

**Exploring the Experience of Gendered Psychotherapy in Greek Women who Have  
Suffered Sexual Trauma**

Aikaterina Daskalea

Counseling and Psychotherapy MSc Program, The American College of Greece

Master's Thesis

Supervised by Dr. Chryssoula Karakitsou

### **Abstract**

Gender-related issues have been receiving increased attention in the past few years. The present study aimed to explore the role of gender in psychotherapy, by illuminating the perspectives of Greek women who have experienced sexual trauma. Participants of this study were 3 cisgender female psychotherapy clients, who had seen a female and/or male therapist upon the traumatic event. Data was collected through individual semi-structured interviews and analyzed with the use of Interpretative Phenomenological Analysis (IPA). The results illustrated how the therapist's gender dynamically influences the therapeutic process and generates a set of different therapeutic outcomes. A female therapist provided a deep understanding, a safe environment, a sense of empowerment, and an attunement with femaleness based on the common gender identity. On the other hand, working with a male therapist was imagined to be threatening but was found to provide a corrective emotional experience. By considering the results of this study that promote the importance of gender-sensitive therapy, existing psychotherapeutic practices can be optimized to better address the needs of this population.

*Keywords:* gender, psychotherapy, feminist therapy, gender-sensitive practices, sexual trauma

## **Exploring the Experience of Gendered Psychotherapy in Greek Women who Have Suffered Sexual Trauma**

Gender is an integral part of human existence. Embodying a gendered self from the very beginning of our lives directly influences the development of our identity, the way we perceive the world, but also the way that the world perceives us. Gender has long been defined by systems of power that had been constructed by societal norms and had shaped gender roles (Budge & Moradi, 2018). Upon their construction, gender roles have dictated people's behavior based on a set of norms and expectations that have been assigned to the male and the female sex (Nagoshi et al., 2012). Gender roles include personality traits, mannerisms, and expectations that vary from culture to culture and essentially dictate how a person should live their life.

In the contemporary world, normative societal beliefs and theoretical notions about gender, gender identity, and gender roles had been radically challenged and deconstructed. Gender can be given a modern definition of the social, cultural, and mental state of being male or female, a combination of the two or neither, destabilizing the binary gender categorization of male and female (Mady & Zuckerberg, 2019). This state of being might or might not be aligning with one's biological sex that is tied with mechanisms of reproduction and biological makeup (Mady & Zuckerberg, 2019). Gender identity is the concept reflecting one's sense of self and identification in relation to the gender spectrum that is often communicated by gender expression, or the variety of ways that people choose to express their gender within a given sociocultural hive (Budge & Moradi, 2018).

Through their gender identity, people understand themselves in relation to the feminine and masculine meanings that are culturally related with men and women (Wood & Eagly, 2015). Gender identity is a different concept than sexual orientation, which refers to a person's sexual attraction (e.g., heterosexual, homosexual, bisexual, pansexual, asexual, etc.).

When one's gender identity and biological sex assigned at birth align, this person is characterized as cisgender, while a person whose gender identity and biological sex do not align is described as transgender (Budge & Moradi, 2018). Gender fluidity reflects a state that permits a more flexible gender expression that is untied to one's biological sex (Gosling, 2018). Gender fluid individuals do not conform to the binary distinction of gender that is being felt as restrictive but engage in a fluid gender expression and a shifting gender identity.

The revolutionary concept of gender fluidity has been challenging cisnormativity, or the assumption that all people are or should be cisgender, and destabilizing conventional gender roles (Gosling, 2018). Modern conceptualizations of gender have found a fertile ground in the liberal contemporary Western societies in promoting a break free from the boundaries of normative and stereotypical expectations that had been anchored to each gender. These changes have informed the practice of psychotherapy, signaling the need for more inclusive and gender-sensitive practices for individuals who present issues related to gender (Mizock & Lundquist, 2016).

### **Feminist Psychotherapy**

Gender was not an unspoken issue in relation to psychotherapy before the 2000s, but it had already influenced therapeutic approaches. The first wave of feminist psychotherapies emerged in the 1960s during a time of sociopolitical changes. Early feminist approaches aimed to oppose gender inequality by challenging gender norms that were based on the patriarchal foundations of society (Enns, 2012). Feminist therapeutic practices were developed on the assumption that psychological wellbeing is directly affected by the given sociocultural context (Enns, 2012). These approaches were clustered as second wave feminisms and included the movements of liberal, radical, and cultural feminism.

Liberal feminist theory posited oppression as the result of gender role socialization and sexism that historically deprived women from having equal rights with men (Nathan et

al., 2013). In radical feminist views, gender oppression was considered as a phenomenon that occurred cross-culturally and directly stemmed from the deeply rooted patriarchal systems in which men hold the position of power (Enns, 2012). In addition, cultural feminism argued that oppression results from the devaluation of women's voices and feminine relational strengths (Nathan et al., 2013).

Feminist theories have largely impacted the field of psychology, leading to the development and practice of feminist psychotherapy (Kahn, 2010). In contrast to more traditional approaches, feminist therapy conceptualizes problems in a dynamic biopsychosocial context by emphasizing how social realities shape and limit people's life choices (Enns, 2002). Feminist therapy aims to empower individuals by destabilizing the impact of gender and cultivating a therapeutic environment of equality (Kahn, 2010). Some of the basic tenets guiding the practice of feminist therapy is viewing gender as socially constructed, thus rejecting constricted and conventional definitions of gender that impede free expression of the gendered self (Enns, 2012).

Consciousness raising is also an important part of feminist therapy that engages activities increasing awareness on how gender oppression shapes and restricts people's lives (Israeli & Santor, 2000). Additional techniques are feminist analysis and gender role analysis, exploring the implications of inequality and power dynamics in individual potential. Feminist analysis involves a variety of methods that aim to promote understanding on the detrimental effects of gender oppression and unequal opportunities on psychological wellbeing. On the other hand, gender role analysis particularly focuses on the imprints of conventional gender roles and the resulting attitudes and behaviors that stem from those, aiming to deconstruct them while at the same time opening possibilities to alternatives (Israeli & Santor, 2000). Both techniques aim to help clients understand the problematic nature of societal constructs and develop new perspectives on these issues.

Feminist therapists emphasize the egalitarian nature of the therapeutic relationship by viewing the client as an expert of their own lives and by non-pathologizing psychological symptoms. Instead, symptoms are viewed as means to convey what the individual is dealing with and inform about their strengths and coping skills (Enns, 2002). Moreover, feminist therapists are mindful in maintaining a collaborative and equal relationship, and encouraged to use self-disclosure as a way to facilitate the client's process of breaking free from normative gender expectations and beliefs.

Despite the fact that feminist therapy was originally developed for and addressed to women, considering this approach unsuitable in the application with male population is a false assumption (Budge, 2018; Mintz & Tager, 2013). It is often a misconception tied with more rigid feminist perspectives by which men are believed to be inherently bad as their gender is associated with privilege and power (Kahn, 2010). While the damage of patriarchy throughout history has been significant, the assumption that all men endorse patriarchy is quite erroneous. In the latest decade, there has been increased acknowledgement on the ways that patriarchal ideologies and traditional gender roles might be restrictive and psychologically detrimental for men (Wolf et al., 2018). From an early age, boys are subject to the dominant paradigm of masculinity along with the expected behaviors that make a man 'a man' (Wester & Lyubelsky, 2005).

The toxicity of the traditional notion of masculinity and its detrimental effects has been a heated discussion topic in the latest years (Rivera & Scholar, 2020). Ideologies of traditional masculinity assume that traditionally masculine men are expected to be heterosexual, dominant, competitive, and tough (Gerdes et al., 2017). Moreover, men often experience what has been described as gender role conflict and refers to expectations of withholding 'softer' emotions, such as sadness, as these emotions are considered inappropriate when compared to normative ideas of masculinity (Wolf et al., 2018). These

ideas have yielded numerous detrimental outcomes for men by imposing rigid beliefs and ways of behaving, leading to decreased psychological wellbeing (O'neil, 2015). In addition, men who conform to these ideologies of traditional masculinity are less likely to engage in help-seeking behavior for their psychological wellbeing, due to being restricted by maladaptive notions of 'toughness' and self-reliance (McDermott et al., 2018).

Through focusing on traditional masculinity ideologies, gender role conflict, as well as norms, and expectations, feminist therapy would be a beneficial therapeutic approach for men, assisting in redefining gender norms and ideas of masculinity while providing a safe space to explore gender identity (Enns, 2002). Moreover, a feminist approach applied to male population could facilitate emotional expression and self-disclosure that are often restricted and challenge the idea that men should be solving their problems on their own as an indication of toughness and manhood. Overall, feminist therapy is a valuable approach in addressing issues relevant to gender, inclusive of all gender identities and providing individuals with valuable tools to explore the gendered aspects of the self and detach from unhealthy societal expectations.

### **Gender-Sensitive Psychotherapy**

Another approach that has endorsed and embedded the importance of gender besides feminist therapy is gender-sensitive therapy (deKleijn et al., 2015; Halo et al., 2020; Joshi, 2015; Lloyd-Hazlett, 2016; Wester & Lyubelsky, 2005). At the core of gender-sensitive therapy is emphasis on gender as an organizational unit of one's personal and social life. Gender-sensitive therapy seeks to examine the gendered dimensions of individuals and explore their manifestation in the given sociocultural context (Joshi, 2015). Gender socialization, referring to the process through which people get accustomed with the expectations and roles tied to each gender, is a cornerstone of gender-sensitive therapy (Lloyd-Hazlett, 2016). Gender-sensitive approaches are also involved in addressing

intersections between gender and other parts of social identity, including race, culture, and sexual orientation.

Many of the principles of gender-sensitive therapy overlap with those of feminist therapy, such as the idea that personal experiences are inextricably linked to sociopolitical realities and circumstances. Moreover, a common technique between the two approaches is the use of empowerment in the therapeutic setting, highlighting individual strengths and coping strategies. Empowerment in gender-sensitive therapy can be differently nuanced according to gender. For example, with female clients, empowerment might be related with efforts to highlight power dynamics and transform power imbalances in relational contexts, whereas with male clients it might delve into the effects of traditional masculinity ideologies and expected behaviors that restrict self-expression (Joshi, 2015).

Like feminist approaches, gender-sensitive therapy endorses a non-pathologizing stance while detaching from symptom removal as a therapeutic aim and, instead, focusing on personal growth and development. Gender-sensitive therapy utilizes a great variety of techniques, including cultural analysis, gender role analysis, power analysis, reframing and relabeling, and consciousness raising (Halo et al., 2020). A main goal of gender-sensitive approaches is to cultivate empathy and provide a safe space where personal problems and concerns can be freely discussed and accepted non-judgmentally (Halo et al., 2020).

Being a gender-sensitive therapist involves the attunement to issues of sociocultural nature, as well as being vocal about emerging issues of abuse and oppression by taking a clear stance on these matters (Joshi, 2015). Engaging clients in conversations related to current and heated sociocultural topics is also an important task of a gender-sensitive therapist. In summary, gender-sensitive approaches in psychotherapy offer a compass in navigating with gender-related topics by deconstructing understanding of conventional



gender roles and expectations, while encouraging an active stance against acts of oppression and injustice to promote personal development and enhance quality of life.

### **Gender Preferences in Counseling and Psychotherapy**

Literature has suggested that clients of different genders may have different preferences for their therapist's gender (Liddon et al., 2017). A general tendency of clients, and especially women, to prefer a therapist of the same gender has been observed (Kuusisto & Artkoski, 2013; Liddon et al., 2017; Staczan et al., 2017). However, the underlying assumptions of this phenomenon are often unclear, whereas it seems to be reflective of the stereotypical view of society suggesting that men go better along with men and women go better along with women (Himmerich, 2019).

Research exploring gender preferences in psychotherapy has been done in mostly cross-sectional (Landes et al., 2013; Liddon et al., 2017; Seidler et al., 2021) and fewer empirical settings (Kuusisto & Artkoski, 2013). In a cross-sectional survey assessing client preferences in psychotherapy, over half of both male and female clients indicated no preference regarding the therapist's gender (Liddon et al., 2017). Among respondents who stated a gender preference, women were more likely to prefer a female therapist (34%) to a male therapist (5%). On the other hand, male respondents indicated a marginal preference for female therapists (22%) to male therapists (17%). However, there was no association of respondents' characteristics and gender preferences in therapy that would provide further understanding on how specific preferences were influenced, which is a limitation of the study.

Kuusisto and Artkoski (2013) conducted a naturalistic study in clinical settings that examined gender preferences of clients in Finnish outpatient treatment for substance use disorders and revealed different gender preferences among men and women. Almost half of female clients (49.5%) indicated a preference for a female therapist, whereas only a minority

preferred a male therapist (3.0%). The remaining female clients did not consider the therapist's gender as an important parameter. Among female respondents, there were women who had experienced sexual violence or exploitation which is likely to have colored their preference for a female therapist. Despite this observation, other client characteristics were not associated with gender preferences in therapy.

When it comes to men's gender preferences, about a quarter of the participants stated a preference for the therapist's gender (29.7%). Again, there was a greater preference for a female therapist (28.2%) than a male therapist (1.5%). While most male clients showed no preference regarding the therapist's gender, the increased preference for a female therapist might be explained by their prior treatment experience with female counselors. Given the predominantly female dominance in the Finnish system of psychological treatment for substance abuse, these preferences might reflect clients' familiarity with female counselors (Kuusisto & Artkoski, 2013).

Beyond acknowledging these general patterns, it is important to shed light to the underlying reasons that appear to lead to gender preferences in psychotherapy. Research suggests that an individual's disclosure in therapy may be affected by the therapist's gender (Landes et al., 2013). Several studies have demonstrated that women tend to feel more comfortable self-disclosing to a therapist of the same gender, than to a therapist of the opposite gender (Kastrani et al., 2015; Kastrani et al., 2021; Landes et al., 2013). Therefore, this may account as an important reason behind women's preference toward a therapist of the same gender. This finding has, also, been replicated for men, who have reported feeling more comfortable to disclose sensitive issues in the presence of a male therapist (Turchik et al., 2013).

