, is the primary goal of counseling from an RCT framework (Jordan, 2010). Movement out of isolation and into connection first with the counselor, and then with other significant people in the client's life, represents a successful counseling outcome (Jordan, 2010). Developed at the Stone Center at Wellesley by Jean Baker Miller and colleagues, RCT theorists conceptualize all client concerns as stemming from a lack of meaningful connection with others (Jordan et al., 1991).

An overview of the major tenets of RCT is provided here; a more detailed description of the theory is provided in Chapter II. Several key concepts of RCT are central to an exploration of vulnerability as it occurs within the counseling relationship. Relational-Cultural theorists posit that growth-fostering relationships (such as the one between therapist and client) are characterized by mutual empathy and mutual empowerment, and also that growth-fostering relationships require genuineness (Comstock, Hammer, Strentzsch, Cannon, Parsons, & Salazar, 2008; Jordan, 2000). Both



of these tenets point to the importance of a counselor's willingness and ability to fully engage with the client in a meaningful, authentic, and often vulnerable way.

Relational-Cultural theorists propose that fully engaging with the client impacts both the client and the counselor in a positive way, and that being a part of such a complex relationship is mutually beneficial (Comstock et al., 2008; Jordan, 2000). Participating in a growth-fostering relationship requires that the counselor allow her or himself to be open to being impacted by the client and by the relationship with the client. Allowing oneself to be open to impact in this way is in and of itself an experience of vulnerability.

Counselors are focused on optimal development, wellness, and prevention of mental illness (Mellin, Hunt, & Nichols, 2011). Optimal development through the lens of RCT occurs in relationship to others, and results in increased relational competence and increased mutuality with others (Comstock et al., 2008; Jordan, 2000). While RCT theorists emphasize that the therapeutic relationship must be focused primarily on the client's needs, they also state that in order to provide an experience of mutuality within the therapeutic relationship, a counselor must be open to being impacted by the client. Jordan wrote (2010), "if the therapist does not open herself or himself to some impact and change (vulnerability), real growth will probably not occur for the client" (p.105).

The assertions of RCT theorists about the effectiveness of the RCT approach are substantiated by the literature. Empirical support for RCT indicates that this approach is effective for a wide range of populations (see Jordan, 2010, for a review). If, as RCT asserts, counselor vulnerability is an important component of a therapeutic, growth-fostering relationship, then understanding the vulnerability experiences of counselors is

imperative. By understanding these experiences, counselor educators and supervisors may be better equipped to support their students in their professional and personal development as counselors.

Effective pedagogy requires that a teacher understand her or his students, including the students' affective experiences related to the content being taught (Pine, 1974). Counselor educators and supervisors are charged with fostering the growth of counselors in training, and taking steps to promote the therapeutic alliance between supervisee and client (Association for Counselor Education and Supervision [ACES], 2011). Relational-Cultural theorists have stated that the therapeutic alliance requires authenticity, mutual empowerment and mutual empathy from both client and counselor (Jordan, 2001). Mutual empowerment acknowledges the client's power and ability to influence the counselor, and vice versa. Mutual empathy is defined as "when two individuals share each other's thoughts and feelings, and each individual allows [him or] herself to be changed by the other's response to [his or] her thoughts and feelings" (Ruiz, 2012, p. 6). To engage in mutual empathy, the counselor must be willing to be emotionally present, and at times, vulnerable. Vulnerability has been defined in the context of therapy as "openness to being influenced...the potential for being touched, changed, and possibly wounded in unexpected ways" (Slavin, 1998, p. 237). It has also been defined as "[daring] to show up and let ourselves be seen" (Brown, 2012, p. 2). According to RCT, it is a requirement of growth-fostering relationships (Jordan, 2008), and therefore counselor educators and supervisors need to help counselors in training develop the willingness and ability to experience vulnerability with their clients in order to be effective counselors.

While client and counselor vulnerability is a key component of effective therapeutic relationships (Jordan, 2008), there are many reasons why counselors may avoid it. Vulnerability has historically been viewed in a negative light in the dominant culture (Walker, 2004). Men especially are taught to restrict and/or hide emotional vulnerability, starting at a young age (e.g., Baljon, 2011; Jordan, 2008; Levant, 1996). Traditional gender roles prescribe that men should strive for power, have restricted emotionality, and restrict affectionate behavior with other men (Scher, 2001). Such societal expectations may significantly limit therapeutic effectiveness (Forrest, Elman, Gizara, & Vacha-Hasse, 1999; Wester & Vogel, 2002).

Gender role conflict (GRC) is defined as a “psychological state in which socialized gender roles have negative consequences on the person or others” (O’Neil, Good, & Holmes, 1995, p. 166). Wester and Vogel (2002) wrote that GRC typically occurs when men

(A) deviate from, or otherwise violate, masculine gender role norms; (B) try, but fail, to meet masculine gender role norms; and/or (C) experience a discrepancy between their real self-concept and their ideal self-concept based on masculine gender role stereotypes (p. 371).

In their review of the literature on GRC, Wester and Vogel (2002) summarized earlier findings, such as:

Scher (2001) postulated that some traditionally socialized male therapists would have difficulty expressing empathy and warmth, because the vulnerability implied by such behavior ‘is in direct contradiction to the expectation that control and power will characterize a man’ (Scher, 2001, p. 721). (Wester & Vogel, 2002, p. 372).

While evidence indicates that male counselors experience less GRC than the average man (Wester, Vogel, & Archer, 2004), they still experience traditional socialization, through contact with media, school, peers, and/or familial influences (Wester & Vogel, 2002). In

addition to the broader cultural messages about vulnerability, counselor educators may not provide a consistent and clear message about the importance of vulnerability in fostering growth and connection with clients. Walker wrote, “the implicit message in many traditional training settings is that therapist vulnerability is evidence of therapist ineptitude” (2004, p. 12). While mixed messages about the appropriateness of vulnerability in their role as a counselor affects both male and female trainees, it stands to reason that the additional impact of gender role socialization for men compounds their discomfort and confusion about vulnerability.

A male counselor’s confusion and possible discomfort about whether vulnerability is an appropriate part of their professional role may negatively affect his use of supervision due to multiple factors. First, GRC has been positively correlated with shame (O’Neil, 2008). It has been suggested that supervisees often do not disclose mistakes or struggles to their supervisors due to feelings of shame (Yourman, 2003). Additionally, male gender role socialization emphasizes the importance of independence (Wester & Vogel, 2004), and GRC has been negatively correlated with help-seeking behavior (O’Neil, 2008). In the majority of settings, effective supervision relies on honest supervisee self-report (Borders & Brown, 2005), which means that a lack of honest disclosure or requests for help would have a significant detrimental impact on the efficacy of supervision.

Finally, research has shown that men with higher GRC with regard to restricting emotionality and restricting affectionate behavior with other men struggle more in supervision when their supervisor is also male (MacKinnon, Bhatia, Sunderani, Affleck, & Smith, 2011; Wester et al., 2004). In order to combat these barriers to effective

utilization of supervision, supervisors need to be aware of the various impacts of GRC on their male supervisees. By better understanding the specific impact of experiencing vulnerability within the counselor-client relationship, supervisors may be better equipped to foster the development of male supervisees. Greater awareness of the impact of GRC on male counselors may lead to more effective supervision that encourages male counselors and counselors in training to challenge their assumptions and try out new ways of relating to others.

Research suggests that as male counselors acculturate to the counseling profession, many begin to question gender role socialization (Michel, Hall, Hayes, & Runyan, 2013), even as they are still impacted by the expectations of society (Wester & Vogel, 2002). In a study of male counselors' experiences, Michel et al. (2013) found that their male counselor participants often felt torn between the culture of masculinity and its prescriptions to repress emotions, and success within the counseling field.

The tension between the culture of masculinity and the culture of counseling is likely to cause GRC, which has been associated with a number of negative outcomes (O'Neil, 2013) including increased depression (Good & Mintz, 1990), anxiety (Sharpe & Heppner, 1991), and decreased satisfaction in relationships (Rochlen & Mahalik, 2004). Higher levels of GRC were also found to correlate with stereotypic attitudes towards women, homosexuals and African Americans (O'Neil, 2008), an especially concerning finding when considering the impact of GRC on male counselors. The intersections of GRC and counselor identity, especially in terms of how GRC may limit therapeutic effectiveness, is an area requiring further understanding.

### Statement of the Problem

The problem that is addressed by this study is multifaceted. First, men are underrepresented in the counseling field, with evidence pointing to an ever-decreasing number of men entering the field (Evans, 2013). The consequences of this inequality in gender representation are largely unknown due to lack of empirical data, however speculations point to many negative consequences for the field, clients, and male counselors themselves (Michel et al., 2013). Evidence indicates that female-dominated professions are systematically undervalued due to conscious and unconscious sexism (Alksnis, Desmarais, & Curtis, 2008), which may account in part for the low financial compensation that counselors typically receive. Additionally, clients have historically preferred same-gender counselors (Nelson, 1993), so a lack of gender diversity in counselors could limit help-seeking from men who prefer a male counselor.

Diversification of the counseling field is a priority established by CACREP (2009) and echoed in the literature (Dickson, Argus-Calvo, & Tafoya, 2010; Kaplan & Gladding, 2011; Michel et al., 2013). Diversity efforts tend to focus on ethnic and racial minorities; however men are also underrepresented in the field. As a result, the experiences of male counselors are rarely explored through research. In her content analysis of 30 years of publications of the two flagship journals in the field of counseling, Evans (2013) found that only 4.4% of *Journal of Counseling and Development* and 0.5% of *Counselor Education and Supervision* articles focused on men's issues. There is clearly a gap in the counseling literature regarding the experiences of men. By better understanding one aspect of counseling that may be especially problematic for male counselors (vulnerability), I hope to give voice to the experiences of men in our field.

Finally, as male counselors create therapeutic relationships with clients, they may be hindered by gender role socialization. They may experience emotional vulnerability while participating in the therapeutic relationship, and therefore experience GRC and its concomitant negative consequences. Or conversely, they may find themselves unable to experience vulnerability within the therapy room, thereby limiting their therapeutic effectiveness. A thorough understanding of male counselors' experiences with vulnerability will enhance the efficacy of counselor education and supervision efforts toward developing maximally effective male counselors.

### **Rationale and Significance**

The rationale for this study is based on the notion that male counselors, due to gender role socialization, may have a more difficult time accessing and expressing vulnerability with their counseling clients. Being open emotionally to clients is a prerequisite to effective counseling (e.g., Jordan, 2000; 2001; 2008; Rogers, 1957). Therefore, understanding male counselors' experiences with vulnerability is required in order to effectively support male counselors in their development.

The importance of this study is layered. First, it provides representation of male counselors' experiences, addressing a gap in the literature. While it seems clear that GRC has several deleterious consequences (e.g., O'Neil, 2008; Wester et al., 2004), this study illuminates male counselors' subjective experience of vulnerability. This experience likely creates internal conflict for male counselors, between gender role expectations and expectations of them as counselors. Use of supervision is likely negatively impacted by GRC (O'Neil, 2008; Wester, Vogel, & Archer, 2004; Yourman, 2003) further emphasizing the need for counseling supervisors to anticipate the impact of vulnerability

on their male supervisees. Through enhancing counselor educators' and supervisors' understanding of the experiences of male counselors, this study may also improve the efficacy of training and supervision efforts. Improvements in education and supervision in turn improve the quality of male counselors, which can positively impact clients. Additionally, by increasing comprehension of the difficulties that male counselors face in balancing masculinity expectations with the requirement to experience vulnerability in their roles as counselors, greater understanding may be gained regarding why fewer men enter the profession than women. Through increased knowledge of the barriers to experiencing vulnerability, perhaps counselor educators and supervisors can work to address the unique needs of men in training. Furthermore, by addressing these needs both in training programs and through recruitment efforts, more male counselors could be recruited to enter into counseling training programs. Recruitment of more male counselors would contribute to diversification of the counseling field, which is an established goal of the profession (Dickson et al., 2010; Kaplan & Gladding, 2011; Michel et al., 2013).

### **Purpose and Research Questions**

The purpose of this qualitative study was to explore male counselors' experiences of vulnerability in their therapeutic work with clients. The study was designed to elicit multiple aspects of the participants' experiences with clients in session, with the purpose of distilling the essential components of male counselors' experiences of vulnerability within the counselor-client relationship. The guiding questions for this research were:

- Q1 How do male counselors experience moments of vulnerability with their clients?



- Q2 Do male counselors encounter barriers to experiencing vulnerability? If so, what is the nature of these barriers?

### **Assumptions**

Many assumptions that are important to make transparent guided the formation of this study. Clearly articulating these assumptions provides information to readers about the transferability and credibility of the results, and also assists me with bracketing my biases throughout the research process. I will go into further detail about epoche, as well as my assumptions in Chapter III; however, here I will outline the major assumptions that guide the study. Each of these assumptions has been influenced by various sources, including the existing literature and my experiences as a woman, counselor, educator-in-training, and supervisor-in-training.

The fundamental assumption guiding this study, specifically the focus on male counselors only, was that people experience gender role socialization in ways that greatly impact how they view themselves and the world. This assumption came from my personal experiences with gender role socialization, my understanding of feminism, as well as witnessing the experiences of others. Another assumption that influenced this study is that men and women have experiences of the world, including in counseling, that are influenced by gender role socialization and expectations of themselves and of others. These experiences have a lot of commonality, and also unique elements. As a supervisor-in-training, I have had the privilege of witnessing counselors-in-training as they navigate the intersections of their identities and their counselor development. Due to several experiences with male and female supervisees, I have an assumption that counselors need, and typically want, feedback about how their personal attributes (including gender) impact their efficacy. Additionally, I have the assumption that great value exists in

helping people in general, and counselors specifically, step outside of the restrictions of gender role socialization. My experiences have led me to believe that male counselors often struggle with vulnerability, and that this can be greatly helped by a professional mentor (often a counselor educator or supervisor) giving voice to this experience in a non-judgmental and empathic manner.

Based on my experiences as a counselor, I believe that counselors can be vulnerable without “hijacking” the therapeutic hour. I am aware that talking about counselor vulnerability can create worry about excessive or unprofessional self-disclosure or the counselor taking focus away from client. I understand this concern, and I also have seen in my own work as a counselor, as well as in supervision of counselors-in-training, that this is rarely the case. I assume that vulnerability is necessary for maximally effective counseling, because I also believe that it is a healthy part of connection and the human experience. Additionally, I assume that relief can be found in expressing vulnerability in a trusted environment, and that one way to create such an environment is when all parties are willing to be vulnerable, to some degree.

I had the opportunity to identify several of my assumptions in a pilot study. More information about this study is included in Chapter III. Some key assumptions that have been influenced by this study are that participants will have some common understanding of what I mean by “vulnerability,” that experiences of vulnerability tend to elicit strong emotions ranging from fear to pain to joy, and that these experiences can be mutually in relationship with others. These assumptions and biases have influenced my interest in this topic, and I worked actively to bracket them throughout the study to ensure that my

interactions with participants and the results of the study are as unbiased as possible. The steps I took to accomplish this are outlined in Chapter III.

### **Delimitations**

Delimitations were put in place to appropriately limit the scope of this study. The first was to limit the participant pool to counselors only, excluding other mental health professionals such as counseling psychologists and social workers. This was due to the need for counselors to have a clear professional identity that is distinct from other similar professions (Kaplan & Gladding, 2011). Additionally, research has indicated that while there is overlap between the treatment focus of counselors and our colleagues in related fields, there are differences in training and perspectives on the primary purpose of counseling (Mellin et al., 2011). To further ensure consistency of training across participants, only graduates from a Council for the Accreditation of Counseling and Related Professions (CACREP) accredited programs were able to participate in the study.

This study was also limited to an exploration of the experiences of men, who are defined for the purposes of this study as anyone who identifies as a man, regardless of biological sex. While female counselors also experience difficulty with vulnerability in counseling (Kreider & Helm, in progress), those experiences are outside of the scope of this study. By focusing on men's experiences, I hoped to gain a more thorough understanding of the intersections of gender role socialization and experiencing vulnerability as a counselor.

### **Definitions of Terms**

Many terms are used to describe the experiences of men in society, such as traditional male socialization, gender role socialization, gender role conflict, and gender

role strain. Here I will provide working definitions for these terms. Traditional male gender role socialization, otherwise referred to as *gender role socialization*, refers to a set of expectations that men are taught through interactions with family, peers, media and other cultural forces. Levant (1996) emphasized the following aspects of gender role socialization, noting that this list was influenced by Thompson and Pleck (1995).

According to Levant (1996), gender role socialization states that men must avoid things that are considered feminine; restrict emotionality; exhibit toughness and aggression; be self-reliant; emphasize status; have “non-relational, objectifying attitudes about sexuality” (p. 261) and exhibit hatred and fear of homosexuals. Approximations of this definition are echoed throughout the literature (e.g., Wester & Vogel, 2002).

James M. O’Neil has written extensively about the construct of *gender role conflict*, and along with colleagues created the Gender Role Conflict Scale, a quantitative measure of the construct (O’Neil, Helms, Gable, David, & Wrightsman, 1986). O’Neil (2008) summarized Pleck’s propositions about gender role strain (1983; 1995) as follows,

These propositions stated that gender roles are defined by gender role stereotypes, are contradictory and inconsistent, and are violated by many individuals. Pleck also hypothesized that violating gender role stereotypes is common and can lead to social condemnation and negative evaluations from others. Furthermore, he posited that over conformity to the stereotypes has more severe consequences for males than females but that prescribed gender roles are psychologically dysfunctional for both sexes in their work and family roles. (p. 364)

Gender role conflict has also been described as a “psychological state in which socialized gender roles have negative consequences on the person or others” (O’Neil et al., 1995, p. 166). It typically occurs when men

- (a) deviate from, or otherwise violate, masculine gender role norms; (b) try, but fail, to meet masculine gender role norms; and/or (c) experience a discrepancy between their real self-concept and their ideal self-concept based on masculine gender role stereotypes (Wester & Vogel, 2002, p. 371).

For the purposes of this study *vulnerability* was defined using a combination of existing definitions. In his exploration of mutual influence and vulnerability in the supervision relationship, Slavin (1998) defined vulnerability as “the openness to being influenced...and also the potential for being touched...and possibly wounded in unexpected ways” (p. 237). Brené Brown, a qualitative researcher who has examined vulnerability and shame, writes “we must dare to show up and let ourselves be seen. This is vulnerability.” (2012, p. 2). Specific to counseling, a preliminary study uncovered a definition of vulnerability as an experience of authentic humanity, with an unknown outcome for the counselor, client, and/or the therapeutic relationship (Kreider & Helm, in progress).

## **CHAPTER II**

### **REVIEW OF THE LITERATURE**

#### **Introduction**

The purpose of this chapter is to provide a thorough examination of the existing literature on which this study is based. I will present the reader with literature that is relevant to a phenomenological study of male counselors' experiences of vulnerability. The relationship between counselor vulnerability and the efficacy of counseling will be explored, demonstrating why vulnerability is a salient topic for counselor educators and supervisors to consider. Additionally, the construct of gender role conflict (GRC) and its impact on men in general, and male counselors in particular, will be examined.

Relational-Cultural Theory (RCT), a counseling approach influenced by feminism, serves as the theoretical framework for this study. It also will be presented here, both to provide more information on the assumptions that guide and delimit the study, as well as to provide the reader with a more thorough understanding of the connections between related phenomena. By understanding the theoretical foundations and empirical support for RCT, the connections between the seemingly disparate concepts of counseling efficacy, counselor vulnerability and male GRC will be clarified.

#### **Counseling Efficacy**

Ethical guidelines provided by professional organizations guide professional practice and counselor education training efforts, specifically by encouraging the use of

theoretical and empirical evidence to inform clinical practice. The American Counseling Association (ACA) Code of Ethics includes the statement that ethical professionals should “[M]onitor effectiveness: Continually monitor yourself and take steps to improve when necessary” (ACA, 2014, C.2.d.). Additionally, ACA guidelines encourage the use of proven ways of helping, including that “counselors use techniques/procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation” (ACA, 2014, C.7.a). The Association for Counselor Education and Supervision (ACES), a division of ACA specific to those who educate and supervise counselors, published a Best Practices in Clinical Supervision document in 2011. This document includes several guidelines for clinical supervisors, including a statement that encourages supervisors to convey to supervisees the importance of adhering to ethical codes, including ACA (ACES, 2011). The leaders of the counseling profession have echoed the need for counselors to use clinical practices that draw from empirical studies (Kaplan & Gladding, 2011). These guidelines, while helpful, do not specify which empirical studies or theoretical perspectives counselors ought to use to best help clients. Instead, they emphasize the responsibility of professional counselors and supervisors to remain up to date on research findings. Contemporary researchers are in general agreement that the therapeutic relationship between counselor and client is a key element of effective counseling (see Norcross & Wampold, 2011 for a review). The goal of this study is to better understand how male counselors experience one aspect of that relationship, their experiences of vulnerability with clients. In order to better understand how answering this question can enhance the ability of counselors to provide effective counseling to clients, one must first understand the existing research regarding the therapeutic relationship.

## The Therapeutic Relationship

**Empirical studies.** In response to the quest for reliable and definitive answers to the question of what makes a therapeutic relationship effective, the editors of the journal *Psychotherapy* dedicated an entire issue to the findings of an interdisciplinary task force on evidence-based therapy relationships (Volume 48, Issue 1, 2011). Each article of the special edition focused on a particular element of therapeutic relationships, including a succinct summary of the existing theoretical literature, as well as rigorous meta-analyses of existing quantitative data measuring the impact of that aspect of therapeutic efficacy. Using a weighted  $r$  to ensure consistency across studies, effect sizes were reported. Cohen's recommendations (1988) were followed to distinguish whether the effect of a specific variable on the therapeutic relationship was small ( $r < .10$ ), medium ( $.10 < r < 0.49$ ) or large ( $r > .50$ ). The variables of empathy (Elliott et al., 2011) and collecting client feedback (Lambert & Shimokawa, 2011) were found to be "demonstrably effective" (Norcross & Wampold, 2011, p. 72), with mean effect sizes of  $r = .31$  and  $r = .27$ , respectively. Goal consensus and collaboration (Tryon & Winograd, 2011) and positive regard (Farber & Doolin, 2011) were determined to be "probably effective" (Norcross & Wampold, 2011, p.72) with mean effect sizes of .33 and .27, respectively. A full description and critique of each article is beyond the scope of this dissertation, however Norcross and Wampold (2011) provided a summary of this abundance of information, concluding that the therapy relationship makes substantial and consistent contributions to psychotherapy outcome independent of the specific type of treatment, and that the counselor-client relationship in therapy accounts for why clients improve or fail to improve at least as much as the particular treatment method.



While these findings are important, they are limited in that the authors do not provide any insight into how the therapist experiences each component of the relationship, or how this may impact various aspects of the therapeutic relationship. For example, Elliott and colleagues (2011) presented a series of clinical recommendations following their review of the impact of empathy on therapeutic effectiveness. They suggested that empathy ought to “always be offered with humility and held lightly, ready to be corrected” (p. 48), however they included no exploration of what the experience of offering accurate (or, as the case may be, inaccurate) empathy is like for a therapist. This is consistent with the other articles in this special issue in that concrete clinical suggestions were provided, however the focus is exclusively on the actions of the therapist, rather than on any feelings or experiences he or she may have. While the authors in this special issue presented a compelling case as to the centrality of the therapeutic relationship to effective psychotherapy, they failed to address the experiences of therapists in creating such relationships.

In 2012, Elkins added to this conversation and proposed that the field of psychotherapy research must shift its focus from seeking out which techniques and treatment protocols are effective, and instead focus on what interpersonal aspects of therapy and personal characteristics of the therapist improve efficacy. Stolorow (2012) agreed and even suggested that only “methods that can investigate the unique emotional worlds of patient and psychotherapist...can illuminate the rich, complex, living nexus of humanistic elements in which the psychotherapeutic process takes form” (p.472). It seems that the interdisciplinary task force on evidence-based therapy relationships adequately established the importance of the therapeutic relationship, and recently

authors such as Elkins and Stolorow (2012) have encouraged further exploration of how psychotherapists experience their work with clients. The present study will provide exploration of one salient aspect of male counselors' experiences within therapeutic relationships; specifically, their feelings of vulnerability.

**Theoretical perspectives.** While there is a growing emphasis on understanding the experiences of counselors with their clients, empirical data on this phenomenon is at present, limited. Therefore, it is prudent to review what counseling theorists have provided by way of explaining the experiences of mental health practitioners, as well as the impact of personal attributes of the therapist on the therapeutic relationship. Here I will review the predominant psychological and counseling theories, specifically with regards to what each includes about the therapeutic relationship and especially the importance of the therapist's inner experience.

Sigmund Freud, arguably the originator of modern psychotherapy, described the optimal therapeutic relationship as one in which the analyst (therapist) keeps him or herself out of the relationship, providing a blank screen on which the client can project his or her inner struggles (Freud & Strachey, reprinted in 1989). Practitioners who follow a strict psychoanalytic approach emphasize the need for the analyst to have a neutral position with regards to the client, minimizing his or her presence in the relationship, and thereby enhancing the potential for transference reactions (Novie, 2007). Clearly this stance differs greatly from the notion that we must understand the experiences of the therapist in order to best help the client (Elkins, 2012; Jordan, 2008; Stolorow, 2012;).

While Alfred Adler proposed the importance of social interest (*Gemeinschaftsgefühl*) or a sense of belonging and feeling of being part of community

(Adler, 1926, reprinted in 2000) his original writings omitted specific mention of the therapeutic relationship. However, Rudolph Dreikurs, a student of Adler's, emphasized the importance of mutual trust and respect in the relationship between counselor and client (1956). In spite of this addition to Adler's theoretical approach, the experiences of the counselor remain unexplored by Adler or other Adlerian therapists.

Similar to Adlerian theory, early iterations of cognitive behavioral therapy (CBT) approaches such as those created by Watson (1930) and B.F. Skinner (1969), made little mention of the relationship between counselor and client. Instead, the primary focus was on how thoughts and behaviors contribute to the maintenance of psychological problems (Kalodner, 2007), and therefore the mechanisms of change were viewed as occurring independent of the relationship. However, current treatment protocols emphasize the need for a supportive and empathic therapeutic relationship as the foundational context for effective CBT treatment (Beck et al., 2005; Kalodner, 2007). With regards to the experiences of the CBT therapist, theorists encourage practitioners to use CBT tools on themselves to address any negative thoughts or beliefs they may have that are negatively impacting the relationship. Beck and colleagues write, "[o]f course, effective therapists need to examine their own thoughts, feelings, and behaviors periodically to ensure that they are not viewing their patients in a negative light" (Beck et al., 2005, p. 483). Cognitive behavioral theorists consider it important that therapists using a CBT approach do not exempt themselves from examination of how their thoughts may impact their feelings and behaviors. This is similar to the perspective espoused by Carl Rogers, the founder of the person-centered approach to counseling.

Although the treatment focus of the person-centered approach is quite different from that of CBT, both approaches require that the therapist first turn his or her therapeutic skills on his or herself. Rogers wrote, “if I can form a helping relationship to myself – if I can be sensitively aware of and acceptant toward my own feelings – then the likelihood is great that I can form a helping relationship toward another” (1958, p. 51). Rogers additionally wrote about the importance of fully embracing one’s own experiences in order to be maximally effective, and also the difficulty inherent in being fully present in one’s experiences with a client. “I recognize that this [therapy] is a very human and unpredictable journey for me, as well as for him, and that I may, without even knowing my fear, shrink away within myself, from some of the feelings he discovers” (Rogers, 1953, p. 67). The efficacy of the person-centered approach depends on six necessary conditions, one of which is authenticity. While Rogers alluded to the challenge in remaining authentic in the face of difficult emotions, a further exploration of the complexity of the inner experiences of therapist was not included in his work. Given that authenticity is crucial to therapeutic change according to this theory, further understandings of the experiences of an authentic therapist are needed. Again, the therapist’s full participation in the therapeutic relationship is deemed imperative (e.g., Rogers, 1953; 1957; 1958), but the difficulties inherent in this for the therapist remain unexplored.

Martin Buber’s writings on the I-Thou relationship (1932) influenced both Gestalt and Existential theoretical perspectives. An I-Thou relationship, one characterized by a “profound meeting, the core of the existential connection” (Frank, 2007, p.172) between two individuals, requires the therapist to encounter the person fully (Buber, translated in

1958). Rollo May stated, “every therapist has to go into hell, the hell of his patient, the hell of life” (Schneider et al, 2009, p. 423). Frank, in her review of Existential theory, stated that authenticity and vulnerability are “two sides of the existential self” (p. 173) and specified that both the therapist and client can benefit from the therapeutic relationship. As with the client-centered approach, Existential theorists propose that therapists ought to enter into meaningful relationships with their clients and allude to the impact this may have on the therapist, however the impact of these relationships on the therapist are not fully explored. Upon reading the works by these influential theorists, one emerges with the sense that the therapeutic relationship is one in which the therapist “acts on” the client, and provides a relational environment for the client’s comfort. While this may be accurate, one wonders how the therapist is impacted by such a relationship, and whether it may be more empowering to the client to “act with” he or she.

Feminist counseling theorists such as Jean Baker Miller, Judith Jordan, Irene Stiver and Janet Surrey sought to challenge the status quo of psychological theories, specifically seeking to add the perspectives of women to a field that was, at the time, dominated by men. Jean Baker Miller, in her influential book “Toward a New Psychology of Women” (1986), pointed out, “[w]hile it is obvious that all of living and all of development takes place only within relationships, our theories of development seem to rest at bottom on a notion of development as a process of separating from others” (p. xxi). Feminist counseling theorists not only draw attention to the importance of relationships in the lives of women (Miller, 1986), but also emphasize the need for egalitarian relationships between counselor and client (Herlihy & McCollum, 2007). Miller asserted that women are typically socialized into helper roles, and as such are

uniquely skilled in growth-fostering relationships (1986). Along with colleagues at the Stone Center at Wellesley, she developed Relational-Cultural Theory (RCT), a theory that addresses client needs from the perspective that not only is the relationship between client and counselor central to the client's progress, but also that it has a profound impact on the counselor as well (e.g., Jordan, 2001). Relational-Cultural Theory will be further discussed in the next section, as it serves as the theoretical foundation for this study.

In reviewing multiple prominent counseling theories, it appears that modern iterations of the majority of them acknowledge the importance of a genuine and empathic therapeutic relationship, however, none of these theories specifically address how self-disclosure or emotional connection with clients impacts the counselors. The present study seeks to better understand the impact of counselor vulnerability on the therapeutic relationship, as well as the impact of participation in the relationship on the counselor himself. Given the clear indication from a wide range of theories that the relationship is vital to effective counseling, better understanding the experiences of counselors as they participate in that relationship is important.

### **Relational-Cultural Theory**

While theorists are in agreement that the relationship between counselor and client is fundamental to creating client change, relational cultural theorists provided a unique perspective by emphasizing the mutual impact of the therapeutic relationship, that is, the impact on both the client and the therapist. Additionally, RCT theorists suggested that in counseling women, the impact of the client's relationships on her well-being are significant, and also healthy (Jordan et al., 1991). As mentioned previously, this assertion was radically different than the dominant paradigm at the time; that close interrelatedness

with others, sometimes termed “dependence” was indicative of psychological dysfunction (Miller, 1986). As RCT has further developed as a theoretical approach to counseling, theorists have also addressed the various ways that multicultural factors (such as race, ethnicity, sexual orientation and gender) limit relational connection (Comstock et al., 2008; Patton & Reicherzer, 2010; Ruiz, 2012). This section will include a comprehensive description of the major tenets of RCT, as well as an overview of the existing empirical support for its utilization.

### **Development of Relational-Cultural Theory**

Originally referred to as self-in-relation theory and relational theory, Relational-Cultural Theory (RCT) originated in the work of Jean Baker Miller, specifically in her book *Toward a New Psychology of Women* (1986). In this book, Miller suggested that current psychological theories, having been written by men, were missing fundamental aspects of the experiences of women. Specifically, she noted that the focus on independence as an indicator of mental health was not consistent with women’s focus on interdependence and connection. Judith Jordan, Irene Stiver and Janet Surrey joined Miller in her quest to further the application of feminist ideas to the counseling context, and to find a new way to conceptualize the psychological concerns, and strengths, of women. Through their work at the Stone Center at Wellesley College, which houses the Jean Baker Miller Training Institute, these women and additional colleagues have written prolifically about this theory, its foundational concepts, and its multiple applications. Drawing extensively from these works, I will now provide definitions of the central concepts of this theory.

## Key Concepts and Definitions

A foundational concept of RCT is *growth-fostering relationships*. These are relationships that create growth in both participants, and are characterized by the ability to be fully genuine, exhibit mutual empathy, and mutually empower one another. Miller and Stiver (1997) wrote that growth-fostering relationships create the “five good things”, which are a sense of zest; clarity about one’s self, the other person, and the relationship; a sense of worth; a greater ability to be productive and take action; and more desire for further connection.

While connection and disconnection are easily understood concepts in everyday language, RCT theorists have provided definitions specific to interpersonal relationships to further clarify these concepts, as they are central to RCT. Jordan (2010) wrote that *connection* refers to the participation of at least two people in a relationship that is mutually empowering, mutually empathic, and in which both parties are emotionally accessible (Jordan, 2010). *Disconnection* is a natural part of all relationships. It occurs when “one person misunderstands, invalidates, excludes, humiliates, or injures the other person in some way” (Jordan, 2010). The *central relational paradox* refers to the idea that all people yearn for connection, but also fear allowing themselves to be fully seen, and therefore keep parts of themselves out of connection (Miller & Stiver, 1997). An example of this would be a man who deeply desires full, authentic connection with another man, but fears that he will be rejected for showing his caring feelings and therefore keeps parts of himself hidden.

*Mutuality* refers to both participants of a relationship being open to the potential impact of the relationship, as well as both participants caring about and respecting the



other, and fully participating in the relationship (Jordan, 1991). According to RCT theorists, the counselor and client relationship ought to be characterized by mutuality. Relational-Cultural theorists clearly stated that this does *not* suggest that the counselor allows the client to take care of him or her, but rather that the counselor be open to being vulnerable in order for counseling to be maximally effective (Jordan, 2010). One expression of mutuality is *mutual empathy*. This concept originated with RCT, and is best described by Jordan (2010) as follows,

[T]he therapist says to the client, in effect, ‘I empathize with you, with your experience and pain, and I am letting you see that your pain has affected me and you matter to me.’ The clients sees, knows and feels (or empathizes with) the therapist’s empathy and thereby begins to experience a sense of relational competence and efficacy” (p. 4).

This notion is a part of growth-fostering relationships, and requires vulnerability on the part of the therapist.

Another concept that requires therapist vulnerability is *authenticity*. This refers to the ability to bring one’s own feelings, thoughts, and experiences into a relationship with another person, while still maintaining awareness and respect for the impact of one’s actions on the other (Jordan, 2010). Jordan further clarified,

Most people think of therapeutic authenticity as being about total honesty and spontaneous expression. This actually is quite non-relational. It does not take into account the possible impact on others of our expression of affect or thinking (2001, p. 98).

There is a clear emphasis within RCT on being available emotionally to the client, while always prioritizing the client’s needs over the therapist’s.

The participation of both counselor and client within the therapeutic relationship are impacted by many factors. Three factors that are central to RCT are *relational images, controlling images, and relational competence*. *Relational images* are internal

representations of what a person can expect from relationships, informed by previous experiences (Miller & Stiver, 1997; Walker, 2004). These often cause individuals to stay disconnected, and are addressed by an RCT therapist. For example, if a person has a relational image that they should not expect others to meet their needs, then they will enter into the therapeutic relationship expecting that the therapist cannot meet their needs. Sometimes, relational images are impacted by *controlling images*, which are socially prescribed images of what a certain “type” of person is supposed to be like (e.g., women are never angry). These assumptions are typically utilized as a means of controlling non-dominant cultures, by limiting the behaviors that are considered acceptable for those in oppressed groups (Collins, 1990; Jordan, 2010). These images often cause individuals to remain disconnected, as they may feel ashamed of feeling or acting in ways that are inconsistent with the controlling image (Walker, 2004). *Shame* is the feeling that one is fundamentally unworthy of love and connection (Jordan, 2010), usually due to some perceived imperfection, flaw or mistake (Brown, 2006). As an example, if a man experiences the controlling image that men are not allowed to be vulnerable, then experiencing vulnerability may induce feelings of shame for violating this expectation, which may then lead to further disconnection from others.

Through the lens of RCT, disconnection is seen as a significant source of mental health concerns. *Condemned isolation* is the notion that individuals sometimes feel as though they are doomed to remain disconnected due to power differentials, gender roles, heterosexism, racism, etc. This can cause a host of psychological problems. In short, people feel they have been “locked out of the possibility of human connection” (Miller & Stiver, 1997, p. 72). Conversely, *relational competence* refers to the feeling that one can

have a positive impact on other people, and can be successful in relationships. It includes (1) increasing mutuality, (2) increased ability to empathize, (3) staying open to influence from others, (4) experiencing vulnerability as a place of development rather than a threat, and (5) creating connection instead of seeking to have power over others (Jordan, 2010). Increasing relational competence is a primary goal of RCT therapy.

Jordan (2000) summarized the key concepts and assumptions of RCT as follows: [P]eople grow through and towards relationship through the life span; movement toward mutuality rather than separation characterizes mature functioning; relational differentiation and elaboration characterize growth; mutual empathy and mutual empowerment are at the core of growth-fostering relationships; in growth-fostering relationships, all people contribute and grow or benefit, development is not a one-way street; therapy relationships are characterized by a special kind of mutuality; mutual empathy is the vehicle for change in therapy; real engagement and therapeutic authenticity are necessary for the development of mutual empathy. (p.1007)

These tenets have been applied to a wide range of clients, with encouraging outcomes.

The next section will include a review of the extant literature on the many applications of RCT.

