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## Gender Sensitive Supervision: Exploring Feminist Perspectives for Male and Female Supervisors

Tony D. Crespi

**ABSTRACT.** Feminist approaches to counseling and therapy have received increasing attention during the past decade. Curiously, though, despite the large number of women receiving clinical supervision from men as well as women, there remains a dearth of literature addressing the general importance of a gender sensitive perspective for both male and female clinical supervisors. Clinical supervisors now need to consider gender both within the therapeutic relationship as well as in the supervisory relationship. This paper examines the implications of gender for clinical supervisors with particular attention to feminist theory. [Article copies available from The Haworth Document Delivery Service: 1-800-342-9678.]

Gender stereotypes have a profound impact on interpersonal interactions (Kaplan, 1979). Generally, gender shapes our self-image, experience, and gender impacts communications between people. Cook (1990) noted, "In our sex-differentiated society, gender shapes our personal characteristics and views of ourselves, the experiences open to us on a daily basis; and the nature of our interactions with others" (p. 374). Speaking to the importance of communication differences between the sexes. Gilligan (1982), noted, "My research suggests that men and women may speak different languages that they assume are the same, using similar words to encode disparate experiences of self and social relationships" (p. 173).

Tony D. Crespi, EdD, is an Adjunct Faculty Member, Department of Psychology, The University of Hartford, 200 Bloomfield Avenue, West Hartford, CT 06117.

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A persuasive argument can be made, then, that men and women differ on a broad spectrum. In fact, while a similar statement might be constructed for a masculine perspective, recent writing on feminist thinking has noted that feminism is a perspective (a way of seeing), an epistemology (a way of knowing), and an ontology (a way of being in the world) (Stanley, 1990).

In the clinical arena, gender has profound implications for counselors and therapists. Highlen and Russell (1980) have noted, for instance, that female college students prefer feminine or androgynous counselors rather than masculine counselors. Relative to supervision, Nelson and Holloway (1990) observed that male and female clinical supervisors demonstrated specific gender-based differences with male and female trainees, reinforcing the notion that gender is indeed an important factor in supervision.

Curiously, though, despite acknowledgement of important gender differences which may impact clinical supervision, and despite specific evidence of a feminist construction of reality (Hartman & Brieger, 1992; Nelson & Holloway, 1990; Munson, 1987; Worthington & Stern, 1985), the literature on counselor supervision generally remains somewhat sparse on the critical dimensions of a feminist perspective for male supervisors. Most curiously, this absence exists in spite of the fact that feminist therapy itself need not preclude male therapists (Gilbert, 1980).

In the most general sense, the idea that gender may be important to clinical supervisors is certainly not without support. Nelson and Holloway (1990) note, for instance, "gender may be an important influence on supervisor and trainee interactional patterns" (p. 474). Hartman and Brieger (1992) note "Cross-gender supervision provides a unique opportunity to address issues of sexuality and relationships with members of the opposite sex" (p. 72). Given the fact that sex role orientation has been shown to be an important aspect to counseling (Fong & Borders, 1985), there would seem to exist support for the notion that both male and female clinical supervisors would benefit from attention to this area. Yet, unfortunately, just as Sharpe and Heppner (1991) note that gender-role has generally been neglected in psychology in general and counseling psychology in particular, so the same can be said about clinical supervision.

The contention of this article is that both male and female clinical

supervisors, including psychologists, psychiatrists, social workers, marriage and family therapists; and counselors, should consider the contributions of gender sensitive perspective for clinical supervision. Specifically, gender issues can have implications relative to supervision across and between sexes, impact counselor-client relationships, and globally gender conceptualizations can impact both the practice of supervision and the practice of counseling and therapy. Drawing, especially, on a feminist perspective, this paper examines the implications of a gender-sensitive supervisory model for both man and women, showing how a gender sensitive lens can enhance supervision and clinical practice for both clinicians and clinical supervisors.

### **GENDER AWARE THERAPY: FEMINIST PSYCHOLOGY**

Both within and outside the clinical arena, the past two decades have witnessed a notable increase in the literature supporting a feminist construction of reality (Belenky, Clinchy, Goldberger, & Tarrule, 1986; Gilligan, 1982). These writings suggest that men and women possess different constructions of reality. Deaux and Major (1987) observed that gender differences are actually stable and evident in different situations. Goldberger (1985) noted that women and men differ in their way of knowing, as well as in the concept of developmental stages.

Chodorow (1974) notes, "In psychoanalytic terms, women are less individuated than men; they have more flexible ego boundaries. Moreover, issues of dependency are handled and experienced differently by men and women" (p. 44).

Fundamentally, then, differences between the sexes can be complex. Cook (1990) has identified different characteristics labelled as masculine and feminine. Feminine characteristics include emotionality, sensitivity, nurturance, and interdependence while masculine characteristics include assertion, independence, dominance, and goal directedness. Still, despite the identification of differing characteristics how and in what way such characteristics vary between and among men and women can be exceedingly complex.

