Client Gender as a Process Variable in Marriage and Family Therapy: Are Women Clients Interrupted More Than Men Clients?

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Influenced by language and therapeutic discourse as well as the feminist critique of marriage and family therapy, the authors conducted research to evaluate conversational power in marriage and family therapy. Research on interruptions has received the most empirical attention, so the authors examined videotaped therapy sessions to see if women clients were interrupted more than men clients. This strategy integrated scholarship on gender and conversation into research on marriage and family therapy process. Multivariate analysis of variance was used to examine the different treatment of women and men clients; gender of therapist was used as a control variable. Results indicated that marriage and family doctoral students interrupted women clients three times more than men clients.

We conducted research to evaluate conversational power in marriage and family therapy. This research was influenced by two themes: language and therapeutic discourse as well as the feminist critique of marriage and family therapy. Empirical research has demonstrated that men and women use different conversational tactics in cross-gender interactions. Women, for example, frequently ask questions and follow-up on topics introduced by men; these tactics support conversation (Fishman, 1983). Men, on the other hand, are more likely to interrupt women and are more likely to successfully introduce a new topic of conversation; these are power tactics (Fishman, 1983). Research on interruptions has received the most empirical attention, so we examined videotaped therapy sessions to see if women clients were interrupted more than men clients. This strategy integrated scholarship on gender and conversation into research on marriage and family therapy process.

Relevant Literature

Conversation: The Currency of Therapy

From a social constructionist perspective, discourse defines social organization: The therapeutic system is a linguistic system that features the social construction of meaning between the client or clients and the therapist (Anderson & Goolishian, 1988). The therapist is principally responsible for the organization of therapeutic discourse, so she or he uses conversation to facilitate change (Anderson & Goolishian, 1988) or to maintain the status quo in a relationship (Avis, 1988; Davis, 1984; Goldner, 1988; Hare-Mustin, 1987, 1994).

Research on conversational strategies has

supported the premise that therapists fundamentally shape therapeutic process. Viaro and Leonard (1983) examined videotaped therapy sessions in order to identify therapeutic rules. They suggested that the therapeutic setting provides therapists with conversational prerogatives (i.e., direct conversation, interrupt client) and identified four clinical implications: (a) therapists govern the process and organization of therapy, (b) therapists' prerogatives influence the rights of family members, (c) therapists maintain the central role in therapy, and (d) therapists are the source for all therapeutic rules (Viaro & Leonard, 1983). The present study examined the use of interruptions, a conversational prerogative.

Gender, Conversation, and Power

A linguistic approach to studying therapy is enhanced by an understanding of gender (Hare-Mustin, 1994; Hoffman, 1990). Therapeutic conversation features both competition for influence by each family member as well as negotiation for power between men and women (Avis, 1988; Davis, 1984; Goldner, 1988; Hare-Mustin, 1987). Men and women use different conversational strategies and receive different treatment in cross-gender dialogue. Because therapy is conversation, these differences may influence therapeutic process. Women are more likely to be interrupted in conversation than men (Smith-Lovin & Brody, 1989; West & Zimmerman, 1983), so their efforts to participate in therapy may be disrupted.

An interruption is a power tactic, an overlap of speech that is disruptive or intrusive (West & Zimmerman, 1983; Zimmerman & West, 1975); it has been referred to as a small insult that establishes and maintains power differences (West & Zimmerman, 1983). Interruptions by men are rated as more appropriate than interruptions by women (Hawkins, 1988), and women are more likely to be interrupted in cross-gender conversations than in same-gender conversations (West & Zimmerman, 1983; Zimmerman & West, 1975). Responding to the explanation that men interrupt women because women talk more, West and Zimmerman found the same results when they controlled for amount of talk. Power, according to a review of research on interruptions, is the most important predictor of an interruption (Orcutt & Harvey, 1985; see also Kollock, Blumstein, & Schwartz, 1985). Gender is a diffuse status characteristic that influences power, which, in turn, influences interruptions (Orcutt & Harvey, 1985).

Purpose

If women and men therapy clients are treated differently—a possibility because gender influences conversation—clinicians could perpetuate inequality rather than serve as agents for change. We examined family therapy process to evaluate the use of interruptions by therapists, who have the prerogative to influence participants' rights (Viaro & Leonard, 1983), to see if women and men clients were treated differently. We used gender of therapist as an interaction effect because some research on individual counseling suggests that gender of therapist influences therapy. For example, research shows that a therapist's perception of therapy is influenced by gender of client: Men therapists report more problems than women therapists working with women clients, and men therapists are more likely than women therapists to describe clients negatively (see Nelson, 1993, for a thorough review of the literature).

Method

Participants

The sample for this study consisted of clients and therapists at a nonprofit marriage and family therapy clinic at a major Southern university. All therapists in this study were doctoral students in a marriage and family therapy program accredited by the American Association for Marriage and Family Therapy. Five women and seven men therapists contributed cases. This sample included 41 couples or families that included both an adult woman and man who attended a first session at the marriage and family therapy clinic. Participants were videotaped during their initial therapy session.

