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GENDER DIFFERENCES IN PSYCHOTHERAPY DYADS: CHANGES IN PSYCHOLOGICAL SYMPTOMS AND RESPONSIVENESS TO TREATMENT DURING 3 MONTHS OF THERAPY

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This investigation examined the relationship between gender (client, therapist, and client/therapist dyad) and various psychotherapy-related variables for clients with mood and/or anxiety disorders. In several instances, both client and therapist gender predicted treatment retention and psychological symptom changes during 3 months of therapy. In general, female clients were more likely to advance beyond the initial intake assessment and also complete 3 months of therapy. Conversely, male clients were more likely to withdraw from therapy after the initial intake assessment. Specific client/therapist gender pairing predicted treatment retention in the mood disorder subsample and trait anxiety symptom severity in the anxiety disorder subsample. Some findings should be interpreted with caution, as there were small group samples in a few of the analyses.

Over the past 25 years, there has been an extraordinary shift in the gender ratio of psychotherapy providers. Clinical psychology, counseling psychology, and psychiatry—fields that were once dominated by men—are now dominated by women (Goodheart & Markham, 1992; Kingman, 1997; Ostertag & McNamara, 1991; Snyder, McDermott, Leibowitz, & Cheavens, 2000). Kingman reported that since 1990, more than 50% of the clinicians graduating from doctoral-level programs have been women. As this trend continues, it will be interesting to track whether the relationship between gender (of clients and therapists) and therapeutic outcome changes accordingly. Gender-related variables are also important to study in the context of psychotherapy because men and women tend to use different influence strategies during interpersonal situations (Carli, 1990; Cooke & Kipnis, 1986). Carli reported that men tend to speak more assertively overall (with men and women), whereas women tend to speak more assertively with other women but more tentatively with men. In their 1986 study, Cooke and Kipnis reported that male therapists used more influence tactics overall than did female therapists.

Gender and Psychotherapy Outcome

The relationship between gender and psychotherapy outcome is complex and has not been extensively studied. Researchers that have attempted to define this relationship have been bound by a number of limitations: the inability to randomly assign clients to therapists of either

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Preliminary data for this paper were presented at the annual meeting of the Eastern Psychological Association, April 19–22, 2001. Therapists who participated in the study were doctoral students at St. John's University's doctoral program in clinical psychology and were at Level 2 or higher. All clinical assessments and evaluations were completed at the University Center for Psychological Services and Clinical Studies.

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gender, therapists' varying professional backgrounds and years of experience, and use of only one gender of clients and/or therapists. Despite these limitations, the literature in this area is provocative and offers a necessary foundation from which to build.

With respect to gender and psychotherapy outcome, one of the landmark studies is an investigation by Kirshner, Genack, and Hauser (1978). Although their investigation was not the first to explore the relationship between gender and psychotherapy outcome, their findings drew attention to this interaction and laid the groundwork for many of the studies that followed. The investigation assessed client satisfaction and self-reported symptom improvement among male and female clients with therapists of both genders. The results indicated that female clients improved more than male clients regarding attitude toward career, academic motivation, academic performance, and family relations. A female therapist effect also emerged, with clients of female therapists reporting greater improvement with their main problems, greater self-acceptance, and greater satisfaction with therapy. This effect held, even when therapist experience was statistically controlled.

Since Kirshner et al.'s (1978) study, at least two other studies have replicated the finding of a female therapist effect. Jones and Zoppel (1982) found that female clients rated themselves as having benefited more from therapy than male clients. In addition, clients of female therapists rated therapy as being more successful than those of male therapists on several outcome measures. Furthermore, clients of female therapists agreed that their therapists were more effective, accepting, attentive, and better able to form strong therapeutic alliances with them.

Jones, Krupnick, and Kerig (1987) also reported a female therapist effect, in brief (12-session) psychodynamic psychotherapy. Jones et al. reported that with respect to the Client Satisfaction Questionnaire (CSQ; Larsen, Atkisson, & Hargreaves, 1979), female therapists were preferred over male therapists by female clients. In addition, clients treated by female therapists were judged to have significantly less intrusive symptoms at termination (assessed by the Stress Response Rating Scale, or SRRS; Weiss, Wilner, & Horowitz, 1984). The authors noted, however, that although some of the analyses demonstrated significant gender effects, these effects were relatively modest compared with those of client age and pretreatment level of disturbance.

In a study by Korobkin, Herron, and Ramirez (1998), the authors sought to find whether various demographic variables and the severity of depression and anxiety symptoms could be used to predict duration in psychotherapy. Although the authors failed to find convincing evidence that initial symptom severity predicts duration in treatment, they did report that female patients remained in psychotherapy significantly longer than men. The authors conceded, however, that because 80% of the patients in the study were women, their results cannot be considered an accurate comparison of male and female patients. An assessment of symptom improvement over time was not conducted.

