From Stereotypes to Archetypes: An Evolutionary Perspective on Male Help-Seeking and Suicide

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Introduction

In our current age it is unfashionable to think of human gender as connected with our biology and evolution. Gender is currently thought of primarily as a social construct, a theory that carries assumptions that gender can be fluid, moulded by education or even chosen as part of a lifestyle. Gender is increasingly seen as a collection of disposable social stereotypes, separate from and unrelated to biological sex. In practice, this means that we are increasingly accepting a view of gender that splits the mind from the body and brain. This hypothesis is bad science and even worse philosophy. Such a concept is at odds, for example, with the fact that many people have fought long and hard to have their homosexual orientation recognised legally as an integrated, essential and embodied part of their identity. If homosexuality is now rightly accepted as a natural part of the human condition, then gender itself must certainly be. And yet this is not reflected in mainstream attitudes and policies towards gender in our current times.

The social stereotype theory of gender has no single author and has not in truth been tested scientifically as a hypothesis. It has its origins more in political fashion than in an integrated bio-psycho-social science of the human condition. When held up against the anthropological and cross-cultural evidence, a social constructionist theory of gender cannot explain clearly observable and

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universal patterns in male and female behaviour and yet the theory persists as an accepted truth in a political climate where gender differences are denied or devalued, resulting in what has been termed "beta bias" or more recently "male gender blindness" (Seager et al. 2016b). Science has of course always existed in a wider and more powerful political and social context. At one time it was considered heresy to say that the Earth was not at the centre of the universe even when the observational evidence proved otherwise.

In a scientific culture where the very concept of biologically based gender difference is unfashionable it inevitably becomes that much harder to research and address observable differences between male and female behaviour even where these are strikingly obvious and urgent as is the case with suicide. In this chapter it will be shown that by simply allowing the obvious hypothesis that some male "stereotypes" are closer to "archetypes", much of the evidence surrounding male help-seeking, risk-taking behaviour and suicide itself can be explained. This approach will be shown to promise more scientific and humane ways of responding to male distress and preventing male suicide, to the benefit of all of us, men, women and children alike.

The Evolution of Sex and Gender—Difference Is the Point

Human beings are evolved mammals and they have never stopped being so. Whatever social, cultural and political structures are placed upon us as humans, these cannot erase our mammalian heritage and indeed are constructed upon and shaped by that heritage, though not determined or defined by it. Globally, across all human tribes or societies and throughout all known history and prehistory, allowing for inevitable variation across a spectrum, there are universal patterns of male and female behaviour in the human species. These evolved behaviours are related to our very survival through sexual attraction, mating and the rearing and protection of offspring. These patterns are indeed not even unique to our own species but apply to many other animal species. Essential within these patterns is the presence of sexual difference.

Within human beings perhaps the most obvious universal patterns of sexual difference are:

Female (1) Beauty, attraction and glamour (including body adornment)
          (2) Bearing and nurturance of new-born infants and young children
Male   (1) Physical protection (strength)
          (2) Risk-taking

These patterns are instantly recognisable and they form from time immemorial a major influence on human occupational choices, lifestyle choices, domestic life, art, fashion, literature, social policy and popular culture. It is perhaps strange, therefore, especially in an age where diversity is celebrated in all its other forms, that the idea of gender difference and diversity relating to men and women has become so controversial. Our society has become unnecessarily confused about gender perhaps because of a false fear that difference means inequality or entrapment in rigid social roles. In reality of course gender differences are average differences and no two individuals, male or female, will ever be exactly the same nor should any human being be defined or confined by their gender. Some women can be more masculine on some dimensions than some men and vice versa.[1] However, the concept of meaningful group differences statistically between the averages of any two identifiable populations or categories, regardless of individual variation, is vital in science. Gender is no exception in this respect.

There also appears to be a strong fear that acknowledging any biological aspect to gender means subscribing to the view that gender is somehow fixed, biologically determined and unchangeable. In this chapter, it will be shown that whilst there are archetypal and universal gender differences in our species, these can still vary between individuals and be expressed differently and flexibly in a changing social world. This hopefully takes us away from a sterile debate between those at one extreme who see gender behaviour as totally fluid (social determinists) and those at the other extreme who see gender behaviour as totally fixed (biological determinists). Extreme determinism of any kind does not fit the evidence and yet if anything our current mainstream political approach to gender is very close to social determinism.

Universal Gender Patterns in Our Species—From Stereotypes to Archetypes

Risk-Taking

The academic literature including large meta-analyses (e.g. Byrnes et al. 1999) is consistent in showing that males universally take significantly more

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[1]A small number of people across the human spectrum have less "binary" sex and gender characteristics, but even these people are a mixture of female and male. There is no third primary gender.

risks than females, however risk is defined. In all human cultures throughout history and prehistory there is consistent and incontestable evidence (in both archaeological and written records) of males taking high levels of risk to protect and provide for their family, tribe, community or nation either collectively as bands of hunters and warriors or as individuals. Human males have always undertaken dangerous roles and tasks both in times of war and peace. This is reflected equally in modern life by the fact that males in all countries account for the vast majority of deaths both in military combat and in the civilian workplace. In Great Britain, for example, men make up about half (53%) of the workforce and yet still account for almost all (96%) deaths in the workplace (Health & Safety Executive figures 2018). Two of the most common causes of such deaths in UK workplaces are "struck by moving vehicle" and "falls from height" which between them account for about 40% of the total. These sizeable gender differences in occupational choices, risk-taking behaviour and related death rates are matched in all other countries where records are kept. The fact that there is no public outcry or even political debate about this massive gender differential in work fatalities in the UK or elsewhere also clearly demonstrates that our social attitudes and expectations have evolved in parallel to see this as an accepted part of our human condition (Baumeister 2010).

