



Dignifying Psychotherapy with Men: Developing Empathic and Evidence-Based Approaches That Suit the Real Needs of the Male Gender

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Contending with a Legacy of Distortions About Male Gender

The view of men and masculinity currently embedded in popular culture is decidedly negative and at times even derogatory. *The Washington Post*, for example, recently published an opinion piece that asked ‘Why Can’t We Hate Men?’ The author was a respected University professor, a lecturer in sociology and a director of a University-based Women, Gender, and Sexuality Studies Program. The publication of such an article in a respected newspaper indicates how seriously such attitudes are now taken in the western and English-speaking world and is symptomatic of a mainstream gender narrative based more upon sociological and political theory than on empirical or experimental evidence (Pinker 2002). A culture of blame towards masculinity has been fostered in gender research and therapy that may even be said to undermine basic scientific, ethical and humanitarian values. Judgmental theories such as ‘toxic masculinity’, for example, have gained widespread and uncritical acceptance without being tested empirically (Barry and Seager 2019 in this volume).

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Because of this academic climate, there has been little proper research into the actual life experiences of ordinary men, how they think, feel and make sense of the world. Policies and attitudes towards the male gender, even within centres of learning and government, have been based around frequently negative assumptions, myths and stereotypes relating to men and boys. Because of a predominantly sociopolitical ethos, the current literature relating to the psychology of the male gender tends to neglect or even deny the role of biologically based sex differences within the human species. In such an academic climate, research that attempts to look beyond psychosocial factors and redress potential distortions and biases becomes that much harder to fund, undertake and publish. This then amounts to a self-fulfilling prophecy of negativity about men that cannot be questioned or disconfirmed (Nathanson and Young 2001; Goldberg 1991; Ashfield 2003). It has been argued that such an ideological climate even poses a fundamental danger to the pursuit of knowledge and to a genuine spirit of enquiry (Kipnis 1995).

As psychotherapy practitioners, wishing to follow standards of ethics, science and humanity that derive from our professional training, we have found ourselves at a great disadvantage from the outset in trying to take an inclusive and empathic approach to men. So much of the necessary evidence-base for our work appeared to be either distorted or absent. Because much of the culture of counselling and therapy itself that we inherited was arguably 'feminised' (Morison et al. 2014) or based upon a model of female psychological functioning, we found ourselves in the position of having to start almost with a blank sheet of paper, developing our own methodology after attempting to separate the bias from the reality in the available knowledge-base which had the weight of authority but seemed to be rooted in generalisations and assumptions about men rather than detailed knowledge of their actual lives.

As psychotherapy practitioners, we needed to exercise basic skills of critical analysis—checking for evidence and theoretical consistency, whilst and all the time referencing our thinking to the lived reality of men's experience and men's lives in the context of wider relationships and culture.

Foundational Concepts of Male Gender: Masculinity and Manhood

The concepts of *gender*, *masculinity* and *manhood* are unquestionably essential to understand male experience, the place that men occupy in the world and what is demanded of them by society. A brief exposition of these

factors and their relation to biology and behaviour will be provided as a useful interpretive framework for our consideration of clinical issues relating to men's needs and experiences.

It is important from the outset to understand that, in referring to men's experience and behaviour, we are making observations from our clinical sample about men *on average*, not about all men universally. Not all men are alike, but we can say that men are *on average* more likely to behave in certain ways and more likely to exhibit characteristically male preferences, aptitudes and abilities.

Are Gender Differences a Product of Biology or Culture?

This is perhaps an age-old question to which the answer should probably be *both*. However, for decades, the literature and research on gender has been rooted in social constructionist assumptions that observed differences between men and women are primarily the product of social culture and learning. Such assumptions entail the 'blank slate' (Pinker 2002) idea that men and women are at birth not different at all and, unlike in other mammalian species, inherit no biological or evolutionary instincts, qualities, behavioural tendencies or characteristics. Any differences that do emerge are according to this theory presumed to be the product of experience alone.

According to this prevailing view, gender can be reduced to a collection of social roles that are 'fluid' and changeable. It follows from this assumption that if gender roles are socially and culturally constructed 'from scratch', they can therefore be socially deconstructed. Such views have also incorporated the related theory of 'patriarchy' (e.g. Meagher 2011) to define the sort of culture by which it is assumed male behaviours and attitudes have to date been shaped. The notion of 'patriarchy' itself reflects a further global assumption that the culture in question is controlled by men and disadvantageous to women (Nadeau 1996).