An additional dimension that has emerged in research exploring client's preferences on therapist's gender is relatedness. In a study that focused on an Australian male sample,

most participants (60.5%) had no preference for the therapist's gender, yet it was found that men who self-identified with traditional notions of masculinity showed a greater preference for a male counselor (Seidler et al., 2021). It was, also, observed that undergraduate-educated and non-heterosexual men were more likely to prefer male counselors. Highly masculine men might tend to prefer a male therapist to enhance feelings of empowerment and belongingness by sharing the same identity with another male. Moreover, male clients might often feel that a male therapist can provide a positive model of masculinity (Isacco et al., 2016). In addition, being in psychotherapy can be perceived as violating masculine norms, yielding a feeling of emasculation, which might further strengthen the male preference of a gender-matched therapist (Seidler et al., 2018). These findings may reflect a more rigid perspective on the role of gender in the therapeutic relationship, leading to the assumption that only a therapist of the same gender would be able to comprehend the male or female experience respectively (Kahn, 2010; Seidler et al., 2021). For non-heterosexual male clients, preference of a male therapist was suggested to reflect a need of gender socialization in an environment that does not subordinate masculinity based on sexual identity.

Another factor that has been suggested to influence an individual's preference regarding the therapist's gender can be the presenting problem. In the study of Landes et al. (2013) in a female student sample, it was found that the nature of the hypothetical problem had an impact on preference for the therapist's gender, with respondents preferring a female therapist over a male therapist for female gender-specific problems. Similarly, in an experimental study involving an analogue of a counseling situation, Zane and Ku (2014) discovered that gender matching between counselors and clients facilitated self-disclosure regarding issues of sexual nature. A similar finding was, also, replicated in the qualitative study of Kastrani et al. (2015), where female clients described feeling more comfortable to disclose personal information about relationship topics, such as intimacy and sexual

behaviors, with therapists of the same gender. On the contrary, a feeling of hesitation in discussing such issues with a male therapist was reported, which was related to the therapist's gender.

An additional finding supporting the association between gender preferences in psychotherapy and presenting problem was reported in the survey of Seidler and colleagues (2021), who examined gender preferences in an exclusively male Australian sample. Among respondents who were suffering from depression, those that were severely depressed were more likely to prefer a female therapist (Seidler et al., 2021). This finding could indicate a perception of greater comfort in self-disclosing own emotions in the presence of a female therapist in a particularly vulnerable psychological state (Seidler et al., 2021). In addition, the fact that depressive symptoms degrade one's self-esteem may also influence one's self-perceived masculinity; thus, the presence of a female therapist might not threaten fragile masculinity but, instead, provide a safer therapeutic setting for the expression of vulnerable emotional states of men (Sweet, 2012).

### **Benefits of Gender Matching in Psychotherapy**

Matching clients and therapists based on the dimension of gender has been perhaps the most prevailing recommendation in practice, and the most widely explored matching paradigm in research. In clinical settings, the *matching* process between counselor and client is considered to enhance the therapeutic relationship and, as a result, the therapeutic benefits (Bhati, 2014). Gender matching is guided by the notion that it provides a fertile foundation based on the shared experience of gender, thus 'sameness' (Kuusisto & Artkoski, 2013).

A large pool of studies has delved into the exploration of how gender affects the therapeutic relationship between therapist and client by shedding light on the role of gender on multiple layers, including therapeutic alliance, psychotherapy retention, beneficial therapeutic outcomes, and the overall therapeutic experience or satisfaction (Bhati, 2014;

Behn et al., 2017; Gehart & Lyle, 2001; Greenfield et al., 2013; Kastrani et al., 2015; Kastrani et al., 2021; Kuusisto and Artkoski, 2013; Shiner et al., 2016; Staczan et al. 2017; Visser, 2019). Some of these studies have highlighted a constellation of positive contributions of gender matching in psychotherapy, yet the role of gender appears to operate in more complex and intricate ways in the therapeutic encounter.

Gehart and Lyle (2001) sought to explore clients' experiences of gender in the therapeutic relationship by conducting an Interpretative Ethnography, with individuals of both genders who had completed at least six sessions with both male and female therapists. Participants who described a stronger connection with a therapist of the same gender explained that gender similarity facilitated communication. Past experiences with another therapist of a particular gender were also found to shape the clients' sense of connection in the present, with either a female or a male therapist in some but not all cases. There were also certain traits that distinctively characterized the therapist's gender in clients' views, with male therapists being perceived as more goal-oriented and problem-focused, whereas female therapists being perceived as more caring, emotion-focused, and softer. These gender-typical characteristics were found to be related with the clients' preference regarding the therapist's gender, yet they were interestingly observed to function both positively and negatively, being considered as effective but also as ineffective on some cases. Participants' impressions on the effectiveness of their therapists' gender-typical traits were interpreted based on whether they subjectively considered their interventions helpful. The study concluded that, although gender might greatly influence connection between therapist and client, therapists adapting to the clients' gendered expectations might be crucial to make a meaningful connection.

The empirical-longitudinal study of Bhati (2014) explored the effect of client-therapist gender matching at different stages of therapy from the perspective of the clients and observed an enhanced effect of gender matching on therapeutic alliance. Female clients

matched with female therapists reported a stronger therapeutic alliance than mismatched dyads of a female client and a male therapist, not only in the beginning of therapy but in later stages as well. This finding, however, was only observed among female gender-matched dyads.

In the naturalistic study of Staczan and associates (2017), which explored the role of gender in ten different types of psychotherapy, a positive impact of gender matching was observed on female patients' satisfaction with the therapeutic alliance and therapy process. Therapeutic alliance was, again, reported to be stronger in female gender-matched dyads than male gender-matched dyads. In this study, however, gender matching per se was not found to meaningfully influence the therapeutic outcomes. A similar finding had been observed by Kuusisto and Artkoski (2013) who focused on a sample of both male (65.9%) and female (34.1%) Finnish substance abuse clients of seven outpatient clinics who were beginning a new treatment period. All therapists with whom clients worked with were women; at an initial stage, gender matching for female clients resulted in a greater perceived therapeutic alliance. However, there was no difference in therapeutic alliance between male and female clients paired with female therapists as treatment continued, nor were there differences in therapeutic outcomes between male and female clients in the long-term.

Kastrani et al. (2015; 2021) have provided a significant contribution to the literature exploring gendered psychotherapy by employing a qualitative methodological approach. In their first study (2015), they pursued to explore the lived experience of female clients in a gendered therapeutic relationship. The study focused exclusively on a female viewpoint in psychotherapy, drawing from perspectives supporting that women's experiences are under-represented. The sample consisted of 27 Greek clients who had been receiving counseling and psychotherapy, with either a female or a male therapist, from two months up to five years and had completed at least eight therapy sessions. For most clients, gender was essential both

in the formation of the relationship with the therapist as well as regarding the therapeutic outcomes. For women who worked with a female therapist, belongingness to the same gender inherently yielded a positive contribution to the relationship, by being experienced as a form of alliance that provided comfort and facilitated trust, understanding, and self-disclosure.

Complimentary to the addressed findings on positive outcomes of gender-matching in individual psychotherapy, there is evidence to support benefits of gender-matching in a group therapeutic setting. The study of Greenfield et al. (2013) sought to contribute to literature on gender-specific psychotherapy by focusing on twenty-eight women with substance-use disorders (alcohol abuse being the most predominant). Their research aim was to explore participants' therapeutic experiences in a single-gender in relation to a mixed-gender group composition with female therapists, using Grounded theory.

Through the participants' narrations, gender was found to affect their experiences in a psychotherapeutic group setting on multiple layers related with socio-cultural influences. Women's self-perceptions in an exclusively female group endorsed feelings of comfort, safety, and belongingness. Their shared femaleness facilitated open and free expression, by promoting honesty and embracing all aspects of the self, while the group's atmosphere was supportive and satisfying in terms of their needs. Communication in the exclusively female group was emotional, intuitive, and effortless and inspired a sense of safety to communicate sensitive issues, without experiencing sexual tension. On the contrary, in the mixed gender group women's self-perceptions were characterized by constrain, stigma, and shame, that was accompanied by filtering communication and silencing concerns that were expected to be minimized by men.

Although the gender-related group composition was mainly addressed as a factor that had influenced participants' experience in therapy for substance abuse, some members also discussed the importance of the therapist's gender. For some participants, the presence of a

female therapist was essential in their experienced therapeutic outcomes. While this study did not particularly focus on exploring how the therapeutic relationship is influenced by the gendered interaction between therapist and client, it provided valuable insight on gender-relevant therapeutic interactions by illuminating the different experiences yielded by an exclusively female or a mixed-gender group composition.

### **Neutral Outcomes of Gender Matching in Psychotherapy**

So far, the contributions resulting from gender matching as indicated by recent literature have been presented. Nonetheless, not all studies have observed enhanced therapeutic outcomes of gender matching, with several studies observing no effect of gender matching in psychotherapy (Behn et. al., 2017; Johnson & Caldwell, 2011). Specifically, Behn and associates (2017) found that gender matching had no effect either on the development of alliance during the first therapy session or regarding its growth as therapy progresses, even when the severity of clients' symptoms was controlled for. Similarly, Johnson and Caldwell (2011) found no contribution of gender matching on therapeutic alliance, while the enhanced satisfaction with the therapeutic relationship among gender-matched pairs after the fourth session disappeared when considering therapists' confidence.

### **Hindering Outcomes of Gender Matching**

In the survey of Pattee and Farber (2008), that explored the role of client-therapist gender dynamic in influencing self-disclosure, it was surprisingly discovered that female clients had a more distressing experience disclosing to female therapists on a range of personal issues than either female clients working with male therapists or male clients working with female therapists. Although this finding was not directly explained, one suggestion was that the power differential between a female therapist and a female client could elicit a competitive feeling or a sense of being judged that resulted in the experience of distress during disclosure. Another explanation given was that self-disclosure to male



therapists was shaped by imprinted gender role expectations positing males as authority figures whom a woman should trust, or due to assumptions that men can tolerate intense affects. It was further indicated that clients' prior relations with other women might have influenced disclosure to female therapists. As this study focused on individuals who attended long-term psychotherapy, the likelihood that self-disclosure experiences could differ in case of short-term therapy as well as in cases of therapy dropouts was highlighted. Moreover, it was found that clients with a broader gender role identification (more androgynous) experience greater openness in disclosure compared to those who abided to a more traditional gender identification.

### **Benefits of Gender Mismatching in Psychotherapy**

Recent literature has also identified positive therapeutic outcomes resulting from gender mismatching in psychotherapy. Shiner et al. (2016) explored the outcomes of patient-therapist gender matching in a national cohort of veterans with Post-Traumatic Stress Disorder (PTSD) and, contrary to their expectations, found that gender matching did not predict psychotherapy retention. Specifically, male participants were less likely to complete eight or more sessions of psychotherapy when paired with a male therapist but were most likely to continue psychotherapy when paired with female therapists.

In addition, the study of Kastrani et al. (2015) elucidated a constellation of positive characteristics drawn from the experience of female patients working with male therapists. A therapeutic relationship with a male therapist was reported to be enlightening for some women, by providing a fresh perspective that facilitated a new understanding, while the gender-mismatched therapeutic relationship was also described by others as an emotionally corrective experience, as their therapists could relate with them in a non-gender-discriminating way unlike their interactions with other men in their lives. Sexual attraction to

a male therapist was addressed both as a hindering factor in the therapeutic process but also as an experience that promoted flourishing of trust in the therapeutic dyad.

In the empirical study of Bhati (2014), male gender-matched dyads showed a weaker therapeutic alliance than gender-mismatched dyads with male clients and female therapists. Upon this finding, it was suggested that female therapists may be inherently gifted with characteristics that promote therapeutic satisfaction to a greater extent, the so-called *female effect*. Due to cultural influences but also biological underpinnings, women are thought to be more skilled in developing relational bonds, that might be related with the formation of a stronger alliance in the therapeutic setting (Bhati, 2014).

### **Gender-Related Traits and Therapeutic Outcomes**

Gender-related traits inherently color the practice of psychotherapy, as they influence the way that a therapist of a particular gender interacts with the client. Female counselors tend to use more empathic interventions than male counselors do, that might lead to the perception of increased empathic understanding in psychotherapy (Staczan et al., 2017). Greater perceived empathy shown by women along with increased feelings of comfort have also been found to importantly shape men's preference toward female therapists (Seidler et al., 2021). Moreover, a mismatched therapeutic dyad involving a male patient and a female therapist might secure a safe and non-judgmental environment that embraces vulnerability and promotes self-disclosure (Seidler et al., 2021).

Despite the recognizable outcomes of the 'female effect', the softness and sensitivity embedded in femaleness and conveyed in the practice of female therapists is not always considered beneficial in psychotherapy. In the study of Gehart and Lyle (2001), some clients who had worked with female therapists reported that their therapists' softness hindered the effectiveness of therapy by impeding the need of receiving a more direct attitude. Indeed, female counselors who often show increased empathy are likely to avoid directedness toward

the client (Kuusisto & Artkoski, 2013). Adding to these findings, Staczan et al. (2017) who explored the role of gender in ten different types of psychotherapy, observed reduced therapeutic outcomes of female therapists in comparison to male therapists, which were linked to the pronounced use of empathic interventions implemented by female therapists no matter the gender of the client, in contrast to the lack of more interpretative interventions. This finding suggested that female therapists who solely rely on empathy might be counterproductive in promoting therapy outcomes. In this study, however, gender issues had only an indirect effect on treatment outcomes.

### **Gendered Psychotherapy and Gender-Based Violence**

The #MeToo movement that has emerged as a main issue of discussion during the past couple of years, has heightened awareness regarding issues of sexual assault, violence, and harassment toward women (Smith et al., 2019). Sexual violence, defined as any performance of sexual act against a person's will, disproportionately affects women (Sinko & Saint Arnault, 2020; Tarzia, 2020). While gender-based violence constitutes one of the most prominent issues surrounding the psychological health of women, literature exploring the outcomes of gender-specific psychotherapy for women who have experienced any form of sexual trauma, including harassment, assault, or abuse, has been scarce.

