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**Gender and conversational behaviour
in family therapy and live supervision.**

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ABSTRACT

The association between supervisors' and therapists' gender and the conversational behaviour of 4 supervisors, 19 trainee family therapists and 20 clients before, during and after 88 live supervisory phone-in events were examined in this study. Clients' co-operation was not directly related to the genders of therapists and supervisors. The quality of supervisors' collaborative behaviour was highest for events in systems where male supervisors were supervising male therapists and lowest for events in systems where male supervisors were supervising female therapists. In systems containing female supervisors and male therapists, therapists engaged in frequent collaborative behaviour and less frequent teaching behaviour with their clients. The quality of therapists' collaborative and supportive behaviour was highest in these systems. The unexpected results of this study suggest the way supervisors interact with therapists and therapists interact with clients does not conform to gender stereotypic conversational behaviour in which males are directive and females affiliative. It may be that individuals whose conversational behaviour does not conform to gender stereotypes decide to become family therapists or that family therapy training helps people develop alternatives to gender-stereotypical conversational behaviour.

INTRODUCTION

A meta-analysis of gender differences in communication styles confirmed stereotypic expectations, that males tend to be more directive and dominant, while females tend to be more supportive and affiliative (Pruett, 1989). These patterns are particularly marked within mixed gender groups (Vanfossen, 1996) where males initiate more conversations and topic changes, interrupt more frequently and talk for longer. In contrast, females are interrupted more frequently and speak for shorter periods than men. However, within same gender groups, females show greater conversational collaboration and males are more conversationally competitive.

On the basis of these findings it would be expected that these gender related conversational behaviours would typify interactions between supervisors and therapists undergoing training in family therapy and between these therapists and their clients. Specifically it would be expected that within exclusively male supervisor-therapist systems more directive teaching-oriented behaviour would be shown by both supervisors and therapists. However, within exclusively female supervisor-therapist systems more supportive and collaborative conversations would be shown by both supervisors and therapists. In mixed gender systems, it would be expected that male supervisors would be extremely directive, while female supervisors would be extremely supportive or collaborative. It would also be expected that exclusively female systems, characterized by high levels of collaboration between supervisors and therapists, and between therapists and clients would be associated with client co-operation rather than resistance (Moorehouse & Carr, 2001).

Few studies of the association between supervisors' and therapists' gender and family therapy process have been conducted. Contrary to the expectations outlined above, McHale and Carr (1997) found that female supervisors were more directive than males. However, Shields and McDaniel (1992) found that male therapists spoke more than female therapists during therapy sessions and offered more explanations, but that male and female therapists did not differ in the level of supportive behaviour they showed towards clients.

The present study aimed to test the hypotheses outlined above and to answer the following three part question: Is there a relationship between supervisor and therapist gender and

- 1) The behaviour of supervisors towards therapists,
- 2) The behaviour of therapists towards clients and
- 3) Client resistance or co-operation?

METHOD

Brief details of procedures, participants, instruments, coding and reliability analyses are presented below. A fuller description is given in the first paper of this series (Moorhouse & Carr, 1999).

Procedure

The study was conducted in a suite of rooms, which permitted trainee therapists to receive live supervision from behind a one-way screen while conducting therapy. Supervisors, trainee therapists, and clients all gave written informed consent to participate in the research project. However, they were unaware of the specific questions addressed by the project.

A series of complete therapy sessions was videotaped and the phone-in events within these sessions were audiotaped. The unit of investigation was a phone-in supervisor-therapist conversation along with 3 minutes of client-therapist interaction that preceded and followed the phone-in event. Phone-ins were excluded from the study if any portion of the phone-in was inaudible; when the 3 minute of speech within the therapy session preceding or following the phone-in was too indistinct to be deciphered; and when another phone-in intruded before 3 minutes had elapsed. Two-thirds of phone-in events met the inclusion criteria for the study, yielding 88 codeable phone-in events. The mean number of phone-ins per session was five ($SD = 1.3$); the mean duration of phone-ins was 37 seconds ($SD = 17$); and the mean number of suggestions per phone-in was 2.5 ($SD = 1.5$).