### **Applications**

Relational-Cultural Theory has been used in a variety of modalities, and with a variety of types of clients, with promising outcomes. Cannon, Hammer, Reicherzer, and Gilliam (2012), and before them Comstock, Duffey, and St. George (2002) found that due to the emphasis on connection, RCT is an excellent fit for group work. The central relational paradox, described earlier posits that group members yearn for connection *and*

also keep parts of themselves outside of group. A group leader can implement change by embracing his or her own vulnerability within the group, and by providing information to group members about the central relational paradox (Cannon et al., 2012; Comstock et al., 2002). Disconnection is impacted by a power imbalance, typically because the less powerful person may feel that they cannot be honest with the more powerful person without ruining the relationship or without the powerful person being violent in some way. This significantly impacts those who are dependent on others, making RCT a useful theoretical approach in play therapy (Vicario, Tucker, Smith Adcock, & Hudgins-Mitchell, 2013) and in counseling adolescents (Tucker, Smith-Adcock, & Trepal, 2011).

Power imbalances occur, even when there is no earned reason for one person to have more power than another (such as in the cases of sexism or racism). As the name implies, RCT exposes and addresses many cultural causes of disconnection. Therefore it has been applied to diverse populations with positive results. Ruiz (2012) applied RCT to Latina immigrants and used the theory to examine multiple social-cultural influences that predispose Latina immigrants to disconnection. “Many Latina immigrants struggle with poverty, unemployment, lack of health care, language barriers, discrimination, and undocumented legal status” (Ruiz, 2012, p. 77). Due to these and other sociocultural factors, Latina immigrants are disconnected from the culture within which they live. She adds that many Latina immigrants may feel like they do not deserve, or at least cannot expect, empathy or connection from someone “higher” in the social hierarchy. In applying RCT to transgendered clients, Patton & Reicherzer (2010) concluded similarly that oppressive forces lead to disconnection from others, which in turn creates mental health problems. Given the emphasis on the impact of systemic forces on mental health, it

has also been suggested that RCT can provide a framework for enhancing counselors' multicultural competency (Comstock et al., 2008).

Many authors have conceptually applied RCT to a variety of presenting problems, including career choice (Schultheiss, 2007); self-injurious behavior (Trepal, 2010); eating disorders (Trepal, Boie, & Kress, 2012); and infertility (Gibson, 2007). Abernethy & Cook (2011) applied RCT to supervision, reframing what is typically seen as supervisee "resistance" as a strategy for disconnection in order to protect oneself from rejection. Using RCT in supervision encourages the supervisor to have empathy for the supervisees' desire to hide his or her vulnerabilities such as fear of incompetence or perceived skill deficits (Abernethy & Cook, 2011). While these applications are interesting and seem conceptually valid, the efficacy of the application of RCT to these presenting concerns remains tentative due to a lack of empirical data.

**Application to men.** While RCT was originally developed to include the experiences of women in psychological theories, it has also been used to conceptualize the psychological issues of men. For example, men often struggle with intimacy and emotional connection once they enter into marriage. Relational-Cultural theorists note that for the majority of their life men have been inundated with the message that they need to refrain from closeness or vulnerability (Miller, 1991). Additionally, boys are taught to be unemotional and are socialized into what it means to be masculine by their fathers, beginning at a very young age. They are typically taught to avoid connection in favor of being independent (Miller, 1991). Jordan wrote (2010):

There are indications that boys in the dominant culture are early disconnected from many of their feelings, particularly those suggesting vulnerability...[t]hey are given the message "Disconnect from your inner vulnerability, your yearning for connection, your need of other people. Disconnect from others by gaining

ascendance over them; become powerful and be ‘above’ others.” The costs of these messages are enormous. (p. 89).

Through addressing the impact of this disconnection, RCT can provide an effective therapeutic orientation for counseling men. In light of the unique benefits of using RCT with men, Duffey and Haberstroh (2014) combined RCT with Enneagram typologies, narrative theories and cognitive theories, creating a new approach, which they termed Developmental Relational Counseling. The goals of Developmental Relational Counseling, according to Duffey and Haberstroh, are to: (1) increase male clients’ accuracy in perceptions of himself and others, (2) increase his awareness of his influence and power and (3) increase his compassion for himself and others. While these are laudable goals of counseling, the purpose of the present study is to understand the impact of vulnerability experiences on male counselors rather than to accomplish any of these goals. Additionally, the combination of four quite distinct theories is cumbersome and at times, confusing. Therefore, it was determined that RCT alone is a sufficient theoretical model for the purposes of this study, as it provides context for the troublesome impact of gender role socialization on men’s experiences of connection and vulnerability.

Relational-Cultural Theory (RCT) illuminates the impact of the lack of relationship on the mental health of women and of men. The devaluation of “feminine” strengths such as ability to be vulnerable and emotionally connect with others has historically been damaging to women, as many psychological theories historically viewed dependence on others as pathological. However, by devaluing vulnerability, men have also suffered. In order for a man to embrace connection, intimacy, and vulnerability, he also must give up some measure of the power and privilege that has been bestowed upon him by virtue of his masculinity. This study seeks to understand what the process of

embracing connection through vulnerability—in spite of societal messages to the contrary—is like for male counselors.

The multiple applications of RCT to various populations and presenting concerns suggest the relevance of RCT across diverse populations and settings. The recent application of this theory to male clients is of particular relevance to the present study. Relational-Cultural Theory (RCT) provides the theoretical foundation for this study, and informs some of the assumptions that will be outlined in Chapter III. Some key assumptions from RCT that guide this study are that vulnerability is required to facilitate meaningful connection with others, and that cultural factors (such as gender) impact an individual's beliefs about their ability to connect with others. These ideas are crucial to understanding why the experiences of male counselors with vulnerability are important and relevant to training maximally effective counselors.

### **Intentionality**

While RCT theorists assert that effective counseling requires some measure of vulnerability on the part of the therapist, they also clarify that vulnerability and mutuality are not the same as self-disclosure. Jordan wrote,

[I]t is not the patient's job to take care of the therapist...[m]utuality is not about disclosure, it is about a quality of engagement and being real, with a constant awareness of what the possible impact will be on the other person, the patient (2000, p. 1011).

As a review of predominant literature and theoretical approaches to counseling revealed, counselor vulnerability is not considered a requirement for therapeutic relationships, or for effective counseling. However, as Jordan suggested, counselors may choose to intentionally allow themselves to be vulnerable, as an exercise in authenticity and as a means to share their common humanity with the client (Jordan, 2000). Intentionality is

key in the expression of vulnerability within the therapeutic relationship, as enhancing connection is the goal. Clarifying further, Jordan wrote,

Most people think of authenticity as being about total honest and spontaneous expression. *This actually is quite nonrelational*. It does not take into account the possible impact on others of our expression of affect or thinking (2001, p. 98, emphasis added).

It is important to note that while RCT theorists indicate that vulnerability can be beneficial to the therapeutic relationship, it must be used with great intentionality and respect for the unique needs of the client.

## **Vulnerability**

### **The Dominant Discourse**

While the writings of RCT theorists espouse the importance of intentional therapist vulnerability, counseling literature in general lacks discussion of the beneficial aspects of this practice. Examining the counseling literature for research on vulnerability is problematic for two primary reasons. First, while a Boolean search for “vulnerability” and “counseling or therapy or psychotherapy” yields over 500 results, the majority of these use the term with regards to inherent risk factors for mental illness, as in “Risk, compensatory, protective and vulnerability factors related to youth gambling problems” (Lussier, Derevensky, Gupta, & Vitaro, 2014). This fails to encompass intentional and therapeutic vulnerability, that is, when a person chooses to be vulnerable for the purpose of connection. By describing “vulnerability” as synonymous with “risk factor” (e.g., Blom, van Middendorp, & Geenen, 2012; Sherry, MacKinnon, MacNeil, & Fitzpatrick, 2013) it is portrayed as a trait, rather than a state. This is quite different than the intentional expression of vulnerability as a means to connection. Secondly, nearly all of the existing literature focuses on *client* vulnerability (e.g., Eldar-Avidan, Haj-Yahia, &



Greenbaum, 2009; Mangweth-Matzek, Hoek, Rupp, Kemmler, Pope, & Kinzl, 2013; Prior, 2012), neglecting to mention or address the potential for helping professionals to share in the emotional experience of vulnerability. For example, Miller (1992) addressed the importance of interpersonal vulnerability in the treatment of individuals with narcissistic personality disorder, however no mention is made of the therapist's ability to be interpersonally vulnerable.

An exception to the exclusive focus on client vulnerability can be found in the work of Kern (2014). In a conceptual article, she challenged the notion that counselors ought to be free from mental health issues or other problems of our own, and encouraged counselors to embrace their difficulties and integrate them into their professional identity. While this is an important, if controversial, contribution to the field, Kern's work is subverted by her use of the word "vulnerability" consistent with the dominant paradigm. She wrote, "[t]hroughout this article, 'vulnerability' will be used as an all-encompassing reference to mental health issues such as diagnoses, traumatic experiences, or socially unaccepted behaviors" (Kern, 2014, p. 305). Through this article she challenged the notion that counselors ought to be invulnerable, however through use of this definition of vulnerability she propagated the perception that to be vulnerable is equivalent to revealing a personal flaw or difficulty.

The paucity of information about counselor vulnerability may be due in part to a pervasive anxiety within the field of counseling about the appropriateness of counselor vulnerability. Jordan suggested,

Many therapists are actively trained to hide their natural feeling response to patients. There is much anxiety about therapist disclosure in most psychotherapies; thus, therapists are taught to remain impassive, not to show their feelings (2000, p. 1010).

This concern is echoed in Skovholt and Ronnestad's suggestion that novice counselors struggle to find a balance between "porous or rigid emotional boundaries" (2003, p.48). They wrote that new counselors try to find the balance between rigidity and under-involvement with the client, and softness and over-involvement with the client. Reading their description, one wonders whether they believe there is a middle ground where one can embrace openness and vulnerability, as well as appropriate boundaries and strength. The question of what the role of vulnerability should be within the counseling relationship has not yet been answered empirically.

### **The Importance of Vulnerability**

While actual data regarding counselor vulnerability in counseling is lacking, its importance is mentioned in the literature. As described earlier, RCT theorists write extensively about its importance, but those outside of the RCT tradition have discussed its importance as well. Elkins (2012) wrote about the common elements of all psychotherapy, encouraging the field to universally embrace a humanistic approach. Rejecting the mechanistic focus of existing literature on techniques and treatment protocols, he suggests:

[P]erhaps psychotherapy can best be understood not as a set of medical-like techniques and procedures but, rather, as a human relationship that is an expression of an evolutionarily derived predisposition to give and receive care in situations of vulnerability. And perhaps the best therapists are not necessarily those who memorize manualized procedures and skillfully administer techniques but, rather, those who can create a therapeutic milieu characterized by care that supports and actuates the healing potentials in the client, the therapist, and their relationship. (p. 452)

The journal *Psychoanalytic Inquiry* (2014) published a psychoanalyst's description of a specific therapeutic relationship, titled "Affective attunement, vulnerability, empathy:

The analytic experience with Veronica” (Stramba-Badiale, 2014). While the author of the original article did not directly address his feelings of vulnerability, several thoughtful and analytical responses to Stramba-Badiale’s original work were published that do address this aspect of the relationship (Kindler, 2014; Knoblauch, 2014; Lerner, 2014). Knoblauch’s analysis especially articulates the importance of Stramba-Badiale’s vulnerability in the progress of the client in therapy. He wrote,

In this micro-moment...she [the client] experiences his vulnerability and her capacity to take control of both the interaction and herself...Paolo [Stramba-Badiale] subsequently relates how this episode, so centrally involving his experience of vulnerability, created “an intense moment of affective sharing” (2014, p. 292).

Psychodynamic theorists have contributed anecdotal and conceptual articles to the vulnerability literature, however these contributions are limited by their lack of empirical data.

### **Vulnerability and Social Justice**

The use of vulnerability as a means to mitigate power differential has been addressed conceptually in the literature, although again, these notions are limited by a lack of actual data to support authors’ claims. Slavin (1998) suggested that a way to mitigate the power differential as supervisors and as counselors is to allow the supervisee/counselor to impact and influence the supervisor/counselor, and to acknowledge such impact. This is conceptually similar to mutual empathy (Jordan, 2001; Jordan, 2000) and echoes the idea that supervisors and counselors must be vulnerable with supervisees and in order to develop a safe relationship in which change can occur. “From a relational perspective, not only is the idea that the therapist will not be personally implicated an illusion, the analyst’s vulnerability to the patient’s influence is

essential to genuine change”(Slavin, 1998, p. 235). The notions of mutuality and interpersonal vulnerability from RCT are echoed here, however in the context of modern psychoanalytic theory. While Slavin addresses how to create this relationship in supervision, specifically by providing supervisees safety through supervisor vulnerability, he does not address the experience of vulnerability for the supervisor, or how gender may impact this phenomenon. Regarding the impact of analyst (analogous to the counselor/therapist) or supervisor vulnerability, Slavin writes,

Those special moments in treatment...are...the very moment of impact, the moment when the analyst permits herself or himself a certain measure of vulnerability, when the analyst finally “gets it” and changes something in the way she or he has been working. The analyst permits herself or himself to be influenced, quite unexpectedly and quite genuinely. It is at this point of personal vulnerability, I suggest, that the patient comes to believe that the analyst can “be there” perhaps in ways that parents and others never were, and a sense of safety and openness to being influenced and changed is created for both parties. (p. 236)

As Slavin suggested, expressing mutual empathy is an inherently vulnerable process, as it allows the client or supervisee to see the emotions of the counselor or supervisor, specifically with regard to the relationship. While RCT theorists indicated that mutual empathy is quite beneficial to the relationship (e.g., Jordan, 2000) it requires the therapist to feel vulnerable, which may prove difficult.

There are many reasons why vulnerability is challenging. Jordan (2008) explored many cultural facets of this challenge in a conceptual article titled “Commitment to Connection in a Culture of Fear”. She proposed that modern culture prohibits and shames vulnerability in order to keep marginalized people disconnected and disempowered, and that mutual empathy, and the requisite vulnerability, is the key to improving healthy development of children and adolescents and creating social change. She emphasized the importance of vulnerability as it applies to therapy, stating that by “creating the courage

to move into vulnerability where protective disconnection and closing down prevailed” (Jordan, 2008, p. 245) counselors can greatly help their clients. Of special interest to this study, Jordan pointed out “[i]n the socialization of boys especially, signs of vulnerability and fear are severely punished... adolescent boys die in alarming numbers in car accidents and daredevil feats as they are determined to demonstrate the absence of fear” (Jordan, 2008, p. 238). This societal pressure on men to eschew vulnerability, paired with the supposition that effective counseling requires counselor vulnerability, points to why it is imperative to study male counselors’ experiences with vulnerability with clients.

### **Impact of Masculinity Ideology on Men**

The participants of this study will be men, therefore an exploration of men’s issues with regards to gender role socialization and conflict are necessary. Here I will examine seminal literature on gender role socialization and gender role conflict, focusing specifically on aspects of these constructs that intersect with aspects of counseling.

### **Gender Role Socialization**

Levant (1996) wrote, “the new psychology of men examines masculinity not as a normative referent, but rather as a problematic construct” (p. 259). He is credited with calling attention to what was a relatively new idea, that male gender role socialization causes psychological distress for many men. The *gender role strain paradigm*, developed by Pleck (1983), says: typical gender roles are confusing and contradictory; most people do not fit neatly into either part of the dichotomy (male/female); not fitting into the roles, otherwise known as violating gender roles, leads to negative consequences for physical and mental health; when one feels they are violating gender roles, they often then try especially hard to conform to them; men suffer more severe consequences when they do

not conform to gender role norms than women do; and many aspects of gender role socialization are fundamentally dysfunctional (e.g., the expectation of male aggression). *Masculinity ideology* refers to the underlying construct that guides notions of what is acceptable for a man to be considered “masculine”, which changes for men of different cultural groups (Levant, 1996). *Male gender role strain*, that is, the psychological consequences of the gender role strain paradigm specific to men, falls into three types, as described by Pleck (1995). The first is *discrepancy-strain*, when a man feels that he is not living a life congruent with his inner ideal of masculinity. The second, *dysfunction-strain*, refers to when a man may be adhering to his ideal vision of manhood, but this still causes dysfunction due to the dysfunctional nature of many gender norms. An example would be a man who dominates his wife physically and emotionally. While he may be adhering to his culturally prescribed masculinity ideology, his relationship is dysfunctional. Finally, there is *trauma-strain*, which is based on the notion that becoming socialized as a male is inherently traumatic; this aspect of male gender role strain refers to the trauma experienced during the socialization process. Levant (1996) postulated that certain groups of men experience more trauma-strain, especially if they are on extreme ends of the spectrum of cultural expectations of masculinity. Examples are bisexual or homosexual men (who, due to sexual orientation, violate masculine norms) and those who are part of exceptionally “masculine” cultures, like athletes and veterans. Male counselors may potentially be part of a group with greater trauma-strain, due to the requirement that they violate masculine norms such as restricting emotionality and vulnerability as a part of their work with clients.

The *emotional suppression* of men is a significant part of gender role socialization, and has several consequences, according to Levant (1996). These are that men lack emotional empathy; that men become very separate from their emotional life, and may even lack words to describe their emotional experiences; experiences of vulnerability are often transformed into aggression; and that men channel caring emotions into sexuality (Levant, 1996). Each of these consequences has special relevance and concern for male counselors. Empathy is key to effective counseling (Elliott, Bohart, Watson, & Greenberg, 2011), so limited empathy due to gender role socialization would be greatly limiting for a male counselor. Lacking emotional vocabulary would limit a male counselors' ability to effectively communicate understanding of clients' experiences, which is a key feature of effective counseling (Elliott et al., 2011; Rogers, 1957). Even if unintentionally, counselors may experience vulnerability as a result of client behavior (Kreider & Helm, in progress). If a male counselor feels compelled to react aggressively as a consequence, the impact on the therapeutic relationship and client progress may be very detrimental. Finally, male counselors are called upon, as all counselors are, to care about their clients. Gender role socialization may create confusion or discomfort with this role, which may in turn cause the male counselor to channel this caring into sexuality. This notion may illuminate why sex with clients is a commonly reported ethical violation (APA Ethics Committee, 2004; Herlihy, Healy, Cook, & Hudson, 1987). While Levant (1996) and Pleck (1995) did not specifically apply these concepts to male counselors, by critically analyzing how gender role strain, masculinity ideology, and the emotional suppression of feelings impact men, the need to better understand how these concepts influence male counselors and their clients is clear.

## **Gender Role Conflict**

Gender role conflict (GRC) is a complex topic, about which much has been written (e.g., DeFranc & Mahalik, 2002; Good & Mintz, 1990; O'Neil, 2008, 2013; Wester & Vogel, 2002). Building on the definition of male gender role strain, described above, gender role conflict is when a man's experiences of gender role strain is significant, as determined by "a psychological state in which socialized gender roles have negative consequences for the person or others" (O'Neil, 2013). To measure GRC, the Gender Role Conflict Scale was created (O'Neil, Helms, Gable, David, & Wrightsman, 1986). Factor analysis of this scale illuminated four distinct aspects of GRC. They are success, power and competition, restrictive/restricted emotionality, restrictive/restricted affectionate behavior between men, and conflict between work and family relationships (O'Neil et al., 1986; Wester & Vogel, 2002).

A multitude of studies have been conducted using the Gender Role Conflict Scale to examine the impact of GRC on a variety of phenomenon, and in 2008 O'Neil conducted a meta-analysis of the findings of 232 studies. While interesting, a comprehensive review of the findings is beyond the scope of this dissertation, so I will highlight the findings that are most relevant to the current study. Notably, GRC was consistently linked to multiple detrimental outcomes (e.g., depression, anxiety, dissatisfaction in relationships, etc.) across cultures, racial identities, class, age, and sexual orientations.

Shame was repeatedly found to significantly correlate with higher ratings on all four elements of GRC (Segalla, 1996; Thompkins & Rando, 2003; Thomson, 2005). This suggests that men who experience higher gender role conflict feel a greater degree of



shame in their everyday lives. When applied to male counselors, this finding is concerning in two major ways. First, shame itself is “a powerful emotion that involves personal devaluation, fragmentation of the self, and sometimes personality disorganization” (O’Neil, 2008a, p. 385). Emotional health is a key component of practicing effective counseling (ACA, 2014), and the impact of shame may limit a counselors’ ability to self-monitor for impairment. Additionally, it has been suggested that shame inhibits supervisee self-disclosure in supervision (Yourman, 2003). Most supervision formats rely on honest supervisee self-disclosure about their successes and growth areas (Borders & Brown, 2005), meaning that a lack of self-disclosure due to shame would be concerning. If a male counselor experiences shame due to the discrepancy between his masculine ideology and the actions required of him as a counselor, causing GRC, it is likely to negatively impact his effective use of supervision. Additionally, GRC has been found to negatively correlate with help-seeking behavior (as found in 19 studies, for a full review see O’Neil, 2008). This further adds to the internal struggle a male counselor with GRC may feel as he decides whether or not to discuss difficult topics with his supervisor.

Another finding with relevance to male counselors with GRC was that a significant relationship exists between GRC and negative attitudes/stereotyping of women, non-heterosexuals, and African Americans (see O’Neil, 2008 for a comprehensive list of individual studies). Multicultural competency is a core value of the counseling profession (ACA, 2014), and requires awareness of one’s own biases and assumptions, as well as active work towards viewing clients without judgment (Sue, Arredondo, & McDavis, 1992). Recent court decisions have emphasized that a negative

attitude towards homosexuals, regardless of reason, is an unacceptable reason to refer a client to another professional (Kaplan, 2014). This court decision (*Ward v. Wilbanks*, 2011) has been interpreted to apply to other classes of protected individuals, such as African-Americans (Kaplan, 2014). Therefore, high levels of GRC in a male counseling trainee, if correlated with negative, non-therapeutic attitudes towards homosexual and/or African-American clients, could lead to remediation and possibly dismissal from a counseling training program. While that is an extreme example, I believe it is important to consider the potential ramifications of unaddressed GRC in male counselors in training.

A significant relationship also exists between GRC and violence against women, including sexual violence (again, a comprehensive listing of studies is beyond the scope of this dissertation, please see O'Neil, 2008 for a review). While ethical guidelines specifically prohibit sexual conduct with clients across mental health disciplines (ACA, 2014; American Psychological Association [APA], 2010) sexual misconduct between counselors and clients remains a source of reported ethical violations (APA, 2003; Herlihy, Healy, Cook, & Hudson, 1987). The majority of such cases occur between a male mental health professional and an adult female client (APA, 2003).

Additional evidence suggests that feelings of shame and vulnerability may predispose male victims of sexual abuse (which, it is suggested, creates extreme feelings of vulnerability) to become sex offenders themselves. As Sabatino (1999) wrote regarding group counseling for male sexual offenders,

The vulnerability brought with these feelings is too threatening and unacceptable to the already fragile male ego. He cannot tolerate any further reminders of what he most fears and despises in himself. As a way of escape, he turns toward someone who is nonthreatening, whom he can control (p. 3).

I do not intend to suggest that male counselors are likely to become sexual offenders if they experience feelings of vulnerability with their clients. However, I do believe that the potential ramifications of the conceptual connections presented here are important to consider in the training and supervision of male counselors. Specifically, a review of the literature suggests that feelings of vulnerability are often experienced by men as in direct conflict with masculinity ideology (Wester & Vogel, 2002), which often leads to GRC, which is correlated with violence against women and other non-dominant groups (O'Neil, 2008). This violence could be expressed in multiple ways, including both physical (including sexual) and non-physical assault (such as through verbal or emotional attack). Additionally, GRC is correlated with shame, which may cause a variety of consequences, from non-disclosure in supervision to sexual violence against women. Again, it is not certain that all male counselors will experience GRC, and it is likely that most who do experience GRC will never act violently. Rather, the literature indicates that violence is one possible response on the continuum of potential responses to GRC. More information is needed on how male counselors in particular negotiate the various conflicts and emotions associated with GRC.

### **Male Counselors**

The gender gap in mental health professionals is significant, with 71.2% of employed counselors identifying as women (U.S. Department of Labor & U.S. Bureau of Labor Statistics, 2011). It is likely that male counselors face the same, or similar challenges as all men do with regards to masculinity ideology, gender role socialization and GRC. However, research suggests that additional challenges may arise as male

counselors enter the profession, and as they progress through their training. This section will focus on the research that exists regarding the experiences of male counselors.

Research on men's issues in counseling and/or counselor education and supervision is limited. In a qualitative content analysis of all articles published in the *Journal of Counseling and Development (JCD)* and *Counselor Education and Supervision (CES)* between 1981-2011, Evans (2013) found that only 4.4% of articles in *JCD* and 0.5% in *CES* met criteria for focusing at least half of article content on men or men's issues in counseling. While issues pertaining to men may be contained in other articles, evidence suggests that there are mental health issues specific to men that ought to be addressed, such as higher rates of death by suicide and low help-seeking (Evans, 2013; O'Neil, 2008). Additionally, Evans argues that it would be beneficial to develop strategies to "promote the recruitment and retention of male counseling students, thus leading to more male counselors" (2013, p. 473). Due to the method used in this study (content analysis) the findings lack depth in addressing why men's issues are underrepresented, or what the articles that did meet the criteria were addressing. Additionally, while the article mentions a need for more male counselors, the focus is primarily on addressing male client's issues in counseling.

While the experiences of male counselors are still underrepresented in the existing literature, Michel, Hall, Hays, and Runyan (2013) conducted a mixed methods study of counselor educators and graduates of counseling programs' perceptions of the impact of fewer male than female counselors in the field. Three major themes emerged from this study. The authors described the first as "the voice of male students is lacking" (Michel et al., 2013, p. 477). They added that this is not only due to low numbers but also a

hesitation to share their perspective in female-dominated programs. The authors suggested that the culture of graduate programs in counseling may be skewed to value more feminine ways of communicating and relating, perhaps to the exclusion of masculine values. It appears that counselor educators surveyed were not in agreement as to the impact of a female-dominated culture; one male participant stated that this could help students “develop a deeper understanding of women’s communication style, learning style, and approach to counseling, all of which are challenges that I hope enriches the professional identity of male students” (Michel et al., 2013, p. 477). Another male counselor educator provided another opinion, stating, “counseling has become very feminine, and professionals need to understand that diversity also includes masculinity” (Michel et al., 2013, p. 477).

While male counseling students may speak up less, findings also suggest that they may enjoy greater privileges, perhaps being invited into doctoral study at a greater rate than female colleagues. One male doctoral student was quoted as saying “while I have no conclusive evidence, I do sometimes feel as if I had a privileged status as a male inside of the program” (Michel et al., 2013, p.477). In a discriminant analysis of the impact of gender on professional identity development in counselors, Healey and Hays (2012) found that male participants felt more empowered, held more leadership positions and received more mentorship than their female colleagues. It seems that while male counselors are scarce, they may indeed be afforded different privileges in terms of professional development opportunities.

The second theme that emerged was that “the number of male counselors affects client options” (Michel et al., 2013, p. 478). Specifically the authors shared quotes

illustrating the opinion that more male counselors may yield more male clients. Given the abundance of concerning mental health issues that disproportionately impact men (Evans, 2013; O'Neil, 2008), enhancing help-seeking behavior in men is an important goal. The third theme was "the number of male counselors influences the perception of the counseling profession" (Michel et al., 2013, p. 478). Participants suggested that fewer men in the counseling profession contributes to it being viewed as stereotypically feminine, and added that this may lead to fewer men pursuing a career in counseling, and also may correspond with a devaluation of counseling as a profession. A participant quote clearly articulated this trend, saying "Historically, any profession that has more women than men has lower pay, lower prestige, and lower levels of expertise expected for practitioners" (Michel et al., 2013, p. 478).

While this study provided a dialogue about the potential impact fewer men pursuing careers in the field of counseling, the mixed method design was not clearly described and yielded confusing results. For example, participant agreement information (e.g., number of participants providing both the quantitative and qualitative data who endorsed each theme) was only provided for the theme regarding male counselors' voices being unheard. Without further information regarding the methodology utilized, I cannot fully endorse the findings presented. However, I believe that Michel, Hall, Hays, and Runyan (2013) did present important questions about how the dearth of male counselors may be impacting the field.

While not represented as a theme, the authors did illuminate some of the cultural conflict that men experience when they enter the counseling profession. As one participant stated, "There probably aren't many guys in the counseling field because we

don't usually talk about our emotions; it is not part of the 'guy culture'" (p. 478). They also suggested that male counselors experience disconnection from their peers, and/or from their friends and family as they "acculturate" into the counseling profession. In order to best support male counselors in training through counselor education and supervision, we must understand how male counselors are navigating the intersections of their self-concepts as men, and as counselors.

Career theorist Linda Gottfredson (2002) developed a theory of career that emphasizes the importance of a person's self-concept on career choice. She presented the idea of social space, which is the notion that a person has a range of career alternatives that they consider acceptable for them socially. Additionally, she posed the idea that through a process she titled circumscription, individuals eliminate career options that are seen as conflicting with their self-concept. Gottfredson hypothesized that individuals choose careers based on the following list of priorities, in this order: 1) public presentation of masculinity/femininity, 2) protecting social standing among others, and 3) fulfilling one's own personality needs and activity preference (Gottfredson, 2002). While her assertions are theoretical and have not been empirically validated, they bring up an interesting perspective. If her theory is accurate, then one must wonder how men do not circumscribe counseling out of their social space and therefore reject it as a possible career choice. Counseling traditionally has been viewed as associated with empathy, connection, and vulnerability, which are traditionally "feminine" traits. (Kaplan, 1991; Michel et al., 2013). This perspective further emphasizes the need for further research into the intersections of GRC and career choice (O'Neil, 2008) especially given the importance of career in traditionally socialized male self-esteem and self-image (O'Neil

et al., 1986). The present study will hopefully illuminate how male counselors experience the phenomenon of vulnerability within their identities as counselors and as men.

**Remediation and dismissal.** Once a man decides to become a counselor and is accepted into a training program, he continues to undergo evaluation throughout his counseling program. As indicated above, there is limited research whether training experiences differ between male and female counselors in training. While it seems that male counselors in training may have greater access to mentorship, leadership opportunities and doctoral study (Healey & Hays, 2012; Michel et al., 2013), it has also been suggested that dismissal from training programs may occur with more frequency for male than female trainees (Tedesco, 1982).

Information regarding the legal and ethical requirements of counselor educators and supervisors to serve as gatekeepers for the profession abounds (e.g., (Baldo & Softas-Nall, 1997; McAdams, Foster, & Ward, 2007). However, contemporary data regarding common reasons for dismissal from training is lacking. A study conducted by Olkin and Gaughen in 1991 indicated that interpersonal and intrapersonal problems were two common reasons for dismissal from training programs. Evidence suggests that GRC can negatively impact men interpersonally and intrapersonally (O'Neil, 2008). Supervision issues specific to male counselors will be discussed in the next section. It seems that male counselors may be at higher risk for experiencing some of the difficulties that often lead to dismissal.

Information about the gender makeup of students dismissed from training programs has not been collected since Tedesco (1982) reported that those dismissed from psychology internship placements were disproportionately male (70.59% male and



29.41% female). While Tedesco suggested this discrepancy could be due to a fear of legal reprisal for dismissing female students, more recently it has been suggested that trainees may experience impairment due to cultural factors such as gender role socialization (Forrest et al., 1999). Updated data is needed to assess whether gender differences in remediation and/or dismissal from training programs exist. Evidence suggests that male CITs, especially those experiencing GRC, may experience unique struggles as they undergo training and supervision to become counselors.

**Training.** Wester and Vogel (2002) in their article “Working with the male mystique: Male gender role conflict, counseling self-efficacy and the training of male psychologists” conceptualized how gender role conflict may interfere with a counselor in training’s ability to develop therapeutic skills. Specifying the gap in the literature, they wrote,

We were unable to locate any published references discussing how the training of male psychologists could be adjusted to address the demonstrated relationship between a traditional male gender role socialization and clinical performance (p. 370).

They posited that GRC does not doom men to be ineffective therapists, but rather that it causes them to have low counseling self-efficacy, which then leads to poor training outcomes. In addition, they pointed out, there is a lack of training or even professional discourse about men’s issues in counseling, which compounds the problem because male trainees often believe that they are alone with their struggle to integrate their identities as men and as counselors (Wester & Vogel, 2002). The authors suggested that this can lead to the following negative outcomes: (1) avoiding risks in clinical work and in supervision, which leads to (2) avoiding learning, which can culminate in (3) selecting practicum and internship sites that further allow them to avoid populations that are

challenging to their GRC (e.g., gay males). Additionally, Wester and Vogel (2002) pointed out that expressions of vulnerability that may be required to be effective counselors would be contradictory to the social expectations of men.

While these suggestions are well reasoned, this article is limited by its lack of empirical findings to support its claims. It presents the notion that practicing effective counseling may require male mental health professionals to combat internal experiences of GRC. This article also suggested that unaddressed, GRC can inhibit effective therapy (Wester & Vogel, 2002). The present study will illuminate how male counselors navigate potential GRC when experiencing vulnerability with their clients. Hopefully this will provide assistance to counselor educators and supervisors in how to help facilitate growth in their students and supervisees in spite of GRC.

**Supervision.** Given that GRC seems to cause men to have more difficulty with help-seeking (O'Neil, 2008), to value independence over collaboration (Wester & Vogel, 2002) and also the potential shame inherent in going against GRC (O'Neil, 2008), it is important to understand the impact of GRC on male counselors' use of supervision. A study of male psychology interns' levels of restricted emotionality indicated that higher restricted emotionality was correlated significantly with lower self-efficacy and a "turning-against-self" defensive style (Wester, Vogel, & Archer, 2004). Additionally, findings indicate that male psychology interns report poorer supervisory working alliance when working with male supervisors (Wester et al., 2004). It has been suggested that due to the aspect of GRC that requires that men restrict affectionate behavior with other men, male supervisees may struggle especially with accepting support from male supervisors (MacKinnon, Bhatia, Sunderani, Affleck, & Smith, 2011). Additionally male supervisees

may struggle with effective utilization of supervision due the success, power and competition aspect of GRC in that they are less likely to share difficult cases, and may refuse to listen to feedback or discuss mistakes because this would require a surrendering of power (MacKinnon et al., 2011). Additionally those male supervisees with restricted emotionality may be unable to identify emotional state of clients, nor to accept emotional support from their supervisor (MacKinnon et al., 2011).

Suggestions for addressing the unique needs of men in supervision have been offered, and include using a feminist supervision approach, as a feminist supervisor will be more attuned to the potential impact of gender dynamics (MacKinnon et al., 2011). Specific suggestions are to consciously work on “(a) reframing competition, (b) expressing emotions, (c) addressing power dynamics, (d) attending to masculine diversity; (e) gender issues; and (f) fostering mature masculine identity” (MacKinnon et al., 2011, p. 132). Specific techniques to be utilized in supervision and in training programs including empathy, building rapport, mentoring that challenges rather than enhances traditional male socialization, awareness of supervisor’s own ideas about traditional masculinity, recognition of masculine ways of being, and honoring men’s developmental heritage, such as the intergenerational patterns of masculinity in their family of origin (Wester et al., 2004). In order to best attend to the potential impact of GRC on male supervisees, it is necessary to understand their experiences with vulnerability, as it is an example of a traditionally non-masculine experience that is important to their success as counselors.

## **Conclusion**

In this chapter a review of the existing literature salient to the topic of male counselors' experiences with vulnerability was presented. A review of empirical studies and theoretical approaches demonstrated a consistent emphasis on the relationship between counselor and client, but a lack of sufficient exploration of the experiences of the counselor. An overview of Relational-Cultural Theory (RCT) illuminated the need for counselors to embrace intentional vulnerability in their work with clients, and this was echoed in additional literature. Existing literature on male gender role socialization and gender role conflict (GRC) was reviewed, and the multiple negative consequences of GRC on men and those around them were revealed. The relevance of GRC to the work of male counselors was explored, uncovering an apparent conflict between the vulnerability required for effective counseling and the invulnerability required to adhere to traditional male gender role socialization. Because effective counseling requires authentic connection between counselor and client, which may require vulnerability from both client and counselor, and additionally because male counselors likely experience GRC because of this, further understanding of the vulnerability experiences of male counselors is imperative.

## **CHAPTER III**

### **METHODOLOGY**

#### **Introduction**

In this chapter, I will describe the methodology, epistemology and theoretical foundation for this study, as well as the procedures for recruitment, data collection, and data analysis. The methods, epistemology, theoretical foundation and procedures were each chosen with the intention of capturing the subjective aspects of male counselors' experiences of vulnerability with clients. I chose a phenomenological methodology in hopes of distilling the essential components of this phenomenon. Given the likely impact of social influences on the experience of male counselors, I chose to apply a feminist epistemology to my research, as feminism honors the contextual factors that potentially affect participants' experiences. Finally, procedures were chosen that are consistent with a phenomenological method, that respect the perspectives of individual participants, and also find commonalities across participants and their various counseling settings.

#### **Qualitative**

A qualitative paradigm was selected for this study because qualitative methodology can best answer the research questions:

- Q1     How do male counselors experience moments of vulnerability with their clients?
  
- Q2     Do male counselors encounter barriers to experiencing vulnerability? If so, what is the nature of these barriers?

These research questions are best answered by a qualitative approach for five major reasons. Briefly, they are: (a) the relative lack of existing research on the subject of vulnerability in counseling; (b) the importance of context in understanding this particular phenomena; (c) a desire to understand the meaning of the experience to participants; (d) a desire to give voice to male counselors, who are underrepresented within the field of counseling (Michel et al., 2013); and (e) the idea that psychological phenomena may be best studied using a qualitative paradigm (Freeman, 2013; Polkinghorne, 1984). I will now further elucidate each of these points in turn.

The utility of qualitative research is not limited to areas of inquiry with little existing empirical knowledge (Wang, 2008); however it is difficult to craft a valid and reliable quantitative study without existing empirical data on which to base measures of the constructs of interest. Remler and Van Ryzin (2011) wrote, “[i]n an important sense, good quantitative research is based on good qualitative research” (p.12). The topic of male counselors’ experiences with vulnerability has not been studied qualitatively or quantitatively, and therefore a qualitative study seems an appropriate first step to understanding this phenomenon.

As explained in Chapter II, contextual factors may be quite influential in participants’ experiences of vulnerability. Expectations of participants based on their identity as men and as counselors likely impact their lived experiences. Wang wrote, “[q]ualitative research involves understanding the complexity of people’s lives by examining individual perspectives in context” adding, “qualitative methodology emphasizes the importance of context in helping us understand a phenomenon of interest”

(Wang, 2008, pp. 256-257). By choosing a qualitative paradigm, the multiple contextual factors that may impact the phenomena will be honored.

