TRANSTHEORETICAL RECOMMENDATIONS FOR COUNSELLING MEN: SCHOLAR AND THERAPIST PERSPECTIVES

A thesis submitted by

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Abstract

The focus of this thesis was to identify international and Australian recommendations for adapting individual counselling and psychotherapy treatment for clients who are men. The psychology and counselling professions have emphasised the need to ensure practice is culturally-sensitive and informed, captured in both ethical codes and practice guidelines. Currently gender is predominantly viewed as a socially constructed and shared identity specifically included in culturally and diversity sensitive practice. The term male-friendly counselling will be used to describe therapy practices and attitudes that are masculinity-informed and respectful of what are believed to be male preferences and experiences.

The thesis comprises of three papers drawing on qualitative methodologies and thematic analysis. The first paper systematically reviewed the scholarly literature over a 21-year period to determine transtheoretical themes of recommendations for adapting individual counselling for men. These themes includes recommendations that therapists develop knowledge about men, masculinity, and male socialisation; develop critical self-awareness and commitment; apply masculinity-informed treatment adaptations; and incorporate masculinity-informed tasks and goals into treatment. This was the first published qualitative systematic literature review that identified and consolidated the existing academic literature on male-friendly counselling.

The second and third papers shifted focus from the scholarly literature to practitioners who advertised themselves as having a key interest in working with men. This is particularly important given that the teaching of male-friendly counselling and its related psychological theories is relatively rare in professional training programs. Fifteen Australian therapists who provide specialist counselling for men were recruited for individual semi-structured interviews to discuss their perceptions, beliefs, and recommendations in relation to men and counselling. The second paper focussed on clarifying how male-friendly therapists understand men and the factors contributing to men's problems. The two themes identified include requirements for men to perform manhood well, and perceptions that men were damaged and devalued. The latter theme includes more diverse understandings for contributory factors than is currently represented in the scholarly literature. The third paper described the counsellors' recommendations for counselling men. The themes include that counsellors provide male clients with a safe space, enact masculinity-informed respect, and enhance client awareness and motivation. Therapists varied

among themselves in how much they promoted direct masculine-consistent interactions and sensitive-feminine consistent interactions with clients.

The thesis concludes by presenting a harmonised model of transtheoretical male-friendly counselling that includes three spheres of focalisation of masculinity in designing treatment, and four themes of recommendations for how therapists can develop and practice greater cultural sensitivity for males in their counselling. It highlights that practice recommendations between scholars and Australian male-friendly therapists were similar. Australian men's therapists understandings of men's norms and factors contributing to their distress generally aligned with scholarship that emphasises gender role strain, however some practitioners also linked men's distress to perceptions of social prejudices against men. This variation from the scholarly discourse may indicate a need for increased training in gender paradigms, or conversely, that the paradigms informing male-friendly counselling need extending to consider the perceptions of working within naturalistic settings. A third option to progress the provision of counselling to men would entail both a training focus and a broader conceptualisation of existing paradigms. This thesis brought forward the voices of scholars and therapists to enable consolidation of male-friendly transtheoretical recommendations and enable broad discussions of similarities and differences between the two groups.

Certification of Thesis

This thesis is the work of Nathan Beel except where otherwise acknowledged, with the majority of the authorship of the papers presented as a Thesis by Publication undertaken by the student. The work is original and has not previously been submitted for any other award, except where acknowledged.

Student: Mr Nathan Beel

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Student and supervisors signatures of endorsement are held at the University.

Statement of Contribution and List of Publications

The following detail is the agreed share of contribution for candidate and co-authors in the publications presented in this thesis:

- **Article 1:** Beel, N., Jeffries, C., Brownlow, C., Winterbotham, S., & du Preez, J. (2017). Recommendations for male-friendly individual counseling with men: A qualitative systematic literature review for the period 1995–2016. *Psychology of Men & Masculinity*. doi:10.1037/men0000137 (Q1 journal; Impact Factor: 1.81).
    - The overall contribution of ***Nathan Beel*** was 90% to the concept development, analysis, drafting, and revising the final submission; ***Carla Jeffries, Charlotte Brownlow, and Jan du Preez*** contributed the other 9% to concept development, analysis, editing and providing important technical inputs. ***Sonya Winterbotham*** contributed 1% to article screening.
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Other Publications Related to Thesis

Trade Journal.

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Conference Presentations.

Beel, N. (2017, October). *Man-friendly counselling: What the literature recommends.* Keynote speech presented at the University of the Sunshine Coast Counselling Research Conference, Sunshine Coast, Australia.

Beel, N. (2017, August). *Male-friendly counselling*. Online presentation of professional development for Queensland Counsellors Association, Brisbane, Australia.

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Reader note

The journal articles may contain spellings that comply with US spelling conventions while the remaining text in this thesis is written using Australian spelling conventions. The articles including the spelling, will be reproduced as submitted/published.

CHAPTER 1: INTRODUCTION

The focus of this thesis was to identify international expert and Australian practitioner transtheoretical recommendations for adapting individual counselling and psychotherapy treatment for clients who are men. The psychology and counselling professions have emphasised the need to ensure practice is culturally-sensitive and culturally-informed, captured in both ethical codes and practice guidelines (American Psychological Association, 2002; Australian Psychological Society, 2010; Psychotherapy and Counselling Federation of Australia, 2017; The Australian Counselling Association, 2012). Furthermore, the scholarly literature makes recommendations on what attitudes, knowledge, and interventions are recommended when working with men. These are based on research findings, clinical experience, conceptual frameworks, and theoretical discussions. This thesis will consist of three research papers. The first (see Chapter 3, p. 44) is a qualitative systematic literature review that will identify and consolidate broad themes of male-friendly recommendations across academic literature from 1995 to 2016. The second (p.65) and third (p.88) papers will be based on interviews of Australian therapists who advertised a focus in men's counselling and psychotherapy. It will seek to discover their perceptions and understandings about men and their recommendations on how to customise therapy for treating men.

This research aims to consolidate existing recommendations in a systematic manner and discover uniquely Australian perspectives. While there has been one study which has gleaned perspectives of American therapists about helpful and harmful practices working with men (Mahalik, Good, Tager, Levant, & Mackowiak, 2012), and various book chapters summarising what the authors believed to be an overview of male-friendly practices (Englar-Carlson, 2014a; Strokoff, Halford, Owen, & Wong, 2016), there has not been a systematic thematic transtheoretical consolidation of the scholarly literature or a qualitative study of Australian men's therapists. This thesis will contribute greater clarity of both scholar and practitioner recommendations which may in turn inform future practice and research.

Terminology

The term *male-friendly counselling* will be used to describe therapy practices and attitudes that are masculinity-informed and respectful of what are believed to be

male preferences and experiences. It differs in emphasis from treatments which might be interpreted as gender-blind or 'treatment as usual'. The terms *counselling, therapy,* and *psychotherapy* are typically used interchangeably in literature about male-friendly counselling. *Therapy* is widely used as a generic term for counselling and psychotherapy, and is not limited to the talking therapies. *Counselling* can be used to describe psychological assistance with non-clinical presentations, while *psychotherapy* describes psychological treatment for clinical presentations (Bedi & Domene, 2008). It is recognised there is considerable overlap between both (Neukreg, 2012), hence the terms male-friendly counselling, counselling, therapy, and psychotherapy will be applied interchangeably. The terms will be used to describe the process of treatment rather than identifying professionals by their discipline, so are inclusive of counselling practitioners from disciplines such as counselling, psychology, psychiatry, human services, and social work. In chapters 3 and 4, the term *therapist* rather than counsellor is used. In Australia, *counsellor* can be used to identify as a member of the counselling profession, or as someone who uses counselling irrespective of professional identity. The term therapist is more generic and has no connotations of any specific profession which administers counselling. The term *transtheoretical* is used to emphasise that the interventions are not bound to a specific therapeutic modality but can be used by therapists using any therapeutic approaches.

The word *gender* is an inclusive term that refers to characteristics associated with each sex (Unger, 1979) that are prescribed by society and internalised to varying degrees by its members. It is distinguished from the term *sex* that is used to delineate biological distinctiveness between males and females (Unger, 1979). *Masculinity* is a term that delineates the cultural values and norms associated with men, and *traditional masculinity* is the term commonly applied to more influential conceptions of Western masculinity.

Structure of Thesis

This chapter introduces the readers to this program of research, its focus, aims, and key terminology. It provides a brief rationale and description of the research design undertaken, including the sample selection, data gathering, analytic method, and epistemologies. It closes by providing readers with salient information about the author.

A literature review is developed in chapter 2 with two purposes. The first is to provide justification for special attention to men as a group, by exploring problems with larger relevance to men, relatively lower rates of help seeking, and the difficulties men can experience in therapy. The second purpose is to provide the reader with a brief survey of the key theoretical frameworks that have influenced masculinity studies and male-friendly therapy.

Chapter 3 presents paper one, a qualitative systematic literature review of the scholarly literature over a 21-year period to develop themes of transtheoretical male-friendly counselling recommendations for working with individual men. Four thematic recommendations were developed; two addressing therapist development and the remaining two addressing treatment adaptations. The review critically analyses each of the themes and in addition, proposes a three-level framework to clarify differences in how therapists incorporated their knowledge of masculinity into treatment; thus adding an additional dimension to the discussion. It should be noted that references for the prepared papers, are collated in a single list from page 125.

Chapter 4 presents paper two and introduces some of the key paradigms that have influenced how gender and masculinity can be understood, including the relatively modern positioning of these paradigms. This discussion provided a number of contexts from which to interpret and understand the male-friendly therapist's own understanding of men. Data from semi-structured interviews of 15 therapists was examined using thematic analysis informed by Braun and Clarke (2006) to clarify how therapists understood men and the challenges they experienced. Therapist perceptions largely supported the gender role strain theory but also may have implicitly challenged contemporary notions of society's relationship with men.

Chapter 5 presents paper three. This paper draws on data from the same interviews used in paper two, yet the focus is on clarifying the therapists' recommendations for male-friendly therapeutic adaptations. It also seeks to identify how Australian regional influences on conceptions of masculinity may influence the treatment recommendations. In this qualitative review, the therapists provide three broad themes, each of which is examined in light of existing literature. Discussion includes a therapist continuum between masculinised and feminised approaches, and therapist ideas on the Australian location as a variability of their clients' masculine norms.

Chapter 6 provides a synthesis of the transtheoretical recommendations and an overall discussion about the therapists and the scholars, the gender of the

therapists, and the Australian distinctiveness. The thesis will conclude with a summary and recommendations.

Methodology

Each of the included papers, in chapters three to five, contain a methodology section so this section will focus more generally on the overall thesis research decisions. My intention in this research is exploratory, in that I attempt to discover, categorise and discuss expert recommendations for male-friendly counselling. Qualitative research typically uses language as its primary data source rather than being focussed on numerical analysis relied on in quantitative research (Barker, Pistrang, & Elliott, 2016). Qualitative research seeks to develop rich understandings and visibility of the phenomenon being studied (Wang, 2008) making it ideal for discovery-oriented research (Howitt & Cramer, 2014) and tends to be written in more accessible language for readers (Barker et al., 2016). The expected readership of the papers generated by this research will be scholars, educators, and practitioners.

I chose to conduct a qualitative systematic literature review (QSLR) as the initial study as both a scoping review of the male-friendly counselling literature and as a means to collect expert recommendations. It was a systematic review using qualitative analysis, rather than restricting the solely including qualitative studies for synthesis (Saini & Shlonsky, 2012). Systematic literature reviews differ from traditional narrative reviews in that they aim to reduce author selection bias, and provide pre-specified selection criteria and analytic methods which both demonstrate transparency and the potential for replication (Dixon-Woods, 2016). Given these reviews are systematic, protocoled, and rigorous, and seek to consolidate and/or analyse existing literature, they tend to be highly valued in research and by governments (Dixon-Woods, 2016).

There are two main approaches within the QSLR tradition. The first is an *aggregate synthesis* whereby the data collected from the included studies is summarised according to the aims of the research question (Dixon-Woods, 2016). The second is an *interpretative synthesis*, whereby theory is generated as a result of engaging with, and interpreting the data (Dixon-Woods, 2016). The QSLR undertaken was an aggregate synthesis. The primary intent was to discover and describe the recommendations rather than attempt to develop distinct theories and meanings associated with them. Yet as a result of undertaking this review, I was able

to delineate levels of male-friendly engagement. These might be recognised as implicit rather than explicit in the literature.

The QSLR provided valuable data enabling the development of themes of recommendations found from published works. These recommendations represented the viewpoints of published experts, many of whom taught in universities, conducted research and practiced therapy. The next research undertaken was to collect data from practitioners. I was interested to learn about how male-friendly practitioners perceived men and what they recommended. If the expert authors were to be viewed as providing accounts to guide *ideal practice*, backed by empirical research and current scholarly discourse, what accounts and recommendations are the *real world practitioners* suggesting. A question I had was whether there might be substantive overlap and/or differences between scholar and practitioner.

The purposive sampling for the interviews (forming the basis for papers two and three) focussed on identifying and contacting self-advertised male-friendly practitioners using an online search process (including rationale) described in more detail in chapters four and five. Unlike the Mahalik et al. (2012) study that surveyed four hundred and seventy five psychologists with four fixed open questions, I decided to use semi-structured interviews with a smaller number of specialist-claiming practitioners to enable greater depth of responses. Interviews provide a number of advantages over surveys in that they allow for more in-depth exploration, less incomplete answers, and more flexibility for both researcher and participant (Alshenqeeti, 2014). Conversely, their disadvantages include inconsistencies of approach, the influence of researcher bias, and their time-consuming nature (Alshenqeeti, 2014). In each interview I utilised a set of open questions as a means of ensuring each applicant had an opportunity respond to the same questions. I used reflective listening in responses to the answers and asked follow up questions from a 'not knowing' position, which encouraged participants to provide more depth in their answers. Even with this, on listening to the recordings, I am aware that I showed more interest in tone and follow up questions to some answers than others, hence demonstrating my own bias and subjectivity.

My epistemological position aligns with a critical realist paradigm with a leaning towards social constructionism. "...All philosophies, cognitive discourses and practical activities presuppose a realism - in the sense of ontology or general account of the world – of one kind or another" (Bhaskar, 2011, p. 2). Critical realism affirms that objective truth exists and equally affirms that social influences affect social

phenomena and people's perceptions of reality (Danermark, Ekstrom, & Jakobsen, 2002). This model recognises the diversity and relativism of experiences, values, behaviours, and perceptions of truth demonstrated individually and in collective groups, and that these change with age and time; and is both shaped and expressed in discourses. Yet it also affirms that objective reality exists and influences independently of the discourses. Social constructionism claims there are multiple realities, that these are socially created and negotiated, and may change over time (Spencer, Pryce, & Jill Walsh, 2014). This thesis incorporates social constructionist underpinnings in that it seeks to identify and illuminate contemporary discourses and attempts to situate these within associated contexts, yet without subscribing to anti-realism (Bunge, 1993).

I recognise as a researcher, my decisions were not value neutral even as I utilised various strategies to ensure the data was presented with sufficient authenticity and fairness. Yet by showing consistency across sources by way of themes, I adopt positivist assumptions that there are meaningful stable realities of current recommendations that can be identified (to varying degrees) and analysed. Thus critical realism aligns most closely with my epistemological understandings that both stable and fluid, diverse and common realities can be explored and discussed.

Thematic analysis was selected as sole procedural research approach for analysing both the textual and interview data. Thematic analysis can be used both for qualitative systematic reviews (Dixon-Woods, 2016) and interview-based studies (for example, see Quinn-Nilas, Goncalves, Kennett, & Grant, 2018). Thematic analysis is utilised to identify, group, examine and convey patterns in data (Braun & Clarke, 2006). Thematic analysis offers a systematic, yet flexible, six-phase approach designed to enhance rigour and clarity both in the research process and reporting (Braun & Clarke, 2006; Clarke & Braun, 2016). Reasons for choosing this approach include flexibility, ability to both summarise and detail the data (providing both structure and detail), greater accessibility of information to practitioners, and that it does not demand limited, cumbersome, restrictive, and unnecessary theoretical baggage (Braun & Clarke, 2006). My hope is to provide readers access to both a range and representative portrayals of samples of scholarly and professional discourses on male-friendly counselling, both internationally and locally (i.e., Australia).

Qualitative research accepts that subjectivity is inherent in the process of collecting, analysing, and reporting data. Yet qualitative research must also demonstrate trustworthiness. One of the means of demonstrating trustworthiness is basing research on adequate suitability of data (Williams & Morrow, 2014). The data used in this thesis were from published and spoken sources of those claiming to have special expertise in counselling males. Both of these groups were clearly distinguished and analysed separately.

Other means of demonstrating trustworthiness is in transparency and clarity of research strategies, and the utilisation of triangulation and team debriefing (Schwandt, Lincoln, & Guba, 2007; Williams & Morrow, 2014). The articulation of research strategies enables readers to critically evaluate all significant decisions related to the research that may impact the reliability and dependability of the research. Qualitative research does not aim for reproducibility of research results but does value the ability of researchers to reproduce the methods (Williams & Morrow, 2014). Triangulation is the process of utilising other people or sources to review the data to check coding and theme development aligns with the data, while team debriefing is used to review strategies, provide suggestions and highlight flaws, test ideas, and provide a platform to reflect on potential biases (Schwandt et al., 2007; Shenton, 2004). In consultation with my research supervisory team, I prepared strategies for identifying appropriate sources and for participant recruitment and data collection that aimed to enhance the reliability of findings and reduce selection and interview bias. The research strategies were all planned prior to the commencement of the project, and the research conducted with the therapists was additionally submitted to the ethics review process before conducting research with human participants. The specific procedures to collect the data have been documented separately in each paper. For each analysis, I read and reread the data repeatedly and regularly returned to the data to check my evolving impressions maintained alignment. I provided my research supervisors with the data to review and offer feedback and corrections, and utilised NVivo software to compare the number of instances and sources that were similarly coded. Periodically I sent drafts with numerous direct lengthy quotations for the supervisory team to cross-check with themes. Whilst these measures were in place, it is impossible to remove traces of my values and perceptions. Elliott, Fischer, and Rennie (1999) recommend that qualitative researchers own their perspectives by recognising and making explicit their assumptions, values, experiences, and positioning. This enables both the

researcher to monitor and provide transparency on the potential impact of their positioning, and also provides readers with information and context that may assist in interpretation (Elliott et al., 1999). This thesis reflects both the stories of data and the stories of the researcher to varying degrees.

Situating the Researcher

I am an Australian, middle-aged male, husband and father. At the time of writing, I have been a counsellor for 20 years, including 10 years as a counselling lecturer position in a public Australian university. I was raised in a middle class, intact, traditional Christian family and as an adult, generally hold politically conservative values.

It was after a decade into my career as a counsellor that I became interested in developing specialist knowledge for counselling men. I cannot recall my undergraduate or postgraduate training discussing gender-informed treatment of men. Gender training was limited to a small number of classes on feminism in a marriage and family counselling course. My first professional role as a counsellor was working in a drug and alcohol rehabilitation centre for men. In this time, I cannot recall viewing them specifically as men. They were simply clients struggling with addictions and associated issues. In another workplace, as I became more exposed to domestic violence principles, practices, and clients, gender became more salient. My employer had been trained in counselling underpinned by the Duluth Model whereby gender inequality was a central organising principle. When it came to domestic violence, I was taught to always believe women's accounts, to view men's accounts of victimisation with suspicion and hold only males accountable for change. This approach, which diverged from professional values to be non-discriminatory in counselling, would be triggered when there was suspicion or reports of relational aggression from the male side. Other than this exception, I would describe my approach in counselling as client-centred, strengths-based and eclectic that attempts to adapt interventions according to the client feedback and their theory of change (Beel, 2016).

In 2012, I became acutely aware of male clients vulnerability. I was referred two male clients from two female counsellors (at different times) as neither believed they could effectively work with them, and thought a male counsellor might be more helpful. Both clients had similar stories to tell. They spoke of perceiving their voices being marginalised in therapy, of feeling the therapists ganging up on them and siding with their partners, and that they were portrayed as solely blameable

irrespective of their partner's contributions to relational distress. The men believed it was because of their gender that they were treated unfairly. Although I saw these men individually, they spoke of relationships each made up of two distressed stakeholders. There were no accusations of physical violence from any stakeholder. On listening to them I recognised that I might have also responded similarly to varying degrees to the female counsellors who had referred them due to the domestic violence gendered filters I had been socialised to adopt. Better to err on the side of caution for the female's sake I thought, for reasons of unequal power and risk of harm.

A major paradigm shift came after I did a mental exercise. I imagined what it might be like for me if my wife and I were experiencing similar levels of distress and conflict, and that counselling was recommended. At the moment of imagining this I remember feeling an electric alarming, danger-type feeling physically surge through my body. As I processed this aversive reaction, I admitted to myself that counselling would be the last place I would want to go, that I believed it would be stacked against me because I am a man; and that I could expect to be judged, marginalised, and criticised irrespective of each partner's contribution to the problems. As someone who teaches counsellors and knows the effectiveness of counselling, I was surprised that I did not have confidence when it came to receiving couple counselling.

About this time, I was invited to be trained as a co-facilitator of a domestic violence group for men. Many had been court ordered to attend and some were there voluntarily to save relationships. The group was a useful resource of education for the men about violence, control, patriarchy, and other dynamics that could undermine relationships. The men were rewarded with affirmation when confessing to negative dynamics in their own behaviour. But when they reported similar characteristics in their female partner's behaviour, examples of responses included "What did you do to make her do that?" or "Let's only focus on your behaviour". The responsibility for aggression was framed as solely the male's irrespective of the details, and the male gender was problematised and stereotyped as a perpetrator class. While the males in this group were mandated due to their alleged use of 'power over' with their partners, in my perception, the facilitators unwittingly also used 'power over' dynamics with the clients in their bid to educate and re-socialise them. I became concerned that I was colluding in a process based in gender stereotyping and discrimination and that this in turn may violate the ethics code I was

bound to in relation to the non-discriminatory treatment of clients. My reasoning was that if facilitators wanted to support principles of safety, respect, justice, and dignity, they should model these same principles and the participants should equally experience these. I researched what other domestic violence models were available that address safety for all stakeholders without compromising anyone's safety and dignity and wrote an article calling for gender-inclusive treatment (Beel, 2013).

My experience attempting to listen to my male clients on their terms (which also included stories of marginalisation from counsellors), and my concern at the treatment offered to men justified by what I consider to be a well-intentioned but inherently stereotyping ideology, prompted my interest to learn about how to help men in ways that meaningfully connected with them. Since starting this thesis I have had opportunities to discuss what I have learned in conferences and professional development events. I have been pleasantly surprised at the level of interest from practitioners in learning how to better connect with men. Many practitioners have told me that they have had no training in adapting therapy for men.

Another stimulant towards an interest in men was after a clinical supervisor of mine recommended I read The Myth of Male Power (Farrell, 1993). This book transformed how I perceived the world, and gave words to a sense I had that males were not exempt from social prejudice and disadvantaging mechanisms. The book validated my own experiences of receiving sexist treatment at various times in my life. It raised my attention that like the females who were able to draw attention to their voices about their concerns, men also had concerns and that society (and academia) used de-legitimisation and reframing strategies to silence these voices. This gave me access to two very different versions of social discourse. To borrow from concepts from the movie, The Matrix, I had access to both the red and blue pills (Wachowski & Wachowski, 1999). The moral position I hold personally and professionally, is all voices should be welcome. More specifically as it relates to this study, that both men's and women's voices can be equally heard and validated and neither should be marginalised simply based on gender.