Life expectancy itself is consistently lower for males than females across the globe but is not the subject of major programmes of research or intervention even in developed countries such as the UK where the current difference between male and female life expectancy is 3.7 years (Office for National Statistics 2014–2016). A similarly significant gap in life expectancy between men and women exists in every other single country measured (183 in total) according to World Health Organisation figures (2015). Other analyses from reputable sources show exactly the same pattern (e.g. United Nations 2010–2015). The average number of years that men live less than women across the world as a whole is between 5 and 6 years. The lack of any significant response in terms of social policies or actions in the UK (or elsewhere) to reduce this striking "gender death gap" in an age of gender equality therefore needs to be explained and illuminated as part of our own attitudes and behaviour towards ourselves as gendered beings.

And yet, in direct contrast to these concrete assumptions and expectations about male death and survival, the prevailing rhetoric in our modern western world is that men are acting too tough by masking feelings. There is in the UK, USA and other western societies a great deal of social and political pressure, both explicit and implicit, on men collectively to change their emotional behaviour by "opening up" or "softening up" and abandoning

what has been termed "traditional" masculinity. Such powerful pressures on men to change their very masculinity are rooted almost completely in social constructionist assumptions about gender.

Ironically, such sociological assumptions about masculinity ignore one of the greatest social factors of all, social class. Once we consider not just men as a whole but *working class men in particular*, the statistics relating to male risk-taking and death become even starker. Most of the male deaths in war and peace time up until the present day are those of *working class* men performing dangerous, dirty and physically demanding tasks on the "front line" whether as soldiers, sailors, airmen, firemen, builders, carpenters, electricians, tradesmen, navvies, refuse collectors, scaffolders, miners, quarrymen, deep-sea fisherman or steeplejacks. The highest rate of deaths at work in the UK falls within the industries of waste and recycling, agriculture and construction, all working class occupational areas chosen significantly more by working class men than working class women. This pattern of dangerous occupational choices, risk-taking and male death has always been the same across all societies throughout history. Working class men therefore are still the people in the real world upon whom all societies continue to rely for their physical infrastructure, safety and protection. There are still to this day, however, no gender-specific policies or services in the UK (or elsewhere) to protect working class men as a vulnerable group or even to acknowledge these statistics as a gender equality issue. And yet there are now many initiatives to encourage all men collectively (including working class men) to "open up" emotionally, seek help and abandon such risk-taking behaviour as if this was simply a matter of personal choice and as if there were no benefits to society from this behaviour.

However, social class is still not as powerful a factor as gender itself in explaining the global gender difference in risk-taking and protective behaviours. This is strikingly illustrated even at the start of the twentieth century not just by the horrendous death statistics involving young males of all classes across Europe in World War One (1914–1918) but also in civilian life during the same period by the survival rates of the notorious Titanic disaster in 1912 (Figs. 1, 2).

These figures show unambiguously that even at a time of supposedly high male privilege women and children of all classes were saved and protected relative to men of all classes. A woman or child travelling third class had a higher chance of survival even than a man travelling first class. In keeping with this, the female crew also had a much higher survival rate (87%) than the male crew (22%). These huge gender differences are clearly far from random and need a powerful explanation. There is really only one credible explanation for these figures: the men on board the Titanic were *protecting*
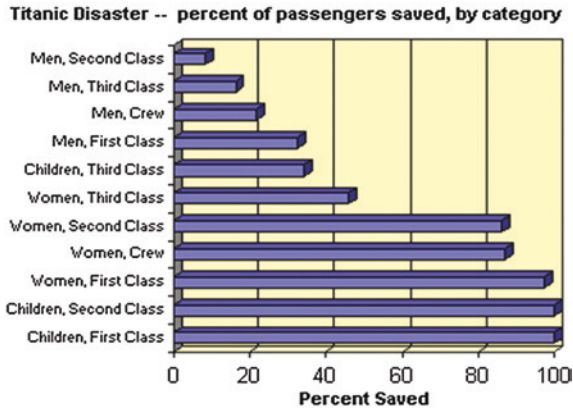
Fig. 1 Titanic disaster survivors, by category (*Source* Chuck Anesi, data from the British Parliamentary Papers, Shipping Casualties [Loss of the Steamship "Titanic"], 1912, cmd. 6352)

Titanic Disaster -- Official Casualty Figures

Passenger Category	Percent Saved	Percent Lost	Number Saved	Number Lost	Number aboard
Children, First Class	100.00	0.00	6	0	6
Children, Second Class	100.00	0.00	24	0	24
Women, First Class	97.22	2.78	140	4	144
Women, Crew	86.96	13.04	20	3	23
Women, Second Class	86.02	13.98	80	13	93
Women, Third Class	46.06	53.94	76	89	165
Children, Third Class	34.18	65.82	27	52	79
Men, First Class	32.57	67.43	57	118	175
Men, Crew	21.69	78.31	192	693	885
Men, Third Class	16.23	83.77	75	387	462
Men, Second Class	8.33	91.67	14	154	168
Total	**31.97**	**68.03**	**711**	**1,513**	**2,224**