Qualitative research uncovers “how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences” (Merriam, 2009, p. 5). Given the apparent conflict between vulnerability and male gender role socialization, it is important to understand the meaning of vulnerability experiences to a male counselor. I sought to understand how participants constructed meaning about their roles as counselors with regards to vulnerability, and how they interpreted their subjective experiences of feeling vulnerable with clients. The goal of contextually understanding male counselors’ experiences with vulnerability in their role as counselors was best met through a qualitative design.

While men hold power due to gender alone, their experiences of being vulnerable may be marginalized because vulnerability contradicts societal expectations of men (Wester & Vogel, 2002). Ever since its beginnings in sociology in the 1920s and 1930s, qualitative researchers have emphasized “the importance of seeing the world from the perspective of those who were seldom listened to” (Bogdan and Biklen, 2007, p. 10). Men, in general, are part of a group that is often “listened to”; however, their experiences of vulnerability with others have likely been systematically silenced (Jordan, 2008). Therefore, male counselors’ experiences of vulnerability ought to be given voice through a qualitative study.

Finally, it has been suggested that qualitative research is uniquely suited for studying psychological phenomena (Freeman, 2013; Polkinghorne, 1984). Polkinghorne (1984) specified five aspects of the “human realm” (p. 427) that prevent quantitative

studies from attaining accurate knowledge: (a) humans are systemic, and cannot be separated from their contexts; (b) it is impossible to determine the exact boundaries of psychological phenomena; (c) the human realm is constantly changing, and relationships between variables change constantly; (d) it is impossible to objectively observe the psychological phenomena since we use our mind, or psyche, to do the studying; and (e) the human realm cannot be observed directly, as it is inclusive of both internally and externally expressed factors. He therefore concluded that psychology would benefit from inclusion of the qualitative paradigm as an acceptable form of knowledge. Freeman (2014) also emphasized the importance of qualitative data and creative data presentation, as well as the inherent beauty of human phenomena. He reiterated many of Polkinghorne's (1984) points, and added that,

[h]aving the opportunity to behold reality in its fullness--in this case, the reality of human lives, in all of their messiness and possible beauty--can serve to further humanize us and enlarge our understanding of who we are and what is possible (p. 124).

Through utilization of a qualitative design, I sought to capture the experiences of my participants in all of their rich detail.

### **Phenomenology**

Phenomenology was chosen as the methodology for the current study.

Phenomenology is "well suited to studying affective, emotional, and often intense human experiences" (Merriam, 2009, p. 26). Additionally, it allowed me, as the researcher, to focus on participant affect and the interaction of personal context and individual participant experiences. Moustakas (1994) wrote, "the understanding of meaningful concrete relations implicit in the original description of experience *in the context of a particular situation* is the primary target of phenomenological knowledge" (p. 14,



emphasis in original). Given the emotional intensity that typically accompanies experiences of vulnerability, as well as the assumed importance of contextual factors such as gender role conflict (GRC) in understanding this phenomenon, phenomenology was appropriate for this study.

Phenomenology as a method is based on the philosophy of transcendental phenomenology, written about extensively by Edmund Husserl (1859–1938), among others. He emphasized the ability of those applying a phenomenological method to be open to all possibilities, rather than limited by preconceived notions of phenomena. Moustakas (1994) drew upon Husserl's work and developed a model of phenomenology as both a research method and philosophical approach to participants and data that emphasizes understanding of the essence of participants' experiences. He identified several tenets of transcendental phenomenological research, which I will present here with descriptions of the application of each tenet to my study.

Phenomenological researchers focus on the appearance of things at their core, stripped of biases (Moustakas, 1994). In this study this was achieved through epoche, described in more detail below. To fully understand the vulnerability experiences of male counselors, I first needed to identify my own biases about the phenomenon so that I could prevent these biases from influencing my conclusions. By identifying my biases, I could allow the experience and emotions of the participants to be represented through their lenses, rather than through my lens as the researcher. I will provide more detail about how I achieved epoche when I discuss the steps of phenomenology later in this chapter.

Engaging in phenomenological research requires the research to take a holistic perspective, viewing phenomena from every side until the essence of it is discovered

(Moustakas, 1994). I sought to understand multiple aspects of the participants' experiences, including the spiritual, physical, emotional, and cognitive. In addition, as the researcher I viewed the phenomena of vulnerability from every angle, taking into consideration participants' experiences, existing literature, social construction of vulnerability, and additional sources of information that became clear as the study progressed. As the primary research instrument, I remained open to new sources of information and new perspectives on vulnerability as they emerged from the literature and more importantly, from participants as they described their experiences.

In phenomenology, meaning is found through intuition and reflection on the observable aspects of phenomena, which leads to a deeper understanding of the essence of the phenomenon (Moustakas, 1994). I encouraged participants to give voice to their intuitive experiences of vulnerability, as opposed to what was strictly "factual." Contrary to research that is grounded in a positivistic epistemology that presupposes that there is one objective "Truth" phenomenology emphasizes the importance of honoring all of the participants' subjective ways of knowing. The honoring of intuitive ways of knowing is consistent both with my personal values and beliefs, and also with feminist epistemology (Jaggar, 1989).

Also consistent with a feminist epistemology, phenomenological researchers attempt to refrain from interpreting or classifying participants' experiences (Crotty, 1998; Moustakas, 1994). As the researcher, I had to remember that participants' descriptions, rather than my interpretations, were most important (Moustakas, 1994). I saw it as my primary task to accurately depict the experiences of my participants to readers, and not to color that description with my own interpretation. This was achieved through a variety of

methods that will be described later in this chapter. While I ultimately connected findings to existing literature and provided tentative interpretations and applications of the findings (in Chapter V), this was of secondary importance to providing accurate descriptions of the phenomenon in the language of the participants. Additionally, consistent with phenomenological research, I aimed to be an intimately involved researcher who came to learn more about herself through phenomenological inquiry (Moustakas, 1994). Through engaging in the process of conducting phenomenological research, I came to understand more about my own experiences of vulnerability, my biases regarding male counselors' experiences of vulnerability, and more.

Throughout the study, I kept in mind that the subject and object are interwoven; what the researcher sees is inextricably linked with who she/he is and other contextual elements (Moustakas, 1994). My understanding of this phenomenon was influenced by my own experiences as a counselor, counselor educator and supervisor in training, and as a woman. How I saw my participants, and their experiences, is intertwined with my identities. As a phenomenological researcher I became aware of the impact of these identities on my interpretations so that I could do my best to bracket them, while also acknowledging that they may never be entirely bracketed. Epoche and the procedures by which I attempted to bracket my biases and assumptions are described below.

While phenomenology calls for the researcher's subjective experience to be bracketed, understanding the subjective experiences of participants and especially the commonalities across participants is an important aspect of the research method. Regarding the phenomenon itself, Moustakas (1994) wrote that inquiry begins with the subjective experience of an individual; however, an underlying intersubjective reality

exists. That is, while each person's perspective has validity as a single source of truth, by combining multiple persons' perspectives, we can come to understand essential components of the phenomenon under study. The primary source of the information that I used to understand this intersubjective reality is my reflective and intuitive experience with the data (Moustakas, 1994). As the researcher, my own intuitive and reflective abilities were important tools by which this essence is discovered. Epoche and trustworthiness measures were put in place to ensure that my biases did not negatively impact my intuitive perceptions of the data. More information on the procedures by which I worked toward this goal are described later in this chapter.

In summary, the purpose of phenomenology as a method is "to determine what an experience means for the persons who have had the experience and are able to provide a comprehensive description of it" (Moustakas, 1994, p. 13). Put another way, "Phenomenological descriptions...are possible only by turning from things to their meaning, from *what is* to *the nature of what is*" (Schwandt, 1997, p. 114, emphasis added). Additionally, phenomenological descriptions contain both a textural description (that is, what are the surface qualities of the phenomena?) and a structural description (how did this phenomena come to be?) (Moustakas, 1994). In order to discover the essence of vulnerability, I utilized the following methods: epoche, phenomenological reduction, imaginative variation and synthesis of meaning and essence (Moustakas, 1994). Each of these steps built on the one before; for example, phenomenological reduction will not be successfully accomplished unless epoche is fully attained. I will now explain what each of these methods entails, and how I accomplished the goals of

each component, to ensure the success of the next component as well as the trustworthiness of the study overall.

### **Steps of Phenomenology**

**Epoche.** Derived from the Greek word for “suspension” (Moustakas, 1994), epoche refers to the bracketing of judgments and assumptions. The goal of epoche is to allow the researcher to attempt to have an unbiased perspective of the phenomenon being studied. By identifying and attempting to remove biases, the researcher is able to see what is actually before them (Moustakas, 1994).

The Epoche gives us an original vantage point, a clearing of mind, space, and time...anything whatever that has been put into our minds by science or society, or government, or other people, especially one’s parents, teachers and authorities, but also one’s friends and enemies” (Moustakas, 1994, p. 86).

Central to epoche is that I, as the researcher, am open with my readers, and myself, so that I can bracket my judgments and presuppositions, and so readers can make informed decisions about the conclusions of my study. This was accomplished by self-reflection, and by having an external auditor (a male counselor) review written and verbal accounts of my biases and assess whether they were impacting the conclusions I drew from the data. As a first step towards identifying and sharing my biases, I have included my researcher stance, included below. As I engaged with participants, my understanding of my own biases and experiences expanded (Moustakas, 1994), and so I engaged in reflective journaling throughout the research process to continue my self-examination. I wrote researcher journals throughout data collection and analysis, and informed my external auditor as I discovered additional biases so that he could be aware for their impact on my conceptualization of the data. In Chapter IV, I provided information about common themes from my researcher journals, as well as my personal reactions and

reflections on each participant. In this way, readers can make informed decisions about the trustworthiness of my study. In addition to my personal biases, I must thoroughly explore and explain the theoretical foundations of the study, so that the assumptions inherent in each theory may undergo *epoche*. I will now detail the epistemological and theoretical frameworks, as well as present my researcher stance, so that my assumptions are transparent.

***Epistemology.*** The epistemological lens that I applied to this study is that of feminism. When applied as an epistemology, feminism suggests “not that women *know* in a way fundamentally different from that of men, but that they *theorise the act of knowing* in a way different from that of men” (Crotty, 1998, p. 174, emphasis in original). This feminist way of knowing was deemed most appropriate for this study for four major reasons. First, it honors emotional information as a legitimate data source (Jaggar, 1989). Because experiences of vulnerability have been found to yield strong emotional responses (Jordan, 2008; Kreider & Helm, in progress; Sabatino, 1999), it is important that participants’ emotions were taken as a valid source of information about the phenomenon of vulnerability.

Secondly, feminist epistemology posits that the socially constructed nature of gender is central to understanding many phenomena (du Beauvoir, 1953). As explored in Chapter II, a significant assumption of this study is that gender role socialization prohibits (or at a minimum restricts) the expression of vulnerability by men, which thereby may limit their therapeutic effectiveness and/or may cause them to experience gender role conflict. Feminists have asserted the importance of understanding gender-based social mandates with regards to understanding the psychology and experiences of

women (e.g., de Beauvoir, 1953; Miller, 1986). Through this study, I sought to add to the growing literature that explores the impact of such social pressures on men, specifically male counselors.

Third, feminist epistemology questions the legitimacy of dichotomies such as male/female, rational/emotional, and vulnerability/strength (Crotty, 1998). Embracing ambiguity, feminists have explored the overlapping nature of such concepts. This view of the world is key to this study, as vulnerability is viewed as a means to creating growth-fostering relationships, not as a means of surrendering one's strength or power. Finally, the view of vulnerability as a source of great relational potential originated from Relational-Cultural Theory. It served as the theoretical foundation for this study, and it is based on the feminist notion that development occurs in relation to others (Surrey, 1991). These four assumptions were essential to this study, and as such, feminism provides a fitting lens through which to conceptualize the way of knowing that guides this inquiry.

Applying feminism as the epistemological lens for a study with only male participants may seem incongruous (Crotty, 1998). In fact, feminism is not only applicable to men, but may uniquely illuminate aspects of their experiences (MacKinnon et al., 2011). Simone de Beauvoir wrote, "one is not born, but rather becomes a woman" (1953, p. 273). I would argue that the same is the true of men, and that understanding what is implied in that "becoming" is key to understanding the vulnerability experiences of male counselors. As Crotty (1998) pointed out, men are "victims as well as perpetrators of patriarchy and sexism...patriarchy and sexism are not fetters worn by females only; they severely limit human possibility for males as well" (p. 162). Through

this study, I hoped to understand whether patriarchal notions of masculinity limit male counselors' potential for relationship building and vulnerability.

*Theory.* As stated briefly above, Relational-Cultural Theory (RCT) provides the theoretical foundation for this study. It specifically posits that vulnerability is a critical component of effective counseling (Jordan, 2000; 2001; Walker, 2004). Concepts from RCT guided the development of this study, and as such reflect underlying assumptions that must be addressed and detailed for the purpose of epoche. I will now describe the major concepts of RCT and explain how these concepts informed the present study.

Relational-Cultural theorists (Miller & Stiver, 1997), emphasize the importance of relationships in optimal growth. They state that individual growth occurs in relationship to others, and that psychological growth is characterized by the ability to be a part of complex and diverse relationships. Additionally, they suggest that increased relational competence is the goal of development and psychological health and that maturity is characterized by increased mutuality with others (Comstock et al., 2008; Jordan, 2000). These assertions illuminate the importance of assisting clients with the development of relationship skills in order to help them achieve mental and emotional health.

Not only does RCT emphasize the importance of relationships outside of the counseling room, but also the relationship between counselor and client. Relational-Cultural theorists state that growth-fostering relationships (such as those between therapist and client) are characterized by mutual empathy and mutual empowerment. They add that growth-fostering relationships require genuineness, and that participation in a growth-fostering relationship will create growth in both participants (Comstock et al., 2008; Jordan, 2000). These concepts highlight the need for counselors to be able to enter



into growth-fostering relationships with clients, including expressing mutual empathy. Mutual empathy, as described in Chapter II, requires vulnerability (Jordan, 2008). The rationale for this study is based in part on the assumption that counselor vulnerability is a necessary aspect of an effective counseling relationship. While this assumption is based in RCT, it is also echoed in my own experiences. I will now describe my assumptions regarding the present study and explain to the reader how I came to develop these biases.

***Researcher stance.*** In qualitative research, the biases of the researcher must be explained to the reader so that she or he may determine whether the researcher has sufficiently bracketed them throughout the study (Creswell & Miller, 2000). My assumptions have been influenced by various sources, including the existing literature and my experiences as a woman, counselor, counselor educator-in-training, and supervisor-in-training. Here I will revisit the assumptions provided in Chapter I, providing additional context for the reader regarding how I came to these beliefs and assumptions and their potential influence on my interactions with the participants and the data.

*The impact of gender role socialization.* First, the fundamental assumption guiding this study is *that people experience gender role socialization that impacts how they view themselves and the world.* This assumption comes from my personal experiences with gender role socialization, my understanding of feminism, as well as witnessing the experiences of others. As a woman, I have experienced pressure to feel, look and behave in ways prescribed by a patriarchal society. Through examining the dominant discourses about who I am “supposed” to be, beginning in a women’s studies course in college, I have found some freedom from the constraints of gender role

socialization. While my feelings and behavior usually still originate in patriarchal expectations (for example, feeling guilt over ordering a higher calorie entrée than my male partner at restaurants, because women are “supposed” to be thin), through critical analysis I can usually move towards a healthier perspective. Though there are numerous examples of experiences when I have been impacted by gender role socialization, most are only tangentially related to the present study, and therefore I will focus on experiences that have influenced my other salient assumptions.

One such assumption related to the present study is that *gender role socialization impacts counselors as they work with their clients*. Personally, I have struggled with confronting clients and with allowing myself to take up space in the counseling room and in counseling relationships. I think a significant part of this growth edge for me has been my internalization of the patriarchal message that women are supposed to be nice and caring, rather than direct and opinionated. As a consequence of my unwillingness to step outside of this restrictive idea, many of my early clients did not get the benefit of my honest opinions and observations.

In addition to my own experience of being limited by gender role socialization, I have also seen male counselors hindered, and have come to the assumption that *counselors and counselors-in-training need, and typically want, feedback about how their personal attributes (including gender) impact their efficacy*. One supervisee comes to mind especially when I consider this assumption and how I have seen it in my work as a supervisor-in-training. This particular supervisee is a middle-aged Caucasian male who was transitioning from the business world into a counseling career. I had the pleasure of supervising him during his first practicum course. He questioned my legitimacy in

providing guidance to him due to my age, and at first was dismissive of my supervisory and instructional abilities. My other co-supervisors and I were concerned about how he would do with clients, in part due to his pattern of trying to compete with and dominate peers, even in role-plays. I know now that this is consistent with the success, power and competition aspect of gender role socialization, as described in Chapter II. In the counseling room, he would have moments of great skill and empathy, but would almost always fall into providing advice at some point in the session. In a supervision session I suggested to him that this might be because in his life as a businessman, and as a father of many children, he was looked to for answers and solutions. This prompted him to examine how this externally imposed and internally reinforced pressure impacted his relationships both in and out of the counseling room. In his final evaluation of my supervision, he noted that better understanding his “strong personality and use of power” was especially helpful. This experience, among others, has led to my assumption that *limitations in counseling efficacy that are related to gender role socialization can be greatly reduced when a professional mentor (often a counselor educator or supervisor) brings the supervisees awareness to this experience in a non-judgmental and empathic manner.*

While I believe that addressing the impact of gender role socialization on the counseling efficacy of counselors and counselors-in-training is important, I also have seen that sometimes this creates a great deal of discomfort. Salient to this study, a specific assumption that I have developed is that *when some men experience vulnerability and feel uncomfortable, they sometimes react inappropriately.* During my Master’s program, I participated in a group therapy experience as part of our group class

requirements. During group, a male colleague and I shared a moment of closeness and authenticity, during which I felt that I (and the rest of the group) saw the “real” him, perhaps for the first time. After group, several Master’s students went out for drinks to decompress after the intensity of group. I don’t remember what exactly was said, but someone made a comment insinuating that I may have seen this colleague become emotional during the group experience. He said, “she was giving me f--- me eyes through the whole thing.” These words still sting, and they were incredibly surprising and painful that day. At no point had there been any sort of attraction or sexual overtones to our relationship, and yet he reduced me to a sexual object by insinuating as such.

As I reflect on this experience now, I interpret that comment as a way that my peer may have both validated the emotional vulnerability he experienced as a means to a sexual end, while also projecting an image of himself as a strong, macho man who dominated women. His expectation of himself to adhere to gender role socialization was in direct contradiction to what had been expected of him in the group experience, likely creating discomfort, which may explain his uncharacteristic and rude statement. This experience (and others like it) informs both my assumption, and also how I plan to consider my participants’ comfort during the interviews I will conduct. While I fundamentally believe in the goodness of people, as a woman I also have to consider my own safety, especially when conducting one-on-one interviews with strangers. Recalling this experience, I have realized that I need to hold an awareness of my participants’ discomfort throughout the interview process. This is to enhance my data collection, and also to ensure that participants do not become so uncomfortable that they lash out at me, emotionally or physically.

A related assumption that I have developed through my work as a supervisor is that *some male counselors-in-training struggle with negotiating their notions of masculinity and the behaviors required of them as counselors*. This was especially demonstrated to me when I supervised another male CIT during his first practicum experience. At first, it seemed that he could express deep empathy for his client, and was willing to connect to her in a genuine and vulnerable way. However, it became clear that he was not able to consistently behave in this way, and the faculty supervisor, a fellow doctoral supervisor-in-training and I became concerned about his inconsistency. When we discussed this in individual supervision, he noted that his major concern was what the men in the practicum course were thinking as they watched his counseling sessions. He said that it was easier to be vulnerable with his female client than it was to be vulnerable in front of the other men in the practicum. This contributed to my assumption that some of what he was doing in the counseling room felt inconsistent with the expectations of him as a male.

While some male counselors-in-training and counselors may struggle with navigating the apparent conflict between their masculine identity and their behaviors as counselors, I also have the assumption that *for some male counselors, great relief is found in being in an environment in which they can embrace vulnerability and emotional expression*. This assumption is based on my relationships with some male colleagues. One male counselor in particular comes to mind. This individual seems to have an innate ability to empathize and connect with others. He grew up with several brothers and when I asked if he had always been empathic and sensitive to the feelings of others, he said yes, but added that his nature was “almost beat out of me.” I remember when he made this

statement that I felt both sad that boys and men have that experience, and grateful that he was able to hold on to that part of himself long enough to enter a profession that respects and values those tendencies.

Due to these experiences, among others, I have a passion for working with supervisees as they negotiate the impact of their identities in the counseling room. I am grateful to have been a part of the development of these supervisees, and such experiences have led me to develop the assumption that *great value exists in helping people in general, and counselors specifically, step outside of the restrictions of gender role socialization*. Due to this assumption, I feel passionate about gaining a better understanding of whether men experience these restrictions, hence, the development of the present study.

*The role of vulnerability in counseling.* In addition to my assumptions about the impact of gender role socialization on counselors and their efficacy, it is also important to address my assumptions regarding the role of vulnerability in counseling. When I started my first practicum, I did not consider that being vulnerable was at all appropriate or necessary in my work as a counselor. I remember my midterm evaluation included an encouragement to utilize self-disclosure, as well as a comment about creating an atmosphere in which it would be acceptable for mistakes to be made, by the client and myself. This perplexed me, because I was not aware of how tightly I was clinging to what I imagined was a “professional” image, and how this got in the way of my connection with my client.

As I progressed through my practicum course, I tried to integrate the feedback I received. I still remember my first real moment of vulnerability with my first client, who

was about fifty years my senior. She made a cultural reference that I did not understand, due to the difference in our ages. When this occurred during previous sessions, I had pretended to know what she meant, using context clues to get the gist of what she was saying. This time, I said simply, “I have no idea who that is!” and laughed at my own lack of knowledge. This felt tremendously vulnerable. In that moment, the seed was planted that has grown into the assumption I now hold, which is that *embracing what makes one feel vulnerable in the counseling room can be very freeing, and also can foster more genuine connection between counselor and client*. I felt more genuine, and I also felt that she and I seemed more connected in that moment than when I had pretended to understand. If I had not ventured into my discomfort and allowed her to see my vulnerability and authentic humanity, our counseling relationship could have suffered.

As I have gained more experience as a counselor, my perspective has shifted, in that I now assume that *some measure of vulnerability is necessary for maximally effective counseling*, because I also believe that *vulnerability is part of connection and the human experience*. While embracing vulnerability is difficult for me, as it seems to be for most people (Kreider & Helm, in progress), I also believe that it has led to some of the most poignant and powerful moments I have had with my clients. For example, I remember working with a female client who struggled in relationships with others. In one of our last sessions she accused me of not really caring about her, insinuating that I was just pretending to because it was my job. It was clear to me that this was clinically relevant, as it mirrored her experiences with others in her life. My initial reaction to her statement was to feel defensive, and to simply reflect her feelings back to her in the hopes that she would see the connection to her other relationships. However, instead I chose to connect

with her primarily as a human being, and I shared with her my confusion and sadness about her perception of me. Combined with this vulnerability was the use of my counseling skills to process and reflect together on what had happened interpersonally between us. While she may still wonder whether I actually cared, I am glad that I reacted authentically in spite of my accompanying feelings of vulnerability. While it was difficult and uncomfortable, it seemed to me that we were connecting on a different level, as I was relating to her as a human being first, and as a counselor second.

Based on this experience of vulnerability leading to enhanced connection, and other experiences as a counselor, I assume that *counselors can be vulnerable without “hijacking” the therapeutic hour*. However, I also hold the assumption that *sometimes counselor vulnerability is not beneficial for the client*. I have seen and heard about counselors’ experiences of vulnerability that seem clinically appropriate, genuine, and appear to benefit the client tremendously. However, I have also seen a counselor-in-training use vulnerability as a tool for connection in a way that was not intentional, and did not take into consideration the impact this could have on the client. This led to a sense that the counselor was taking up more emotional space in the relationship than the client. I believe that this led to the client getting less out of counseling than she could have, and also led to the counselor-in-training feeling unsafe and overexposed. I do not assume that vulnerability is always appropriate; however, I do assume that it can be appropriate, depending on the situation.

I have the assumption that *the counseling profession needs to be having discussions about the role of vulnerability in counseling*, and also that *this is a difficult and inherently vulnerable topic to discuss*. I am aware that talking about counselor



vulnerability can create worry about excessive or unprofessional self-disclosure or the counselor taking focus away from client. It also may cause feelings of anxiety about the potential for boundary violations or other unethical situations. As mentioned before, I do not assume that counselor experiences of vulnerability are exempt from these possibilities, but I also do not assume that all experiences of vulnerability also include something unethical or untoward. I have noticed that counselors seem both intrigued and uncomfortable when I bring up the topic of counselor vulnerability. I have myself experienced the exhilaration and terror in addressing this topic with a group of other professionals. I fear being seen as unprofessional or inappropriate, but I also feel passionate about giving voice to this aspect of counselors' experiences in relationships with their clients.

*My experiences with vulnerability.* Personally, I often struggle with allowing myself to be vulnerable with others, and I have to make a conscious effort to take the risk to do so in my personal relationships. For multiple reasons, I grew up very invested in projecting an image of myself to others that was as flawless as possible. In order to appear "perfect" I would act as though everything was fine when it really was not. Consequently, I struggled with loneliness and depression, due in large part to my tendency to not ask for, or accept help from others. By prohibiting the expression of vulnerability in myself, I did not allow those who were close to me to know that things were not always as perfect as they may have appeared.

As I entered the counseling profession, I realized that I needed to work on my own issues in order to best help my clients. Through my own counseling and self-reflection I have learned that in order to be at my best psychologically and emotionally, I

need to allow others to know the real me, imperfections and all. I have been lucky to learn that when I can truly allow myself to be vulnerable with others, that the majority of the time this yields an incredibly validating and beneficial experience, often leading to my personal growth. While growing up I had a subconscious assumption that being vulnerable was dangerous and often led to pain and invalidation, I now have the assumption that *a profound sense of relief can be found in expressing vulnerability in a trusted environment*. This type of environment can occur with a professional helper, a friend, or even a group of colleagues. While it remains difficult for me to allow myself to let my guard down and embrace vulnerability, I have found that through doing so I have grown in significant and beneficial ways.

*From the preliminary study.* In addition to my personal experiences I also have had the opportunity to identify several of my assumptions through a preliminary study on the topic of vulnerability. More information about this study is included below. One of my key assumptions that was influenced by that study was that *people have some common understanding of what is meant by the word “vulnerability.”* The preliminary study was undertaken primarily to assess whether this assumption was true. I found that there were commonalities across participants, indicating an underlying understanding that was consistent across age, theoretical orientation, and gender. Another important assumption was enhanced by the preliminary study, which was that *vulnerability is always paired with strong emotions*. All of the participants in that study reported strong physical and emotional reactions to their experience of vulnerability. This mirrors my own experiences, and influenced the present study in that I was prepared for participants to have strong emotional reactions during interviews, but also actively worked to bracket

this bias so that I did not expect them to react in a certain way, but instead was able to fully hear about their experiences of vulnerability from their perspective.

In fully hearing participants' vulnerability experiences, I also anticipated that I would experience strong emotional reactions. I journaled about these, and also discussed them with my external auditor to ensure that they were not negatively impacting my findings. As the qualitative researcher, I was the instrument, and so my goal was to be aware of my biases and assumptions, rather than try to eradicate them. These assumptions influenced my interest in this topic, and informed my work in many ways. While I honored the learning that I gained from my previous experiences with vulnerability, counseling, and gender role socialization, I worked actively to bracket my assumptions throughout the study. This ensured that my interactions with participants and the results of the study were as unbiased as possible.

**Phenomenological reduction.** Epoche of the theoretical, epistemological and personal sources of bias sets the groundwork for the phenomenological researcher to be able to clearly see the phenomenon under study, in this case vulnerability. Once epoche is accomplished, phenomenological reduction is utilized to identify the textural description of vulnerability. This requires that "we isolate the phenomenon in order to comprehend its essence"(Merriam, 2009, p. 26). The purpose of phenomenological reduction is to comprehend the intrinsic structure and meaning of the experience, independent of that which may cloud true understanding of the phenomena. This is accomplished by directing consciousness at the phenomena while remaining aware of one's own internal experience. "Phenomenological reduction is not only a way of seeing but a way of listening with a conscious and deliberate intention of opening ourselves to phenomena as

phenomena, in their own right, with their own textures and meanings” (Moustakas, 1994, p. 92). In short, phenomenological reduction describes the process by which the researcher distills participant experiences into a succinct description of the essence of a particular phenomenon, while also maintaining awareness of his or her own experiences of that phenomena. While epoche refers to the researcher identifying preexisting assumptions about the phenomenon, phenomenological reduction requires that the researcher become acutely aware of his or her experiences of the phenomenon, as these are rich sources of information.

The first step of phenomenological reduction is directing one’s attention to focusing exclusively on the topic at hand (Moustakas, 1994). This means that in my interviews with participants, as well as in transcription and data analysis, I focused exclusively on experiences of vulnerability. While it might have been interesting to explore participants’ other experiences as male counselors, I remained diligent in staying focused on the phenomena under study. I achieved this focus through use of researcher journals after each interview, as well as by transcribing the interviews myself. In the preliminary study (described below), I found that by carefully listening to interviews I have conducted as I transcribe, I became more aware of times when I may have allowed the interview to veer off course. As I transcribed, I noted moments such as this and worked to rectify such tendencies in future interviews.

While focus on the specific phenomenon of vulnerability is important, it was also important to remain open to experiences that may be related to vulnerability, even if they did not at first appear to be connected. I could not fully understand the various aspects of participants’ experiences with vulnerability before I began to hear about their

experiences; therefore there were aspects of the phenomenon that I did not anticipate. Through this study the participants will hopefully shed light on the phenomena of vulnerability, in all of its complexity.

The second step as described by Moustakas (1994) is to give all participant statements equal importance. This process, also known as horizontalization, means that I viewed all statements made by participants about vulnerability as equally important, regardless of my own opinion, or how a statement may have connected to existing literature or theory. As I read transcripts of interviews, I viewed each statement as its own “horizon,” representing both a discrete unit of knowledge and indicative of a wealth of knowledge that exists just past it, out of current view. In this way, I was metaphorically standing at the center of the phenomenon of vulnerability, looking outward at the horizons of knowledge that exist based on the statements of each participant. This was accomplished by chunking segments of transcripts and journals into discrete meaning units, that is, separate sections of text that each described one part of the experience. The auditor was asked to read coded transcripts to ensure that I coded every statement that described the experience of vulnerability. Then, each of these segments were treated as equally important and were included in coding and ultimately clustered into themes. More information about coding will be provided later in this chapter, in the section regarding data analysis.

The third step of phenomenological reduction is to remove repetitive statements from participant transcripts, leaving only the most salient statements (Moustakas, 1994). In this step I looked carefully at each transcript and determined the most descriptive participant statements that articulated each concept or aspect of the experience. For

example, if a person repeatedly described the experience of vulnerability as uncomfortable, I sought out quotes that most richly described that experience, and eliminated repetitive statements that describe the uncomfortable aspect of the experience. I then presented the original list of quotes, as well as the reduced list of quotes to my auditor. He was asked to assess whether my biases impacted what I have eliminated from the analysis. He approved of the reductions, and stated that it was his opinion that my biases had not impacted this process.

Reducing the descriptions of the phenomenon in this way yielded a succinct description of each participant's experience. Then I clustered these statements into themes, within and across participants (Moustakas, 1994). During this process I looked for overarching themes that provided a coherent description of the data by collecting statements that are similar. For example, I clustered several salient statements within the theme of "intense emotions," which subsumed the statements about shame, as well as statements about anxiety and fear.

Finally, the phenomenological researcher combines salient statements and themes into a "coherent textural description of the phenomenon" (Moustakas, 1994, p. 97). In this final step of phenomenological reduction, I reviewed the themes created previously and merged them together in a way that best conveys the experiences of participants. This aspect focuses on the textural description, that is, the feel and/or appearance of the phenomenon. The texture of the experience was gleaned from participants' descriptions of vulnerability, including the sensations and emotions that accompanied their experiences. Each of these steps required a great deal of reflexivity on the part of the researcher, as well as "an ability to attend, recognize and describe with clarity"

(Moustakas, 1994, p. 93). These descriptions are a summary of the textural descriptions obtained through interviews. Next, through imaginative variation I conceptualized how these textural descriptions may have come to be.

**Imaginative variation.** Through phenomenological reduction I narrowed down the surface definition of vulnerability; then, through imaginative variation I expanded my perspective again, as I considered what underlying structure contributed to what I have found on the surface. Imaginative variation was used to construct a structural description of the phenomenon under study, the “how” of the experience (Moustakas, 1994). In this stage of the process, I reflected intently on the themes uncovered during phenomenological reduction and considered the many possible underlying causes or influences that may have yielded the feel and/or appearance of participants’ experiences of vulnerability. Moustakas suggested, “we imagine possible structures of time, space, materiality, causality and relationship to self and to others” (1994, p. 99). With the question of “how?” in my mind, and a keen awareness of the many contextual elements that could be present for participants, I again reviewed transcripts of interviews and participant and researcher journals. By selecting salient participant statements, I began to build a list of possible explanations of why the phenomenon of vulnerability appears as it does. Then, using my knowledge of existing literature on feminism, RCT, gender role conflict (GRC), vulnerability, and my own creativity, I hypothesized additional structural descriptions. This process relied on my ability as the researcher to imagine many possible structures that could be intrinsic to male counselors’ experiences of vulnerability. In order to communicate these findings to readers of my study, I selected participant quotes

and descriptions from the literature that best describe the structure of the phenomenon (Moustakas, 1994). These are presented in Chapter IV.

**Synthesis of meanings and essences.** Finally, the structural and textural descriptions were synthesized to portray the meaning and essences of the particular phenomena. The final product of a phenomenological study is a rich description that “keep[s] phenomena alive” (Moustakas, 1994, p. 59). This description captures the essence of the phenomena, and allows the reader to understand what the experience of the phenomena is like for the participants (Creswell, 2007; Merriam, 2009; Polkinghorne, 1984). In Chapter IV, I will present a coherent description of the experience of vulnerability for male counselors that are vivid, include contextual, structural and textural elements, and accurately represent the experiences of participants. Phenomena are constantly in flux, and so the description of vulnerability will likely become outdated over time (Moustakas, 1994). However, in spite of inherent limitations, a description of the phenomenon of vulnerability informs readers about how the phenomenon is experienced by male counselors. This will likely have a variety of implications, discussed in Chapter V.

### **Trustworthiness and Rigor**

Qualitative studies rely on a post-modernist paradigm in which there is no one, ultimate, objective truth (Kvale, 1995; Merriam, 2009). Therefore, the validity of the results is determined by how trustworthy the study is. Merriam wrote “[qualitative studies] are trustworthy to the extent that there has been some rigor in carrying out the study” (2009, p. 209). This echoes the perspective put forth by Kvale (1995), that “[v]alidation here comes to imply the quality of the craftsmanship in research” (p. 26).



He outlined several specific aspects of trustworthiness that are salient in a study based on interviews (Kvale, 1995, p. 27). Here I will go through each of these items, and describe specifically how I addressed each in this study.

The first, *thematizing*, refers to whether the theoretical foundation of the study is clear and logical (Kvale, 1995). To address this, I outlined the literature that supports this study in Chapter II, and additionally have presented the theoretical foundations of feminism and RCT. Secondly, *designing* refers to an ethical design that honors human participants, and a study designed thoughtfully to address the research questions (Kvale, 1995). Initial interviews began with a thorough review of the informed consent documentation (see Appendix E), including a verbal statement of desire to honor participants' comfort levels. To each participant, I said,

Vulnerability can be difficult to talk about. If at any time you feel uncomfortable, please let me know and I would be happy to pause or slow down the pace of the interview. Additionally, I encourage you to honor your own emotions and boundaries, and feel free to stop the interview at any time.

Above and beyond my own stance of respect and gratitude for their participation, I also had oversight from the Institutional Review Board (IRB) of UNC. IRB approval ensured that the design is ethical and considerate of participants' rights throughout the research process. The IRB approval letter can be found in Appendix I. Additionally, phenomenology was selected specifically as it is best suited to address the research questions.

*Interviewing* considerations include whether the participants are truthful, and whether the questions asked are intentional (Kvale, 1995). Utilizing Moustakas' (1994) suggested interview guidelines, as well as lessons learned from my pilot study (Kreider & Helm, in progress), I crafted a thoughtful interview protocol (Appendix A). While there is

no way to ultimately ensure participants' complete honesty, I hoped to create a sense of safety for participants, therefore encouraging them to be truthful in our interviews.

Another way that I fostered honesty is by being willing to be vulnerable myself in expressing my feelings within the interview. For example, in the pilot study I found that when a participant seemed particularly hesitant to describe his experience of vulnerability, sharing my own fears about telling fellow professionals about my own experiences of vulnerability with clients encouraged him to tell his story more honestly.

Fourth, *transcribing*, refers to accuracy of transcription (Kvale, 1995). I used the strategies outlined by Poland (1995) regarding recording equipment and steps to take before, during and after the interviews. Specifically, the recommendations I used were are: utilization of new and up-to-date recording equipment (digital recording software on my computer), employing computer programs (Express Scribe and Dragon Dictation) to expedite the process, choosing quiet places to conduct interviews, speaking clearly and transcribing and/or reviewing transcripts as soon as possible after the interview to maximize recall (Poland, 1995). Additionally, participants were provided with the verbatim transcript of their interviews, and had the opportunity to bring up any inaccuracies that they noticed.

*Interpreting* refers to the requirement of the researcher to consider whether the transcripts can answer the questions we pose, and whether our interpretations make sense (Kvale, 1995). I addressed this aspect of trustworthiness in three primary ways. The first was by having prolonged engagement with participants. This is achieved through conducting three interviews with participants, each approximately one hour long. Additionally, I collected a reflection journal from every participant, and engaged in

member checking during the third interview. “Prolonged engagement involves conducting a study for a sufficient period of time to obtain an adequate representation of the ‘voice’ under study” (Onwuegbuzie & Leech, 2007, p. 239). Especially because I am a woman, and therefore in an important way, an outsider to the culture of male counselors, prolonged engagement was important to ensure that the voice being articulated is the participants’, rather than my own.