Another professional interest in mine is in understanding and intentionally applying knowledge of common factors of what works in therapy (Beel, 2011). Most counsellors in Australia consider themselves to be eclectic (Pelling, Brear, & Lau, 2006) and as a counselling educator, my aim is to support students and therapists with knowledge and skills that are transferrable across modalities, clients, and conditions. This has partly guided my approach to this thesis. While there are a

number of literatures that discuss male-friendly counselling integrated into different modalities (Mahalik, 2005a; Novack, Park, & Friedman, 2013; Pollack, 2005), my interest is in transtheoretical constructs and skills (Brooks, 2010) that can be applied whether one practices cognitive therapy, psychodynamic therapy or any other type or blend of therapies. I believe this approach will enable male-friendly counselling to be most accessible to the most number of therapists.

As much as I want to benefit male clients and students of counselling with the contributions that this thesis might make, I admit that there is also a degree of vicarious self-serving. “Do to others as you would have them do to you” (Luke 6:31 New International Version) translates to me – if I was a client in counselling, I would want dignified treatment that respects me where I am at, that shows positive regard and sensitivity with my salient identities (including my masculinity) and also invites me to address my concerns effectively and in a way that fits for me. I am open to learn but would dislike having a therapist using their relative position of power to impose values onto me. I fiercely guard my autonomy, particularly as it relates to my experiences and my values. It is from this self-awareness of what I value that guides my therapy and teaching and may be evident in the choice of research topic and the discussions.

Summary

This chapter has introduced the reader to the aims and focus of this program of research, being to understand the underlying general assumptions and recommendations for how to broadly adapt therapy for males as provided by scholars and male-friendly therapists themselves. Brief chapter introductions were supplied to provide the reader an overview of the direction of the thesis. It has provided a rationale and description of the methodology and epistemological framework underpinning the thesis and presented information about my own social story as a means to contextualise this work for the reader.

CHAPTER 2: LITERATURE REVIEW

Introduction to Male-Friendly Counselling

Men have, and still play a vital and integral role in all societies yet the counselling and psychology professions specifically, and society more generally, have largely ignored men's issues. Broad publications on counselling have been found to devote few articles specifically to men. For example, five percent of the articles in the *Journal of Counseling and Development* addressed men in counselling (Evans, 2013) while in the *Canadian Journal of Counseling*, 1.3% of articles focused on males (compared with 15.8% on females) (Hoover, Bedi, & Beall, 2012). At a social level, unique problems that men have faced have been denied or minimised as 'normal' (O'Neil, 2014). This has been explained partly due to the 'boys will be boys' philosophy, a cultural willingness to overlook, deprioritise, or rationalise lack of attention to the needs of males generally; and the relative success many males have with concealing, denying, and masking their vulnerability and psychological distress while maintaining outward appearances of functioning (Farrell, 1993; Meth & Pasick, 1990; O'Neil, 2014). It is important to understand their distinctive social and developmental context, needs, vulnerabilities, and risk factors to assist in counselling assessment and service provision (Spurgeon, 2013).

The idea of identifying men as a group that warrants special attention in counselling is problematic for some (Evans, 2013). Men have been viewed as oppressors while equally able to access greater privilege and power across the lifespan relative to women (Englar-Carlson, 2009, 2014b). This viewpoint together with a belief that men have fewer problems (Good, Gilbert, & Scher, 1990) suggests there is insufficient justification to develop therapy that is adapted and sensitive towards the needs of men.

In addition to this, it could be argued that the field of psychology generally, and counselling theories specifically, reflect the values of men. Many of the counselling therapy founders were men (e.g., Freud, Adler, Jung, Ellis, Rogers, Beck, etc.) and initially the majority of mental health practitioners were men (Englar-Carlson, Evans, & Duffey, 2014a). Men were seen as the norm and thus their gender remained relatively invisible (Haywood & Ghaill, 2003). However in more contemporary times, the gender composition of psychological treatment providers has changed and men are now numerically the minority. At the time of writing, women make up the majority of psychologists and counsellors in Australia at 82.9%

and 77.1% respectively (Australian Government, 2019a, 2019b). One counterargument is that while the founders were men, they designed therapies primarily for women (Prochaska & Norcross, 2014) who comprised the majority of their clients. Another counterargument is that the therapies they founded were typically gender-blind that treated humans without considering their gendered experiences. The multicultural counselling movement challenged the assumptions about universalising care and suggested culture played an important part of both the therapists' assumptions and also the clients' experiences in the world and also in therapy (C. C. Lee, 2013a; Sue, Arredondo, & McDavis, 1992).

There are two key clusters of justifications proposed by men's scholars and male-friendly counsellors as to why men need to be studied and why therapists should be trained to deliver male-sensitive counselling. The first group of justifications are based on recognition of higher than average specific male gender vulnerabilities in society. These vulnerabilities reveal areas where men have potentially serious and significant risks that affect their own wellbeing and the wellbeing of others. The second group of justifications relate to men as a group's lower engagement with therapy. Males have both a need of assistance and conversely, have historically been lower recipients of assistance (Strokoff et al., 2016). These groups of justifications will be discussed below. Following this, the main theoretical constructs that underpin the discourses of male-friendly counselling will be surveyed.

Male Vulnerabilities

Men have a number of disproportionate risk factors that affect their health and wellbeing. This section will provide an itemised overview of some of the key areas that relate more specifically to men. In spite of life expectancies rising for both sexes overall in the last century in Australia (ABS, 2017), men still have disproportionately higher mortality rates overall. Men's average life expectancy still lags behind women's by six years (AIHW, 2018a) and overall men are 42% more likely to die each year compared with females (ABS, 2018c). Compared with females, Australian males were three times more likely to die from suicide (ABS, 2018a), murder (ABS, 2018f), and motor vehicle accidents (ABS, 2014). Men are twice as likely to die from drug induced deaths (ABS, 2012b) and twenty times more likely to die in the workplace (ABS, 2011) in comparison to women. Males have a higher risk of being threatened or receiving violence (ABS, 2018e), and three times more likely to be victims of attempted murder (ABS, 2018f).

Australian males have an obesity rate of 50% higher than females (ABS, 2018c), double the rate of substance use disorders (ABS, 2008), and three times the rates of anti-social personality disorders (Grant & Weissman, 2007). Boysen, Ebersole, Casner, and Coston (2014) suggest men's externalising disorders (i.e., substance abuse, anti-social personality disorder) attract more negative social stigma than the feminised internalising disorders such as mood and eating disorders, which attract more sympathy. The consequences of this is that men are more likely to be treated forensically than therapeutically. Males make up 92% of the prison population, and receive an average of 12 months longer prison sentences compared to females (ABS, 2018e). Males are 16 times more likely to be charged with sexual assault (ABS, 2018e), three times more likely to commit domestic violence (AIHW, 2018b), and three and a half times more likely to commit other violent crimes (ABS, 2018b). Overall males have three times the rates of criminal actions compared with females (ABS, 2018d). This combination of health, mental health, and crime disparities help establish both a need, and potential benefit for men and the greater community, in providing effective help for this population.

Men can also experience problems that are socially less recognised because the issues are linked more strongly with females. For instance, men can suffer from eating disorders (Bunnell, 2016), body image disorders (Burlew & Shurts, 2013), masked depression (Flaskerud, 2014), trauma (Lisak, 2005), sexual abuse victimisation (Gruenfeld, Willis, & Easton, 2017) and domestic violence victimisation (Drijber, Reijnders, & Ceelen, 2013). These less recognised problems mean that males can be under-diagnosed and clinicians be underprepared to deal with addressing the issues with these populations. In addition to lower recognition, males who have experienced sexual abuse and domestic violence face internalised self-stigma due to conflict with traditional masculinity norms, and more negative and dismissive attitudes from service providers (Drijber et al., 2013; Javaid, 2017; Kia-Keating, Grossman, Sorsoli, & Epstein, 2005).

A number of reasons have been offered for men's distress and problematic behaviours. The changing of expectations of men in the modern age in Western societies has led some to claim the emergence of a crisis of masculinity (Haywood & Ghaill, 2003; Levant & Pollack, 1995a). "American manhood is in crisis – has been for a generation…The social changes wrought by the feminist movement and the influx of women into the workforce have left our traditional code of masculinity in a state of collapse" (Levant & Kopecky, 1995, cited in Brooks, 2010, p. 23). This crisis

is believed to be accompanied by widespread negative social discourses about men and boys in popular culture and the mainstream media (Kiselica, Englar-Carlson, Horne, & Fisher, 2008; Levant, 1995; Nathanson & Young, 2001). While some men have welcomed the social changes in work, family, and gender relations, and enjoyed permission for greater male role flexibility, others have become confused, withdrawn, and maintained or increased commitment to traditional gender norms (O'Neil, 1982, 2014; S. Robinson, 2007; H. Smith, 2015).

The crisis of masculinity explanation is not universally accepted (Featherstone, Rivett, & Scourfield, 2007). S. Robinson (2007) proposed two main counterarguments. The first suggested the crisis is both a workforce crisis associated with changing drivers of capitalist societies that disadvantage both men and women. The second is that men have used the reactionary language of crisis to create a *perception* of crisis due to the challenges to hegemonic notions of masculinity and the privileges these bestow (S. Robinson, 2000, 2007). Others have argued that the crises may be more localised to specific men with specific issues rather than applying a more generalised notion of crisis to men (Morgan, 2006). Irrespective of whether or not a broad ranging crisis of masculinity is accepted, some male-friendly counsellors have incorporated the masculinity crisis as part of their justification for attending to men's difficulties (Brooks, 2010; M. J. Heppner & Heppner, 2014; Levant & Pollack, 1995a).

With the changed social expectations of men, men's problems have been predominantly interpreted as caused by rigid adherence to traditional gender norms. It is proposed that sexist patriarchal systems that maintain men's power over women equally oppress most men by socialising them from childhood into unrealistic, rigid, and potentially damaging gender norms (O'Neil, 2015). Males internalise these norms and then become "…oppressed by their own desire to fulfil an unattainable male role" (P. R. Johnson, 2013, p. 19) . Others highlight that traditional masculinity itself is "…presented as damaging, driving men down the destructive path of addiction to achievement, power, prestige and profit-making" (Beynon, 2002, p. 15). In this model, males are oppressed from both the burden and damage caused by the restrictive male role they were socialised into (Haywood & Ghaill, 2003) and thus need liberating from this. The contribution of gender norms and strain to men's distress will be described more fully in the sections that address Gender Role Strain and Gender Role Conflict in this chapter.

Another explanation is that men's problems are also due to society's neglect and exploitation of men. Farrell (1993), a gender scholar and former leader in the feminist movement, forwarded this contrarian position to gender inequality discourse by proposing that society has *also* discriminated against men throughout history and continuing into the modern times. Farrell believes societies have always treated men's lives and bodies as disposable – from life, society, in the workplace, and families. He posited that examples of modern discrimination includes the risk of being forcibly drafted for war, the disparity in custodial sentences, lower paternity rights, increased social obligations to financially provide within relationships and outside of relationships, and socialisation for willingness to enter the high risk of harm professions (Farrell, 1993). Likewise, he noted that society was equally willing to neglect men's interests such as lower funding for men's health and research, an unwillingness to address inequalities experienced by men, and the delegitimising of men who express their own complaints (Farrell, 1993). New (2001) also claims men have been systematically socially mistreated and admitted that such recognition or admissions are commonly framed as anti-feminist backlash and as attempts to maintain patriarchal privilege. The framing of men as recipients of society wide discrimination is largely championed by Men's Rights Activists and has been largely ignored or sporadically criticised by gender scholars. The criticisms have largely been to claim the illegitimacy of such a position, dismiss the claimed symmetry of male disadvantage, and claim reactionary self-serving motivations of the proposers (Coston & Kimmel, 2013; Maddison, 1999; Messner, 1998; Palmer & Subramaniam, 2018), though fail to address specific arguments or evidence cited.

Men's own perspectives about what contributes to their problems and distress are rarely considered in the scholarly literature. In one meta-ethnographic study Hoy (2012) found that men suggested socially-based 'here and now' issues accounted for their distress. These include financial and job-related concerns, relationship issues, and the burden (or the failure) associated with provision for their families. They rarely spoke about historical information such as potential contribution of their childhood backgrounds (Hoy, 2012). Hoy (2012) highlighted a mismatch between expert and lay conceptualisations of understanding psychological distress (particularly with a disease model framework) and this reduced opportunities for more effective engagement with men with mental health-related concerns.

As listed, men have a number of higher risk factors in specific areas that threaten their physical, psychological, and social wellbeing; with impacts extending

to their loved ones and society more broadly. These factors interact with a man's own understanding of his masculinity and society more generally. The evidence provided supports that there is a need to provide treatment for men to address these problematic areas. However, another set of issues pertinent to successfully engaging men in treatment will be explored below.

Engagement Issues with Therapy

Men, as a group, are consistently less likely to seek professional help than women across the health and mental health services (Mansfield, Addis, & Mahalik, 2003), even though as previously noted, they are vulnerable to issues that impact on their wellbeing. Being female is a key predictor of help seeking in mental health services (Parslow & Jorm, 2000). Men make up just one third of therapy clients (Vessey & Howard, 1993) and when they do attend, it is not unusual that they were pressured to attend by a third party (Shay, 1996; Wexler, 2009) or due to the perceived seriousness of the issue/s (Verbrugge, 1985). Reasons for men's lower help seeking rates include men's attitudes towards health and treatment, their commitment to traditional masculine norms of self-reliance, toughness, and stoicism; their perception about the illness, perceived opportunities (i.e., work flexibility) and priorities (i.e., financial/time allocations); and lack of service provider expertise to understand and engage men (Jarrett, Bellamy, & Adeyemi, 2007; J. A. Smith, 2012). Likewise, men hold more concerns about being negatively judged by others for seeking help, more self-judgement for needing help, are less willing to self-disclose, and hold more negative attitudes towards seeking help (Pederson & Vogel, 2007; Topkaya, 2014). The strength of these attitudes have been found to be influenced by the strength of their commitment towards traditional masculine norms (Vogel, Heimerdinger-Edwards, Hammer, & Hubbard, 2011).

There may be grounds for men's concerns about being negatively judged from within the therapy room. Therapists have reported a belief that males are at risk of being negatively stereotyped and receiving biased treatment (Mahalik et al., 2012). Therapists may struggle to empathise with male clients due to the types of externalising issues they may present with (Good, Thomson, & Brathwaite, 2005) and due to the current social climate of negativity towards men as a group (Spurgeon, 2013). They have described men as more difficult clients than female clients (Stevens & Englar-Carlson, 2010), as being more challenging to connect with (Vogel, Epting, & Wester, 2003), and have shown less empathy towards them (M. L. Smith, 1980). Additionally, students studying psychology provided less supportive

attitudes towards victimised men than victimised women (Mendelsohn & Sewell, 2004). While none of the evidence presented is definitive that men are negatively judged within the therapy room, both males and therapists themselves perceive this risk to be present.

The mental health community has largely neglected to address the issue of men's low engagement in therapy (Good & Brooks, 2005). A concern frequently mentioned is that the aims and processes of therapy are incompatible with the values, relational styles, and behaviours associated with traditional masculinity (Englar-Carlson, Evans, et al., 2014a; Kiselica, 2003; Osherson & Krugman, 1990). Brooks (1998) suggests that counselling typically requires that clients disclose vulnerability, talk about their feelings, admit failure, experience pain, and show weakness. These contradict male norms of showing strength, denying weakness, and suppressing feelings and pain. Male-friendly therapists often suggest that therapy for males needs to account for their masculine relational preferences and adapt therapy accordingly (Brooks, 2010; Englar-Carlson, 2014b; Scher, 1979).

The most widely adopted definition for evidence-based practice includes adapting treatment to clients cultures and preferences (American Psychological Association, 2005). Liu (2005) argued that the study of men and masculinity should be regarded as an essential competency alongside other multicultural knowledge. Liu's central arguments are that therapists need to understand problematic dominant masculine constructs such as patriarchy and sexism, and by understanding more of the cultures of men they can enhance the quality of treatment provided to men (Liu, 2005). Textbooks on diversity are inconsistent in whether they include or exclude attention to men as a group. For example, a number of diversity textbooks restricted chapters on gender to women alone (Baruth & Manning, 2016; T. Lee, 2015; Lum, 2011; Ratts & Pedersen, 2014; Sue & Sue, 2016), while others did include chapters on men as a distinct identity group (Brammer, 2012; Cornish, Schreier, Nadkarni, Metzger, & Rodolfa, 2010; C. C. Lee, 2013b; W. M. L. Lee, Blando, Mizelle, & Orozco, 2007; Vacc, Vaney, & Brendel, 2003). While diversity textbook authors need to make decisions on which groups they will and will not address, given limitations of space and available expertise, addressing only one of two main genders appears to leave a gap. An interpretation for why some chose to include a chapter on women but not men might be due to men not being regarded as a social minority or vulnerable. Nonetheless from the diversity textbooks noted above, men as a group are being recognised in a number of texts.

Males have a death gap, an injury gap, a crime and sentencing gap, and may stay unrecognised as also experiencing some issues that are primarily associated with women. Men have struggled to varying degrees to adjust to modern employment trends and gender role expectations, and some authors have suggested society discriminates against men in various areas (Farrell, 1993; New, 2001). Men are less-willing to engage in therapeutic services and therapy itself has been viewed as offering incompatible processes and expectations with masculine norms. The evidence combined suggests there is a need for gender sensitive counselling for men, and the ethics guidelines suggest there is a professional obligation to ensure practice is culturally informed and sensitive. The following section will review the philosophies that have influenced much of the writing on male-friendly counselling.

Theoretical Contextualization of Male-Friendly Counselling

One year after the first American Psychological Association guidelines for working with women was published (American Psychological Association, 1978), Murray Scher (1979) and Craig Washington (1979) published articles on counselling men. This was followed in 1981 (Scher) in a special edition of *The Personnel and Guidance Journal* devoted solely to articles about men in counselling. Other texts on counselling men began to be published (Levant & Pollack, 1995b; Meth & Pasick, 1990; Scher, 1987; Solomon & Levy, 1982), and in 1995, the Society for the Psychological Study of Men and Masculinity was created to encourage increased scholarship and research in this emerging sub-discipline.

Since its inception, male-friendly counselling has been diversified across approaches, formats, contexts, and populations. It has been integrated into a range of modalities including Cognitive therapy (Mahalik, 2005a), Psychoanalysis (Pollack, 2005), Existential therapy (Nahon & Lander, 2014), Interpersonal therapy (Mahalik, 2005b), Psychodynamic therapy (Rabinowitz & Cochran, 2002), and integrative therapy (Good & Mintz, 2005). It has been applied to formats including individual (Nahon & Lander, 2014), group (Nahon & Lander, 2013), couples (Englar-Carlson & Shepard, 2005; Shepard & Nutt, 2014), and family (Philpot, 2005) configurations. It has been applied to race, culture, and religion (Caldwell & White, 2005; Liu, Iwamoto, & Chae, 2010; Maples & Robertson, 2005). It has been adapted to sexual diversity (Kocet, 2014), age diversity (Reese, Horne, Bell, & Wingfield, 2008; Vacca-Haase, Wester, & Christianson, 2011), fathering (Oren & Oren, 2010), specific occupations (Wester & Lyubelsky, 2005), and disorders (Cochran &

Rabinowitz, 2003). Within a space of 40 years, male-friendly counselling has slowly and incrementally developed and expanded its scope.

Male-friendly counselling has developed alongside and been largely dependent on the psychology of men and masculinity studies. Most male-friendly counselling writers critically evaluate and problematize masculinity and gender role inflexibility, and assign these as major contributors of men's problems and distress (Brooks, 2010; Mahalik, Good, & Englar-Carlson, 2003; O'Neil, 2015). This section will discuss some of the major theoretical concepts that have directly contributed to male-friendly counselling frameworks, assessment, and practice.

Feminism

The emergence of men's studies was directly spawned from feminist groundwork (Levant, 1996). Feminism is credited with providing a gender framework to analyse patterns of behaviour and ideas, providing a rationale to study men as gendered subjects (Edley & Wetherell, 1995) and to systematically expose and problematize traditional masculinity (Levant, 1996). The men's studies field and the main writers in counselling men have also embraced feminism (Addis, Mansfield, & Syzdek, 2010), that teaches that men have systematically oppressed women and minority groups and they themselves are socialised towards misogyny and sexism (APA Boys and Men Guidelines Group, 2018; Brooks, 1991; Good et al., 1990; O'Neil, 2015). Male-friendly counselling authors generally align with feminist gendered power analyses (Levant, 1995; Silverstein & Brooks, 2010). They understand men as also (though not equally) oppressed by patriarchy to varying degrees, and bearing the costs of pursuing male privilege (Liu, 2005). They note that these costs can be greater to men than choosing to relinquish such control and commit to gender equality and self-liberation (O'Neil, 2014). Male-friendly therapy does not solely utilise knowledge of men to adapt procedures for them, but often invites men to reconsider their gender role socialisation, internalised values, and its associated costs (Brooks, 1998; O'Neil, 2015). Like feminist therapy for women, some proponents of male-friendly counselling at times explicitly align and promote a feminist agenda to work towards the social change feminists desire. "We cannot be apolitical; if we are not part of the solution, we are part of the problem" (Brooks, 1998, p. xiv). However, the main contribution that has been readily utilised to underpin male-friendly therapy is their theorising on the costs of gender role restrictions.

Feminists called attention to the stereotyping and restricting of gender roles that affected women and some theorists argue that men also need liberation from restrictive roles (Brooks, 2010; David & Brannon, 1976). David and Brannon (1976) articulate the competing and contradictory demands required in Western manhood and summarised them into four main principles. These included avoidance of displaying behaviours and attitudes considered feminine, an orientation to seek status, an orientation towards toughness and stoicism, and finally, a willingness to take risks and use violence (David & Brannon, 1976). The authors suggested males are trained into the male sex role prescriptions and then required to perform them throughout life, even though the role aspirations appear unrealistic, limited, and potentially problematic (David & Brannon, 1976).

The ideological alignment with key goals and assumptions of feminism places male-friendly counselling authors in a politically sensitive position. Their pro-feminist commitment, including the commitment to support female gender equality, means they refrain from criticising women or critically analysing feminism in any of their writings. Their position must maintain alignment and conformity with feminism. Yet men and differing men's groups vary in relationship with feminism theories. They also vary in their commitments from fully endorsing main feminist assumptions to viewing feminism as destructive to men (Brooks, 2010). While some leaders in the masculinity research express a contemptuous and polarising tone towards those labelled as 'anti-feminists', identifying them as angry White, middle-aged men[1] (Coston & Kimmel, 2013), male-friendly counselling books portray varying men's ideologies in more neutral descriptions and typically reserve criticism for versions of essentialism rather than criticising specific men's movements (See Brooks, 2010; Good & Brooks, 2005). Although most adopt feminist assumptions, they appear careful not to marginalise significant numbers of men.

The commitment to feminism does have some potentially problematic side effects. Male-friendly counselling texts limit the focus to issues that do not compete with women's rights, such as male suicide, but appear to show reluctance to discuss some key systemic prejudices that men complain about, such as family law

[1] Following is an example of an incendiary tone and stereotyping used for Men's Rights Activists due to their disagreement with feminism. It was taken from a professional journal written for the Nevada Law Journal, penned by eminent masculinity scholars: "Taken together, they form a trinity of issues raised by the angry middle-class white guys who march under the banner for Men's Rights" (Coston & Kimmel, 2013, p. 368).

inequalities, given the potential of clashing with the interests of women. Another criticism is that an absence of critical scholarship on feminist theory (Lay & Daley, 2007) can lead to mischaracterizing and rejecting alternative gender theories such as evolutionary psychology (Buss & Schmitt, 2011); and attract criticisms of empirical blindness due to political bias (Eagly & Wood, 2011) and gender fundamentalism (Ashfield, 2011). In its enthusiasm to promote socialisation-based 'nurture' explanations, it can project a strident denialism of explanations that link biology with behaviour. Shields (2016) argued for 'positive gatekeeping' to ensure dissenting voices are included in spaces occupied by dominant discourse. While she was arguing that the feminist critiques of evolutionary psychology be included in psychology textbooks, the same arguments might apply to the inclusion of discourse that critique feminism and problematic female behaviour in male-friendly counselling and masculinity scholarship.