Source: British Parliamentary Papers, Shipping Casualties (Loss of the Steamship "Titanic"), 1912, cmd. 6352, "Report of a Formal Investigation into the circumstances attending the foundering on the 15th April, 1912, of the British Steamship "Titanic," of Liverpool, after striking ice in or near Latitude 41° 46' N., Longitude 50° 14' W., North Atlantic Ocean, whereby loss of life ensued." (London: His Majesty's Stationery Office, 1912), page 42

Fig. 2 Titanic official casualty statistics

the women and children and at the same time the women and children were accepting this protection. The women and children were being given priority automatically and instinctively when it came to filling the limited number of lifeboats. Social class difference was clearly a factor influencing survival but less critical than gender difference. These clear and striking differences do not fit a hypothesis that attributes gender behaviour to social stereotypes. In times when our very lives and survival are threatened it is our primal and evolutionary instincts that prevail. And it makes obvious sense in

evolutionary terms to prioritise the survival of the female gender that physically carries the precious and vulnerable offspring.

A socio-cultural theory of gender however would predict cross-cultural, ethnic and historical variation in all behaviour including risk-taking and protective behaviours at times of emergency. Social learning theory would predict that on some occasions and in some societies men could receive protection as a group. However, there is no such evidence. Across all cultures and throughout all known history, women and children have received the collective protection of men. These differences cannot be random. When individual men hide their own personal vulnerability, therefore, they are in effect only conforming to a male archetype that is reflected in collective and unchanging societal expectations of men.

Help-Seeking

Perhaps it is not surprising that, if there are large gender differences in risk-taking and protective behaviour, there will also be correspondingly large gender differences in help-seeking. An individual or group that is more likely to take risks to protect others is also by definition less likely to seek help or self-protection. This is exactly what the evidence shows from meta-analyses (e.g. Nam et al. 2010) and even with samples from early childhood (e.g. Benenson and Koulnazarian 2008). This author could find no study or investigation anywhere or at any time in the world with any sample that has looked at average gender differences in help-seeking and found that men as a group seek help, however defined, more than women. This universal pattern of findings is very strong evidence of a genuine difference and cannot be random.

If this pattern of gender difference in help-seeking is universal across all cultures and all history as far as records are available, then scientific rigour demands a theory to explain this pattern that can account for its universality. A social constructionist theory would predict much more variability in gendered behaviour across different times and cultures. It would be expected that if help-seeking were primarily a matter of fashion, socialisation and cultural expectation, the differences between men and women would be disappearing or at least significantly fluctuating as different societies have evolved socially, technologically and politically. However, this is not the case.

Science is essentially about correlations and differences. We have to explain the observation that there are universal differences between men and women in both help-seeking and risk-taking. We also as scientists

have to accept the obvious negative correlation between risk-taking and help-seeking. The lack of significant cultural variation in these gender patterns clearly indicates that socio-cultural explanations do not fit the evidence. This means that attempts to change masculinity and male behaviour (including suicide) through social education are likely to fail. As we have seen, societal expectations of men are themselves archetypal. Because society expects men to take risks and tolerates higher levels of injury and death in males, there are no gender-specific policies or services to protect men at risk. This means that it is tolerance and acceptance of risks to men that remains the primary message. This has been called the "empathy gap" (e.g. Seager et al. 2016b). Whilst society remains relatively unaware of or indifferent to men's higher risk-taking and lower survival rates, the educational message to men that they should become more emotionally vulnerable and seek help is therefore inauthentic and counterproductive. This "empathy gap" towards men in society itself therefore must surely be closed if we truly wish to increase male self-empathy and help-seeking and at the same time substantially reduce male suicide.

In Brief: Two Other Major Examples of the Male Gender "Empathy Gap"

Domestic Violence

Domestic or intimate-partner violence within heterosexual couples is almost universally portrayed in our media, culture and politics as an issue where men are the perpetrators and women are the victims. Refuges and services for victims are correspondingly aimed almost exclusively at women whilst treatment for perpetrators, for example, the "Duluth Model" (Pence and Paymar 1993), is aimed almost exclusively at men. And yet the objective research evidence from meta-analyses shows a much more mixed and complex picture. For example, Archer (2000) looking at inter-partner violence across a wide range of studies in the USA found that:

> Women were slightly more likely than men to use one or more acts of physical aggression and to use such acts more frequently. Men were more likely to inflict an injury, and overall, 62% of those injured by a partner were women.

In the UK, even allowing for significant under-reporting by male victims, men still make up as much as 33% or even 40% of reported victims (Mankind Initiative 2018; Parity 2010). The proportion of safe spaces or refuge places for male domestic abuse victims in the UK, however, was less than 1% (60 out of 7560) of the total as recently as 2010. This significant gender imbalance in the ratio of victims to services supports the hypothesis that attitudes in society collectively are calibrated to be less empathic to vulnerability in men. This means that simply asking men as individuals to seek help when they are victims is not a satisfactory approach.