Kastrani et al. (2021) sought to explore the experience of gendered psychotherapy for women who were survivors of intimate partner violence. Among the aims of the study was to elucidate how the gendered therapeutic relationship with female therapists had contributed to participants' therapeutic growth. Participants were 7 women in psychotherapy, between 22-40 years old, who were working with a female therapist from two months to one and a half year and analyzed with the use of IPA. Participants were found to experience the female gender of their therapists as a factor that positively affected the therapeutic relationship. Having a female therapist increased feelings of comfort and closeness, as well as the sense of

security provided. Some women stressed how a male therapist would be perceived as threatening, as relations with men had been used to signal the presence of danger. Therefore, a therapeutic relationship with a male therapist would innately elicit a fear of reexperiencing abuse or gender discrimination. Addressing issues such as the awareness of abuse, guilt, empowerment, and intimate partner violence with its socio-political dimension contributed to a more effective therapeutic process for the specific population of women (Kastrani et al., 2021).

In a previous study of Kastrani et al. (2015), the sense of trust that was provided by attending psychotherapy with a female therapist was particularly important in the cases of women who have had abusive relationships with the opposite sex. For these women, experiencing the relationship with a female therapist was nuanced by the feeling of being protected. The observation made by Gehart and Lyle (2001), whereby disclosure and discussion of a female experience of sexual abuse was facilitated in the presence of a female therapist also aligns with these findings.

When it comes to the importance of gendered psychotherapy for men who have experienced sexual assault, there is no study to the researcher's knowledge that has investigated the role of the therapist's gender in the clients experience in psychotherapy and therapeutic growth in relation to their trauma. This lack of research can be explained by the predominance of women being recipients of gender-based harassment and violent behaviors. However, there are some studies that have shed light on the gender preferences of men who have been victims of sexual trauma, providing some indications on the role of the therapist's gender when engaged with this population (Turchik et al., 2013; Yarrow & Churchill, 2009).

The qualitative study of Turchik et al. (2013) explored the gender preferences of mental health providers among veteran men who had experienced military sexual trauma. Half of the participants reported a preference for a female provider, while the other half

(25%) preferred a male provider or had no gender preference (25%). Participants preference for a female mental health provider was related to expected feelings of increased comfortableness and compassion in the presence of a woman. Moreover, some of the participants explained that a female provider would facilitate disclosure of sensitive information related to their sexual trauma. On the other hand, some of the respondents talked about potentially feeling embarrassed if they were to talk about their experience and become emotionally vulnerable in the presence of a woman, whereas they would be more comfortable discussing their traumatic experience with someone of the same gender.

Yarrow and Churchill (2009) elucidated a different perspective by exploring the experience of counselors and therapists working with male victims of sexual trauma through the use of IPA. The therapist's gender was considered to be an important parameter to the client's therapeutic experience. It was suggested that the gender of the abuser might significantly influence the preference of the counselor's gender. In the case of a male abuser, the presence of a female therapist is inherently linked with safety. However, the benefits of engaging with a male therapist were also identified, as the therapist adopting an appropriate and caring stance would serve as a corrective emotional experience.

While these studies provide an indication on gender-specific mental health services for men who are victims of sexual trauma, these preferences can vary when considering not only the gender of perpetrator but also the survivor's sexual orientation coupled with beliefs about male sexual assault, as well as past experiences with male or female therapists (Turchik et al., 2013). This line of research is valuable as it contributes to existing literature not only by informing about the contributions of gender-sensitive psychotherapy, but more importantly by shedding light on the experience of a specific client group, that of individuals who have experienced sexual trauma.

### **Research Rationale of the Present Study**

The variety of observations regarding the outcomes of gender matching and gender mismatching in psychotherapy have revealed the intricately complex and multifaceted function that gender seems to have in the therapeutic interaction (Himmerich, 2019). Despite the equivocal findings pertaining to the role of gender in psychotherapy, literature has elucidated several gender-based differences that highlight the necessity to consider gender as an active dimension in the therapeutic experience (Pattee & Farber, 2008). While the therapist's gender may not be a vital predictor of psychological improvement, gender-specific cues and behaviors seem to have an important influence in the therapy process (Staczan et al., 2017).

However, the methodological approaches that were used in most of the studies have not adequately captured this complexity, by staying at a superficial level of comparison between outcomes of therapist-client gender combinations without delving deeper into the underlying conditions that give rise to these outcomes. The inconsistent findings of studies employing a positivistic methodology, including those of which had not observed any outcome of gender matching or mismatching (Behn et. al., 2017; Johnson & Caldwell, 2011), signal the need to explore more thoroughly characteristics of both therapists and clients that influence gender-related outcomes in psychotherapy.

Drawn by the highlighted importance of gender-sensitive therapy in contemporary times as well as the heated sociopolitical issue of #MeToo, the present study aims to explore the role of gender in psychotherapy with women who have experienced sexual trauma. This study will elucidate the female experience in psychotherapy as women are predominantly the recipients of gender-based violence and inappropriate sexual behaviors (Sinko & Saint Arnault, 2020). Focus on the specific population is not by any means indicative of the false assumption that men do not suffer sexual trauma. While in previous decades studies on sexual trauma did not recruit male participants, there has been a notable increase in inclusion

of men in this line of research, pointing out to the possibility of sexual trauma being underrepresented in male populations (Craner et al., 2015). A variety of studies have shown interest in exploring this phenomenon and its detrimental psychological implications in the lives of men (Barth et al., 2016; Hoyt et al., 2011; Juan et al., 2017; Morris et al., 2014).

On the other hand, the potent implications of gender-based violence toward women throughout history along with the prevalent female character of the #MeToo movement necessitate that psychotherapeutic practice is better informed of gender-sensitive practices to provide better quality of care for female survivors of sexual trauma. Moreover, there is a gap in literature when it comes to therapeutic outcomes for women who have experienced sexual trauma and are in psychotherapy with male therapists. Nonetheless, the equivocal findings pointing out to the benefits of both gender matching and gender mismatching in psychotherapy suggest that psychotherapy with both female and male therapists can yield different therapeutic outcomes for different populations.

While it might be counterintuitive to consider pairing female survivors of sexual trauma with male counselors, some studies have elicited findings pointing out to fruitful therapeutic outcomes of this combination, such as an enlightening and emotionally corrective experience (Kastrani et al., 2015). Therefore, the idea of gender mismatching should not be negatively preconceived or demonized when it comes to this population, as it might reveal unique benefits for women who have suffered sexual trauma. As the therapist's gender might serve as a source of either anxiety or safety for women who have experienced sexual trauma, these findings highlight the clinical importance of expanding awareness on gender-related practices when it comes to counseling and psychotherapy with clients belonging to this population.

The current study aimed to approach the experience of gendered psychotherapy with women who have experienced sexual trauma with the use of Interpretative Phenomenological

Analysis. This research approach provides answers to more specific questions concerning clinical practice, as what works for whom and under which circumstances, offering a deeper understanding by capturing detailed nuances of lived experiences (Hohmann & Shear, 2002). As qualitative research delves into the exploration of subjective individual experiences, it can be valuable in providing a deeper understanding on the unique experiences of target populations and illuminating the specific needs of such populations.

To the researcher's knowledge, there is no prior study exploring how the therapist's gender informs the therapeutic process in cases of women who have experienced sexual trauma, thus this will be the first one. The present study focused on an exclusively cisgender sample of women, due to the more complex processes in which transgender individuals might perceive their gender identity. In terms of ethnological background, participants of this study were Greek women, therefore experiences are considered within the Greek sociocultural setting. Greece is a country that has largely been dominated by patriarchal views and rigid perceptions of gender roles throughout the years. Although there has been a sociocultural upheaval driven by the emergence of a liberal spirit regarding gender realities in more recent years, the Greek society still largely remains conservative when it comes to issues of gender and gender-based violence. The objective of the present research was driven by the strong need to increase awareness of gendered issues in Greece with an aim to enhance psychotherapeutic practice and highlight the value of gender-sensitive therapy in the Greek sociocultural context.

## **Method**

### **Analytic Strategy**

The current study explored the experience of gendered psychotherapy in a sample of women who had experienced sexual trauma with the use of Interpretative Phenomenological Analysis (IPA). IPA seeks to deeply explore individual lived experiences by illuminating the



discrete nuances of the subjective perceptions of a similar event (Smith, 2004). A primary aim of IPA is to uncover and reveal the true colors of a certain experience by delving into the accounts of different people, thus being open to diverse possibilities (Alase, 2017). The strategy of IPA endorses a phenomenological commitment to the topic along with an interpretative effort that engages both the participant and the researcher (Eatough & Smith, 2008). While capturing the essence of a lived experience, IPA maintains awareness of the given socio-cultural context that inevitably influences the experiential reality of the person (Eatough & Smith, 2008). Given the relevance of the theoretical underpinnings and aims of this analytic strategy, IPA is considered as the most suitable methodological approach to elucidate the subtle nuances of the experience of gendered psychotherapy in women who have suffered sexual trauma, as it was implemented in the similar study of Kastrani et al. (2015).

### **Participants**

Participants of the present study were three cisgender women who had experienced a sexually traumatic event in the past and had been or were currently in psychotherapy. The interviewees were recruited with purposeful sampling, according to sampling procedures for IPA that are relevant with the focus on a specific experience (Smith et al., 2009). Recruitment was, additionally, based on the following criteria: (a) being within an age range of 20-35 years, (b) having a Greek ethnicity and currently living in Greece, (c) being academically or professionally involved in the field of psychology or mental health practice, and (d) having seen either a male or a female therapist/counselor upon the traumatic event. It was not mandatory that participants were currently in psychotherapy, as long as they had been in therapy at least six months ago.

The three women who participated in the study were of the following ages: 25, 28, and 35 years old. In terms of relationship status, one among the women was married, one was

single, while the third one did not disclose. Two of the women were in the midst of their training as psychotherapists, while the other one had just completed her master's degree and was currently unemployed. All interviewees had seen a female therapist upon the onset of the traumatic event, whereas one of them had seen both a female and a male therapist. In addition, one of the women has been working with a male supervisor in the context of her training as a psychotherapist and was, thus, able to provide gender-related impressions coming from her supervision with a male therapist. Two of the interviewees were currently in psychotherapy, while the other one was in a therapeutic relationship as of recently. Duration of therapy ranged from a couple of sessions up to two years.

The criterion of the interviewees being academically or professionally involved in the field of psychology or mental health practice was made for the following reasons; first, it was considered that women who are involved in this field have a certain level of education and awareness on mental health issues. Second, it was expected that women of this academic and occupational profile would have a greater likelihood of being in psychotherapy, either due to their sensitivity regarding mental health or as part of their psychotherapeutic training, and third, that they would be eloquent and introspective in their narrations, so that they could provide a meaningful account of their experiences. Moreover, participants having a similar academic and occupational background maintained a homogeneous sample, enhancing the methodological soundness of IPA in delving into subjective experiences (Alase, 2017).

Given the sensitivity of the topic, it was also a prerequisite that the interviewees were currently in a good psychological state and, thus, able to discuss their experiences without positing any compromise to their wellbeing. As an additional safety measure, it was ensured that the traumatic experience was a past event that occurred at least one year ago. The nature of the sexual trauma was not specified, as the interview aimed to focus on the interviewees' lived and subjective experiences in gendered psychotherapy, rather than the traumatic event

per se. Therefore, any reference to the traumatic event was only made by the interviewees and not the interviewer.

## **Materials**

Individual, semi-structured interviews with open-ended questions engaged the interviewees in discussing their experiences on gendered psychotherapy. The interview schedule (see Appendix A) was used to guide the interview by including questions that aimed to capture the essence of this experience by illuminating different perspectives on how the therapist's gender informed the therapeutic experience. The semi-structured interviewing process allowed the interviewer to maintain an open stance to the interviewees' responses, by being engaged in a conversation involving an empathetic stance rather than following a rigid interview structure.

## **Procedure**

The interviewees were recruited online, following an advertisement of the scope of the present study and the selection criteria on several Facebook groups related to gender-based violence (e.g., the MeTooGreece group), or psychology and psychotherapy-related groups (see Appendix B). The interviewees communicated with the researcher, were informed of the general purpose of the study as well as the interview process, and voluntarily agreed to participate. The informed consent form (see Appendix C) was signed prior to the interview process, to ensure that the interviewees were aware of the nature of the study, safeguarding confidentiality and participation withdrawal at any given moment. Moreover, an audio release form was provided where the interviewees indicated their agreement to be recorded (see Appendix D).

Individual appointments were, then, scheduled online, at an agreed day and time that was convenient for the interviewees. Before the interview process was initiated, the interviewer engaged the interviewees into a short ice-breaking conversation, that also served

to collect demographic information. The interviewer also attempted to establish rapport with the interviewees throughout the interview process, so that a sense of trust was cultivated (Alase, 2017). The interviews' duration was between 30' and 45'. Upon the end of the interviewing process, the interviewer checked on the interviewees' psychological state. As none of the interviewees appeared to be in distress at the end of the interviewing process, so they were provided with the debriefing form (see Appendix E) and thanked for their participation.

### **Analysis of Data**

The analysis of data extracted from the interviews was performed in line with the IPA guidelines of analytic process (Smith et al., 2009). At a first phase, recorded interviews were transcribed verbatim, and the transcripts became subjects of multiple thorough and rigorous readings. At a second phase, the researcher took initial notes on each transcript that were grouped and that led to the formation of themes and subthemes. At a third phase, themes and subthemes of each separate transcript were compared and contrasted, so that they could be integrated. Further readings of the transcripts contributed to the crystallization of themes that was considered to best describe the essence of individuals' experiences. This process was attained until the analysis conceptualized the data at a deep level leaving fruitful ground for interpretation.

**Reflexivity.** The researcher's reflective account with regards to the study further contributed to the methodological soundness by maintaining transparency (Yardley, 2000). As the researcher, I was motivated to carry out this study due to my standpoint both as a woman but also as a training counselor that seeks to highlight and value the female experience in psychotherapy. From my so far experience in counseling settings, I have noticed that the female experience of sexual harassment is often accompanied by feelings of guilt, shame, and self-blaming. In these cases, I have observed how my own gender identity

as a woman, as well as my own personal experiences, provoke a deeply empathic understanding toward women who disclose a traumatic experience of sexual nature. Being a female counselor, I recognize that my gender might be inherently enhancing the sense of safety and trust experienced by the clients. By conducting this study, I sought to encourage women to voice the sensitive issue of sexual trauma in relation to their experience of gendered psychotherapy, in the context of a study that aimed to illuminate their experience and emphasize the need of more informed gender-sensitive psychotherapeutic practices in Greece when dealing with the specific population.