In addition to the studies mentioned above, there are several older studies (Fuller, 1963; Hill, 1975; Persons, Persons, & Newmark, 1974; Simons & Helms, 1976) in which the results similarly implied that female therapists are more likely to achieve superior therapeutic outcomes than male therapists.

In contrast to the studies discussed above, several comprehensive reviews of the growing literature (Atkinson & Schein, 1986; Bowman, Floyd, Scogin, & McKendree-Smith, 2001; Garfield, 1994) fail to support the presence of a clinically meaningful gender effect in treatment outcome. Bowman et al.'s meta-analysis examined 64 published and unpublished studies and assessed effect sizes extracted from various types of outcome measures. The authors determined that although numerous analyses yielded statistically significant advantages for clients treated by female therapists in various cases, the magnitude of effect sizes in all cases were too small to be clinically significant. Overall, Bowman and colleagues concluded that therapist gender is a poor predictor of outcome for both male and female clients, and "has little overall effect on the outcome of psychotherapy" (p. 142). Garfield's assessment, while consistent with Bowman et al.'s findings, was limited by the numerous methodological weaknesses of the reviewed studies, including: lack of random assignment, small samples, and nonequivalent distributions of gender among clients in these samples.

In addition to the reviews mentioned above, several individual studies have similarly failed to find a gender effect in treatment outcome. Zlotnick, Elkin, and Shea (1998) investigated the re-

lationship between gender and therapy outcome in the treatment of depressed outpatients. The authors reported that client gender, therapist gender, and client/therapist gender matching were not significantly related to any of the following outcome measures: the 23-item Hamilton Rating Scale for Depression (HRSD; Hamilton, 1960), the Empathy subscale of the Barrett-Lennard Relationship Inventory (BLRI; used to measure client perception of the therapeutic conditions provided by the therapist) and length of time in therapy. Sterling, Gottheil, Weinstein, and Serota (1998) examined the effects of client/therapist race and gender matching on early dropout rates, treatment retention, and various outcome measures among substance abusers at a Northeastern university outpatient facility. The authors found no significant differences with respect to dropout rates for clients in any of the four possible client/therapist gender pair categories. In addition, no statistically significant differences were observed between gender-matched and gender nonmatched clients, with respect to treatment retention. There was, however, a trend toward an interaction effect, suggesting that gender matched clients remained in treatment longer than gender nonmatched clients.

Whereas the studies above have examined the relationship between gender and psychotherapy outcome directly, some have argued that this relationship may be moderated by therapy type. Ogrodniczuk, Piper, Joyce, and McCallum (2001) hypothesized that male patients would experience better outcomes in interpretative therapy (designed to enhance the patient's insights about repetitive conflicts and trauma that underlie and sustain their problems), whereas female patients would achieve better outcomes in supportive therapy (designed to help patients adapt to their life situations using praise and immediate gratification). The authors found significant interactions between patient gender and therapy type, confirming their hypotheses. Regarding depressive symptoms and general symptomatic distress, male patients fared significantly better than female patients in interpretative psychotherapy, whereas women achieved significantly better outcomes than men in supportive psychotherapy. The authors suggested that male patients may seek to maintain emotional distance in therapy, whereas female patients may place a greater value on being listened to and understood in therapy.

Treatment Duration

It is important to provide a brief overview of the recent psychotherapy dose–response literature, as two of the dependent measures in the present study relate to the duration of therapy. Empirical findings from the last decade support the theory that time in therapy (treatment dosage) is positively correlated with therapeutic change and symptom improvement, under certain circumstances. In their 1994 study, Shapiro et al. found that among highly depressed patients (those with Beck Depression Inventory [Beck & Steer, 1987; BDI] scores of 27 and higher), those attending 16 weekly psychotherapy sessions had significantly lower mean BDI scores than patients with only 8 weekly sessions. Although this pattern was not reproduced among mild or moderately depressed patients, these findings suggest that longer psychotherapy may be more beneficial for highly depressed patients.

Similarly, Kopta, Howard, Lowry, and Beutler (1994) found that longer psychotherapy was significantly more beneficial for patients under certain circumstances. The authors examined various subscales of the Symptom Checklist–90—Revised (SCL-90-R; Derogatis, 1983), and found that although only 5 weekly sessions were required to help patients with acute distress symptoms "repair" a mean of 50% of these symptoms, patients with chronic distress symptoms needed 14 weekly sessions to achieve the same level of improvement. The first important conclusion of this study is that chronic symptoms require longer psychotherapy than acute symptoms. The second conclusion is that longer stays in psychotherapy can be associated with greater improvement for patients with certain types of symptoms.