Street Homelessness/Rough Sleeping

The statistics portal, Statista, produced figures for London, the UK for 2016–17 showing that 85% of rough sleepers were male. Statistics produced by the Ministry for Housing, Communities and Local Government (Autumn 2017, revised February 2018) similarly showed that 86% of rough sleepers in England were men. And yet an international evidence review (Mackie et al. 2017) titled "Ending rough sleeping: what works?" quoted by the British Homelessness Charity, CRISIS, does not highlight male gender in any of its five key principles for tackling rough sleeping which are listed as: (1) recognise heterogeneity, (2) take swift action, (3) employ assertive outreach, (4) be housing-led, and (5) be person-centred. These conclusions claim to have been based on an analysis of over 500 studies and also interviews with 11 international homelessness experts. This global blindness to male gender in such a comprehensive analysis is powerful evidence showing that it is collective attitudes to male vulnerability that are the issue, not the behaviour and choices of individual men.

The Empathy Gap and Implications for Male Suicide

The evidence clearly indicates that males within the human species are universally more driven to take risks and protect others and correspondingly also less likely to seek help and self-protection. The evidence also indicates that society is correspondingly calibrated to expect this difference and is consequently less empathic towards male death and injury. If this is the case, then it must follow logically that men will be on average more driven than females to take their own lives because of:

a. A greater instinct to ignore personal safety and confront danger
b. A greater instinct to protect others (and greater shame at failing to do so)
c. A lower sense of entitlement to receive help or protection from others.

This pattern is certainly consistent with the suicide statistics across the globe. According to World Health Organisation data over many years, the male suicide rate is significantly higher in every single one of 183 countries in the world where records were sampled with the exception of just two, China and Bangladesh. These reversed gender differences, though not of such an order of magnitude, appear in China to be largely accounted for by the bleak and deprived existence of women in poor rural areas within that country in which women make up a much larger percentage (about 50%) of the agricultural workforce than in other countries. We have already seen (above) that agriculture is a high-risk occupational domain. In Bangladesh, the higher ratio in women may reflect the increased vulnerability in women who are single, economically dependent and illiterate. Whatever the reasons for the differences in these two countries, the fact that the male suicide rate is significantly higher in almost 99% of countries across the globe within a large and culturally varied sample clearly constitutes a major scientific observation that cannot be random and could not be explained as a social or cultural phenomenon.

In the UK during 2016 exactly 75% of all suicides were by men (Office for National Statistics). In the UK, there has never been a year since records began (1861) when the female suicide rate has exceeded the male rate, although the gap has varied, being at its greatest in the 1880s (5–1) and smallest in the 1960s (1.5–1) (Thomas and Gunnell 2010).

Expanding the Argument: Six Reasons Why a Socio-Educational Approach to Male Help-Seeking and Suicide Is Counterproductive

1. A "double-bind": encouraging men to seek help and open up to their more vulnerable feelings could only work if that message was congruent with society's other messages to men, but it is clear (above) that the expectations, actions and policies of society towards the male gender are not protective and actually give the opposite message. It is well recognised that "double-binds" actually contribute to serious mental health problems (Bateson et al. 1956). This means that in the name of trying to improve men's mental well-being our self-contradictory public health messages may in fact be damaging it further.

2. Stigmatising or pathologising masculinity: a masculine style of emotional processing and behaviour can be positive and adaptive especially in dangerous and risky situations in which military men and male civilians in many working class occupations are still expected to function. In high risk situations, it is adaptive to tune out from emotional vulnerability and focus on task performance. A blanket message to men that this emotional pattern is unhealthy could therefore itself be stigmatising, pathologising and damaging.

3. Ignoring the brain and biology: there is no strong evidence that emotional differences between men and women are taught, especially as most educators of young boys are adult females (see below), but there is a wealth of evidence linking these patterns to differences in the male and female brain (e.g. Baron-Cohen 2002; Brizendine 2010). Similarly, a recent meta-analysis by Todd et al. (2018) has shown that gender differences in toy preferences and play emerge instinctively at a very early age and cannot be explained satisfactorily by social conditioning theories. Males were found on average to prefer action toys with moving parts whilst females preferred dolls or toys that involved social relationship. Again this evidence fits the hypothesis that there are some archetypal and instinctive differences *on average* in motivation and behaviour between the genders.

4. The social education is being aimed at the wrong people: by targeting only masculinity and men themselves as needing to change rather than society as a whole, we are in effect blaming men for their own gender attributes of high risk-taking and low help-seeking. Ironically, we are using a social theory to locate a problem in only one part of an entire social system. In systemic terms, it is impossible to change one part of a system if the rest of the system remains the same. Such a message that connects male suicide with problems of masculinity pathologises males and also paradoxically reinforces the myth that men can never be victims.

5. Denial of cultural patterns of socialisation: children of both sexes actually spend significantly more of their developing years with adult females compared to adult males (e.g. Hofferth and Sandberg 2001; Parker and Wang 2013). This pattern is also consistent with an archetype-based theory of gender difference. This means that even if boys were being socialised unhealthily, there is an argument for introducing more fathering and masculine social influences, not less (Farrell and Gray 2018). There is a relative absence of male role models for young boys at school and at home. In England for example, Department of Education figures for 2016 revealed that only 15% of primary school teachers and 38% of

secondary school teachers were male. A social learning theory of gender would therefore predict that that the behaviour and attitudes of boys and men should already be changing in a more "feminised" direction, but this is not reflected in the low rates of help-seeking and high rates of suicide even in younger age groups of males.

6. People of any group are only motivated to use help if that help is empathic. Common approaches to male problems therefore that take a judgmental stance by focusing on "toxic masculinity" or "male emotional illiteracy" (e.g. the "Duluth model", see above) will therefore ironically only deter men from seeking help and demotivate those that do attend.