During the interviewing process, I felt very compelled by some of the interviewees' narrations, especially when they were discussing their trauma and how it was manifested in their lives. Some of the narrations immersed me into the pain of the traumatic experience as lived by those women and were very touching to me as a woman. Throughout the interview process, I maintained a calm and present attitude, attuned to the interviewees' emotional cues, either subtle or strong, as were conveyed during their narrations. However, despite my personal standpoint which is an amalgam of my gender identity, my own experiences, my standpoint as a female counselor I was also mindful in maintaining an open stance toward the diverse gender-related views and experiences that authentically came from the interviewees in relation to psychotherapy. Being in psychotherapy with a female therapist, I had my own experience and attitudes in relation to this gendered interaction. There was also an effort to bracket my own assumptions and preconceptions resulting from my engagement with the literature and to be completely attuned to the unique experience of each interviewee in the way they narrated it. It is, thus, to recognize that while my personal standpoint has inevitably colored to an extent both the interviewing process and the analysis of the findings, both stages were attained with an open attitude not only to consider similarities but also differences in the interviewees' experiences.

## **Results**

The analysis of the three interviews uncovered a master-theme that describes the main phenomenon which was investigated, that is how women with sexual trauma experience gendered psychotherapy. This master-theme is further divided into three themes, as presented below in an overview of the analysis:

### **I. The Experience of Gendered Psychotherapy**

#### **A. Initiating Gendered Psychotherapy**

- a. Making a choice of a therapist
- b. Underlying gender preferences and attitudes

#### **B. The Therapeutic Interaction with a Gendered Therapist**

- a. The quality of gendered interaction
- b. Transference and countertransference

#### **C. An Experience of Reconciliation and Restoration**

- a. Reconciliation with the male gender and restoration of trust
- b. Reconciliation with femaleness and restoration of empowerment

Themes and subthemes are presented following this order, and each subtheme is accompanied by indicative extracts from the interviewees' narrations that better illustrate the thematic and provide the reader with a clearer view on the essence of the interviewees' subjective experiences.

#### **A. Initiating Gendered Psychotherapy**

The first theme that emerged from the data revolves around the initiation of gendered psychotherapy for the interviewees and is divided in two subthemes, including the criteria which they considered and that led them in choosing, or not choosing, a therapist of a particular gender, as well as the underlying preferences, attitudes, and preconceptions they held regarding the therapist's gender when seeking psychotherapy.

**Making a choice of a therapist.** Criteria that shaped the interviewees' choice of a therapist were divergent. Only one of the interviewees, Eleni, expressed a clear and robust gender preference that constituted the first and foremost criterion in choosing a therapist.

*The first and foremost [criterion] was... yes, the "woman" (smile), that I wanted a woman. These are my issues (smile). (E., 41-42)*

In addition, for Eleni, the ideological background of the therapist was another important criterion. She actively requested a female therapist who was sensitive to social and gender issues, as they were relevant to the areas that she wanted to work on in the therapeutic process.

*I wanted her [the therapist] to be socially aware, because I was hearing from other people's experiences, and I was also seeing in my collaborations, ideas being reproduced in therapy with which I strongly disagreed with, so [I was very concerned of] the ideological background, I wanted a woman who was socially aware, aware of gender issues, precisely because it was relevant to the issues I would like to work on. (E., 44-48)*

The remaining two interviewees had other criteria. Dafni considered the affordability of therapy and sought low-cost therapy at the time she started psychotherapy. She was, thus, referred to a mental health facility where she had been assigned to a therapist.

*(Did you have any selection criteria?) No, to tell you the truth, I was part of a facility, so I didn't choose who to see. Now, okay, as a selection criterion for me, I was 18 at the time so I didn't have any money to pay for therapy, so the presence of a facility was key for me. And then, from acquaintances, words that I heard from acquaintances about which facility to address. (D., 38-42)*

An additional criterion that shaped an interviewee's choice was the theoretical approach.

Foxy, who had no clear preference for the gender of her therapist at the time when she was seeking therapy, was more interested in the therapist's approach.

*I was asked if I wanted a male or a female therapist. ...a colleague urged me to start psychoanalysis, not anything else, and I had no problem, and it just happened that the therapist was a man. (F., 48-50)*

For her, the type of therapeutic approach was experienced as an important parameter that has played a role in her satisfaction with the therapeutic process.

*I am doing psychoanalysis in particular, so I go there three times a week. [...] I feel like I'm making a lot of progress like this and diving into the unconscious, to speak in psychoanalytic terms as well. (F., 38-39, 67-68)*

**Underlying gender preferences and attitudes.** This subtheme illustrates the different attitudes and preconceptions among the interviewees regarding the therapists' gender before they started therapy. Eleni has always had a clear and strong preference for a female therapist.

*I always wanted a woman (smile), that's something mine. (E., 38)*

All therapists Eleni has worked with were women. As she described, she has had various intake sessions with some therapists without being committed to the therapeutic process, while she has been in long-term therapy with two female therapists, until the present.

*I'd been trying some others, that's why I'm saying, always women. I'd been trying two others and then I got into a therapeutic relationship for almost two years with another woman and now [I have been in therapy] for the last year with another [woman]. (E., 83-86)*

As the interview unfolded, it became clearer that Eleni's gender preference was directly influenced by her traumatic experience and her unresolved issues with men. Eleni felt ready to deal with the trauma she had been through which required a sense of safety to feel comfortable in the therapeutic setting. Therefore, she actively sought that safety in the presence of a female therapist, as illustrated in the following extract:

*It was an incident (referring to the traumatic incident) that, whenever mentioned, I always had close friends to talk about the story with this guy that these things happened. Many times, I have heard "Well, at 15?", let's say, "Well, and what did you expect with this kind of guy?". So, by choosing women [as therapists], I felt that I was reducing the chances of hearing these things again that I have been hearing from my male friends, let's say, and my female friends as well... and at the same time, as I was in the process of dealing with this trauma, I wanted something that would be as safer as possible and I exactly didn't want issues concerning my own relationships with men to come up, so to speak. (E., 253-260)*

Eleni was annoyed by the gender-biased comments she was hearing in her social groups when she was discussing her trauma, mostly coming from her male friends. Therefore, she considered that by choosing a female therapist the chance of her being exposed to this kind of comments would be reduced. This is reflecting her belief that men are more likely to express



gender-biased attitudes toward a woman who has gone through a sexually traumatic experience, therefore it seemed probable to her to be confronted with such an attitude even in an imagined interaction with a male therapist. In addition, it was important for her healing process that her own issues with men did not arise at that time, so choosing a female therapist provided an extra layer of safety.

*Now I would say mainly on the issue of safety, safety was what I wanted. [...] And it was the necessary condition for me because I didn't go in to fool someone or throw away my money. I was very aware that I am on a process now, so I wanted to ensure that this course would not be interrupted, by some comment, by some judgement, by anything. So, I think this is very important. (E., 293-294, 296-299)*

Eleni's need of being in a safe environment with no potential hazards interfering with her healing process is further highlighted in the following extract, where she clearly states that not choosing a male therapist is an act to avoid being retraumatized.

*Because, considering it solely on mathematical terms, [by not choosing a male therapist] you somehow reduce the chances of re-traumatization. (E., 251-252)*

While the traumatic experience and the attitudes she received related to that event appeared to evidently shape Eleni's gender preference for a therapist, such an observation was not made when it came to the other two interviewees. Foxy and Dafni seemed to have a more neutral attitude toward their therapists' gender, yet it was colored by their own personal former experiences. For Foxy, the therapist's gender was not an active choice, yet she was positively predisposed toward working with a male therapist due to previous unsatisfactory experiences with female therapists.

*The truth is that, when I found out that the therapist would be a man, as the specific one was recommended to me and I accepted, I felt better than I would probably feel if it was a woman, because I had an experience with a female therapist several years ago... who was, however, a cognitive behavioral therapist, so I felt that it did not satisfy me as I had been in therapy for several months. So, I wasn't very satisfied with my experience. Now, initially, my first reaction was this, that I prefer being with a man better. (F., 58-64)*

In opposition to Eleni, Foxy had not experienced gender-biased attitudes by men in relation to her trauma in the context of social interactions. On the contrary, she described receiving tremendous support by men in her life, both from her husband and her male friends.

*I also have women around me, but I don't know, from men, first of all I put my husband on top, I felt a lot of support and understanding. [...] but it happened, I don't know, at least it happened to me, in my social circle and my friends, I felt a lot that the male gender understood me regarding this subject, this event anyway... when I narrated it like this, when I shared it. [...] I don't know, now it just happened that they were more sensitized individuals... Maybe because they have known me personally for years... there was no such thing, again the stereotype I will say, that you may be to blame, you may have caused it because you are a woman, you must have done something, to make me feel me guilt and so on, there was none of that at all. There was a lot of understanding and support. (F., 131-133, 135-139, 142-143)*

Foxy felt fully supported and understood by men around her, which acted as a buffer in not being immersed in feelings of guilt that she might have been responsible for what happened to her. It is, thus, reasonable to infer that receiving that amount of support and understanding from men might have positively influenced her attitude in being in psychotherapy with a male therapist.

Similarly, Dafni did not actively choose her therapist's gender and was assigned to a female therapist which was quite challenging for her initially, as she always felt more comfortable in the presence of men and was able to relate better with them.

*Truth be told, I've always felt more comfortable with men. I related more easily and I was also a bit more of a tomboy, so to speak, so it was a bit difficult for me that she was a woman to be honest. [...] I also used to have male friends... I could also relate more easily to my father than to my mother. And my own behavior was more, it had, let's say, more masculine characteristics. (D., 55-57, 66-68)*

Dafni's attitude toward the therapist's gender appeared to be associated with her relationship with each gender; in her familial and social relationships, she felt more connected with the male gender rather than the female, while she also identified with masculine traits. Therefore,

Dafni's patterns of relatedness and gender socialization have inevitably influenced her attitude toward a gendered therapist.

### **B. The Therapeutic Interaction with a Gendered Therapist**

The second theme that was identified based on the interviewees' narrations considers the facets of the therapeutic interaction with a therapist of a particular gender and the way the therapist's gender influences the therapeutic process according to the women's subjective lived experiences. This theme is further divided into two subthemes, including the quality of gendered interaction and the emergence of transference and countertransference.

**The quality of gendered interaction.** This subtheme illustrates the palette of different hues of gendered interaction between the interviewees and their therapists as emerging during the therapeutic process, or in some other cases, as it was imagined to be. In this subtheme, the interviewees described the nature of the gendered interaction with both a male and a female therapist, and how this gendered interaction has influenced their therapeutic experience as it unfolded in the here and now of the therapeutic encounter.

**Understanding and identification.** Eleni described how interacting with a female therapist has innately contributed to the therapeutic relationship. According to her, a female therapist can understand certain issues more easily through an identification process.

*First, the fact that she can perhaps understand some issues more easily, that is through an identification process. I consider the issue of identity in therapy very important, whether it concerns gender-related or cross-cultural issues. The experience, that is, in any case is very important for me and, without wanting to be strict or dogmatic, I think that a man, no matter his experience and effort to work on it, he cannot fully understand the deeply internal experience [of what it's like to walk as a woman in this world], just like I cannot understand, let's say, a homosexual man's. (E., 55-61)*

Eleni talked about a profound and deeply layered understanding of what it means to be a woman coming from her therapist, that would have not been the same if she and her therapist did not share the same gender. She believes that there is something truly internal in

the experience of being in the world as a gendered individual, the essence of which cannot be grasped by a person of the opposite gender. Moreover, she considers the issue of shared identity to be important not only when it comes to gender-related issues, but also cross-cultural issues or issues of sexual orientation. Therefore, gendered interaction with a female therapist is providing a deep and authentic understanding to Eleni, which would be missing in the presence of a male therapist. Her perspective on the issue of identity appeared to be heavily influenced by her own personal and occupational background.

*Yes, it kind of happened because yes, ten years now I've been in a lot of contexts, I've worked with a lot of socially oppressed groups, so for me the issue of social identity and the oppression it can bring has always been something that, I can tell, when I started seeing, learning about the world, it was something that existed for me from the beginning. I mean, I came from a village in Thessaloniki and joined associations with people with disabilities, with refugees with, with, with... So, by immediately creating the image of the adult world, I didn't go into the fairytale process at all that we might have some equality or justice in this world (laughter). So that's how it happened, that is, I immediately understood that this is an unfair world and I, both professionally from the position I have and as a person with the privileges I have, everything I can do somehow... and that I can learn and that I can work and fight in me, respectively. (E., 196-207)*

Through her work with several oppressed social groups, Eleni recognized the injustice and inequality that exists in the world with diverse identities being oppressed. Being very involved in issues of gender-based violence, her attitudes about gendered therapeutic interaction had been shaped accordingly. In addition, her experience working with a male supervisor in the context of her therapeutic training had also influenced this outlook.

*Yes, many times, because I have also come into this training and in general, I come into my work with a very clear identity due to some activist action that I have done regarding issues of gender and sexual orientation and so on. So, I consider this to be a threat to my supervisor as well. And maybe it has to do with age, which I mentioned, that because he is younger he feels threatened by my own ideas, and on issues that I have had with clients of mine, who were either currently or in the past in abusive relationships, when this issue came into therapy, and from me it came as a clear gender and social issue in which simply, within this social surrounding atmosphere*

*I was working with my client's experience, my supervisor did not always consider it as a gender issue. (E., 173-183)*

Eleni's interactions with both her male friends and her supervisor were either gender-biased or lacked an understanding of the female perspective, thus leading her to the conclusion that men have blind spots when it comes to gender-based violence, and such blind spots would impede a male therapist from understanding her experience. Her belief was further confirmed when she disclosed her traumatic experience to her supervisor.

*In my supervision, I couldn't say that gender has any benefit because somehow it is confirmed in some way and when I brought up the issue of sexual trauma I didn't experience re-traumatization, but I experienced awkwardness (from the supervisor), I experienced what I said before, that he couldn't quite perceive, despite the experience, despite the training and so on, he couldn't quite imagine the full range, what it's like from a person you trusted at 15, with a person much older, what that could mean for a teenage girl let's say. (E., 318-324)*

On the other hand, Foxy described a gendered interaction of different quality with a female therapist with whom she had some telephone sessions with after she contacted the violence against women hotline.