No empirical evidence has been produced to support a social constructionist model of gender in general or a patriarchal mode of culture in particular. A single study by the anthropologist, Margaret Mead (1935) is the only piece of investigative research that is widely cited to this day in support of the hypothesis that gender differences are completely fluid and reversible. It has been claimed that Mead found an example in one primitive society (the Tchambuli) where what in the western world we typically regard as

male roles were performed by women and vice versa. Mead herself stated many times that she had exaggerated her conclusions to challenge what she saw as highly rigid gender roles in the west (Goldberg 1991; Wood 2003; Freeman 1983; Roscoe 2003). Over several decades, she went on to publicly state that her research had never found or proven any such thing, but to no avail. These findings have been used against the expressed views of their own author to justify even in more recent times (e.g. Goldberg 1991; Roscoe 2003) the assumption that there are no biological or universal gender differences in our human species and that the psychology of gender is essentially separable from biological differences. Of course, leaving aside the question of this one tribe, no other societies where 'traditional' gender roles have been reversed have been found by any other researcher in the 80 years or more since Mead's original paper.

Despite being fundamentally flawed and without empirical evidence, these assertions are still predominant in gender discourse in many university courses and publications, and they have become widely accepted in the fields of education, humanities, health and social services. Such systematic bias may be considered to meet the standards of 'propaganda' as defined by Jacques Ellul in his classic treatise:

... a complete system for explaining the world ... provides immediate incentives to action... propaganda imposes a complete range of intuitive knowledge, susceptible of only one interpretation, unique and one sided, and precluding any divergence... It stimulates in the individual a feeling of exclusiveness, and produces a biased attitude... Once accepted, it controls the whole of the individual, who becomes immune to any other influence. (Ellul 1974)

Though support for social constructionism in the field of gender may be said to be in some decline, it remains relatively entrenched and resistant to disconfirmation or refutation (as described by Karl Popper from the 1950s onwards). Fortunately, such a closed-minded climate of scholarship is increasingly being eclipsed by compelling evidence from a whole range of academic disciplines, including Biology, Anthropology, Neuroscience, Endocrinology, Psychiatry, Psychology and even Feminist authors such as Camille Paglia (Weiss 2013).

By using available multidisciplinary knowledge for making sense of gender and its interrelationship with biology and culture, a previously unavailable understanding emerges that is at once coherent, grounded and useful—an understanding congruent with men and women's lived

experience and that can provide a more realistic basis for agendas of social and cultural transformation. This knowledge now compels us to postulate that differences in male/female brain and hormone physiology ‘result in behavioural tendencies that on average correlate with statistically significant differences in behaviour on the group level’ (Nadeau 1996). We can also now say, based on available evidence, that biology is the *primary* (though not exclusive) determinant that drives and orientates human gendered behaviour. Sex-specific abilities and behaviours are grounded in male and female biology, and ‘all social systems conform to the limits imposed by this reality’ (Goldberg 1973, 1991; Pinker 2002; Baron-Cohen 2003; Sax 2006; Nadeau 1996).

For example, the reason why men and women are attracted on average to different occupations and domains in society (e.g. males to mechanical roles and females to nurturing roles) is not because they have been collectively socialised to do so from birth, but because society recognises and reflects genuine motivational differences that have their basis in evolutionary biology (Goldberg 1973; Ashfield 2003). This should not be taken to mean that biology determines or defines people or that children should not be encouraged openly and equally to find their own path in life regardless of gender. It simply means that there are *on average* certain inherited predispositions, scripts, drives and instincts which make certain choices more likely than others. Biological sex is the fundamental originator of gender, with social conditioning reinforcing, accentuating, limiting or refining gender characteristics to fit in with (and meet the demands of) particular cultural and environmental contexts (Ashfield 2003). This bio-behavioural and bio-cultural perspective—the antithesis of the current gender paradigm—holds a great deal of promise and offers a more positive prospect for including masculinity in the spectrum of healthy and natural human identities.

Masculinit-y or -ies?

The bulk of current literature dealing with the subject of masculinity does little but reinforce a deficit view of the male gender. It almost exclusively represents social constructionist attempts to make sense of gender and behaviour, in the absence of the necessary knowledge to do so (Murphy 2004; Kimmel et al. 2005; Smith 2007). Its denial of biological reality must be counterpoised with a highly selective and reductionist view of social reality. Discussion or assertions about masculinity in this literature are commonly associated with the terms *masculinities* and *masculinities*

discourse—which are partly a way of seeking to avoid viewing all male kind as a meaningful category of humanity with a shared biological heritage.