In another assessment of dose–response curves in psychotherapy, Warner et al. (2001) found that when controlling for initial severity, longer treatment was associated with significant reductions in patients' self-reported symptom severity (measured by the Global Severity Index of the Brief Symptom Inventory; Derogatis, 1992). In addition, longer treatment was also associated with higher patient ratings of session evaluations, ratings of obtaining new ideas for dealing with people, ratings of receipt of encouragement, and ratings of self-control. These findings suggest that the effectiveness of psychotherapy increases over time.

Purpose

Aim of the Present Study

The present study was designed to examine the influence of gender in psychotherapy dyads, as it relates to treatment retention and psychological symptom changes, after 3 months of therapy. It is important to note that because the data reflect changes over the first 3 months of therapy and do not include data from termination, this cannot technically be regarded as a psychotherapy outcome study. To control for the significant and numerous differences in symptom manifestation that might accompany an investigation of a wide range of clinical diagnoses, only data from clients whose primary diagnosis at intake was a mood or anxiety disorder were retained for analysis. Therapists were of a specific and relatively homogeneous group: graduate students engaged in a doctoral training program in clinical psychology. This restriction was to control for significant differences in treatment application that may be attributed to therapists' differences in professional training (i.e., clinical psychology vs. psychiatry vs. social work), as well as years of clinical experience.

Changes in psychological symptoms were assessed using quantitative measures of depression, state anxiety, and trait anxiety. In addition, time in therapy was also examined for all clients. In addition to "weeks in treatment," the variables "treatment stage" and "completion status" were included in the analyses, as these variables provide qualitative information about the type of sessions (intake vs. therapy) attended as well as quantitative information about time in therapy. An extensive examination of therapeutic orientation was not performed in the present study for several reasons. Although assessment of the interactions between the gender-composition of psychotherapy dyads and therapeutic orientation is certainly important and interesting, the present study was not designed with this goal in mind. As such, we did not attempt to control or assess methodological factors that may have impacted and/or biased such an evaluation. An examination of this type would have been tremendously difficult to conduct in the present research environment because most of the therapists are, or have been, engaged in multiple therapeutic orientations throughout their training. Therefore, because an extensive evaluation of therapeutic orientation was not germane to the goals of the present study and would have required a more rigorous system of controls than was possible, therapeutic orientation is not analyzed extensively in this article.

On the basis of previous studies (Fuller, 1963; Hill, 1975; Jones et al., 1987; Jones & Zoppel, 1982; Kirshner et al., 1978; Korobkin et al., 1998; Persons et al., 1974; Simons & Helms, 1976), we hypothesized that female clients, as well as clients of female therapists, would experience a greater reduction in depression and anxiety symptom scores, and would remain in therapy longer than male clients, and clients of male therapists, respectively. Based on previous findings, we anticipated that these effects would hold, even when the data of clients whose primary diagnosis at intake was a mood disorder are analyzed separate from clients whose primary diagnosis was an anxiety disorder.

Method

Participants

The sample consisted of 163 clients (43 men, 120 women) at the Center for Psychological Services and Clinical Studies, a community mental health clinic in Jamaica, New York that serves as a training site for doctoral students in clinical psychology at St. John's University. The center provides for psychotherapy in a naturalistic setting, as clients are assigned to available therapists. The center is open during day and evening hours, as well as weekends, for the convenience of its clients. Clients are charged fees on a sliding scale based on their income. The sample was predominately White (69%); however participants from other racial/ethnic groups were represented (12% African American; 12% Hispanic; 7% "other").

The sample remained in treatment beyond the present study and was part of a larger research project, designed to evaluate the influence of a wide range of factors on psychotherapy outcome. Only clients whose primary diagnoses at intake were mood and/or anxiety disorders were included in the study. Clients were adults ages 18 to 76 years (the mean age was 34) and were not restricted with reference to any demographic, including race or ethnicity. Although the distribution of gender in the sample was disproportionately skewed, with female clients outnumbering

male clients 3:1, it should be reiterated that the study was conducted in a naturalistic setting: the center. As such, the sample was representative (from a gender perspective) of the population that presents for treatment at this community mental health clinic. It should also be mentioned, that samples with disproportionately small numbers of male clients are common in this area of research. This was even cited as a frequent limitation of psychotherapy outcome studies by Bowman et al. (2001), in their recent review of the literature.