Towards a More Scientific and Humane Approach to Reducing Male Suicide

Assuming that male behaviour is a collection of stereotypes, as we have seen, leads to an educational approach directed at reforming men or masculinity itself which is unlikely to work for all the reasons stated. This assumption also prevents us from researching deeper-rooted archetypal gender differences. Given that being of the male gender is almost universally the biggest single risk factor for suicide since records began, it logically follows that suicide research if nothing else would be dominated by studies of male psychology and behaviour. In fact, the opposite is the case. Male gender is largely neglected in suicide research which instead focuses more broadly on social, cultural, class and economic factors. This again can be no coincidence. For example, even amongst the publications of the internationally respected Oxford Centre for Suicide Research, only one short paper (Hawton 2000) could be found that recognised gender difference as a central factor in the causation of suicide. This paper concluded encouragingly by recommending more research in this area and predicting that "gender specific approaches may be indicated". However, this research group has not followed up on its own recommendations. A subsequent book from the same research group entitled "prevention and treatment of suicidal behaviour" (Hawton 2005) does not refer to gender in the titles of any of its 20 chapters. Equally, it was not possible to find a reference to the male gender or even to gender at all in the title of any publication by the same group between 2006 and 2015. The same is also true of all the chapters in another apparently comprehensive book entitled "Evidence-based Practice in Suicidology" (Pompili and Tatarelli 2010).

This pattern of gender-blindness even amongst suicide researchers therefore reflects the very same "empathy gap" towards the male gender that can be postulated as contributing towards male suicide in the first place. However, by simply adopting the gender-specific hypothesis that male behaviour reflects universal male archetypes, a much more promising approach to suicide immediately begins to take shape. By simply allowing archetypal gender differences to be researched, understood and honoured, gender-specific solutions to male suicide can indeed be found.

Defining the male archetype is not difficult once the need to do so is acknowledged. The archetype can in fact be seen in many of the instinctive behaviours that are mistakenly labelled stereotypes and are visible in all human cultures. It would be strange indeed if the human species was the only species to be devoid of any instincts or drives relating to biological sex. One of the greatest psychological thinkers in the western world to date, Carl Jung, helped pave the way in this respect. He talked of archetypal patterns evolved within the human species and shared within a "collective unconscious". Included within this vision of humanity was a clear distinction and inter-relationship between universal masculine and feminine elements. In Jung's scheme, whilst individuals could vary in terms of their personal relationship to the archetype, an archetype was universal and embedded within us all. For Jung, this also meant that men had within them a universal feminine aspect (anima) and women a masculine aspect (animus). Jung's thinking in this respect was clearly influenced by the ancient Chinese conception of "Yin" and "Yang" in which femininity (one aspect of "Yin") is seen along with masculinity (one aspect of "Yang") as a complementary system of opposites within the natural universe.

More recently, our own research team has for clinical purposes come up with a simple and practical definition of the male archetype or "gender script" consisting of three schematic elements that we have begun to test in a series of studies:

a. Fighting and winning
b. Providing and protecting
c. Maintaining mastery and self-control.

Using these scripts, Seager et al. (2014) found in a survey of 348 women and 170 men, after controlling for other variables, that two male gender subscales predicted risk of suicidality: the more people thought they needed to be a Fighter and Winner ($P<.001$) and have control over their feelings ($P<.042$), the more suicidality they reported. It was also found that higher

scores on "family harmony" (feminine archetype) predicted decreased suicidality. Significant differences in the expected direction were also found between men and women in their scores on four derived subscales ("protection", "mastery and control", "attractiveness" and "pressure to have children").

These elements of a postulated male archetype may collectively be said to contribute to a sense of *masculine identity, honour and strength*. To the extent that a man feels that these elements are missing, he will feel the opposite state of *masculine shame and failure*. Once we begin to recognise these phenomena as archetypal and instinctive rather than as simply socio-cultural or educational, male patterns of emotional communication and behaviour make much more sense scientifically.

For example, within this archetypal perspective, the masculine emotional pattern of not directly sharing emotions verbally, which on one level looks like a wilful and unnecessary barrier to help-seeking, on another level can be seen to be an important way of achieving goals and indeed surviving when in dangerous and risky situations that demand control, mastery and focus. In such situations heightened emotional awareness and expression would impair performance and threaten survival itself. This pattern of focussed attention can be seen not just in dangerous military (e.g. bomb disposal) and civilian (e.g. steeple jacking) situations but also, for example, in elite sport where a "masculine" mind set of controlling emotion (including fear and aggression) and channelling it into precise and goal-driven action (composure) is vital for success. In dangerous and testing situations the male archetype turns out to be an age-old recipe for survival and success.

Why an Archetypal Approach to Male Suicide Works Much Better

If we assume therefore that men *on average* are more likely than women to be driven to "fight", "protect" and "retain mastery/self-control" then it is clear that trying to encourage men *collectively* to "open up", "be vulnerable" and "seek help" potentially violates deep-rooted masculine instincts. Such an approach may even increase a sense of masculine shame and failure. This is in effect saying to men that *strength does not matter* which is no wiser than saying to women that *beauty does not matter,* a message that would violate equivalent female instincts. Also, as we have seen, such a message cannot work if there are no correspondingly empathic policies for vulnerable men in society and virtually no male-specific services to back that message up.