Participants

Participants included a group of 19 trainee therapists, 4 registered supervisors and 20 clients. All participants were drawn from the Professional Training Program (PTP) in systemic family therapy at the Clanwilliam Institute. The six male and thirteen female therapists were in their second or third year of training and had a mean age of 41.6 with a range of 27 to 57 years. There were two male and two female supervisors with a mean age of 48.5 and a range from 46 to 53 years. Two supervisors identified their predominant theoretical orientation as situated within the Milan systemic tradition and two identified their orientation as systemic-constructivist drawing on elements of the Milan systemic tradition and constructivism (Carr, 2000). Of the 20 client groups, 3 (15%) were families containing members of at least two generations; 6 (20%) were couples, 7 (35%) were individual females and 4 (20%) were individual males. Their problems included relationship difficulties, parenting problems, mood problems, conduct problems, alcohol problems and adjustment to life transitions and stresses.

Instruments

A wall-mounted video camera, desk microphone, video recorder, and audio tape recorder were used. The Modified Therapy Process Coding System was used to rate supervisor, therapist, and client behavior and ratings were recorded onto the phone-in rating form.

Modified Therapy Process Coding System. This instrument included codes for supportive, teaching, and collaborative behaviors on the parts of both supervisors and therapists (Moorhouse & Carr, 1999). These three categories of behavior were coded for supervisors with respect to therapists during phone-in events. They were also coded for therapists with respect to clients following phone-in conversations. Client behavior was classified as either cooperation or resistance. Eight categories of behavior were classified as resistance, viz., challenge/disagree; hopeless/blaming; defend self or others; own agenda/side-track; answer for someone else; no answer/no response; disqualify previous statement, and verbal attacks on other family members.

Phone-in rating form. This instrument was used to summarize all data obtained for each phone-in event. This form allowed the following data to be summarized on a single sheet: supervisor, therapist, and client demographic characteristics; ratings of the presence and quality of supervisor and therapist supportive, teaching, and collaborative behaviors; ratings of the presence of client cooperation or resistance;

and characteristics of the phone-in including the number of phone-ins during the session in which they occurred, the duration of the phone-in, and the number of suggestions given.

Coding

The presence and quality of supervisor and therapist behaviors on the video and audiotapes of each phone-in event were coded by using the Modified Therapy Process Code and recorded onto the phone-in rating form. In coding the presence of a particular supervisor or therapist behavior (support, teach, collaborate), a score of 1 = present and 0 = absent. Supervisors' scores were coded from audiotapes of phone-in conversations. Therapists' scores were coded from the videotape of the 3 min period following these phone-in conversations. The quality of a particular supervisor or therapist behavior (support, teach, and collaborate) was rated on a 5-point scale, with a score of five indicating higher quality than a score of one. Anchor-point descriptions were established for each level of quality.

For the videotapes of the 3 minutes before and after each phone-in, the presence of client cooperation or resistance was coded using the Modified Therapy Process Code. Events were then classified as cooperation events or resistance events. Cooperation events were those in which client cooperation was present before and after the phone-in or clients moved from resistance before the phone-in to cooperation following the phone-in. In resistance events, resistance was present before and after the phone-in or clients moved from cooperation before the phone-in to resistance following the phone-in. There were 43 cooperation events, 26 resistance events and 19 events that were unclassifiable because clients' behavior did not meet the coding criteria.

Interrater reliability

All of the variables (presence and quality of supervisor and therapist support, teach and collaborate behaviors, and client cooperate and resistant behaviors) were rated by the principal investigator from tapes of phone-in events and the 3 minutes of therapy that preceded and followed them. In addition, 10% of the tapes were coded by two other trained raters to assess the interrater reliability of the coding system. These raters were trained to a criterion of 90% accuracy for all codes. They then rated 10% (n = 9) of the 88 phone-in events used in this study. These raters coded all variables without conferring either with each other or the principal investigator. In this sense were independent raters. Total interobserver agreement rates of 70% or greater occurred for the presence or absence of all behavior codes. Because it was clear that there was an acceptable level of interrater agreement in rating events using a categorical scale (present / absent), it was appropriate to use Pearson's product moment correlation to assess the interrater reliability of quality judgements of the same events made on interval scales. A high level of interrater reliability (ranging from .7 to .9) as assessed by Pearson correlations was obtained for all ratings.

RESULTS

The 88 phone-in events were distributed across four types of supervisor-therapist systems in the following way. There were 11 events in systems containing a male supervisor and a male therapist. There were 13 events in systems containing a male supervisor and a female therapist. Twenty six of the events occurred in systems containing a female supervisor and a male therapist. A female supervisor and a female therapist

were present in systems in which 38 of these events occurred. In order to determine the effects of therapists' and supervisors' gender on the behaviour of therapists, supervisors and clients during these events, events within the four types of system were compared on variables assessing the presence and quality of supervisors' and therapists' behaviour and clients' co-operation. The statistical significance of differences arising from these comparisons was determined using chi square tests for categorical variables and two-way ANOVAs with post-hoc comparisons for continuous variables. In these two-way ANOVAs supervisors' gender and therapists' gender were the two independent variables.