Therapists

Clinical psychology doctoral students from the center served as therapists. Students were either in their 2nd, 3rd, or 4th year of training and were engaged in either cognitive–behavioral therapy (CBT) or psychodynamic supervision during the treatment of clients. Eighty-nine student-therapists (31 men, 58 female) and 24 supervisors (18 men, 6 women) participated in the study. The majority of student therapists were in their 3rd or 4th years (38% and 21%, respectively), and 41% were in their 2nd year of the doctoral program. All student-therapists received between 1 and 3 h of supervision per week, and approximately 60% of the student-therapists (those in their 3rd or 4th year of training) had received supervision in both CBT and psychodynamic orientations prior to the study.

Measures

Background questionnaire. A background questionnaire was given to all clients before the first intake session. This questionnaire is given to all clients at the center as a means of gathering demographic and background information about clients' primary complaints and treatment history. Data from this questionnaire were used for analysis.

Weeks in treatment. This referred to the number of weeks that clients remained in treatment, including intake sessions.

Treatment stage. Therapy contact was stratified into three levels. The first level, *intake only,* referred to clients who only attended the intake sessions of treatment (the first or first two sessions). The second level, *intake plus some therapy,* referred to clients that completed the intake process and received some psychotherapy, but less than the minimum 3 months needed to complete the study. The third level, *therapy completers,* referred to clients that completed the intake process plus a minimum of 3 months of psychotherapy.

Completion status. Completion status referred to whether clients remained in treatment until the end of the study (for a minimum of 3 months) and completed both intake sessions and at least eight therapy sessions.

Beck Depression Inventory. The BDI (Beck & Steer, 1987) is an empirically validated and reliable, 21-item depression inventory. The measure's psychometric properties have been detailed numerous times and need not be recapitulated here.

State–Trait Anxiety Inventory (STAI). The STAI (Spielberger, 1983) is an empirically validated and reliable measure. It consists of 20 state anxiety items and 20 trait anxiety items. Like the BDI, the STAI's psychometric properties have been detailed numerous times and need not be recapitulated here.

Therapist orientation. Therapists provided either psychodynamic therapy or CBT to clients under the supervision of licensed clinical psychologists, of that respective orientation. No therapist provided treatment to clients in both orientations.

Procedure

Before the first therapy session, clients were administered the following scales: the demographic questionnaire, the BDI, and the STAI. Clients then entered treatment with student-therapists of both genders trained in CBT or psychodynamic psychotherapy. Assignments to therapists were made based on the availability of therapists and clients.

Every 3 months, clients were readministered the BDI and the STAI. This schedule was maintained until the clients terminated therapy. For the BDI and STAI State and Trait scales, difference scores were computed (subtracting the first administration or pretherapy score from the second administration score) and used for analysis. Smaller (more negative) difference scores indicate fewer symptoms and/or lower symptom severity during the second administration (3 months after intake) of a respective measure compared with the first administration (at intake).

Results

Analysis of variance (ANOVA) was used to determine if there were significant differences between respective groups. ANOVA was chosen instead of multivariate analysis of variance (MANOVA) because of problems with missing data. Although MANOVA may have been more appropriate (given the presence of multiple dependent variables), differences in sample size for each dependent variable would have eliminated a significant percentage of cases from the analysis. An inspection of missing data revealed no significant pattern to the missing cases. As shown in Table 1, clients averaged 34 years of age and 33 weeks of treatment. Groups did not differ significantly at intake on any of the dependent measures.

TABLE 1. Descriptive Statistics: Entire Sample of St. John's University Clients, 1985–1998

Variable	*M*	*SD*
Age of client (years)	33.5	12.8
Total weeks in treatment	33.7	48.3
Total number of sessions	27.2	41.8
BDI 1st–BDI 2nd	3.0	7.6
STAI State 1st–STAI State 2nd	3.6	13.4
STAI Trait 1st–STAI Trait 2nd	3.6	9.5
	Frequency	%
Primary Axis I diagnosis		
Mood disorder	117	72
Anxiety disorder	46	28
Client gender		
Male	43	26
Female	120	74
Client race/ethnicity		
White	113	69
Black	19	12
Hispanic	19	12
Other	12	7
Student therapist gender		
Male	31	35
Female	58	65
Client gender		
Male	43	26
Female	120	74
Clients with therapists of either gender		
Clients of male therapists	61	37
Clients of female therapists	102	63
Therapist program level[a]		
Level 2	67	41
Level 3	62	38
Level 4	34	21
Client's highest treatment stage attained		
Level 1	39	24
Level 2	35	21
Level 3	89	55

Note. $N = 163$. For treatment stages, Level I refers to clients who only completed the intake sessions; Level 2 refers to clients who completed the intake sessions and less than 3 months of therapy; and Level 3 refers to clients who completed the intake sessions and at least 3 months of therapy. BDI = Beck Depression Inventory (Beck & Steer, 1987). STAI = State–Trait Anxiety Inventory (Spielberger, 1983). [a]$N = 89$.