Good, Gilbert, and Scher (1990) note that "The women's move-

ment made it apparent that women in our society had not had the full range of options open to them" (p. 376). Certainly, a similar statement could also be made about men. Nonetheless, it has become clear that the women's movement made clinicians, and society in general, more aware of differences and inequalities between the sexes. Relative to therapy, it became clear that clinicians needed to be aware of gender issues both in the training of practitioners as well as in the treatment of clients.

Despite the acknowledgement of obvious differences between men and women, though, the paucity of literature linking such issues to counseling and therapy and clinical supervision remains somewhat surprising. Still, several investigators have noted a linkage between gender differences and counseling. Nelson (1993), observed that, "A social psychological perspective on the investigation of gender differences implies that the counseling dyad is embedded within a social context that directly affects gender-related behavior. Better understanding of gender-related behavior will result when the contexts within which counseling occurs and participant reactions to those contexts are factored into the inquiry" (p. 208).

In other words, just as gender differences occur between men and women in the larger context of relationships occurring outside counseling or therapy, so too, the counseling relationship occurs within that same framework. Schiavone and Jessell (1988), observed that "counselor trainee and supervisor gender may affect trainees' perceptions of their supervisors' professional qualities" (p. 31).

Scher and Good (1990) note, "we must understand the contribution of gender roles to counseling, as well as the influence of gender roles on counseling" (p. 388). Fundamentally, then, gender roles affect life in a very broad sense. Due to socialization, for instance, Maracek and Johnson (1980) have noted that women tend to be more affectively oriented than men. More generally, women are socialized to react in ways described as emotional and nurturant and to achieve success through affiliation, whereas men are inclined to react in assertive, powerful, and independent ways (Gilbert, 1987).

Equally important, men and women are not equally distributed in social roles (Sagrestano, 1992). This social maldistribution, though, only tells part of the story. Bohan (1993) has observed that "girls

and women necessarily have different experiences than do boys and men and that these differential experiences generate distinctive modes of thinking, judging, relating and so forth" (p. 5).

Without doubt, too; feminist identity development is an important ingredient to understanding. Understanding sex roles, the sexual division of labor, and female socialization are only a sampling of areas in which gender and feminist identity are important to understand. As Pollard (1993) noted, "Women's studies developed with some of the same goals as ethnic studies to provide access to knowledge that had been deemed unimportant or useless by those in power, to allow for alternative explanations of reality, and to offer information that students might find particularly interesting and useful in relation to their own experiences" (p. 102).

Speaking to feminist therapy generally, Dambrot and Reep (1993) note that "The long range goal of feminist therapy is the elimination of patriarchal control of society to ensure a better, healthier environment for both women and men" (p. 14).

Thus for these reasons, and perhaps others, feminist psychology, and feminist therapy in particular, has provided an increasingly important perspective for clinicians. With this orientation, the world by which men and women construct meaning has taken on a broader base of understanding, and the lens of gender has clarified our understanding of why men and women behave in specific ways. The explicit incorporation of gender into therapy means that clinicians can be more specifically aware and helpful with clients. Clearly, gender and gender roles cannot be ignored. It thus seems incumbent on clinicians to move toward enhancing our understanding. With this lens in hand, let us consider the implications for supervision.

### CROSS-GENDER SUPERVISION

Consistently absent in the literature, the paucity of material on cross-gender supervision has not been without comment (Hartman & Brieger, 1992). Bernstein (1993) noted that male supervisors and female supervisees may actually be speaking different languages. Of note, this is consistent with Gilligan (1982) who (also) noted that "men and women may speak different languages that they assume are the same" (p. 173). Worthington and Stern (1985) observed that

male rather than female supervisees perceived better relationships with supervisors. Also, male rather than female supervisors perceived better relationships with supervisees.

This perceived difference in relationship with supervisors and supervisees helps to amplify one important rationale for attempting to better understand why supervisors need to be aware of gender issues. The perceived quality of relationship between supervisor and supervisee, though, is only one illustration of a dynamic which is not balanced between the sexes.

Twohey and Volker (1993) note that, "Training programs that provide primarily male supervisors may inadvertently promote stereotypical male styles of intervention while omitting female styles. Women with only male supervisors risk having their communication and relational styles devalued, despite the fact that the most widely used counseling skill clusters include traditionally female skills (e.g., emotional expression, acknowledgment, acceptance)" (pp. 189-190).

#### *What Are the Implications?*

DeVoe (1990) notes that, "Men may need to pay particular attention to certain issues when counseling with women" (p. 33). Certainly, women may also need to be aware of particular issues. Clearly, the evidence suggests that gender can impact our choice of interventions and strategies (Sagrestano, 1992). Moreover, it has been documented that gender-role orientation can impact preferences for counselors (Nelson, 1993).

Thus, there have been a number of interesting studies which have illustrated important ways that gender can influence therapy in particular, and clinical supervision more generally. Clearly, counseling is an interactional process which occurs within the context of gender. Of no surprise, supervision is also relational and occurs within a gender based context. Nelson and Holloway (1990) noted that "power differences related to gender might be expected to occur within the supervisory relationship" (p. 473).