Another way that I achieved the goal of interpreting participant experiences accurately was through use of an external auditor, specifically a practicing male counselor. As a woman conducting research on men, I wanted to prepare for the possibility that I might misinterpret aspects of my participants’ experiences of vulnerability. To mitigate this possibility, I asked the auditor to go over transcripts once to assess for the impact of my biases on interviews, and then another time after I had done preliminary coding. He was asked to assess whether I had coded every statement that described the experience of vulnerability, and to suggest additional segments of text that ought to be coded. The list of additional coding suggestions are located in Appendix F. He was also asked to review my initial codes and preliminary themes, and provide feedback and challenges to my interpretation. Specific discrepancies between his interpretation and mine were discussed, and if consensus could not be reached between he and I, I planned to ask a third auditor or the participant himself to provide input. In addition, areas of disagreement were to be described to readers of the study, so that they could assess the rigor and trustworthiness of the study. The auditor and I always reached consensus, so no such areas of disagreement are presented.

While the auditor provided feedback based on his perspective, it was also crucial to assess whether my understanding matched the participants' experiences with vulnerability. To address this, I provided each participant with the combined structural/textural description of the phenomenon, which can be found in Appendix G. I then requested input from each participant about whether the descriptions were (a) accurate and (b) logical. By doing this, I was able to assess the accuracy of my interpretation, while also ensuring that the participants' perspectives and opinions were honored. The final list of themes is found in Appendix H to provide a thorough audit trail of the creation of themes.

An audit trail allows the reader to assess the process of data analysis, and also assists with *verifying*. Verifying refers to whether or not the results make sense, and where they may be logically transferred or utilized (Kvale, 1995). This was accomplished in this study in a few ways. First, I conducted member checks,

[S]haring with [research participants] the meanings and essences of the phenomenon as derived from reflection on and analysis of the verbatim transcribed interviews and other material, and seeking their assessment for comprehensiveness and accuracy (Moustakas, 1994, p. 34).

Additionally, through rich description of the participants and findings, readers will be able to make their own informed decisions about if results transfer to their specific settings (Merriam, 2009). Rich data presentation also addresses (g) *reporting*, which requires the researcher to consider if the presentation of findings accurately represents the data, and if it seems valid to those who read the study findings (Kvale, 1995). I asked participants to review the presentation of findings and provide feedback regarding whether they felt it accurately represented their experiences of vulnerability. Additionally

I utilized at least four reviewers (members of my dissertation committee) to ensure that my findings seem valid and make logical sense as presented.

## **Procedures**

### **Sampling**

I employed a purposive, criterion-based procedure to select participants for this study. Purposive sampling was described by Remler and Van Ryzin (2011) as “choosing people who have a unique perspective or occupy important roles” (p. 156). In contrast to probability sampling, in which all members of a certain group(s) have the same chance of being selected, purposive sampling is utilized when the researcher believes that individuals meeting certain criteria will provide the most rich and relevant data (Merriam, 2009). The criteria that participants must meet were:

- *Male*. This criterion was included due to the gendered expectations of men to be invulnerable (Jordan, 2008; Wester & Vogel, 2002). Transgendered men would also have been included, as they likely have a unique understanding of the impact of gender role socialization on experiences of vulnerability, having experienced being perceived as male, as well as being perceived as female pre-transition. However, no transgendered men volunteered to participate in the study.
- *Graduates from a CACREP-accredited Master’s or Doctoral program in counseling*. This criterion was used to limit the sample to those who identify professionally as counselors.
- *Access to Skype or similar videoconferencing software*. This criterion ensured that participants were able to participate in interviews regardless of their geographic location. Skype is a free software program that is easily downloaded online.

- *Primary professional identity as a counselor, counselor educator, or counselor supervisor.* Important differences exist across mental health professions in terms of training emphases (Mellin, Hunt & Nichols, 2011) that may impact expectations and experiences that would impact vulnerability with clients. Therefore, to increase the transferability of results specifically to the counseling field, I limited my participants to those who are counselors.

Participants were not required to be currently seeing clients, or to hold a current counseling license. This was because “the purpose of the exploration of remembered events is not to produce accurate recalls but to produce an occasion for reflection on the meaning these events have for the participant” (Polkinghorne, 2005, p. 143). Therefore, the passing of time since the experience of vulnerability may in fact heighten the participant’s ability to reflect on the meaning of the experience.

### **Recruitment**

Following Institutional Review Board (IRB) approval, participants were recruited in three ways. Primary recruitment began with a post requesting participation on the American Counseling Association’s (ACA) web forum, ACAConnect (<http://community.counseling.org>). This is a community forum for ACA members, and any member can post a message for other members to view. The recruitment message can be found in Appendix D. A sufficient participant pool was not obtained through this method, so I also recruited through letters, which I mailed to 220 potential participants. This mailing list was acquired through the American Counseling Association (ACA), and only included male counselors. In the initial letter sent to potential participants, I requested that those who did not meet criteria please forward the request for participation

to those who they think would meet the criteria. I also recruited participants through word of mouth by informing my professional contacts of the criteria for participation, and requesting that they pass along my contact information to anyone they thought would be interested in participating, and who met the criteria. Included in all requests for participation was the statement that as a token of gratitude for participation, each participant would be given a \$15 gift card to his choice of Starbucks, Amazon, or iTunes.

Initial requests for participation included a list of participation criteria as well as a description of what was required of participants (three interviews and one journal entry). Information about how to contact me to participate was provided. Once a potential participant contacted me, I conducted a brief screening over phone or e-mail to determine whether or not they met participation requirements. If they did, I e-mailed the informed consent documentation to the participant, and reviewed it with them over the phone or Skype. Once signed and mailed or e-mailed back, this document was stored in a locked file cabinet in my research advisor's office.

I also used snowball sampling as a secondary recruitment strategy. Especially in the beginning of the study, I asked participants to recommend others who they think may meet the criteria for participation (Merriam, 2009). No participants provided me with contact information for their colleagues, but several did state that they would pass my contact information along to those who they thought met the criteria. Consistent with existing phenomenological research, I recruited 11 participants. I followed the guidelines put forth by Merriam (2009) stopping further recruitment of participants when research questions were sufficiently answered, and "a point of saturation or redundancy is reached" (p. 80). I determined this by reviewing transcripts of each interview and

assessing whether or not the most recently interviewed participant discussed anything novel that had not been discussed before. Once I reached the point where it seemed as though no new information was being gained by continuing to interview new participants, I ceased new participant recruitment. I did not limit recruitment to Colorado, as the capability to conduct interviews through the Internet (via a program such as Skype), permitted me to include participants outside of the state without prohibitive expense or inconvenience. By recruiting nationally, I hoped readers would find the results of the study to be more transferable to their specific setting and state.

### **Data Collection**

**Interviews.** Phenomenological studies typically are conducted using long, semi-structured interviews as the primary data collection method, with some questions developed in advance, but not necessarily used verbatim (Moustakas, 1994). Moustakas recommends beginning interviews by orienting the participant to the experience being studied (feeling vulnerable with a client), and then to guide the participant to describe “moments of particular awareness and impact, and then to describe the experience fully” (Moustakas, 1994, p. 114). In order to gather a complete textural description, I was aware of gathering information about the participants’ thoughts, emotions, and ideas related to the phenomenon, as well as requesting examples when appropriate. The interview protocol, created using Moustakas’ general interview guide (1994, p. 116) can be found in Appendix A. In phenomenology, the researcher is the primary instrument for data collection, and so I listened to my intuition regarding what appropriate follow-up questions to ask during interviews. Self-reflection ensured that I, as the instrument, was acting in as unbiased a way as possible, so I also made a point to specifically reflect on



what my intuition told me about each interview. After the first two interviews I recorded a researcher journal using the questions outlined in Appendix C (Self-Interview Reflection Questions). These researcher journals were shared with the external auditor, and themes will be presented to the reader in Chapter IV.

Three interviews were conducted with each participant. The first took approximately one hour, and I used the interview protocol provided in Appendix A to get a sense of the participant's vulnerability experience. After this interview was transcribed, I e-mailed the participant the transcript, as well as a journal prompt, found in Appendix B. The journal prompt was intended to orient participants to the potential impact of their male identity on their experience of vulnerability.

The second interview took place at least 24 hours after receiving their journal entry. In this interview, I followed up on participants' written response to the journal prompt, as well as on what they said during our first interview, as appropriate. Participants were told during the first interview, and reminded by e-mail when I sent the journal prompt that they were encouraged to bring any item with them to the second interview that might help them articulate their experience more fully. These items were not be collected as data for analysis, but served instead as a means of facilitation for the participant as he told his story of vulnerability. Participants were informed that bringing an item to this interview is completely optional. Most participants chose not to bring artifacts to our second conversation. The few who did were asked to describe what the meaning of the artifact was to them as it related to their vulnerability experience. These verbal or written descriptions were then included in data analysis.

Following the second interview, I constructed a tentative textural and structural description of the participants' combined experiences. The third interview was primarily for the purposes of member checking. Prior to this final conversation, I provided participants with the second interview transcript, as well as with my tentative description of the combined experience of vulnerability. The third conversation consisted of discussion regarding the accuracy of my description. It typically took between 30 minutes and one hour. All interviews were conducted via Skype, FaceTime, or some combination. For one participant (pseudonym: Jim) technical difficulties prohibited us from using Skype for the audio component, so we used videoconferencing feature in Skype while speaking to one another by phone.

**Journals.** Participants were asked to write one journal entry in response to a prompt. This occurred between the first and second interviews. They were asked to send this to me via e-mail. I asked that they complete this at least 24 hours before the second interview so that I could ask follow up questions if appropriate. Most participants requested that they be given extra time, and most second interviews ended up being rescheduled as a result. The purpose of the journals was to provide an outlet for participant reflection on aspects of the phenomenon that they may have not been aware of in the original interview. Additionally, the data from these writings was used to triangulate findings with other data (such as from interview transcripts). The journal prompt can be found in Appendix B.

**Data handling.** Interviews with participants were recorded using a digital recording device, namely Call Recorder (Ecomm Network) This is an application that records the audio component of conversations directly from the Skype program. After

recording, the interviews were uploaded into a password-protected Dropbox folder and onto my password-protected computer. During transcription, all identifying information such as job setting, geographic location, race/ethnicity, etc. was removed, and the participant's chosen pseudonym was associated with their interviews and journal entries. After transcription, recordings were deleted. I conducted all transcription, as this provided intimate understanding of the data (Merriam, 2009), as well as enhanced accuracy of transcripts (Poland, 1995). I used Dragon Dictation software (Nuance) to assist me with transcription.

**Data analysis.** Moustakas (1994) presented an analysis method that I utilized as a framework for my own analysis. I used NVivo, which is a qualitative data analysis software created by QSR International, to assist with data analysis. I modified Moustakas' suggested steps (1994) according to the specific functions and capabilities of the NVivo software. NVivo has the capacity to store transcripts of interviews, researcher journals, participant journals, and any other sources of data that are audio or visual in nature. The NVivo program and project file were kept on my personal computer, which is password protected. No identifying information was included in the NVivo file, as that will be removed during transcription. The primary purpose of using NVivo was to simplify the coding process.

Once all relevant documents were uploaded into NVivo, data analysis began. The first step in data analysis was to analyze my own researcher stance. I examined my researcher journals, researcher stance, and my answers to the interview questions about my experiences of vulnerability with clients. To analyze these written documents, I did the following:

1. Read each statement and decided if it describes the experience of vulnerability with clients.
2. Coded each statement that describes the experience of vulnerability into the node titled “description.”
3. Reviewed the list of all quotes coded into the “descriptions” node and through a constant comparative method (Leech & Onwuegbuzie, 2011) created a list of nodes with descriptive names (e.g., “feelings of fear”).
4. Synthesized themes, and individual meaning units into a textural description of the experience, including specific examples (such as quotes).
5. Reflected, and used imaginative variation to elucidate a structural description of the experience.
6. Combined the products of step 4 and 5 to create a textural-structural description that captured the essence and meaning of the experience.

After I analyzed my own experience with vulnerability, I then repeated this process for each of the participant’s transcripts. I then presented the combined textural-structural description to each participant in order to assess whether or not my understanding was accurate to his experience of the phenomena. Participant feedback was incorporated to yield the final results of the study, which will be presented in Chapter IV.

### **Preliminary Study**

A preliminary study was conducted regarding male and female counselors’ experiences with vulnerability, in which three men and three women participated (Kreider & Helm, in progress). For the purpose of this summary, I specifically reflected on the male participants and will now present the lessons learned from the preliminary

study, and how those lessons informed the present study. These lessons can be organized by their impact on development of procedures, recruitment and data collection.

The present study was developed in direct response to comments from male participants in the preliminary study (to protect confidentiality, all participant names discussed here are pseudonyms). For example, Poppo described an experience of vulnerability with a male client and said,

I was almost turning my back on culture 'cause I had learned that being a male means big muscles, strong, like don't show emotions or weakness and here I was doing the exact opposite, with another athlete, and I think there was some fear of being judged by him, like what if he's like "oh this guy is soft."

Karl reflected on the impact of gender-related messages he has received in his life on his conflicted feelings during a moment of vulnerability, stating "Yeah, 'because you're a man, you shouldn't be, you know, emotional,' or 'you need to keep the brick wall up because that's what men do.'" When asked to choose a pseudonym, the third male participant, David, nervously joked "I'm probably like the only guy anyway, so people are gonna [laughing] know it's me anyway." In addition to these comments and others like them, all three male participants described moments of vulnerability that occurred with male clients, prompting me to wonder if the gender of the client impacted their feelings of vulnerability. These experiences with the male participants in the preliminary study piqued my curiosity about the impact of gender on male counselors' experiences of vulnerability.

The preliminary study influenced my recruitment strategies for the present study in a few important ways. Firstly, I previously knew all participants in the preliminary study, to some degree. While this may have increased their feelings of safety in sharing a vulnerable moment with me, I also think that there were two significant drawbacks. One

is that occasionally I felt that they might be answering in a way that was more in line with what they imagined or knew that I thought about the topic and things related to it. For example, Poppo said, “my belief is that if truly what is the number one healing ingredient is the relationship – I know I’m talking to someone who agrees – I don’t want to get you started!”

In addition to the concern that knowing me might have influenced the data, interviewing participants who I already knew might have limited potentially valuable data. Valuable information was not explicitly stated during interviews because of a shared understanding between participants and myself, based on our other relationships. For example, David would often add to his statements the question “you know what I mean?” Since I had an understanding based on what I knew of him outside of our relationship as researcher and participant, I always said “yes” even if what he had said during the interview did not sufficiently clarify what he meant. In hindsight, having him explain more of what he meant would have enriched the data further, however it might also have seemed incongruent since in actuality, I did know what he meant. For these reasons, I chose to recruit participants who were unknown to me for the present study.

In addition to lessons learned about recruitment, I also refined my interview protocol through noticing some drawbacks in the preliminary study. In a demographic survey at the end of interviews in the preliminary study, I asked participants their gender, age, years of experience and theoretical orientation. While these provided interesting information, I realized the questions about years of experience and theoretical orientation were unnecessary for the present study. It was of interest to me to address whether vulnerability experiences differed across therapeutic approaches. Since the preliminary

study provided evidence that theoretical orientation does not have a meaningful impact on counselors' experiences with vulnerability, and because that question took up a lot of time that could have been spent on other topics, I decided to remove it from the current interview protocol.

Finally, the preliminary study illuminated the importance of multiple identities and their impact on experiences of vulnerability. One participant mentioned the impact of his race (African-American) as being a salient aspect of his vulnerability experience. Given the research indicating that the impact of gender role socialization may differ across sexual orientations (O'Neil, 2008), I included additional demographic questions about the participants' sexual orientation, as well as an open-ended question about any other identities that they feel are salient to their experiences of vulnerability.

### **Summary**

In this chapter I have explained the appropriateness of the chosen research paradigm, methodology, epistemology and theoretical foundation for this study. These are qualitative, phenomenology, feminism and Relational-Cultural Theory, respectively. Additionally, I explained the steps of phenomenology which are epoche, phenomenological reduction, imaginative variation and synthesis of meanings and essences, and discussed how I approached each of these steps philosophically, as well as procedurally. I addressed trustworthiness and rigor, including presentation of my researcher stance. Finally, I described the procedures for recruitment, data collection and data analysis, and discussed the lessons learned from a preliminary study on the present topic.

## **CHAPTER IV**

### **FINDINGS**

#### **Introduction**

In this chapter I will present results of the study. First, I will introduce readers to participants, presenting their demographics and each participant's described experience of vulnerability. A summary of this information can be found in Appendix J. Next, I will present the themes that emerged from the data, including direct quotes to illustrate each theme. Finally, I will present results of the steps taken to promote researcher reflexivity, including biases noted by the external auditor, and my reactions to each participant. A diagram of the themes can be found in Appendix H.

#### **Participants**

Eleven male counselors participated in the study, with all 11 completing all steps of the research process (two interviews, journal prompt, and member checking conversation). Two of the participants identified as homosexual or gay, and nine identified as heterosexual or straight. All identified as Caucasian. Participants ranged in age from 28 to 60. In this section each participant will be introduced, with demographic information about race, sexual orientation and age provided in the participant's own words. As described in Chapter III, all participants were asked if they had any additional identities that were salient to the moment that they described. Any additional salient



identities they described are presented here. Participants chose their own pseudonyms, which are used throughout this document.

### **Alex**

Alex is a 56-year-old, white, straight man. He described a vulnerability experience in which a gay client was graphically describing a casual sexual encounter he had, and while assuming Alex was also gay, was asking Alex about his experiences with casual sex with men. This caused Alex to feel vulnerable because he did not want to disclose that he was straight for fear of the client being upset. A colleague told Alex that this client had stormed out of a counseling session with a prior counselor upon finding out that counselor was straight, and so Alex was worried about how the client would react if Alex were to disclose his sexual orientation. Additionally, Alex described how the moment caused feelings of being unsure of what to do, saying, “the vulnerability part came because then I was faced with ‘how do I respond to this person?’” Part of Alex’s experience was feelings of shame, which connected for him to having been sexually abused in the past.

Alex noted that his identity as being straight was the most salient identity during this experience, due to his client’s assumption that he was gay. He also noted that he holds several privileged identities, namely that he is cis-gender, White, and Christian. He stated that these identities were salient because he wanted to be aware of his privilege during this session, as well as in his counseling practice in general.

### **Alex B.**

Alex B. is a 28-year-old, heterosexual, Caucasian male. He described a vulnerability experience in which a male client who was described to Alex B. as having

antisocial traits was demanding during an intake session, giving him “this really odd, unsettling feeling.” Alex B. described that the client asked a lot of questions that Alex B. felt were intended to challenge him. Ultimately, the client grabbed Alex B.’s clipboard from his desk, which Alex B. felt was inappropriate, given that this was their first session, and Alex B. had not yet told the client that he was permitted to see Alex B.’s notes. This led to Alex B. feeling invaded and worried about his competence.

Alex B. noted that being “a son of [his] father” was an identity that impacted his vulnerability experience. He further elucidated the connection, saying, “I feel like a lot of that sense of incompetence was initially developed, you know as a part of my relationship with my dad.” Alex B. also noted that his identity as a beginning counselor was salient to the experience that he described. He shared that being new to the field lead to a strong desire to establish his competence as a counselor. He said, “I’m trying to make my identity as a young professional, or youngish professional...so that was probably pretty relevant, so that I had added more meaning and value to what I do.” In this way, Alex B. described how his experience of vulnerability was heightened because, as a beginning counselor, he was placing a high value on establishing his competence. When his client grabbed his clipboard, it challenged Alex B.’s perception of his ability to manage the actions of a difficult client, and therefore he questioned his overall competence.

### **Allen**

Allen is a 30-year-old, white Caucasian, heterosexual man. He described a vulnerability experience in which his client disclosed that he had been a perpetrator of sexual abuse. Allen’s strong angry reaction to the client, led to feelings of vulnerability. He felt his response was inconsistent with his role as the client’s counselor. He said, “I

want to react in a certain way but knowing that I can't." Regarding his vulnerability experience, Allen stated, "I would call it a mistake...it was definitely something that I should have been more prepared for but I wasn't."

When I asked about additional identities that Allen thought might have impacted his experience of vulnerability, he said, "I suffer from depression. Never diagnosed, but I think that could have played into it? I don't know." When I asked for further clarification, he stated that the moment, "allowed me to kind of remember some of my old stuff myself," but then added, "eh, it's not something I directly relate, but it kind of could have had an effect maybe."

### **Bill**

Bill is a 45-year old, white, heterosexual man. The moment of vulnerability that he described occurred when a client described a near-death experience that was quite similar to something that Bill had experienced. He said, "it was a vulnerability in that I, I felt it could be me." At the start of our conversation, Bill characterized the moment as "a failure, because a big goal of anyone who's in a counseling relationship is to maintain that...professional separation between their own experiences and what they're trying to help their client get through." By the end of our discussion, Bill stated, "I look back now and in talking about it I guess I've come to a different realization that maybe I didn't, I didn't do as badly in the movement as maybe I thought I did."

Bill's additional salient identities were tied to his unique work settings. He had a career in law enforcement prior to becoming a counselor, and at the time of the interview worked in a police department as an officer and as a member of a crisis response peer support team. In that role he sometimes served as a counselor, and often provided

informal support to his fellow officers. He identified as a “responsible protector” which connected to his vulnerability experience in that he felt that as a counselor, he is “the one who is supposed to know what they’re doing and do it the right way and not make mistakes.”

Additionally, Bill noted that he identifies as childless and that this was salient to his experience because the fellow officer he was talking to had children. This impacted Bill in that he felt that “I can’t say that I know exactly what that would feel like because I don’t, I don’t have that experience.” While he and the client had many shared identities, this was an area of difference that felt important to Bill.

### **Erick**

Erick is a 48-year-old, white, gay man. He described two moments of vulnerability, both occurring with male clients with whom he worked while at an agency primarily serving clients who were HIV-positive. The first experience was with an African-American client who stood over Erick’s chair, and brushed his face against Erick’s face. He worried that he should have stopped the client from getting close to him physically. The other situation that Erick described as vulnerable for him was with a younger male client who repeatedly asked Erick about the size of his penis. In that situation he eventually chose to talk to the client as he would anyone else. He said, “I just got real with him like I was talking to anybody who is asking an inappropriate question.” Both situations felt vulnerable to Erick because he wondered if he was responding the right way.

Erick's additional salient identities came up during our conversations; specifically that he is a felon. The African-American client that Erick described had recently been released from prison, and Erick said,

I felt this bond, this brotherhood with him, and part of that is that I'm a felon, I never did time and I think that's because I'm white and privileged. . . .there's a part of me thinking, "well, *you* don't know it, but we are really kind of brothers when it comes to that."

Erick also talked about what he termed "gay privilege" with regards to being emotionally aware and expressive. He explained, "I think it's kind of gay privilege, or just weird privilege. You know, that I grew up almost without a choice. And I felt like me being emotional and emotionally aware it was just who I was, and I couldn't fight it [laughing]." While he acknowledged that "flamboyant emotionality" was part of a gay stereotype, he also noted, "it's worked for me in a lot of different ways. Especially as a counselor, it's been very helpful."

### **Henry**

Henry is a 32-year-old, Caucasian, heterosexual man. The vulnerability experience that he described occurred in his work as a school counselor when a male student disclosed to Henry that his parents were getting a divorce. Henry said that the client, "started to lose it, lose it right there in my office." This felt vulnerable to him because his parents had also divorced when he was about the same age as the client, and he had been very negatively impacted by that experience. In describing what felt vulnerable to him with this client, or in other situations, Henry stated,

When I am vulnerable with a client, it means that I am willing...to let myself experience some of the things that he or she is experiencing...let myself be free to have those emotions, and to not be afraid of them.

Henry noted that a salient identity during this experience was about being a child of divorced parents. This identity helped him connect to the client's emotions and he found himself remembering his own experience while with the client. Additionally, he stated that there was a small part of being a concerned father, as he is a father and "while I wasn't old enough to be this kid's father, I was a father and I obviously still am....it was enough to make me think 'huh, now I'm on the other side of things.'"

### **JF532**

JF532 is a 31-year-old, white, heterosexual man. The vulnerability experience that he described occurred when he was counseling a young male college student whose mother had recently died. JF532 shared that his mother had also died when he was around the same age as his client, and he felt vulnerable in that he was

[t]rying to relate to the client in some way and self disclose about my own experience, and so the vulnerability was showing some of that weakness, that sadness, but not allowing it to completely consume my work.

The vulnerability moment spanned two sessions; the first when the client reported that he had recently gotten the news that his mother had died, and the subsequent session when JF532 chose to disclose about his own loss.

JF532 noted other identities that were salient to his vulnerability experience. Specifically, these were being a counselor, student, son and sibling. Regarding his identity as a counselor, he noted, "I was in my counselor role with my client there, and I had concerns about the way that I was working with them." JF532 was enrolled in a doctoral program during his experience, and stated that this impacted the moment because, "I view myself very much as a student, in the process of becoming very much more of the professional...I definitely still see myself as a student and I'm always

learning.” He also noted that it was salient because he wanted to check in with his supervisor right away, noting “that evaluation piece” was important in the moment. Finally, his identities as a son and sibling were important because he was remembering his own experiences with his mother’s passing and trying to both bracket these and also use them to inform his empathy for his client.

### **Jim**

Jim is a 60-year-old, Caucasian, heterosexual man. He described a moment of vulnerability in which a female client reminded him of a close friend. He elaborated,

That was okay, but she started talking to me about how her boyfriend had been physically abusing her and I found it actually getting me angry and I realized I couldn’t work with this person because...I was identifying her with my friend, so I gave her to another counselor.

In reaction to his experience of vulnerability, Jim consulted with his supervisor and ultimately chose to transfer the client to another counselor.

When asked about additional salient identities in our first conversation, Jim did not identify any; however, in his journal he noted, “I come from an emergency services background (Emergency Medical Services and Law Enforcement) and I still retain the mindset of running to the danger and not away from it.” During our second conversation I gathered more information about this. Jim stated that having come from an emergency services background was connected to his experience because it increased his feelings of wanting to intervene on behalf of the client and protect her from her abusive boyfriend.

### **Peter**

Peter is a 45-year-old, gay man with white European ancestry. He described a vulnerability experience with a male client who was also gay, and to whom he felt some physical attraction. This client touched Peter’s leg during a session, to which Peter had a

strong reaction. Regarding his reaction to the experience explained that being new to the field increased his desire to behave as a “perfect” counselor.

He described how his identity as gay impacted his vulnerability experience, stating, “if I was straight I would not have had that part of *me* that had the attraction.” He also shared that he identifies as a person in recovery from substances impacted the moment because it made him not want to be as close to the client, who was currently abusing substances. Additionally, he identifies as someone who was not HIV-positive, which impacted the moment because his client was HIV-positive. Peter said, “I didn’t have that insight experience that he had, of having [HIV].” Additionally, Peter described one of his personal experiences that impacted the moment, stating,

I would *not* say that I was sexually abused as a child, or an adolescent. What I would say is that there were...at least several significant instances where someone did something that made me feel completely uncomfortable.

During the moment of vulnerability with his client, he wondered, “could [the client] see that vulnerable, little part of me, that was abused.”

### **Steven**

Steven is a 35-year-old, white, heterosexual man. The vulnerability experience he described occurred in session with a male client who was very emotional, which led to Steven feeling “it wasn’t fully me in control because it was his energy on mine.” The client was about to graduate from treatment and was feeling very overwhelmed and proud, and Steven had a physical reaction to the client, stating, “when *he* had emotion, I experienced a tightness in my stomach and chest area.” In general, Steven described vulnerability as allowing the client to connect with him, specifying, “I think [it is] the



ability to connect and let myself be connected with someone, so just that connection that's going *both* ways.”

Steven noted that his identity as a mental health counselor was salient to his vulnerability experience because it happened while he was in the role of a mental health counselor. When I asked about additional salient identities, he also noted that he had previously read some of Brené Brown's research (mostly on women) regarding shame and vulnerability, and that he had really enjoyed it. However he also noted, “as I read through, all the way through I'm like ‘that's not just women, that's not just women, that's not just women.’” Steven also shared that he occasionally shows clips of Brown's conference talks to his male clients as psychoeducation.

### **Viktor**

Viktor is a 38-year-old, white, heterosexual man. He described a vulnerability experience that occurred with a male veteran client, as the client described a specific war experience. The client was expressing more vulnerability than was typical for him, and in response Viktor felt deep compassion for his client. In response to what the client was sharing, Viktor felt “compassion and you know, sadness,” and noted, “I didn't really know what to say, and I was struggling with the right words, and I was also just realizing, too, that I needed to just sit with him in this struggle.”

Viktor's experience of being in recovery through Alcoholics Anonymous was an identity he found salient to his vulnerability experience. He described that the impact of this identity was that through his recovery journey had had learned to be more in touch with his own emotions, which helped him connect to the client's emotions. Additionally, Viktor spoke about how his experiences with Alcoholics Anonymous allowed him to

develop “deep relationships with men...in our fellowship.” Viktor also noted that his journey through the recovery process had given him the opportunity to explore his spirituality, and that “this huge Eastern spirituality” component was an important part of his identity during his moment of vulnerability. Finally, Viktor noted his identities as both a counselor and a counselor educator were important.

During both interviews as well as in his journal prompt, Viktor discussed his own personal journey with his relationship to vulnerability as a man. For example, he wrote,

I think there’s this isolation that men go through, they’re isolated. I’m isolated. So it’s just realizing that I don’t *need* to be and that I can have relationships with men, and really yeah, in a different way...in a deeper way.

In his journal, he reflected about the moment of vulnerability, writing,

I did not feel shame; I felt proud of myself and was also a testament to my own personal journey of rediscovering the sensitive side in me. For so long I have been ashamed of my own sensitivity – and even afraid of it as I did ascribe it almost feminine and homosexual connotations.

The concept of vulnerability seemed very familiar to Viktor; it was clear it was something he had considered and studied before in his own personal work.

## **Results**

Over fifty themes emerged from the initial stages of data analysis. All sources (interview transcripts, journal responses and descriptions of artifacts) were thoroughly read and coded, according to procedures detailed in Chapter III. The emergent themes were then organized, combined as appropriate, and sorted according to which themes were salient across a majority of participants. Finally, those themes that seemed to represent all or nearly all of the participants’ experiences were examined to determine what relationships existed between the concepts. A structural description emerged that suggested that vulnerability moments are a type of critical incident, and that critical

incidents are impacted by the person-of-the-therapist. I thought that a metaphor of a tree seemed to fit the data, and the external auditor reviewed this structure and agreed that conceptually this made sense based on his understanding of the data. The tree metaphor will be described in detail below.

### **Themes**

Here I present the final themes, including participant quotes to richly describe the participants' experiences. The themes are categorized as follows: themes that specifically describe the vulnerability moment; themes that describe both the vulnerability moment and other critical incidents (significant experiences that impact a counselor's development); and themes that describe the vulnerability moment as well as the person-of-the-therapist.

#### **Vulnerability Moment**

This category of results comprises the themes that specifically describe participants' experiences of vulnerability with their clients. Unlike the categories of themes subsumed under the headings "Critical Incident" and "Person-of-the-Therapist" themes in this category apply specifically to vulnerability experiences. These themes are unique to moments of vulnerability within the counseling relationship.

**Balancing counselor role with vulnerability.** All 11 participants endorsed this theme. It represents how their experience of vulnerability felt like something outside of what they saw as their typical role as a counselor. They reported ways that they tried to reconcile their counselor role and their experience. One common way that participants experienced this theme was by considering counseling terms or concepts intellectually as a means to help them manage or understand their feelings. Alex said,

I've heard countertransference equals evidence a lot of times and so you know I looked at okay, so I was feeling afraid. Why was I feeling afraid? Is it because of something that was going on with him, was it something that was going on with me?

Jim talked about his use of treatment plans to manage feelings of vulnerability, stating, "one of the ways that I keep that wall up, Hannah, is every client that comes in my office we set goals, we do a formal written treatment plan, everything that's done in this office revolves around those goals." By adhering to specific procedures, Jim was able to control his feelings of vulnerability.

Experiencing vulnerability was associated with a sense of authenticity that some participants described as inconsistent with how they felt a counselor should think, feel or behave. Allen experienced this strongly when he felt anger towards his client who revealed he had sexually assaulted someone. Allen said, "inside I definitely did not feel like a professional should," and adding later, "I was not the competent helper that any one counselor should be in order to promote the well-being in others." His human feelings in the moment were in opposition to what he thought he should be feeling as a counselor. Erick's authentic reaction to his client's inquiry about the size of his genitalia was inconsistent with his reaction as a counselor, saying, "basically, you know, in Erick's dictionary it's 'what the f---?' ...you know I ran it through the translation dictionary from 'Erick' to 'counselor' and basically that was the bounce back every time." He felt vulnerable because his internal reaction of "what the f---?" was not consistent with the professionalism he thought was required of him as a counselor.

Participants also talked about hiding their experience of vulnerability from their client in order to maintain a professional stance. Bill said he felt it was important to,

[N]ever [let] them know that I'm troubled by it, because I am the professional, I'm the person that they're coming to see. I can't let them think that 'oh my gosh, this is so bad that he is having trouble with it too,' that wouldn't be okay.

Viktor said,

I am not sure that I disclosed how I was feeling toward [the client] (that I saw him in our moment as beautiful) and I guess I am uncertain to what I extent, as a counselor, I am to disclose this as well.

These male counselors wondered how to act in a way that was both authentic and that honored their counselor role. Some of them described how their authentic reactions were actually beneficial. Erick described how he was able to get to the root of a client's concern, "after I just stopped trying so hard, and stopped trying to be you know the world's best therapist, and just gathered some details, that's when I found out that that day he had overdosed on HIV meds and Tylenol." Peter described feeling like he wanted "to be the perfect counselor", and felt very vulnerable, thinking he abandoned that notion to confront his client. However, he concluded,

[I]f you generalize you know the therapy session kind of is a little microcosm of his life, it might teach him, I mean I don't know how exactly but maybe you know there's instances when he makes people uncomfortable, by kind of pushing through boundaries.

While his vulnerability experience and authentic response caused him to feel as though he had failed to be the "perfect" counselor, ultimately he concluded that there was therapeutic benefit for the client.

**Growing pains.** This theme represents participants' experiences of vulnerability as moments that helped them grow, but that were not entirely pleasant. All participants except Steven endorsed this theme. He did not feel that his vulnerability experience had been unpleasant, so the "pains" part did not fit for him; however, he did identify the experience as one of growth. Peter endorsed the theme, but felt that the wording of the

theme was condescending, as he thought that it had a connotation of applying only to beginning counselors. The participants who endorsed this theme spanned in age and described varying levels of experience, suggesting that vulnerability experiences have an aspect of painful growth, regardless of a counselor's stage of development or years of experience. Four salient aspects of growing pains emerged within this theme, they were: unexpected, uncomfortable, uncertain and inadequate. Each subtheme is described below.

*Unexpected.* All 11 participants endorsed this subtheme, which represents the unexpected or surprising nature of the vulnerability experience. This theme fell into two primary categories – participants feeling surprised by the client or situation, and/or feeling surprised at his own reactions. JF532 did not expect his client to come in struggling with the death of his mother, mirroring JF532's experience as a young man. He was surprised by this unexpected presenting concern. He said it was “very surprising, it caught, you know, me off guard in a lot of ways too just like it caught him off guard.” Jim and Allen talked about how they had previously felt that they were prepared for most situations with clients, and their experiences demonstrated to them that they were not able to anticipate all possible situations. Jim said, “I wasn't expecting someone to come into my office and look like my friend, I wasn't psychologically prepared for that, and so a transference occurred.” Allen talked about how he had been taught to prepare himself for experiencing overwhelming emotions in session. However, he said,

Despite hearing about it over and over again, I don't know if I, even if they said it one thousand more times, [laughing] I still don't think they would've prepared me for it. I think it's just something that I kind of eventually had to face and experience on my own.

In addition to feeling that the client or situation was unexpected, some participants also talked about feeling surprised at their own internal reactions. Alex

described it this way, “oh boy this is, this is bringing up some stuff that I didn't... I wasn't expecting to have brought up.” Peter felt confused at the unexpected reactions he had, reiterating several times during our conversation, “I don't know why I reacted so like that.” Steven noted that this was the first time that he had experienced a strong physical reaction to a client, which took him by surprise, saying,

It made me feel more physically emotional than I have with any other client at any time, even talking through trauma and stuff like that I haven't had the experience of the physical feeling of the rush of emotions that he displayed, so there's why, it was more feeling than I normally felt.

Alex B. noted that he felt surprised at his reactions to his client, even though he had anticipated how the client might act in session since he had received warning of the client's antisocial personality traits, prior to the session. He was not surprised by the client's behavior, however his internal reaction was unexpected.

*Uncomfortable.* Nine of 11 participants endorsed this theme, with Steven and Henry both noting that while they did not feel comfortable during the vulnerability moment, they did not identify with feeling uncomfortable. The participants who endorsed this theme talked about feeling discomfort about something their client said or did. Alex B. shared that when his client challenged him, “it just gave me this really odd, unsettling feeling.” Alex felt uncomfortable when his male client vividly described having anonymous sex with another man, in spite of Alex's stance as a gay ally and advocate.

Alex said,

Here he is talking about the physical act, and how it felt, and the shape of the guy's penis, and what it felt like in his mouth, and all this stuff, I mean he was very graphic about all that and, and I was just kind of like [laughing] I don't want to feel this you know? TMI!

Allen's client disclosed that he had sexually offended against someone else, which created a lot of discomfort within Allen. He described his internal experience, saying, "definitely like a screaming on the inside of myself like 'Euuuw'." When Erick's client rubbed his face on Erick's, Erick became uncomfortable. He recalled, "I was like 'well, this is not going on any further, this has been cute but I'm done'." Similarly, when Peter's client placed his hand on Peter's leg, he felt very uncomfortable. He said, "whether he [the client] meant that as a come on or not, I just told him 'I just don't feel comfortable, so, you know even if it's my problem,' I'm like, 'I just don't feel comfortable with it'." The reasons for discomfort varied across participant, but the experience of feeling uncomfortable was common.