Gender Role Strain Paradigm

Furthering from David and Brannon's (1976) male role explication, Gender Role Strain Paradigm (GRSP) by Joseph Pleck (1981) proposed that the male sex role produced stressors and strains for men. Like David and Brannon (1976), Pleck favoured socialisation-based understandings over biological explanations for trends in male behaviours. Pleck (1981) challenged dispositional trait notions that a well-aligned sex identity in one's masculinity was important for males to acquire. The former gender role identity paradigm (GRIP) assumptions were that those individuals whose gender identity had greater alignment with the biological sex had less inclination towards homosexuality, hyper-masculinity or aggressive attitudes towards women, than those whose gender identity had weaker alignment (Levant, 2011). Rather Pleck's (1981) GRSP proposed that modern gender roles were learned and that these roles and their enforcements can be problematic, leading to strain. This strain is the conflict between the authentic self and the socially defined self-concept (Garnets & Pleck, 1979). Pleck (1976) noted that the male gender role is confusing and inconsistent in its requirements, and that differences between the traditional expectations and modern expectations add to these complications. Pleck's theory contended that many people violate their assigned gender roles, that such real or imagined violations lead to negative psychological consequences or over-conformity to the roles, that violation leads to social judgement, and that some of the expectations within the roles can be quite dysfunctional and contradictory (Pleck, 1981).

The idealistic masculine standards in the Western world, labelled by Peck as *traditional masculinity ideology*, are deemed problematic, as well as the individuals and society's attempted application and enforcement of these standards (Pleck, 1995). While a number of masculine ideals are almost universally held across cultures, there are different weightings, expressions, and levels of endorsement of these ideals, between cultures, age groups, times, and other dimensions (Gilmore, 1990; Levant, 2011; Levant & Richmond, 2007). One empirically derived endorsement measure, the Male Role Norms Inventory (MRNI), examines seven main traditional masculinity ideology domains, including the person's avoidance of the feminine, stoicism, aggression, commitment to status and achievement, independence, anti-homosexuality, and non-relational attitudes towards sex (Levant et al., 1992; Levant & Richmond, 2007). Levant and Richmond (2007) reviewed 15 years of studies using the MRNI and found that higher endorsement of traditional masculinity ideology was associated with higher levels of personal and interpersonal problems, including reluctance to seek help, more relationship dissatisfaction, fears of intimacy, and higher levels of alexithymia.

The Gender Role Strain Paradigm (GRSP), by unlinking masculinity from biologically embedded masculine norms, permitted counsellors justification for inviting clients to reconsider their beliefs and attitudes towards manhood, and enable them to consider alternative attitudes that may be more desirable personally and relationally for the client. As part of this process, clients may be invited to review the potential costs of maintaining various norms, such as the costs of excessive emotional restrictiveness or self-reliance. A similar process that had been applied in men's liberation groups, was being incorporated as part of the counselling process (Lewis, 1981).

The gender sex role movement that formed the basis of GRSP by emphasising that men and women were both hurt by rigid role norms, has been criticised for its neglect of structural power inequality and its potential misuse by therapists who do not subscribe to feminism (Messner, 1998). "Research might find that nonfeminist or anti-feminist therapists are conservatively employing an individualized, symmetrical language of sex roles to reinforce very unfair and oppressive relational patterns between women and men" (Messner, 1998, pp. 272-273). Messner (1998) is accurate in expressing concern that there is a risk that therapists' inattention to power could lead to interventions that collude with oppressive relational patterns. Messner's (1998) focus was limited to advocating for

the protection of female power and vulnerability, and concerned only for therapist negligence and bias that might impact female clients. Therapists need to be sensitive to both individual power inequalities and those experienced on a macro level. Ethically therapists also must ensure both male and female clients receive non-discriminatory and unbiased assessment and treatment, including in any relational power analysis.

Another criticism of the GRSP from a discursive perspective is that masculinity ideology is treated as problematic yet in reality, some men who ascribe to higher levels of masculinity identity may have 'more desirable or healthier' embodied action than some who subscribe to lower levels of traditional masculinity norms (Wetherell & Edley, 2014). For Wetherell and Edley (2014), the dynamic and fluid performance of the roles within their context is more important than the identification (and potentially reification) of static internalised scripts and descriptions of traditional norms.

Pleck's model was proposed at a time when masculinity as a social role was being more clearly delineated and critically scrutinised (David & Brannon, 1976), and the articles were emerging on the need to adapt counselling for men (see P. P. Heppner, 1981; Scher, 1979, 1981a, 1981b). The attention to the contradictions and strains associated with traditional masculine norms continues to be presented in male-friendly counselling texts (Englar-Carlson, Horn-Mallers, Ruby, Oren, & Chase Oren, 2014; Woodford, 2008). Another model that extended Pleck's GRSP was proposed by James O'Neil, and will be expounded in the following section.

Gender Role Conflict paradigm

O'Neil (1982) posited that like women, men are also oppressed victims of restrictive sexist gender role socialisation and requirements that limit their capacity for full human potential. Gender Role Conflict (GRC) refers to "a psychological state in which socialized gender roles have negative consequences for the person or others. It occurs when rigid, sexist, or restrictive gender roles result in personal restriction, devaluation, or violation of others or oneself" (O'Neil, 2015, p. 42). O'Neil (1981b) proposed that the fear of femininity motivated many of the male norms that cause gender role conflict and strain. He identified themes from across the existing literature to identify 40 patterns, which he collapsed into six main areas of this strain for men (O'Neil, 1981a, 2008). These consequences for men include restricted emotionality, homophobia, restricted affection, drive for control and power, drive for achievement, and health care problems (O'Neil, 1982). Later these were reduced to

four factors including Success, Power, Competition; Restricted Emotionality; Restrictive and Affectionate Behaviour Between Men; and Conflict Between Work and Family Relations (O'Neil, 2002). The Gender Role Conflict Scale based on these constructs has been used for more than 300 empirical studies over a thirty-year period (O'Neil, 2013). Higher levels of GRC have been associated with suicide, anger, substance abuse, shame, depression, anxiety, stress, interpersonal and family problems, and other forms of psychological distress (O'Neil, 2008).

The GRC has been criticised for promoting a type of trait-based approach to understanding masculinity that are insensitive to context and dynamic variables (Addis et al., 2010). It also assumes that the psychologically distressed state of the male is due to gender role stress, without accounting for other situational and individual factors that may moderate or exacerbate the distress (Wester, 2008). Rather Wester (2008) called for masculinity to be viewed as another "demographic variable worthy of consideration from a multicultural perspective" (p. 463). Other authors also note the importance of understanding the intersection with other salient identities that may contribute to gender related distress (Enns, 2008). While the GRC can help raise therapist's and men's awareness to stress related to their gender roles enabling more careful consideration, the concerns raised suggest therapists equally need to be open to considering alternative explanations based in a more detailed examination of the experiences of the client.

A benefit of the GRC was noted that it provided a means for explaining male distress and problematic behaviour without pathologising them as males. Socialised masculine norms that devalued the self and created stress and psychological conflict provided alternative explanations that maintained the man's dignity. Yet the GRC scale used to measure the gender conflict distress, has been criticised for focusing on measuring distress associated with traditional masculine norms and excluding non-traditional norms such as more egalitarian gender behaviour (Thompson Jr, Pleck, & Ferrera, 1992). The GRC and the GRSP have both tended to emphasise the problematic effects of endorsing traditional masculine norms; the positive psychology movement contributed to an alternative emphasis discussed below.

Positive Psychology for Men

The recognition of traditional masculine strengths had been briefly acknowledged sporadically in masculinity literature (Levant, 1995), and had also been previously recommended in male-friendly counselling literature as a strategic means to build rapport (Shay, 1996). In 2006, a conference was held to explore the

possibility of developing a positive psychology for boys, men, and masculinity (Kiselica, Englar-Carlson, & Fisher). The concern was that both the press and the Gender Role Strain paradigm had focussed predominantly on identifying, scrutinising, and amplifying the flaws and pathologies of traditional masculinity, and by doing so, missed opportunities to acknowledge and appreciate the strengths associated with it (Kiselica et al., 2008). In addition, such an emphasis that aligned normative masculinity with pathology contradicted research that suggested most men and boys are generally functional rather than dysfunctional as the literature had implied (Kiselica, Benton-Wright, & Englar-Carlson, 2016).

The positive psychology/positive masculinity paradigm defines positive masculinity as producing prosocial and positive consequences for individual males and others (Kiselica et al., 2016). Kiselica et al. (2006) proposed ten components of healthy traditions that therapists might accentuate with men, all of which are considered from well-adjusted male role models (Kiselica, 2010). These include:

> (a) male relational styles; (b) generative fatherhood; (c) male ways of caring; (d) male self-reliance; (e) the worker–provider tradition of husbands and fathers; (f) male daring, courage, and risk taking; (g) the group orientation of boys and men; (h) the humanitarian service of fraternal organizations; (i) men's use of humor; and (j) male heroism. (Kiselica et al., 2008, p. 32)

This list is intended to be viewed as social constructions that are representative rather than exhaustive, and can serve as a guide for socialising boys towards more healthy qualities (Kiselica & Englar-Carlson, 2010). These positive constructions were not intended to replace clinical conversations about the dysfunctional areas, but to be used to both develop rapport, utilise existing client masculine strengths, enhance motivation, and to provide balance to the attention on dysfunction. Likewise, these are not presented as specifically male strengths but human qualities that are found culturally supported in the socialising of males (Kiselica et al., 2016).

A more recent review of positive masculine attributes found that many positive attributes were framed as negative attributes in the gender strain paradigm (McDermott et al., 2019). For example, striving for success, power and competition is usually listed as a problematic masculine norm. Yet being hardworking, successful in one's job, being a leader, and taking risks are viewed as positive masculine qualities (Hammer & Good, 2010; McDermott et al., 2019). Seeking occupational

success could be positive or negative depending on a number of factors (Zamarripa, Wampold, & Gregory, 2003). For instance, it could be motivated by wanting to contribute, competitively seeking to enhance one's skills, gaining satisfaction through one's achievements, or conversely, could be a means to win at all costs (Zamarripa et al., 2003). The authors suggested that rather than portraying traditionally masculine norms as problematic, the emphasis should be problematising extreme, rigid, or restrictive elements of these norms, and recognising more moderate or context appropriate versions as healthy (McDermott et al., 2019).

The positive psychology/positive masculinity movement has brought more balance from the pathologising tendencies of the GRSP and has suggested a more nuanced examination of the norms, including recognition of the positive values associated with traditional norms. The next paradigm to examine shifts further away from restricted normative conceptions of masculinity towards more diversified understandings of masculinity, or more accurately stated, masculinities.

Diversity of Men and Masculinities

The dominant and culturally idealised form of traditional masculinity as described by David and Brannon (1976) has been equated with what Connell termed 'hegemonic masculinity' (Connell, 2005) though attempts to align with 'traits' was not the intention of Conner. Hegemonic masculinities is primarily a relational theory of how cultural pressures and discourses serve to develop and legitimate male dominance over women, and hierarchical positioning between men (Christensen & Jensen, 2014; Connell & Messerschmidt, 2005). Connell departed from more reductionist-trait like descriptions of a masculinity to declare that there are multiple more fluid masculinities. Connell also noted that there are culturally dominant, normative, idealistic forms of masculinity (i.e. hegemonic; Connell, 2014) and subordinated and oppressed masculinities. This awareness of the complexity, diversity, and fluidity between masculinities has extended interest to the study of men across races, ages, times, and places. This recognition of a variety of masculinities reinforces the idea that working with men is a multicultural approach to practice, and therefore be treated as a multicultural competence (Liu, 2005) and that the study of masculinities is multidimensional and has greater complexity than the universalising construct known as traditional masculinity.

The theory of hegemonic masculinity also has been criticised as being too universal, indefinite, ambiguous and static, rather than more fluid, contradictory, and localised than the theory or reality suggests (Buschmeyer & Lengersdorf, 2016;

Christensen & Jensen, 2014). Nonetheless the theory has been largely uncritically accepted and referred to in male-friendly texts both as an alternative term to traditional masculinity (i.e., negative masculine norms) and also to describe the hierarchy of masculine positioning among men (Brooks, 2010; Englar-Carlson, 2009, 2014b; Liang & Molenaar, 2017).

The notion of intersectionality of identities and oppression has also been incorporated into male-friendly counselling texts. This concept is distinct from Connell's hegemony theory yet overlaps in the recognition of the importance of recognising social differentiation and its relation to access to power and privilege (Christensen & Jensen, 2014). The theory emerged as a result of women seeking recognition beyond race *or* gender but highlighting that their lived experiences related to race *and* gender (Falcón, 2009). The theory requires a multi-identity analysis rather than homogenising analysis to a single identity, such as gender.

Male-friendly counselling texts have incorporated recognition of intersectionality by recognising that while males may belong to a more privileged social group *as a whole* in comparison to females, males have additional social identities that influence their masculine ideology and performance; their social standing and power, and which also may draw negative social treatment (Englar-Carlson, Stevens, & Scholz, 2010; Good et al., 2005; Rabinowitz & Cochran, 2002). Therapists are advised to be particularly mindful with men who have identities belonging to more marginalised groups and associated masculinities, that can attract additional trauma associated with racism (Carr & West, 2013), homophobia (Halderman, 2005), and other stigmatised treatment (APA Boys and Men Guidelines Group, 2018).

Summary

With the progression of feminism, gender became recognised as a salient factor in both society and in therapy. Guidelines for the treatment of women and girls were first developed in the late 1970s (American Psychological Association, 1978) and later replaced almost three decades after (American Psychological Association, 2007). Almost 40 years after the first guidelines for women, guidelines were developed for working with men and boys for Australian and North American psychologists respectively (APA Boys and Men Guidelines Group, 2018; Australian Psychological Society, 2017). Both of these guidelines for men and boys locate male

gender role norms as negatively impacting on their psychological and physical health and the importance of recognising diversity between males.

This literature review began by establishing several reasons for justification of the emergence of male-friendly therapy, including recognising concerning social patterns and describing problematic aspects of the interaction of men with counselling more specifically. It has described the development for the underpinning theoretical constructs, that includes clarifying and problematising social expectations around men's roles at a broad level, reviewing the features and strains associated with these roles, developing moves towards balancing validating positive features of the roles, and finishing with its emphasis to greater recognition of the diversity and complexity of men's social experiences. These theoretical frameworks form the underpinnings of male-friendly counselling recommendations found in the scholarly writings.

Chapter three will shift focus from the scholarly theorising about men and masculinities to a focus on developing themes of male-friendly counselling recommendations as recommended within transtheoretical counselling literature for individual men[2] (paper 1). Chapter four will describe the perceptions and understandings about men drawn from a sample of fifteen male-friendly therapists (paper 2), while chapter five (paper 3) will describe what these therapists recommend for adapting therapy for men. Chapter six will provide an overall discussion that will review overall findings and associated features from across the chapters, including offering recommendations relevant to practice.

[2] Individual men refers to counselling delivered to individual clients rather than referring to the man's personal relational status.

CHAPTER 3: RECOMMENDATIONS FOR MALE-FRIENDLY INDIVDIUAL COUNSELING WITH MEN: A QUALITATIVE SYSTEMATIC LITERATURE REVIEW FOR THE PERIOD 1995-2016

Publication Status and Target Journal

This chapter is the author version of a paper submitted, accepted, and published in *Psychology of Men and Masculinity* (Q1 journal; Impact Factor: 1.957) published by the American Psychological Association. This international journal was chosen as it is the official journal of APA Division 51 Society for the Psychological Study of Men and Masculinities, which has been central to the stimulation of the development of the theory and practice associated with male-friendly counselling.

Introduction to Paper 1

The previous chapter noted the rationales for developing a focus on attending to men's needs and developing therapeutic adaptations accordingly. It also described key theoretical concepts that underpin both contemporary masculinities research and inform therapeutic adaptations relating to interventions and goals for male-friendly counselling.

This initial article was the first published systematic literature review on male-friendly counselling recommendations. Its aims were to scope the professional literature within clearly defined parameters to determine common transtheoretical themes of recommendations for counselling men within individual formats. This paper provides a consolidating overview of the existing literature enabling a critical evaluation of broader thematic recommendations and broader trends across the literature. These broader trends are revisited in the final chapter of this thesis and form the basis of a conceptual model for counsellors considering male-friendly adaptations.

Abstract

Over the past few decades there have been calls to customize therapy for men. Researchers have increasingly become aware of the impact of masculinity on

men and their psychological health, their willingness to seek help, and their experience of therapy. Recommendations have been published for how to enhance engagement and therapeutic change for men in counseling. This paper systematically collected and examined recommendations for individual male-friendly therapy from forty-four sources written over a twenty-one-year period to identify common themes using qualitative methodology. The resulting four themes included knowledge about men, masculinity, and socialization; therapist critical self-awareness and commitment; masculinity-informed treatment adaptations; and masculinity-informed tasks and goals. The themes were discussed in relation to relevant research and similar diversity-sensitive approaches, including different ways that masculinity knowledge was incorporated into treatment and the ethical implications of targeting traditional masculinity for change. Increased empirical research on male-friendly counseling is needed to validate existing recommendations.

Keywords: men, masculinity, gender, counseling, psychotherapy

Introduction

Since the late 1970s, a small but growing body of literature has proposed male gender-sensitive counseling models that enhance therapy with men (Wade & Good, 2010). Arguments for proposing male specific approaches included concerns about men's lower rates at seeking and receiving psychological help in spite of need (McCarthy & Holliday, 2004), incompatibilities of therapy with traditional male values and relational styles (Brooks, 1998; Kiselica, 2003), concerns over stereotyping and discrimination against men in treatment (Englar-Carlson, Evans, et al., 2014a), proposals that men are also victims of patriarchal oppression and traditional masculinity (Silverstein & Brooks, 2010), and various challenges that therapists encounter when engaging and treating men (Stevens & Englar-Carlson, 2006).

Male gender-informed counseling is increasingly recognized as an expression of multicultural counseling, as can be noted by specialized chapters dedicated to it in multicultural counseling texts (C. C. Lee, 2013b; Stevens & Englar-Carlson, 2010). Multicultural counseling requires therapists to consider their own and their client's cultural values and background in communication, assessment, and treatment. Sensitivity to diversity is a well-established requirement for therapeutic and evidence based practice (American Psychological Association, 2005).

Male-friendly counseling commonly contextualizes and interprets men and their gender 'cultures' within the framework of masculinity. Masculinity is the term used to define what is expected of men in society (Hearn, 2007) and men's sense of gender identity as to what it means to be a man. The plural form, masculinities, acknowledges the diversity of understandings of what it means to be men across groups, developmental periods, and times (Kimmel, 2004; Spector Person, 2006). Male-friendly counseling draws attention to features, strengths, vulnerabilities, and impacts of masculinity in the lives of men in clinical assessment, alliance formation, and treatment design. Theoretical concepts such as Gender Role Conflict (O'Neil, 2015) and Gender Role Strain (Pleck, 1995) provide therapists with masculinity-informed constructs for assisting clients to recognize relationships between their masculinity-related values and their life difficulties, how they learned these through their socialization experiences, and then negotiating updated and less constricted understandings of their male identities. More recently, positive psychology/positive masculinity and strength-focused models have promoted appreciative understandings of traditional masculinity as a balance and supplement to the deficit-oriented frameworks. These approaches aim to enhance client engagement and utilize men's existing motivation and strengths towards the treatment goals (Englar-Carlson & Kiselica, 2013; Kiselica, 2010; Kiselica & Englar-Carlson, 2010; Oren, Englar-Carlson, Stevens, & Oren, 2010).

Male-friendly counseling recommendations span therapy approaches. They are incorporated into Cognitive Therapy (Mahalik, 2005a), Psychoanalysis (Pollack, 2005), existential therapy (Nahon & Lander, 2014), Interpersonal Therapy (Mahalik, 2005b), and Psychodynamic therapy (Rabinowitz & Cochran, 2002). Therapeutic adaptations for men are identified with various phrases such as male-friendly therapy (Brooks, 2010; Kiselica, 2005), male engaged therapy (Kivari, 2011), gender-aware therapy (Morse, 2012), masculine-sensitive psychotherapy (Englar-Carlson et al., 2010), and therapy for men (Good & Mintz, 2005; Haldeman, 2005; Mahalik, 2005a, 2005b).

This review has chosen to use 'male-friendly counseling' in that the principles emphasize an empathic position with the male client, particularly in the alliance-building stage of therapy. This does not imply endorsement or sympathy towards traditional masculinity. Many authors (Brooks, 1998; Englar-Carlson, 2014b; O'Neil, 2015) seek to assist men to review and change their understanding of masculinity as part of the treatment goals.

There are several narrative literature reviews that attempt to distil and present integrated recommendations for how to provide male-friendly counseling. These are found in book chapters (Englar-Carlson et al., 2010; Stevens & Englar-Carlson, 2010) or journal articles to inform or provide a rationale for a chosen position (Blundo, 2010; Gillon, 2008; Tremblay & L'Heureux, 2005). While narrative reviews are informative, they can be susceptible to author and selection bias (Cozby & Bates, 2012) whereas systematic literature reviews improve objectivity given their explicit criteria for data inclusion and exclusion that enable replication and provide transparency (Marks & Yardley, 2004). To date, no reviews have attempted to identify themes of generic male-friendly counseling recommendations in a systematic manner across available literature. The benefits of such a review will clarify and elucidate recommendations the literature prioritizes within the period examined and reduce selection, treatment, or ideological bias.

The following research question addressed is: What are the thematic recommendations for therapists on how to customize individual counseling and psychotherapy for men. It will review research literature from 1 January 1995 until the 31 July 2016. 1995 was chosen as the starting date due to it reflecting the inception of the American Psychological Association's Division 51 Society for the Psychological Study of Men and Masculinity. Before this date there had been an initial burst of writing about therapy for men in the early 1980s (Brownell, 1981; P. P. Heppner, 1981; Scher, 1981b; Solomon & Levy, 1982; Washington, 1979), but the fledgling research on men's psychological studies predominantly from 1995 provided impetus for increased literature on counseling men.

Method

The databases selected to search were PsycARTICLES, Psychology and Behavioral Sciences Collection, PsycINFO, Academic Search Complete, and ebook Collection; all of which belong to the databases provider EBSCO. WileyScience Online Library was also consulted in preliminary searches[3]. The grey literature was consulted in ProQuest® Dissertations & Theses, and Open Access Theses and Dissertations (OATD).

[3] WileyScience Library offered no additional articles in the preliminary search, hence was omitted from the search.

The search protocol was designed to identify texts appropriate to the review. The primary search terms prioritized the population (i.e. men), gender (i.e. masculinity), and the activity (i.e. counseling) to increase the chances of filtering in all relevant sources. Many of the inclusion criteria were based on selecting data that is predominantly linked to generic male-friendly concepts for individual counseling. Sources that attempt to combine male-friendly concepts and another specialist body of knowledge (e.g. a subgroup, therapeutic approach, issue, or context), run the risk of the researcher having to distinguish the data's relevance, generalizability, and applicability for general male-friendly counseling principles. Excluding these increased the objectivity and replicability of the study.

The table below is the record of the inclusion/exclusion criteria.