In terms of context, therefore, gender issues must simultaneously be considered relative to the supervisor-supervisee relationship as well as in the context of counselor-client. From this view, both counselor-client interactions as well as supervisor-supervisee rela-

tionships, particularly impacting communication and intervention choices, should be weighed and discussed in supervision.

Stoltenberg and Delworth (1987), in a critical exploration of a developmental model for supervision of counselors and therapists suggest that a reasonable match between individual characteristics of the trainee and the supervisory environment can facilitate development in the trainee. Given that Zanna and Pack (1975) noted that women are more inclined to relate in stereotypical ways when interacting with a conservative male, the importance of matching and attending to gender, as a critical individual and environmental dimension, should not be overlooked.

On the matter of male supervisors and male therapists, Gilbert (1980) noted the importance of male therapists understanding women's issues. More recently DeVoe (1990) noted that male clinicians can become more effective by using feminist therapy, and by understanding feminist issues.

Rationally, then, the consideration of gender differences can be important when viewed both within the counseling as well as the supervisory relationship. The fact that male supervisees feel closer to supervisors than female supervisees, the fact that same-sex supervisor-supervisee relationships are reported as closer (Worthington & Stern, 1985), the fact that counselor-client sex influences interventions (Heatherington & Allen, 1984), and the fact that men and women simply communicate in different ways and listen in different ways (Borisoff & Merrill, 1985), illustrate important elements which should be weighed, considered, and explored in clinical supervision.

Ellis and Robbins (1993) suggest that supervisors become aware of and address personal biases which may affect supervision. Partially, this can be attributed to the fact that counselors are no more immune to gender biases than anyone else (Mintz & O'Neil, 1990). Relative to supervision, Brodsky (1980) noted that gender biases do influence supervision.

Taken globally, then, gender has been noted as important to the supervisor-supervisee relationship (Bernstein, 1993; Nelson & Holloway, 1990; Worthington & Stern, 1985; Brodsky, 1980), as well as the counselor-client relationship (DeVoe, 1990; Highlen & Russell, 1990; Fong & Borders, 1985). Given the fact that men and

women communicate differently (Gilligan, 1982; Borisoff & Merrill, 1985), evidence would suggest that all supervisors would benefit from a consideration of such issues.

Clinical supervisors, whether male or female; should be attentive and aware of gender stereotypes both in counselees and trainees. Certainly, too, because clinicians and supervisors also possess biases and belief, which mirror that of society, it is important to consider one's own personal gender beliefs. The effective supervisor needs to be aware of gender and the effective supervisor needs to be aware of the important ways gender can influence treatment interventions, counselor-client relationships, and supervisor-supervisee relationships.

### DISCUSSION AND CONCLUSIONS

In our society—a society marked by a sex-differentiated perspective—gender is a critical component. Fundamentally, Mintz and O'Neil (1990) have noted that gender roles have a profound impact on people. Moreover, Scher and Good (1990) have observed that gender can have a powerful effect on counseling. Equally important, counselors and clinicians, like clients, are subject to gender role socialization (Mintz & O'Neil, 1990). Fortunately, the development and stimulation of feminist theory has created a sensitivity to gender issues among clinicians and clinical supervisors.

Because the effects of gender permeate society, it would be myopic not to give thoughtful consideration to the effects of gender for clinical supervision. Critical to this discussion it can be said that gender-role orientation can impact preferences for counselors (Nelson, 1993). Specifically, Mogul (1982) and Kaplan (1979) noted that under certain situations female clients can benefit from female therapists more than they may benefit from a male therapist. Sargrestano (1992) noted that gender can impact our choice of interventions and strategies.

Of course, this data must be tempered with the understanding that clients also put aside gender in order to choose the most effective counselor, when actually given information about counselor skill and expertise (DeHeer, Wampold, & Freund, 1992).

Putting it together, gender not only affects the counselor-client

relationship: gender affects the clinical supervisory relationship as well. It has been noted, for instance, that male supervisees feel closer to supervisors than female supervisees and that same-sex supervisors-supervisee relationships are reported as closer (Worthington & Stern, 1985).

The impact of these and other gender-based findings for clinical supervisors and supervisees is, of course, profound. Curiously though, despite the importance of gender, feminist therapy is not generally a part of clinical education and training (Dambrot & Reep, 1993). In fact, despite the fact that men supervise a large number of female clinicians, the literature involving gender sensitive supervision with appropriate notations for male supervisors is exceedingly sparse. Mintz and O'Neil (1990) noted that "More study is clearly needed on therapist gender role variables, such as gender role attitudes and gender role conflict" (p. 384).

In summary, it can be argued that clinical supervisors of both sexes could benefit from attention to gender issues affecting counseling and therapy as well as clinical supervision. Given that clinical supervision is itself conducted within a relational context, it would seem myopic not to pay attention to the influence of gender on the supervisory relationship. At the same time, given the available research involving the effects of gender on supervision specifically, supervisors should utilize and interpret available findings with a note of caution. Notwithstanding these limitations though, to ignore the information which is available could do a disservice to both clients and trainees. Certainly, *that* would be the greatest disservice—to the client, the trainee, and the profession.

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