*Uncertain.* Nine of 11 participants endorsed this theme, with Jim and Steven stating that it did not fit for them. More information about their responses to this theme will be discussed later in this section. Participants felt uncertain about what was happening and what to do during their experience of vulnerability. Allen said, "I was having a lot of thoughts of kind of 'what's going on?'" and Alex B shared, "I felt like I didn't understand what to do." Bill's statements echoed these experiences. He said he felt "concern about what I was going to do next because my mind was occupied." Alex elaborated that part of his uncertainty was about how the client would respond, "it felt a little bit like walking on thin ice, I guess that is the best way of saying it. 'Am I going to get across the lake?'"

Several participants expressed uncertainty in their self-evaluation of the event. Erick stated, "[t]he discomfort was am I doing the right thing?" JF532 shared, "I actually thought about that a lot after that session, of just how much was my own stuff coming in



and was I being vulnerable?” Peter felt uncertain about the event even as he described it to me more than a decade later, saying, “when I describe all the stuff it's very confusing. I haven't, even though that happened more than 10 years ago, I guess I just haven't fully come to like, understand it.”

To both the external auditor, and me, Jim seemed to be describing a feeling of uncertainty, specifically about how to evaluate his cognitions and emotions, saying,

I probably went to this mental image of like ‘what does this mean’ you know, is this rational, is it irrational, is there something wrong with me? Or is this normal transference?

However, during member checking, Jim said he did not feel uncertain because he identified what he was experiencing as countertransference and took, what he thought was appropriate action, by referring the client to another therapist.

A few participants expressed initial uncertainty and also talked about how they were able to manage their uncertainty to remain therapeutic. For example, Henry said, “[t]here were a couple times in that particular conversation where I wasn't sure what to say,” but later went on to describe how he coped with that uncertainty, saying, “at that point you realize, okay this isn't something that we really do train for, I'm going to have to let this unfold and do the best I can with what I know.” Viktor also expressed how he embraced his feelings of uncertainty, saying, “I was just struggling with just that dialogue of what's the right thing to say? And then having... a monologue, of there isn't really one right thing to say, just be there just be witness to him.” While he briefly felt uncertain, it was not a salient aspect of his experience because he recognized that there may not be a “right” thing to do.

***Inadequate.*** While most participants did not use the word “inadequate” to describe their feelings, the way that they described their experiences seemed consistent with this descriptor. During member checks, seven of 11 participants endorsed feelings of inadequacy as part of their vulnerability experience, with Jim, Henry, Steven and Viktor declining to endorse this particular theme. The participants who experienced inadequacy during their moment of vulnerability spoke about themselves, their abilities, and/or their choices in disparaging ways. Alex B. said he felt, “just incompetent like “I don't want to go back there, like I can't relate perfectly to everyone all the time [laughing].” Alex shared, “I felt like a little child,” later elaborating, “I felt like I should know this stuff, should I know this stuff? This is sexuality, I mean I've been married, I've had you know, kids. I know about sex.” Allen felt that his counseling abilities were not adequate, even though previous to his vulnerability experience he thought they were. He shared, “I was kind of disappointed with how I was, where I thought I was and where I wasn't and where I needed to be.” Bill shared this perspective, that feelings of professional inadequacy came up during this vulnerability moment, stating, “in that moment I feel vulnerable in that I'm not doing my job,” later elaborating, “I'm the guy who should have not necessarily the answers but be able to help in the moment, and when you feel like you're not doing enough of that...to me it's a great disappointment.” Erick expressed self-critical thoughts about his choices during this vulnerability experience, saying, “[t]hat was a dangerous, stupid thing, and it was a risk and a gamble.” Peter expressed his thoughts about himself after this vulnerability moment, stating, “it made me doubt if I was the kind of person that needed to be doing counseling. It made me doubt that.”

Although Jim declined to endorse this theme during member checks, during our interview he reflected on his thoughts when he was deciding whether to bring up this vulnerability experience with his supervisor at the time. He shared,

I was thinking more like “I’m nuts, they’re thinking I’m nuts, there must be something wrong with you, some kind of emotional deficiency in you that you had this experience, and therefore you can’t work here.”

During member checking, Jim shared that he did not feel inadequate because he identified his countertransference as such, and took, what he thought was appropriate action to refer the client to another therapist, which prevented him from feeling inadequate. Steven also did not endorse this theme, stating that his counselor training program had included a class on grace and shame, which, along with his extensive reading of Brené Brown’s work on vulnerability and shame, prepared him for the feelings he experienced in the moment. Similarly, Viktor shared that while he sometimes feels inadequate talking about vulnerability as a man, in that moment he did not have feelings of inadequacy because he trusted that where he and the client were going was good. Henry shared that he did not feel inadequate because he felt that he had the skills that he needed to be successful in helping his client during the moment.

**Relationship with concept of vulnerability.** This theme emerged from the data, with all 11 participants endorsing this theme during member checks. This theme represented how participants’ past experiences and beliefs about vulnerability in general impacted this vulnerability experience. The statements participants made about vulnerability in general were connected to the specific experiences they chose to describe to me.

For Allen, this theme represented how his expectations of his ability to manage vulnerability were different than the reality of what occurred. He thought that this was related to his gender, saying,

I can attest to this being a male thing, because most people that I know experienced this were all males, heterosexual males, so this could have something to do with it, was this...kind of feeling that we had that this, we don't have to worry about vulnerability when it comes to over-disclosure and feeling those things.

His relationship with the concept of vulnerability had led to him feeling that vulnerability was not something that he would have to “worry about.” During this experience, he found himself realizing that he was not impervious to feeling vulnerable with clients.

Other participants described personal growth in their relationships with the concept of vulnerability. Viktor spoke about how this particular moment was part of a larger journey, “to have, have relationships you know, in a different way.” JF532 talked about how embracing vulnerability was an important part of his masculinity, stating,

[S]o I don't have to...lift a shit-ton of weight, it can just be like the fact that I can open up and be vulnerable with other people, and that seems to go, at least it means so much more for me, and for other people.

Alex expressed disappointment with his progress towards accepting his experiences of vulnerability, saying, “why do I feel vulnerable and kind of ashamed, just because I tear up? Am I an imposter because...well I would tell other people ‘it's okay to cry.’ But it's not okay for me.”

The role of societal expectations was part of participant’s relationship with vulnerability. Bill talked about an experience when a client assumed he was gay, saying,

I think it speaks to something that straight...counselors...when they behave in a room in a way that they feel is appropriate, and they're showing empathy, and they're showing you know traits that aren't generally known as male gender role traits, I think there's this, whether they admit it, whether they say it or not, I think

in their head there's this this worry that everyone's going to assume they're gay. And regardless of right wrong or indifferent, in this society, and in my work environments, that may or may not be a good thing.

Other participants noted that modern notions of masculinity are more accepting of male vulnerability. Henry talked about how accepting his feelings is important, adding,

I think that, that definitely goes against a lot of what society kind of instilled in men 40 or 50 years ago, saying 'no, you're supposed to hold it in, grown men don't cry,' and here we are, you know in the 21st century, and it's perfectly fine, there's actually nothing wrong with it, and so it's amazing how that has changed, in terms of vulnerability, that it's okay to feel how you're feeling, you know there's nothing wrong with it.

Jim endorsed feeling that vulnerability was an important part of the human experience, saying, "not showing emotions, not being willing to show vulnerability as the traditional term would be, is I think is in itself a vulnerability."

Participants also talked about vulnerability in ways that indicated an inner struggle or discomfort with experiencing vulnerability that extended far outside of the counseling room. Steven described himself as someone who is "really good at empathy and holding the other person's vulnerability, and I don't think my vulnerability gets too wrapped up into it," and he said that in general he struggles with, "a lack of being willing to be vulnerable." Peter expressed his discomfort with telling me about his vulnerability experience. In our second interview, he told me about how he had felt after our first interview, saying, "we did the session I think like that night, I was like you know 'yuck' [laughter] I hate talking about all that crap."

Some participants talked about their relationship with the concept of vulnerability as it related to their work as a counselor. JF532 expressed his views on the importance of counselors being vulnerable,

I think an important piece is just that, as a counselor, to keep ourselves in check on how to be vulnerable ourselves because we're consistently asking our clients to do that all the time, they're doing that with us in session we are often times encouraging them to do that with other relationships with other people, and so I think it's important that we consistently also take those risks and try to be vulnerable ourselves.

He added later, "it is never easy to be vulnerable, yet the more I push myself to do it, the easier it becomes." Jim talked about vulnerability as an issue to work through in order to be effective in his work as a counselor, stating,

If there's other issues that come up and I think that this could be an area of vulnerability I go talk to somebody about it and we work it through. A therapist has to be healthy enough to do the work.

While participants' relationships with the concept of vulnerability differed greatly, each participant agreed that his previous experiences and beliefs about vulnerability impacted the moment that occurred with his client.

**Intense reactions.** All participants endorsed intense reactions to their experience of vulnerability, although the specific reactions differed by participant. The subthemes of this major theme had the greatest number of qualifications, clarifications, and changes suggested during member checking. It seemed to me that each participant's individual intense reactions depend in part on that participant's relationship with the concept of vulnerability, as described in the previous section. Each participant's experience was nuanced, and in many ways unique to him. Here I will describe the subthemes of intense reactions that were shared by several participants.

**Shame.** Initially, I named this theme "Embarrassment/Shame/Exposed," however the auditor questioned why I did not use only the word "Shame." I realized upon reflection that I was fearful of the participants' reactions, especially because I am aware of how mainstream culture denotes male vulnerability as inherently shameful. I was wary

of adding fuel to that metaphorical fire. Upon reflection, further examination of data, and discussion with the auditor, I decided to ask members to decide whether “shame” was an accurate description of their experiences. During member checks, only five of 11 participants endorsed feeling shame during their experience of vulnerability, and one (Bill) stated that while shame felt too strong, “embarrassment” did fit.

The participants who endorsed feelings of shame included Peter, who described feeling exposed during the incident, “at that time I really worried, like you said, that he saw into me. And that was the embarrassment part.” He also felt shame about his experience of the event. Regarding the retelling of his experience to me, he said, “when I described the experience, one of my feelings was of kind of being, feeling embarrassed or ashamed for that incident having been such a big deal.” Alex had a strong shame reaction during his experience of vulnerability as well, saying,

[I]t feels very uncomfortable, it gets me quite, almost worked up about it worked up in the sense of you know, well, probably I could cry almost, but just feeling like I am, I am being made, being belittled, being put down and I guess just being put on the spot.

Allen’s experience of shame was based on being critical of his internal reaction to his client’s disclosure of having sexually offended. He said, “some of that sadness, came from shame, guilt, that I had immediately come to that assumption, perspective of him like as soon as he brought this thing up.” Erick felt exposed when his client was inquiring about the size of his penis, saying,

Well him staring at my crotch, you know and having that you know open posture, it’s like well I can’t cross my legs, this is not a good time to be doing that, so, it’s that sort of thing, like do I move, do I not move?

Alex B. also talked about feeling exposed often when he experiences vulnerability, “whenever I’m feeling vulnerable, I feel exposed, I feel, I feel, I feel out in the open, I feel vulnerable, ultimately.”

Bill did not agree that the word shame applied to his experience, feeling that it “has more weight than is accurate.” He did endorse embarrassment, and described his feelings when his client noticed that Bill was having a reaction, [I]nitially when I knew that they knew, a part of me was embarrassed, that “man, I shouldn’t be doing this,” you know, “I’m better than this.” I shouldn’t be experiencing this, I shouldn’t be letting them know that I’m experiencing it for sure.

Other participants denied feeling shame as a part of their experiences. Steven noted that taking a course about shame during his Master’s program helped him to not have that reaction to his experience. JF532 did not agree that shame was part of his experience, which may be due to his personal stance on vulnerability as an important part of growth. Henry also denied feelings of shame, as did Viktor. Viktor in particular stated that if the event had occurred two years prior to when it did occur he likely would have felt shame, but that he had been actively working on understanding his internal shame response to vulnerability, and so shame was absent from the moment he described to me. Jim also did not agree with shame as being a part of his experience.

**Anxiety.** Six participants readily endorsed feelings of anxiety as part of their vulnerability experience. One participant (Alex B.) was apprehensive to endorse anxiety as part of his experience but stated that in retrospect he identified many of his physical reactions as manifestations of anxiety. Alex, Henry, Steven and Jim all stated during member checks that anxiety was not a salient part of their vulnerability experience.



Those participants who reported anxiety discussed feeling worried about how their experience of vulnerability might impact their client. Bill said he felt, “worried, about the client, worried that I was going to do or say something that would be harmful for them in the moment.” Erick expressed feeling nervous about what others would say about his choices during his vulnerability experience, stating,

It felt wrong! It was like this alarm was going to go off, and the lights are going to flash, and gate bars are going to crash down over the windows like “ooh! You've just fallen out of your counselor role! We are going to come and repossess your chair!”

JF532 talked about how his physical sensations clued him in to his subjective feelings of nervousness, saying, “I noticed my heart, my heart rate increased slightly, I think because again I was so fearful and nervous about okay is my own stuff getting in the way now?” Peter described his feeling during the moment of vulnerability as, “panic or anxious or invaded.” For many participants, feelings of anxiety permeated this experience of vulnerability.

**Fear.** Eight of 11 participants described feeling fear during their experience of vulnerability. Physical vulnerability seemed to be the source of many participants’ feelings of fear. Bill’s experience with a fellow police officer brought up a prior experience of physical vulnerability, “like the kind of vulnerability that can result in serious bodily injury or death.” Alex said, “maybe it was just the fear of ‘oh my gosh how’s it going to go down if he figures out that I’m straight?’” later stating that one of his most salient thoughts was, “[Laughing] ‘Can I get to the door?’” Erick echoed this sentiment, saying, “that office I had at the time I actually had two doors, so I had two ways of egress I could’ve gotten out, but by this time I’m pretty much blocked in the chair.” Participants experienced fear as they considered the potential for physical harm.

Participants also expressed fear of their own emotions, as well as fear regarding the consequences of their choices. Erick said that after the event he felt, “fear, that I did the wrong thing.” Allen described his experience as, “kind of terrifying”, and Viktor shared, “it just, it felt a little scary.” JF532 said, “the biggest thing I was experiencing in that moment was a lot of I guess potential fear of my own emotions coming into the room.” While Jim did not endorse feelings of fear, during one of our interviews he expressed his opinion regarding the danger of vulnerability, stating, “that kind of transference is dangerous.” The experience of vulnerability that participants described to me often had elements that felt scary to participants, causing them to feel fear.

Throughout the interviews several participants described their large physical size to me, perhaps in an attempt to convey a lack of physical vulnerability in the face of emotional vulnerability. During our first conversation, Alex B. shared, “I mean I’m a pretty big guy and he was smaller than me, but I still, I-I-I’m [laughing] about as pacifistic as they come.” In his journal he reflected on this, writing,

Even as I was talking with you, I apparently felt the need to tell you that I did not feel physically threatened and that I was a large guy. Yes, that is true but why? I was looking to explain my fear away and utilizing over intellectualization to do this. Why could I not just talk about the fear that I experienced and had to continually equivocate myself for my feelings.

***Physical reaction.*** Initially, I named this theme, “physical discomfort”, with six participants agreeing that their physical reaction had been uncomfortable. However, after receiving feedback from participants during member checks, namely Erick, Steven and Viktor, I changed the name of the theme to “physical reaction” to include those participants who experienced physical sensations, but did not find these to be inherently uncomfortable. Participants’ physical reactions varied, but seemed to be consistent with a

sympathetic nervous system response (e.g. “fight or flight”). However, it seemed that each participant’s interpretation of his physical response varied. I will begin by presenting the perspectives of participants who did experience their physical reaction as uncomfortable, and then will present the physical reactions of participants who had varied responses to their physical reactions.

Allen described his physical reaction as indicative to him that something was amiss, saying, “like your stomach sinks and you just kind of feel like ‘oof, something's not right.’” Similarly Alex described a “clenching in my stomach,” Alex B. shared that he experienced, “almost like a tingling in the back of my head,” and also, “I don't think I was breathing as deeply, or as normally as I usually was, I was probably breathing pretty, pretty shallow, or pretty superficially.” Several participants talked about a sensation of their heart racing. Alex said, “my heart was racing a bit.” Allen shared, “my heart started pumping a little bit harder than it usually does.” Multiple participants talked about facial blushing, with Bill sharing, “I flushed, I'm one of those people that flushes easily when I get stressed, I get red, so people can usually tell.” JF532 stated, “I noticed my face becoming warmer, it tends to get red pretty easily.” Peter expressed how surprising his physical reaction was, stating, “I got kind of dizzy, which is the weirdest thing, I swear I don't think I've ever experience--I've never experienced that before in a therapy session ever. Even just in my life I've not had that.”

The participants who did not experience physical discomfort did talk about physical sensations as part of their vulnerability experience. Erick stated that his physical reaction was not anxiety based, but that he did feel hyperaware and self-conscious of his body due to his height, stating, “[it] was always awkward, you know, when I was in

school and technique classes like well, what I do with this big thing that I'm living in?" This hyperawareness was increased by his client's physical closeness during his vulnerability experience.

Viktor and Steven identified their physical reactions as helpful in heightening their awareness of their own emotional reactions during their vulnerability experiences. Steven shared, "I have a lot of bodily feelings, and so I, times where I will get tight in the chest with that piece where I start to get guarded, and so recognizing that that's going on." Viktor shared that due to the impactful nature of the moment he experienced it through his "heart chakra area, heart space", and recalled that he felt "sensation in the stomach" and "probably grounded in the feet too." Regarding his physical sensations during the moment, Viktor talked about the importance of listening to his body, stating, "listening to my body has, and just being able to, I don't know, persist in that way of being more, just sitting in emotion, sitting with that sensation."

**Additional themes.** Additional themes, namely anger, satisfaction and empathy/compassion, emerged during data analysis as part of a small number of participants' experiences. Originally these were not included in the final themes since they were not experienced by a majority of participants. Several participants (Allen, Henry, JF532, Jim, Steven and Viktor) requested that additional themes be added to reflect their experiences of intense reactions to their vulnerability moment. While these themes did not emerge from a majority of participants, they represent important aspects of vulnerability experiences for these six men, and therefore I chose to include them here. The additional themes are anger, connection, empathy/compassion and satisfaction/pride.

**Anger.** Both Jim and Allen requested during member checking that anger be added to this section. Jim talked about how when his female client described her boyfriend's abusive behavior, he felt so angry he chose not to work with her anymore. Allen described that anger was a salient part of his experience, however he also articulated potential underlying feelings saying, "that anger and that flare-up of emotion I think...speaks to my vulnerability and my own fears, and being scared of what he was telling me, and having to work with this person and you know, challenge myself." He wondered aloud whether his gender may have impacted his tendency to translate fear and vulnerability in anger, saying,

I don't know, men obviously express you know, sadness, depression, are more likely to express that through anger, and obviously out, externalizing, so I know that's a common trend, which then made me think like oh, maybe that's something specific to the gender role I have experienced.

While Viktor did not endorse feelings of anger during his experience, in one of our conversations he gave words to what may be a common tendency of men, saying, "we're just these scared little boys, and how we react as scared little boys is to anger and aggression, because that's a lot of what we've been taught or known."

**Connection.** Some participants talked about their feelings of unique connection with their clients during the moments that they described. Henry described how this connection was expressed through physical proximity, saying, "there were times where I didn't really know what to say, but I knew that at least in that particular moment, it was good to have, to have kind of a sense of closeness, like physical closeness. With him." JF532 discussed how he feels generally that it is important for him to be vulnerable in order to facilitate a bi-directional connection with his clients. He said,

I mean basically, me as a professional, and me as a person, I'm asking them to disclose a lot to me. And so it only seems fair like that I be going through a similar process that they're going through and trying to tap into more of who I am, and what I am.

Steven agreed that allowing clients to connect to him is an important part of his job as a counselor, and that this requires vulnerability on his part. He also expressed that this is difficult for him. He said,

We worked both ways and him learning empathy, and that's my, that's my greatest tool as a counselor I think is empathy. Because that lets us understand their experience, their story...and so allowing someone else to experience empathy for me.

Steven added later, "we can still not allow somebody trying to practice empathy to not experience it. So I have to be willing to allow the other person to experience empathy."

An important part of his therapeutic work was allowing his client to connect to him, which felt vulnerable to him.

Two participants (Viktor and Erick) talked about their experience as connecting them to their client, and also to a greater cause or purpose. Viktor talked about his experience with his client as a moment of connection with his veteran client, as well as a moment of patriotic pride as well, saying "in a moment I felt that pride for my country for what he was doing, I felt like I was a part of that process." Viktor added later, "I just felt like, in a way that it was my honor and this was what I needed to be doing right now with him was sitting with this and just holding space for him." His connection to his client was unique and special to him in that moment; as he said, "there's no other word for it than, the best word is probably is just love." Erick echoed feeling connected to something greater during his vulnerability experience, saying, "[i]t was almost, it was kind of

pastoral or spiritual. It was like, 'I'm okay'." For Erick, the described experience of vulnerability included intense connection with the client, and also with a higher power.

**Empathy/compassion.** Allen, Henry, Steven and Viktor all spoke about feeling strong empathy or compassion during their experience of vulnerability. Allen felt deep sadness, saying, "just sadness and like the feeling like you wanted to cry, just wanted to you know, sob a little bit." Henry also talked about feeling sadness, saying, [T]here's that whole idea of phenomenology...kind of feeling the way another person is feeling, as much as you can, as they are feeling it, so I'm feeling of that sense of being weighed down and confusion and hurt and sad, and he is too in his own way.

Viktor said that with his client, he "was just feeling this compassion." Steven's empathy with his client led to him feeling excitement and pride. He said, "my experience for him was just his enjoyment...and it was just a really good experience that he's getting things together, so I just felt a lot of excitement and pride for him." During the described vulnerability moments, these participants felt connected to their clients' emotional experiences and felt empathy and compassion.

**Satisfaction.** JF532 introduced the idea of satisfaction as an important part of his intense reactions to his experience. Upon re-examination of the data I saw that multiple participants shared his feelings of satisfaction regarding their vulnerability moment.

JF532 talked about how he felt upon reflection about his experience of vulnerability,

I guess just sort of that reassurance that okay, I do know for the most part what I'm doing and I seem to be you know at least pretty self-aware, so I know what's going on for myself in session, and how to then use that. Which is sort of, I guess it's kind of confidence boosting.

While Bill initially described his vulnerability experience as a failure, he ultimately concluded, "It almost feels now like maybe it wasn't a bad thing at all, like maybe it

actually was effective, whereas at the time I didn't necessarily see it that way.” Erick came to a similar conclusion regarding the efficacy of his choices during his vulnerability experience, stating, “it's like how much of a risk was I taking, so it's kind of processing that you know in hindsight and then thinking therapeutically it worked.” These participants felt satisfied that their clinical choices during this vulnerability experience had paid off and yielded greater therapeutic gains for the client.

Henry expressed feeling proud of himself for his ability to express vulnerability, stating,

I guess in that sense maybe it takes a little, it takes maybe a little bit of courage to you know go forward and say “hey, you know what, this is how I'm feeling and and...I'm just gonna go with it.” It's, it's, it's not, it's not very easy, most guys don't do that.

Peter's statements corresponded with this feeling of self-acceptance. Regarding his vulnerability experience, he said, “that experience, as well as lots of experiences in therapy, as a counselor, have taught me to become more accepting of myself.” Viktor talked about his satisfaction with himself and his growth, saying, “I felt proud of myself and [the moment] was also testament to my own personal journey of rediscovering the sensitive side in me.” He also expressed feeling that the moment of vulnerability increased his satisfaction with the field of counseling in general. He said,

[A]lso just appreciation for being a counselor sometimes, you know? Because it can, I can find reasons to lament on why the field is unappreciated, and I can sort of get in this, I don't know, resentful state of mind when I reflect on that, then reflecting on that now, on that experience with him just like, yeah it's that sense of honor and being with him.

Some participants felt satisfied with themselves, the experience, and/or with their work as counselors in general as a result of the described vulnerability experience.



## Critical Incident

In examining the themes that emerged from the data, some themes seemed to apply not only to the vulnerability experience described by participants, but to other significant moments within counseling relationships. A critical incident is defined as a significant experience that influences a counselor's development in a positive or negative way (Furr & Carroll, 2003). Based on participant descriptions, vulnerability experiences seemed to be one type of critical incident. During member checking I prompted participants to consider whether each theme applied both to the specific vulnerability experience that they had previously described, and also to other critical incidents during their counselor development. Quotes presented here describe the specific vulnerability experience of each participant, unless otherwise noted.

**Impactful moment.** This theme was endorsed by all 11 participants. It refers to the idea that the vulnerability moment, as well as other critical incidents, feel important or significant in some way. Regarding his experience, Viktor said, "It was just a, it was just a powerful moment in that with him [the client]." Bill echoed this perspective, and compared it to his experience as a police officer, saying, "for me being vulnerable was, I – talk about pressure. I think there's more pressure doing that than, you know, going into a gang fight, because it's just me and them in the room and it's all on me, you know." Alex B. shared, "it was just very, very, very pressure cooker period of time for me." Multiple participants discussed how the experience of vulnerability was not easily forgotten. Allen said, "that was on my mind and definitely kind of put me in a very somber mood for the rest of the day, if not for a couple days," and Jim said, "it stuck with me." Erick still felt the impact of the moment, stating, "it still kind of haunts me." Henry

summed up how he felt about the significance of the moment, saying, “it was very, very real.” All participants experienced this vulnerability moment as an impactful moment that felt different than typical counseling work.

**Impacts future work.** All 11 participants endorsed this theme, which encompasses statements made about the impact of the vulnerability experience on future work as a counselor. The impact these experiences had were viewed in both positive and negative ways, such as when Alex B. shared his reactions when he saw that the client with whom he experienced a vulnerable moment with was later added again to his caseload. He said, “I was like ‘oh God this is going to be awful, this is going to be so bad’ you know, and there was a sense of real dread and fear that came out of it,” but also shared, “I felt like it [the vulnerability moment] made me better understand the relationship, it made me better understand him.” Henry expressed that he had learned from the experience, saying, “that was definitely...the defining moment for me in terms of how I approach that particular situation with the client, I realized that there's, there's only so much that I can do, and there's only so much that I should do.” Erick endorsed feeling that his work after the incident was impacted due to, “being more aware of how my action or inaction is perceived by a client.”

Increased awareness was often cited as a way that the vulnerability experience impacted future work. Talking about his experience, in which he was hiding his heterosexual orientation from his gay client, Alex stated,

[I]t just made me see that even though he would've reacted, maybe, worst-case scenario he gets really angry and everything, the person who had the power in that room was still me. And, and I needed to be aware of that power and how to use it or how to set it aside.

Allen stated that through the experience he had come to “realizing more about myself, and identifying my own perceptions,” later adding,

I still kind of look back and say you know kind of use that as a almost a...barometer? For like future experiences like, something presents to me that I'm not particularly understanding because of my own personal beliefs, I kind of use that as a “okay, maybe this is another one of those times.”

The moment impacted Allen’s future work in such an important way that he considered it a measuring stick for future experiences.

Several participants described that this experience taught them how to avoid future vulnerability. Allen said, “the way I see it is that if I'm not learning from that, then you know the saying ‘if we don't study history we are always doomed to repeat it’ and I hope not to.” Jim shared, “I learned something from that, which is that was my Achilles’ heel,” later adding, “it was something that I needed to pull myself up and say to myself ‘you know what this could happen again I have to make sure it doesn't happen again.’” Peter talked about how he might have handled his experience better if he could do it again, and said, “actually it's wonderful when you make mistakes. Because you learn so much from them.” This experience of vulnerability impacted some participants’ future work by causing them to attempt to avoid similar moments in the future.

Some participants noted that the moment impacted future work because it brought them closer to their clients in a meaningful way. Bill said, “in a way I think it helped with rapport honestly with the client.” Steven spoke generally about vulnerability with clients, saying,

I think [the change] would be relationally...whether it becomes beneficial or if it doesn't become beneficial, because sometimes when we're vulnerable we get hurt, but I think there's a change in the relationship and the connection when someone becomes vulnerable. That they're willing to step out and take the risk and either it the strength-- will be strengthened or weakened by that step of vulnerability.

Viktor shared that after he experienced vulnerability with his client, “that there was deeper level of trust...he would say stuff like ‘these are things I can only tell you’ or he would say stuff and I recognized that there were little bit deeper connection there.”

Regardless of whether participants viewed their experience of vulnerability as a success or failure, they talked about how that moment impacted their future work, both with that specific client and with other clients.

**Moving away from experience and/or client.** Ten participants endorsed this theme (all but Henry), which represented the tendency of most participants to engage in behavior that removed them from the experience and/or the client, both during the specific session and in the future. Some participants felt it was difficult to stay present during their experience of vulnerability, such as when Bill said, “I was kind of forgetting about the client in a way,” and when Erick said, “I was distracted from immediacy and being fully present. I mentally stashed the incident to explore later.” Alex B. echoed this, saying “I had almost lost sight that it was kind of a person sitting in front of me.”

Allen talked about how he kept his feelings hidden from his client, saying, “fortunately physically [laughter] you probably wouldn't have known anything about it, I managed to keep my composure emotionally.” He later expressed feeling frustrated with himself for the distance that occurred with his client, stating,

[W]hen I was suddenly putting up a barrier and I was suddenly feeling frustrated because of this thing that was keeping you know, even you know for a split moment, that was keeping me from helping a person like I needed to.

Alex talked about his thoughts during the session, describing them as, “how [do] I get out of this situation? How do I get out of this without exposing myself?” Because I did not

feel safe.” These participants moved away from their experience, effectively creating distance between themselves and their clients.

Some participants expressed feeling overwhelmed by feelings during their experience, such as JF532, who shared, “I remember having so many emotions in that moment that it was almost easier to be numb at times.” Allen felt very sad, and said that his feeling was “not be a part of it...it was one of those moments where your first instinct is wishing that it never happened.” Peter expressed his discomfort with even talking about his vulnerability experience, saying, “the incident itself is kind of like, I don't even like thinking about it.” During member checking, Peter added that he had moved away from clients in general following this experience, eventually moving away from providing direct service to clients at all.

Other participants described that they moved away from the client and/or experience as a result of their own personal issues. Erick described,

[Y]ou know, my emotional baggage of defensiveness you know, like where is he really? What does he really need? Does he really want to be here or is it only because the [physician's assistant], you know, mandated a visit with me?

JF532 wondered whether he or his client were responsible for a distance that emerged between them, saying, “as soon as they shared with me about their loss, I just immediately experienced the trigger myself, so maybe I was even becoming more distant with my client.” Steven spoke about his tendency to move away from closeness with others, saying, “I have my hand out [arm straight with hand out in a ‘stop’ gesture] I talk with my hands and so that probably is significant for me, just saying keeping others kind of at a distance,” also adding that in this particular moment with his client, “I had that

piece where I'm holding back my vulnerability for whatever, for whatever reason. I don't necessarily know why.”

Alex B. talked about his tendency to use cognitive processing as a means to move away from his experience of vulnerability, as well as his clients. Alex B. explained,

I remember even one of my professors from college, from grad school said “you know, countertransference is evidence,” so you know I start to feel like “oh my gosh, I'm feeling vulnerable, I'm feeling exposed,” what I'm apt to do is to notice it, and to say, “okay so what's going on it makes me feel this way?” so now I'm intellectualizing, I'm kind of ruminating, I'm not at all attending to my own feelings of vulnerability [laughing]. I'm attending to my feelings as it relates to my conceptualization of the case at hand.

By intellectually analyzing this vulnerability experience, Alex B. distanced himself from his own uncomfortable experience.

Jim talked about his moving away from the experience and the client, describing how he referred the client out, “it didn't affect how I treated her; I gave her away before it became an issue, that's the point.” He spoke of his vulnerability experience as something that taught him how to avoid future incidences of vulnerability, saying, “something I took away from that enabled me to gird my loins, so to speak, and not let it happen again.” He summed up his choice to move away from the situation and client, saying, “I needed to transfer the person away, that's all.” Jim, like other participants, moved away from this experience of vulnerability, effectively also moving away from the client.

**Moving towards experience and/or client.** Eleven of 11 participants endorsed this theme, which represents the tendency of participants to make efforts to move towards the experience of vulnerability and/or the client, in addition to moving away, as described in the previous section. It seemed that most participants were in near-constant motion on

a continuum between moving toward and away from the experience and/or the client, both during and after the specific moment they described.

Sometimes moving towards the experience and/or the client occurred through the counselor's choice to self-disclose. For example, Bill explained,

I actually mentioned to [my client]... that I was, during part of our conversation I was kind of going back to some of my own stuff and they knew, I mean they were a law enforcement officer, they knew that I was, so actually that part was actually kind of helpful because it allowed, without me doing any over amount of self disclosure it allowed me to just say that "hey this is affecting me too, and this is why."

Erick chose to be "emotionally honest and raw" with his client, talking to him like he would anyone else instead of following typical guidelines for dealing with client questions. He described how this impacted the client's understanding of him. He said, "it was like his vision didn't change, but it was almost like he could really see me then." Peter chose to confront his client on having touched his leg during session. He said, "then I did bring it up, I said 'wait a second,' I said, 'what just happened?'" JF532 talked about his choice to share with his client that they had both experienced the loss of their mother, saying, "I appreciated him, his willingness to share with me what he did, and so in some ways it almost only seems fair that I can also take some risks with him."

Some participants described an internal experience of moving towards their client and intentionally accessing their empathy for the client. Alex B. said,

I came up with...that statement, "he's just a person." He's not this monster. He's not this entity that's out to destroy me, he's a person with feelings and needs and things just like I am, although it might be different from the way that I might typically conceive of that.

Alex said that he began, "trying to put myself in his shoes a little bit." Allen talked about how he moved towards his client and then felt the need to move away again,

[O]nce I got past the anger and realizing what he was actually experiencing, and kind of... talking to him more about it, I think I, I think I took on a little too much, so to speak of what he was describing to me.

Henry spoke generally about moving towards during his experiences of vulnerability with clients, saying, “when I am vulnerable with a client it means that I am willing to have, to let myself experience some of the things that he or she is experiencing.”

Viktor described the importance of intentionally moving towards his client, sharing his perception that,

[C]oming from aspirational sort of sense of counseling of this is what he needs right now, and if I were to remain cognitive and sort of distant from him I think there would have been a, an attachment injury or something.

Steven and Allen talked about overcoming their initial reaction to move away, and instead moving towards their client and/or the experience. Allen spoke about overcoming his initial feeling of anger when his client disclosed that he had sexually assaulted someone, saying, “it was very much an immediate stigma I was putting on him as soon as he said that and then you know, fighting that off. Emotionally fighting that off then, realizing that I had to come back.” Steven talked about overcoming his tendency to move away, saying,

I think recognizing in myself and putting that away, and saying you know, it is okay to feel vulnerable with clients. But I have to get past the initial wall that comes up and move through it.

During member checking, Jim specified that he moved towards his experience of vulnerability by choosing to speak to his supervisor about his feelings. During our conversations, he shared that sometimes he feels drawn towards clients, but that he overcomes those feelings. He explained,

I’ve had other instances where, I’ve had clients I worked with where I said you know what, they don’t particularly remind me of anybody, but I say to myself “in



another life we could have been friends,” we might have a shared interest, they might have the kind of personality that you know, I really find fun, could be male or female, I’ve had a couple like that, and you just have to keep that wall up, and saying “I am here to do a job.”

While participants varied greatly with regards to their opinions about the value of moving towards versus moving away from vulnerability experiences and/or clients, they all endorsed feeling that they moved along the continuum between these choices both in session with their client, and in their work outside of session.

### **Person of Therapist**

Several themes emerged that seemed to apply to participants’ specific vulnerability experiences, and also to the general subjective experience of counselors. The auditor and I discussed at length the title for the main category of these themes, eventually deciding on “countertransference”, with a definition of countertransference as the entirety of the counselor’s subjective experience of the counseling relationship. This definition is consistent with the totalistic definition of countertransference, as originally described by Little (1951). While participants did not express any discomfort with this theme name after I explained the definition to them, I chose to change the name of this category of themes to improve clarity, and out of concern that readers would confuse the theme category with another definition of countertransference. As Hayes, Gelso and Hummel wrote, “the totalistic position, in its attempt to encompass all of the therapist’s reactions, may render the concept of countertransference meaningless,” (2011, p. 89). In order to ensure that readers fully understood the content of this theme category, I chose to re-name the category, “Person of the Therapist”. This category includes themes that describe aspects of male counselors’ experiences with their clients, including within specific moments of vulnerability. The five themes within this category are: impact of

identities, personal experiences, counselor training and development, reaction to client, and processing with other professionals. As in the previous section regarding critical incidents, all participant quotes refer specifically to the described vulnerability experience, unless otherwise noted.

**Impact of identities.** All 11 participants endorsed this theme. It encompasses data indicating the importance of the participant's many identities on their experience of the described moment of vulnerability, as well as on other experiences in counseling sessions. Participants identified how identities both shared and different from the client were important. For example, Alex's experience centered on his client's incorrect assumption that Alex was gay. He said, "I'm not a gay man, and so it was very difficult for me at that point to go into some of the things that he was talking about and some of the feelings and experiences that he had." Bill echoed this feeling of disconnection due to non-shared identities, stating,

I don't have kids and that was important because part of what we discussed was his, his worries about not being around for his family and something happened to him at work and to his kids, and I don't have kids so it's harder for me to, I mean I can understand that but I'm not in that position.

Erick did not put a stop to his African-American client's intimidating behavior due to his own feelings of guilt regarding his white identity. He said, "I felt kind of guilty, you know the white guilt, feeling like I had privilege to spare it was like 'Ok, I don't care if you humiliate me a little bit,' you know."

Participants talked about how their identities impacted their reactions and actions with their clients. Bill stated that his identity as a police officer was very influential in the specific moment he described, as well as in other counseling experiences, stating, "it's

okay to be vulnerable as a counselor when it's not okay to be vulnerable as a police officer.” Jim shared a similar feeling, stating,

[The protectiveness] was fueled by the fact that I've been a first responder for most of my adult life, in one capacity or another, and that need to protect and guard people, it does not work well in the therapy session, but it works really well if you're pounding a beat or if you are responding to a first aid call.