Table 1: Inclusion and Exclusion Criteria

Inclusion and exclusion criteria

Criterion	Included	Excluded
Search terms	Context: psychother* or therap* or counsel* [Title] AND Population: man or male* or men [Title] AND Context: mascul* or sex or gender [Full-text - where available]	
Age	Adults	Under 18
Age of resource	Between January 1, 1995 and September 16, 2016.	
Intended recipients	Men	Females, trainees, children, society, therapists, supervisees, institutions, society
Type	Academic articles, theses, dissertations, books, and book chapters	Repeat articles, book reviews, sources with evidence of an explicit religious or ideological worldview (exception masculinity / gender informed worldview).
Focus	Generic counseling designed for men	More specialized focus: Race, religion or region focus/emphasis, sexuality, condition (i.e. depression, trauma), emotion (e.g. race), context (e.g. military), therapy approach (CBT), stage (e.g. mid-life).
Interventions	Therapeutic counseling and psychotherapy	Assessment and diagnosis, or philosophical discussion excluding treatment interventions. Career counseling, coaching.
Mode	Individual	Group, couple, family.

Qualitative systematic literature reviews (QSLR) focus attention to the discussion and recommendations rather than quantitative results or procedures (Selvam & Sahaya, 2015). The qualitative techniques used were thematic analysis

using Braun and Clarke's (2006) six phases. This model is used across disciplines to analyze, synthesize, and summarize data (Lapadat, 2010). It utilizes a systematic approach to identify, review, and record themes deducible from the data. The qualitative research software package NVivo 11 was utilized to organize and code information.

The risk of researcher bias was addressed by ensuring a minimum of two people including at least one male and one female researcher, were involved in reviewing all major decisions in the source selection and theme identification (Aromataris & Riitano, 2014). Two researchers conducted independent searches on the same day in all identified search databases, and reviewed random samples of sources that have been included and excluded for each stage of the source filtering. All results were compared, with differences discussed considering the search protocol until consensus was agreed and the remaining three researchers were consulted where uncertainties remained. The process for selection is represented in *Figure 1*. The sequence and results of applying the search criteria.

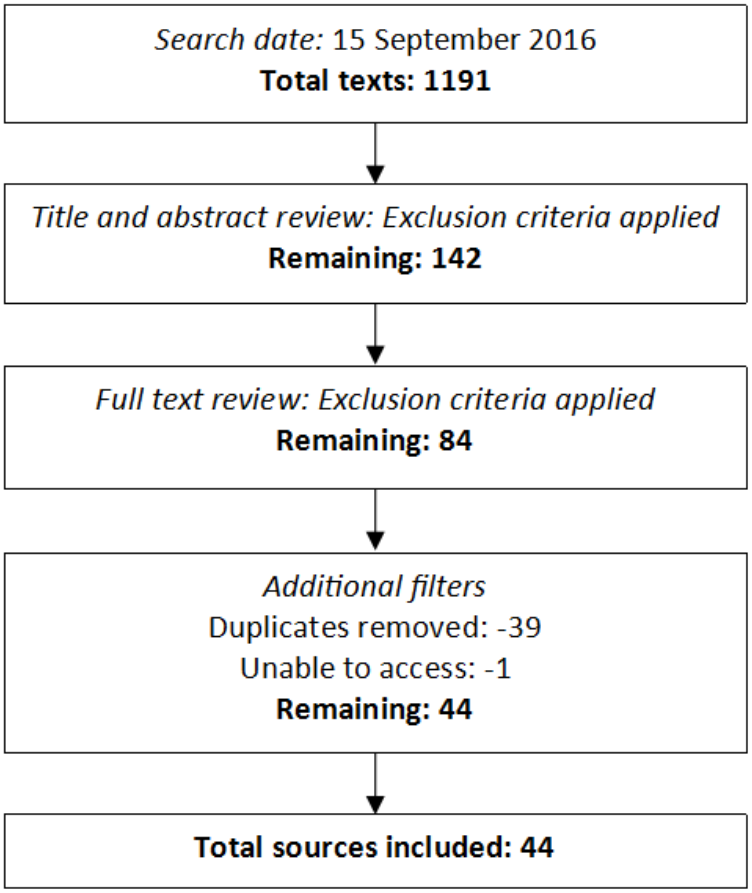

Figure 1. The sequence and results of applying the search criteria.

Results

The 44 texts in the final selection incorporated 10 non-edited books, 29 edited book chapters, and 5 journal articles. The themes are listed below in Table 2, while Appendix 2 identifies the sources captured, the type of source, and the theme representation in the sources. For space efficiency, a limited number of relevant sources will be cited in-text to support each idea.

Table 2: Themes and Number of Sources Addressing the Themes

Themes and Number of Sources Addressing the Themes

Themes	# of sources
Theme 1: Knowledge about men, masculinity, and socialization	34
Theme 2: Therapist critical self-awareness and commitment	28
Theme 3: Masculinity-informed treatment adaptations	44
Theme 4: Masculinity-informed tasks and goals	35

Theme 1: Knowledge about men, masculinity, and socialization

Thirty-four texts explicitly recommended the importance of therapists being aware of gender and masculinity constructs. Therapists were urged to learn about men and male socialization, the negative impact of male socialization on men's psychological health and issues, contradictory expectations placed on men, and how male socialization potentially negatively impacts their treatment experience and response if unaccounted for (Good & Brooks, 2005; Harris, 1995; Martin, 2012; Scher, 2005; Stevens & Englar-Carlson, 2006). Authors tended to attempt to balance sympathetic and critical portrayals of men and masculinity in highlighting their relative group privilege and disadvantage, their oppressiveness and traumatic socialization processes, the problems men cause others and their own suffering, and traditional masculinity's problems and its strengths.

The literature tended to focus on more traditional aspects of masculinity as a starting place for reader awareness in theoretical conceptualization and recommendations for interventions. However, slightly under half of the total literature introduced readers to diversity between men. This diversity included racial, cultural, sexual, vocational, educational, class, and individual diversity (Englar-

Carlson, 2009). The literature appealed to therapists to develop more nuanced understanding when working with clients whilst understanding common masculine characteristics (Tremblay & L'Heureux, 2011). It cautioned about assuming all men align with Western traditional hegemonic masculinity, even while the texts tended to focus generic recommendations towards clients who displayed traditional masculinity.

Theme 2: Therapist critical self-awareness and commitment

Twenty-eight sources explicitly called for therapists to be aware of their own gender socialization experiences and be mindful how gender stereotypes and beliefs interact with the therapeutic process, particularly affecting the therapist's ability to empathize with the clients (Englar-Carlson, 2009). Therapists, like clients, are socialized into gender roles and have gendered histories that influence their expectations and perceptions (Brooks, 1998). Therapists will have also experienced various strain, pressure, and consequences linked with social gender role expectations.

Therapists can enact prejudices against men (e.g. typecasting as perpetrators), hold sexist attitudes against males generally, and apply stereotypical expectations for how men 'should' or 'shouldn't' act. Female therapists were warned of risks of bias and countertransference based in their own gendered histories (Vasquez, 2012) and past experiences with men (Brooks, 2010; Wexler, 2009), as well as expecting male clients to behave more like female clients (Ashfield, 2011).

Therapists were cautioned about how gender dynamics may play out between male therapist to male client, and female therapist to male clients (Englar-Carlson et al., 2010; Potash, 1998). Male therapists were warned about colluding with shared assumptions about masculinity, unwittingly colluding with beliefs about masculinity that may not be beneficial (Brooks, 2010), or engaging in competitive processes with their male clients (Scher, 2005). All therapists were urged to monitor for biases, prejudices, and countertransference reactions (Good et al., 2005; Vasquez, 2012). The literature recommended therapists examine their own gender histories and beliefs.

Therapists were urged to commit themselves to their self-care, professionalism, and activism when working with men. Counseling men contains several challenges working with men and working from one's own gendered socialization. Texts encouraged practitioners to seek supervision and practice self-care to maintain resilience (Robertson, 2012). Furthermore therapists were

encouraged to be critically informed with relevant literature (Glicken, 2005), challenge negative stereotypes about men held by professionals (Englar-Carlson, 2009), commit to personally address one's own gender based restrictions, and challenge oppressive social structures (O'Neil, 2015).

Theme 3: Masculinity-informed treatment adaptations

A theme in all the literature was that therapy needed to account for men's masculinity in its design and delivery, particularly men's hesitancy for psychological treatment. A primary rationale for adaptation are that therapy as usual can be incompatible with men's traditional socialization and values (Levant, 2006). Therapy often requires clients to reveal vulnerabilities, talk about feelings, and solve problems with the help of another person (Robertson & Fitzgerald, 1992) yet these are contrary to values associated with traditional masculinity. It is believed that therapeutic incompatibilities may partly explain men's aversion to, and resistance in, therapy (Rowan, 1997). Male-friendly therapy aims to better engage men by making masculine-friendly adaptations (Brooks, 1998; Rochlen, 2014).

Many of the Rogerian core facilitative positions were regularly emphasized, including demonstrating positive regard, non-judgement, understanding, and empathy for male clients (Rabinowitz, 2012; Scher, 2005). Valuing and demonstrating respect for male clients was encouraged by means of maintaining an emphasis on client strengths, resources, and positive aspects of masculinity rather than prioritizing an emphasis on what is problematic and requiring change (Kiselica & Englar-Carlson, 2010; Sweet, 2006). Therapists were encouraged to communicate, or at least be comfortable, with male-oriented relational styles (Robertson, 2012). Specific recommendations included less formality and therapy jargon (Robertson, 2012), a willingness to discuss non-therapy areas of interest to the clients (Bahtia, 2014), and to utilize idioms and metaphors that male clients relate to (McKelley, 2014; Pittsinger & Ming Lui, 2014), such as in the areas of work, sports, or technology. A further recommendation for connection was that the therapist display egalitarian behaviour. This behaviour included invitations for collaboration throughout treatment (Glicken, 2005), therapist willingness to use self-disclosure and display transparency (Englar-Carlson, 2014b), and additional displays of informality such as using humor (Kilmartin, 2014; Wexler, 2009).

Given men's self-stigma and other barriers with therapy including their general reluctance to attend, the literature highlighted that treatment needed to be adapted accordingly, made more appealing, and have barriers removed or addressed.

Agencies might consider the therapy office layout and décor, and waiting room magazines to be inclusive of male tastes (Brooks, 2010; Sweet, 2012). Scheduling flexibility, including options for appointments outside of office hours, may enhance attendance (Potash, 1998), particularly given men's tendency to prioritize work commitments (Mahalik, Locke, et al., 2003). Altering the format away from one to one counseling towards less stigmatized formats (Englar-Carlson, 2006) allow men to maintain a degree of emotional and psychological distance. These include offering workshops, seminars, groups; or choosing out-of-office locations such as online formats, coffee shops, or talking whilst in a shared activity (Wexler, 2009).

Therapists might enhance motivation and reduce treatment barriers and hesitancy by providing orientation and role induction for treatment, addressing misconceptions, highlighting potential benefits, and reframing treatment and concepts in ways that reduce stigma, reduce misunderstanding, and enhance its perceived value to the men (Brooks, 1998; Stevens & Englar-Carlson, 2010; Stevens & Montes, 2014).

> Reframing therapy as a place for winners, not losers, is important, as is viewing the client as heroic rather than as a victim (O'Neil, 2015, p. 265).

The need for the therapist to carefully pace treatment was mentioned by at least half of the texts. This was particularly linked with men's hesitancy with emotional expression and relational intimacy. Practitioners were encouraged to be patient and progress forward, mindful of the client's own pace (Morse, 2012).

> This alliance is built step-by-step by conversing in the language of the client and by creating an experience which operates against shame, against humiliation, against premature vulnerability and exposure, and against higher expectations than can be met by the client (Shay, 1996, p. 505).

Therapists were recommended to engage in agentic and instrumental conversation and change processes (W. M. L. Lee et al., 2007) in the initial stages of treatment. These were promoted as more familiar and comfortable for men generally, in contrast to more ambiguous, feeling and insight-oriented strategies. Recommendations included offering more structured cognitive and behavioral interventions and homework assignments (Wexler, 2009).

Specific recommendations relating to shame were discussed 25 sources. Shame was viewed as a significant threat to the formation and continuity of treatment and the willingness for the man to deepen experiential awareness. Therapists were urged to take measures to prevent, recognize, and defuse shame (Wexler, 2014).

They were advised to recognize the difficulties of men in attending treatment (Brooks, 1998), to use normalization (Stevens & Englar-Carlson, 2010), validation (Duffey & Haberstroth, 2014), a strength focus (Tremblay & L'Heureux, 2011), self-disclosure (Shay, 1996), and reframing of clients' difficulties as reflecting socialization more so than individual pathology (Brooks, 2010).

> If you are a clinician, you know that men are very sensitive to shame and feelings of incompetence. As a result, we have to do whatever we can to de-shame the therapeutic experience. Otherwise, men won't show up (Wexler, 2014, p. 79).

Thirty-one of the 44 texts highlighted recommendations based on men often being difficult and resistant clients. The challenges related to the men's potential reluctant, resistant, aggressive, sexual, and transference behaviors (Shay, 1996), in addition to potentially displaying sexist and homophobic attitudes (O'Neil, 2015). For therapists, there are risks of transference and countertransference, and biased, stereotyped, and prejudicial behaviors (Englar-Carlson et al., 2010). Therapists were recommended to prepare for resistant and aggressive behaviors from male clients (Brooks, 2010).

> It is essential to welcome men in spite of the sometimes aggressive or confused stance of their request for help, to decipher the suffering behind the behavior, and to pay special attention to the initial contact (Tremblay & L'Heureux, 2011, p. 344).

Issues may emerge in areas of power and control, sexuality, and dynamics between the male client and the gender of the therapist. Male and female therapists each had distinct risks highlighted. For male therapists, they were encouraged to be mindful of risks in becoming competitive and authoritarian with men (Scher, 2005), or unconsciously reinforcing traditional gender norms (Englar-Carlson et al., 2010). Female therapists were warned to prepare for times when men act defensively, or devalue and sexualize them, whilst maintaining both compassion and professional boundaries (Martin, 2012; Robertson, 2012). The dynamics between male clients and their therapists, and the gender and historical socialization experiences of the therapists, mean that therapists must be mindful of challenges associated with some male clients, and to ensure they are prepared for such challenges.

Theme 4: Masculinity-Informed Tasks and Goals

Masculinity-informed tasks and goals was the second most addressed area, with 35 of the 44 texts. The theme includes masculinity-informed assessment,

interventions, strategies, and goals. The writers about male-friendly therapies reflect influences from a range of therapeutic traditions however common themes emerged of salience for the targeted population.

Just over half the literature encouraged therapists to enhance client awareness of the interaction and impact of masculinity and gender role socialization in relation to their difficulties. Therapists were encouraged to perform a gender role analysis whereby they review the client's gender socialization history (Brooks, 2010). Included is an assessment of the client's beliefs, attitudes, behaviors, and coping strategies associated with gender role norms. Therapists were recommended to assess the client's level of conformity, restriction, and distress associated with the client's traditional masculinity conceptions and experiences (Granello, 2000). Some authors suggested administration of formal masculinity measures such as the Gender Role Conflict Scale (O'Neil, Helms, Gable, David, & Wrightsman, 1986), Conformity to Male Role Norms Inventory (Levant et al., 1992), or Male Role Norms Inventory (Brooks, 2010). This assessment process is presented as part of therapy in helping raise the man's awareness of the linkages between his masculine socialization and his symptomology, and a preparation for considering more flexible conceptions (Englar-Carlson, 2006).

Therapists were warned against over-diagnosing men who may be demonstrating behaviors congruent with traditional masculinity (Strokoff et al., 2016). Under-diagnosis may occur due to traditional masculine behaviors such as stoicism that might mask issues (Englar-Carlson, 2009). Therapists were encouraged to include an assessment of strengths in the clients and their traditional masculinity (Kiselica, 2010). Finally, there was caution around over-pathologizing men and traditional masculinity generally (Sweet, 2012).

Authors highlighted that male clients often had aversion to, and difficulty with, emotional awareness and expression. Traditional men often have a coping style of avoiding awareness of emotional pain, relatively low verbal expression of emotions (Wexler, 2009), may feel embarrassed displaying emotions and vulnerability in therapy, and tend to prefer therapeutic interactions and activities that are more emotionally distant. Men often perceive that emotions are symbols of femininity and weakness (Good et al., 2005), both of which would violate traditional masculine norms.

The male-friendly counseling literature encourages therapists to be mindful that men are socialized to devalue, repress, and restrict emotions leading to men

having sensitivities about emotions in therapy setting. Therapists might recognize that men can display emotions in different ways to women, and thus potentially misinterpreted (Ashfield, 2011; N. G. Johnson, 2005). Therapists need to be cautious about evoking vulnerable emotions too early to avoid humiliating or frightening the client, and may find it beneficial to gradually move from cognitive interventions to more emotion expressive interventions (Tremblay & L'Heureux, 2011). However, ultimately one of the therapeutic aims for men is to enhance their awareness, expression, and regulation of emotions(O'Neil, 2015). This is partly done by helping men connect with their grief, trauma, and other unresolved emotional experiences in their lives (Tremblay & L'Heureux, 2011), and via the relationship with the therapist (Englar-Carlson, 2006). Therapists are encouraged to deepen therapy and evoke psychic pain (Brooks, 1998), as this is perceived to underlie many of the issues men struggle with (Englar-Carlson et al., 2010; O'Neil, 2015). Experiential, insight-oriented, and educational interventions are utilized to enhance men's emotional intelligence (Robertson, 2012).

One of the earlier themes was the recommendation for therapists to become more mindful of gender socialization and its impact on both the therapist and the clients. Twenty-six of the texts highlighted responsibilities of therapists to help clients become more aware of gender and its impact in their client's own life and history (Duffey & Haberstroth, 2014). Education and insight are both a therapy goal and a therapy process. Therapists may teach about gender constructs (such as Gender Role Conflict), while they invite clients to review their historical gender socialization experiences, their coping patterns, the strengths and problems associated with their own masculine identity's construction, and critically re-evaluate their beliefs and coping in light of their new awareness (Robertson, 2012). This process is believed to assist the men to become less restricted by masculine norms (Englar-Carlson, 2006). A number of strategies were proposed to assist with the awareness raising, including teaching (Brooks, 2010), confrontation (Good & Mintz, 2005), role-modelling (Scher, 2005), experiential interventions (W. M. L. Lee et al., 2007), bibliotherapy (Glicken, 2005), cognitive restructuring (Good & Mintz, 2005), and homework (O'Neil, 2015).

The treatment goals of texts varied. Some texts emphasized enhanced personal values and skills, such as self-acceptance (Wexler, 2009), self-awareness (Robertson, 2012), and coping (McCarthy & Holliday, 2004). Others emphasized the modification of masculine identity, roles, attitudes, and behaviors. These goals

were typically promoted as assisting towards more flexible, androgynous, and modernized masculine identities. The idea of reshaping conceptions of a man's masculinity was a central theme to change to change in some texts (Englar-Carlson, 2006; O'Neil, 2015; Robertson, 2012). Other goals included enhanced social wellbeing and commitment (including social activism - see O'Neil, 2015), and enhanced relational and emotional intelligence (Englar-Carlson, 2014b; Wexler, 2009).

The themes highlighted an emphasis on gender knowledge, awareness, and the ability to utilize this knowledge to provide an interpretative framework, and inform therapist behaviors, attitudes, and treatment decisions. The concept of masculinity was a primary concept threading throughout the literature and was highlighted as integral for engagement, assessment, and therapeutic focus.

Discussion

The study reviewed English-language, professional literature on generic adaptions of counseling for men. The literature was predominantly conceptually proposed and linked with clinical experience. This study focused on what the male-friendly literature recommended for adapting treatment for men. While the literature reviewed focused on generic recommendations and acknowledged the diversity within men and groups of men, it tended to focus more on men who align with more traditional notions of masculinity. The recommendations across the literature were that therapists need to understand men, masculinity, and male socialization; that they need to maintain a critical self-awareness and knowledge; that they make masculinity-informed treatment adaptations, and that they engage in tasks and goals of relevance to men.

The first theme recognized the requirement for therapists to become familiar with men and masculinities. Men's commitments to traditional masculinity norms influence their help-seeking behaviors (Addis & Mahalik, 2003; McCarthy & Holliday, 2004; Yousaf, Popat, & Hunter, 2015), attitudes towards therapy (Robertson & Fitzgerald, 1992) and preferences in therapy (Rochlen & O'Brien, 2002). The incorporation of this knowledge becomes a foundation for the influencing of therapist attitudes, for enhanced empathy and sensitivity, for assessment, intervention, and treatment goals. Additionally, the negative impacts of traditional masculinities have been studied and emphasized throughout masculinity literature. Higher commitments to traditional masculinity have been linked to lower help

seeking (Yousaf et al., 2015), lower positive health behaviors (Sloan, Conner, & Gough, 2015), higher depression risk (Rice, Fallon, & Bambling, 2011), higher prejudicial discrimination (D. T. Robinson & Schwartz, 2004), lower levels of emotional expressiveness (Levant, Hall, Williams, & Hasan, 2009), and higher levels of relationship distress and abusive behaviour (Amato, 2012). Across cultures, commitment to various traditional masculinity norms have been consistently linked with higher levels of stress and anxiety (O'Neil, 2008).

The second theme highlighted a need for therapists to be gender self-aware and be mindful of negative, restrictive, and biased attitudes towards men. This aligns with a characteristic for culturally competent counsellors whereby therapists are encouraged to develop self-awareness of their own values, beliefs, attitudes, and biases and be mindful that these do not negatively impact treatment (Sue et al., 1992). A potential for negative attitudes against men was portrayed in warning therapists about the bias and emphasizing to therapists that they needed to empathize with and value men. The assumptions of special risks of negative bias expressed by the writers were echoed in a survey of therapists in the United States (Mahalik et al., 2012). Although therapist bias against males in therapy not been studied (O'Neil, 2014) there is evidence that men are perceived with more negative stereotype attributes (Eagly & Mladinic, 1994; Fiebert & Meyer, 1997), more threatening attributes (Rudman & Goodwin, 2004), more culpability in crime (Feather, 1996), and less deserving of altruism (FeldmanHall et al., 2016). Externalizing disorders that have been stereotyped with masculinity such as Antisocial Personality Disorder, sexual disorders, and addictions were more feared and less pitied than disorders associated with the femininity (Boysen et al., 2014). Women have been found to have a strong in-group bias and men a weaker in-group bias (Rudman & Goodwin, 2004), which may potentially impact male clients discussing heterosexual relationship concerns with both female and male therapists. Although the evidence for therapist bias has not been studied directly, evidence from clinicians, masculinity researchers, and general research on gender bias suggests it is a factor to consider.

The theme across all literature was treatment adaptation and engagement. Males hold more negative attitudes towards psychological treatment (Clement et al., 2015; Topkaya, 2014) and these may require the therapist to adjust treatment to be more palatable (Schaub & Williams, 2007). One qualitative study of 86 male clients found a number of behaviors and processes associated with self-reported alliance ruptures (Richards & Bedi, 2015). These included treatments not being a right fit,

feeling pressured, client uncertainty or surprise about the process, issues with pacing, feeling misjudged by the therapist, and the client not putting enough effort in. Each of these, excluding the last, are directly related to how the therapist delivers treatment. The adaptations in the male-friendly counseling literature addressed most areas mentioned in this review, such as adapting the interventions and the communication for the men, orienting the client to the process, and aiming to understand the client as a group and as an individual. There is some evidence that culturally adapted treatments enhance client treatment satisfaction and outcomes in comparison to non-adapted therapies (Benish, Quintana, & Wampold, 2011; Griner & Smith, 2006). While the studies in these meta-analyses were primarily focused on minority ethnic groups in the comparisons, there is potential that these benefits may also apply to gender-sensitive approaches.