However, masculinity, far from being interchangeable with femininity, or capable of being deconstructed, has an explanatory value and validity as a bio-psycho-social concept. Such an integrated model of masculinity best describes a range and pattern of physical, psychological and social differences that can be seen universally and cross-culturally but which are often misinterpreted as stereotypes (Ashfield 2003). Masculine *sex* is biologically innate but is expressed socially as masculine *gender* and can at that level be influenced by learning and experience.

Manhood: How Culture and Society Use Masculine Potentials

Through a process of childhood and adolescent development, masculinity or male masculine potentials are configured (reinforced, exaggerated, limited or downplayed—as far as they can be) through social learning and cultural conditioning, to fit with the particular demands of a specific culture and environmental setting. The effect or result of this configuring (in adult males) is best described as *Manhood*. Manhood in any particular culture exhibits what is generally considered to be manliness (Gilmore 1990). *Manhood*, then, in its various forms, describes what happens when biological masculinity is configured to meet the particular demands of a specific culture and environmental setting (Gilmore 1990; Ashfield 2003).

For example, the *average* male brain and hormonal physiology provides a male individual with a capacity for the forceful and single-minded pursuit of goals, stoicism, risk-taking and persevering competitiveness (Pinker 2002; Baron-Cohen 2003; Sax 2006; Nadeau 1996; Goldberg 1973). Though these capacities can be misused or misdirected (and may become toxic in damaged men), they are exploited and reinforced in our culture, because they are indispensable to the kind of roles men, particularly working-class men, must perform to keep us all in the standard of living, safety and security we have come to expect. Cross-cultural studies have consistently observed that the harder, more demanding, threatening, competitive or dangerous life is, the more stress appears to be placed on a manhood ideal that is tough, aggressive, competitive and stoical. Conversely, in circumstances that are comfortable, less competitive and pose little threat to health or well-being, the manhood ideal is relaxed and much more liberal (Gilmore 1990).

Manhood and Male Development

Boys don't achieve a sense of male gender identity or manhood merely through biological maturation. Unlike girls, they must break away from their first attachment usually to a mother, to be able to achieve a sense of identity recognised by society as manly. A boy must break his bonds with his mother to achieve an independent social status and identity, distinct from hers. Of course, this can be a difficult and lonely process when it is not cushioned by appropriate male support, mentoring and male role modelling. Nevertheless, it is essential if a boy is to attain a viable male identity and achieve the best place possible for himself in the male dominance hierarchy, and in the world of men—men of whom much will be demanded by society (Moxon 2008). This will also mean resisting at times the tempting comfort of 'puerile regression'—running back to 'mother' or the world of women for comfort or protection. Male gender identity forms in contradistinction to mother and women so that difference and differentiation is vital in identity formation (Fogel 1986; Stoller 1974; Hallman 1969; Gilmore 1990).

This may explain why boys are often more attentive to the slight encouragement of men than the lavish affirmation of women; a matter in need of more observation and research—especially when it comes to the gender of therapists and school teachers who must work with boys. Both need to adopt a gender-sensitive approach in their dealings—especially with older boys—if boys are not to view their counsel and efforts as contrary to their male quest for independent masculine identity. It may therefore be that some efforts of female professionals are perceived as a perturbing invitation to puerile regression. Alongside female influences, there is a genuine need for a 'man about the house', in the school and in the therapy room to facilitate the development of boys (see Farrell and Gray 2018).

Manhood and the Hovering Threat of Its Confiscation

The attainment of manhood and a sense of masculine social identity are also very difficult for other important reasons. Society requires male strength and risk-taking to provide the physical security and infrastructure upon which all citizens depend. Manhood is a culturally imposed ideal to which men must conform, and therefore, there is always the hovering threat of it being taken away (Gilmore 1990; Ashfield 2004). Masculinity ideals, far from being a

sign of individual pathology in men, reflect a collective cultural device that provides the immense leverage required to get the majority of men to occupy the majority of the most stressful, health diminishing, dirty and dangerous roles and occupations in service to society. This can be shown by a simple analysis of the statistics for deaths at work where men almost universally account for the vast majority. For example, recent figures for Australia show that out of a total of 182 work-related fatalities, 168 or 92% were men (Safe Work Australia 2017). And it works because human well-being depends so heavily on having a viable gender identity and on social inclusion. For men, it seems, it is better to die than to be considered a non-man. Manhood is a code (Farrell 2001) which demands risk-taking, emotional detachment, stoicism, toughness and strength; it demands that men ignore even life-threatening consequences in order to ensure material production and provision, and to protect community and family—attributes essential to human survival and prosperity.