However, if the same message is reframed to fit the archetype as defined, a totally different outcome can be achieved. If the archetype is honoured and not violated, the message can become positive:

1. "*By seeking help you are taking action, taking control and fighting your problems*"
2. "*It takes strength and courage to confront and master your problems*" or
3. "*Looking after yourself means protecting your family*".

By using male-friendly language and approaches the idea of help-seeking can therefore actually be integrated with an archetypal sense of masculinity rather than working against it. Language that emphasises weakness, vulnerability, stigma, deficiency or negativity is unlikely to work with any group including females too, but with vulnerable males the negative impact of such language is magnified further through the filter of the male archetype (Clement et al. 2015).

Because of gender-blindness most therapy outcome research has been gender neutralised, simply combining all data relating to gender and so overlooking possible important differences in the ways that men and women respond to therapy. The little research that has been done, however, confirms the hypothesis that there are such important differences. In particular, in the line with archetype theory, the available evidence indicates that men on average prefer to "fix" problems rather than "explore" them whereas women show the opposite pattern (e.g. Russ et al. 2015; Holloway et al. 2018).

It is more likely, therefore, that potentially suicidal men can be better helped by adapting new therapies and approaches to suit male psychological characteristics than by trying to change men to fit traditional therapies which can be described as "feminised" (Morison et al. 2014). If we take the male archetype seriously as defined, then it also makes sense to tailor male-friendly approaches to those situations that will provoke a deep sense of masculine shame, worthlessness and failure: these situations are the very ones that do show up in the suicide statistics if we actually care to look:

a. *Unemployment*—unemployment is bad enough for anyone but from the male archetype it can be predicted that a man will feel an extra drive *on average* to be a "winner", to protect his family and retain mastery, so will feel even greater shame when unemployed than a woman—this prediction is supported by the ONS figures in the UK for the two years following the most recent recession (2008–2010) which triggered an extra 878 suicides amongst men over and above the pre-recession statistical trend,

whereas in women 123 extra suicides were triggered. This gender ratio of 7–1 is even greater than the usual 3 to 1 male-female suicide ratio. This indicates that masculinity and unemployment are interacting as predicted. This therefore implies that male-friendly approaches to helping men deal with and overcome unemployment are vital in reducing male suicide.

b. *Loss of relationship with a partner*—Griffiths et al. (2008) found that single, divorced and widowed men are three times more likely than their married counterparts to take their own lives.

c. *Loss of contact with children or loss of the father role*—because society does reflect both male and female archetypes, loss of parental access to children is a factor which affects many more men than women. According to figures by Statista (2017) in the UK there were 1602 single mother households compared to 179 single father households. In the UK a study found that 96% of parents applying to the family courts for access to their children were men and less than 50% of such applications resulted in the father gaining the right to have his children stay the night (Harding and Newnham 2015). Male prisoners are granted significantly less access to their children than female prisoners (e.g. Evans 2015). A comprehensive research report by Samaritans (Wylie et al. 2012) concluded that "Men are more likely to be separated from their children and this plays a role in some men's suicides".

d. *Sexuality*—the archetype predicts that gay men will feel even more suicidal pressure than Lesbian women simply because negative attitudes to homosexuality will interact with the male archetype even more strongly than with the female archetype. This fits with the evidence from Cochran and Mays (2000) in the US who found that the suicide risk could be as much as 5 times higher for gay men than for heterosexual men.

Two Simple and Original Examples of Effective Male-Friendly Initiatives

"Man Talk" (Central London Samaritans, 2014)

Samaritans is an organisation founded by Chad Varah in 1953 whose central aim is to reduce suicide and whose primary method of trying to achieve this is through a 24-hour helpline. Samaritans has been effective in attracting a representative 50–50% gender split in callers. Whilst not explicitly designed with gender in mind, the Samaritans' general ethos of anonymity, self-direction and confidentiality appears to have attracted male callers who

might otherwise have been deterred by the shame of revealing their identity or by the fear of losing self-control. However, Samaritans like many mental health related charities and services has historically been "gender neutral" in its explicit training approach to listening to and responding to callers. In 2014, however, a gender-specific training programme called "Man Talk" was run for all volunteers at the Central London Samaritans, the oldest and largest branch in the UK. The theory behind this programme was that it was not possible to control or change the talking behaviour of male callers directly but it was much more possible to change the listening behaviour and responses of volunteers and this in turn would improve the quality of phone calls with men and improve the chances of helping potentially suicidal men to feel connected, valued, heard and understood.

The project consisted of simply exposing volunteers (80% female) across one calendar year to a range of training events and experiences that presented life from a masculine angle. These included (a) a conversational session with two musicians playing and exploring the lyrics and meaning of blues music (b) a session with female actors from the Royal Shakespeare Company playing male roles (including those with power and responsibility) in selected scenes from Shakespeare's "Julius Caesar" and discussing with the audience the psychological impact of this upon them and the insight it gave them into the pressures and responsibilities of these male characters (c) an interactive talk from a psychologist (MS) about masculine ways of dealing with and expressing emotion, emphasising the idea that men were not emotionally *illiterate* but rather *differently literate* and that men could be reached if the listener tuned into their archetypal language, focussing on *action, story* and *meaning* rather than *feelings*. This presentation was also punctuated by a piece of emotional classical music played by a solo male cellist.