Jim also discussed how his masculine identity impacted his experience of vulnerability, stating, “do I still have a hunter-gatherer instinct in me? Of course I do. I'm not going to deny that. That's part of where that protectiveness comes in.” These participants held identities based on previous or current jobs that influenced how they reacted to their clients in this moment.

Several participants also talked about how they navigated their masculine identities within their work as counselors. Erick talked about his identity as gay and how it allowed him to act differently than the typical masculine norm. He said,

I think it's kind of gay privilege, or just weird privilege. You know, that I grew up almost without a choice. And I felt like me being emotional and emotionally aware it was just who I was, and I couldn't fight it [laughing].

Bill talked about feeling like an outsider, saying, “I'm acting in this way that maybe is not like most guys, and I'm doing roles that no guys ever do.” Henry echoed this feeling of being different than other men; when talking about telling me that he felt like crying when sitting with his client during his vulnerable moment, he said,

Not a lot of guys are going to do that, you know? I mean most of the guys that you talk to...on a day-to-day basis...and especially most counselors, most male counselors, I don't know that they're going to say that.

Participants described how aspects of the described moment of vulnerability felt, to them, to be inconsistent with what society expects of men.

Some participants expressed a desire to challenge traditional notions of masculinity with regards to vulnerability and their general work as counselors. JF532 talked about his efforts to increase his self-awareness, saying,

Definitely going through my education of psychology and then counseling... and now in a PhD for counseling, has just continued to push me to become more aware of who I am, and what I am, and what it means to be me, and not to like be this man.

Talking about his work with men and encouraging them to challenge the idea that crying is not masculine, Steven said, "I'm very comfortable in myself with that, and so that's one thing that I do quite a bit of challenging around the vulnerability for clients, and shame, and that definition of what it means to be a man?" Viktor spoke about his personal journey towards accepting his own vulnerability and encouraging others to do the same. He said,

I think really part of me comes down to having this understanding of what it is to be a male... I think I was really confined by this rigid sense of what it is to be a man. In that was not being sensitive or hugging another guy or feeling sad, you know? Something as simple as that.

Participants' noted that their identities impacted their experience of the described moment of vulnerability they experienced with their clients, and also noted that their identities impacted other moments with other clients.

**Personal experiences.** All participants endorsed this theme with regards to their work in general, however Jim stated that no personal experiences impacted his specific vulnerability experience. This theme represents instances when participants talked about how their personal experiences have shaped their actions and reactions during their moment of vulnerability. Some participants talked about how they had similar

experiences to those that their clients shared, causing them to experience a range of emotions. Bill shared,

I had experienced something very similar to them and I had experienced a lot of what they were talking about, and I could easily see myself being in that position again. And so it became, at least to some extent about me because of that vulnerability.

Henry's client was processing the news of his parent's divorce. Henry described his reaction,

I guess in a very real way I was kind of, I was very much having a crazy flashback, because I was kind of close to that same age when that happened to me, you know, kind of going through very similar, if not the exact same emotions.

JF532's mother died when he was in college, and as he worked with his college-aged client, he said, "the personal ties I have with it and how, how it can still cause a lot of hurt and pain."

Jim stated that he did not feel his personal experiences had impacted the specific moment of vulnerability he shared with me, but did say that generally personal experiences do impact the person-of-the-therapist. In our second conversation, he said,

Vulnerability is if I have unfinished business, if I have issues for my past that I haven't resolved, someone comes into my office with the same kind of problem, my vulnerability is that it can bring on the neediness within me, and I could start using a client to do my own work on myself, and that is completely ethically inappropriate.

Many participants described how their personal experiences impacted the way that they observe, approach, or interpret the world, therefore impacting their work as a counselor. Discussing feelings of incompetence during his experience of vulnerability, Alex B. said,

I generally feel that way [incompetent] quite a bit of the time, that is something that I struggle with on a general basis, so I don't know if I was projecting, you know I was reading into that situation, kind of projecting that and it came kind of

back out, I was projecting inadequacy and it kind of came out back towards me, kind of a bias kind of thing.

Alex talked about his feelings of shame during his vulnerability experience, saying, “well, I was sexually abused, and so some of that was starting to come into play in this as well, so yeah there were some feelings of that from my past and the shame from that as well.” Similarly, Peter wondered if his past trauma had invited the boundary-crossing behavior of his client, saying, “I took it with me in that session, it’s still with me now, and that has to do with the transparency thing, could he see that?” These participants had personal experiences that influenced their worldview, therefore impacting how they experienced this moment of vulnerability.

Participants’ prior personal experiences with vulnerability also impacted their experiences, both in negative and positive ways. Erick described his hesitancy to be vulnerable with his client due to his personal experiences, saying,

I think was part of me just being so aware and I think part of that was being bullied as a gay kid and just being hypervigilant, who's a friend, who's a foe, and constantly...labeling people, as kind of a self-preservation tactic.

Steven talked about his history of having a difficult time letting others have empathy for him, which was central to his vulnerability moment, saying, “I remember that ever since middle school people talked to me about things that they did not talk to with anyone.... I believe I was available for others emotionally but it was only one way.” Viktor talked about how his recovery journey was influential in how he approached his experience of vulnerability with his client, saying,

Had I not been in recovery I don't know if I would have been as emotionally in touch with what he was experiencing because I was, you know, experiencing a lot of my own emotions prior to that and being okay with that.

Participants' personal experiences influenced all of their work as counselors, including moments of vulnerability, in a variety of ways.

**Counselor training and development.** All 11 participants endorsed this theme during member checking. This theme represents data about how their training, as well as their current level of counselor development, impacted how they experienced counseling in general, as well as the experience of vulnerability they described for this study. Many participants noted that their experience occurred when they were new to the field. Jim said, "I'm kind of laughing at it a little bit because it was very early in my career and I realized how vulnerable I was because I was kind of blindsided by that." He added that he didn't think counselor training could have prepared him. He said, "you can't possibly write clinically about something that is basically an emotional experience, you have to feel it." Peter talked about how being new to the field impacted his experience, saying part of his experience was influenced because, "I was trying to be so perfect, you know, as a student and as a fledgling counselor." Allen spoke about how being "an immature counselor" may have caused him to overestimate his abilities, saying, "I don't want to use "posturing", but the confidence, the overconfidence is probably the best word for it, that I had."

While some participants described how being new to the field impacted their experience, other participants noted that their moment of vulnerability gave them the feeling of being new counselors, even when they had years of experience. Bill talked about how he felt unsure of what to say or do during his experience, and said, "if my mind ever starts getting that distracted thing going on, that's what I worry about, I start getting blank, I start feeling like I'm back in prac again, you know?" Erick noted that he

felt more comfortable with vulnerability as he gained experience, stating, “I had my license, I have some confidence, I had seen with other clients, you know how to draw the boundary and hop over it once in a while.” However, Erick also talked about how his vulnerability experience had caused him to doubt himself, in spite of his years of experience. He said, “even being 48 1/2 I'm still you know second-guessing myself and doubting, are my instincts correct, and are they correct every time?” Even though Erick had many years of experience, his described vulnerability moment caused him to wonder about whether or not his intuition was accurate.

**Reaction to client.** All 11 participants endorsed this theme during member checking. This theme included data about the impact that the client can have on the counselor’s subjective experience within the counseling relationship. Specific to vulnerability experiences, it was common for participants to distrust their client, largely due to actions by the client. Alex B. had been told his client had antisocial traits, and when the client took Alex B.’s clipboard off of his desk without asking, Alex B. thought, “This guy is violating my boundaries.” Alex had heard about previous experiences of other clinicians in which his client, a gay man, had become enraged upon hearing that the other clinician was straight. Faced with the decision of whether or not to make a similar disclosure, Alex said, “in session I was like I didn't trust this guy farther than I can throw him.” Allen’s client disclosed that he had sexually assaulted by someone in the past, and Allen wondered, “who is this person that I'm working with?” Erick described his interaction with a male client,

[T]hen the weird part came, he brushed his cheek against mine and sat down. So it wasn't technically, I mean I suppose if I was a female I would've seen it very differently, was it sexual assault? Was this provocative? Was this some kind of a... sexual intimacy?



He later concluded, “it was a violation of boundaries.” Peter said that in retrospect, he may have been physically attracted to a male client of his, and wondered if the client had somehow known that he felt that way. When the client squeezed Peter’s leg during a session, he explained, “I just felt like, like he was intrusive, he didn't respect me as a counselor.”

Multiple participants had positive reactions to their clients, specifically identifying with and/or connecting to their client. Bill said, “I was definitely having a dual experience...in the room with the client.” Jim had feelings towards his client that he felt were misplaced, due to her similar appearance to a friend of his. Viktor expressed his feelings in reaction to his client’s bravery in sharing his emotions, saying, “it was one of the first times that I've really experienced like just this more, this vulnerability, this sensitivity in him, and this just, just this compassion and... just saw him as...beautiful.” Steven spoke more generally about his experiences with clients, specifically regarding how easy or difficult it is for him to embrace vulnerability. He explained,

[W]hen I'm feeling empathy easier for another client, it makes it easier to kind of let the guard down a little bit, because there's that connection. But then sometimes I gotta push harder for it with other clients because it just doesn't come as natural, so always going back to the empathy and just trying to work on it as much as possible.

While participants’ recalled a variety of reactions to their clients, it was universal that the participants’ reactions had an impact on their experience within the counseling relationship, and also during the described experience of vulnerability.

**Processing with other professionals.** All 11 participants talked about how processing with other professionals outside of the counseling room was important. Specifically, it had an important impact on how they experienced the counseling

relationship, and the described vulnerability experience. Participants talked about processing with colleagues and supervisors, and shared their feelings regarding these interactions.

Many participants sought out peers or colleagues to discuss their experiences. Alex B. said that directly after his session, he “pulled one of them aside and said, ‘hey, is it all right if I talk to you really quick about this? I have no idea how to make sense of this, and I need to talk to someone.’” Alex talked about seeking out a fellow counseling intern who was gay, saying, “it was after that session that I sat down with him and just said, ‘I need, I need an education here’ you know?” Colleagues who provided processing opportunities were an important part of participants’ vulnerability experiences.

During member checking, Peter noted that he was very careful about whom he talked to about his experience. He described how he brought up this vulnerability experience during group supervision, stating, “we all got to know each other very well, and I felt comfortable talking about in there. I think they trusted me more than I trusted myself.” Viktor expressed discomfort with processing his experience with me, as a female researcher. He stated,

[It]'s just always in the back of my mind like, am I being judged? Am I being too wimpy? Am I am I being too harsh of a male? So trying to find that centering point of what it is to be a male.

During member checking, Henry shared that he felt this theme was important, but that he did not always have the opportunity to process with other professionals in his current work setting (a school). Regarding our conversations, he said, “it's definitely weird, I haven't talked about in a while, but it definitely feels good to talk about it.” Allen shared that talking with his peers about their similar experiences normalized his own, saying, “it

often feels like a lot of my coworkers there is, especially the ones that were are also classmates, very much was like everybody experienced that vulnerability.” Speaking with colleagues about this vulnerability experience helped Allen feel that it was not out of the ordinary.

Some participants talked about feeling apprehensive about their supervisors’ reactions when they reported about their experience. Jim said, “the questions are swirling through my mind ‘what is this person going to think of me?’ you know, ‘am I the only person who ever had this happen to?’” JF532 endorsed feeling uncomfortable with the idea of bringing his experience up with his supervisor, saying it felt, “a little bit intimidating . . . because that means I am being vulnerable myself too, like ‘hey I’m concerned about the way I was here can I get help with this.’” However, he also noted the importance of bringing up areas of growth, saying, “it’s always easy to kind of bring in footage or whatever of where we look good and we’re pretty confident in what we are doing, but that doesn’t really help us grow in a lot of ways.” Erick talked about his thought process during his vulnerability experience, saying, “at that time I was thinking ‘how on earth am I going to put this in front of my supervisor?’ and like ‘wow, how is this going to sound?’” Whether participants processed their experience with colleagues, peers, supervisors, or even me as a researcher, the activity of discussing what had happened was important to their subjective experience of their vulnerability moment.

### **Researcher Reflexivity**

Many steps were taken to promote researcher reflexivity, as outlined fully in Chapter III. Briefly, I wrote researcher journals after every interview with participants, addressing a series of questions to promote reflection (see Appendix C). These journals

were then given to the auditor, who read them prior to reading interview transcripts so he could assess whether or not my reactions biased the data collected. I will describe the role of the external auditor, provide an overview of general reactions I had, and then will detail my reactions to each participant.

### **Role of Auditor**

As described in Chapter III, an external auditor provided an extensive audit of the data, including my researcher journals. The purpose of the audit was primarily to assess for any impact of my biases on interviews and data analysis. Secondly, I wanted to include the input of a male counselor on my interpretation and understanding of the data. The auditor began by reading sets of data organized by participant, starting with my researcher journals regarding that participant, then reading participant data in the order in which it was collected (transcript of the first interview, participant journal, protocol for the second interview, transcript for the second interview). He noted my reactions regarding each participant and examined transcripts for any impact of these reactions on the course of interviews and interpretation of the results. After reading all of the data, the auditor concluded that there had not been any occasions during interviews when my reactions had significantly impacted the data collected. However, in order to provide transparency, I will present readers with a comprehensive description of my reactions so that each reader may come to his or her own conclusion regarding the trustworthiness of the results. I will begin by describing the reactions that I had in general to most or all participants, followed by a description of the reactions that I had to each specific participant.

## **General Reactions**

In general, the auditor stated that he could not see any occasions where my reactions to participants obviously influenced the course of the interviews. However, he noted that it was difficult to ascertain whether my reactions were apparent through reading, rather than listening to the interviews, as tone differences were typically absent from transcripts. There were some overarching themes in my reactions that were present with the majority of participants that I describe below. Specific reactions regarding each participant will be discussed in the next section.

Broadly, the auditor noted that I often seemed to fall into a caretaking role. This was noted in my researcher journals, for example, regarding Bill I wrote, “I noticed my supervisor self wanting to convince him that he didn’t mess up or need to be disappointed in himself.” In general the auditor and I were in agreement that while I did not skew the data due to this impulse, I may not have gathered as much data as I could have had I not felt the need to take care of the participants. Another example occurred with Alex, who disclosed that an important part of his identity that was salient to his experience was that he had been sexually abused as a child. While transcribing the interview I noticed that, “...I may have tried to protect him from having to experience or discuss his sexual abuse,” later concluding and reminding myself, “this isn’t therapy, it’s research.” While salient themes emerged that represent how Alex’s experience of sexual abuse colored his experience of vulnerability (discussed later in this chapter), I think that richer data could have been gathered had I not had the tendency to “protect” participants from their difficult emotions.

One bias that was present through most of my interactions, especially with the participants who identified as heterosexual, was the need for them to prove their understanding of vulnerability to me. This lessened as I progressed through the study and worked on my own anxiety about the legitimacy of the topic and the study, but both the auditor and I agreed that this was still a reaction to note. The auditor wondered if I might have been dismissive of men who were not being vulnerable according to my expectations. For example, after my first interview with Viktor I wrote, “my original reaction was a slight feeling of annoyance or impatience...feeling like, ‘get to the point!’” Regarding Jim I wrote that I was “realizing my relief when we got to a place where I felt he was talking about what I was wanting to hear about regarding men and emotionality and his experiences.” I was feeling impatient that he seemed to be talking about vulnerability in a way that didn’t connect with my own understanding. Regarding my tendency to feel impatient initially, the auditor noted, “I think men have a harder time opening up because of traditional male gender roles. We really need to trust that it is safe before we will open up.” His feedback was helpful and in the remaining interviews I conducted after receiving that feedback, I noticed myself being more empathic about participants speaking tangentially or not getting directly to the point.

Finally, technology impacted my reactions to each participant. Conducting all interviews through Skype was very helpful in increasing the geographical diversity of my participants, however it also introduced a significant source of stress for me and for some participants. With several participants I ended up having to speak with them by phone in order to walk them through downloading and installing Skype, to troubleshoot connection problems, and more. With some participants we were forced to take breaks during the

interview when a roommate, child or spouse walked into the room in which the participant was being interviewed. I noticed that with the few participants with whom I had no connection or communication issues (JF532, Allen, and Alex) I also had fewer feelings of frustration and/or distraction. I rarely experienced frustration with the participants themselves, rather I felt frustrated with technology and with myself for not preparing detailed instructions for participants ahead of time.

### **Reactions to Participants**

**Alex.** My reactions towards Alex were mostly positive, in that I found him self-aware and open. I felt honored that he shared his history of sexual abuse with me, however I noticed that due to my tendency to protect participants I likely did not explore the impact of that experience on his vulnerability moment as thoroughly as I would have under different circumstances. In general I found Alex's experience fascinating, specifically that it occurred while he was working in, in his words, a "gay enclave." We had an interesting discussion about the impact of his vulnerability experience on his understanding of privilege, and on his experience of "straight guilt." At one point, I said, "see, this is the only issue, is when I'm doing these studies I'm like, 'ooh, Alex and I should write some articles together about social justice!'" The auditor noted that overall I was excited during my interviews with Alex, saying "wow" a lot more often, and wondered if I might have been more excited because the topic of homosexuality was being discussed. I thought that Alex's descriptions of his experience were fascinating, specifically that he felt like a minority as a straight man, because he was working at an agency primarily serving GLBT individuals as a straight man.. This may have caused me to be overly enthusiastic. I wrote in my journal, "I worry that when I share my

enthusiasm, I may be reinforcing certain ways of talking/being/experiencing in the participant.” My awareness of this caused me to be more careful with my responses during future interviews. I intentionally tried to exhibit the same level of enthusiasm and interest, regardless of whether the participant’s views aligned with my own.

**Alex B.** I had a mostly positive reaction to Alex B., perhaps because he at times, reminded me of myself. What I found most connected to my own experience was Alex B.’s description of his childhood with a demanding parent (in this case, his father) and the influence this has had on his work as a counselor. This resonated with my own reflections on how my childhood with a parent who was also demanding, albeit in different ways, influenced my work as a counselor. I also noted in my researcher journals that I was curious about how he came to develop what he described as a “dependent” personality, but refrained from asking because I think that curiosity was based more in wanting to meet my own need for connection with others, as I consider myself someone who struggles with being “dependent” as well.

In my journals I reflected that I wanted to adopt a caretaking stance with Alex B. Specifically, I noted that I “wanted to give him affirmation or tell him that he was okay.” The external auditor noted that I may have normalized his experiences more, and also that I may have assumed that I understood the meaning of what Alex B. shared because of what I perceived to be our similarities. This may have impacted the data in that I did not collect as rich of descriptions as I could have.

My impression of Alex B. was that he was a very agreeable and helpful person, and so I was careful to listen for times during interviews and member checking when he seemed to agree with me in words but when I sensed hesitancy in his tone. During those



instances I attempted to double check and openly invite him to disagree or provide alternative language. In this way I attempted to manage my perception of our similarities and to ensure that I was hearing his subjective experience as clearly as possible.

**Allen.** Allen reminded me of a good friend from high school, which I found at times distracting. Following our first conversation, I wrote,

I found myself getting distracted at one point by noticing the similarities between him and my friend, and losing track of what he was sharing. I think that I didn't ask follow up questions as thoughtfully there as I could have.

In general I appreciated Allen's tendency to think deeply about things from a variety of angles. He struck me as someone who enjoys philosophical conversation, and who was willing to consider different ways of looking at his own experience. For example, regarding the journal prompt he said,

As I was kinda going through the journal, because you know when I first read it I was like, "no no this is not me at all," you know? And then...there's a part of me that's like "I guess there's a chance that it was that, I just didn't know it."

I appreciated that Allen would consider whether gender impacted his experience while also expressing his doubt about it.

The auditor noticed that I seemed protective of Allen, as I was with multiple participants. He noted that when Allen said he felt both uneasy and sad as we were talking about his vulnerability experience, I followed up on his feelings of unease, but not sadness. While we eventually discussed his feelings of sadness, it is likely that I subconsciously was trying to protect him from feeling vulnerable in sharing his sadness with me. I felt similarly when he shared that his experiences with depression were salient to this moment. When I asked him for clarification he seemed somewhat uncomfortable, and so I found myself wanting to quickly move on to other topics. While I think I still

gathered relevant and interesting data from my conversations with Allen, I may have gathered less than I could have had I been more willing to sit with him in his discomfort.

**Bill.** I had a strong internal reaction to Bill's original perspective that his vulnerability experience was a mistake. Specifically, I wanted to intervene from a supervisory standpoint to help him recognize the potential therapeutic benefits of his choices. Both the auditor and I agreed that I did not allow this reaction to enter the interview, but it is important to note that Bill is one of several participants whose view of vulnerability I found overly negative, especially at first.

My other reactions to Bill were centered around his work settings which were central to his experiences, and so unique to him. While I found his experiences fascinating, I also felt occasionally annoyed when we would spend lengthy amounts of time discussing his experiences that were not directly related to his work as a counselor. This was based in my own anxiety regarding data analysis – with Bill I found myself often wondering how what he was sharing would connect with what others had shared. This was difficult for me as I found Bill's perspective on the impact of gender on his two work settings very interesting, however ultimately many of his observations were not salient to this particular study.

**Erick.** As with many participants, I found myself at first unsure of what made Erick's experiences feel vulnerable to him. I wrote in my journal, "I felt confused at times, especially because he kept saying he was not afraid, but also that he had some fear." This led me to wonder if Erick and I had a common understanding of vulnerability. Interestingly, when I asked the identity questions at the end of our first interview and he stated that he was gay, I noticed myself discarding my doubt about our shared

understanding. I wrote, “I think I also see gay men differently with regards to vulnerability, like they can ‘get’ it better [than straight men] or something.” I think that this bias extended to a subconscious feeling that I understood him better than I might have understood a straight man, which may have led me to not ask for clarification as often as I may have asked other participants.

In general, I felt very warmly towards Erick, and enjoyed our conversations. He talked about his personal journey towards self-acceptance, writing in his journal, “I have embraced my HIV, homosexual and felon conditions. All my achievements have been and remain dependent upon my embrace of truth.” The auditor noted that with Erick I felt drawn to respond to him from a counselor role (e.g. I wrote in my journal that I had thought about asking “what was it like to share that with me?” after a disclosure) but I refrained from doing so. Additionally, especially during our second conversation I was emotionally moved when he told me about a moment of personal resilience in his life. I think that my reaction was mostly due to the fact that the feelings he shared during that time resonated with what I was personally experiencing around the time that we met for our second interview. I wrote in my journal, “lately I have been struggling emotionally and so I think some of his statements felt like life rafts to me.” While I think that I gathered the necessary data for the present study, I also think I allowed our conversation to digress into other areas of interest, likely because I really enjoyed talking with Erick and found his perspective personally enlightening.

**Henry.** I had several reactions to Henry during both of our interviews. After transcribing our second conversation, I reflected that perhaps these were “in part due to my own identification with his passion and strong opinions.” At times these opinions

were in contradiction to my own; for example, regarding divorce he said, “we used to regard...the idea of the nuclear family as the backbone of the society, and now we’re redefining what a family is, and I don’t necessarily think that’s working out for us.” My parents are divorced and I feel blessed that my family is made up of much more than the traditional nuclear family, so I found this assertion off-putting. Other times, his strong opinions resonated with me. For instance, when he stated “I don’t think [our culture] has any idea what it wants guys to be, I really don’t.” Part of my desire to do this study came from wanting to hear from male counselors about how they navigate apparently competing messages to be strong and vulnerable, so I agreed with this statement.

Henry shares my passion for examination of male gender role socialization, I remember feeling excited and curious when I read in his journal “this idea of gender role conflict is really touching a nerve within me.” When I followed up on this statement in our second interview, I had many conflicting feelings and reactions. He spoke about the importance of men participating actively in their families, and about reinforcing positive choices that men make. This seemed consistent with my own feminist views of egalitarian relationships in which partners share responsibilities regardless of gender. I found myself very offended when he later stated, “I think it was Oscar Wilde who said, ‘women are meant to be loved, not understood,’ which I think is a fantastic quote, I think it’s absolutely true.” While I do not think Henry intended to offend, I found that a problematic stance on women, especially for a counselor. As a woman I felt upset and I noticed my supervisor and educator self being drawn to provide education to Henry with the intention of helping him develop greater self-awareness of his male privilege. I did

not do so, as it would have been inappropriate given the situation, but I felt frustration at not being able to be transparent about my perspective and reaction.

In further reflection, I hypothesize that my own gender role socialization was also present in my conversation with Henry. We both have strong opinions regarding gender, and are both entitled to such opinions. However, I often feel intimidated and nervous to share my opinions, due in part to internalized messages about how women are emotional and not logical, not as intelligent as men, and that our place is in the home rearing children rather than in intellectual conversations. On the other hand, Henry was raised in a patriarchal society that values men, and also reported that the field of counseling seemed to uniquely value him for his maleness (“people told me when I finish my degree I wouldn’t necessarily have a problem finding a job because there are so many female counselors out there and there are a lot of kids who just need help from a guy.”) While I had a reaction to his opinions, labeling it as arrogance, I also can see how my own lack of confidence enhances my feelings of irritation. Put simply, I am jealous of how easily he can share his convictions, seemingly without doubt about how he will be perceived.

**JF532.** I felt like JF532 and I could be friends if we were interacting in another settings, and in general I felt warmly towards him. I wrote in my journal, “I think we have some similarities in terms of our approach to clients, as well as our phases of life.” He is also a doctoral student, and was quick to respond to e-mails for scheduling, which I really appreciated. Reflecting on this, I wrote,

I am aware that perhaps I am positively biased towards JF because of his quick responding, and perhaps I am biased negatively towards other participants who are being slow to respond. I feel frustrated by them and upset.

I did not notice any way that this reaction impacted data collection, nor did the auditor.

The auditor noted that my tendency to be a caretaker was present during my interviews with JF532, specifically in the form of my own self-disclosure to normalize his experiences. For example, he shared that he felt nervous being interviewed, and I responded, “Sure yeah, I experience the same thing when I’m being interviewed.” I also was more tentative with some of my statements, perhaps because JF532 was tentative in sharing certain elements of his experience. While he shared that his client had a similar loss to his, he did not specify whom he had lost until the end of the interview. The auditor also noted that there were times when JF532 may not have answered a question completely, but I did not push him to clarify further, perhaps reflective of my desire to avoid making JF532 uncomfortable.

**Jim.** Jim reminded me of two important men in my life, my father and an other older male relative. I found this especially interesting because the nature of Jim’s vulnerability experience was a strong countertransferential reaction to his client. And, he was the participant with whom I had the most countertransference. After the first interview I wrote, “he reminded me of an older male relative of mine, who is a sweet and caring person who also feels the need to be kind of a jerk to keep his image of masculinity and strength up.” This also connected to my increased fear about what Jim’s reaction to the journal prompt would be. I wrote, “I keep flashing back to my relative saying, ‘now don’t start that nonsense again,’ when I have brought up how gender role socialization has impacted him.” I think that this impacted my data collection with Jim because I was hesitant to push him for fear of being dismissed. At times I felt talked down to by Jim, however I reflected in my journal that this was likely due in part to my own sensitivity and his tendency to talk in second person, for example when he said,

“that’s an excellent way to keep you from going off on a tangent with somebody,” when he was referring to himself and his own experiences.

During the second interview we discussed Jim’s career trajectory and his past career in EMS, which reminded me of my father who also used to work in EMS and has talked about entering the field of counseling when he retires from his current job. The auditor noticed that I see my Dad as a “warm, soft man” and my other male relative as a “typical man.” My reactions to Jim were colored by these assumptions and a lifetime of previous experiences with these two men in my life. In my journal I reflected, “all of this meant [Jim] was having to re-create an image of himself for me, instead of simply creating from scratch.”

Outside of my countertransference about Jim, I also had reactions to his view of vulnerability and its role in a counseling relationship. The auditor noted, “it seems like he thinks vulnerability is something to be avoided with clients,” in response to Jim’s statement, “it’s not altogether different from when someone comes in and tells you something really devastating...you know you have disassociate yourself from that, you can’t allow yourself to get caught up in the emotion.” In addition, Jim described vulnerability as something that can be eradicated, such as when he said “I’ve been to therapy myself, I worked through issues where I had vulnerabilities.” While this was a different perspective from my understanding of vulnerability and its role in counseling, I appreciated Jim’s participation even more because he brought a different perspective to the study.

**Peter.** My reactions to Peter were centered on two exchanges that we had, that both seemed to be reflective of our difference in gender and sexual orientation. The

discomfort I felt during both moments was due in part to feeling as though I could not or should not explain my perspective as a woman, which was similar to my experience with Henry and Jim. During our first conversation, Peter described how he felt that his client had violated his boundaries, but also felt that he was culpable in some way. While he said that his situation was not like rape, he stated,

A lot of times, if someone gets raped, all of a sudden they feel like it's their fault. And there is sometimes truth to that, let's say someone gets raped and they were walking home alone at night by themselves, that doesn't mean they *deserved* to get raped, it just means in the future it probably is a good idea not to walk home like in dark places by yourself.

In my researcher journal, I reflected, "I wanted him to stop blaming himself, and also blaming rape victims. It was very 'gentle' victim blaming, but victim blaming nonetheless." During the interview I believe I maintained neutral expressions and tone of voice, but his statements irked me. In my researcher journal I wrote,

I am minimizing [my feelings] because I am the researcher, and also because I feel worried that participants and my male auditor won't understand, and I will come off as a hypervigilant, overly sensitive feminist.

Because of a lifetime of socialization to keep my internal reactions private so as not to incur the scorn of others, I do not think participants were aware of my feelings during moments when I felt offended by something that they said.

Despite my reaction to Peter's opinions about rape, I overall liked him and enjoyed talking to him. The auditor noticed that I engaged in caretaking with Peter, as reflected by writing in my journal, "I did not explore his shame/guilt/embarrassment as much because he seemed uncomfortable and a bit defensive." This was especially prevalent in our second conversation, after I had read his journal. It seemed to me that he



was upset by the prompt. For example, in response to the segment of the prompt regarding Restricted Emotionality, he wrote

It is curious to me that it is considered by some to be a problem to keep ones feelings private; perhaps those who tend to more openly express their feelings might need to do some self-help work on being more accepting of persons who are different than them.

My reaction to this was to feel defensive of the prompt and also to want to explain myself so that he would not misunderstand my intentions. During our second conversation he endorsed that the prompt had pushed a button for him, further explaining, “I do recognize the statements in there and then at the same time I’m kind of like, I *hate* having to defend who I am as a male.” He further expounded on his experiences with women, specifically in work settings, whom he felt emasculated by because he is gay. I felt grateful that he shared these experiences and his negative reactions to the prompt, and also noticed that, “I didn’t want to push him on looking at how his gender might impact his experiences as a counselor with vulnerability.” I think that in my attempt to show him that I was not a “man-hater”, I failed to gather as much relevant data as I potentially could have.

**Steven.** I felt that I had a harder time connecting with Steven than with some of the other participants, likely due to several factors. During our first conversation, we had several technical difficulties, which were frustrating and seemed to distract both of us. Additionally, as I reflected in my journal, “I found myself wanting him to elaborate more, and also having a hard time getting him to do so.” In our second conversation Steven shared, “I have always been available [to others], but I don’t really share that much on my own.” He also told me that opening up to clients emotionally was an important part of what was needed for the clients’ optimal growth, but that this was difficult for him.

This description made sense and connected with my own experience with Steven, as I perceived him as having difficulty opening up during our conversations.

I wrote in my journal after our second conversation,

I felt confused by some things, and when I tried to gain clarification he often would say 'no, not really' which made me feel even more confused...I think he is someone who doesn't really like being reflected.

In general it seemed to me that Steven's answers were shorter than other participants, and that he didn't elaborate without additional prompting. Even with additional prompting did not tend to share much, which I found frustrating. After he told me about his tendency to keep others at a distance, this made more sense to me. I wondered how vulnerable it had felt to him to answer my questions at all, given that I was a stranger. After reading my researcher journals and transcripts of conversations with Steven, the external auditor noted, "he seemed guarded and you seemed cautious or hesitant to push him." This is an accurate comment.

**Viktor.** Viktor was one of the first participants interviewed, and I noted in my researcher journal that I felt impatient with him at times, wanting him to "get into [the vulnerability experience] faster." Ironically, the auditor noticed that once Viktor began to discuss the moment, and especially when he expressed vulnerability during our conversations, I often fell into a caretaking role, at times rescuing him from his vulnerability. For example, when he talked about the internal shame he used to experience when he would be sensitive, I said, "I just want to let you know, this all makes so much sense...it is so consistent with other men's experiences in the literature," perhaps trying to assuage any embarrassment or shame he had in the moment.

Viktor's expertise in the area of masculinity and vulnerability was exciting to me, however I also had some reactions to him about our shared interest. The auditor noticed that I was initially dismissive of his expertise, thinking that he may not "really" understand vulnerability in the way that I did. Neither the auditor nor I thought this impacted my conversations with Viktor, and I quickly shifted from feeling wary of Viktor to feeling admiration towards him for his vulnerability journey and self-awareness.

An interesting component of my conversations with Viktor illustrated another implication for women doing research on men, and male vulnerability experiences. In my researcher journal I wrote,

One fascinating thing about male GRC is that since a lot of "being a guy" is talking about women in "a certain way", [participants] sometimes seem to feel uncomfortable telling me. And I honestly feel a little uncomfortable hearing about it.

This came up with Viktor when he talked about his internalized shame messages about his sensitivity. He said that in the past, when he had sensitive feelings, "automatically I think what was associated was 'oh, I'm a wussy,'" or a lot of times internally, the p-word. I don't even like to say that word." It was clear that Viktor rejected the notion that male sensitivity is feminine, or the idea that femininity is inherently bad, and he seemed afraid of offending me by even talking about this aspect of his experience. While I appreciated his respect in saying "the p-word", I also wondered about what else he, or my other participants, may be not telling me due to fear of offending me as a woman. This brings up interesting implications for future research on men by women, which will be discussed further in Chapter V.

## **Conclusion**

Rigorous data analysis procedures yielded several themes and sub-themes, which were described here. Participant quotes illuminated themes, hopefully providing rich descriptions to help readers understand these male counselors' experiences of the phenomenon of vulnerability within the counseling relationship. Findings were organized into themes that described only the vulnerability moment, themes that described the vulnerability moment and other critical incidents, and themes that described how the person-of-the-therapist impacted the vulnerability moment. These findings add to existing literature within the fields of counseling, counselor education, and counselor supervision. In the next chapter, I will discuss these findings, and demonstrate how they fit within the greater context of existing literature.

## **CHAPTER V**

### **DISCUSSION**

#### **Introduction**

In this chapter, I will discuss the results of the study, beginning with an overview of the data structure. I will provide data responding to each of the research questions, followed by a thorough discussion of the findings. Each section of the findings includes discussion, as well as potential implications of the results. The limitations of this study and ideas for future research are presented.

#### **The Results in Metaphor**

As I discussed the emergent themes with the external auditor, I struggled to conceptualize the relationships between the themes and sub-themes. Over time, a metaphor of a tree emerged, and seemed to reflect the underlying structure of the data. Here I explain the metaphor, which I hope will enrich the reader's understanding of the findings, as well as the implications of this research.

In the metaphor of the tree, the trunk represents the theme of Person-of-the-Therapist, defined as the entirety of the subjective experiences of the therapist within the counseling relationship. This represents the basic assumption that all counselors enter into relationship with clients not as blank slates, but as nuanced human beings with unique ways of viewing the world. Themes that emerged here reflected the various aspects of the person-of-the-therapist that influenced participants' experiences of their

vulnerability moment. These themes were: impact of identities, personal experiences, counselor training and development, reaction to client, and processing with other professionals. Each participant had his own unique identities, experiences, counselor training, reactions to their client, and attitude towards processing with others. Within the metaphor of a tree, the variety across participants was akin to each participant being a different “kind of tree.” So, while all participants had a trunk with similar components (themes), the way that they expressed each of themes was unique to him. The following two components of the model “grow out” of the person-of-the-therapist. The trunk of a tree provides the base for all branches and leaves to grow from; similarly, the person-of-the-therapist is foundational to how a counselor experiences critical incidents, as well as vulnerability moments.

The next component of the metaphor is the branches of the tree. Each branch represents a Critical Incident, defined as a significant experience that influences a counselor’s development in a positive or negative way (Furr & Carroll, 2003). The metaphor of the branch represents that critical incidents are moments that push a counselor to grow, not denying his or her authentic self (the trunk or the person of therapist) but rather adding to it. Themes that emerged as part of the critical incident were: impactful moment, impacts on future work, moving away from the experience and/or the client, and moving towards the experience and/or the client. Just as the beginning of a new branch from the trunk of a tree marks the start of existence for that particular branch, a critical incident marks the start of a new area of learning for a counselor.

The literature about critical incidents addresses many types of clinical experiences. For example, critical incidents have been written about in the areas of supervisor development (Ladany, Friedlander, & Nelson, 2008), supervisor/supervisee attachment (Pistole & Fitch, 2008), and multicultural supervision (Fukuyama, 1994), to name a few. Critical incidents can occur in multiple areas of clinical practice; for example, a counselor could have a critical incident regarding racial differences with clients, or could have a critical incident about their ability to effectively confront clients. The metaphorical tree would have branches for each “type” of critical incident, with the counselor hopefully experiencing critical incidents, and therefore adding new branches throughout her or his career.

Additionally, the themes of moving toward and moving away from the experience and/or the client are represented by the branch metaphor as well. Branches may bud and flourish, if the tree directs nutrients towards that branch, and if conditions are good (sunshine, adequate water) where the branch is growing. Alternatively, branches may die, eventually breaking off of the tree if the conditions are not right. Similarly, critical incidents are an opportunity for the counselor to develop greater therapeutic efficacy, but growth is not guaranteed. Just as with a branch, in order to positively change from a critical incident, a counselor must dedicate energy towards expanding her or his understanding. Growth is also assisted by positive external influences; akin to a branch thriving with adequate sun and water, supervisors can provide challenge and encouragement to assist counselors through these moments.