Again, we would do well to pause and ponder how unjust and contradictory it is, to demand of men the kind of roles that often lead to greater ill health and an earlier death than women, whilst at the same time demanding that they behave more like women.

An irony of contemporary relationship expectations is that many women have identified their husband's unwillingness to share emotions and communicate as a significant reason for divorce (Wills et al. 1974; Riessman 1990). However, studies have also revealed that women consider men whose behaviour does not reflect traditional manly characteristics as too feminine and poorly adjusted (Robertson and Fitzgerald 1990). Though these apparently ambiguous and contradictory expectations appear to be a luxury of modern affluence, they may in fact have always perplexed men, since they probably also reflect the reproductive agenda of women, an agenda that requires male protectiveness and toughness, as well as the capacity to exhibit fidelity and familial bonds in order to enhance the survival of offspring.

Manhood and the Male Dominance Hierarchy

When we consider manhood, we must also see it in relation to the male dominance hierarchy. Much research indicates that male status in the human male dominance hierarchy is the basis of female choice in selecting a male partner (Buss 2003; Okama and Shakelforth 2001). As with other species, the human male is challenged in various ways that test his 'rigour' which may be gauged on the basis of evident physical characteristics or

competitive determination. Yet status in the human male dominance hierarchy is also what is being considered even when a man is being judged on personality. As Moxon points out:

For example, a sense of humour shows self-confidence and social intelligence... women choose men also because of education and/or intelligence, and if they are dependable and/or stable... intelligence is an attribute key to gaining status. Likewise, status translates in calm dependability and an established lifestyle. (Moxon 2008)

All are preferences that fit with female reproductive criteria. Of course, money is a proxy for status. And though men may frequently seem to pursue wealth as an end in itself, it is more likely that they are less concerned with what money can buy and more concerned with how through wealth they might be valued. Interestingly, women who are wealthy high achievers still overwhelmingly choose men with higher incomes than their own, despite having no need for a male provider (Moxon 2008).

It is stating the obvious to say that men can never be like women, but the evidence indicates that women on average would not be attracted to them if they were. But that is not to say that men and women cannot benefit their relationships by exploring and negotiating a whole range of refinements and compromises in the way in which they communicate, express affection, exhibit commitment, constancy and fidelity, and in the way they seek to understand, appreciate and value each other.

Manhood and Men's Health and Well-Being

The cultural phenomenon of manhood along with the masculine ideal within society helps to explain why men are scripted not to pay much attention to their health. This means that where men respond poorly to the promptings of men's health promotion, their response actually makes sense in the context of cultural expectations, and therefore, it is not appropriate or helpful to blame men individually for not seeking help. However, when given the right support in doing so, men can and do take responsibility for their health and well-being, no less than women. They also respond positively to health promotion messages that are male gender appropriate and respectful (RACGP 2006). This means that there are positive ways of helping men to get the help they need as long as services and health messages are designed to be appropriate for a male way of thinking. Trying to change

male characteristics does not work, but tailoring approaches to fit male characteristics does. Dignifying psychotherapy with men therefore involves understanding how men experience emotions, understanding how they communicate and understanding how they cope.

Understanding Men and Emotions

Human biology has evolved in a way that has served the continuity and survival of the human species remarkably well. Sex-specific biologically based differences have undoubtedly influenced (and continue to influence) the kind of roles that men and women generally gravitate towards at home and in society. Women on average are more likely to favour roles that are concerned with relationships, nurturing, family and social bonds. Men on the other hand are more likely to favour roles that are more concerned with material production, provision and protection, roles that are predominantly task and action oriented and outside the home. As one might expect, consistent with these differences in role orientations, men and women correspondingly exhibit significantly divergent ways of thinking, processing emotions, coping, help-seeking and communicating.

Gender Differences in the Expression of Emotion and Emotion Memory

Consistent with their role orientation and demands, women are on average better at expressing and verbalising emotion than men. They have also been found on average to be better at remembering the emotional content of experiences (Canli et al. 2002).

Though men are on average less verbally emotionally expressive than women in social and personal situations, they are not in any sense unfeeling. In men, emotion tends to be more local to the right hemisphere, which has been found to collaborate less with the verbal capacities of the left hemisphere (compared with women). This reflects a *functional difference* rather than a behavioural deficit. Men simply function in a way that reflects their sex-specific biological 'hardwiring' and cognitive orientation, suited to the kind of roles they are predisposed to gravitate towards and are generally expected to perform (Ashfield 2003).