*I had reached out to the violence against women hotline when this happened to me. I had some sessions over the phone with a psychologist there... I wasn't in a good state then, so to speak, so I think we did five sessions and then I stopped. (F., 34-37)*

Foxy further elaborated on the therapeutic interaction she had with a female therapist over the phone, after contacting that hotline.

*No no... I didn't feel like that [that her gender positively influenced our interaction], no. [...] the experience I had with the therapist was over the phone from the line I mentioned before. We didn't go that deep, I experienced it as much more procedural. Um... because they also keep some statistics on that line, let's say, so I didn't feel that this therapeutic relationship was developed even over the phone in the way that I needed then, an even greater need, to experience it. So, I wouldn't call this experience positive, maybe I would call it rather indifferent. (F., 109-114, 117)*

Foxy's experience of gendered interaction with a female therapist after the traumatic event was quite different from Eleni's. Interaction with a therapist of the same gender was not

positively colored for her, and the therapeutic relationship did not flourish as she greatly needed at that time; overall, this experience was neutral to her. Nonetheless, it is important to consider the type of therapeutic interaction that she had with that therapist which by itself lacked important elements that might have likely overshadowed the quality of gendered interaction. When asked to imagine that her current therapist was a woman and how this could shed a different light on the therapeutic interaction, Foxy responded in this way:

*Um... if we look at it in terms of... that there is this, let's say, the, how can I say it... the stereotype that a woman can understand another woman better when she has experienced such an incident, such a trauma, from that point of view... yes, it could... (F., 128-131)*

Foxy considered that the interaction with a therapist of the same gender would perhaps elicit a deeper understanding with regards to the trauma based on, what she called, a stereotypical belief that women tend to understand women better. However, it became evident from her accounts that she does not actively seek the presence of a woman in the therapeutic encounter, as her experience with her current therapist, who is a man, is quite positive.

*And, along the way, (my reaction being with a male therapist) it's positive, I don't have anything to say, I'm very satisfied. (F., 66)*

**Transference and countertransference.** Through the interviewees' narrations, issues of transference and countertransference unanimously emerged when considering their therapists' gender. This subtheme illustrates how each of the interviewees has experienced feelings of transference in their unique way, or has imagined the presence of countertransference, as stemming from the gendered therapeutic encounter.

**Maternal and paternal transference.** Dafni's feelings of transference came on the surface as she discussed experiencing her therapist as a motherly figure during a sensitive time in her life, which was emotionally repairing for her.

*[...] The fact that, especially at that age, she played the role of a better mother for me, so to speak. She was a mother figure to me. (D., 58-60)*

Similarly, Foxy described how the therapeutic interaction with a male therapist evoked a paternal transference to her, as she had struggled with the absence of her father while

growing up, in addition to the traumatic event that occurred by a man who was a father figure for her.

*Now, it may also play a role that I am doing psychoanalysis and another relationship has been created, with the transference and all that, after so many sessions. [...]. The incident that happened was for me more like... a strike, because this man was like a father figure to me, so, more so this part, because I didn't even have the presence of a father when I was growing up, that also happened... so that's kind of where the strike was, let's say. (F., 88-91, 123-124)*

In discussing her relationship with the man who was liable for her trauma, she described how she was burdened by the loss of a paternal figure for the second time in her life.

*[...] there was a lot of trust, there was a relationship... he was at an age where he could have been my father. So, there was a trusting relationship, a close, a warm relationship before it started, before what happened... So, there was this bond, it wasn't that it suddenly happened one day that there was a meeting with him... And it was like a second time, that's how I experienced it at least, like a second time losing a potential father. That's how I experienced it. And not just losing him, for what happened to happen, which goes beyond the limits of losing someone from my life. (F., 93-99)*

Foxy's trauma was twofold, by not only being assaulted, but by also feeling betrayed again, after the painful absence of her own father, by someone whom she thought of like a father and whom she trusted. The significance of the therapeutic relationship with a male therapist, whose gender evoked these feelings and provided an emotionally corrective experience, instead of being perceived as threatening and abusive, was very striking.

***Imagined countertransference.*** Eleni, who has not been in therapy with a male therapist as of yet, considered the emergence of countertransference when imagining how it would be.

*I think it would be of great interest on the one hand, because right now in my therapy I'm working through issues with my father and with romantic relationships with men that I have, so it would be of great interest to see how that dynamic would play out the moment that such issues emerge that concern almost exclusively (smile) my relationship with men. And it would be interesting because it could come and ... and countertransference issues*

*and so on that would be very useful [...] it could be more immediate in my own case, that while working on issues with men, I would have to work, I would also work with this, the countertransference, which would give very important elements both during (the interaction) and evaluatively, so to speak. (E., 111-116, 315-318)*

Eleni considered that the imagined countertransference enabled in the presence of a male therapist could provide fruitful input during their interaction that could be used evaluatively. On the other hand, she discussed how her own transference would unfold with a male therapist.

*And the other is that, sometimes, completely my own personal and personal defenses, that I connect differently with men, and I felt that some defenses could come out that would not be constructive for me in my healing process. [...] But at the same time, as I said before, it may be precisely for this reason, because very difficult issues are being raised [with a male therapist] and it is a rather painful process for me, that I also raised some defenses and I wouldn't have the same... progress, so to speak (smile). (E., 63-66, 116-119)*

Eleni considered that being in therapy with a male therapist could potentially evoke some defenses based on transference that would not be fruitful for her in her healing process.

*I notice a tendency to be liked, not to... (pause). Now this is a bit strange, when I feel like we are on equal terms, I have a tendency to clash with men. Perhaps they also clash with me, knowing my ideas and my beliefs. When I'm dealing with men who have a power role, in quotes, and no matter how we do it, therapy has that power relationship in it, I want to be liked (smile), so I think that, this, not experiencing that masculine figure as threatening, it would make me more condescending on some issues. (E., 121-127)*

Eleni's tendency of wanting to be liked by men who occupy a position of authority, such the one that the therapist occupies in her opinion, would probably interfere in the therapeutic encounter by making her more condescending. In addition, she talked about the possibility of perceiving the male figure of the therapist as threatening in a way that was alarming to her.

*Something very simple but very meaningful to me, to be judged by him. Um... Whatever that means. To be judged for my choices, to be judged as a person, to be judged appearance-wise, to be judged as a woman, anything*



*would be very threatening for me to experience some kind of... assessment of myself from my therapist, not to mention generally from a man, but from my therapist at least it would be very threatening to me. (E., 130-135)*

The possibility of receiving any kind of judgement from a male therapist regarding any aspect of herself was threatening for Eleni. It is reasonable to assume that Eleni's former experiences, as she has also described having a lot of unresolved issues with men, have exacerbated her sense of being judged by men. In addition to the traumatic event she has experienced, she described most of her relationships with men as being toxic and traumatic, even in subtle ways.

*Yes, on different levels, that is, beyond the sexual trauma [...] Most of my relationships were toxic in some way I would say, not always abusive, they were abusive in a very subtle way let's say (smile). Um... yes, yes, I mean there were many cases. Not that there weren't others, but many cases of trauma I would say. (E., 272, 274-275)*

With a background of unhealthy relationships with men, it is unsurprising that a male presence has been tied in one way or another with threat. Therefore, it is reasonable that such a feeling would emerge in the therapeutic interaction with a male therapist through transference, where a feeling of intimidation would also arise due to the power dynamic.

***Transference in the form of gender stereotypes.*** In addition, Dafni discussed her own feelings of transference in the presence of a female therapist.

*Whereas with my female therapist, whom I have in mind a little more serious, it would be a little harder for me to curse. I have to collect myself, think of another word, to... (laughter)... deliver what I want to say many times. (D., 95-98)*

Dafni often filtered her reactions toward her therapist, feeling that it would not be acceptable to use offensive language in the presence of her therapist. She, also, elaborated on how this issue is related to her therapist's gender, and she considered that it would be different had she been in therapy with a male therapist.

*[...] I "imagine" him, both in the therapeutic process, and that's how the man is, more... what we call cool, more relaxed. Um... which I believe would provide me with more comfort. [...] Okay, sure women can be cool but usually and because of social standards and stuff, women are often*

*more collected, more serious, perhaps stricter sometimes, or at least that's what they give off to me. Um... I mean, not all men obviously, but I have it in my head that it's a little easier for them to be more relaxed. So, that's what I mean by cool, the, that comfort, that maybe they'll be more open, even to... I don't know, (for me) to curse, for example, I'll feel more comfortable to curse someone who has pissed me off. (D., 83-86, 89-95)*

Dafni's interaction with a female therapist has been influenced by transferential feelings and gender-biased perceptions that women are more serious and less tolerant of inappropriate behavior, while men are more relaxed and more open to receive more spontaneous, and even offensive, reactions. Dafni had talked about her ability to relate better with her father than her mother, thus it could be inferred that this impression stemmed from her own relationship with her mother and was transferred to her female therapist. Moreover, Dafni's perspective reflects the potency of gender-biased beliefs and gender socialization practices, and how they are diffused into the therapeutic setting.

***Erotic transference.*** On the other hand, when imagining the therapeutic interaction with a male therapist, Dafni discussed the possibility of falling in love with him, something that would not happen with a female therapist and which, for her, would likely block the therapeutic process.

*I imagine that with the male therapist, I think that okay, I would definitely have gone through the phase of falling in love with the therapist, that is the part that I have heard from many friends and colleagues as well. [...] Yes, that this part, if it happened, it might have been a bit difficult and it might have blocked the process. (D., 108-110, 112-113)*

Moreover, she described that it would be quite challenging for her to disclose romantic feelings to a male therapist, despite recognizing that this could be a productive part of the therapeutic process.

*It might have been productive, but just because, especially then, I know I wouldn't share it, I think it would block me. [...] I would definitely be embarrassed, yes. [...] In general, in general, just as I think of me especially then, such a thing would be very difficult for me. I mean, even if it happened to me now, I think the only reason I would share it would be that I know I should do it, otherwise it won't help me. So, I would just push me, say it, say it, say it (smile). (D., 116-117, 120, 125-128)*

A feeling of embarrassment would impede her from disclosing these feelings to her therapist, especially at a younger age, while it would even be difficult for her in the present. As she said, she would have to really push herself to disclose these feelings when she had reached the point of acknowledging it would not help her otherwise.

### **C. An Experience of Reconciliation and Restoration**

For all the interviewees, the therapist's gender had a dynamic influence in providing an experience of reconciliation which was important in their healing process. This final theme captures the different nuances that this repairing experience had for the interviewees with therapists of both genders.

***Reconciliation with the male gender and restoration of trust.*** Foxy talked about being reconciled with the male gender after the trauma she experienced and how important it was for her to regain her trust toward a man.

*I think it was very important for me that I was able to start trusting a man after what happened to me, the incident. (F., 79-80)*

According to her account, the gender of her therapist contributed in regaining trust toward a man after the traumatic event she suffered, which was for her both an assault and a loss of a paternal figure. In addition, working with a male therapist contributed to the recognition of the pattern of codependent relationships with men that she had in the past and restored a sense of balance for her.

*And for some relationships I had in the past before I got married, there was the same pattern and of course I didn't see it at the time, I saw it later... [...] there was a pattern of codependency, let's say, that's how I would describe it, in my previous romantic relationships and I, of course, couldn't perceive it when it was happening, but now in this moment in time, after some time anyway, I can see it. [...] it was like a, like a balance was restored, that's how I experienced it. (F., 178-180, 182-185)*

Developing a healthy relationship with a male therapist not only made her realize the pattern of former unhealthy relationships with men, but also led to a restoration of balance for Foxy regarding her relationships with male counterparts.

***Reconciliation with femaleness and restoration of empowerment.*** On the other hand, working with a female therapist provided a sense of reconciliation that manifested in a different way in the therapeutic relationship. Dafni discussed how her therapist's gender influenced the way she related with femaleness.

*Well, in the long run, I think it helped me a lot to learn to relate to women better... and the fact that, especially at that age, she played the role of a better mother for me, so to speak. She was a mother figure to me. [...] So yes, it really did help me come to terms with that part, the more feminine part of me and those around me. (D., 57-60)*

As Dafni described, working with a female therapist enhanced her ability to relate to women, which was not quite developed at that time. Being a girl who had more masculine behavioral characteristics, her therapist's gender contributed to her becoming reconciled with her own femaleness, and more attuned to the feminine part of herself, as well as of others around her.

In addition, Eleni experienced a restoration of empowerment of her female identity through the therapeutic relationship with a female therapist.

*I would also say an empowerment, I'm not going to lie, that is, somehow seeing a woman with the experience she has, with the position she has, and receiving this support from this woman, somehow you generalize it in your mind, it is somewhat empowering. It's a little bit the power in the union, so to speak. (E., 304-307)*

The fact that her therapist was an experienced and well-accomplished woman who was providing support to her conveyed a feeling of empowerment and a sense of women's power in unity, which was important to her healing process. These results shed light to the discrete and indiscrete ways in which the therapist's gender can provide different positive therapeutic outcomes according to the clients' unique constellation of experiences.

## Discussion

The present study aimed to explore the experience of gendered psychotherapy with female clients who have encountered gender-based violence in the form of sexual trauma. To the researcher's knowledge, this was the first study to investigate this phenomenon in the

specific population. The findings of this study support existing literature highlighting how gender dynamically influences the therapeutic process (Gehart & Lyle, 2001; Kastrani et. al., 2015; Kastrani et al., 2021; Yarrow & Churchill, 2009). Moreover, they contribute to the pool of research on gendered psychotherapy by adding the perspective of a sensitive population, that of women who have experienced sexual trauma. The present results illustrated the variety of different ways that gender dynamics can influence the therapeutic process, showing the complexity of a gendered therapeutic relationship as uniquely experienced by each person.

Despite having a sexually traumatizing experience with a person of the opposite gender as a common denominator, the differences that arose from the interviews illustrate that the trauma itself is not the sole factor influencing women's preference for a male or female therapist. In fact, it was shown that for some interviewees the traumatic event did not influence, at least consciously, their preference for a therapist of a particular gender. Gender preferences were present among all interviewees, with some being stronger and more straightforward, while others being subtler and underlying. Those preferences appeared to mainly be influenced by patterns of relatedness to each gender, as shaped by participants' experiences in familial and social relationships (Gehart & Lyle, 2001).