The final aspect of the metaphor is the leaves that grow from the branch. The leaves represent aspects of the vulnerability moment, defined as an instance when the

participant felt vulnerable in session with a client. The metaphor of the leaf represents that a counselor's experience of a vulnerability moment is dependent on the person-of-the-therapist, as well as on how the counselor reacts to the critical incident. Leaves on a tree are all similar, just as a counselor's reaction to various critical incidents will likely have similarities. However, leaves vary on a tree in terms of size, color, and overall health. A counselor may experience a critical incident in an area in which they have adequate support for positive growth. Support could come in the form of the counselor's own interest in the area, supervisory support, previous training, etc. This would metaphorically yield a healthy branch with large healthy leaves. Conversely, a counselor may experience a critical incident in an area in which they do not have adequate support. This could be due to the counselor's resistance to growth in this area, lack of supervisory support, lack of training, etc. While growth would still occur, the lack of adequate support would metaphorically lead to an unhealthy branch with under-developed or diseased leaves. Specific to vulnerability experiences, themes in this area were: balancing counselor role with vulnerability, relationship with the concept of vulnerability, growing pains (subthemes: unexpected, uncomfortable, uncertain and inadequate), and intense reactions (including but not limited to: shame, anxiety, fear, physical reaction, anger, connection, empathy/compassion and satisfaction).

The variety of specific reactions to vulnerability exemplifies the differences across participants as a result of the person-of-the-therapist and their response to the critical incident of vulnerability. Similarly, looking at several trees' leaves side by side one might notice differences; each leaf would differ from others as a result of the specific type of tree, as well as based on the branch from which it grew. Additionally, participants



who had more positive experiences of vulnerability described the moment as one that motivated and nourished ongoing growth. Metaphorically, this can be thought of as having bigger and healthier leaves, which then can gather more sunlight, adding to the growth potential of the specific branch as well as the tree as a whole.

### **Research Questions**

In this section, I will discuss how findings fit into the greater body of literature on the topics of the person-of-the-therapist, critical incidents, and vulnerability moments. Within each section, I will also present potential implications of the findings to the field of counselor education and supervision. While findings were explained in Chapter IV, in this chapter I will contextualize the findings within the existing literature.

Research Question 1 was: How do male counselors experience moments of vulnerability with their clients? The data suggest that male counselors experience moments of vulnerability with clients as critical incidents, or significant moments that influence their development. The person-of-the-therapist (specifically their identities, personal experiences, counselor training and development, reaction to the specific client, and processing with other professionals) impacts their experience of the moment of vulnerability. The moment itself is impacted by the counselor's relationship with the concept of vulnerability, and is characterized by an attention to balancing the counselor role with vulnerability, as well as having intense reactions and growing pains. Each of the themes and subthemes that emerged from the data will be addressed in later sections within this chapter.

Research Question 2 was: Do male counselors encounter barriers to experiencing vulnerability? And, if so, what is the nature of these barriers? Several barriers emerged

from the data. The theme of “moving away from the experience and/or the client” seemed to represent a universal reaction to perceived barriers; however, many participants later moved toward the experience and/or the client, perhaps indicating that they overcame some or all of the barriers. The nature of these barriers varied across participants. In general, it seemed that the person-of-the-therapist, their relationship with the concept of vulnerability, and intense negative reactions represented the most salient barriers. In the following section I will elucidate each aspect of the findings in relation to existing literature, and barriers will be noted as applicable.

## **Discussion and Implications**

### **Person-of-the-Therapist**

Aponte and Carlsen (2009) wrote about the importance of developing the “person-of-the-therapist,” a term that encompasses the idea that “all therapy is a marriage of the technical with the personal” (p. 395). As discussed in Chapter IV, several themes emerged that seemed to reflect the notion that who the participant is as a person influenced how he experienced and reacted to the vulnerability moment he described. When presenting this section to participants, I described it as “everything on ‘your side’ of the counseling room and relationship.” In this section I will explore each of the themes that comprised the person-of-the-therapist, that is, the impact of participants’ subjective experiences of the counseling relationship on his experience of vulnerability. Implications of each theme will also be presented.

**Impact of identities: discussion and implications.** The emergence of a theme reflecting the importance of identities on a counselors’ experience of vulnerability is consistent with counseling best practices. In their seminal article regarding multicultural

counseling competencies, Sue, Arredondo, and McDavis (1992) wrote that a culturally competent counselor is one who, “understand[s] their own worldviews, how they are the product of their cultural conditioning, and how it may be reflected in their counseling and work with racial and ethnic minorities” (p. 481). The ethical code of the American Counseling Association (2014) echoes the importance of self-awareness about identities, stating in its introduction, “Counselors also explore their own cultural identities and how these affect their values and beliefs about the counseling process,” (p. 4). This finding was, in many ways, unsurprising, as an important aspect of the reason for exploring male counselors’ experiences of vulnerability was based on the assumption that gender identity would impact their subjective experience.

The notion that counselors must be aware of their identities and how they impact their work with clients is consistent with what has been suggested elsewhere in the literature (e.g. Arredondo, Toporek, Brown, Sanchez, Locke, Sanchez, & Stadler, 1996; Hays & Chang, 2003). Counseling trainees and supervisees must be prompted and required to expand their self-awareness of the impact of their identities on their work with clients. The findings of this study expand on previous suggestions by Arredondo et al., (1996) and Hays and Chang (2003), indicating that not only will a male counselor’s various identities impact his clients, but those identities will also impact his subjective experience of his relationship with clients. In addition to the call for counselors to deepen their understanding of how a client’s identities impact her or his worldview (Sue, Arredondo, & McDavis, 1992), the findings from this study suggest that a counselor’s identities influence how the counselor interprets events within the counseling relationship as well. Participants in this study described how their identities impacted their subjective

experience during the vulnerability moment they described. This provides impetus for greater conversation within counselor education and supervision settings regarding counselor identities, and how those identities may color the counselors' perceptions and experiences in the counseling room. Counselor educators may want to use didactic courses as opportunities to encourage students in counselor training programs to examine how their identities may influence their experiences of themselves and others.

**Personal experiences: discussion and implications.** The notion that counselors' personal experiences influence their work with clients has been echoed over decades throughout counseling literature (e.g., Adams, 2014; Rogers, 1951; Skovholt & Ronnestad, 1992). Similarly to the previous theme, this theme is a reminder of the importance of self-awareness to counselor efficacy. Personal awareness is a cornerstone of professional values. Best Practices in Clinical Supervision (ACES, 2011) lists the goal of increasing supervisee self-awareness as a necessary purpose of supervision, and the ACA Code of Ethics (2014) emphasizes the importance of personal awareness in facilitating multicultural competency. The idea of the "wounded healer" has been in the literature for decades (May, Remen, Young, & Berland, 1985), and while somewhat controversial, the notion that helping professionals often have personal experiences with mental illness maintains contemporary relevance (Kern, 2014). Research on therapy outcomes has provided empirical evidence that therapist life experiences impact the counseling relationship (Nissen-Lie, Havik, Høglend, Monsen, & Rønnestad, 2013). Nissen-Lie et al. measured psychotherapists' quality of life, as well as client and psychotherapist perception of the working alliance. They found that the psychotherapist's life burdens were inversely related to client ratings of the working alliance, providing

empirical data that supports the notion that counselors' personal experiences impact their work with clients.

Historically, the impact of counselors' personal experiences on work with clients was viewed as indicative of an ineffective therapist (Freud, 1989) however these ideas have been largely rejected. Contemporary views reflect that counselors are human beings, and as such are influenced by their previous personal experiences (Hayes, Gelso, & Hummel, 2011). As with the theme of impact of identity, the key to enhancing counselor efficacy is self-awareness. Participants in this study talked about the importance of personal therapy in deepening their understanding of how their life experiences helped and hindered them in their counseling work. Duffey and Haberstroh (2014) developed an eclectic approach to working with males that reflects the importance of awareness, especially for men. Their approach, Developmental Relational Counseling (DRT), has three goals: to help clients a) perceive themselves and others more accurately b) gain awareness of their degree of power and influence and c) deepen self-compassion and compassion for others. Findings of this study echo the importance of self-awareness for male counselors, specifically regarding the impact of their personal experiences on their work as counselors.

As discussed in Chapter IV, participants talked about how their personal experiences helped them connect and empathize with their clients, but also expressed anxiety about how best to integrate their experiences in the counseling room. Jim's discomfort about how his personal experiences with a friend instigated strong feelings of protectiveness towards his client led him to refer the client to another counselor from fear that his unfinished business would negatively impact the counseling relationship. JF532

chose to share with his client that he had also lost his mother when he was close to the client's age. Counselors and supervisors often make clinical choices about whether the counselor's personal experiences will negatively or positively impact the counseling relationship. Findings from this study indicate that these choices are an important part of vulnerability experiences. An implication of this finding is that counselor educators and supervisors ought to be aware of the connection between counselors' personal experiences outside of the counseling relationship and feelings of vulnerability within that relationship. Supervisors may want to explore male supervisees' personal experiences in supervision as they process vulnerability experiences in order to assist supervisees in effectively integrating and managing such experiences to ensure effective care of clients. Additionally, some personal experiences are best left to be processed in personal counseling, with the supervisor only attending to that which may impact the counselor-client relationship.

#### **Counselor training and development: discussion and implications.**

Participants' experiences in counselor training programs influenced the person-of-the-therapist, also impacting how they react to critical incidents, including the specific vulnerability moment they described. Additionally, participants noted that their vulnerability experiences occurred towards the beginning of their work as counselors. This is consistent with existing literature, which suggests that counselors beginning their careers tend to rely more on external teaching, and seek external validation from those they consider as experts, such as counselor education faculty (Gibson, Dollarhide, & Moss, 2010). Consistent with this literature, participants described reflecting back on

their experiences in counselor training to assess their efficacy during a vulnerability moment.

Interestingly, even those participants who were more advanced in their development were impacted by their counselor training experiences. Several participants described feeling as though they were “back in prac days” (Bill) in the face of their vulnerability moments. This corresponds with existing literature that states that counselor development is a cyclical process, in which critical incidents incite additional change and deepening of learning (Skovholt & Ronnestad, 1992; Stoltenberg & Delworth, 1987). This study builds on the existing literature in that it draws attention to vulnerability experiences as one particular type of critical incident that has until now been overlooked.

This theme has several implications for counselor educators. I am reminded of an adage of parenting, “be careful what you say to your children, as one day your voice will become the voice in their head“ (unknown source). It seems that the same is true for what counselor educators teach counselor trainees. Erick described how he was “having student flashbacks,” and how he was wondering how his supervisor would react, saying, “there’s a lot of voices in my head at that time.” This perspective was echoed by other participants, who also talked about the conflict between being the counselor they were trained to be, and being authentic during their vulnerability moments. I believe this demonstrates the lack of conversation about vulnerability during counselor training. During their experiences, many participants were left wondering what professional mentors would say, rather than being able to recall wisdom shared during training. I believe that this finding demonstrates an important avenue for positive change in counselor education programs. More specifically, explicit conversations about

vulnerability need to be had throughout counselor training, in which counselor educators describe clearly the existing research on vulnerability, as well as their own professional opinion on its role in the counseling room.

Conversations about the role of vulnerability in counseling are needed to provide guidance to counselors-in-training (CITs) about how to effectively integrate their own vulnerability into the counseling relationship. Specifically, the fact that many participants seemed to view vulnerability as a “beginner’s issue” points to the stigmatization of vulnerability in the counseling relationship. Several participants talked about their described vulnerability moments as wake-up calls to “gird [their] loins” (Jim) to prevent future experiences, as though vulnerability would be something that, over time, they would eradicate from their counseling practice. Other participants expressed more vulnerability-positive views, and stated that these came from their individual study and/or counselor training about vulnerability (Viktor, Steven, JF532, and Henry). As described in Chapter II, theory and research indicate that some measure of vulnerability is required for maximally effective counseling. Counselor training programs need to provide experiential and didactic education to CITs about vulnerability, so that CITs will have necessary tools to guide their effective integration of their vulnerability into their work as counselors.

Some participants spoke about the positive impact of previous learning on their experience of vulnerability. Alex B. talked about a helpful “voice” in his head, saying, “I remember one of my professors...saying ‘you know, countertransference is evidence,’” which helped him contextualize and understand his internal experience. Steven noted that his program had a class that focused on shame, which helped protect him from feelings of



shame during his moment of vulnerability. He and Viktor both noted that having read works on vulnerability (namely, the work of Brené Brown) helped them navigate their experience without feeling negative emotions. They sought these works out themselves; I believe an implication of this study is that the topic of vulnerability must be directly and explicitly addressed throughout counselor training, to ensure that all students receive the benefit that Steven and Viktor described. By discussing the term “vulnerability”, assigning readings regarding the concept, and sharing with students existing research on vulnerability, counselor educators may better prepare male counselors-in-training for future experiences of vulnerability with clients.

**Reaction to client: discussion and implications.** This theme emerged from participants processing how their reactions to their clients influenced their experiences in the counseling room and in the relationship with their clients. As described in Chapter IV, some participants had negative reactions to their clients such as distrust, whereas others found themselves feeling very close or connected to the client, often due to shared experiences or identities. The notion that clients impact their counselors is commonplace in the literature. Negative impact has been written about using the term vicarious trauma (Sommer, 2008), whereas positive impact on the counselor is usually termed vicarious post-traumatic growth (Arnold, Calhoun, Tedeschi, & Cann, 2005).

An interesting finding of this study that expands on previous research is that 10 of 11 participants chose to share with me a moment of vulnerability with a male client (Jim being the only exception). While research has been conducted regarding clients’ tendency to disclose more readily to female counselors than to male counselors (Reed, 2014; Snell, Hampton, & McManus, 1992), there is limited research on the impact of client gender on

counselor reactions. Whetstine-Richel (2014) presented male therapists with client scenarios featuring traditional and non-traditional male clients and found that male therapists endorsed significantly greater levels of comfort working with the non-traditional male clients. The results of this study build on this finding by suggesting that the gender of the client may specifically impact male counselors' feelings of vulnerability.

More research is needed on this topic, but there are two possible reasons for participants' increased feelings of vulnerability with male clients. The gender role conflict literature includes research that demonstrates that restricted affectionate behavior between men is an important part of male gender role socialization (O'Neil, 2008). As was presented in Chapter II, counselors are required to demonstrate some level of affection and caring towards clients in order to build an effective counseling relationship. This apparent conflict between restricted affectionate behavior between men and the nature of the counseling relationship could possibly create feelings of vulnerability in male counselors as they contradict that socialization. Alternatively, some participants described feelings of fear of their male clients' potential aggression. Alex and Erick talked about considering the quickest way to get out of the room, away from the client, indicating feelings of being physically unsafe. It could be that for those participants, their feelings of vulnerability with male clients were related to their socially influenced expectation that men are more predisposed towards violence than women.

There are many implications of this theme. First, it is important that counselor supervisors normalize a wide range of male supervisee reactions to clients, perhaps especially when those reactions go against traditional male gender role socialization.

Male supervisees may be hesitant to share feelings of affection or caring for male clients, or conversely may not share that they feel unsafe with male clients as readily as female supervisees would, due to gender role expectations that they men are powerful (O'Neil, 2008). In speaking with participants who feared emotional and/or physical attacks by their male clients, I acutely felt the need for supervisors to address safety concerns of their supervisees, regardless of gender. Regarding Erick's client who violated his physical boundaries by rubbing his face on Erick's, he said, "So it wasn't technically, I mean I suppose if I was a female I would've seen it very differently, was it sexual assault?" Unfortunately, men are socialized to be fearless and tough (Zartaloudi, 2011) making it less likely that male counselors will report safety concerns to supervisors. In order to best promote client change, supervisors need to help their supervisees to understand the negative impact that feeling unsafe can have on the counseling relationship. To help supervisees integrate their reactions to their clients effectively to promote client change, supervisors need to be aware of the wide range of potential reactions to clients, especially surrounding a vulnerability experience.

**Processing with other professionals: discussion and implications.** As presented in Chapter IV, all participants talked about the importance of discussing their vulnerability experiences with fellow trusted professionals such as supervisors and colleagues. Previous research suggests that external support is most needed at the beginning of counselor development (Gibson, Dollarhide, & Moss, 2010), and at points of career transition for counselors (Skovholt & Ronnestad, 1992). As noted before, most participants indicated that they were early in their career when their vulnerability experiences occurred, making it difficult to determine whether this theme is related to

being new professionals, or whether the vulnerability moment itself represented a moment of unique challenge that required atypical outside support.

That the participants in this study talked about the importance of sharing their vulnerability experiences with trusted supervisors and colleagues departs somewhat from existing literature on male counselors and supervision. MacKinnon et al., (2011) wrote about potential sources of resistance to supervision in male supervisees (MacKinnon, Bhatia, Affleck, Sunderani & Smith, 2011); while participants in this study often recalled feelings of apprehension about bringing up their vulnerability experience with their supervisors or colleagues, none of them expressed resistance to supervisor/colleague suggestions or help. In fact, multiple participants talked about how they had gone out of their way to ask for additional help with their situation, which goes against stereotypical views of men as reluctant to ask for help (Berger, Addis, Green, Mackowiak, & Goldberg, 2012).

The male counselor participants in this study talked about the importance of processing with other professionals about their vulnerability. This has many implications for supervisors. Many participants described feeling unique in their experiences of vulnerability. As Henry said, “because not a whole lot of guys talk about it, you don’t want to be the only one who’s kind of sticking out.” Supervisors should be alert to the possibility that male counselors may feel alone, especially when experiencing vulnerability. Bill talked about feeling left out of collegial processing when he was the only male working in a particular setting. Regarding his female colleagues, he said, “I got this impression that they felt like they didn’t know what to do with me, because guys don’t do that.” Processing with other professionals is an important part of developing the

person-of-the-therapist and navigating vulnerability experiences. In order to support male counselors adequately, concrete efforts must be made to support them, especially when they are violating traditional gender roles. A previous empirical study illuminated the impact of supervisor self-disclosure on supervisee self-disclosure (Kreider, 2014). This suggests that male supervisors would likely be especially helpful to male supervisees if they were willing to talk about their own experiences of vulnerability with clients.

An implication of this theme is that counselor educators, supervisors and colleagues need to increase their awareness of gender role socialization and the potential ramifications for male counselors. The field has moved towards more discussion of the unique needs of male clients (Englar-Carlson, Evans, & Duffey, 2014; Englar-Carlson & Kiselica, 2013; Reed, 2014), and is beginning to examine the unique experiences of male CITs (Michel, Hall, Hays, & Runyan, 2013). However, previous to this study, there has yet to be study of the unique needs of male counselors within the counseling relationship. Given the importance of processing with other professionals for the participants in this study, all counselors, and especially those in educational and supervisory roles, need to be aware of how vulnerability experiences may impact their male colleagues, students and supervisees. Awareness of possible feelings that may arise from such experiences, as illuminated by this study, can enhance the empathic responding of counselor educators and supervisors who work with male counselors. Critical incidents represent uniquely challenging moments for all counselors, next I will discuss results of the study that illuminate male counselors' specific experiences of critical incidents.

## **Critical Incidents**

When the term first appeared in the literature, critical incidents were defined broadly as “significant life experiences” (Skovholt & McCarthy, 1988). As was discussed in the previous section, significant life experiences do influence the person-of-the-therapist, and therefore how he experiences critical incidents. However, I find this definition lacking in sufficient clarity, and so for the purposes of this study I draw from the definition provided by Furr and Carroll (2003) who wrote, “a critical incident is defined as a positive or negative experience recognized by the student as significant because of its influence on the student’s development as a counselor” (p. 483). Given that critical incidents occur past counselor training and into early career development, (Fukuyama, 1994), I expand this definition to include those who do not currently identify as students. This category of themes comprises sub-themes that illuminate how the described vulnerability moment was a significant experience that influenced the participants’ development in positive and/or negative ways.

Viewing vulnerability moments as one type of critical incident has many implications. Since critical incidents are viewed as pivotal moments in counselor development, the connection between the two concepts suggests that vulnerability experiences lead to counselor growth. This study suggests that vulnerability moments are also critical incidents. Therefore, further exploration is needed to determine whether critical incidents also require counselor vulnerability.

The category of themes that describe the critical incident element of vulnerability moments included: impactful moment, impacts future work, moving away from the experience and/or the client, and moving towards the experience and/or the client. Here I

will explore these themes, discussing how they relate to existing literature and providing potential implications for counselor educators and supervisors.

**Impactful moment that impacts future work: discussion and implications.** All 11 participants endorsed these themes, which represent participant statements about the significance of the vulnerability moment, as well as the notion that it influenced future ways of working with clients. The emergence of these two themes led to the naming of this group of themes as representative of critical incidents, because they so closely mirror existing literature regarding critical incidents (e.g. Furr & Carroll, 2003; Pistole & Fitch, 2008). As discussed in Chapter II, it has been suggested that therapist vulnerability is necessary for client change to occur (Jordan, 2008; Slavin, 1998). These findings indicate that therapist vulnerability also promotes therapist change. While participants noted both negative and positive emotions, as well as outcomes of their vulnerability moment, universally they expressed increased awareness of themselves and clients. This is consistent with existing literature that describes critical incidents as catalysts for student development (Furr & Carroll, 2003; Skovholt & McCarthy, 1988), with specific outcomes of increased self-insight and self-awareness noted by Howard, Inman, and Altman, 2006.

A major implication of these themes is that when supervisees disclose moments of vulnerability with clients, supervisors ought to respond with empathy for how important this moment felt, and likely still feels. Additionally, it may be helpful to intentionally assist supervisees in identifying how this moment will impact future work, with the specific client as well as others. The impactful nature of the moment may be what brings a vulnerability moment to the attention of a supervisor, however supervisors can be quite

helpful if they both attend to this impact and also shift attention towards the ways that the experience can positively impact the supervisees' future work.

**Moving toward/away from experience and/or client: discussion and implications.** These themes are quite related, although also distinct. I found myself picturing a kind of dance as participants described how during their experience they withdrew, and also moved towards their own internal experience, and also the client. I considered whether these statements described a moving toward/away from the client or the experience and concluded that regardless of which the participant intended to move towards or away from, the experience and the client were inextricably linked. For example, many participants described how they struggled to stay present because they were experiencing strong internal feelings. While those participants may have withdrawn into themselves due to a natural instinct to move away from an overwhelming experience, they also found themselves somewhat disconnected from their clients. JF532 described this, saying, "as soon as [the client] shared with me about their loss, I just immediately experienced the trigger myself, so maybe I was even becoming more distant with my client." Conversely, moving towards the client required that the counselor also move towards his own experience of vulnerability. Sometimes this occurred during the session, other times it did not occur until a later session, usually after the participant had discussed potential courses of action with colleagues and/or supervisors.

The tendency to move away from the client and/or the experience of vulnerability is consistent with the concept of the central relational paradox (Miller & Stiver, 1997), as described by the founders of Relational-Cultural Theory. The central relational paradox states that all human beings yearn for connection, but that they often use strategies of



disconnection, specifically hiding parts of themselves that they worry will be unacceptable to others. This tendency creates further isolation, because by keeping parts of themselves out of relationship in the hopes of maintaining connection, they in fact create further disconnection because they are not fully authentic (Miller & Stiver, 1997). The theme of moving away and also moving towards the experience and/or the client may be connected to this tendency. Perhaps, when male counselors feel vulnerable, they move away from their clients in the hopes of continuing to maintain the therapeutic relationship in spite of what they may feel are “unacceptable” feelings. In doing so, they actually may jeopardize connection.

It is important to note that both moving toward and away from the experience/client seem to be important and useful parts of the vulnerability experience. By moving away, it seemed that participants were able to gain greater awareness of their internal reactions, and perspective on the situation. Erick described how he struggled to stay present, and added that he began, “using the out of body experience in terms of, what does this look like to other people?” Participants varied with regards to how they valued moving towards and moving away, and how those values showed up in their work. During member checks, Peter described how he moved away from seeing clients at all; alternatively, JF532 spoke about how he valued moving towards vulnerability experiences and tried to avoid moving away from them. Jim described how he had moved towards the experience by bringing it up with his supervisor, ultimately moving away from future experiences of vulnerability with that client by referring her to another clinician. An important implication of this finding for supervisors is to be aware of their own biases towards moving toward and away from vulnerability, and to also be respectful

of their supervisees' preferences. For example, a supervisor may personally believe that vulnerability is not appropriate in counseling sessions, and may therefore encourage their supervisees to always move away, even when that may not be beneficial for the client. Ideally, supervisors would transcend their own preferences and would encourage their supervisees to try new ways of being, while not pushing them too far out of their comfort zones.

### **Vulnerability Moment**

This final category of themes represents those themes that seemed to be unique to the vulnerability moment, and not part of other clinical concepts such as the person-of-the-therapist or critical incidents. The themes within this section include: balancing counselor role with vulnerability, growing pains, relationship with the concept of vulnerability, and intense reactions. I will go through each theme in turn and address how it corresponds or departs from the existing literature. Implications of each theme for counselor educators and supervisors.

#### **Balancing counselor role with vulnerability: discussion and implications.**

This theme encompasses participant statements about the need to balance their experiences of vulnerability with what they felt were their responsibilities or requirements as a counselor. The fact that participants saw vulnerability as distinct from their typical work as counselors is consistent with existing literature. As discussed in Chapter II, there is a pervasive anxiety across the field of counseling about the role of vulnerability on the counselor's "side" of the counseling relationship. As Jordan wrote, "many therapists are actively trained to hide their natural feeling response to patients.

There is much anxiety about therapist disclosure in most psychotherapies; thus, therapists are taught to remain impassive, not to show their feelings” (2000, p. 1010).

It makes conceptual sense that participants who viewed vulnerability negatively might have such concerns, however even participants who discussed their strong beliefs about the importance of counselor vulnerability expressed similar worries. Steven, who specifically noted that a goal in the treatment program was for clients to have empathy for others, which required him to be somewhat vulnerable so that his clients could “practice” in the room, noted he found himself, “trying to then measure okay is this okay to open up, because I’m so paranoid about flipping and them becoming my counselor.” This anxiety is not unfounded; excessive counselor vulnerability could lead to loose boundaries and possible unethical or ineffective treatment. The results of this study contribute to the literature by presenting data regarding how participants work to balance their vulnerability and their counselor role. Previously this has been explored theoretically (Jordan, 2000; Slavin, 1998; Stramba-Badiale, 2014); however, prior to these results no empirical data has been presented regarding how counselors navigate this conflict.

This theme has several implications for counselor educators and supervisors. First, during counselor training, educators need to openly address the role of vulnerability in the counseling relationship. There are limits to authenticity, such as when Allen described his internal feelings of disgust towards his client, and his subsequent need to hide those feelings. However, there are also times when authentic vulnerability can be quite therapeutic, such as when Bill shared with his client that he had a similar experience. In retrospect, Bill said, “in talking about it I guess I’ve come to a different

realization that maybe I didn't do as badly in the moment as I thought I did." Only by directly addressing this in counselor education can we help students develop the tools needed to accurately determine how to balance vulnerability and their counseling role. Counselor educators can directly address vulnerability in counselor education by providing examples of times when vulnerability is and is not appropriate, by sharing their own experiences, and by creating experiential learning activities that allow students to deepen their own self-awareness about vulnerability experiences.

This finding indicates that vulnerability may be seen as inconsistent with a counselor's role, which is concerning in light of research indicating that it may be an important component of effective therapy. In order to best prepare counselors in training (CITs) for future experiences of vulnerability with clients, it is important that counselor educators infuse the topic of vulnerability throughout counselor education curriculum. Specifically, male supervisees may need direct conversations about the potential messages they may have received about vulnerability being equivalent to weakness and femininity. Additionally, it seems that discussions about vulnerability would be well suited to stages of clinical practice, such as during practicum and internship. Several participants talked about how no book learning would ever have been able to prepare them for their experience. Therefore, it seems an important component of effective vulnerability education needs to occur after CITs have experienced vulnerability. It is important that counselor educators and supervisors first normalize these feelings, admire the courage of the student to share, and then shift individual or group supervision to consolidating what the student can learn from the experience. Not all vulnerability experiences are either appropriate or inappropriate, and so CITs need guidance from

counselor educators and supervisors in understanding the limits to authenticity, and also when vulnerability is appropriate, and even necessary.

**Relationship with the concept of vulnerability: discussion and implications.**

All participants endorsed this theme, which represented how the participant's personal values and beliefs about vulnerability impacted his experience of vulnerability with his client. Aspects of the person-of-the-therapist such as personal experiences, identities, and counselor training and development influenced relationships with the concept of vulnerability. Participants' tended to endorse feeling disconnected from traditional gender role socialization, with several noting that their personal values are inconsistent with typical views of masculinity. Alex B. said,

The concept of masculinity and the characteristics and traits that are associated with that are...also associated with subjugation, oppression...and I want to distance myself from subjugation and oppression.

The notion that many men are gravitating away from more restrictive views of masculinity is echoed in the literature. Englar-Carlson and Kiselica (2013) wrote about the need for a strengths-based approach to counseling men, which challenges the idea that men are somehow defective. While participants varied in their relationship with the concept of vulnerability, many of them spoke about their masculinity in a way that resonates with the positive psychology/positive masculinity model. This model embraces healthy expression of masculinity, and states that, "enactment of traditional masculine norms is not, by definition, restricting, maladaptive or harmful." (p. 402). This model also emphasizes the idea of "possible masculinities" which "incorporates both traditional and nontraditional aspects of masculinity in a man's aspirational self; the goal itself is driven individually by each man (p. 403).

Existing research on positive masculinity models is theoretical, and focuses exclusively on the experiences of male clients (Duffey & Haberstroh, 2014; Englar-Carlson & Kiselica, 2013). While limited additional research has addressed how male therapists navigate gender role socialization in supervision (Wester, Vogel, & Archer, 2004), it presupposes that male counselors are negatively impacted by restricted emotionality. The present study differs from existing literature because male counselors were able to articulate their experiences, including those that were consistent with a positive masculinity approach. Notably, the participants who spoke about their conception of a being a “different kind of man” were also participants who tended to express more positive views of their vulnerability experience. This suggests that challenging gender role norms, while still maintaining masculinity, may have a positive impact on the effective use of vulnerability in the counseling relationship.

The most significant implication of this theme is that it illuminates the need for male counselors to explore and address their relationship with the concept of vulnerability. This may need to include a thorough reflection on the impact of gender role socialization on their ideas about vulnerability, as gender role conflict (GRC) directly contradicts expression of vulnerability (Jordan, 2000; O’Neil, 2008). While most CITs enter counselor-training programs having undergone the effects of gender role socialization throughout their life, male CITs may have less awareness of the impact of gender-based expectations on them due to the privileged position that men hold in patriarchal society. Hanna, Talley, and Guindon wrote that due to the nature of oppressive systems, individuals who hold privileged identities tend to be oblivious and lacking in self- and other-awareness (2000).

The notion that those in oppressed groups tend to have greater perception of oppressive systems (Hanna et al., 2000) points to the need for counselor educators to intentionally create opportunities for male CITs to develop this perception, especially when those CITs are members of mostly privileged groups (e.g. white, heterosexual, Christian, etc.) Additionally, when these internalized societal messages seem beneficial, such as that men are powerful and successful, it may be even more difficult for male CITs to challenge them. Therefore, counselor educators may want to situate this conversation within the topic of counseling efficacy to get buy-in from male CITs. In order to be maximally effective, CITs will need to be able to experience some level of vulnerability with their clients, and if they have not yet reflected on the impact of GRC on their relationship with the concept of vulnerability, their efficacy may be substandard. Therefore, counselor education programs may want to specifically address how unchallenged male gender role socialization impacts efficacy.

**Growing pains: discussion and implications.** Participant statements describing the vulnerability moment as an unpleasant growth experience were grouped into the category of growing pains. The notion that vulnerability experiences yield growth has been suggested in previous theoretical literature, including the writings of Relational-Cultural Theory (Jordan, 2000; 2008) and Slavin's 1998 article regarding the importance of psychoanalyst vulnerability to provide effective psychoanalysis. A preliminary study, undertaken by Kreider and Helm (in progress), also indicated that vulnerability experiences yielded counselor growth. However, the present study represents the first empirical data that suggests that not only do vulnerability moments yield growth in male counselors, but also that there may be many accompanying negative feelings regarding

this experience. Participants described the moment as unexpected, causing them to feel uncomfortable; they talked about how they were uncertain of the appropriate course of action to take, and that they felt inadequate.

Therapist feelings of inadequacy in the face of needed growth have been discussed in the literature (Counselman & Abernethy, 2011; Hunter, 2012; Knoblauch, 2014; Lerner, 2014), although the role of gender, gender role socialization, or gender role conflict (GRC) have never been examined. O'Neil (2013) wrote about the potential that men with GRC could experience feelings of inadequacy due to internal or external devaluation or emasculation, although he only explored this possibility as it applies to male clients, not addressing how this might impact male counselors.

Wester and Vogel (2002) wrote a conceptual article about the possible negative impacts of GRC on male counselors' therapeutic functioning. They posited that GRC does not doom men to be ineffective therapists, but rather it can cause them to have low counseling self-efficacy. This was substantiated by this study; when male counselors experienced vulnerability, which was likely in direct contradiction to what they have been socialized to feel, they typically felt quite unsure of themselves. Wester and Vogel suggested that this low self-efficacy may lead to poorer training outcomes, as well as risk-averse behavior such as choosing clinical settings where the counselor would not experience as great of GRC.

This study deviated from this prediction; while a few participants did describe active attempts to avoid future vulnerability (Jim and Peter), several participants described how they continued to seek out future growth experiences in spite of feeling uncomfortable, uncertain, and inadequate. Most notably, several participants denied



experiencing various aspects of this theme, citing previous experiences as helping them avoid these feelings of low self-efficacy (Viktor, Steven, Henry). An important implication of these findings for counselor educators is to provide opportunities for male counselors in training to consider their GRC, in the hopes that they will maintain self-efficacy in the face of vulnerability experiences. An additional implication for counseling supervisors is to be aware that a vulnerability experience may be the reason for a male supervisee's seemingly sudden drop in self-efficacy. Exploring and normalizing feelings of discomfort, uncertainty, and inadequacy can help maintain therapeutic efficacy in the face of such feelings.

The unexpected nature of vulnerability experiences is consistent with existing literature on male GRC and its impact on counselors. Wester and Vogel (2002) suggested that due to the dearth of information and training about men's issues, counselors and CITs might believe that their GRC is their own fault, and that they are alone in their struggles. This assertion was substantiated by the present study. Participants often noted feelings of isolation and disconnection from other male counselors. As described in a previous section (processing with other professionals), male counselors feel unique in their experiences. Several noted the validating nature of seeing the tentative themes during member checking. The auditor endorsed feeling grateful for hearing about the experiences of other men, further implying that honest conversations about vulnerability experiences are rare amongst male counselors.

An important implication of this finding is that counselor educators and supervisors need to be proactive in creating opportunities for male counselors to process with other male counselors, specifically with regards to potential conflict areas between

counseling efficacy and male GRC, such as vulnerability. Additionally, male counselors who are also educators and supervisors can be especially helpful if they self-disclose about their own vulnerable moments with clients in order to normalize the experience and provide a healthy model for male counselors. Supervisor self-disclosure has been found to predict supervisee self-disclosure (Kreider, 2014), so this may have an additional benefit of increasing the willingness of the supervisee to share about his own vulnerability experiences.

**Intense emotional reactions: discussion and implications.**

*Negative reactions: shame, anxiety, fear, and anger.* While all participants agreed that they had experienced intense reactions during their vulnerability moments, they differed somewhat as to what the nature of those reactions were. In this section, I will address those reactions that fell into the category of negative emotions. These were: shame, anxiety, fear, and anger. Participants described these emotions as unpleasant, and as such there are several implications for counselor educators and supervisors regarding how male counselors can best be supported to tolerate such emotions.

As was presented in Chapter II, shame is a powerful emotion with many negative consequences. Ferguson, Eyre, and Ashbaker (2000) wrote about the concept of unwanted identity, defined as when a person is acting in a way that violates either their own internal values, or they think others may perceive that they are acting in such a way. They theorized that "unwanted identity is the quintessential elicitor of intense shame reactions" (p. 136). Participants described feelings of shame regarding the internal reactions that they felt were inconsistent with their role as counselor, or with what they expected of themselves in general. Ferguson et al. wrote, "men's expression of more

intense shame typically occurred in those situations that they perceived to threaten traditionally masculine identities," (2000, p. 149). It is possible that having intense emotions was inconsistent with what participants have been socialized to believe is expected of them as males, leading them to experience an unwanted identity, and therefore shame. While most participants talked about their desire to transcend gender role socialization, it is possible that they still experience internal conflict due to GRC.

One implication of this finding is related to suggestions previously written about by Yourman (2003). He posited that feelings of shame likely inhibit supervisee self-disclosure during supervision, especially about clinical situations in which the supervisee feels he or she made a mistake of some kind. This theme suggests that many, but not all, male counselors may feel ashamed of their vulnerability moments. According to Yourman (2003), this could then lead them to hesitate to bring these moments up in supervision. The results of this study, however, indicated that this might not always be true. Nearly all participants stated that they had brought up their vulnerability moment with a colleague or supervisor (the exception being Henry, who reported that he does not have other professionals with whom to process in his work setting). So, while these findings suggest that male counselors are capable of overcoming shame in order to process with other professionals, it is still important that supervisors validate the courage required to self-disclose about a vulnerability experience, especially if the counselor is experiencing shame.

Existing literature suggests that shame may be related to participant experiences of anger. It has been theorized that feelings of shame lead to feelings of powerlessness, which may then turn into feelings of anger, so that the person can begin to feel powerful

again (Ferguson et al., 2000). I wondered about the connection between participants' feelings of anger and feelings of fear. Fear is considered an unacceptable emotion for men (Shepard, 2005), as it goes against the social expectation that men have power and control over others. Cintron wrote, "boys must learn to suppress vulnerable feelings, however, are permitted to express anger as it fits in the Boy Code," (2010, p. 37).

Therefore, it would be logical to infer that male counselors may also find themselves feeling angry or aggressive when they feel threatened, emotionally or physically. As Baljon (2011) wrote regarding male clients,

The mirror neuron system, which plays an important role in empathy, is larger and more active in female brains than in male brains. In contrast the amygdala, the alarm system for threats, fear and danger, is larger in male brains than in female brains (p. 154).

It may be that male counselors are predisposed to experience fear and anger in the face of stress.