Men are more likely to exhibit their emotional experiences in terms that are *action* oriented, because they are much more behaviourally oriented in

their emotional expression than women. Men also on average are more likely to regulate their emotions in an automatic behavioural fashion rather than verbally and reflectively (Barrett et al. 2000).

Gender Differences in Sexual and Emotional Intimacy

Men's bias towards action and away from emotional intimacy is commonly exhibited in male group humour. Such humour is commonly expressed between men in group situations and typically entails poking fun at others, 'horse play' and banter, often being accompanied by physical gestures and movements (Crawford and Gressley 1991). This behavioural pattern may also be exhibited in male perception and experience of sexual intercourse. A powerful biologically based perceptual sense for men is vision. Men picture in their minds what they might *do* sexually because, to men, sex is 'largely a matter of objective things and actions' (Moir and Jessell 1997).

When men are deprived of sexual activity, they can become on average more moody, ill humoured and irritable than females. Females do not generally 'experience the same feeling of deprivation in a celibate state' (Moir and Jessell 1997). Let us consider that for men sex may be *emotion in action*—resulting in intimacy, and whilst it may not reflect the more complex requirements of female emotional intimacy, there is no basis for suggesting that it is any less emotionally meaningful. A number of men, when questioned about the meaning of sexual intercourse for them, indicated that it is in fact the main way in which they meet their emotional intimacy needs. Whereas, though sex is important and meaningful for their female partner, it is only one of a range of means by which she meets her emotional intimacy needs (Ashfield 2002). This is a common source of conflict between men and women in intimate partner relationships. A man may feel hurt and rejected if his partner is not amenable to his sexual advances, because he feels that his need for emotional intimacy, largely tied up in the *action* of sexual intimacy, is being ignored and misunderstood (and it is likely he doesn't understand it himself). When there is conflict or tension in an intimate partner relationship, or when life circumstances pose emotional challenges or cause psychological stress, men may seek sexual activity as a way of re-establishing intimacy and restoring their sense of emotional equilibrium. Recognising these potential gender differences is vital for knowing how to assist couples in negotiating workable compromise and mutual understanding in their relationships.

Men Favour Action Metaphors in Describing Feelings

The action-orientation of the male brain also explains why males also tend to favour action metaphors in describing feelings. This should be considered less as an emotional deficit than as a different form of emotional literacy or language. For example, men experiencing depression and who do get as far as talking about it in counselling or therapy, typically 'rush through' giving any account of their emotions, and characterise their depression with action metaphors (such as: 'I've fallen in a hole'; 'I'm struggling to stay afloat'; 'I've been dragging my feet for weeks now'; 'What I'm experiencing has really stopped me in my tracks'; 'I've been sliding into a very dark place'). In such metaphors, men's emotion is encoded and can be expressed without so much danger of their manhood being compromised by a public show or declaration of vulnerability (Reissman 1990; Ashfield 2002). Men are therefore often portrayed negatively as failing to express their intimate feelings directly. Traditional therapy services are equally designed with the primary purpose of eliciting direct verbal expressions of emotion, and this may unintentionally favour women and disadvantage men.

Emotion Rumination and Emotion Suppression

Men on average are more likely than women to adopt a *ruminative* cognitive style of coping (Nolen-Hoeksema et al. 1999; Tamres et al. 2002). This tendency to dwell on a problem, its perceived cause and the negative emotions associated with both, readily lends itself to a self-defeating vicious cycle of anxiety and/or depression. However, men have also been shown to be more likely to engage in distracting activities that divert attention away from negative emotions (Nazroo 2001; Jick and Mitz 1985). This can be seen as men being more likely to have their emotional switch 'full on' or 'full off'.

Masculinity is also associated with some more protective cognitive biases. Women have been shown to be more likely than men to feel helpless and powerless to change anxiety-provoking situations (Nolen-Hoeksema et al. 1999) and more likely than men to discount their successes and personalise their failures, thus enhancing their vulnerability to depression (Deaux 1979; Seligman 1975).

The Intensity of Male Emotional Experience

Men are generally less emotionally expressive than women and conversely women appear to have a more elaborate emotional repertoire. However, this does not mean that men and women experience emotion differently in terms of intensity. Research has shown that men characteristically tend to mask their emotions (e.g. Gross and John 1998). When it comes to expressing confidence, however, there is no reported difference between men and women. This suggests that, rather than lacking confidence in expressing their feelings, men simply contain and limit emotional displays. Research has also shown that women report experiencing no more emotion than men, despite being more emotionally expressive. This suggests that, though cultural conditioning may contribute to greater emotional expressivity in women, it appears not necessarily to reflect a greater internal capacity to experience emotions (Gross and John 1998). The evidence suggests that men on average have a higher threshold for expressing emotion. In other words, men need on average to experience a higher level of emotional intensity before externally expressing any given emotion (Kring and Gordon 1998).