By the end of the year the following *quantitative* results were obtained:

Pre-"Man Talk"

Out of a sample of over 1000 calls from men, 32% (1 in 3) lasted 5 min or less whereas out of a similar size sample of calls from women only 17% (1 in 6) lasted 5 min or less.

Post-"Man Talk"

Out of a sample of more than 1000 calls from men, 25% (1 in 4) calls lasted 5 min or less whereas from a similar sample of calls from women, the percentage of calls lasting 5 min or less remained the same (17% or 1 in 6).

These figures indicate that following the training programme the percentage of short (and possibly abortive) calls from men had been significantly reduced from about a third of calls to a quarter of calls. Also, the difference

between men and women in this respect had been halved from a 15% difference to an 8% difference.

36 volunteers also responded to a survey on the "Man Talk" project. Of these 89% (32 volunteers) said they found the programme helpful. Only 1 volunteer who attended any element of "Man Talk" said they found it unhelpful.

Many positive qualitative comments were also obtained from the survey and the following is a brief selection:

> Men may legitimately need support that addresses feelings implicitly not explicitly.

> When I get a male caller struggling to focus on his feelings … I give him time to find his own voice and have had better calls as a result.

> I realise that sometimes we treat men differently (and less sensitively) because we have preconceived ideas.

> Man Talk workshops and information were really insightful for personal relationships as well as supporting callers. As a woman I think there's a lot I can still learn.

Taken together, these quantitative and qualitative findings indicate that better connections can be made with troubled male callers by educating those who are offering help to them rather than by trying to educate men themselves. In other words, rather than trying to teach men to open up, it is better to teach ourselves to open up to men.

The Campaign Against Living Miserably (CALM)

The Charity CALM was originally commissioned to provide help for young men in Merseyside in 2000 and became a national charity in 2006. Campaigns have targeted males specifically (but not exclusively) and challenged societal assumptions about male distress and suicide. CALM operates through local community action in "CALMzones", a confidential helpline, a text/e-mail service, a website, magazine and social media. CALM uses high-profile campaigns that engage directly with young men by using role models such as rappers, musicians, comedians, sports stars and other highly admired celebrity figures and by using 'street-wise' language. CALM connects with men by using stories of men who have come through personal difficulties. Hearing stories of recovery and hope from people just like you

can be incredibly powerful for anyone, particularly for males who do not usually get to share stories of this kind. Over the first decade (1999–2010) since the first CALMzone was established in Merseyside, suicide rates in that area fell by a massive 55%, from well above the national average to significantly below it. These figures speak volumes about the value of honouring male pain in male-friendly ways and the effectiveness of doing so. These figures also show that men can seek and use help if we change the way we listen rather than expecting men to change the way they talk. Similarly positive results are obtained when "male-friendly spaces" are created in "Men's Sheds" (Golding 2015) or men's therapy groups (e.g. Seager and Thummel 2006, 2009) and yet such male-friendly services and approaches in the UK and elsewhere still remain the exception rather than the rule.

Conclusion

In trying to reduce male suicide there is essentially a choice to be made between two divergent approaches:

1. Socially challenging and reconstructing masculine behaviour and masculinity itself as a negative *stereotype* through educational methods with the aim of teaching males to seek help and share emotions more openly (i.e. change masculinity).
2. Changing the social attitudes and responses of society towards men and boys to create more empathy for masculinity as a positive part of the human spectrum, whilst also providing male-friendly services for men and boys that both honour the male *archetype* and offer new and better ways of expressing it (i.e. change society).

It is hoped that the evidence presented in this chapter will have demonstrated that only approach "(2)" can work in practice and this may even go some way towards achieving the aim behind approach "(1)". In a relatively small number of examples where approach "(2)" has been used, it has been consistently shown to be effective. On the other hand, approach "(1)" can only be counterproductive as in essence it involves blaming men for conforming to instincts originating from the male archetype. Sadly, however, approach "(1)" still remains to this day the mainstream approach to problems including suicide affecting men in our society. Unless this picture changes our efforts to reduce male suicide are in danger of becoming counterproductive or at least of having only a limited benefit.

References

Archer, J. (2000). Sex differences in aggression between heterosexual partners: A meta-analytic review. *Psychological Bulletin, 126*(5), 651–680.

Baron-Cohen, S. (2002). The extreme male brain theory of autism. *Trends in Cognitive Sciences, 6,* 248–254.

Bateson, G., Jackson, D., Haley, J., & Weakland, J. (1956). Toward a theory of schizophrenia. *Behavioural Science, 1,* 251–254.

Baumeister, R. (2010). *Is there anything good about men? How cultures flourish by exploiting men*. Oxford University Press.

Benenson, J., & Koulnazarian, M. (2008). Sex differences in help-seeking appear in early childhood. *British Journal of Developmental Psychology, 26*(2), 163–169.

Brizendine, L. (2010). *The male brain*. London: Bantam Press.

Byrnes, J., Miller, D., & Schafer, W. (1999). Gender differences in risk taking: A meta-analysis. *Psychological Bulletin, 125*(3), 367–383.

Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., et al. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological Medicine, 45*(1), 11–27.

Cochran, S., & Mays, V. (2000). Lifetime prevalence of suicide symptoms and affective disorders among men reporting same-sex sexual partners: Results from NHANES III. *American Journal of Public Health, 90*(4), 573.