The Combined Sample: Clients With Either a Mood Disorder or an Anxiety Disorder

In the first analysis, ANOVA was used to determine if there were significant differences on the dependent measures between male and female clients. ANOVA results indicated a significant effect of client gender on treatment stage, $F(1, 162) = 4.83$, $p < .05$. An inspection of frequency data indicated that female clients (80%, $n = 120$) were more likely to advance to the later stages (Stages 2 and 3) of therapy than male clients (65%, $n = 43$). There was also a significant effect of client gender on completion status, $F(1, 162) = 3.90$, $p < .05$. The frequency data indicated that female clients (59%, $n = 120$) were more likely to complete 3 months of therapy than male clients (41%, $n = 43$). These findings are illustrated in Figures 1 and 2. Significant differences were not observed between male and female clients on any of the other dependent measures.

In the second analysis, ANOVA was used to determine if there were significant differences on the dependent measures between the clients of male and female therapists. Significant differences were not observed on any of the dependent measures.

For the third analysis, client/therapist dyad pairs were classified specifically according to the gender composition of each dyad. Hence, there were four client/therapist dyads: male client/male therapist, female client/female therapist, male client/female therapist, and female client/male therapist. ANOVA results indicated that the four possible client/therapist dyad groups did not differ significantly on any of the dependent measures.

Mood Disorder Subsample

The next set of analyses was conducted using only the data of clients whose primary diagnosis was a mood disorder. Regarding differences between male and female clients, ANOVA results indicated an effect of client gender on treatment stage, $F(1, 116) = 6.86$, $p < .05$. An inspection of

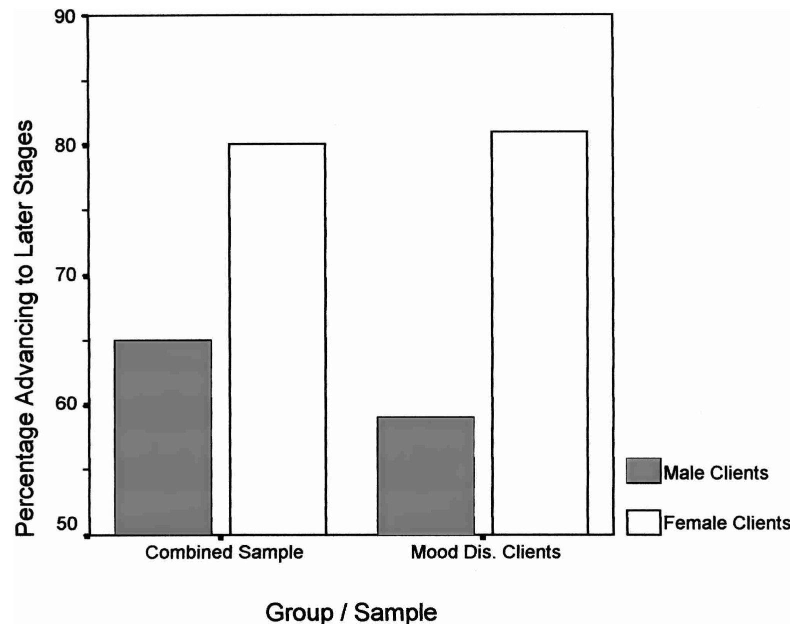

Figure 1. Percentage of clients advancing to later stages of treatment (Stages 2 and 3) in the combined sample ($N = 163$) and the mood disorder subsample ($n = 116$). Dis. = disorder.

frequency data indicated that female clients (81%, $n = 90$) were more likely to advance to the later stages of therapy than male clients (59%, $n = 27$). There was also a significant effect of client gender on completion status, $F(1, 116) = 5.52$, $p < .05$. The frequency data indicated female clients (62%, $n = 90$) were more likely to complete 3 months of therapy than male clients (37%, $n = 27$). These findings are illustrated in Figures 1 and 2. Significant differences were not observed, however, between male and female clients on any of the other dependent measures. In addition, therapist gender did not predict significant differences on any of the dependent measures.

With reference to the four gender dyad groups, ANOVA results revealed a significant difference between gender dyad groups for treatment stage, $F(3, 116) = 3.29$, $p < 05$. Post hoc analyses (using a Bonferroni correction) revealed that female clients with male therapists (90%, $n = 33$) were significantly more likely than male clients with male therapists (50%, $n = 14$) to advance to the later stages of treatment ($p < .05$). There was also a trend for gender dyad group on completion status, $F(3, 116) = 2.26$, $p < .09$. The frequency data indicate that female clients with male therapists (67%, $n = 33$) were more likely than male clients with male therapists (29%, $n = 14$) to complete 3 months of therapy ($p < .10$). These findings are illustrated in Figure 3. No significant differences were observed between the four gender dyad groups on any of the other dependent measures.