Men and Communication

Male and female styles of conversation and communication appear to reflect quite accurately 'the conditions of survival for single-sex groups of hunter-gatherers'. Men are more likely on average to use conversation to 'preserve their independence' whilst women use conversation to establish connections and negotiate relationships. It appears that these differences contributed to better survival in the evolutionary history of our species by creating a collaborative and differentiated system of emotional and task-related performance. The conditions of a hunter-gatherer existence therefore may be said to have occasioned the 'evolution of sex-differences in brain regions associated with sensory and motor skills' (Nadeau 1996).

It is well known that in the male brain the cerebral hemispheres function in a less collaborative way than is observable in females. Male linguistic constructions of reality are more specific to the left hemisphere and with fewer inputs from the right hemisphere. Male linguistic constructions are consequently more likely to be characterised and constrained by 'lineal, categorical and causal cognitive processes of the left hemisphere'. A limited contribution from the right hemisphere explains why such constructions

appear to exhibit 'less awareness of coded meaning in spatial relationships, emotional nuances in behaviour, and vocal intonations that alter the literal meaning of words' (Nadeau 1996).

There are also significant differences on average in visual capacities between the male and female brain. Men on average have better visual acuity and specificity of sight in the middle of the visual field. This means that men:

perceive reality in terms of individual objects ... construct reality in terms of vectors marking distance and direction in map space (Nadeau 1996, p. 87)

Male conversation and group behaviour also tend to focus on objects, action and activities. Males tend to use less refined or nuanced sensory language, preferring abstract metaphors to express experience and are usually carefully measured in their self-disclosure, ensuring personal 'space' that allows for the preservation of autonomy.

Understanding Men and Coping

Human coping is a complex concept which has given rise to a number of classic definitions, perhaps the best known of which is that of Lazarus and Folkman, who define coping as 'constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person' (Lazarus and Folkman 1984). As these authors point out, there is a difference between coping as a *process* and coping as an *outcome*. Coping is best understood as an interaction between predisposing bio-behavioural and unique cultural determinants. Sex or gender-specific processes and outcomes of coping, though serving to ensure the survival of *individuals*, more fundamentally are doing the bidding of the wider agenda of social adaptation and survival of the *species*. Observing the processes and outcomes of coping can enable us to mitigate some of the undesirable effects of our biology and of cultural expectations. What it cannot do is support an argument suggesting that one gender is *generally* better at coping (by virtue of process or outcome) than the other, though there are gender differences in both directions depending on the context. Since coping is inseparable from biological imperatives of survival and social adaptation, it is better science to examine *gender difference* alongside *gender complementarity*.

In examining men and emotions, we noted how men are on average less verbally expressive of emotion than women and use expressive suppression

as a preferred regulatory strategy. Because emotional suppression is a primary coping strategy for male role performance and because it has been seen as an emotional deficit and a barrier to health, it bears closer examination. The constant refrain of those who urge a reconstruction of masculinity is that ‘men need to get in touch with their feelings’. Certainly, it is true that some men do become disconnected from their emotions just as some women get overwhelmed by their emotions. Yet when we consider the imperatives of biology and culture, and male and female role demands, the sex-specific ‘signature’ coping styles of suppressive emotion regulation and ruminative language-based emotion regulation, make more sense. Used appropriately, they contribute inestimably to human well-being and survival. Employed with global rigidity, however, they are undoubtedly problematic.

Suppression as a Male Coping Strategy

Suppression differs from *repression*, though these terms are frequently used synonymously. Repression describes putting painful (or unacceptable) thoughts, memories and emotions out of mind and forgetting them. All psychological defences are thought to do this to some extent, but repression is a more *unconscious process* of ‘forgetting’ and not even realising it, and having no conscious memory or knowledge of the elements that have been repressed. Unlike repression, *suppression* is a more conscious choice not to indulge a particular thought, feeling or memory. ‘Not to indulge’ means that though we are aware of a thought or feeling, we choose neither to dwell on it nor to express it. We do this because a thought, emotion or impulse may not be helpful to the situation we find ourselves in, and/or because of time constraints in which ‘we just can’t deal with that right now’. Suppression is a useful psychological mechanism which permits us to concentrate without distraction on what we are doing. To be distracted by impulses, thoughts or emotions which arise, or to feel the need to act on them, could in many situations be unhelpful, hazardous or even dangerous.