The final theme for comment is that of masculinity-informed therapeutic tasks and goals. Therapeutic strategies focusing on gender can focus on a reinforcing or complimentary process (Owen, Wong, & Rodolfa, 2010). The reinforcing process is based on harnessing and enhancing the client's existing strengths. For traditional men, it might be attempting to utilize their traditional masculine values in the service of the therapy goals. Examples of these are pronounced in strategies that encourage using male-friendly language (Stevens & Montes, 2014) and cognitive-behavioral interventions. The complimentary processes are about helping men develop and practice skills and knowledge that are different to their norms. The literature addressed areas that men are less known for, such as reflecting on their masculinity (Vas, Forshaw, & Grogan, 2016) and focusing on enhancing emotional awareness and expression. The reinforcing strategies are emphasized in the earlier stages of treatment for engagement and preparation, while the complimentary processes appear to be associated with the more change-oriented aspects of treatment.

The recommendations addressed in texts designed for treating men demonstrated consistency with those addressing boys and adolescents. A sample of similar recommendations included that therapists develop understanding about masculine norms and socialization experiences of boys and adolescents (Kiselica & Englar-Carlson, 2008), the potential of therapist negative stereotyping of boys and their relational styles (Kiselica, 2003), the recommending of male-friendly adaptations such as flexibility in when, how and where treatment is delivered (Kiselica, 2003), and helping boys develop coping skills, beliefs, and values consistent with a healthier male identity (Gurian, 1996). Recommendations for boys

and adolescent males differ with adaptations depending on the developmental level and associated experiences of the target group, however are typically based in similar principles relevant to traditional men. It is not unusual for the literature to address boys, adolescent males, and men together. A survey of psychologists' beliefs about psychological treatment of males grouped boys and men in the same qualitative questions (Mahalik et al., 2012). Likewise, boys and men share the same recommendations in the *Draft Guidelines for Psychological Practice with Boys and Men* (Society for the Psychological Study of Men and Masculinity, 2015) and book chapters (Brooks, 2010). Boys, adolescent males, and men experience similar masculine socialization experiences over time, hence attract similar recommendations that vary according to their developmental stage.

Male-sensitive counseling has clear similarities with multicultural counseling and feminist counseling. All three paradigms focus on understanding the socialization experiences of the client, and all three seek to liberate clients from the constraints and oppressions associated with these constraints. Male-sensitive counseling also has a point of difference. Multicultural counseling urges practitioners to avoid aligning cultural values and practices with pathology and inferiority (Sue & Sue, 2016). Likewise, feminist therapies demonstrate caution not to pathologise femininity or women as a group. The literature on male-friendly counseling systematically focused on men's traditional masculinity as a significant factor contributing to their own pathology. Traditional masculinity was treated as a social construct, dominant culture, ideology, sets of restriction and norms, and a gender-identity. If patriarchy and sexism are primary contributors to problems for women, traditional masculinity was what controls and damages men (and others by extension). This tendency towards a critical analysis of male cultural norms reflects the pro-feminist, social constructionist position of many of the authors. Ashfield (2011) was an exception. He argued for a gender essentialist position, challenged the negative emphasis on masculinity, and suggested men's problems were often due to an unsympathetic society that systematically devalued men, their experience, and their masculinity.

The texts appeared to have three levels in a continuum of engagement with masculinity – masculinity-informed, masculinity-reviewed, and masculinity-reformed therapy. The first level was masculinity-informed therapy. Masculinity was described as a construct that assisted clinicians to understand how to adapt treatment for men. At this level, masculinity is a construct for therapist

understanding to assist in designing and delivering gender-sensitive treatment (McCarthy & Holliday, 2004; Stevens & Englar-Carlson, 2010). The primary benefits in this approach is it assists the men to engage in the therapeutic process so that they are more likely to experience the outcomes associated with the treatment method chosen. Client engagement is linked with the therapeutic alliance; a predictor of outcomes (Wampold & Imel, 2015).

The next level added masculinity-reviewed therapy (Englar-Carlson, 2014b). This level of treatment requires practitioners to help raise client awareness of client masculinity beliefs, review the impacts, and invite clients to reconsider what to maintain and what to change. Awareness-raising and a gender-role analysis are key strategies and clients are autonomous to choose what to discard and what to retain in their beliefs about masculinity. This approach builds on the strengths of masculinity-informed therapy and invites men to consider the impact and alternative masculinity beliefs that can better support their goals. It also aims to help create more flexibility for men to expand their choices and behavioral rapporteurs.

The final level is masculinity-reformed therapy. The therapists adopt a more activist role in relation to treatment goals, and seek to use the therapeutic processes to persuade clients away from traditional masculinity towards a more non-oppressive, non-homophobic, non-sexist and non-pathological masculine ideology (O'Neil, 2015). This approach has the most comprehensive gender assessment and treatment goals. There are three stages of client transformation in O'Neil's (2015) approach. The first is that the client accepts traditional gender roles. The second is that they demonstrate gender-role ambivalence and anger. The third stage is that they engage in personal and professional activism. Instructions for interventions to be used at each stage guide therapists to help transition the client to the next stage. While the masculinity-reformed therapy has the benefits of the preceding approaches, the approach also raises ethical questions around client autonomy, respect of cultural values, and the therapist agenda to transform the beliefs and values of the client to be more congruent with a relatively modern Westernized ideals. Given these goals, it may be incompatible with clients holding various cultural, political (i.e. conservative), and religious values about men, women, and sexuality. It is conceivable that many clients would not give consent to treatment if they knew in advance it was designed to assist them to reject and replace their gender values. Masculinity-reformed therapy is most closely aligned with religious deprogramming and the approach described by O'Neil bears similarity with the goals

of ideological conversion, albeit administered in a therapeutic context. Out of all three approaches, the final approach, while the most comprehensive, raises ethical concerns about using of therapy to promote and replace specific cultural values.

Recommendations and limitations

The literature was consistent that a man's masculine socialization and identity was an important identity to be accounted for in treatment design, assessment, and delivery. To date there are limited empirical studies available to evaluate if male-friendly counseling enhances outcomes. Strokoff et al. (2016) conducted a meta-analysis of outcome studies with only male samples. They located fifteen empirical outcome studies that met their criteria from the year 2000, and only one of these treatments was specifically gender-informed. More empirical research is needed to examine the impact of male-friendly counseling on men.

The literature was predominantly published in the United States. The search criteria filtered out studies that focused on men's subgroupings, hence the 'generic man' most addressed is likely to be a traditional North American white heterosexual male. Results need to be interpreted accordingly.

The constraints associated with the inclusion and exclusion criteria limited the depth and breadth of material included in this study. The attention of this study was on texts on men and male-friendly therapy generically. Several informative articles, chapters, and books were excluded due to their focusing on specific populations, psychotherapeutic approaches, or other excluding criteria. These included texts addressing males specifically associated with race (Liu et al., 2010), developmental stages (Kiselica, 2005; Vacca-Haase et al., 2011; Verhaagen, 2011), fathering (Oren & Oren, 2010), sexuality (Kocet, 2014), vocation (Carrola & Corbin-Burdick, 2015), and specific issues such as depression (Grove, 2012) and addictions (Haberstroh & Duffey, 2014).

Another constraint was the focus on explicit recommendations made in the literature contents. The coverage of themes might have been more expansive than presented in this paper given that texts often described topics, provided case scenarios, and otherwise implied practice ideas without explicitly recommending them. For example, the text may state that men need to improve their emotional awareness. Such a statement provides an implicit recommendation of a focus for therapists, but would not be coded because it was not framed as an explicit recommendation for therapists.

Future literature reviews might consider a similar study focusing on male-friendly counseling with boys and adolescents, given the importance of these formative years in shaping male perceptions, values, and behaviors. A review might delineate the similarities and differences between recommendations for boys, adolescent males, and men, to inform about the interplay of gender-sensitive and developmentally-informed treatment.

This paper systematically gathered and consolidated the generic recommendations across literature for what might be termed male-friendly counseling. Currently the area has a rich diversity of therapeutic approaches and adaptations, all compelling and masculinity-informed. This paper has identified the core threads that may assist practitioners and researchers in conceptualizing the common elements of male-friendly counseling. These included recommendations that therapists learn about men and masculinity, critically self-reflect on their own gender sensitivity and potential biases, adapt treatment for better fit with male clients, and apply treatment strategies and goals of relevance to men. Masculinity was a key construct in designing male-friendly counseling, and the literature varied in whether it was primarily as a guide for treatment adaption, or whether it became a treatment focus.

CHAPTER 4: SHOW NO WEAKNESS: MALE-FRIENDLY COUNSELORS' DESCRIPTIONS OF MEN

Publication Status and Target Journal

The following article was submitted to the *Psychology of Men and Masculinity* (Q1 journal; Impact Factor: 1.957) published by the American Psychological Association, and is currently under review. This international journal was selected given its broader appeal to counselling psychologists who work with a broad range of clients and its potential to further educate practitioners in gender issues and theories as they relate to counselling. Likewise, the illumination of therapist's own discourses and the issues they raise may stimulate further discussion among both practitioners and scholars alike.

Introduction to Paper 2

In Chapter 2, I outlined the main theories that have contributed to the scholarly conceptions of male-friendly counselling. Chapter 3 reviewed the scholarly community's recommendations for how to adapt counselling for men, which were justified using scholarly theoretical and empirical sources. Likewise before clarifying therapist recommendations, it is important to explore their understandings about men and men's problems. A focus on men as a gender/diversity group is still not disseminated widely in training (Mellinger & Liu, 2006; O'Neil & Renzulli, 2013) and still has a relatively very small niche number of publications in counselling literature (Beel, Jeffries, Brownlow, Winterbotham, & du Preez, 2017; Evans, 2013). It is unknown how much the therapists own understandings reflect the current scholarly discourses on men and masculinity or alternatively, how much the scholarly discourses reflect the experiences and perceptions of the therapists who specialise in working with men. This thematic analysis of in-depth interviews with fifteen therapists will provide rich data for understanding how Australian male-friendly therapists understand men and what contributes to their problems.

Abstract

Male-friendly counseling and the theorizing of men and masculinity has gradually become more developed and visible over the last forty years. Theorizing has tended to locate men's problems as influenced by gender role strain, often linked with traditional masculine norms. In Australia, there has been a relatively recent emerging recognition of the importance of adapting treatment for men coupled with an equally scarce availability of formal training in men's psychology. Given this situation, this research seeks to explore how contemporary Australian men's therapists currently perceive men and their issues. For this first in-depth qualitative study 15 Australian male-friendly therapists were interviewed. Thematic Analysis was used as the methodological framework from which two broad themes and seven subthemes were developed. The first theme described masculine performance norms that therapists viewed as particularly relevant to male client distress in Australia. The second theme described what therapists believed contributed to problems men experience. While the therapists' perceptions generally aligned with the contemporary masculinity theoretical constructs developed largely in the United States, the discussion also highlighted what was emphasized and not emphasized by Australian therapists, and where their views diverged from current explanations. The paper recommended greater dialogue between masculinity researchers, educator, and therapists to ensure that therapist practice and academic theorizing mutually inform each other.

Public Significance Statement

Therapists are an important interface between scholarly theorizing and direct client experience. Practicing male-friendly therapists in Australia believed males' problems and stress are closely related to masculine performance norms and that males are damaged by socialization norms and forms of social devaluation. The authors recommended greater dialogue between male-friendly therapists, educators, and researchers.

Keywords: masculinity, therapists, gender, males, Australian

Show no weakness: Male-friendly counselors' descriptions of men

Male-friendly counseling is an inclusive phrase for gender-sensitive treatment designed or adapted for men. Male-friendly therapy authors (Brooks, 2010; Englar-

Carlson, Evans, & Duffey, 2014b; O'Neil, 2015; Pollack, 2005) position male distress as intrinsically linked with damaging gendered socialization processes and subsequent commitment to problematic traditional masculine norms. Understanding of masculine norms, both dominant (and including more marginalized) and the associated strains, becomes central to therapists developing strategies to gain rapport, reduce resistance, conceptualize distress, and guide selection of interventions.

The earliest seminal list of traditional masculine norms come from David and Brannon (1976) who described and critiqued what they framed as four archetypal rules of manhood in the United States. To paraphrase, men must avoid appearing feminine, be successful, be strong, and be aggressive (David & Brannon, 1976). More complete descriptions for dominant masculine norms in the United States include emotional stoicism, independence, restricted affection between men and homophobia, work/family conflict, sexism and female subordination, status seeking and risk-taking (Mahalik, Locke, et al., 2003; O'Neil, 2015). Pleck (1981) introduced the Gender Role Strain Paradigm (GRSP) shifting the attention to the impacts of adherence or violation of socially ascribed gendered sex roles. Pleck (1981) contended male socialization processes and the attempt to achieve or rigidly enact traditional masculine norms leads to damage and distress in men, and also negatively impacts others. These norms become reinforced by society and internalized in men.

Many of the masculine norms identified in the scholarly literature are based on dominant male norms in the United States. Connell (2005) cautioned that there is not a single universal masculinity but a diversity of masculine patterns across different groups of men, contexts, and times. The concept of global masculinities recognizes that variations of masculine norms exist between international locations and cultures (Connell, 2007). Scholars have provided descriptions for a range of regional masculinities including Australian (Moore & Crotty, 2007), Chinese (Louie, 2007), Mexican (Gutmann, 2007), and East European masculinities (Mudure, 2007). Male-friendly therapy and masculinity studies should not assume that hegemonic masculine norms identified in one region are sufficient to adequately understand male dysfunction and distress in another region.

This research will focus on the Australian context, which has its own changing story of masculine norms. In the early part of the 20th century, its masculine norms were primarily located in the male income earners supporting their wives and children, with requirements to be independent tough, loyal, sacrificial, and reliable (Moore, 1998; Moore & Crotty, 2007). However in contemporary Australia, these

ideals have been largely diffused into a diversity of available masculinities, due partly to vocational, social and political changes championed by women, and an increasingly multicultural society (Moore & Crotty, 2007).

In the past few years, Australia has shown increased interest in addressing the health risk factors associated with men. The Australian Government has developed a National Male Health Policy (Commonwealth of Australia, 2010) that seeks to address a range of health and help-seeking disparities that impact men, and commits to further research and support to work towards solutions. Research efforts have often been targeting help-seeking behaviors (Seidler, Dawes, Rice, Oliffe, & Dhillon, 2016) how to engage Australian men in treatment (Seidler, Rice, Oliffe, Fogarty, & Dhillon, 2017) and to understand how Australian men's constructions of masculinity impact their health risk and promotion behaviors (Mahalik, Levi-Minzi, & Walker, 2007).

While the scholarship in the psychology of men and masculinity has gathered momentum over two decades, the uptake of teaching of its theoretical concepts and findings has been relatively slow. In Australia, masculinity is almost entirely ignored in mental health within medical curriculum (Seidler, Rice, Dhillon, & Herrman, 2018). Few psychology of men courses are available in the United States and in 2013, only 3 identified outside of the U.S. (Mellinger & Liu, 2006; O'Neil & Renzulli, 2013). Of those who provide training in men's psychology, they report transformational paradigmatic shifts in student thinking when exposed to an analysis of masculinities and gender role constructs (Urschel, 1999). These paradigmatic shifts can also serve to influence how subsequent experience and perceptions are interpreted and reconstructed.

Robertson (2013) recommended that clinicians be invited to participate in qualitative research to discuss their experiences on topics related to men. Clinicians have close proximity to intricate details of men's stories and experiences. As such, therapists may be viewed as professional informants, containing practice wisdom and insight that might benefit the wider scholarly community and stimulate new research. Likewise, therapists also operate from their own gender beliefs (Trepal, Wester, & Shuler, 2008) and are vulnerable to holding stereotyped views that can prejudice their assessment of clients depending on their alignment with non-traditional gender role behavior (Robertson & Fitzgerald, 1990). Male-friendly counseling texts highlight that therapists have also been immersed in gender socialization (Brooks, 1998) and recommend therapists do their own gender reflection of their attitudes and

beliefs about men and masculinity (Englar-Carlson et al., 2010). Therapists will vary in their own attitudes, beliefs, and biases associated with gender (Mahalik et al., 2012). Men's therapists as research informants therefore bring special insight due to their exposure and interest in men's issues and rich stories, and like their clients, also were raised and socialized in cultures that expose them to gendered experiences, roles, norms, and values.

With the relative absence of evidence of formal training in the psychology of men outside the US and sparse research on those who specialize in working with men, this research seeks to explore how contemporary Australian men's therapists currently perceive men and their issues. How do they understand the men they treat and men's challenges in broader society? This study will provide an opportunity to discover male-friendly practitioner discourses, what they are currently emphasizing, and how they make sense of men in society and in therapy.

Method

The target participants were professionals who advertised as having a specialisation in working with men. A Google search restricted to Australian sites, was conducted using terms such as 'men' and 'counseling'. Only those in private practice were selected for inclusion, using the assumption that private practitioners might be relatively unencumbered by organisational ideological commitments, and may also demonstrate a broader diversity of thought and training. The search was closed after 20 pages of listings due to the repetition of previous listings with no new services that emerged. Twenty-six therapists were contacted by email and/or phone and from these, 16 agreed to participate, and 15 completed interviews using the interview schedule in Appendix 3 on page 173. No compensation for time or expertise was offered to the participants.

The therapists interviewed included counselors (n=10), social workers (n=2) and psychologists (n=3), and a combination of males (n=12) and females (n=3). Two of the 15 had Bachelor degrees, while the remaining had postgraduate qualifications in their respective professions. In Australia, there are no legal limitations for who or where counseling services can be provided. Australia has a professional identity of counselor that is distinct from social workers and psychologists who practice counseling, hence in this paper, the term 'therapist' is used for all participants. Of the participants, one reported holding a Graduate Certificate in Social Science (Male Family Violence). Therapists came from New

South Wales, Queensland, Victoria, and Western Australia. The average experience across therapists working with a specific interest or focus on men was 10.5 years, with a minimum of 2.5 years and a maximum of 20 years.

Data collection was gathered by individual interviews and formed part of a larger project. The interviews were conducted using a video conference platform, with the exception of one participant interviewed by phone. Each interview was recorded and transcribed. Interviews ranged from 29 to 82 minutes in length, with one participant requesting and receiving a second interview. The semi-structured interview began with general questions about qualifications, professional identity, and type and format of service offered. The interviewer then asked each participant how they developed an interest in working with men. This was followed by questions about what they have observed about men in their practice, what they thought was important for therapists to know about men, and what their recommendations were for therapists in working with men. The interviewer reflectively listened to assist interviewees to amplify their answers and follow up questions were asked to explore areas of interest to the participants.

The research process chosen aligned with thematic analysis (Braun & Clarke, 2006; Terry, Hayfield, Clarke, & Braun, 2017), underpinned by a critical realist paradigm. The critical realist paradigm recognises that knowledge is constructed from within the participants and the researchers accounts, yet also affirms that the accounts derived from experiences are based in an objective reality (Gorski, Bhaskar, & Hartwig, 2013). Thus the researchers aim to achieve accuracy in representing the data, while at the same time, recognise 'truths' as the participants viewed and expressed them. In addition to this, the researchers understanding of these are filtered through each person's own experiences, perceptions, values, and biases.

The primary author followed a six phase guide for conducting thematic analysis (Braun & Clarke, 2006). This author familiarised himself with the data by listening to the interviews, and reading and rereading the data to identify codes in relation to the research question. The coding was semantic, in that he focussed on identifying and describing the surface meaning, rather than looking for latent meanings in the scripts. He then searched for possible themes in an iterative process, crosschecking them against the codes and content in the codes. A second researcher read the transcripts and checked the codes and initial themes to ensure congruence with the data. The themes developed were reviewed with a research team of two males and two females until consensus on the final themes was achieved. This aimed

to ensure the written narrative in the final report had stronger representational accuracy with codes and topics well supported in the data.

Findings

The interview data was divided into two main themes, with four subthemes for theme one, and three subthemes for theme two. These are listed below in Table 3.

Table 3: Themes and Subthemes

Themes	Subtheme
Men must perform manhood well	Men must demonstrate capability and strength
	Men must be prepared to endure hardship
	Men are reluctant to show vulnerability
	Men must deprioritise and conceal emotions
Men as damaged and devalued	Damaging socialisation experiences
	Impacts of neglect and damage
	The devaluation of men

Theme 1: Men must perform manhood well

The first theme focusses on the performance of a number of masculine norms and the resulting strain that this produces for the man. The male-friendly therapists perceived that men generally, and their clients specifically, perceive pressure internally and from loved ones, peers, colleagues, and society, to adequately enact their manhood.

> If I can do such stuff- of course you know I'm generalizing now, do stuff then I'm adequate. If I can fix the car, I can mend the bike, I can mow the lawns, I can get the kids up and do whatever to do, then I'm okay because I'm judged by what I do. (MC-14)

> Boys are definitely shown ways of behaving by other men, by models of adult malehood [sic] that are different around being strong, being self-reliant, learning to cope on your own, and not showing your feelings truly. (MC-11)

These performance requirements can impact men's coping, relating, and sense of responsibilities. Men must appear strong, endure hardship, avoid appearing weak, demonstrate adequacy, and deprioritise emotions.

Men must demonstrate capability and strength

A key requirement for the performance of manhood is that men must appear strong and capable. FP-2 noted that "To be a man is to be strong and hold it all together and provide". This requirement includes being able to silently endure and conceal pain, and display invulnerability. The invulnerability was described by MP-8 as "bulletproof men who get hit by bullets and keep running". They must exhibit self-sufficiency, demonstrate endurance in spite of costs, and continue to consistently perform one's duties as provider and workplace performer irrespective of the personal sacrifices required.

There are a number of reasons offered by the therapists about why boys and men enact a commitment to be strong. Explanations included modelling from other men, conditioning, and meeting expectations (from others or various external conditions). These functional expectations require men to provide stability and security to loved ones, society, and the workplace. One therapist personalised his response, linking men's roles with that of the protector of loved ones and society if needed.

> It's been our role to defend, to take care of, to make sure the family members are safe and to be available to fight if necessary, whether it's for your family or for your country. (MC-11)

A number of therapists emphasised that men feel highly motivated to financially provide for their families and as part of this, must maintain strong commitment to their income source. According to the Conformity to Masculine Norms inventory (Mahalik, Locke, et al., 2003) this would be regarded as the Primacy of Work factor. This commitment to the workplace with a goal of provision was also cited as a source of stress.

> Men are so loyal to their families. They're so afraid of failing their families, they don't want their kids to go hungry, they want the best for them. ..when their children are born, there's a massive shift inside the male psyche… "Oh my God, I'm now a provider, I'm now responsible." (MSW-13)

Some therapists indicated that men have no choice but to adopt toughness to compete and survive, particularly given they perceive inadequate support available to them and may also have a reluctance to reach out if support was available.

> I would think that out there in the world, …the corporate world, the world of business, it's dog eat dog. It's very competitive. (MC-11)

> I know from what clients have told me… the main thing is that we have a stereotype of the male. He has to cope with everything. He has to be the strong one. He has to manage everything. A lot of men that I see are truck drivers or tradesman and they work horrendous hours. Work cultures that have a bullying and bantering aspect behind them and there's nowhere to go and there's no support and they just have to just toughen up and deal with it. (FC-3)

These statements from therapists commonly linked performance pressures with men's vocational work. The motivation for maintaining the performance was from a fear of failing their families or a desire to accrue material success.

Men must be prepared to endure hardship

The toughness required of men was not described as a temporary display of strength but appeared to be a requirement of ongoing toughness, involving maintaining strength and performance over time. Therapists believed that men feel required to endure to the point of harm, whether the harm be caused by overload, receiving insufficient support, or a combination of the two. This was most notable in relation to their commitment to work. Men believe they must endure workplace conditions including long hours and strenuous expectations in fulfilling the roles they believe need to be fulfilled as men.