Anxiety Disorder Subsample

The final set of analyses was conducted using only the data of clients whose primary diagnosis was an anxiety disorder. Regarding client gender, ANOVA results revealed a significant difference between male and female clients for state anxiety, $F(1, 12) = 6.16$, $p < .05$. An inspection of means indicated that male clients ($M = -22.33$, $SD = 17.04$) showed more significant reductions in state anxiety symptom severity than female clients ($M = -1.80$, $SD = 11.33$). There was also a significant effect for trait anxiety, $F(1, 12) = 7.97$, $p < .05$. An inspection of means indicated that male clients ($M = -21.67$, $SD = 17.16$) showed more significant reductions in trait anxiety symptom severity than female clients ($M = -2.40$, $SD = 8.12$). These findings are illustrated in Figure 4.

A trend was also observed for client gender on depressive symptom severity, $F(1, 12) = 3.91$, $p < .08$. An inspection of means revealed that

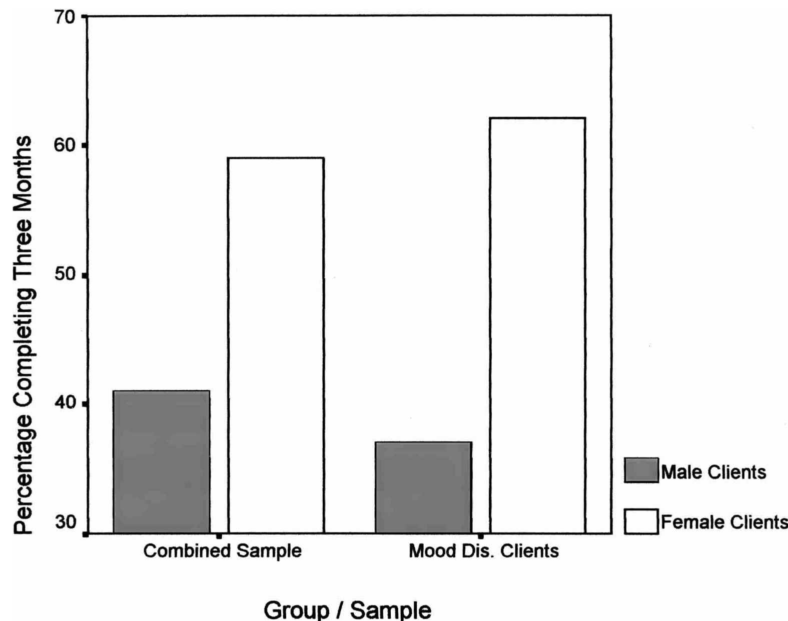

Figure 2. Percentage of clients completing 3 months of treatment in the combined sample ($N = 163$) and the mood disorder subsample ($n = 117$). Dis. = disorder.

male clients ($M = 12.00$, $SD = 6.08$) showed greater reductions in depressive symptom severity than female clients ($M = -3.00$, $SD = 7.09$). Significant differences were not observed between male and female clients on any of the other dependent measures. In addition, therapist gender did not predict significant differences on any of the dependent measures.

With reference to the four gender dyad groups, significant differences were observed for STAI trait anxiety symptom severity, $F(3, 12) = 4.52$, $p < 05$. Post hoc analyses (using a Bonferroni correction) indicated that male clients with female therapists ($M = -29.50$, $SD = 14.85$) showed more significant reductions in trait anxiety symptom severity than female clients with female therapists ($M = -2.33$, $SD = 8.57$), as well as female clients with male therapists ($M = -3.00$; $SD = 10.58$) after 3 months of therapy ($p < .05$). These findings are illustrated in Figure 4. Significant differences were not observed for any of the other dependent measures.

Discussion

Although several of the analyses of the present study yielded significant results, it is important to mention that in most of the analyses, differences in client gender, therapist gender, and client/therapist gender composition did not account for significant differences in change of psychological symptoms. This is consistent with the reviews of Atkinson and Schein (1986), Bowman et al. (2001), Garfield (1994), Sterling et al. (1998), and Zlotnik et al. (1998). In most (but not all) cases, the variables that consistently showed a significant relationship with gender were those related to time in therapy not psychological symptom changes.