The effects of this more characteristically male response (and therefore the utility of suppression) in relation to coping and mental health include: a reduction in negative emotion/affect, a reduction in emotional awareness and rumination and a reduction in the strength and/or duration of these emotions (Sawrikar and Hunt 2003).

Coping with Powerlessness: An Important Key to Understand Men's Experiences and Mental Health Issues

Men's perception and experience of powerlessness is a complex phenomenon. It is one that represents a confluence of factors: physiological, sociocultural, psychological, interpersonal and existential. Men's susceptibility to the experience of powerlessness and its deleterious effects is deserving of consideration as a significant mental health issue. It is accepted that the male brain is tuned for potential aggression (evident in the effects of male hormones acting upon a predisposed male brain). It is also accepted that a capacity for aggression, competition, imposing order, exercising control where there is distress, threat or perceived danger has, throughout human history, been genetically rewarded for its survival value. Such survival value has ensured that this capacity has evolved in males (Daly and Wilson 1985).

In evolutionary terms, it can also be seen that manhood, forged out of masculine biological potentials, is culturally constructed and imposed primarily to benefit and serve the collective and perceived best interests of society. The drive to take risks and place the self in danger for the protection of others has a general utility for the social group but puts the individual man into situations of potential powerlessness with which he must try to cope. There is always therefore also a threat of failure and of loss of manhood (Gilmore 1990; Ashfield 2004). Gilmore rightly observes that

Men are compelled by moral codes and norms, through psychological and material reward and punishment, to conduct their role principally to ensure the replication of society's primary structures, to defend against 'entropy, human enemies, the forces of nature, time, and all human weaknesses that endanger group life'. (Gilmore 1990)

Men are biologically constituted and culturally orientated for dangerous roles, sometimes with a great risk to personal health and survival. That men continue to face these life-threatening situations is part of an ancient script of masculinity that has the force of a biological instinct but is also shaped and reinforced by cultural expectations. What is so often wrongly named ego, is the will to survive, to be accepted, to qualify—to be worthy of manhood. Modern mantras of 'personal freedom and choice' and 'biology is not destiny', ring rather hollow in the lived experience of many men.

Powerlessness and Perceived Male Role Failure

Against this background, we can understand why men experience the distress of powerlessness when they are placed in circumstances which lead to a sense of role frustration—at worst, role failure—such as being unable to adequately provide for or protect others or calm the distress of others through practical interventions, problem-solving or physical effort. It is not surprising that men do particularly poorly when unemployed (some research suggests that up to one in seven men who become unemployed will develop a depressive illness in the following 6 months) and on entering retirement (Royal College of Psychiatrists 2008). Certainly, loss of social interaction may be a significant factor here, but so too the loss of opportunity to exercise the dignity of autonomy, activity, purpose and usefulness. We particularly need to understand why men experience the distress of powerlessness when they are directly blamed for their inadequate help-seeking and self-care at the same time as being expected indirectly to live up to standards of male status, strength and attractiveness. This isn't a litany of victimhood but the reality of men's lived experience. We cannot, with any sense of intellectual integrity, continue to ignore it or the evidence that confirms its validity (Farrell 2001).

Powerlessness as a Significant Mental Health Issue

For men, powerlessness or a sense of 'impotence' can be particularly debilitating. It may cause impairment of executive brain function, chronic anger and it is commonly a precursor of depression and suicide (Smith et al. 2008; Royal College of Psychiatrists 2008). Diagnosing depression in men isn't always straightforward, nor is its difficulty always overcome through the use of available psychometric screening tools. We still lack a satisfactory male gender-specific approach to depression diagnosis. Though there is no current evidence of a completely separate type of depression for men, some recurrent gender differentiating symptoms have been observed. These are symptoms suggestive of the presence and experience of powerlessness, including irritability, anger, feeling out of control, aggression, greater risk-taking. Whilst in any given case these symptoms, along with others, may suggest a depressive syndrome, a hasty diagnosis may miss the more accessible and treatment-amenable phenomenon of powerlessness.