Insert Table 1 and Figure 1 about here

From Table 1 it may be seen that events occurring in the four different types of supervisor and therapist dyads differed significantly on five variables: the presence of therapists' teaching behaviour, the presence of therapists' collaborative behaviour; the quality of supervisors' collaborative behaviour; the quality of therapists' supportive behaviour; and quality of therapists' collaborative behaviour. The status of the four different types of supervisor-therapist systems on these five variables is graphed in Figure 1.

The results show that the profiles of systems containing supervisors and therapists of the same gender were similar with one exception: systems containing male therapists and supervisors had a significantly higher quality of supervisor collaboration than the other three types of systems. These results also show that systems containing a male supervisor and a female therapist differed from the other three types of systems insofar as the quality of supervisors' collaborative behaviour was lower. Also the quality of therapist support was higher in these types of systems than that in the majority of the other types systems. A final finding was that systems containing a female supervisor and a male therapist differed from the other three types of systems insofar as therapists in these systems engaged in less teaching and more collaborative behaviour. Furthermore the quality of therapists' supportive and collaborative behaviour was higher in these types of systems than that in the majority of the other types of systems.

DISCUSSION

In response to the three part question addressed in this study the following conclusions may be drawn.

Gender and the behaviour of supervisors towards therapists. The quality of supervisors' collaborative behaviour was highest for events in systems where male supervisors were supervising male therapists and lowest for events in systems where male supervisors were supervising female therapists. The expectation for teaching behaviour to be most common in exclusively male supervisor-therapist systems was not borne out, nor was the expectation that in mixed gender systems, male supervisors would be extremely directive and show a high frequency of teaching behaviour. The expectation that supportive and collaborative behaviour would be very common in exclusively female supervisor-therapist systems was also

not borne out, nor was the expectation that in mixed gender systems, female supervisors would be extremely collaborative and supportive.

Gender and the behaviour of therapists towards clients. In systems containing female supervisors and male therapists, therapists engaged in frequent collaborative behaviour and less frequent teaching behaviour with their clients. The quality of therapists' collaborative and supportive behaviour was highest in these systems. These findings were quite unexpected.

Client resistance or co-operation. There was no relationship between the genders of supervisors and therapists on the one hand and clients' resistance or co-operation on the other. The expectation that exclusively female supervisor-therapist systems would be associated with the highest levels of client co-operation was not borne out. Supervisory phone-in events in all four types of system examined in this study were associated with similar levels of client co-operation, with co-operation occurring in about 65% of instances.

The unexpected results of this study suggest the way supervisors interact with therapists and therapists interact with clients does not conform to gender stereotypic conversational behaviour. In a previous study examining supervision discourse during mid-session intervals, it was also found that the discourse of family therapy supervisors and therapists in training did not conform to gender stereotypes. In that study, female supervisors were highly directive (McHale & Carr, 1997). It may be that individuals whose conversational styles do not conform to gender stereotypes decide to become family therapists or that their family therapy training alters their conversational style so that it does not conform to gender stereotypes. Both of these possibilities deserve exploration in future research.

The finding that therapists in systems containing female supervisors and male therapists behave in a more collaborative and supportive manner with their clients is particularly important, since the therapists in this study were being trained in a collaborative therapy style (Carr, 2000). Thus, it seems that the combination of a female supervisor and male therapist was the most effective gender combination for teaching this style of family therapy. However, there is the possibility, that because of the small number of therapists and supervisors involved in the study, that what we have detected are supervisor-specific or therapist-specific effects. It is therefore important that the present study be replicated and extended so that more therapists and supervisors are involved.

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<http://saber.towson.edu/~vanfoss/wmcomm.htm>

Table 1. Presence and quality of supervisors' and therapists' conversational behaviour in same- and opposite-gender systems