An implication of this finding is that supervisors would be wise to be aware of the possibility that during or after a vulnerability experience, male supervisees may present as angry, when they are also feeling fearful and ashamed. Increased self-acceptance of one's emotional state is an important component of counselor development (Rogers, 1958; Teyber & McClure, 2011). For male counselors, prompted reflection about the impact of GRC on their experiences of fear, shame, and anger may be needed to achieve this goal. As discussed previously, part of effective counselor training is an increased awareness of the impacts of one's identities on their work with clients (Sue et al, 1992). This finding provides support for the potential impact of masculine identity on male counselors' experiences of vulnerability, specifically the accompanying feelings of fear, anger, and shame.

Fear and anxiety both emerged as salient aspects of participants' reactions to their vulnerability experience, and could be considered the same emotion experienced at differing intensities. The relationship between fear and vulnerability was discussed extensively in Judith Jordan's 2008 essay, "Commitment to Connection in a Culture of Fear" in which she describes fear as a means of keeping individuals oppressed and disconnected. She wrote, "in a culture built on exploitation of fear, people do not experience the safety necessary to let their inevitable vulnerabilities show." (p. 235) As was noted previously, nearly all participants described an experience in which they felt tremendously vulnerable, but their clients were not aware that they were experiencing these feelings. This data appears to support Jordan's assertions. Men have been socialized to fear intimacy with others (especially men) because the dominant paradigm of masculinity states that such connection would make them feminine. In order to overcome these messages and connect deeply with others, men have to overcome their own anxiety and fear. This is an especially important task for male counselors who must connect with their clients to most effectively help them (Dollarhide, Shavers, Baker, Dagg, & Taylor, 2012). To make matters more complicated, male counselors also must negotiate messages within the field of counseling that imply that connection with clients may be something to be feared. Barnett presented guidelines for appropriate therapeutic self-disclosure (2011), and noted that there is a pervasive fear of boundary violations that, if unchecked, can lead to "a very sterile psychotherapeutic environment," (p. 317). On a similar note, Jordan wrote, "[t]here is much anxiety about therapist disclosure in most psychotherapies; thus, therapists are taught to remain impassive, not to show their feelings" (Jordan, 2000, p. 1010).

An important implication of these findings is that in addition to outlining what constitutes legal and ethical boundary violations, counselor educators must also be equally clear in helping CITs understand that deep connection with clients is not in and of itself unethical. This may be an especially important distinction to make when working with male CITs, as most case studies of ethical violations, such as psychotherapists having sex with clients, feature male psychotherapists. Male CITs need to understand the necessary boundaries of ethical practice, just as their female peers do. However, they may need additional support to recognize that it is acceptable, and may even be necessary at times, to experience vulnerability and deep connection with their clients, as this goes against gender role socialization to avoid emotional closeness with others.

While many participants described feeling intense negative emotions, their experiences were largely or entirely internal. This is consistent with existing literature, which suggests that counselors have a multitude of emotions during sessions with clients that remain hidden (Melton, Nofzinger-Collins, Wynne, & Susman, 2005). Melton et al. noted that such intense internal experiences might lead to the counselor to withdraw emotionally from the session and as a result be less therapeutic (Melton et al., 2005). Interestingly, their description mirrors the theme of “moving away from experience and/or the client.” They described how counselors may “block” during sessions, which they describe as an ineffective technique. They elaborate,

One blocking method is to fall silent and emotionally withdraw from the session, but...this method is not just a reaction to strong client affect...it appears to result as a reaction to the counselor's own strong affect (p. 93).

Similarly, in this study participants described intense emotional reactions that resulted in them moving away from the client and experience. Melton and colleague's results point

to the potential that there is a causal relationship between participants' strong affect and their movement away from their client and experience.

An important implication for counselor educators and supervisors is to be aware of the likelihood that male counselors and CITs will experience intense emotions during vulnerability experiences, and that they may engage in withdrawal behaviors. I recommend that counselor educators consider how they could increase distress tolerance in their male CITs, so that they will be more able to sit with their own strong affect during vulnerability experiences. As suggested by Melton et al. (2005), if counselors are unable to tolerate their own strong feelings, their therapeutic efficacy is likely to decrease, resulting in substandard client care.

***Positive reactions: connection, empathy, compassion and satisfaction.*** A smaller subset of participants noted intense positive emotional reactions during their vulnerability experience. The most salient were connection, empathy/compassion, and satisfaction. Connection is an important aspect of therapeutic efficacy. As discussed extensively in Chapter II, the counseling relationship is central to predicting therapeutic efficacy (e.g. Norcross & Wampold, 2011). Connection is a vital component of that relationship. Dollarhide, Shavers, Baker, Dagg, and Taylor (2012) explored what conditions helped create connection, writing, “[a]s the clients and counselors both reported, the working relationship significantly changed for the better the moment this connection took place” (p. 158). While the relationship between vulnerability and connection has been written about theoretically (e.g. Brown, 2012; Jordan, 2000), this study represents the first empirical evidence that suggests that counselor vulnerability can lead to greater connection with clients.

Empathy is a necessary component of effective therapy (Elliott, Bohart, Watson, & Greenberg, 2011). However, in this study only four participants specifically noted empathy as a salient part of their experiences. It is possible that all participants felt empathy towards their client during their experiences, but that they also had such strong feelings of their own that it was difficult to attend to their empathic feelings. Counseling supervisors may wish to consider the possibility that strong emotions could interfere with empathy in working with male supervisees around vulnerability experiences. By helping male supervisees process their reactions, potentially strong reactions, to vulnerability, supervisors can help their male supervisees to connect to their empathy. Empathy is considered a necessary condition to effective therapy (Rogers, 1957), and as such it is important to promote expressions of empathy in male counselors, even during and following experiences of vulnerability.

The theme of satisfaction emerged from participant statements regarding the perception that their vulnerability moment had helped their client in a meaningful way. This is consistent with existing literature about the potential satisfaction that comes from experiencing a deep therapeutic bond. Hunter (2012) explored the experiences of couples and family therapists in working closely with clients, and found that while the therapeutic bond had inherent risks for therapists (such as vicarious trauma), it also was a source of intense satisfaction. In their research on the positive emotions of therapists, Vandenberghe and Silvestre (2013) found that positive experiences in the therapeutic relationship could actually “spill over and contribute to the therapist’s personal thriving” (p. 119). This provides additional impetus for counselor educators and supervisors to assist their students and supervisees to navigate their vulnerability experiences more



effectively. It seems that while male counselors may struggle with many negative emotions in response to such experiences, positive emotions also occur. Such positive emotions can contribute to the counselor's overall sense of well-being and purpose, in the counseling room and in their life. Viktor perhaps explained this best when he said that his vulnerability experience gave him, "just appreciation for being a counselor sometimes, you know?" This information may lead to supervisors being better equipped to be aware of the multiple emotions that their male supervisees may present with following a vulnerability experience, as they may range from shame, anxiety, fear, and anger to empathy, connection and satisfaction.

*Physical reactions: discussion and implications.* In addition to intense emotional reactions, the majority of participants (nine of 11) spoke about physical reactions during their vulnerability experiences. A preliminary study on counselor vulnerability echoed the notion that vulnerability is accompanied by strong body-based reactions (Kreider & Helm, in progress). Additionally, it has been suggested that men may express themselves physically, especially regarding emotions (Englar-Carlson & Kiselica, 2013). It has also been suggested that men have a more limited affective vocabulary than women, with some authors even suggesting that men are unable to describe their emotional state in words (Levant, 1996; O'Neil, 2008; Shepard & Rabinowitz, 2013). Englar-Carlson and Kiselica (2013) challenge such literature, instead suggesting that men may not typically use verbal expression, but rather may express themselves more through kinesthetic means such as body language and facial expressions.

An implication of this finding for counselor educators and supervisors is to consider incorporating physical awareness practices such as mindfulness into counselor

training and supervision, especially when helping male counselors prepare for potential vulnerability experiences. Both Viktor and Steven specifically noted the importance of tuning in to what their bodies were giving them during their vulnerability experiences as a way to ground themselves and cope with the strong emotions they were feeling.

Greason and Cashwell (2009) studied the impact of mindfulness on counselor self-efficacy and found that mindfulness practices significantly predicted self-efficacy. As discussed previously, it has been suggested that feelings of vulnerability may decrease male counselors' self-efficacy (Wester & Vogel, 2002). It seems that one important way to address this potential pitfall is to arm male counselors with tools to attend to their physical sensations during vulnerability experiences. Mindfulness is one powerful and evidence-based way to do this and as such should be considered a powerful tool in counselor education and supervision.

In summary, the results of this study have many implications for counselor educators and supervisors. The findings regarding the importance of the person-of-the-therapist suggest a need for counselor educators to encourage and require self- and other-awareness in their counselor trainees, especially regarding students' identities and personal experiences. Results indicate that participants consistently sought out the professional consultation of peers and supervisors, providing evidence that it is important for counselor educators and supervisors to understand male gender role socialization and its potential impact on vulnerability experiences. The sub-themes within the critical incident category illuminate the need for supervisors to attend to the intensity of vulnerability experiences, and also to help supervisees consolidate learning so that the moment positively impacts future counseling work. Finally, results suggest that the

experience of a vulnerability moment itself can be impacted by the participant's relationship with the concept of vulnerability. This presents a new perspective on a means by which counselor educators and supervisors may be able to positively impact male counselors' vulnerability experiences. By understanding male gender role socialization and its potential impact on vulnerability experiences, counselor educators and supervisors may be better equipped to help male counselors grow during such experiences, ultimately improving their efficacy with clients.

### **Limitations**

Though rigorous methodological and analytical procedures were utilized throughout the conception and completion of this study, it had several limitations. First, the sample was homogenous and results may have been limited due to a lack of diversity in several aspects. Namely, all participants were cisgender (identify with the gender they were assigned at birth), and they were all White/Caucasian. Especially given the impact of identities on the person-of-the-therapist, and therefore on the experience of vulnerability, greater diversity in terms of race and gender identity would have been beneficial.

The use of Skype for all interviews was beneficial in some ways, as it allowed for geographical diversity among participants. However, it also presented several limitations; specifically, technical issues, time, and disconnection. With nearly all participants there were technical difficulties, ranging from the participant's inability to install or open Skype, to Internet connectivity issues, to problems with participant's hardware. For example, Alex B.'s laptop often overheated during our conversations, ultimately crashing and forcing us to switch to his wife's iPad. Jim and I never figured out why I could not

hear him over Skype, so we resorted to using Skype for video and talking on our cell phones. I would place my phone on speaker and then record using a separate computer's video function so that I would be able to transcribe our conversations. Troubleshooting these issues took time away from conversation about vulnerability, and also was frustrating to both me and to the participants.

In addition to the time needed to facilitate the technical aspects of using Skype, technical challenges may also have negatively impacted participants' willingness to process vulnerability. The interruptions often came during pivotal moments of the interview. Ironically, one time Bill was talking about the importance of counseling happening, "in a room in which you are separated from other people, there's walls, there's a door, there's privacy, you have confidentiality, there aren't interruptions." Shortly after he shared this, the sound became compromised on Skype and I had to interrupt *him* in order to let him know I would need to hang up and call him back in order to hear him. In my own clinical experience, interruptions during counseling are very rare, but when they happen, tend to negatively impact the client's ability to delve deeply into their emotions. I can't help but wonder whether an absence of technology-based interruptions would have similarly helped participants share more regarding their experiences.

In planning this study, I wondered about the impact of using Skype on my ability to most effectively use my intuition as a source of information during interviews. While the video function of Skype usually allowed me to see participants' facial expressions (provided that the participant had a good Internet connection), I was not able to intuit as well as I do in person. My post-interview researcher reflection prompts began with the

question “what does my intuition tell me about that interview?” After talking to Bill, I wrote, “My intuition tells me very little over Skype, to be honest.” I simply did not have the same “gut” sense that I do when I am meeting with a person face-to-face. Not having my intuition as a consistent source of input may have limited my ability to sense if a participant was experiencing strong emotion, which may have limited my use of helpful follow-up questions. In person, I may have been more able to sense when the participant was experiencing emotionally.

Impression management may have limited this study. While participants were told that their identities would most likely remain confidential, I also informed them of the limits to confidentiality in accordance with the ACA Code of Ethics (2014). This may have heightened their awareness of my role as a judge of the ethicality of their work, which is inherent to all counselors (ACA, 2014). For example, all participants discussed the importance of consulting with colleagues and supervisors regarding their vulnerability experiences. It is possible that participants emphasized this aspect of their experience to convey to me that they were meeting ethical standards that have been set by the profession.

Finally, I have wondered if being female presented a limitation. While Steven endorsed feeling more comfortable speaking to women, writing in his journal that he would not choose to see a male counselor, Viktor spoke about feeling increased apprehension in talking about vulnerability with a woman. He said, “I’ve always been intimidated by women because they seem more at home with vulnerability, and you have the languaging and all of that, and so then that fear of inadequacy for me.” So, while my

identity as a woman may have helped in some situations, it may also have hindered participants willingness to share about their experiences.

Additionally, many participants had negative reactions to the journal prompt, expressing feelings of resistance to the idea that their gender may have impacted their vulnerability experiences. As I described in Chapter IV, Peter expressed feeling defensive about the prompt. He explained, “in general in the world, I do recognize that there has definitely been kind of a patriarch for centuries...I definitely realize that. At the same time I don’t like the feeling of people who are kind of man-haters?” While Peter expressed his defensiveness the most strongly, I got the sense that other participants felt defensive upon first reading it as well. I wonder if, had I been a man, they would have had a different reaction to that prompt.

It was surprising to me that most participants seemed not to consider the impact of their gender on their vulnerability experiences until reading the prompt. Even after reading the prompt, they often did not discuss any connection explicitly without prompting. This may have been in reaction to discussing this with a female, or, as described earlier, may be due to a lack of awareness about the impact of GRC on their work as counselors. It would be difficult for any researcher to know, but I wonder if my gender added more confusion to this issue. Having the male auditor review all transcripts twice likely helped, as he was able to point out when I may have misunderstood something participants said due to our differences in gender identity, however my identity as a woman still may be a limitation of this study.

### **Future Research**

While the counseling field is beginning to take seriously the needs of male clients, research on the experiences of male counselors remains scarce. Opportunities abound for future research addressing this gap in the literature. Here I will explore several areas into which I believe additional research is needed.

Further research is needed on the impact of counselor vulnerability on clients. While developing and implementing a study in which both members of the therapist-client dyad are interviewed is difficult, I think client perspective is needed in order to fully assess what the stance of the profession ought to be regarding vulnerability. Participants in the present study rarely described their clients' reactions, and even when they did it is impossible to know whether they accurately perceived how their clients were feeling. Understanding if counselor vulnerability impacts clients, and if so, how, is vital to deepening our understanding of this experience.

The notion that counselors intentionally move towards or away from critical incidents has not been explored in the literature. It seems that this is an important concept worthy of deeper exploration. By understanding what motivates counselors to move toward or away from growth opportunities, counselor educators and supervisors can better understand how to support their supervisees through such experiences. Furthermore, counselor educators and supervisors would benefit from additional research focused on how they can best support students and supervisees as they navigate these two tendencies during vulnerability experiences.

As described throughout this chapter, counselor educators and supervisors can play an important role in helping male counselors navigate vulnerability experiences in

their work as counselors. More research is needed into how best to do this, as there is presently no literature regarding the facilitation of vulnerability conversations in counselor education or supervision settings. In order to assist students/supervisees with understanding vulnerability, counselor educators and supervisors must also experience vulnerability of their own. Having presented on this topic several times, I can personally attest to the tremendous vulnerability inherent in talking frankly about moments such as these. Research is needed on how counselor educators and supervisors address the topic of vulnerability in order to begin a pedagogical discussion about how to facilitate such conversations effectively.

After reading the journal prompt that was sent to participants about gender role conflict, most denied being impacted by gender role socialization. This has important implications for counselor training. While participants (and other male counselors) may reject traditional notions of masculinity, they are still impacted by the societal messages that they have received, and still receive, regarding how men should act. It may be wise to address these societal messages in counselor training programs, through both informative and reflective methods. Research is needed on how to best assess whether students have adequately reflected on the impact of their identities on their work as counselors, so that educators can make informed decisions about how to increase the efficacy of such conversations and activities.

The data that emerged from this study brings up interesting points about the relationship between concepts such as the person-of-the-therapist, critical incidents, and vulnerability. More research is needed to either strengthen or modify the structural description of this phenomenon. For example, I wonder if future research will illuminate



whether counselors experience vulnerability as part of all critical incidents, or whether they are two separate constructs. Additionally, it would be interesting to see whether similar data would emerge if female counselors were interviewed. Also, more research is needed on the experiences of male counselors of color, to assess whether any differences exist regarding vulnerability due to intersections of gender and racial identity.

The gender of participants' clients seems to point to an area for future study, as 10 of 11 participants chose to describe a vulnerability experience that had occurred with a male client. More information is needed about how same or cross gender pairings between counselor and client impact treatment experience and outcome. Specifically, it would be helpful to understand possible reasons why male counselors experience vulnerability with male clients, and how counselor educators and supervisors can assist male counselors in ensuring effective work with male clients in spite of such feelings.

Finally, lessons learned through conducting this study illuminated areas for possible ongoing research. The impact of gender difference on data gathering in qualitative research is an area worthy of future study. As described in the limitations section, participants may have been more hesitant to share with a woman, or may have felt more comfortable. A discourse analysis of the differences in what male and female participants share with researchers of either gender would be interesting, especially with regards to an emotionally charged topic such as vulnerability.

In addition to wondering whether my gender impacted what the male participants shared with me, I noticed the impact of my own gender and gender role socialization on my experience of the research process. As described in Chapter IV, at times I felt offended by statements that participants made, and upon later reflection identified these

moments as microaggressions. Additionally, I noticed that having a male auditor gave me a sense of security when I shared my tentative themes with the participants, as though the themes didn't "just" come from a woman. In spite of my awareness of gender role socialization and the strong value I place on going against patriarchal expectations, I still found that the topic of the study and my gender difference from participants negatively impacted my confidence during the research process. Future research on the impact of gender and other identities on both participants and the researcher would be both interesting and informative. By researching those who study groups of which they are not members, we may gain important information regarding how best to navigate challenges inherent in that work.

### **Conclusion**

Through a phenomenological exploration of the experiences of 11 male counselors, this study found that male counselors' experiences of vulnerability within the counseling relationship are impacted by the person-of-the-therapist, and that vulnerability moments are also critical incidents. Growth can occur during such moments, however support may be needed to gain the maximum benefit from vulnerability experiences, as participants reported feeling inadequate, uncomfortable, and uncertain of their abilities. Participants described how they moved toward and away from both their own subjective experience of vulnerability, and also toward and away from their client, illuminating an area in which supervisors can provide support before, during, and after such moments.

The relationship that participants had with the concept of vulnerability emerged as a salient theme, and may be part of the reason why a wide range of intense emotions were reported (fear, anxiety, shame, anger, compassion, empathy, connection and satisfaction).

Physical sensations emerged as an important part of participants' experiences, drawing attention to mindfulness as a potential means for helping male counselors developing increased awareness during vulnerability experiences. This study provided information about the essence of the phenomenon of vulnerability, as male counselors within the counseling relationship experienced it. This information can be used to improve the abilities of counselor educators and supervisors to better understand and respond to male counselors' experiences of vulnerability in their relationships with clients.

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**APPENDIX A**  
**INTERVIEW PROTOCOL FOR INITIAL INTERVIEW**

**Introduction:** I am going to be asking you to recall a specific instance with a client. Please keep in mind as you share with me that I want you to maintain your commitment to confidentiality. Do what you need to do to protect your client's confidence.

As you are likely aware, the American Counseling Association Code of Ethics (2014) states that counselors are required to take appropriate action if a fellow counselor has violated ethical or legal guidelines in a way that has substantially harmed, or could substantially harm a client. Therefore, if you share with me an action that fits that description I may need to disclose this to appropriate entities. I will do my best to inform you if this occurs.

Additionally, vulnerability can be difficult to talk about. If at any time you feel uncomfortable, please let me know and I would be happy to pause or slow down the pace of the interview. I encourage you to honor your own emotions and boundaries, and feel free to stop the interview at any time.

**Prompt:** Think about a time during your career as a counselor when you felt vulnerable in session with a client. Take a moment to situate yourself in that place emotionally, physically. Let me know when you have done that.

1. Please describe what you were experiencing.
  - a. What are you experiencing now?
2. How were you experiencing your client?
3. What feelings did you have?
4. What thoughts did you have?
5. What bodily sensations did you have?
6. What changes do you associate with the experience of being vulnerable?
7. Have you shared all that is significant about this experience?

8. Identity questions: please tell me the following, to your level of comfort:
  - a. Your racial identity
  - b. Your sexual orientation
  - c. Your age
  - d. Any other identity that you feel may be salient to your experience

**APPENDIX B**  
**JOURNAL PROMPT**

Please begin by reviewing the transcript of our previous conversation. I would like you to read for content, rather than accuracy of this transcript.

*Gender role socialization* refers to the messages that men and women receive indicating how a man or woman “ought” to behave. These messages can come from multiple aspects of society, including one’s family of origin, the media, as well as other influences.

*Gender role conflict* occurs when men or women violate what is expected of them according to these roles. Wester and Vogel (2002, p. 371) described four commonly experienced elements of male gender role conflict as follows:

“The first, **Success, Power, and Competition** (SPC), reflects the degree to which men are socialized to focus on personal achievement, obtaining power, or evaluating themselves in comparison to others. An example of this is some men’s desire to excel competitively as opposed to collaboratively.

The second pattern, **Restricted Emotionality** (RE), reflects the degree to which men are taught to use caution in dealing with emotions, both their own and those of others. An example of this can be seen when some men experience discomfort toward being emotionally available to others.

The third pattern, **Restricted Affectionate Behavior Between Men** (RABBM), reflects how men are socialized to have difficulties expressing feelings and emotions to other men. One example of this is men’s avoidance of expressing affection for other men for fear of being perceived as homosexual or overly feminine.

Finally, the fourth pattern, **Conflict Between Work and Family Relationships** (CBWFR), reflects the degree to which men struggle with balancing work, school, and family relationships because of the competing socialized roles. This can be seen in a tendency to put their career ahead of their family.”

After reading about the four aspects of gender role conflict, and reading the transcript of the interview, please reflect in writing.

**APPENDIX C**  
**POST-INTERVIEW REFLECTION QUESTIONS**



After each interview, I will pose these questions to myself and either write or audio record and then transcribe my responses.

- What does my intuition tell me about that interview?
- What reactions came up? To the material shared? To the participant himself?
- How may it have impacted my ability to fully hear or understand his subjective experience of vulnerability?
- What other questions do I wish I had asked? Why didn't I ask them?
- Anything else about that interview or participant that is important to note?

**APPENDIX D**  
**PARTICIPANT RECRUITMENT LETTER**

Dear Colleagues,

I hope you are well. I am seeking participants for a qualitative study, exploring male counselors' experiences of vulnerability, specific to their work with clients.

Criteria for participation:

- Must identify as male.
- Over the age of 18.
- Hold a Master's or Doctoral degree in counseling, from a CACREP-accredited counseling program.
- Primary professional identity as a counselor, counselor educator or counselor supervisor.
- Access to Skype, a free application that can be downloaded at [www.skype.com](http://www.skype.com), or similar videoconferencing software.

Participants will be asked to participate in three 1-hour qualitative interviews via Skype or a similar kind of videoconferencing software. Participants will also be asked to write one reflective journal entry. No more than 5 hours of time will be spent on the entirety of research participation. Participants will receive a \$15 gift card to Starbucks, Amazon, or iTunes upon completion of the study.

If you are interested in participating, or if you have any questions, please contact the primary investigator, Hannah Kreider, at [hannahdkreider@gmail.com](mailto:hannahdkreider@gmail.com) or (720) 556 – 5762. Additionally, please feel free to forward this e-mail to any individuals whom you think may be a good fit for this study.

Thank you in advance for your assistance in furthering the knowledge base of counseling and counselor education and supervision!

Sincerely,

Hannah Kreider

**APPENDIX E**  
**INFORMED CONSENT DOCUMENTATION**

CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH  
UNIVERSITY OF NORTHERN COLORADO

Project Title: *Male Counselors' Experiences of Vulnerability*

Principal Investigator: Hannah Kreider, Counselor Education and Supervision  
Phone: 720-556-5762 Email: hannah.kreider@unco.edu

Research Advisor: Heather Helm, PhD, Counselor Education and Supervision  
Phone: 970-351-2544 Email: heather.helm@unco.edu

The purpose of this study is to understand the lived experiences of vulnerability for male counselors, as related to their work with clients. You will be asked to participate in three interviews via Skype. The first two will be approximately one hour in length. The third interview will likely take less than one hour. You will also be asked to write at least one reflective journal entry. No more than 5 hours of your time will need to be spent on the entirety of research participation. Upon completion of the study you will receive a \$15 gift card to your choice of Amazon, Starbucks, or iTunes.

The only anticipated risk to participants is that you may experience some discomfort or strong emotions when recalling your experiences of vulnerability. I encourage you to seek support from your supervisor or consultation group as needed. Additional resources can also be provided upon request. The only known inconvenience is the time it will take to complete the study. You could benefit from participating by learning more yourself, and your experiences as a counselor. Your participation may benefit the field of counseling and counselor education.

All possible efforts will be made to keep your identity and the information you share confidential. Your name will not be included in report of the data, as you will choose a pseudonym to be used instead. The individual interview will be audio recorded for transcription purposes using a handheld digital recorder. Your recorded answers will not be identified with your name, and will be erased after data analysis. The names of participants will not appear in any professional report of this research and any information from the interviews such as work place or home town/state will not be included. The data will be stored in a locked file cabinet in the office of the principal investigator or the research advisor.

The only potential exception to confidentiality is if you disclose to me a behavior or action that 1) violates ethical guidelines according to the American Counseling Association (ACA) Code of Ethics (2014), and 2) has substantially harmed, or has the potential to substantially harm a client. In accordance with the ACA guidelines (2014), I will do my best to address this concern with you before informing the appropriate entities (e.g. state licensure boards).

Your participation is voluntary. You may decide not to participate in this study. If you begin participation, you may withdraw at any time. Your decision will not result in loss of benefits to which you are otherwise entitled. Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research. A copy of this form will be given to you to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact the Office of Sponsored Programs, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-2161.

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Participant's Signature      Date

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Researcher's Signature      Date

**APPENDIX F**  
**AUDITOR SUGGESTIONS FOR ADDITIONAL CODING**

During initial coding, I highlighted all statements that described the participant's experience of vulnerability. Then, the external auditor was asked to read the transcripts and to highlight any other statements that he thought described the vulnerability experience. Here is the list of statements he suggested. These were all added to data analysis upon his suggestion.

**Alex B - Interview #2 Transcript**

“being afraid because I can read the person if I were to reflect, like I can't, like I don't understand, like I feel like I'm flying blind”

“was that the right thing to ask?”

**Alex Interview #1 Transcript**

“I'm not a gay man, and so it was very difficult for me at that point to go into some of the things that he was talking about and some of the feelings and experiences that he had.”

**Allen Interview #1 Transcript**

“I wanted to be able to help, I wanted to be able to put myself out there, you know and kind of do what I can to provide assistance, and, fear of just my--I think that's it,”

“having experienced depression, being able relate to that might have elicited some stuff for myself.”

**Allen Interview #2 Transcript**

“the client, dealing with some very particularly sensitive information. Sensitive to him and obviously to me as well. And anger that I was feeling, sadness that followed.”

“humbling as well”

**Bill – Interview #1 Transcript**

“The fact that I know that the reason that they were seeing what they were seeing was that I was experiencing some of the same stuff that they would have experienced, that I was kind of, that I was going through my own emotional reaction to what they were saying based on what I had experienced before”

**Erick Transcript - Interview #1**

“this other gentleman needs to feel just as comfortable being gay, as the other man needs to feel being straight, and you know, trying to meet people where they are. And just kind of realizing that that takes me to some really weird places.”

“they need to process it, and they were feeling it, and they were thinking that was a fine dance”

**Henry - Interview #1 Transcript**

“They need a hug, and they need a lot of help, and sometimes in that particular moment, when they're pouring out the deepest darkest stuff, it's all you can do to just kind of sit



there, because you don't know what you're supposed to do but you know that there's something that's very, very difficult, and you want to do something but, yeah, there's times where you just feel helpless.”

**Peter Interview #1 Transcript**

“I said, ‘I’m sor-, I just can’t.’ And again he laughed at me and just said ‘it’s just dinner, that’s all, I’m not, you know’ he said something like ‘I’m not coming on to you, I’m just, it’s just dinner.’ And I just said ‘I’m sorry I just can’t.’ And he was really offended, and it made me feel really bad that like, I wonder if he felt rejected.

“I mean if he approached me now I would still say ‘no’”

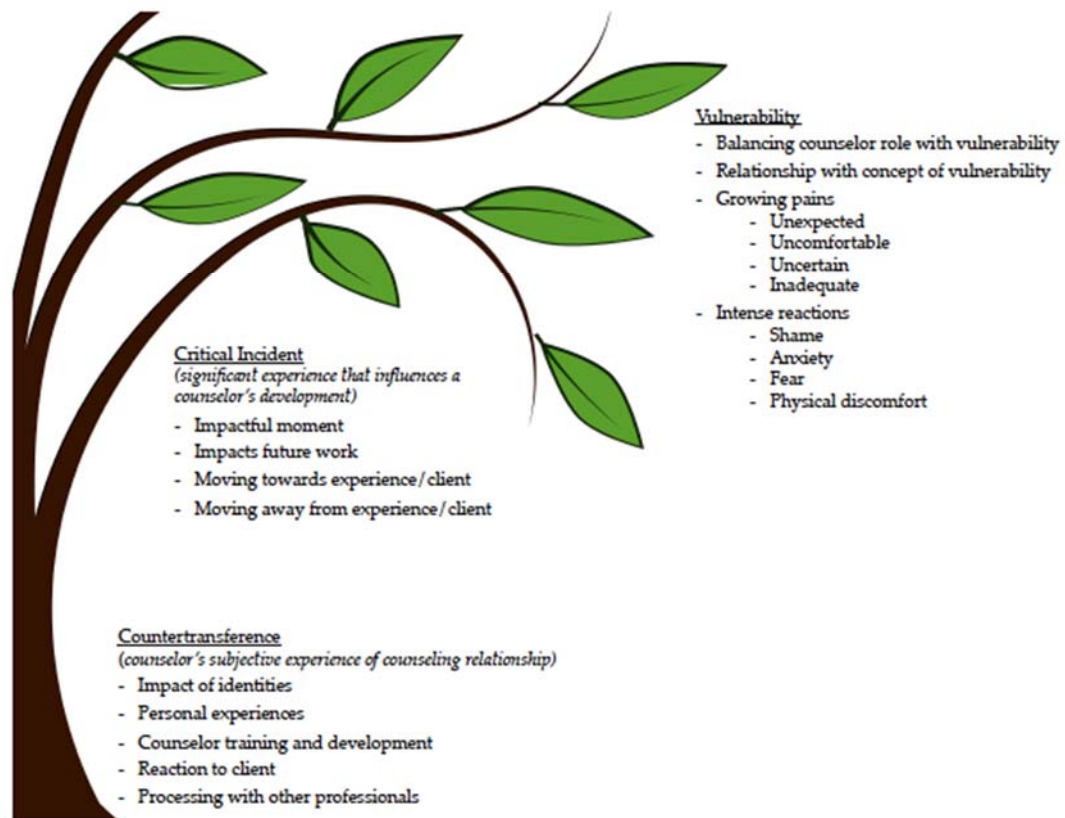
“You know the whole thing of like blaming the victim?”

**Steven Interview #2 Transcript**

“I come in and use empathy and I think they grow quite a bit in their ability to experience the emotion and share the emotion”

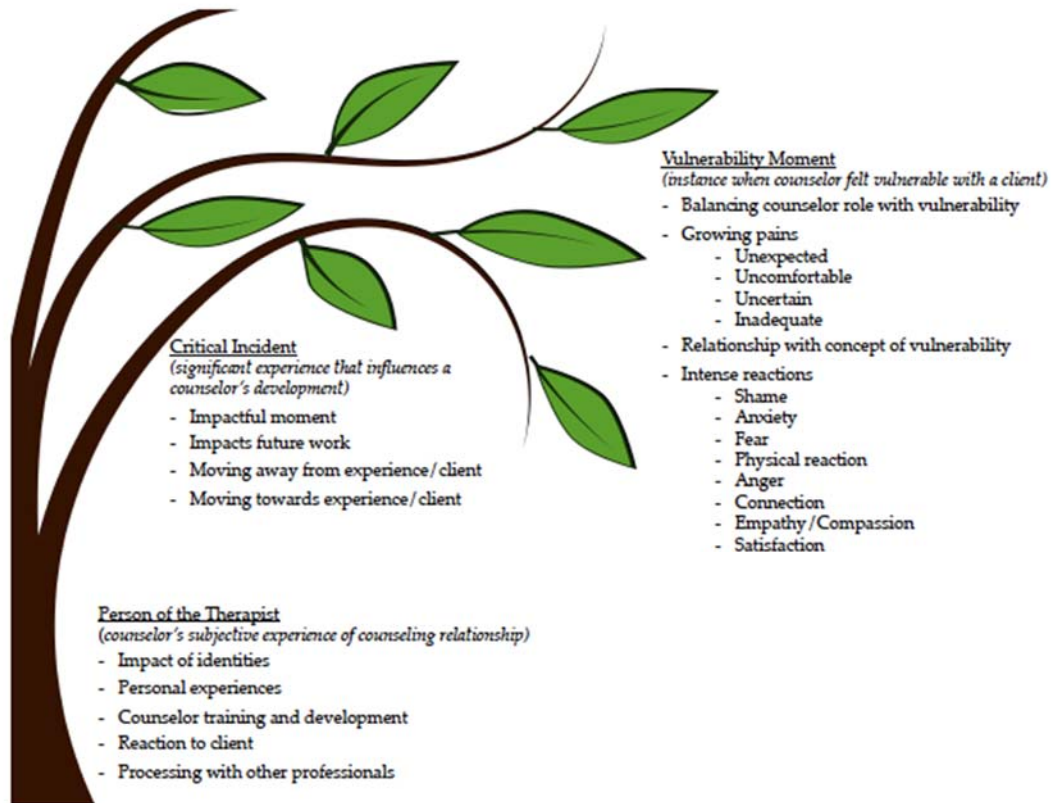
**APPENDIX G**  
**TENTATIVE THEMES**

This diagram of tentative themes was sent to participants for review prior to member checking conversations. During member checking conversations, each participant was asked for his reaction to each component of the diagram, as well as to the overall structure presented.



**APPENDIX H**  
**FINAL THEMES**

After completion of all member-checking conversations, I updated the model to reflect suggested changes. This diagram represents the final list of themes, as well as their structure.



**APPENDIX I**  
**IRB APPROVAL LETTER**



DATE: November 18, 2014

TO: Hannah Kreider, MA  
FROM: University of Northern Colorado (UNCO) IRB

PROJECT TITLE: [672897-1] Exploring male counselors' experiences with vulnerability in the counseling relationship

SUBMISSION TYPE: New Project

ACTION: APPROVAL/VERIFICATION OF EXEMPT STATUS

DECISION DATE: November 17, 2014

Thank you for your submission of New Project materials for this project. The University of Northern Colorado (UNCO) IRB approves this project and verifies its status as EXEMPT according to federal IRB regulations.

**Hannah - Hello and thank you for your patience with the IRB process. Your application is thorough and clear.**

**I have no requests for revisions that need to be submitted for subsequent review. Please make the following two changes in your consent form before use in data collection:**

**1) consider removing "qualitative" from the sentence in the first paragraph as participants might not know what this means and it's essentially researcher jargon that's unnecessary for the information included in a consent form; and**

**2) please change the last sentence of the required last paragraph to reflect changes for contacting someone if mistreatment as a participant arises to "Sherry May, in the Office of Sponsored Programs, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-1910."**

**Best wishes with your research and please don't hesitate to contact me with any IRB-related questions or concerns.**

**Sincerely,**

**Dr. Megan Stellino, UNC IRB Co-Chair**

We will retain a copy of this correspondence within our records for a duration of 4 years.

If you have any questions, please contact Sherry May at 970-351-1910 or [Sherry.May@unco.edu](mailto:Sherry.May@unco.edu). Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Northern Colorado (UNCO) IRB's records.

**APPENDIX J**  
**BRIEF PARTICIPANT DESCRIPTIONS**



TABLE 1

*BRIEF PARTICIPANT DESCRIPTIONS*

Participant Pseudonym	Age Sexual Orientation Race	Additional Salient Identities Noted by Participant	Brief Description of Vulnerability Experience
Alex	56 Straight White	Cis-gender; Christian; previous experience of sexual abuse	Gay male client assumed Alex was gay and Alex did not want to disclose that he was straight.
Alex B.	28 Heterosexual Caucasian	A “son of [his] father;” new counselor	Male client with antisocial traits asked challenging questions and grabbed Alex B.’s clipboard from his desk.
Allen	30 Heterosexual White Caucasian	Previous history of depression	Male client disclosed that he had been a perpetrator of sexual abuse and Allen felt his reaction of feeling angry was not appropriate.
Bill	45 Heterosexual White	Law enforcement officer; “responsible protector”; childless	Male client described a near-death experience that was similar to something Bill had experienced.
Erick	48 Gay White	Felon	African-American male client leaned over Erick’s chair and brushed his face against Erick’s. Second experience was when a young gay client repeatedly asked Erick about the size of his penis.

Table 1, *continued*

Participant Pseudonym	Age Sexual Orientation Race	Additional Salient Identities Noted by Participant	Brief Description of Vulnerability Experience
Henry	32 Heterosexual Caucasian	Child of divorced parents; concerned father	Young male client became very emotional about his parent's divorce, and Henry's parents had also divorced when he was around the client's age
JF532	31 Heterosexual White	Counselor; student; sibling	College-age male client's mother died, and JF532's mother had also died when he was in college.
Jim	60 Heterosexual Caucasian	Emergency services background	Female client resembled a good friend of Jim's, and she disclosed that her boyfriend was physically abusive.
Peter	45 Gay White European ancestry	Not HIV-positive; in recovery from substances; previous experience of abuse	Male gay client touched Peter's leg during a counseling session.
Steven	35 Heterosexual White	Mental health counselor	Male client was about to graduate from treatment and became very emotional.
Viktor	38 Heterosexual White	In recovery through Alcoholics Anonymous; Eastern spirituality; counselor; counselor educator	Male veteran client described a specific war experience and became emotional.