Women who described better relating with men in general or having received understanding and support from male counterparts in relation to their trauma, were more positively predisposed in working with a male therapist. On the contrary, having encountered gender-biased attitudes lacking understanding or infusing guilt and shame in relation to their trauma, coupled with a history of traumatic relationships with male counterparts, were deterrents for a woman to choose a male psychotherapist. In this case, a male therapist was imagined to evoke feelings of threat and potential re-traumatization, while a female therapist was experienced as a provider of a strong sense of safety. The same pattern was observed in the study of Kastrani et al. (2021), where a greater sense of safety was experienced in the

presence of female therapists by women who have experienced intimate partner violence, while a sense of potential threat and a signal of danger were attributed to the presence of a male therapist.

In addition, a female therapeutic presence provided a deep understanding of the internal female experience. This finding was also replicated in the study of Kastrani et al. (2015), where some participants discussed the issue of belongingness to the same gender with their therapist as providing a deep understanding. As in the study of Kastrani et al. (2015), the view that the true essence of the internal experience of being in the world as a gendered individual cannot be grasped by a person of the opposite gender was expressed, although not by all women. While it might be difficult to delineate the exact factors that shape this perspective for some women and not other, the present study showed that increased involvement and activism with social and gender issues might exacerbate the idea that a source of a deep understanding to a gender identity can be only provided by members of the same identity.

As illustrated in the study of Kastrani et al. (2021), as well as in the present study, the internalization of experiences of gender-based violence among women can be catalytic in the formation of their relationship with the opposite sex. A set of deeply traumatic former experiences associated with the male gender might irreversibly shape the male presence in the eyes of these women; men are then expected to reflect gender-biased beliefs at best and cause more harm at worst. Men, even in the profession of a therapist, were described as having blind spots when it comes to gender-based violence, that show a lack of understanding of the female experience at its full range. On the contrary, a therapeutic relationship with a male therapist was also experienced as corrective and repairing, which is an important finding to indicate significant positive therapeutic benefits for sexually traumatized women working with male therapists and was also replicated in the study of Kastrani et al. (2015).

When it comes to the way that gender influenced the therapeutic process, gendered psychotherapy evoked feelings of transference for all interviewees. There were two general patterns gravitating around transference, by either it being experienced positively as providing a corrective emotional experience, or by it being imagined as a hazard to the therapeutic process. On some cases, transference stemming from the gendered interaction with the therapist broke the pattern of former traumatic experiences, providing a fertile ground for the improvement of women's gendered relationships. For example, for a woman who had been raised in a 'broken' family with an absent father and had further been sexually traumatized by a man, the therapeutic relationship with a male therapist was experienced as emotionally repairing.

On other cases, however, imagined transference in the scenario of working with a therapist of the opposite gender yielded several concerns. Anticipated feelings of erotic attraction toward a therapist of the opposite gender were discussed as an issue that would potentially hinder the therapeutic process. This finding is consistent with that of Kastrani et al. (2015), where several of the interviewees considered feelings of sexual attraction toward the therapist as something that would likely obscure the therapeutic relationship. It is noteworthy to mention that participants in the present study identified as heterosexual women in terms of sexual orientation, thus sexual attraction was only imagined in the presence of a therapist of the opposite gender.

Another imagined possibility based on transference that was described in the scenario of being in therapy with a male therapist was the emergence of defenses that would be activated by a male presence. Complex patterns of gendered interaction with a male figure, such as a tendency to either seek approval or competition, would overshadow the therapeutic relationship with a male therapist. An anticipation of judgement coming from a male figure, as resulting from a set of former maladaptive relationships with men, would further interfere

in the therapeutic process and deprive the need of safety in the therapeutic setting. However, the beneficial character of being in psychotherapy with a male therapist for a woman who has experienced sexual trauma was also highlighted, with a corrective emotional experience being yielded from the gendered therapeutic relationship that was significant in the healing process.

An additional pattern that emerged in relation to the gendered therapeutic process was a common experience of reconciliation and restoration as resulting from women's experiences with therapists of both genders. For a woman being in therapy with a male therapist, this experience was manifested in a feeling of reconciliation with the male gender and a restoration of trust upon her trauma. A feeling of broken trust was very prominent in the case that the perpetrator was not a stranger but a person with whom there was an existing trusting relationship. In this case, the traumatic experience is twofold, with a sense of betrayal revolving around the trauma that can have a lasting imprint on the traumatized self. The devastating impact of betrayal and breach of trust among women who have been sexually assaulted by someone whom they trusted has been shown in the study of Tarzia (2020).

Therefore, the significance of a relationship as being formed in the context of the therapeutic process with a male psychotherapist, that can be repairing by contributing to the restoration of trust toward a man, becomes clear to the psychological wellbeing of women who have been sexually traumatized. Moreover, gendered interaction with a male therapist through transference was found to be insightful in recognizing the various relationship patterns with men and acknowledging women's own part on how these relationships unfolded. Therefore, gendered therapeutic interaction can contribute to breaking in the pattern of unhealthy relationships and lead to more balanced and healthier gendered relationships.



Gendered interaction with a female therapist led to a differently nuanced experience of reconciliation and restoration within the women. A gender-related outcome that was provided in the presence of a female therapist was a reconciliation with femaleness. This finding has not been replicated in previous studies and is unique to the present research, indicating how the therapist's gender has the power to influence an individual's gender-related constructs, such as femaleness and maleness, or femininity and masculinity. Being in touch with a gendered being in the therapeutic setting can lead to a sense of attunement of one's own gender identity, as shown in the present study.

Moreover, the therapeutic relationship with a female therapist provided a strong sense of empowerment related to the female identity and amplified by the therapist and clients' belongingness to the same gender. This finding was consistent with that of Kastrani et al. (2021), where many among the women who had experienced intimate partner violence reported a sense of empowerment being experienced in the therapeutic relationship with a female therapist. Cultivating feelings of empowerment in the therapeutic setting is one of the main techniques utilized in both feminist and gender-sensitive psychotherapy (Joshi, 2015).

In this study, empowerment was only described as having a female character, as it was experienced in the therapeutic relationship between a female client and a female therapist and was heavily based on gender similarity, whereas it was not mentioned in the experienced or imagined therapeutic relationship with a male therapist. However, it will not be assumed that empowerment cannot result in a therapeutic pair of a female client and a male therapist based on this finding but, rather, that it might be more prominent in an exclusively female therapeutic pair when it comes to clients who have experienced sexual trauma. Although the present results did not provide information on how empowerment can be manifested in a therapeutic relationship with a male therapist, it is assumed that it could be experienced in a

different way since it would not be resulting from gender similarity, which could be further investigated by future studies.

### **Limitations and Suggestions for Future Research**

The present study explored the experience of gendered psychotherapy among women who have experienced sexual trauma, by aiming to capture how gender dynamics with therapists of both genders influence the therapeutic process. Attention was given to the study's selection criteria to minimize risk and maintain homogeneity within the sample. However, while all participants had seen a female therapist upon the occurrence of the traumatic event, only one of them had seen both a female and a male therapist, and in this case the nature of the therapeutic relationship with the female therapist was not face to face but through a telephone line. Additionally, one interviewee discussed the idea of gendered psychotherapy with a male therapist drawing by her impressions in the context of her supervision with a male therapist. These are considered as limitations of the present study, as for some participants the process of gendered psychotherapy with a male therapist was imagined or hypothesized based on a non-therapeutic setting, as the context of supervision.

Moreover, the sample of the present study consisted of women who were either academically or professionally involved in the field of psychotherapy and mental health. Therefore, the experience of this specific population in the context of psychotherapy cannot be generalized to the overall population of women who have suffered sexual trauma. It is acknowledged that the current sample may have certain characteristics that influenced the way they experienced gendered psychotherapy. Moreover, the current sample focused on cisgender women, who also happened to be heterosexual in terms of sexual orientation.

Drawn by these limitations, it is suggested that future studies on this topic focus on highlighting the experience of gendered psychotherapy of women with sexual trauma with female therapists as much as with male therapists. It is, further, suggested that future research

includes a broader sample to explore the different nuances of gendered psychotherapy among women of diverse educational and occupational backgrounds as well as sexual orientations (e.g., bisexual, lesbian, or even asexual women). Research focusing on different gender identities (e.g., transgender women) who have gone through a gender transition process will likely shed light on different perspectives of gendered dynamics within therapy.

Moreover, the findings of the present study pinpoint the need of further research to investigate the perspectives of practitioners, either psychotherapists or supervisors, to shed light on their subjective experiences on how gender influences the therapeutic process with female clients who have encountered sexual trauma. Future studies may also broaden the scope of the present research by including male clients' experiences of gendered psychotherapy, that can be explored comparatively. If implemented, these suggestions could greatly enrich and deepen our understanding on how gender dynamics unfold in psychotherapy and influence the therapeutic process and could further inform gender-related therapeutic practices.

### **Conclusion**

The present research aimed to understand how gender influences psychotherapy, by exploring the experience of women with sexual trauma. The findings indicate that gender dynamically influences the therapeutic process in ways that are uniquely experienced by each person. The results highlighted that a therapeutic relationship with therapists of both genders can have positive therapeutic outcomes for the healing process of sexually traumatized women. Gendered interaction with a female therapist provided a deep understanding, a safe environment, a sense of empowerment, and an attunement with femaleness based on the common gender identity. The gendered therapeutic relationship with a male therapist was imagined to evoke a sense of threat and was considered as a possibility of being exposed to

re-traumatization, but it was experienced as an emotionally corrective relationship with a male counterpart that led to a restoration of trust.

These findings shed light to the different shades of gendered psychotherapy with therapists of both genders, colored by the clients' unique lenses and patterns of relatedness with each gender as shaped by a complex web of interwoven familial and social experiences. Moreover, these findings point out to the importance of acknowledging and addressing gender dynamics in the therapeutic relationship with female clients of this population, particularly in a male/female therapeutic dyad.

Male therapists and counselors ought to be mindful of the possibility that their gender evokes feelings of threat or danger when working with sexually traumatized women, and openly bring this issue in the therapeutic setting when considered appropriate. Moreover, they should be attentive to gender-related verbal and non-verbal cues that might make the clients feel uneasy or unsafe during the therapeutic interaction. Therapists must also pay attention to emerging transference and countertransference and openly address and discuss these issues in the context of their supervision. Through monitoring the subtle ways that gender biases can manifest by therapists of both genders and maintaining awareness on gender-sensitive practices, the quality of psychotherapeutic services directed to sexually traumatized women will be optimized. The need for appropriate and targeted training on gender-sensitive approaches is highlighted in the present study to enhance the ethically sound practice in the setting of counseling and psychotherapy.

### References

- Alase, A. (2017). The interpretative phenomenological analysis (IPA): A guide to a good qualitative research approach. *International Journal of Education and Literacy Studies*, 5(2), 9-19. <https://doi.org/10.7575/aiac.ijels.v.5n.2p.9>
- Barth, S. K., Kimerling, R. E., Pavao, J., McCutcheon, S. J., Batten, S. V., Dursa, E., Peterson, M., & Schneiderman, A. I. (2016). Military sexual trauma among recent veterans: Correlates of sexual assault and sexual harassment. *American Journal of Preventive Medicine*, 50(1), 77-86. <https://doi.org/10.1016/j.amepre.2015.06.012>
- Behn, A., Davanzo, A., & Errázuriz, P. (2018). Client and therapist match on gender, age, and income: Does match within the therapeutic dyad predict early growth in the therapeutic alliance?. *Journal of Clinical Psychology*, 74(9), 1403-1421. <https://doi.org/10.1002/jclp.22616>
- Bhati, K. S. (2014). Effect of client-therapist gender match on the therapeutic relationship: An exploratory analysis. *Psychological Reports*, 115(2), 565-583. <https://doi.org/10.2466/21.02.PR0.115c23z1>
- Budge, S. L., & Moradi, B. (2018). Attending to gender in psychotherapy: Understanding and incorporating systems of power. *Journal of Clinical Psychology*, 74(11), 2014-2027. <https://doi.org/10.1002/jclp.22686>
- Constantino, M. J., Boswell, F. J., & Coyne, A. E. (2021). Patient, therapist, and relational factors. *Bergin and Garfield's handbook of psychotherapy and behavior change*.
- Craner, J. R., Martinson, A. A., Sigmon, S. T., & McGillicuddy, M. L. (2015). Prevalence of sexual trauma history using behaviorally specific methods of assessment in first year college students. *Journal of Child Sexual Abuse*, 24(5), 484-505. <https://doi.org/10.1080/10538712.2015.1026014>

- deKleijn, M., Lagro-Janssen, A. L., Canelo, I., & Yano, E. M. (2015). Creating a roadmap for delivering gender-sensitive comprehensive care for women Veterans: results of a national expert panel. *Medical Care*, 53(4 Suppl 1), S156.  
<https://doi.org/10.1097/MLR.0000000000000307>
- Eatough, V., & Smith, J. A. (2008). Interpretative phenomenological analysis. *The Sage Handbook of Qualitative Research in Psychology*, 179, 194.
- Enns, C. Z. (2002). Feminist psychotherapy. *Editors-in-Chief*, 801.
- Enns, C. Z. (2010). Locational feminisms and feminist social identity analysis. *Professional Psychology: Research and Practice*, 41(4), 333. <https://doi.org/10.1037/a0020260>
- Gehart, D. R., & Lyle, R. R. (2001). Client experience of gender in therapeutic relationships: An interpretive ethnography. *Family Process*, 40(4), 443-458.  
<https://doi.org/10.1111/j.1545-5300.2001.4040100443.x>
- Gerdes, Z. T., & Levant, R. F. (2018). Complex relationships among masculine norms and health/well-being outcomes: Correlation patterns of the conformity to masculine norms inventory subscales. *American Journal of Men's Health*, 12(2), 229-240.  
<https://doi.org/10.1177/1557988317745910>
- Gosling, J. (2018). Gender fluidity reflected in contemporary society. *Jung Journal*, 12(3), 75-79. <https://doi.org/10.1080/19342039.2018.1479080>
- Greenfield, S. F., Cummings, A. M., Kuper, L. E., Wigderson, S. B., & Koro-Ljungberg, M. (2013). A qualitative analysis of women's experiences in single-gender versus mixed-gender substance abuse group therapy. *Substance Use & Misuse*, 48(9), 750-760.  
<https://doi.org/10.3109/10826084.2013.787100>
- Halo, D., Mrhálek, T., & Kajanová, A. (2021). Feminist and Gender-Sensitive Psychotherapy: Social Construction of Mental Health. *E-psychologie*, 15(2).