In the combined sample, female clients were more likely than male clients to advance beyond intake and complete 3 months of treatment. In the subsample of clients whose primary diagnosis was a mood disorder, a similar pattern was observed. Again, female clients were more likely than male clients to advance beyond intake and complete 3 months of treatment. In addition, female clients with male therapists were significantly more likely than male clients with male therapists to advance beyond intake. In general, the results of these analyses are consistent with those of Korobkin et al. (1998), who found that female patients tend to remain in psychotherapy significantly longer than male patients. Of course, time in therapy is not equivalent to therapeutic progress, and certainly more time in

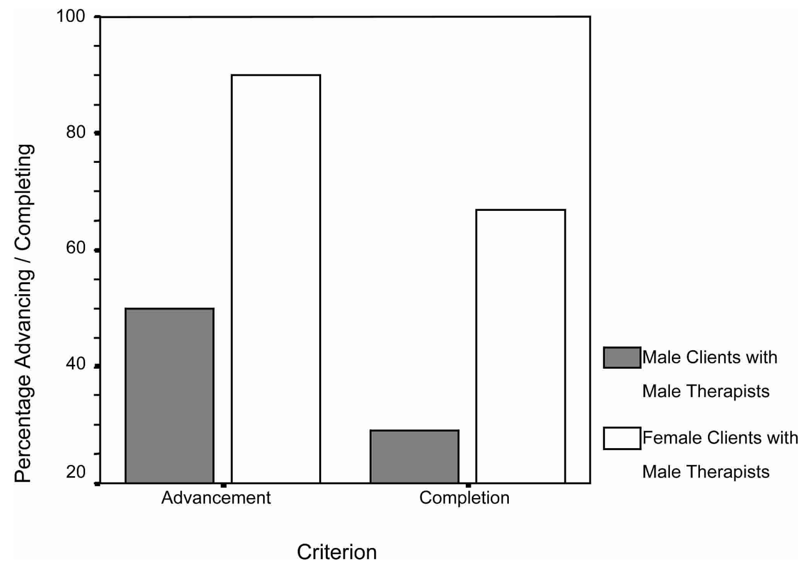

Figure 3. Percentage of mood disorder subsample, in two dyad groups, advancing to later stages of treatment and completing 3 months of treatment ($n = 117$).

therapy is not always associated with greater therapeutic progress. Yet, at this early stage of therapy (the first 3 months of treatment), it is striking and relevant that 15% more female clients advanced beyond the intake stage of therapy than male clients and that 35% more women completed the full 3 months of therapy than men.

Among clients whose primary diagnosis was an anxiety disorder, male clients showed significantly lower state and trait anxiety symptom severity and a trend toward lower depressive symptom severity than female clients. This is consistent with the findings of Korobkin et al. (1998) but is inconsistent with the female client effect reported by Jones and Zoppel's (1982) and Kirshner et al.'s (1978) studies.

Also within this subsample, male clients with female therapists showed significantly lower trait anxiety severity than female clients with female therapists and female clients with male therapists. The finding that clients in dyads involving female therapists improved most on a measure of trait anxiety is consistent with the findings of Fuller (1963), Hill (1975), Jones et al. (1987), Jones and Zoppel (1982), Kirshner et al. (1978), Persons et al. (1974), and Simons and Helms (1976), each reporting a female therapist effect. The finding that it was the male clients of those female therapists who improved most on a measure of state anxiety is again consistent with the findings of Korobkin et al. (1998) but inconsistent with the female client effect reported by Jones and Zoppel (1982) and Kirshner and colleagues (1978).

Although it would be tempting to interpret reductions in symptom severity as therapeutic improvement, this temptation should be resisted, as clients were assessed after 3 months of therapy, not at termination. It is possible that clients that truly improved were those that intensely confronted and scrutinized their symptoms and, thus, experienced a temporary increase in depression and anxiety symptom severity. Therefore, to assess therapeutic improvement, an operational definition of *therapeutic improvement* would be necessary. A definition of therapeutic improvement, however, was not deemed necessary for the current study, as the goal was to assess changes in psychological symptoms, not therapeutic improvement.

It is also important to mention that due to sample size limitations, a paucity of male participants, and the inability to completely randomize assignment to therapists, there were no clients in the male client/male therapist dyad group for any of the analyses involving the mood disorder subsample and anxiety disorder subsample. Needless to say, these limitations may have significantly influenced many of those respective analyses. The findings of the present study should therefore be interpreted with these limitations in mind.

In addition to small group samples, there were other limitations that should be noted. One of