> You have to look at the environment that the man is working in; very often they are extremely unhealthy…. It's terrible for them because a lot of them just go home and they can't cope and they're exhausted. Their self-care is terrible, they don't get enough sleep. This stereotype that the man can just keep going and cope with everything like a machine is just not true. (MC-3)

Part of the toughness requirement is to display endurance and strength without requesting or requiring assistance. Self-reliance was referred to or implied as

men attempt to cope with their work and emotional burdens without the aid of others. The therapists believed that men felt expectations to demonstrate capability associated with provision for the material needs. Some of this related to maintaining a level of status, and some was to meet the obligation to provide for their families and perform well in their work.

Men are reluctant to show vulnerability

> This whole thing of being tough and strong and self-reliant means that you can't acknowledge your vulnerability. (MC-11)

Therapists described how a component of projecting strength, endurance, and stability for others relied on concealing weakness and emotional vulnerability. Vulnerability was juxtaposed to toughness. Men often believe that they would be stigmatised by others as weak or deficient as men if they disclosed weakness. Maintaining a veneer of coping, avoiding talking about difficulties, or responding with aggression were strategies that were highlighted.

> Probably summed up in a term that I'd call vulnerability is seen as a weakness rather than a strength. (MC-15)

> There's a fear factor that they're seen as less or not potent, in their own sense of themselves. So, there's a lot of covering up. There's a lot of armoring themselves... (MC-1)

MP-10 highlighted that younger men will often heavily regulate expression, particularly of emotions and struggles, to ensure they maintain gender role expectations to appear strong.

> It’s all the men that still the stereotype that men don't go there, we're not helping to carry a permission to express freely. It's very important to fit in so you don't go outside the norm in terms of peer groups and role models…. (MP-10)

The gender role expectations to conceal vulnerabilities was highlighted by way of describing the hyper-masculinised environment of a men’s prison. FP-2 highlighted the social risks of vulnerability within a prison context, whereby inmates fear consequences of having displayed evidence of revealing vulnerability.

> Sometimes it's when I'm talking about that vulnerability … their fear is sometimes that it will mean that they take that outside the

> session and they won't be able to pull it all back together... You cannot walk out the door of a session with the psychologist and show any vulnerability because that's actually dangerous. In prison it's even more so. You have to be able to hold your shit together, so to speak. (FP-2)

This reticence to disclose vulnerability has a negative impact in terms of help-seeking. The act of reaching out for help can be perceived by men as admitting failure as a man. This can leave them to struggle in isolation with personal problems and insecurities, or attempt to cordon off awareness of their concerns through diversionary strategies such as substance abuse, denial, excuse making, and/or emotional numbing. MP-10 went on to discuss their unsuccessful attempts to deal with their concerns in isolation.

> Don't talk about your uncertainties, hold it in, keep your head low that something will drop in your lap and that'll be the solution and you'll be right. Of course, usually things don't drop in your lap so men can stay in a deficit position for a long time. (MP-10)

To attempt to conceal vulnerability and maintain an image of strength, men believe that they must refrain from disclosing or displaying more vulnerable feelings and pain.

Men must deprioritise and conceal emotions

Over two thirds of the therapists highlighted patterns of society actively shaping men to deprioritise their emotions.

> [The] practices of rearing boys. How can I put it? They don't encourage emotional sensitivity, let's put it that way. (MC-11)

> I think I find a lot of men don't sit with emotion or they're told that emotion is not okay. (FSW-12)

The therapists described how men learn to restrict both their experience and expression of emotions. They also tend to lack language to describe, articulate, and differentiate emotions, and deaden awareness of emotions to varying degrees, as they have a tendency to prioritise cognitive processing and a non-relational task-oriented focus. Talking about and expressing feelings has not been encouraged and a number of therapists highlighted that men often have restricted emotional vocabularies.

> A lot of them can't even express themselves emotionally. They don't have the words. Asking a man sometimes, how he feels, is very confronting because he may be so shut down and he may not know his emotions. He may not have the words to actually be able to speak that and you have to be able to work with that. (FC-3)

Therapists identified that the inexpression and restricting of emotions is learned from gendered childhood prohibitions, from role modelling of other males, and also actively used as a coping mechanism.

> A lot of men don't express how they feel either because I think when there is trauma, one of the coping mechanism is to shut down. If you shut down your emotional system, then you can be immune from feeling… Not feeling is a protective mechanism. (FC-3)

Anger was an emotion highlighted that many men do experience. In the context of describing how men shut down their emotions, FC-3 highlighted how they default to anger.

> Often, the only thing they know is anger because we all defer to anger. It's easy to express that, it's easy to say, "I'm angry." (FC-3)

Appearances are particularly important. Men may be aware when they are not coping internally but nonetheless attempt to project the appearance of coping. MP-8 described a client who was given responsibility to take on 'the man of the house' role as a young boy.

> Even if he was extremely upset or frustrated, he would rather cry in his room alone because he needed to be the man. (MP-8)

This theme of *Men must perform manhood well*, could best be summarised by the following quote from MC-11, who mentioned the conditioning of boys to need to be strong, to conceal vulnerability and to not demonstrate vulnerable emotions.

> I would say that there is an unconsciously driven, but strong pattern in the way boys are raised. The classic, "Don't cry, boys don't cry." I don't know that that still applies anymore with children being born now so much because people are better educated, but certainly in my generation and generations following me. It's true

> that boys have been conditioned into feeling it's not okay to be vulnerable, to have either sadness or grief for that matter, in their lives. You've got to be strong, tough, and self-reliant. (MC-11)

Theme 2: Men as damaged and devalued

The second theme moved from describing gender norms as noted by therapists, to explanations for the norms and for men's dysfunctions. Most therapists proposed that men in society and as seen in their practice, are damaged from their developmental socialising experiences and face ongoing misunderstanding and discriminatory treatment by society and at times, therapists. This damage leads men to experience shame, difficulties with intimacy, and the reliance on various psychological defences. The underlying focus of this theme is both the contributors and the negative impacts of men's socialisation experiences.

> I believe it very strongly, that we do raise boys to be tough, to be self-reliant, to not show feelings, to not be intuitive... It's all unconscious, in terms of how people raise their sons. Nevertheless, the impact is, that it is tougher for boys to be able to trust themselves, and to being vulnerable. (MC-11)

Damaging socialisation experiences

Five therapists highlighted the impact of formative childhood conditions, most notably as influenced by parents, as contributing to problems that men experience. This was through a lack of guiding nurturance, a lack of meaningful connection, or through punishment for violating gender norms.

> It's almost comes where there's a bit of theme we're saying we need to recognize the historical influences on people, and not see them as just bad people who have developed bad habits. These are people shaped by a whole range of different forces. (MC-11)

Fathers were described as having a pivotal role in the development of boys, and when this role was not done well, it impacted negatively on the sons, their fathering, and their intimate relationships. "There's sort of some developmental issues almost that a lot of men have—the relationship with their fathers" (MC-1). Fathers who were absent, unavailable, uncommunicative, non-affirming, abusive, failed to provide an adequate guidance or an environment for their sons to develop a secure sense of self. The requirements of fathers to nurture their sons was that they

provide a positive role model and that they affirm the child's worth as a person. MC-7, a psychodynamic-oriented therapist, highlighted that parenting that lacked affirmation and guidance contributed to a hidden sense of pervasive shame.

> I think there's a deep sense in a lot of the guys I see, that they're not okay. It's seriously like, they're not just a scratch as a human being, as a man. There's that sense, that parents never nurtured him in the way that they could see their worth. (MC-7)

MC-7 noted deficits in his clients' emotional development came from parents, most notably fathers. This shame, for MC-7, was what was behind the reluctance and defensiveness that can be displayed by men in therapy.

Two therapists spoke about mothers also having an impact, with MC-9 indicating the psychological damage caused by mothers is as significant as that caused by fathers but was rarely discussed. For him, when both father and mother failed to provide sufficient affirmation of the son's worth, it created psychological wounds that carried over into adulthood if left unaddressed. MC-11 proposed that when mothers discouraged their sons from displaying vulnerability in order to help develop toughness that it may lead to problems in their future intimate relationships.

> I think why men have difficulty in their relationships very often compared to that of women is because there's been problems with their mothers as well. Because their mothers put expectations on them to be tough, strong boys so vulnerability is not encouraged. If you can't be vulnerable, you can't be loving truly. Men often have difficulty with intimacy. (MC-11)

Four of the therapists stated that at least some of their male clients had trauma histories. They described a link between trauma experiences, emotional inexpression, and various psychological concerns. FC-3 believed early trauma was underpinning many of men's anger problems.

> That's one thing I've learned that we label men as angry but I think a lot of them are traumatized…. They've grown up in abusive homes, they've been abused themselves. I've had a lot of them, not all of them… but a significant number, more than 50% will have stories of abuses…. Then, the anger just follows them around their

> whole lives and I think that depression, anxiety, anger, addictions, they're generally symptoms. (FC-3)

The gendered social conditioning was cited as another reason for damage to men and boys. The socialisation processes not only have the potential to create trauma and developmental delays, but the restrictions imposed on boys about emotional expression reduce their ability to cope sufficiently. The conditioning included inculcating boys with the rules that they must demonstrate toughness, strategies for coping with problems, as well as teaching them to disconnect with, or suppress their more vulnerable emotions.

> It's true that boys have been conditioned into feeling it's not okay to be vulnerable, to have either sadness or grief for that matter, in their lives. You've got to be strong, tough, and self-reliant. (MC-11)

> I think men, we've been allowed to be emotional beings in to about seven years old and then after that our ego starts to develop and we're not allowed to show emotional vulnerability. We can't show that so we armor up and we convert and we learn to suppress those painful vulnerable emotion then we convert them into anger or convert anxiety. (MSW-13)

Impacts of neglect and damage

Due to their upbringing involving socialisation towards toughness, independence, suppressing emotions and weakness, and for some, the impact of trauma, the therapists often linked these with various personal and relational deficits. The male's sense of self-worth appeared linked with satisfactory performance of strength, endurance, toughness and competency; and its counterpart, the hiding of weakness, vulnerability, and emotion.

> Yes, I would say that there's an unconsciously driven, but strong pattern in the way boys are raised. ... It's true that boys have been conditioned into feeling it's not okay to be vulnerable, to have either sadness or grief for that matter, in their lives. You've got to be strong, tough, and self-reliant. (MC-11)

This accompanies a sense of fear, defectiveness and shame, particularly the exposure of the vulnerability or flaws to others, so therapists reported men would

often attempt to conceal them. According to MC-14, the experience of vulnerability for many men may be accompanied by intense undesirable internal emotional reactions. The evoking of vulnerability in therapy may activate a powerful sense of fear and shame.

> I think most men are terrified of stepping into that space of being vulnerable. …. Shame is telling us that we're inadequate. Shame is telling us that we're useless, we're poor providers, we can't do anything right, we get everything wrong. But shame is not telling us that at all. All that shame is telling us is at mid-moment I may have done something wrong. But *it reminds us of all those things that we think we should be as a male*. (MC-14, emphasis added)

A number of therapists talked about a reservoir of pain, often unconscious, that boys and men carry but do not feel willing, sufficient trust, or permission to experience and disclose. Some therapists related this to trauma while others to socialisation experiences that required emotional suppression and may have humiliated boys who showed more vulnerable emotions.

> There's been really much discourse around the deeper, "I'm hurting. I'm vulnerable here. I hate vulnerability. I can't show anxiety. I've never been allowed to show anxiety in a football field because I would have been crucified." (MSW-13)

I think we often lose sight of the little boy in men. Sometimes it's about accessing that really painful space that the little boy has had to struggle with. … It's about tapping into that real space where very few people will go to or allow others to access for them. (MC-1)

The devaluation of men

Almost all the therapists believed society negatively discriminated against boys and men but in different ways. Some gave examples from upbringing, socialisation, from society generally, from therapy and from within intimate relationships.

The most common concern was that men and boys had been damaged as a result of a lack of attention to their needs and the marginalisation of the male feelings and voice. MC-6 highlighted that men were trained to conform to the expectation of others and as part of this conformity, were required to shut out their own emotional

experience. Men were trained to self-stigmatise, tune out, and repress their own emotions from a young age as part of their male socialisation, thus losing touch with their own internal senses and voice within. In addition to this, FP-2 implied there may be a disinterest towards the needs of men:

> I think a lot of people [work] with women in counseling and men are often seen as the problem and I think … men have just as many worries and feelings and problems as women do…. Often when they're coming to counseling it's really the first time they're sitting with someone who actually really is interested in hearing…. (FP-2)

> … I think it's a little bit difficult because it goes into the political thing. Because when it will look like we have a voice, we can understand to be a man, then we get crucified, if they don't understand what we mean. (MC-14)

Society itself was portrayed by some therapists as being tilted to support women and discriminate against men. Different therapists identified different examples to help emphasise this perception. MC-11 talked about male victims of domestic or sexual violence as being ignored, men's aggression only held as culpable, and that society can treat fathers as dispensable in the family unit. MC-1 and MC-4 both spoke about training that emphasised gender in relation to female perspectives only. MC-4 highlighted that: "…when I first started in my journey as a counselor, I was actually told … I needed to be less masculine". Later in the interview he said:

> I think sometimes they're disempowered by society because you can't be angry. You can't do this. You can't do that. ... I did some work … where everybody … had to reapply for their jobs. … The thing that really made them angry [was] that they knew that some of people who would take their jobs would be the … female employees, because if they keep the females that makes their gender ratios equal. (MC-4)

MSW-13 noted that society tended to highlight male faults while neglecting attention to men's needs.

> Nobody ever identifies that for them. There's no, "How are you coping with the, "You're now a provider for another mouth." It's

> the focus on the mother and the child, which is fair enough, but what's going on for you?... It's all about violence and sexual abuse". (MSW-13)

Both male and female therapists noted that therapists can default responsibility for problems and present the burden of change to the male in the heterosexual relationship, or ignore the man's own needs, perceptions, and feelings. The therapists and the men's partners, for some of the respondents, may be tempted to oversimplify and stereotype the male rather than work with each person with full dignity and voice. They noted that they would attempt to invite female partners to learn understand the male partner's voice as part of the process rather than defaulting the relational problems to the man.

> Just because he's male and you're a female doesn't make him wrong and you can really get lots of mileage out of just hearing him and affirming as a male and it's okay to be a male. (MC-14)

An exception to most therapists who viewed men in some ways as being discriminated against or having lower access to social support was MC-5, who worked within a profeminist domestic violence paradigm and context. For him, the issue was that men's violence arose from their patriarchal privilege, power, and a sense of male entitlement. MC-5 highlighted that he still treated men with value, positive regard, and support, while viewing their justifications and accusations against their partners as attempts to avoid responsibility for their behaviour and misuse of power. Alternatively, for females concerned about their own aggression in the relationship, he helped them see that they were not responsible for their aggression but "that's her way of dealing with what we refer to as a violent relationship". For MC-5, the men were solely responsible for relationship aggression while for female partners, he would reframe their aggression as understandable.

Discussion

The findings from this study demonstrate that men's therapists are aware and mindful of masculine norms as also identified in scholarly literature, and have working theories for how men have come to adopt these norms and why they are distressed. The interviews were categorised into two closely interrelated themes; that men must perform manhood well, and that men have been damaged and devalued.

The first theme reflects the discourses of men's therapists in how they describe these common characteristics of men. At a general level, theme one does not appear to offer anything distinctively different or Australian in comparison with traditional masculine norms in the United States. Existing literature discusses precarious masculinity, norms of toughness, independence and emotional stoicism, fear of the feminine (or antifemininity), commitment to work, commitment to status and success, reluctance to show vulnerability and to seek help (Addis & Mahalik, 2003; David & Brannon, 1976; O'Neil, 1981b; Vandello & Bosson, 2013). All norms, with the exception of fear of the feminine and the status and success norm, were explicitly referred to by the sample of therapists.

The fear of the feminine is represented in the influential Gender Role Conflict (GRC) framework as a key motivator for male norms and ideology (O'Neil, 2013) . This includes attempts to avoid appearing female such as not appearing to be dependent or emotional (Kierski & Blazina, 2009). This fear was not explicitly stated as a motivator however the subthemes of reluctance to show vulnerability and the concealing of emotions are stereotypically linked with women (David & Brannon, 1976; O'Neil, 1982). Rather than directly appealing to fear of the feminine as a motivator, one maintained a motivator as patriarchal control, another as reflecting natural sex differences, while the remaining therapists focussed primarily on the impacts and restrictions of socialisation and the fear of failing to maintain masculine norms.

The second norm implicitly represented was seeking status and success. Often success and status are associated with aspirational competitiveness and can be aligned with egotistic attainment, whereas for this sample, its focus was a fear and avoidance of failure of meeting masculine standards. This may reflect that male-friendly therapists might see men struggling to gain or preserve basic masculine status rather building additional status.

The narratives of the therapists provide rich descriptive context of the perceived interplay between men's experiences in family, work, and society; their masculine norms; and presenting them as meaningfully related. For instance, therapists linked emotional inexpressiveness with emotion-shaming messages in children and adulthood. Thus overall, rather than portraying potentially problematic aspects of masculinity as a means for attaining power and control or fearing the feminine, most tended to frame masculine norms as conscious and unconscious attempts to adapt and cope within their social context using the conditioned

responses developed in their socialisation. The norms also represented solutions of men to avoid aversive treatment and judgements, and to meet minimum standards for the male role one was required to perform. These more positive interpretations may have been partly due to the interview context about 'male-friendly counselors' and their therapeutic responsibility to empathically situate themselves with male clients. Adopting negative evaluative positions may potentially undermine empathic alignment.

Discourse on men's behaviour can sometimes focus on power, control, privilege, entitlement, and status-seeking. Yet the second theme captured a focus on men starting from a position of being damaged, ill-equipped to cope with the damage, unsupported socially, and struggling not to fall into deficit. Therapists spoke of aggression, anger, addiction, depression, relationship issues, and shame as commonly associated with male trauma symptomology, whether it be from abuse, neglect, or the shaping of boys towards toughness and stoicism leading to emotional and relational disconnection and impaired coping strategies. The male socialisation processes have been regarded to be potentially traumatic (Levant, 1995, 2005; Lisak, 2005; Pleck, 1995) for males and that internalisation of some of the norms of traditional masculinity, such as stoicism, may retard or prevent recovery (Lisak, 2005) or achieving optimum mental health. Various authors have suggested that masculine norms of repression of emotions, independence, and concealing of vulnerabilities as part of men's coping (Crete & Singh, 2014), and that society's general blindness to male trauma and victimisation (Lisak, 2005) mean that men's trauma often goes unacknowledged and unaddressed.

A number of therapists talked about the formative experiences that shape masculine norms and contribute to their problems and restricted coping resources. Psychoanalytic and psychodynamic paradigms emphasised the impact of normative male childhood trauma related to parent-child interactions and most notably early emotional separation boys experience from their mothers that can negatively shape their psychological development (Addis & Cohane, 2005; Pollack, 1998; Rabinowitz & Cochran, 2002). One impact of this is the adoption of defensive autonomy, the attempt and struggle to demonstrate independence yet still be dependent (Pollack, 1990, 1998). Likewise the quality of the relationships with fathers have been noted to have profound effects on sons (E. D. Miller, 2013). The 'father wound' refers to damage or neglect of boys emotional needs by the father, such as not emotionally connecting with the father, not being able to gain the father's approval, or

experiencing an overly harsh and demanding father (Levant, 1996). The impact can affect the psychological and emotional development and is often repeated intergenerationally if not resolved (O'Neil & Lujan, 2010).

The concept of shame has been explored into understandings about men and their development. Shame can be understood as a painful feeling of inadequacy and unworthiness (Blum, 2008). In psychoanalytic theory, shame has been suggested as connected to emotionally leaving the mother to be aligned with the father (Osherson & Krugman, 1990). It has also been linked to perceived failures to meet masculine norms both through humiliation from others and self-criticism (Shepard & Rabinowitz, 2013) and often results in attempting to conceal vulnerability (Krugman, 1995). The descriptions of shame provided by the therapists were congruent with those expressed in the literature on male shame.

In this study, 10 of the 15 therapists highlighted that men faced discrimination, misunderstanding and devaluation from society, and at times, educators, employers, therapists, and female partners, and noted that men did not receive the same degree of social support as women. These comments implicitly and at times, explicitly suggested that society, social norms, and at times, female partners, demonstrate unfair prejudice and treatment towards men that contribute to their distress and problems. While male-friendly counseling literature recognises the potential of bias against males in treatment and assessment (Mahalik et al., 2012), that individual males may be vulnerable to victimisation (Englar-Carlson, 2014b; Monteith, Gerber, Brownstone, Soberay, & Bahraini, 2019), and that minority males experience intersectional oppression (Good et al., 2005), it has largely apportioned responsibility for men's problems on gender socialisation towards rigid adherence to traditional masculinity (Wexler, 2009) within a patriarchal social context that still largely benefits (White) men (APA Boys and Men Guidelines Group, 2018). This position reflects the pro-feminist men's liberation perspective (Flood, 2007) and is "aligned with a strong activist stance of reducing patriarchal power, male dominance, male sexism, and the restructuring of masculinity itself" (Englar-Carlson & Kiselica, 2013, p. 401). An alternative position proposed by a smaller number of available texts, often cited by men's rights activists, list concerns that society disadvantages, discriminates against and scrutinises men in varying degrees; while claiming modern Western societies now shows systemic favouritism and support to women and girls (Ashfield, 2011; Benatar, 2012; Farrell, 1993; Hoff Sommers, 2015; Nathanson & Young, 2001). Profeminist and male rights advocates can be highly critical of each

other's positions and motivations (for example, see Kimmel, 2010; Nathanson & Young, 2001), and reflect deep ideological differences that influence the perceived reasons they assign for male problems. Taken as an aggregate, the therapists predominantly foregrounded gender norm socialisation and restrictions as the primary and dominant focus, with some therapists perceiving broader social prejudice against men as contributing to their problems.

There are several limitations of this paper. The first is that by not taking a firm position in relation to the existing literature, we do not offer a firm direction. For instance, where the therapists vary from the current theoretical positions, is this an indicator they may need training, or an indicator that current theoretical conceptions are too constricted? A second limitation is that we do not know the therapists' effectiveness with male clients (See Owen, Wong, & Rodolfa, 2009) or the effect their ideology has on their treatment and outcomes. Future research could compare treatment outcomes with ideologies held by practitioners about men to see what difference, if any, these make on treatment outcome. A third limitation is that we did not seek enough specific information about the therapists. We might have explicitly asked about their gender identity, race, age range, description of their client demographic, and also about any formal training received in working with men. This extra information may have assisted in contextualising their understandings.

This article provides a snapshot into the how a sample of male-friendly therapists perceive men, their gender, their issues, and the social context they experience. The therapist's own gendered experiences, their gendered journeys and experiences with men, their therapeutic training, their interactions with male clients and their partners, and observations of society, all appeared to have contributed their understanding of how they viewed men and their problems. The lack of alluding specifically to gender role theory concepts by the practitioner is likely a reflection of the interview format and questions asked; however could partly reflect a relative dearth of men's studies programs (Mahalik et al., 2012; Mellinger & Liu, 2006) in the therapist's localities and disciplines. The themes also positioned men as burdened, damaged, and unsupported as boys and men; a contrast to discourses of men that emphasise their social advantage and privilege. It is beyond the scope of this article to discuss the variation of basic assumptions about the nature of masculinity, such as essentialist / essence-based, or socialisation post-modernist based assumptions. While these therapist opinions and perspectives reflect a range of influencing factors across personal, professional, and therapeutic domains, they serve

as a starting point to generate discussion between clinicians, researchers, and educators (Trepal et al., 2008).

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Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

CHAPTER 5: SAFE, RESPECTFUL AWARENESS-RAISING: TREATMENT RECOMMENDATIONS FROM AUSTRALIAN MEN'S THERAPISTS

Publication Status and Target Journal

The following paper was submitted to the *Journal of Men's Studies* (Q1, Impact Factor: 1.863) published by Sage, and is accepted subject to minor revisions. This journal was chosen for its focus on enhancing knowledge about men and its audience which includes practitioners, researchers, and students.