To ask the simple question: 'Are there some ways in which you are presently feeling powerless?' can immediately identify target issues for intervention and, in the process of disclosure, ameliorate the experience of powerlessness, commonly associated with feeling 'overwhelmed', or 'really stressed'. Indeed, it is often the case that, if powerlessness is addressed, chronic stress, irritability, expressions of anger and other symptoms quickly abate, and this can also reduce the negative impact on interpersonal relationships. The gender-specific bio-behavioural response of males to stress appears to link anger and irritability with the 'fight or flight' response. Though unrelenting stress may certainly lead to the experience of powerlessness, it is arguably more likely to be *symptomatic* of the experience of powerlessness. Consequently, stress reduction and management interventions need to include an enquiry into perceived powerlessness. Powerlessness may be considered a precursor and in some ways a useful early warning signal of impending deterioration in mental health. Identifying and responding to powerlessness also puts our attention where it most needs to be: prevention and early intervention, rather than on waiting for full-blown mental health problems or illness to develop.

Dignifying Psychotherapy with Men: Foregrounding Male *Aptitude* not *Ineptitude*

Based on available evidence, biology can be considered the primary (though not exclusive) determinant that drives and orientates gendered behaviour. Sex-specific abilities and behaviours are grounded in male and female biology, and 'all social systems conform to the limits imposed by this reality' (Goldberg 1973, 1991; Pinker 2002; Baron-Cohen 2003; Sax 2006; Nadeau 1996). Biology tends to differentiate men's and women's behaviour, responses, aptitudes and abilities in a broad range of significant areas including emotional processing and expression, language, cognitive abilities, communication, intimacy, motivation, attitudes, career choices and sexual behaviour. The list goes on (Pinker 2002; Baron-Cohen 2003; Sax 2006; Nadeau 1996; Goldberg 2003).

Health authorities responsible for male clients need first to have an informed model of manhood and the demands that are made on men. This model needs to be informed by comprehensive scientific evidence including biological factors and above all by humanity and a desire to connect with men in an empathic way. The pressure on men to preserve the

integrity of their masculine identity or manhood is not a case of 'Male ego' or 'machismo', as is so often mistakenly and judgmentally believed. It is a matter of self-preservation in the face of unchanging social expectations that are calibrated to fit the evolutionary heritage of the male of the species. The greatest enemy for a man is shame, and it is only societal change that can ease that burden, not naïve pressure on individual men to 'open up'.

Men generally need not to be persuaded but to be given social licence to take active public steps in tending to their health and well-being. A sense of shame and dishonour at becoming the protected rather than the protector is what lies behind much of male help-seeking behaviour. This is where collective social and cultural attitudes really do matter. Such negative attitudes in society as a whole towards male victimhood explain why men are so reluctant to see a doctor or put themselves in a vulnerable position even after much prompting from a female partner (Ashfield 2016). Blaming this upon the stubbornness of individual males is missing the point. It has also been observed that, if self-care and health care can be promoted and accepted as a group norm within an all-male group, individuals within such a group will often alter their individual help-seeking and health care behaviour positively. This is simply because they've been given licence and permission to do so by a sufficiently credible social peer group (Rees et al. 1995; Ashfield 2002).

Some acknowledgement is now being given to the need to address the nature of service delivery environments and methods for men—to affirm male dignity, to ensure that they are appropriate to men's particular need of confidentiality, psychological safety, and availability due to work demands and shift schedules (RACGP 2006). It is difficult for men to have to sit on public display in waiting areas mostly used and characterised by female and child patients or clients—areas which for men symbolise weakness and vulnerability. It is also difficult for men to fit in with service availability that is mostly orientated to cater for women. Health and psychological service providers also need to be aware that it is still largely the case that male workplaces are generally unsympathetic to them taking time off work to attend appointments. Except in the most accommodating of male workplaces, insinuations of malingering, of being work-shy or lazy are, for men, commonly associated with taking time off, and so discourage help-seeking. Again, this is not a simple case of 'Male ego' or 'machismo'. It is a more complex issue of seeking help whilst preserving the social asset and personal necessity of masculine dignity. Venues, times, and modes of service delivery need to be able to cater for men's circumstances and gender-specific needs as well as they do for women and children (Woods 2001; Tudiver and Talbot 1999; NSW Department of Health 2000; Buckley and Lower 2002).

The concepts of *gender*, *masculinity* and *manhood* are an essential key to understand male experience and psychology, the place and role that men occupy in culture and society, and what is demanded of them by society. They provide a vital interpretive frame of reference for our consideration of clinical examples of some men's issues and experience (Ashfield 2011). They are foundational for the knowledgeable practice of psychotherapy with men, of a kind that has a genuine regard for therapeutic efficacy and for doing no harm. In using this frame of reference, we will discover not emotional *deficits* in men but real and important emotional *differences*. We will also discover not the much publicised male *ineptitude* but rather a gender-specific *aptitude*.

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