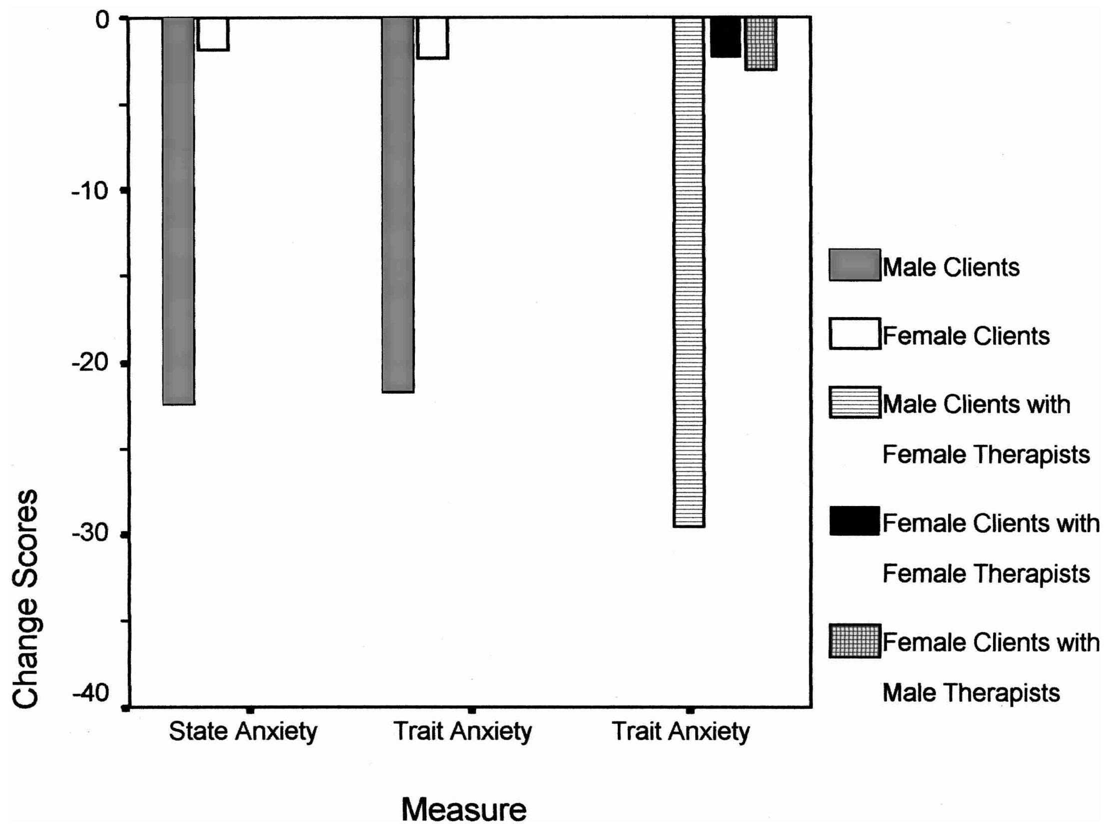

Figure 4. State and trait anxiety change scores achieved in the anxiety disorder subsample ($n = 12$). Note that lower scores reflect a greater reduction in symptoms from the first administration (at intake) to the second administration (after 3 months of treatment).

these was a monomethod bias in the analysis of state anxiety, trait anxiety, and depressive symptoms. Because only one measure was used to assess each of these categories of symptoms, an interpretation of symptom changes in these areas is limited to the construct validity and theoretical underpinnings of these individual measures (the STAI and BDI respectively). To improve upon the methodology of the present study, future endeavors should include larger samples, professional therapists, random assignment of clients to therapists (if possible), and multiple measures of each of the constructs of interest.

Last, on the issue of therapist experience, some might argue that because the therapists in the current study were doctoral students and not professional psychologists, there may have been more variance between individual therapists (given their limited training), than between the two genders of therapists. Although this is, of course, a possibility, it should be emphasized that the therapists in the current study, though doctoral students, had a full year of clinical experience prior to the study (with nearly 60% having at least 2 full years of experience prior to the study) and were involved in tightly controlled, weekly supervision. Supervision was enhanced by the supervisors' use of in vivo assessment (through one-way mirrors) and/or analysis of videotaped sessions. Thus, it is our opinion that therapist experience was not a significant source of variance between individual therapists.

In conclusion, several analyses of the present study demonstrated that female clients remained longer in treatment than male clients. And although previous researchers (Kopta et al., 1994; Shapiro et al., 1994; Warner et al., 2001) have found a positive correlation between time in therapy and positive therapeutic change, these findings merely suggest that greater treatment retention may lead to superior therapeutic outcomes. Therefore, it would be inappropriate to interpret the greater treatment retention among women in the present study as a superior outcome

in itself. In fact, in the present study, although female clients overall remained in treatment significantly longer than male clients, this did not translate into a greater reduction of symptoms in any of the analyses. Thus, the relationship between time in treatment and positive therapeutic change may not be straightforward and unequivocal. These qualifications notwithstanding, logic would dictate that the longer a client remains in treatment, the greater opportunity that client would have to develop a strong therapeutic alliance with the therapist and be exposed to a therapeutic intervention that is successful. It is also possible that client gender may have an indirect effect on therapeutic outcome, as time in treatment may serve as a moderator and/or mediator between client gender and psychotherapy outcome. This is something that should be examined in future studies.

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