Introduction to Paper 3

In Chapter 4, the viewpoints of male-friendly therapists from Australia were grouped into two themes that described therapist perceptions of normative masculine expectations men experience and the contribution of socialisation experiences that contribute to men's problems. The content largely aligned with existing literature on hegemonic masculine norms and socialisation based theories, though expressed more beliefs that men also experience social prejudice more broadly. The next paper as presented in this current chapter focuses on clarifying common recommendations across the male-friendly therapists described in the previous chapter. This shifts the focus from recommendations from scholars in chapter 3 to knowledge of therapists who specialise in working with men who practice in Australia.

Abstract

Many of the contemporary treatment recommendations and guides for adapting therapy for men originates from the context of the United States. This qualitative study invited 15 Australian therapists, who advertised themselves as working with men, to describe their recommendations for male-friendly counseling. Three themes and 14 subthemes were identified, each explained from an understanding of their male client group's experiences and common male norms. The themes included ensuring a safe space, to enact masculinity-informed respect, and to enhance client awareness and motivation. Therapists' suggestions for working with

Australian men were congruent with recommendations in the existing literature, however variations were noted in how traditionally masculine or feminine-consistent their emphasis was.

Keywords: male-friendly counseling, psychotherapy, masculinity, gender-sensitive therapy

Introduction

Male-friendly counseling is a designation used to describe therapy intentionally customized to enhance treatment engagement, retention, and outcomes for men and boys. Gender-sensitive psychological treatment guidelines for females have been available for almost half a century (American Psychological Association, 1978), however only recently have they been written for the psychological treatment of men and boys (American Psychological Society, 2017; Society for the Psychological Study of Men and Masculinity, 2015). The rationale for the development of these standards were two-fold. The first was the recognition of where men and boys disproportionately experience a range of social, mental, physical and academic challenges (APA Boys and Men Guidelines Group, 2018). These include, but are not limited to, higher rates of suicide and mortality (Värnik, 2012; WHO, 2018), violence (ABS, 2016), imprisonment (ABS, 2013; Federal Bureau of Prisons, 2019), substance abuse (ABS, 2012a; WHO, 2009), and anti-social personality disorders (Grant & Weissman, 2007). The second rationale is that men are less likely to access timely treatment for their mental health concerns. This is due to a combination of men's adherence to masculine norms that has been associated with lower levels of help-seeking, and external barriers such as gender-insensitive service design and delivery (Parnell & Hammer, 2018; Seidler, Rice, River, Oliffe, & Dhillon, 2018). The treatment guidelines recommend therapists working with males understand men and masculinities, offer respectful non-discriminatory services, and develop gender-aware skills for working with men and boys.

Recommendations for how to adapt therapy for men can be found from multiple sources. The first is through practice guidelines such as those mentioned previously, which focus on broad principles and guidelines. A second can be found in the scholarly literature, including books, book chapters, and journal articles. These are commonly written by authors who are both researchers and practitioners (Brooks, 2010; Englar-Carlson, 2014b; Pollack & Levant, 1998), with most produced

from an American context (Beel et al., 2017). Another source of recommendations and practice wisdom is from therapists (Brewer & Tidy, 2017).

Therapists can be considered an interface between client experience and the application of therapeutic knowledge. To our knowledge, only one study on male-friendly psychological practice has sought recommendations from mental health professionals. Mahalik et al. (2012) asked psychologists for their opinions on helpful and harmful practices in clinical work with males. Half of the respondents described themselves as specializing in working with men. The authors of this study noted that the findings were generally consistent with, and complimentary to, existing scholarly literature. However, the study was limited to members of the American Psychological Association and may not adequately represent therapists who work with men outside of the United States.

More broadly, male-friendly counseling recommendations are based in understanding male norms. The focus can be on the dominant idealized male norms referred to as hegemonic masculinity; or alternatively the focus may be on variations (i.e., other non-dominant masculinities) that are practiced but may socially be viewed as less favorably in comparison to hegemonic ideals (Connell, 2005; Connell & Messerschmidt, 2005). The concept of masculinities encapsulates beliefs, attitudes, behaviors, and social prescriptions associated with males, and are influenced by age, place, nationality, class, sexuality, race, time period, and individual (Beynon, 2002).

As much of the literature on male-friendly counseling comes from North America underpinned by understandings of masculinities performed in its region, this study has the potential to illuminate unique Australian adaptations and recommendations. Australia has several similarities with the United States including both being a diverse immigrant nation with a history of colonialization and the sharing of many similar Western values. Yet Australia has unique idealized masculinity images in its national narrative including the independent, rugged bushman, the protective surf life saver, the loyal and sacrificing Anzac soldier, and the tough and skillful sportsman; all of whom are portrayed as Caucasian (Moore & Crotty, 2007; Murrie, 1998). These roles represent a miniscule portion of the population and fail to capture the heterogeneity of masculinities in modern Australia. However, they do point to distinctive Australian narratives that may, to varying degrees, influence and reflect conceptions of hegemonic masculinity in Australia (Mahalik et al., 2007).

This study aims to identify and explore recommendations for working with men from Australian therapists. The data gathered may reflect regional influences on the therapists, and a diversity of educational backgrounds, treatment modalities, and experiences with clients. It will not focus specifically on more nuanced adaptations for more specific subgroups or individual men, though individual therapists' suggestions may be influenced by their experience and understandings of various subgroups. Unlike the Mahalik et al's. (2012) study which used email questionnaires to gather data from psychologists alone, this study interviewed therapists from a broader range of professional identities to gain a more in-depth understanding of recommendations for working with men.

Aims

The aim of this study was to develop in-depth understanding of what a sample of men's counselors in Australia recommend for working with men. It was expected that this study would identify commonalities in practice from the sample of Australian therapists, which could be compared to recommendations from existing studies and conceptual literature. The main research question was: What do Australian men's counselors recommend for counseling men?

Method

The purposive sample aimed to recruit practitioners who counsel men, practiced primarily in Australia, and advertised a focus in providing counseling and psychotherapy for men. The rationale for selecting practitioners who advertised a specialty with men is that it was assumed they would evidence higher awareness of male gender norms in treatment in contrast to other therapists. An online search was conducted for counseling services that explicitly focused on men. Only those in private practice were selected for inclusion, using the assumption that private practitioners might be relatively unencumbered by organisational ideological commitments, and may also demonstrate a broader diversity of thought and training.

A search was conducted on the Google.com.au search engine for participants. The search terms included – 'men' and 'counseling', and the search restricted to Australian websites. Twenty result pages were explored until relevant site scarcity was evident. For practitioners to be selected, the website needed to indicate a specialization in working with men among no more than five listed specialisations.

A total of 26 therapist names were identified. All were contacted by phone or email. Sixteen therapists consented to participate in the research, and 15 attended interviews. The number of therapists is consistent with similar qualitative studies interviewing therapists (Binder, Holgersen, & Nielsen, 2008; Lawrence & Love-Crowell, 2007; Niño, Kissil, & Davey, 2016) .

Twelve of the therapists were males and three were females. Thirteen therapists had graduate qualifications and two had undergraduate qualifications. All except one were registered in their respective professions. Nine were registered counselors[4], three psychologists, two social workers, and one who identified as a counselor in training and not yet registered with a counseling association. In Australia, psychologists, social workers, and registered counselors each have distinct professional identities, training standards, and professional associations. From those who provided their length of practice, there was an average 15.5 years overall counseling experience and 10.5 years' male-focused counseling. In place of real names or pseudonyms, anonymity of participants is supported by assigning a two-letter code denoting gender and profession, and a numeral based on the order in which participants had been interviewed.

Table 4: Therapist Characteristics

Therapist Characteristics

Therapist #	Gender	Profession	Qualification level	Years counseling experience	Years male focus
MC-1	Male	Registered counselor	Graduate	20	10
FP-2	Female	Psychologist	Graduate	15	11
FC-3	Female	Registered counselor	Graduate	5	4
MC-4	Male	Registered counselor	Graduate	17	6
MC-5	Male	Registered counselor	Graduate	15	15
MC-6	Male	Registered counselor	Graduate	8	8
MC-7	Male	Registered counselor	Graduate	4	2.5
MP-8	Male	Psychologist	Graduate	N/A	N/A

[4] The term registered counselor is used in this study however some may identify not as a counselor but as a psychotherapist. Psychotherapists and counselors share the same peak professional bodies in Australia.

MC-9	Male	Registered counselor	Graduate	2.5	2.5
MP-10	Male	Psychologist	Graduate	16	16
MC-11	Male	Registered counselor	Undergraduate	45	25
FSW-12	Female	Social worker	Graduate	15	10
MSW-13	Male	Social worker	Undergraduate	30	20
MC-14	Male	Registered counselor	Graduate	10	10
MC-15	Male	Counselor in training	Graduate	15	8

Note. For column one, M=Male, F=Female, C=Counselor, P=Psychologist, SW=Social Worker, For columns five and six, N/A = Not available.

All interviews, except one, were conducted and recorded using an online videoconferencing platform. The exception was held over the phone due to technical difficulties. They ranged from 29 minutes to 82 minutes in length, with the average length being 46 minutes. All interviewees had one interview each, with the exception of one who requested a second interview to provide additional information. The interviews followed a semi-structured format using an interview guide, with invitations to provide more information about the answers provided. Interviewees were asked a number of conversation prompts including what they thought therapists needed to know about men, what strategies they could use to build rapport with men, what strategies they recommended to help men change, and what therapists needed to avoid doing with men.

The transcriptions were entered and coded in NVivo 11 (2018). Thematic analysis (Braun & Clarke, 2006) was used to guide the process of identifying and developing categories, themes, and subthemes. The corresponding male researcher conducted the interviews, read and coded the transcripts and proposed initial themes. A female researcher then read the transcripts and reviewed the coding and initial themes. The proposed themes were then discussed in a wider research group consisting of two males and two females until the final themes were determined by way of consensus. The coding was inductive in that it attempted to identify themes that related to the research question, but without coding according to specific criteria or predetermined theoretical constructs. The coding was semantic in that it focused on the surface meaning rather than implicit meaning (Braun & Clarke, 2006) and the researcher adopted a constructivist position in developing themes.

Results

The sample represented a diversity of professional identities, theoretical backgrounds, and experience with different client groups. Some therapists identified with working predominantly with particular sub-groups of men. These subgroups included men who identify as gay, Christian, working class, domestic violence perpetrators, and young men. Some counselors promoted conceptualizations associated with traditional masculinity while the majority tended to promote more gender role flexibility.

The researchers developed three themes and 14 subthemes from across the interviews. Descriptions within themes will include quotations to represent the practitioner's voices (Corden & Sainsbury, 2006). These are summarized in Table 5 below.

Table 5: Themes and Subthemes

Themes and subthemes

Themes	Subthemes
Create a safe space	Offer non-judgmental treatment
	Empathically manage resistance
	Reduce shame
	Use destigmatizing language
Enact masculinity-informed respect	Foster a collaborative relationship
	Utilize the man's preferred communication style
	Timing and pace
	Therapist demonstrate human qualities
Enhance client awareness and motivation	Offer education
	Invite personal review
	Do deeper work
	Use strengths-based interventions
	Use confrontation as needed
	Encourage active commitment

Theme 1: Create a Safe Space

Participants spoke of men not having a safe place, or feeling safe, where they can self-disclose, and that men often have a fear of being judged, including fearing stigmatization by therapists. Some claimed the fear was primarily due to a social context more inclined to criticize men. Others highlighted it was a consequence of men's conditioning from childhood to suppress pain and to show strength. Irrespective of the perceived sources of stigma, the participants emphasized that it is the therapist responsibility to build a context where this threat is reduced. The therapeutic space is to be non-critical, non-shaming, empathic, and inviting; where reluctant men can begin to relax their defenses, to build trust and to psychologically engage with the therapist and therapy.

> I think is about holding that space for them and creating a space where there is not a competitiveness, or a sense of shame, or a sense of judgement or criticism. (MC-1)

Offer non-judgmental treatment.

The participants described how men can be cautious early into treatment, and may expect criticism, negativity, stereotyping, and judgement. Respondents urged therapists to resist critically judging male clients.

> I think all of our clients, they're quite on guard. People are on guard because they have been whacked around enough. I tried not to be judgmental… They don't need more of that. They're got enough of that. (MC-7)

> I'm not there to beat them over the head … [I] just get them to feel comfortable talking about what's going on and knowing that there's another male that can hear them and without judging them. (MC-14)

Respondents highlighted risks of dehumanizing male clients by defaulting responsibility for problems solely with them whilst additionally failing to recognize the client's own unique needs. There was a perception that in heterosexual couple counseling, therapists may side with female partners and fail to appreciate the relative contribution to problems from both parties. One participant highlighted how therapists should recognize men's vulnerabilities on their own merit.

> I think a lot of people [work] with women in counseling and men are often seen as the problem and I think it's not about knowing about bad men but it's keeping an open mind in that men have just as many worries and feelings and problems as women do; to not put them into the bag of 'they're the problem' because often that can be 'men are the ones who are violent, men are the ones who are abusive'. I've certainly worked with men who do those things but they're much more complicated stories than that. (FP-2)

Therapists were not only called to resist negatively stereotyping their male clients, but to maintain unconditional positive regard and empathic attitudes towards them, ensuring therapist interactions reflected these attitudes. This positive regard and empathic acceptance is aimed to facilitate a sense of safety for the men to enable them to engage the therapist and the therapeutic process.

> You got to keep it safe. They got to feel safe. They got to know that they can trust you. (MC-11)

> If I were to describe the metaskill of the attitude of positive regard for the person. They pick up that as soon as they-- from the first handshake and the first eye contact is that, again, "I value you, I think you're courageous," all that is perceived in the look or a gesture or an attitude. (MC-15)

This safe environment and relationship where they may self-disclose without fear of humiliation may be an unfamiliar experience for many men. Therapists believed when men are given a context that feels supportive and safe, they will lower their psychological guards and may display emotions that are more vulnerable.

> I can tell you virtually every man that comes to see me in the first session, they'll be crying because they've never been allowed to cry before, and it's just being heard. (FC-3)

Empathically manage resistance.

Seven of the therapists described male resistance in therapy and how this can be challenging for therapists to engage men in therapy. Some highlighted resistance as being ambivalence associated with being mandated to attend counseling. Others framed it as defenses associated with traditional masculinity, such as protecting one's image against appearing weak and attempting to hide one's shame and

vulnerabilities. Respondents viewed the resistance as understandable and encouraged therapists to appreciate it, to look beyond it, and to roll with it while maintaining compassion towards the client.

> It's like the old adage of "don't judge the book by the cover.' … So you have to have that compassion. See past that front whether it's an aggressive front or …like a Tazzie Devil[5] in front of your face. (MC-7)

Reduce shame.

Therapists talked about the importance of de-shaming men. They described men as carrying shame due to concealing their pain and insecurities, of men believing that they are inadequate, flawed, and failing; and fearing that others recognize this, critically judge, and then humiliate them. The respondents believed therapists themselves could potentially trigger shame with judgmental attitudes towards men. Reducing shame was viewed as a means of connecting and engaging men towards therapeutic change.

> So, coming to a therapist, I think, is about getting through part of that stuff to access that part of themselves that is really deeply held. They may not use the word shame but it's in the room (MC-1)

The de-shaming strategies recommended included normalizing the men's experiences whilst being careful not to excuse problematic behaviors. It also included reframing problems and vulnerabilities as strengths, and recognizing and acknowledging successes and strengths.

> I also look at the positives. I'm praising them for the inroads that they make. It's a sense of making them feel good about themselves but without letting them get away with the minimization or colluding with the poor behavior. Calling [out poor behavior] and when they see other men talk about successes; that helps them to not quit. (MC-5)

[5] The Tasmanian Devil, of which Tazzie Devil is a colloquial shortened form, is an Australian marsupial, and a Looney Tunes character, both with a reputation for implacable aggressiveness.

Use destigmatizing language.

A small number of respondents highlighted how they use destigmatizing language to assist men feel at ease with entering therapy. They attempted to reframe counseling as a casual conversation, thereby reducing the stigma and taking away pressure to perform in a way that may feel alien to the male.

> What I normally do, I will first talk to the men and I'll say, "Hey, this is about a conversation that we're having. Let's just have a chat about what's going on." If I have to talk about counseling, I will always bring it back to the fact that what we're doing is, we're just having a chat, we're just going to look, let's see, and I always let them know that it's a safe place. (MC-14)

The interviewees' highlighted men often come to counseling guarded, and at times defensive, due to their experiences of judgement by society, their socialization to conceal and manage internal pain independently, and their expectations that counseling may be a place of humiliation. Interviewees highlighted that it is desirable for the therapist to create a sense of safety through non-judgmental unconditional positive regard, a place where proactive support is provided for the client's sense of self-worth and dignity, so that the counselor will earn a right to address sensitive and potentially disturbing material. They emphasized creating a climate of connection whereby the person of the therapist connects with the person of the client using strategic gender-consistent relational processes.

Theme 2: Enact Masculinity-Informed Respect

Participants often portrayed men as reluctant to seek help and who may experience various therapy processes as incompatible with their masculinity. The second theme requires therapists to understand and demonstrate respect towards the male client and his gendered norms in an effort to strategically engage him with the therapeutic process. This theme suggests therapists give due regard to accommodate therapy to men's relationship, treatment, and communication preferences, and also their vulnerabilities.

Foster a collaborative relationship.

Interviewees recommended therapists develop collaborative and egalitarian relationships with men. Enacting these principles aim to reduce men's apprehension of losing power and respect in the therapy process, and to enhance the client's

willingness to engage with therapy. This included the therapist seeking information on what the client's goals and preferences were, particularly when mandated to attend by a partner, employer, or court.

> I don't set this thing up that I'm the expert and they're not. I say straight away, "It's a collaborative process. You tell me what you need. I'm here to work with you. We do this together." (FC-3)

Utilize the man's preferred communication style.

Twelve of the 15 therapists recommended that counselors respected and utilized men's own preferred relational styles. Language was a strategic means of bridging the therapist to the client. Several respondents recommended 'bloke-speak', a direct, 'tough', layman style of speech that men, particularly those from the working classes, may utilize. This speech includes swearing, traditionally masculine-oriented metaphors, and may be deemed offensive by some groups in society.

> The language we use where they can kinda [sic] connect with that. I'll use whatever it takes to get them over the line. (MC-5)

A number of both male and female therapists interviewed tended to utilize this style of speech in the interview. The style was used both to join with men and to create a more egalitarian relationship with them.

> I think a lot of my approach with males… is to be on their level. I use the language they use. If it's swearing, then I'm happy to replicate. (MP-8)

Six of the therapists reported actively using humor to lighten the mood and assist the men to feel comfortable with them.

> And, this room, space for humor, I incorporate a lot of that into what I do. I feel like if we take the process too seriously, it becomes uncomfortable. (MP-8)

Timing and pace.

Interviewees spoke of respecting men's timing and pace for change. Timing may include when to start addressing specific concerns, while pace includes recognizing that working with men can progress slowly. Patience was recommended for therapists to practice.

> It's different for everyone. It can be very hard. Some clients are very resistant and they do not want to do it. It could take months and months and months of work before someone can actually sit there and do that. (FC-3)

Therapists underscored that men often needed to warm up to the therapist and the therapy hence incorporating 'non-therapy' behaviors as a prelude was recommended. Warming up might be spending time discussing the man's own interests, or the therapist acting more informally and with increased personal transparency.

> I think giving the space. Starting softly. There's a fellow the other day, we must have talked for 20 minutes about music before we even got down to the nuts and bolts. Taking the time to talk about farming or talking about motorsports or whatever their passion is. I'm very honest. I say, 'Look I know shit all about fishing, but tell me about it, what's it like?' I think having a natural curiosity in what they're interested in helps. (FSW-12)

Therapist demonstrate human qualities.

The interviewees emphasized therapist characteristics associated with existential humanistic therapies as being generally preferred by male clients. Therapist authenticity, transparency, honesty, humility, and congruence were all qualities mentioned as resonating with men. Therapists also emphasized the need to adapt to the individual client. Although they recognized common features of masculine socialization, they also recognized variation between groups of men and individuals. The therapist was to be a role model of humanity offering a human to human connection. While therapists admitted professionalism was important, the main qualities emphasized were those of the *human* practitioner, first and foremost.

> Well, I think it's very important to be authentic, to be genuine. Not to be what you're not. Whether you're male or female it doesn't matter. I think it's to be genuine. (MC-4)

The participants emphasized the importance of being sensitive to men's needs and vulnerabilities as men and ensuring the treatment was adjusted accordingly. They encouraged non-discriminatory treatment and cautioned about the risk of insensitivity to the male client's needs and preferences.

> I think it's very easy to flick to “But what about the children? What about the wife? What about others?” Men don't tend to get a lot of "What about you?" I find. It's not as common for men to get, "Well, what's that like for you? How are you going with that? How do we support you in this moment?" (FSW-12)

Enacting masculinity-informed respect with male clients included recommendations for therapists to pace entry into therapeutic processes, adjust their communication style, treat the man as an equal, and ensure therapist behavior did not trigger feelings of humiliation. Creating a safe and respectful context for men to connect with their therapists might be interpreted as a laying the groundwork for engaging the man to address the areas requiring attention.

Theme 3: Enhance Client Awareness and Motivation

In the previous theme, participants recommended respectful gender-sensitive customization to enhance therapist engagement with men. In theme three, participants recommended that therapists work towards two key aims. The first is expanding client awareness. This is done through education, personal review, and facilitating transformational insight. The second aim is motivating clients. Therapists are to help clients develop a richer awareness of their concerns, their goals, alternative perspectives and solutions, while motivating them in the therapy to commit to address their concerns and make the desired changes.

Offer education.

Educating male clients was a common strategy recommended by therapists. The main topics that the counselors mentioned teaching men about were emotions, relationships, communication, work/life balance, self-care, and about masculinity and men. Relationship problems were often cited as the presenting issues in therapy, with men flagged as having deficits in these areas due to socialization. Therapists can help motivate men to become receptive for the information and then help them acquire knowledge in the deficit areas.

> Communication is a big one. We might do conversations around communication and managing emotion. How not to lose your shit with your kids or your partner or when you're tired and recognizing that you're tired. That now is not the time to have that big conversation or now is not the time to tackle the kids or if the

household is tired, take a break and put it on the back burner. There'll be a lot around managing emotions and communication. (FSW-12)

Therapists also discussed a variety of educational strategies. They recommended the usage of metaphors, storytelling, self-disclosure, role-modelling, and teaching cognitive behavioral interventions (often referred to as 'giving tools') as male-friendly ways of expanding their awareness.

> I think that, to relate to men, you need to use metaphors. If they're a tradie[6], I will use stuff that applies to their field. If they're building something, we'll use building-related concepts...If they're a truck driver, I'll use stuff from their world to explain what they're feeling and thinking. (MC-4)

> …that role modelling of-- positive behavior of confidence and assertiveness in myself and that it was exceptionally helpful and I've done a lot of work with … your everyday man. (MP-8)

Invite personal review.

Six therapists talked about helping men review their past, whether it be their childhood or the recent past. These reviews were to assist the men to develop more thorough understanding and insight into their inner worlds, their coping, the reasons for problematic behavior, and to facilitate enhanced self-compassion and emotional resolution.

> I wouldn't think that they came seeking that understanding about themselves. They're really looking at why the relationship is failing and what's going on, and often the case is, more often than not, it's what she's doing [according to the client], and so on and so forth, when then, the idea is to turn it back to themselves and see why they're behaving like they're behaving, and what might be causing the behavior. (MC-14)

[6] Australian slang for a tradesperson.

Do deeper work.

Twelve of the 15 therapists recommended that counselors aim to expand client awareness and insight into preconscious and unconscious material. Therapists highlighted that often men's behavioral problems stemmed from unresolved trauma or unmet developmental needs. They recommended that rather than staying with men's preferences for cognitive and behavioral interventions only, the therapist's goal was adding deeper insight and emotional awareness to education and skill building.