Evans, J. (2015). *Locked Out—Children's experiences of visiting a parent in prison* (Report for Barnardo's). Retrieved from https://www.barnardos.org.uk/locked-out-report.pdf.

Farrell, W., & Gray, J. (2018). *The boy crisis—Why our boys are struggling and what we can do about it*. Dallas: Benbella Books.

Golding, B. (2015). *The men's shed movement: The company of men*. Champaign, IL: Common Ground Publishing.

Griffiths, C., Ladva, G., Brock, A., & Baker, A. (2008). Trends in suicide by marital status in England and Wales, 1982–2005. *Health Statistics Quarterly, 37,* 8.

Harding, M., & Newnham, A. (2015). How do county courts share the care of children between parents? (Report for the Nuffield Foundation). Retrieved from https://www.familylaw.co.uk/system/redactor_assets/documents/2949/How_do_county_courts_share_the_care_of_children_between_parents.pdf.

Hawton, K. (2000). Sex and suicide—Gender differences in suicidal behaviour. *British Journal of Psychiatry, 177,* 484–485.

Hawton, K. (Ed.). (2005). Prevention and treatment of suicidal behaviour—From science to practice. New York: Oxford University Press.

Health & Safety Executive. (2018). *Annual statistics, published July 2018 (data up to March 2018) workplace fatal injuries in great Britain 2018*. Retrieved from http://www.hse.gov.uk/Statistics/pdf/fatalinjuries.pdf.

Hofferth, S., & Sandberg, J. (2001). How American children spend their time. *Journal of Marriage and Family, 63*(2), 295–308.

Holloway, K., Seager M., & Barry, J. (2018). Are clinical psychologists, psychotherapists and counsellors overlooking the needs of their male clients? *Clinical Psychology Forum, 307*, 15–21.

Mackie, P., Johnsen, S., & Wood, J. (2017). *Ending rough sleeping: What works? An international evidence review*. London: Crisis.

Mankind Initiative. (2018). *Helping men escape domestic abuse.* Retrieved from http://www.mankind.org.uk/statistics/.

Ministry of Housing, Communities and Local Government. (2017, Autumn). *Rough sleeping statistics*. England (Revised 16 February 2018). Retrieved from roughsleepingstatistics@communities.gsi.gov.uk.

Morison, L., Trigeorgis, C., & John, M. (2014). Are mental health services inherently feminised? *The Psychologist, 27*(6), 414–416.

Nam, Suk Kyung, Chu, Hui Jung, Lee, Mi Kyoung, Lee, Ji Hee, Kim, Nuri, & Lee, Sang Min. (2010). A Meta-analysis of gender differences in attitudes toward seeking professional psychological help. *Journal of American College Health, 59*(2), 110–116.

Parity. (2010). *Equal Rights for men and women*. http://www.parity-uk.org/.

Parker, K., & Wang, W. (2013). *Modern parenthood: Roles of moms and dads converge as they balance work and family*. Washington, DC: Pew Research Center. Available at http://www.pewsocialtrends.org/2013/03/14/modern-parenthood-roles-ofmoms-and-dads-converge-as-they-balance-work-and-family/.

Pence, E., & Paymar, M. (1993). *Education groups for men who batter: The Duluth model* (p. xiii). New York: Springer.

Pompili, M., & Tatarelli, R. (Eds.). (2010). *Evidence-based practice in suicidology: A source book*. Hogrefe Publishing.

Russ, S., Ellan-Dyson, V., Seager, M., & Barry, J. (2015). Coaches' views on differences in treatment style for male and female clients. *New Male Studies, 4*(3), 75–92.

Seager, M., Barry, J., & Sullivan, L. (2016a). Challenging male gender blindness: Why psychologists should be leading the way. *Clinical Psychology Forum, 285*, 36–40.

Seager, M., Farrell, W. & Barry, J. (2016b). The male gender empathy gap: Time for psychology to take action. *New Male Studies, 5*(2), 6–16.

Seager, M., Sullivan, L., & Barry, J. (2014). Gender-related schemas and suicidality: Validation of the male and female traditional gender scripts questionnaires. *New Male Studies, 3*(3), 34–54.

Seager, M., & Thummel, U. (2006). *Group therapy for men, men's health forum magazine*, Issue 11, p. 9.

Seager, M., & Thummel, U. (2009). Chocolates and flowers? You must be joking! Of men and tenderness in group therapy. *Group Analysis, 42*(3), 250–271.

Statista (UK): Rough sleepers in London 2017, by gender. Retrieved from https://www.statista.com/statistics/381373/london-homelessness-rough-sleepers-by-gender/.

Statista (UK): Single/lone parent families in 2017, by parent's gender. Retrieved from https://www.statista.com/statistics/281640/lone-parent-families-in-the-united-kingdom-uk-by-gender/.

Thomas, K., & Gunnell, D. (2010). Suicide in England and Wales 1861-2007: A time-trends analysis. *International Journal of Epidemiology, 39*(6), 1464–1475.

Todd, B., Fisher, R., Di Costa, S., Roestorf, A., Harbour, K., Hardiman, P., & Barry, J. (2018). Sex differences in children's toy preferences: A systematic review, meta-regression, and meta-analysis. *Infant & Child Development, 27*(2). https://doi.org/10.1002/icd.2064.

Wylie, C., Platt, S., Brownie, J., & Chandler, A. (2012). *Men, suicide and society*. London: Samaritans.