Procedures

Initial therapy sessions influence client expectations and lay the foundation for subsequent treatment. We examined the first therapy session to control for treatment duration. Therapy sessions have predictable stages (e.g., social, engagement, information collection, intervention, closure), so we examined multiple time points in the session. Three 5-min segments were coded for every client from early, middle, and later stages in the session: (a) 10 to 15-min segment, (b) 25 to 30-min segment, and (c) 40 to 45-min segment.

Two senior-level undergraduate students, a man and a woman, who were naïve to the purpose of this research, coded videotapes from the first therapy session.

Coder training. Coders learned the coding scheme by practicing on tapes not featured in the sample until they achieved 80% agreement. The principal investigator in this study coded every fourth tape to determine criterion reliability. The coders maintained high interrater reliability (intraclass correlations were .96; based on Shrout & Fleiss, 1979).

Coding scheme. The transcripts were arranged with codes adjacent to each spoken turn to promote reliability by eliminating the need for coders to memorize codes: The coders viewed the video with the transcript and circled the appropriate code as they occurred during each speaking turn. A distinct set of codes was printed next to each speaker (e.g., therapist, woman client, man client), but each set of codes featured the same possible codes. For example, the therapist could interrupt either the woman or man client. Similarly, each client could interrupt either her or his partner or the therapist. In addition to enhancing reliability, this coding arrangement disguised the nature of the research project, because coders identified conversational strategies used by each speaker, not just the therapist.

Dependent Measure: Interruptions

Interruptions were distinguished from other forms of overlap such as supportive statements, which represent active listening skills. Statements that tailed off in tone or volume were not coded as interruptions because they represented invitations for reply.

It is possible that people who talk more are interrupted more, so we developed two measures to control for amount of client participation. First, we constructed a variable from the ratio of interruptions made by the therapist to the number of speaking turns taken by the client. Second, we constructed a variable from the ratio of interruptions made by the therapist

to the number of words spoken by the client. These ratios provided standardized measures to examine therapist interruptions.

Results

We conducted multivariate analysis of variance (MANOVA) to examine the main effect and interaction effect of client gender and therapist gender on three measures of the dependent variable. We examined interaction effects because gender-linked conversational strategies might influence how therapists interact with clients. In addition, gender of therapist might influence the therapeutic process (Nelson, 1993). The mean values and standard deviations for therapist and client behaviors are presented in Table 1.

There was a significant difference for gender of client on all measures of interruption, including measures that controlled for number of turns and number of words (see Table 2). Neither gender of therapist nor the interaction of Gender of Client × Gender of Therapist was significant (see Table 2). Overall, marriage and family therapy doctoral students interrupted women clients three times more than men clients.

Discussion

Previous research on gender as a process issue in marriage and family therapy has identified differences between men and women therapists as well as between men and women clients, but these differences do not seem to influence interruptions. Gender of therapist did not affect interruptions directed toward clients in this study. This finding is consistent with recent

Table 1
Mean Values of Therapist and Client Behaviors by Gender of Client

	Gender of client			
	Man ($n = 41$)		Woman ($n = 41$)	
Group	M	SD	M	SD
Therapist				
Interruptions	0.87	1.45	2.37	2.73
Interruptions (no. of client turns)	0.03	0.05	0.09	0.09
Interruptions (no. of client words)	0.0011	0.0017	0.0028	0.0026
Client				
No. of turns	22.80	15.68	25.90	13.01
No. of words	600.17	512.69	822.02	544.45

Table 2
Multivariate Analysis of Variance for Therapist Behaviors: Interruption (N = 82)

Dependent variable	Source	$F(1, 78)$
Interruption	Client gender	9.10*
	Therapist gender	0.15
	Client Gender × Therapist Gender	0.39
Interruption (client turns)	Client gender	8.96*
	Therapist gender	0.03
	Client Gender × Therapist Gender	0.20
Interruption (client words)	Client gender	9.59*
	Therapist gender	0.01
	Client Gender × Therapist Gender	0.10

*$p < .01$.

research that suggests that modality (i.e., marital vs. family therapy) influences therapy process but gender of therapist does not (Werner-Wilson, 1995; Werner-Wilson, Price, & Zimmerman, 1996). Although gender of therapist does not influence therapy, results from this study provide additional information about the influence of client gender on the therapeutic process: Women clients are more likely to be interrupted than men clients. This finding suggests an ongoing need to consider the influence of gender as a process variable in marriage and family therapy.

Interruptions are power tactics that are influenced by gender in a variety of settings, including marriage and family therapy with student therapists. Although they are power tactics, interruptions may not reflect deliberate action by the therapist to exert power over the client. For example, therapists may block communication attempts by women clients in order to engage men clients who are often reluctant to engage in therapy. Although the effort to engage a reluctant client is meritorious, it should not occur at the expense of another participant. Interruptions may also reflect socialization: Therapists may interrupt women clients more because it is a common feature of conversation.

The findings from this study support what feminist scholars have recommended: (a) Research should incorporate gender themes and power analysis, (b) therapists should pay careful attention to their position in therapy, and (c) therapists should consider larger social forces (e.g., conversational conventions, power) and individual needs in therapy.

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