- Himmerich, J. (2019). *Male clinical psychologists: role of the male gender in therapy and on the route to qualification*. Canterbury Christ Church University (United Kingdom).
- Hohmann, A. A., & Shear, M. K. (2002). Community-based intervention research: Coping with the “noise” of real life in study design. *American Journal of Psychiatry*, 159(2), 201-207.
- Hoyt, T., Klosterman Rielage, J., & Williams, L. F. (2011). Military sexual trauma in men: A review of reported rates. *Journal of Trauma & Dissociation*, 12(3), 244-260.  
<https://doi.org/10.1080/15299732.2011.542612>
- Isacco, A., Hammer, J. H., & Shen-Miller, D. S. (2016). Outnumbered, but meaningful: The experience of male doctoral students in professional psychology training programs. *Training and Education in Professional Psychology*, 10(1), 45.  
<https://doi.org/10.1037/tep0000107>
- Israeli, A. L., & Santor, D. A. (2000). Reviewing effective components of feminist therapy. *Counselling Psychology Quarterly*, 13(3), 233-247.  
<https://doi.org/10.1080/095150700300091820>
- Johnson, L. A., & Caldwell, B. E. (2011). Race, gender, and therapist confidence: Effects on satisfaction with the therapeutic relationship in MFT. *The American Journal of Family Therapy*, 39(4), 307-324. <https://doi.org/10.1080/01926187.2010.532012>
- Joshi, A. (2015). Need for gender sensitive counselling interventions in India. *Psychological Studies*, 60(3), 346-355. <https://doi.org/10.1007/s12646-015-0317-7>
- Juan, M. J. D., Nunnink, S. E., Butler, E. O., & Allard, C. B. (2017). Gender role stress mediates depression among veteran men with military sexual trauma. *Psychology of Men & Masculinity*, 18(3), 243.
- Kahn, J. S. (2010). Feminist therapy for men: Challenging assumptions and moving forward. *Women & Therapy*, 34(1-2), 59-76.

- Kastrani, T., Athanasiades, C., & Deliyanni-Kouimtzi, V. (2021). The therapeutic relationship and counseling process through the experience of women who suffered from intimate partner violence. *Hellenic Journal of Psychology*, 18(2), 195-225. <https://doi.org/10.26262/hjp.v18i2.8076>
- Kastrani, T., Deliyanni-Kouimtzi, V., & Athanasiades, C. (2015). Greek female clients' experience of the gendered therapeutic relationship: An interpretative phenomenological analysis. *International Journal for the Advancement of Counselling*, 37(1), 77-92. <https://doi.org/10.1007/s10447-014-9227-y>
- Kastrani, T., Deliyanni-Kouimtzi, V., & Athanasiades, C. (2017). Women as counselling and psychotherapy clients: Researching the therapeutic relationship. *The European Journal of Counselling Psychology*, 6(1). <https://doi.org/10.23668/psycharchives.2044>
- Kuusisto, K., & Artkoski, T. (2013). The female therapist and the client's gender. *Clinical Nursing Studies*, 1(3), 39-56. <http://doi.org/10.5430/cns.v1n3p39>
- Landes, S. J., Burton, J. R., King, K. M., & Sullivan, B. F. (2013). Women's preference of therapist based on sex of therapist and presenting problem: An analog study. *Counselling Psychology Quarterly*, 26(3-4), 330-342. <https://doi.org/10.1080/09515070.2013.819795>
- Liddon, L., Kinglerlee, R., & Barry, J. A. (2018). Gender differences in preferences for psychological treatment, coping strategies, and triggers to help-seeking. *British Journal of Clinical Psychology*, 57(1), 42-58. <https://doi.org/10.1111/bjc.12147>
- Lloyd-Hazlett, J. (2016). Female service members and the deployment cycle: Implications for gender sensitive counseling. *Journal of Military and Government Counseling*, 4(1), 38-53.
- Mady, G., & Zuckerberg, J.R. (2019). *A quick and easy guide to queer and trans identities*.



McDermott, R. C., Smith, P. N., Borgogna, N., Booth, N., Granato, S., & Sevig, T. D. (2018).

College students' conformity to masculine role norms and help-seeking intentions for suicidal thoughts. *Psychology of Men & Masculinity*, 19(3), 340.

<https://doi.org/10.1037/men0000107>

Mintz, L. B., & Tager, D. (2013). Feminist therapy with male clients: Empowering men to be

their whole selves. In C. Z. Enns & E. N. Williams (Eds.), *The Oxford handbook of feminist multicultural counseling psychology* (pp. 322–338). Oxford University Press.

Mizock, L., & Lundquist, C. (2016). Missteps in psychotherapy with transgender clients:

Promoting gender sensitivity in counseling and psychological practice. *Psychology of Sexual Orientation and Gender Diversity*, 3(2), 148.

<https://doi.org/10.1037/sgd0000177>

Morris, E. E., Smith, J. C., Farooqui, S. Y., & Surís, A. M. (2014). Unseen battles: The

recognition, assessment, and treatment issues of men with military sexual trauma (MST). *Trauma, Violence, & Abuse*, 15(2), 94-101.

Nagoshi, J. L., Brzuzy, S. I., & Terrell, H. K. (2012). Deconstructing the complex perceptions

of gender roles, gender identity, and sexual orientation among transgender individuals. *Feminism & Psychology*, 22(4), 405-422.

<https://doi.org/10.1177/0959353512461929>

Nathan, P. E., Enns, C. Z., & Williams, E. N. (Eds.). (2013). *The Oxford handbook of*

*feminist counseling psychology*. Oxford University Press.

O'neil, J. M. (2015). *Men's gender role conflict: Psychological costs, consequences, and an*

*agenda for change*. American Psychological Association.

<https://doi.org/10.1037/14501-000>

- Pattee, D., & Farber, B. A. (2008). Patients' experiences of self-disclosure in psychotherapy: The effects of gender and gender role identification. *Psychotherapy Research, 18*(3), 306-315. <https://doi.org/10.1080/10503300701874534>
- Rivera, A., & Scholar, J. (2020). Traditional masculinity: a review of toxicity rooted in social norms and gender socialization. *Advances in Nursing Science, 43*(1), E1-E10  
<http://doi.org/10.1097/ANS.0000000000000284>
- Seidler, Z. E., Wilson, M. J., Kealy, D., Oliffe, J. L., Ogrodniczuk, J. S., & Rice, S. M. (2021). Men's preferences for therapist gender: predictors and impact on satisfaction with therapy. *Counselling Psychology Quarterly, 35*(1), 173-189.  
<https://doi.org/10.1080/09515070.2021.1940866>
- Shiner, B., Leonard Westgate, C., Harik, J. M., Watts, B. V., & Schnurr, P. P. (2017). Effect of patient-therapist gender match on psychotherapy retention among United States veterans with posttraumatic stress disorder. *Administration and Policy in Mental Health and Mental Health Services Research, 44*(5), 642-650.  
<https://doi.org/10.1007/s10488-016-0761-2>
- Sinko, L., & Saint Arnault, D. (2020). Finding the strength to heal: Understanding recovery after gender-based violence. *Violence Against Women, 26*(12-13), 1616-1635.  
<https://doi.org/10.1177/1077801219885185>
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*.
- Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology, 1*(1), 39-54.
- Smith, R. D., Holmberg, J., & Cornish, J. E. (2019). Psychotherapy in the# MeToo era: Ethical issues. *Psychotherapy, 56*(4), 483. <https://doi.org/10.1037/pst0000262>

- Staczan, P., Schmuecker, R., Koehler, M., Berglar, J., Crameri, A., von Wyl, A., Koemeda-Lutz, M., Schulthess, P., & Tschuschke, V. (2017). Effects of sex and gender in ten types of psychotherapy. *Psychotherapy Research*, 27(1), 74-88.  
<https://doi.org/10.1080/10503307.2015.1072285>
- Sweet, H. B. (Ed.). (2012). *Gender in the therapy hour: Voices of women clinicians working with men* (Vol. 12). Routledge.
- Tarzia, L. (2021). "It went to the very heart of who I was as a woman": The invisible impacts of intimate partner sexual violence. *Qualitative Health Research*, 31(2), 287-297.  
<https://doi.org/10.1177/1049732320967659>
- Turchik, J. A., McLean, C., Rafie, S., Hoyt, T., Rosen, C. S., & Kimerling, R. (2013). Perceived barriers to care and provider gender preferences among veteran men who have experienced military sexual trauma: a qualitative analysis. *Psychological Services*, 10(2), 213. <https://doi.org/10.1037/a0029959>
- Visser, E. (2019). Therapy outcome and the therapeutic alliance in relation to gender matching and countertransference (Master's thesis).
- Wester, S. R., & Lyubelsky, J. (2005). Supporting the Thin Blue Line: Gender-Sensitive Therapy With Male Police Officers. *Professional Psychology: Research and Practice*, 36(1), 51.
- Wolf, J., Williams, E. N., Darby, M., Herald, J., & Schultz, C. (2018). Just for women? Feminist multicultural therapy with male clients. *Sex Roles*, 78(5), 439-450.
- Wood, W., & Eagly, A. H. (2015). Two traditions of research on gender identity. *Sex Roles*, 73(11), 461-473. <https://doi.org/10.1007/s11199-015-0480-2>
- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*, 15(2), 215-228. <https://doi.org/10.1080/08870440008400302>

Yarrow, C., & Churchill, S. (2009). Counsellors' and psychologists' experience of working with male survivors of sexual trauma: A pilot study. *Counselling Psychology Quarterly*, 22(2), 267-277. <https://doi.org/10.1080/09515070903171926>

Zane, N., & Ku, H. (2014). Effects of ethnic match, gender match, acculturation, cultural identity, and face concern on self-disclosure in counseling for Asian

Americans. *Asian American Journal of Psychology*, 5(1), 66.

<https://doi.org/10.1037/a0036078>

## Appendix A

### Interview Schedule (Greek/English)

#### Ice-Breaking Questions

1. Θα θέλατε να μου πείτε λίγα λόγια για εσάς;
2. Πως αποφασίσατε να ασχοληθείτε με τον κλάδο της ψυχολογίας;

#### Main Interview

1. Πως αποφασίσατε να ξεκινήσετε συμβουλευτική ή ψυχοθεραπεία με τον/την θεραπευτή/τρια που βλέπετε στο παρόν ή που βλέπατε πιο πρόσφατα;
2. Είχατε κάποια κριτήρια επιλογής; Ποια ήταν αυτά;
3. Ποιες είναι οι σκέψεις σας για το φύλο του θεραπευτή σας σχετικά με τη θεραπευτική διαδικασία;
4. Πώς ήταν η εμπειρία της συνεργασίας με έναν θεραπευτή αντίθετου φύλου από το φύλο του τρέχοντα ή τελευταίου θεραπευτή σας;
5. Πως ήταν αυτή η εμπειρία σε σχέση με τη συνεργασία με τον τρέχοντα ή τελευταίο θεραπευτή σας;
6. Αν στην παρούσα φάση το φύλο του/της θεραπευτή/ριας σας ήταν διαφορετικό, πως θεωρείτε ότι θα άλλαζε η θεραπευτική διαδικασία;
7. Έχετε αναγνωρίσει κάποια θεραπευτικά αποτελέσματα που σχετίζονται με το φύλο του τρέχοντος ή του τελευταίου θεραπευτή σας;
8. Έχετε αναγνωρίσει κάποια θεραπευτικά αποτελέσματα που σχετίζονται με τον θεραπευτή του αντίθετου φύλου;

#### Ice-Breaking Questions

1. Would you like to tell me a few words about yourself?
2. How did you decide to get involved in the field of psychology?

#### Main Interview

1. How did you decide to start counseling or psychotherapy with the current/latest counselor or therapist?
2. Did you have any selection criteria? What were those?
3. What are your thoughts regarding your current/latest therapist's gender in relation to the therapy process?
4. How was the experience of working with a therapist of the opposite gender than your current/latest therapist's?
5. How was this experience compared to working with your current/latest therapist?
6. If at this stage your current/latest therapist's gender was different, how do you think the therapy process would change?

7. Have you recognized any therapeutic outcomes related to the gender of your current/latest therapist?
8. Have you recognized any therapeutic outcomes related to the therapist of the opposite gender?

## Appendix B

### Invitation Letter (Greek/English)

Στα πλαίσια της μεταπτυχιακής μου διατριβής, σας προσκαλώ να συμμετάσχετε στην έρευνα μου η οποία διερευνά την εμπειρία της ψυχοθεραπείας γυναικών στην Ελλάδα. Η παρούσα μελέτη απευθύνεται σε γυναίκες που έχουν βιώσει μια σεξουαλικά τραυματική εμπειρία.

Κριτήρια συμμετοχής είναι τα ακόλουθα:

Γυναίκες ηλικίας 20-35 ετών, που ζουν αυτή τη στιγμή στην Ελλάδα, απασχολούνται εκπαιδευτικά ή επαγγελματικά με τον κλάδο της ψυχολογίας/ψυχικής υγείας και έχουν υπάρξει σε ψυχοθεραπεία με έναν άνδρα θεραπευτή ή σύμβουλο ή/και με μια γυναίκα θεραπεύτρια ή σύμβουλο έπειτα από το τραυματικό βίωμα καλούνται να συμμετάσχουν σε αυτή τη μελέτη.

Δεν είναι υποχρεωτικό οι συμμετέχουσες να βρίσκονται επί του παρόντος σε ψυχοθεραπεία, αν και εφόσον βρίσκονταν σε θεραπεία τουλάχιστον πριν από έξι μήνες. Οι συμμετέχουσες πρέπει να βρίσκονται σε καλή ψυχολογική κατάσταση και η τραυματική εμπειρία να αποτελεί παρελθοντικό γεγονός που συνέβη πριν από τουλάχιστον ένα χρόνο.

Με την εθελοντική σας συμμετοχή σε αυτή τη μελέτη, θα συμβάλετε στη διερεύνηση των ψυχοθεραπευτικών πρακτικών στην Ελλάδα. Επιπλέον, θα προσκομίσετε την εμπειρία συμμετοχής σε μια ψυχολογική έρευνα μεταπτυχιακού επιπέδου καθώς και την εμπειρία μιας συνέντευξης.