Domain	Variables		Systems			
			Male Supervisor & Male Therapist (N=11)	Male Supervisor & Female Therapist (N=13)	Female Supervisor & Male Therapist (N=26)	Female Supervisor & Female Therapist (N=38)
Presence of supervisor behaviour	Support	%	27%	15%	8%	24%
		F	3	2	2	9
	Teach	%	100%	100%	100%	100%
		F	11	13	26	38
	Collaborate	%	82%	39%	77%	68%
		F	9	5	20	26
Presence of therapist behaviour	Support	%	55%	54%	73%	40%
		F	6	7	19	15
	Teach	%	100% ^b	100% ^b	85% ^a	100% ^b
		F	11	13	22	38
	Collaborate	%	64% ^b	77% ^b	92% ^a	63% ^b
		F	7	10	24	24
Client behaviour	Co-operation	%	67%	71%	62%	59%
		F	6/9	5/7	13/21	19/32
Quality of supervisor behaviour	Support	M	0.7	0.4	0.0	0.9
		SD	1.4	0.9	0.3	1.7
	Teach	M	4.1	4.7	4.4	4.4
		SD	1.1	0.6	0.7	0.6
	Collaborate	M	2.6 ^a	0.7 ^b	1.8 ^c	1.6 ^c
		SD	1.8	1.0	1.2	1.5
Quality of therapist behaviour	Support	M	0.9 ^a	1.6 ^{ab}	2.1 ^b	1.1 ^a
		SD	1.0	1.7	1.5	1.6
	Teach	M	4.2	3.8	3.7	3.6
		SD	0.6	0.6	1.7	0.7
	Collaborate	M	1.9 ^a	2.0 ^a	3.5 ^b	1.8 ^a
		SD	1.9	1.5	1.4	1.6

Note: Values with differing superscripts differ from each other at $p < .05$.

For Presence of therapist Teach, chi square ($df=3, N=88$)=9.99, $p < .05$.

For Presence of therapist Collaborate, chi square ($df=3, N=88$)=7.49, $p < .05$.

For quality of supervisor collaborate, the Supervisor Gender X Therapist Gender effect was $F(1, 86)=5.98, p < .01$

For quality of therapist support, the Supervisor Gender X Therapist Gender effect was $F(1, 86)=5.77, p < .05$.

For quality of therapist collaborate, the Supervisor Gender X Therapist Gender effect was $F(1, 86)=6.00, p < .05$.

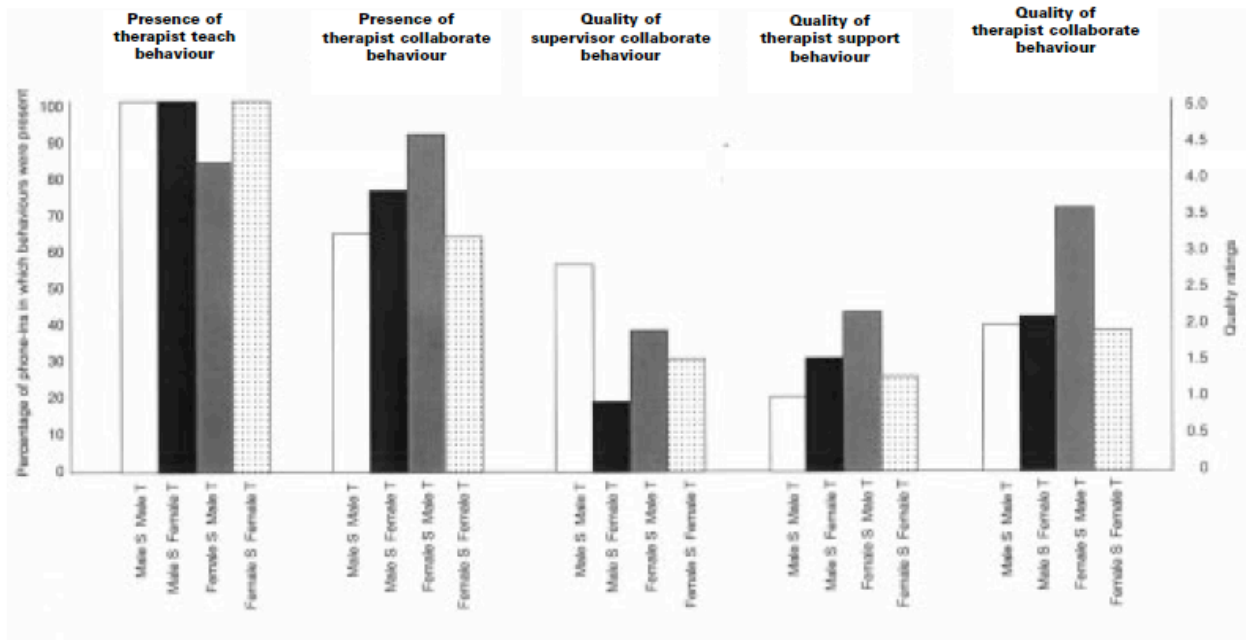


Figure 1. The presence and quality of therapists' and supervisors' conversational behaviour in same and opposite gender systems