Αν ενδιαφέρεστε να συμμετάσχετε σε αυτή την έρευνα αλλά και για περισσότερες πληροφορίες, παρακαλώ επικοινωνήστε μαζί μου. Εάν γνωρίζετε ένα άτομο που πληρεί τα παραπάνω κριτήρια, παρακαλώ κοινοποιήστε αυτή την ανάρτηση.

Σας ευχαριστώ θερμά

As part of my master's thesis, I invite you to participate in my research which explores the experience of psychotherapy of women in Greece. The present study addresses women who have experienced sexual trauma.

Participation criteria are the following:

Women aged 20-35, currently living in Greece, academically or professionally involved in the field of psychology/mental health and who have been in psychotherapy with a male therapist or counselor and/or with a female therapist or counselor after the traumatic event are invited to participate in this study.

It is not mandatory for participants to be currently in psychotherapy, as long as they were in therapy at least six months ago. The participants have to be in a good psychological condition and the traumatic event must be a past event that occurred at least one year ago.

With your voluntary participation in this study, you will contribute to the investigation of psychotherapeutic practices in Greece. In addition, you will gain the experience of participating in graduate-level psychological research as well as experience of an interview.

If you are interested in participating in this research or would like more information, please contact me. If you know someone who meets the above criteria, please share this post.

Thank you!

## Appendix C

### Έντυπο Συναίνεσης (Ελληνικά)

Η παρούσα έρευνα διενεργείται από την Αικατερίνα Δασκαλέα στα πλαίσια της μεταπτυχιακής της διατριβής για το μεταπτυχιακό πρόγραμμα της Συμβουλευτικής Ψυχολογίας και Ψυχοθεραπείας του Αμερικανικού Κολλεγίου Ελλάδος. Την παρούσα έρευνα εποπτεύει η Δρ. Χρυσούλα Καρακίτσου και η έρευνα έχει εγκριθεί από την επιτροπή Δεοντολογίας (Institutional Review Board).

**Ως συμμετέχουσα σε αυτή την έρευνα, θα σας ζητηθεί να απαντήσετε σε μια συνέντευξη που θα μαγνητοφωνηθεί και αναμένεται να διαρκέσει από 40 λεπτά έως και 1ώρα.** Οι ερωτήσεις θα είναι ανοιχτού τύπου δίνοντας σας τη δυνατότητα να μοιραστείτε τις σκέψεις σας και τις προσωπικές σας εμπειρίες σχετικά με το πως βιώνετε τη θεραπευτική διαδικασία. Δε θα σας ζητηθεί να αποκαλύψετε το όνομα του θεραπευτή/της θεραπεύτρια σας ή να δώσετε κάποια πληροφορία για εσάς, εάν δε το επιθυμείτε. Πριν ξεκινήσει η μαγνητοφώνηση της συνέντευξης, **θα σας ζητηθεί να διαλέξετε ένα ψευδώνυμο το οποίο και θα χρησιμοποιώ για να σας απευθύνομαι καθ' όλη τη διάρκεια της συνέντευξης.** Έχετε το δικαίωμα να αρνηθείτε να απαντήσετε ή να συζητήσετε περαιτέρω θέματα χωρίς καμία απολύτως συνέπεια.

Με τη συμμετοχή σας σε αυτή την έρευνα συμβάλετε στη διερεύνηση της ψυχοθεραπείας στην Ελλάδα, που αναμένεται να είναι επωφελής για τον τομέα της ψυχολογίας. Επιπλέον, θα έχετε την εμπειρία συμμετοχής σε μια ψυχολογική μελέτη μεταπτυχιακού επιπέδου καθώς και την εμπειρία της συμμετοχής σε μια συνέντευξη.

**Η ταυτότητά σας ως συμμετέχουσα θα παραμείνει εμπιστευτική. Το όνομά σας δεν θα συμπεριληφθεί σε κανένα έντυπο, ερωτηματολόγιο κ.λπ., και όποιο προσωπικό δεδομένο προκύψει κατά τη διάρκεια της συνέντευξης, συμπεριλαμβανομένων των ονομάτων των θεραπειών σας, θα απαλειφθεί κατά την απομαγνητοφώνηση,** ενώ στην παρουσίαση των δεδομένων θα αναφερθείτε με το ψευδώνυμο που έχετε επιλέξει. Αυτό το έντυπο συγκατάθεσης είναι το μόνο έγγραφο που σας προσδιορίζει ως συμμετέχουσα σε αυτήν τη μελέτη, το οποίο θα αποθηκευτεί με ασφάλεια, ξεχωριστά από την απομαγνητοφωνημένη συνέντευξη και θα είναι διαθέσιμο μόνο σε εμένα ως ερευνήτρια.

**Εάν το επιθυμείτε, μπορείτε να ζητήσετε να δείτε ένα αντίγραφο της απομαγνητοφωνημένης συνέντευξης** για να βεβαιωθείτε ότι διασφαλίζεται η εμπιστευτικότητα τόσο της δικής σας ταυτότητας όσο και των θεραπειών σας. Επιπλέον, έχετε τη δυνατότητα να ζητήσετε να αφαιρεθεί εκ των υστέρων οποιαδήποτε πληροφορία δεν επιθυμείτε να καταγραφεί στη συνέντευξη. **Τα δεδομένα που συλλέγονται θα καταστραφούν όταν διεκπεραιωθεί η έρευνα, ενώ τα αποτελέσματα θα παρουσιαστούν συγκεντρωτικά.**



Τέλος, εάν ενδιαφέρεστε να πληροφορηθείτε τα αποτελέσματα ή έχετε περισσότερες ερωτήσεις σχετικά με την έρευνα, μπορείτε να επικοινωνήσετε με την κύρια ερευνήτρια, Δασκαλέα Αικατερίνα (@a.daskalea@acg.edu), ή την επόπτρια, Δρ. Χρυσούλα Καρακίτσου (ckarakitsou@acg.edu).

**Η συμμετοχή σας σε αυτή την έρευνα είναι εθελοντική.** Η άρνηση συμμετοχής ή η διακοπή της συμμετοχής δεν ενέχει καμία συνέπεια ή απώλεια παροχών που δικαιούστε.

**Έχετε διαβάσει πλήρως το παραπάνω κείμενο και είχατε την ευκαιρία να κάνετε ερωτήσεις σχετικά με τους σκοπούς και τις διαδικασίες αυτής της μελέτης. Η υπογραφή σας επιβεβαιώνει τη λήψη αντιγράφου του εντύπου συγκατάθεσης καθώς και την προθυμία σας να συμμετάσχετε.**

**Ονοματεπώνυμο Συμμετέχουσας**

---

**Υπογραφή Συμμετέχουσας**

---

**Ημερομηνία**

---

**Υπογραφή Ερευνήτριας**

---

**Ημερομηνία**

---

## Appendix C

### Informed Consent Form (English)

The present study is conducted by Aikaterina Daskalea as part of her Master's Thesis for the completion of the postgraduate program of Counseling Psychology and Psychotherapy at the American College of Greece. The present research is supervised by Dr. Chrysoula Karakitsou and the research has been approved by the Institutional Review Board (IRB).

**As a participant in this study, you will be asked to respond to an interview that will be recorded and is expected to last from 40 minutes to 1 hour.** The questions will be open-ended, giving you the opportunity to share your thoughts and personal experiences regarding the experience of the therapy process. You will not be asked to reveal the name of your therapist or give any information about you if you do not wish to do so. Before the recording of the interview begins, you will be asked to choose a nickname which I will use to address you throughout the interview. You have the right to refuse to answer or discuss further matters without any consequence.

By participating in this study, you contribute to the investigation of psychotherapy in Greece, which is expected to be beneficial for the field of psychology. Moreover, will have the experience of participating to a psychological study of a graduate level as well as the experience of being interviewed.

**Your identity as a participant will remain confidential. Your name will not be included in any form, questionnaire, etc., and any personal data that arises during the interview, including your therapists' identifying information, will be deleted during the recording, while in the presentation of the data you will be referred to with the pseudonym you have chosen.** This consent form is the only document that identifies you as a participant in this study, which will be stored securely, apart from the recorded interview, and will only be available to me as the researcher.

**If you wish, you can request to see a copy of the transcript** to ensure that confidentiality of your identity and your therapist's identity is secured. In addition, you can request that information you do not wish to be included in the transcribed interview is removed. **Data collected will be destroyed when the research is conducted, and results will be presented in a consolidated manner.**

If you are interested in being informed of the results or have more questions about the research, you may contact the main researcher, Aikaterina Daskalea ([a.daskalea@acg.edu](mailto:a.daskalea@acg.edu)), or the supervisor of this project, Dr. Chrysoula Karakitsou ([ckarakitsou@acg.edu](mailto:ckarakitsou@acg.edu)).

**Your participation in this survey is voluntary.** Refusal to participate or termination of participation does not involve any consequences or loss of benefits to which you are entitled.

**You have read the full text above and had the opportunity to ask questions about the aims and procedures of this study. Your signature confirms receipt of a copy of the consent form as well as your willingness to participate.**

**Name of Participant**

---

**Signature of Participant**

**Date**

---

---

**Signature of Researcher**

**Date**

---

---

**Appendix D****Έντυπο Συγκατάθεσης Μαγνητοσκόπησης (Ελληνικά)**

Συμφωνώ οικειοθελώς να μαγνητοσκοπηθεί η συνέντευξή μου κατά τη διάρκεια της μελέτης που διεξάγει η Αικατερίνα Δασκαλέα. Κατανοώ ότι οι απομαγνητοφωνημένες συνεντεύξεις θα χρησιμοποιηθούν μόνο για ερευνητικούς σκοπούς και θα είναι μόνο στη διάθεση της ερευνήτριας. Επιπλέον, αναγνωρίζω ότι οι απομαγνητοφωνημένες συνεντεύξεις θα διατηρηθούν μέχρι το τέλος αυτού του ερευνητικού έργου που αναμένεται τον Οκτώβριο του 2022.

**Υπογραφή Συμμετέχουσας**

---

**Ημερομηνία**

---

**Υπογραφή Ερευνήτριας**

---

**Ημερομηνία**

---

**Άρνηση καταγραφής**

Δεν συμφωνώ να μαγνητοσκοπηθεί η συνέντευξή μου κατά τη διάρκεια αυτής της μελέτης που διεξάγει η Αικατερίνα Δασκαλέα. Καταλαβαίνω ότι δεν θα λάβω αποζημίωση από μια τέτοια άρνηση. Με την άρνησή μου να μαγνητοσκοπηθεί η συνέντευξή μου, καταλαβαίνω ότι ενδέχεται να μην συνεχίσω να συμμετέχω στη μελέτη.

**Υπογραφή Συμμετέχουσας**

---

**Ημερομηνία**

---

**Audio Release Form (English)**

I voluntarily agree to have my interview recorded during the study conducted by Aikaterina Daskalea. I understand that the transcribed interviews will only be used for research purposes and will only be at the disposal of the researcher. In addition, I acknowledge that the transcribed interviews will be preserved until the end of this research project which is expected to be in October 2022.

**Signature of Participant**

---

**Date**

---

**Signature of Researcher**

---

**Date**

---

**Refusal of consent**

I do not agree to have my interview recorded during this study conducted by Aikaterina Daskalea. I understand that I will not receive compensation from such a refusal. By refusing to have my interview recorded, I understand that I may not continue to participate in the study.

**Signature of Participant**

---

**Date**

---

## Appendix E

### Απολογισμός Έρευνας (Ελληνικά)

Σας ευχαριστούμε πολύ που συμμετείχατε στην παρούσα έρευνα. Η παρούσα έρευνα αποσκοπεί στη διερεύνηση της εμπειρίας της έμφυλης ψυχοθεραπείας σε γυναίκες που έχουν υποστεί σεξουαλικό τραύμα. Ο κεντρικός στόχος αυτής της έρευνας είναι να διασαφηνίσει το νόημα αυτής της εμπειρίας για μια γυναίκα που ζει στην Ελλάδα, εξερευνώντας πως το φύλο του θεραπευτή διαμορφώνει τη θεραπευτική διαδικασία αναφορικά με το τραυματικό βίωμα.

Τα ευρήματα αυτής της έρευνας αναμένεται να ωφελήσουν τη βιβλιογραφία σχετικά με την έμφυλη ψυχοθεραπεία, προβάλλοντας την εμπειρία γυναικών στην Ελλάδα και εμπλουτίζοντας την τρέχουσα γνώση για την ψυχοθεραπεία που εμπριέχει ευαισθητοποιημένες πρακτικές ως προς το φύλο.

Σε περίπτωση που αντιμετωπίσετε κάποια αρνητική επίδραση έπειτα από τη συμμετοχή σας σε αυτή την έρευνα, μπορείτε να επικοινωνήσετε με το Ψ-Δίκτυο.

<http://psy-diktyo.gr/>

Εάν επιθυμείτε περισσότερες πληροφορίες σχετικά με αυτήν τη μελέτη ή ένα αντίγραφο των αποτελεσμάτων της μελέτης αφότου ολοκληρωθεί, μπορείτε να επικοινωνήσετε με την ερευνήτρια Αικατερίνα Δασκαλέα ([a.daskalea@acg.edu](mailto:a.daskalea@acg.edu)).

Ευχαριστούμε θερμά για τη συμμετοχή σας σε αυτή την έρευνα!

### Debriefing Statement (English)

Thank you very much for participating in this study. The present study aims to investigate the experience of gendered psychotherapy in women who have suffered sexual trauma. The main objective of this study is to clarify the meaning of this experience for a woman living in Greece, by exploring how the therapist's gender shapes the therapy process in relation to the traumatic experience.

The findings of this research are expected to benefit literature on gendered psychotherapy, highlighting the experience of women in Greece and enriching the current knowledge of psychotherapy that includes gender-sensitive practices.

In case you experience any negative impact upon your participation in this study, you can contact Psy-Diktyo.

<http://psy-diktyo.gr/>

If you would like more information about this study or a copy of the study's results after it is completed, you may contact the researcher ([a.daskalea@acg.edu](mailto:a.daskalea@acg.edu)).

Thank you again for your participation in this study!