> We usually scratch around a little bit in the family of origin, sometimes just to help somebody understand that they might feel weird or weak, but they developed through influences that weren't very helpful or haven't proved to be very helpful. (MP-10)

Use strengths-based interventions.

Participants felt it was important that therapists stimulate men towards action, whether this be seeking personal insight, learning to identify and express emotions, or making behavioral changes. One means of motivating men was by using what may be termed, positive focused interventions. These include the therapist focusing attention to men's strengths, reflecting on their successes, focusing on solutions, and exploring what a more desirable future might look like for them.

> Definitely, you have to build agency. I work from a perspective of strength, I'll highlight clients' strength and resilience. You definitely want to build agency. (FC-3)

> Well, again it's strength-based, so that metaskill of always looking for the good, so to speak. Often men's framing has been around shame or guilt so somebody actually noticing their other qualities can be very powerful for them. (MC-15)

> I work with these guys, it's more focused solutions. Work out "How would you imagine it being different, how do you want your life to be?" and empowering them to imagine that and then working through the tools that will bring [change and] learning new choices. (MC-5)

Use confrontation as needed.

Thirteen of the 15 therapists regarded skillful confrontation as an important aspect of motivating men. Confrontation was balanced with support and a trusting relationship. They highlighted that confrontation can be done badly and do damage, but nonetheless, skillful confrontation is important to use with men.

> It's a very fine balance, I think, between challenging them and supporting them. Sometimes you get it wrong because you can be a bit too challenging and that can then elicit a response in them that's not helpful. You've got to walk alongside them and just not push them too much, not push them before they're ready. (FC-3)

Generally, participants regarded men as better candidates for confrontation than women because they regarded men as less vulnerable to damage, and more likely to be receptive to direct approaches. This confrontation may be delivered as direct challenge, with self-disclosure, or with humor.

> The style is much more direct and can even use language which they get so it could include an expletive to really make them go, "Woh, okay." That gets them confronted initially, but there's also a kind of a respect with directness from a man to a man. It's used very deliberately at a given time within the therapeutic process. (MC-15)

Encourage active commitment.

Seven of the respondents advocated that therapists directly encourage active commitment to their therapy goals. Therapists are encouraged to highlight to men that improvement and change requires they take responsibility for change. Therapists might help the men review the impact or potential impact of their actions. Alternatively, the therapist may communicate this directly using an educative or confrontational approach.

> ...now the idea in counseling of shared responsibility and that's the challenge and sometimes of getting men to buy into that but I haven't got a magic wand and we'll work together to come up with ideas but they have to act it out. (MP-10)

> I give that straight to the man and I say "This is your session. We're here for you, you're not here for your partner, I want you to be able

> to sign this and I want you to take some ownership responsibility and so essentially just making this as voluntarily as possible". (MP-8)

The third theme recommended therapists use strategies to expand men's awareness into areas that had previously not considered in any depth, due to a lack of opportunity or motivation. Respondents recommended a range of strategies to educate and help elucidate new awareness and knowledge for male clients. In addition to this, therapists were to help motivate the men towards engagement in the change processes and tasks. They might do this by building confidence in men, confronting them, or a combination of both.

Discussion

This study provided an opportunity to develop a thematic understanding of what male-friendly therapists in Australia recommend for counseling men. The therapists varied in length of practice, gender, training, professional identity, modality, and location of practice. There was diversity among therapists in their views on men and masculinities, on how to connect with and help men, and how best to assist male clients to change. With the diversity of recommendations across the domains mentioned, there was a surprising amount of similar recommendations aligning with the themes presented. Each interviewee emphasized the importance creating a safe space, of forming respectful masculinity-informed connections with their male clients based on genuine empathy, expanding men's awareness, addressing topics relatively deemphasized among men, and motivating them to engage with the treatment goals. What was also common to all therapists surveyed was a personal commitment to effectively counsel men, and a recognition of the role gender and male socialization played in men's lives and in treatment. Each of the therapists introduced their recommendations by contextualizing them in their understanding of men, masculinity, and male socialization experiences in society. While the participants did not explicitly emphasize the need to develop a strong knowledge of men and masculinities generally, their recommendations were justified from their own understanding of men and their socialization thus implying this could be viewed as an additional, though implicit theme.

The respondents often positioned themselves as providing an important safe place for men, as reflected in theme one. While providing a safe space is incumbent

on therapists working with any and all clients, therapists underscored this as particularly important with men due to men's own reluctance with self-disclosing processes, and that this population were particularly vulnerable to therapist insensitivity and prejudice. Various authors have highlighted that standard counseling processes can be incompatible with various dominant masculine norms and behavioral expressions (Brooks, 1998; Kiselica, 2005), that males may be judged more harshly in therapy (Robertson & Fitzgerald, 1990), and that men can be experienced by practitioners as being more difficult clients (Vogel et al., 2003). There is some evidence that men and boys are vulnerable to insensitive treatment by therapists (Ashfield, 2011; Mahalik et al., 2012), and it is conceivable that therapists who advertise as specializing with men may hear more complaints of gender-biased treatment. Available guidelines for working with men and boys warn psychologists not to treat men in ways that demean or demonstrate bias towards them (Australian Psychological Society, 2017; Society for the Psychological Study of Men and Masculinity, 2015) rather therapists are urged to become critically mindful of their own gender assumptions and preconceptions. Higher endorsement of norms of traditional masculinity have been linked to increased negative attitudes towards counseling, increased self-criticism and shame for needing assistance, concerns of negative responses from practitioners and concerns about disclosing distress (Heath, Brenner, Vogel, Lannin, & Strass, 2017; Pederson & Vogel, 2007). Men's own internal self-shaming processes, their projections about potential threat, and the potential for therapists to create an unsafe experience provide justification for the recommendations in theme one.

The first theme emphasized safety while the second emphasized adaptations to join with men in masculine-sensitive ways to help them ease into the process. These aligned with texts recommending egalitarian and collaborative positioning (Robertson & Williams, 2010), masculinity-informed relational styles (Englar-Carlson et al., 2010; Wexler, 2009), using metaphors (McKelley, 2014), de-shaming (Stevens & Montes, 2014; Wexler, 2014), and attention to pacing (Stevens & Montes, 2014). The third theme focused more on enabling men to be challenged and stretched towards growth. These included skillful confrontation (O'Neil, 2015), psychoeducation (Englar-Carlson, 2014b), client self-review (Englar-Carlson, 2014b; O'Neil, 2015), the use of strengths (Blundo, 2010), and facilitating deeper insight with men (Rabinowitz & Cochran, 2002). The recommendations from these Australian therapists appear congruent with established literature.

The recommendations also appear to align with research exploring men's own experiences of counseling. In research exploring men's alliance building preferences (Bedi & Richards, 2011) and damaging alliance incidents (Richards & Bedi, 2015), findings included that men wanted counsellors to bring out their issues, provide practical help, and demonstrate formal respect (Bedi & Richards, 2011). What men did not want was to be misjudged, pressured, hurried, or to have therapy that did not fit their preferences (Richards & Bedi, 2015). In both the studies, men felt a responsibility to put in sufficient effort into the treatment, believing this to be important. Other studies have found men have tended to prefer therapists who matched their personal preferences, cognitive and problem-solving approaches, and therapists who played a role of educator, to help raise awareness of issues and help identify solutions (Bieliauskienė, 2014; Ryan, 2011). The therapists emphasis on awareness-raising, education, and motivating the client towards action seems to affirm and support men's socialization to be agentic (Eagly & Wood, 1991) in relation to their therapy preferences and goals.

This current study aligned with most of the themes and subthemes from the Mahalik et al. (2012) research. Alignment included reducing the risk of bias, making male-friendly adjustments in practice, and constructively addressing emotions and relationships. In this study's sample, there was a lesser emphasis on the importance of therapists being aware of gender socialization, of addressing masculine gender roles, addressing sexuality, or the intersection with other sociocultural identities, of which were reflected in themes in the Mahalik et al. (2012) study. While each of these elements were present from one or more therapists, they did not receive the same level of support across the interviews as the existing themes and subthemes. The difference may reflect regional differences in training, particularly the breadth of gender-focused theoretical training available. Additionally it may reflect differences between sample size and representation of the respondents (i.e. sample of 15 therapists representing three professions in Australia compared with a sample size of 475 psychologists in the United States). It could also partly reflect the differences from a live interview and a difference in questions asked, compared with a sample with written questions allowing respondents time to more fully consider and research responses. It would be inappropriate to draw conclusion from differences between the studies but still worthwhile to note. To develop a more accurate and valid comparison, the Mahalik et al. (2012) study procedures should be replicated within

an Australian setting. At present, the current comparison suggests that there is potential for differences between therapists recommendations.

There was evidence of a continuum of what could be viewed as stereotypically masculine and feminine style, approach, and aims of therapy. At one end of the spectrum, some respondents encouraged therapists to connect and intervene with men utilizing masculine consistent interventions. This included masculine-consistent communication styles and language, a focus on behaviors and cognitions, formal instruction and role modelling, and a willingness to use direct confrontation as needed. One of the three female therapists promoted a more traditionally masculine approach. Moving towards the middle, the majority of respondents recommended more traditionally masculine-consistent joining until sufficient trust was gained and then gradually moving towards more emotionally deep work with men. A smaller number of therapists promoted what might be more stereotypically feminine emotionally sensitive approaches from the beginning. These therapists emphasized emotional sensitivity and attunement as the primary means for establishing trust in the therapist and to facilitate increased client self-awareness. These therapists emphasized safety, non-confrontational awareness raising, and the importance of the therapist maintaining a facilitator role rather than educator to help men connect with their authentic inner voice. One difference that did emerge between male and female therapists was that no female therapist discussed a gender advantage with working with males, whereas some male therapists believed their gender gave them an advantage with rapport building and empathy, while they believed female therapists were generally more vulnerable to prejudice against men. A larger sample size with equal proportions of therapists of both males and females may have revealed more differences not captured in the existing data.

This research relied on recommendations provided solely by therapists practicing in Australia. However, the findings revealed no recommendations that might be regarded as Australian-region specific. This may suggest that male-friendly counseling principles are sufficiently translatable across western nations and that the man's expression of, and commitment to masculine norms might be a more pertinent variable for treatment adjustment than the man's geographic residency. Therapists typically described their male clients as negatively impacted by emotional restriction, duress from relationship discord, gender strain in attempting to perform responsibilities associated with their understanding of masculinity, and fears of vulnerability, while most reported their clients were generally motivated to attend

counseling due to relationship difficulties. These descriptions are congruent with features and impacts of traditional masculinity (O'Neil, 2008).

While the aim of the interview was focused on therapist recommendations for treating men generally, eleven of the therapists provided responses with specific reference towards subgroups of men. Those mentioned included young men, Chinese men, Christian men, gay men, working class men, traumatized men, incarcerated men, or violent men. This serves as a reminder that while general male-friendly recommendations provide a helpful starting place, it is important to recognize and consider nuances and variations between men's lived experiences, social identities and contexts, gender norms, and individual histories and values. This position aligns with cautions about failing to account for the diversity of masculinities between men and in men (Liu, 2005) and recognizes the multiplicity of masculinities in a culturally and generationally diverse nation (Moore & Crotty, 2007).

The recommendations in this study were based on therapist self-report and, in reference to gender-sensitive therapies, should be viewed as descriptive and exploratory. They represent practitioner viewpoints and should not be presumed to reflect desirable practice in the absence of additional supporting evidence. The therapists were self-advertised as having expertise with males and external recognition or peer endorsement in this specialization was not determined. A limitation of the study was that it was limited to an online search-engine recruitment of participants. A future study might advertise via psychology, social work, and counseling professional bodies to capture therapists without searchable web presence. The study also gained a significantly higher proportion of counselors in comparison to psychologists and social workers. While qualitative research is not intended to be representative or generalizable by design, it is possible that profession-focused participant recruiting may have led to more proportionate professional representation.

Conclusion

The practitioners in this study all contextualized their work from their understanding of men and masculinity, including the impact their gender socialization and experiences have on their presenting issues, existing psychological injuries, treatment preferences, and treatment requirements. While there was a diversity of training, gender, modality, clientele, and experience with the therapists, there was considerable overlap between therapist concerns and recommendations.

The recommendations underpinning the themes align with various recommendations found in existing literature of male-friendly counseling, which may suggest that practitioners who are willing understand men's values and sensitivities sympathetically, may tend towards similar ideas about working with them, whether researcher or clinician, in Australia or elsewhere. Male-friendly therapy as implied by these practitioners, is not solely doing therapy with men but would appear to rely on a commitment to understand, value, and prioritize their male client's needs within an understanding of the wider social context. It also requires therapists to create conditions that connect with men in meaningful and effective ways that help expand the client's knowledge, awareness, options, and motivation.

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CHAPTER 6: DISCUSSION AND CONCLUSION

Introduction

This thesis sought to identify recommendations for transtheoretical male-friendly individual counselling by systematically collecting criteria-based scholarly source material and from interviews with therapists who advertised services with a focus on male clients. This provided a means to compare and contrast the recommendations towards providing a harmonised account and opportunity to report and review trends. Three publications were prepared and submitted, including a systematic literature review, a paper on therapist perceptions and beliefs about men, and a paper that explored thematic recommendations made by the male-friendly therapists.

In addition, this thesis has documented key theoretical frameworks and therapist perceptions that underpin and justify the recommendations. Explanations for male distress and dysfunction, understandings of normative male values and communication patterns, and beliefs about what might be helpful or unhelpful, each influence what recommendations may be provided. Chapters 2 and 3 in this thesis provide theoretical frameworks underpinning scholarly male-friendly recommendations, while chapters 4 and 5 provide therapists perceptions and justifications for the recommendations they made. This final chapter highlights the key findings of each chapter, will harmonise the themes from across the chapters into a male-friendly counselling meta-framework, and discuss broader trends and differences that emerged.

Before exploring the similarities and differences between the scholarly texts and the practitioner interviews, the different contexts of communication must be considered. The scholarly texts were written for researcher and practitioner audiences. To write for publication, one normally must show the reviewers, publishers, and readers that sufficient depth of engagement with other scholarly literature has been undertaken. The scholars had the benefit of opportunities to research, collect ideas, formulate text, consult with other authors, rewrite drafts, and have others proof read their manuscripts. This enables a diversity, interrogation, and currency of ideas. A potential risk with this is that the experience of the client and practitioner may potentially be distanced and overshadowed by theoretical constructs

and expert opinions. It needs to be noted that authors of male-friendly counselling texts also typically report experience as therapists. In this study potential participants received information about the study in the recruitment phase and only once they accepted the invitation to participate, were interviews scheduled. The therapists participated in semi-structured interviews so their responses may have been partially prepared while other responses may have been spontaneously given. They were responding to an audience of one in a live interview context with the ability to amplify, explain, and build upon answers but also a limitation of communicating without a peer review shaping and editing process. The interviews tended to cover a narrower scope than the literature published by scholars, were closely linked with practice and examples, and tended to rely on their own personal and practice experiences. Explicit theoretical referencing was uncommon. Given it has been consistently shown that general client treatment outcomes cannot be predicted based on education or profession or experience (Wampold & Brown, 2005), this thesis will treat the knowledge recommended by both scholars and practitioners as having equal value and validity.

The Sphered Male-Friendly Therapy Model (SMFTM)

This thesis aimed to clarify and consolidate scholar and practitioner recommendations for male-friendly therapy. It proposes a new model that consolidates the range of recommendations provided and the type of attention given to the client's gender within treatment. I have named the proposed model the Sphered Male-Friendly Therapy Model, or SMFTM. *Figure 2* below provides a conceptual model that labels the thematic summaries of the recommendations and the varying types of focus of masculinity. The following descriptions will begin with the level of masculine focus, followed by discussion of the themes of recommendations.

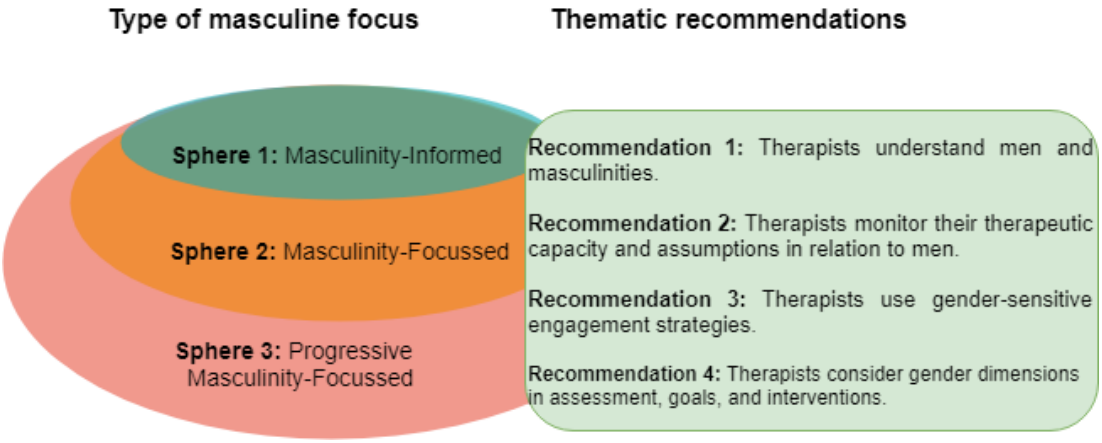

Figure 2. Sphered Male-Friendly Therapy Model (SMFTM): A harmonised model for transtheoretical male-friendly counselling

Chapter 3 contained a discussion about three levels of engagement with masculinity, namely masculinity-informed, masculinity-reviewed, and masculinity-reformed levels (Beel et al., 2017). These levels are represented in the proposed SMFTM model as a series of nested spheres as illustrated in *Figure 2*. The green sphere is nested in the orange sphere with both nested in the apricot coloured sphere. This convention has been adopted to avoid ascribing levels of desirability for effective practice with men as gender is only one variable among others of relevance to therapy (e.g., culture, family system, diagnosis, personality, etc.). This paradigm gives therapist a choice of how explicit or implicit, central or peripheral gender will factor into their treatment planning and delivery. Each sphere does add new dimensions to (and builds from) the previous spheres. The spheres identify the degree of level of incorporation and centralisation of gender knowledge, norms, and strain into assessment and treatment. I generated the terms Masculinity-Informed, Masculinity-Focussed, and Progressive Masculinity-Focussed to differentiate each focus developed.

Sphere one is termed *Masculinity-Informed* as it primarily aims to sensitively engage men while delivering therapy as normal. It does not require therapists to prioritise masculinity in treatment conceptualisation or as a target for change, but therapists will maintain awareness about gender and its impact on men, the therapy, and the therapist, and adjust accordingly. The therapists congruent with this approach were open to discussing masculine norms if it seemed particularly appropriate, but primarily the adaptations were implicit and embedded into treatment as usual. There may be times in treatment that masculinity is foregrounded as part of treatment as usual, but it does not take a central position in the case conceptualisation. These therapists are more gender aware than gender focussed.

Sphere one would appeal to therapists who want to improve their therapeutic interactions with men with minimum investment in training. Training would have a brief overview of key theories and norms associated with masculinity, but its emphasis would be on engagement skills. It could be delivered in a relatively short-time frame of between two hours and a day.

The second focus of treatment, sphere two termed *Masculinity-Focussed* expands the Masculinity Informed sphere's gender sensitive adaptations into recognising masculine norms, conflict and strain as *likely* salient and contributory to the male client's problems. The therapists' foregrounds masculinity with an aim to increase the client's awareness of their gender-based norms, the development of the norms, the benefits and costs associated with these norms, and potential alternatives. This reviewing and reconsidering enables the client to make informed choices about which role norms to continue subscribing to and which might be relinquished and replaced with alternative behaviours and cognitions. The therapist role is not to take sides for or against various norms but to facilitate greater awareness so the clients can exercise full and free autonomy in decision making. Sphere two might appeal more specifically to services and therapists that seek to specialise in treating men, and view knowledge about gender as a key ingredient to their work with men. Training would have a greater emphasis on theories associated with masculinities and associated strains, and build practical competencies for engaging men, and inviting clients to self-reflect with a gender lens. A prostate cancer counselling service for men might be the type of service that might benefit from Sphere two training.

The third focus of treatment is termed *Progressive Masculinity-Focussed,* and is based on the construct of masculinity-reformed therapy explored in chapter 3. This focus encompasses the previous two foci. It is where the therapist has an a priori position against certain traditional masculine values and a position for more desirable specific norms, values, and commitment that male clients, including society at large, should adopt. The word *progressive* might have two meanings. The first more generic meaning is that the therapist believes some masculinities are less desirable than alternative masculine reconfigurations that the therapist believes are healthier and more desirable. The second more specific meaning indicates alignment with the existing and emerging values of politically progressive social justice-oriented discourses. What both have in common is that the therapist has a pre-committed standard to which to influence the client towards; an agenda which may or may not

be explicitly presented to the client at the beginning of treatment. One therapist interviewed appeared to hold a more essentialist understanding of masculinity whereby men had to do specific emotional work to heal their wounded masculine spirits and thus let go of selected traditional masculine behaviours that prevented this emotional growth. Another therapist had a more social justice aligned feminist-informed gender-based domestic violence framework and thus might fit the more politically Progressive Masculinity-Focussed Therapy. Sphere three training might be considered by services who not only have a support agenda for men, but may also have an activist agenda. An example of this might be a domestic violence men's behaviour change service whereby not only are the targets of change related to the client's own interests but also linked with the interests of those whom the clients directly impact, and to the interests of broader society (e.g. women's safety and equality). The training would cover the areas in the previous spheres but additionally might aim to influence the perceptions and attitudes of therapists in training to be in alignment with the program's values. It may also add strategic interventions for reducing client resistance and helping them adopt perceptions, values and behaviours that align with the program's goals.

The ethical challenge with the Progressive Masculinity-Focussed emphasis relates to the availability of sufficient information about the assumptions, implications, and goals of treatment. Clients should have sufficient information to determine if they wish to engage in treatment that seeks to destabilise and replace their values aligned with traditional masculinity. Informed consent and the respect of human autonomy, non-discrimination, and diversity are core principles in counselling and psychology codes of ethics (Australian Psychological Society, 2010; Psychotherapy and Counselling Federation of Australia, 2017; The Australian Counselling Association, 2015). Any approach to therapy that intentionally problematizes, destabilises, and seeks to replace norms and values associated with a specific cultural identity with the values of the therapist, should be carefully interrogated within a professional ethical framework to ensure individual client rights and dignity are not diminished.

The rectangle to the right of the diagram in figure two lists four recommendations for working with men. These recommendations are based in a harmonization of the recommendations from the literature and therapists. The numbering is used for ease of identification rather than an expression of hierarchical ordering. Male-friendly therapists and scholars recommendations relate to all of

these with varying degrees of emphasis. The three masculine spheres utilise all of the following recommendations synthesised from both the scholars and the therapists. These recommendations may be utilised to different degrees according to the type of masculine focus the therapist adopts, yet all have at least some relevance. The following recommendations provide an integrated account of all three papers.

The first recommendation is that therapists understand men and masculinities. This includes understanding men's shared and diverse (socially and individually) masculine norms, and relevant preferences, strengths, pressures, strains, and risks. It also includes recognition of damaging male gender socialisation processes and varying social attitudes towards men. This recommendation is based on the findings in this program of research in the following: Knowledge about men, masculinity, and socialisation (chapter 3, Theme 1) and Men must perform well (chapter 4, theme 1) and Men as damaged and devalued (chapter 4, theme 2).

The second recommendation is that therapists monitor their therapeutic capacity and assumptions in relation to men. This includes ensuring sufficient awareness of the impact of their own gender socialisation history, monitor its potential negative influence in therapeutic practice with men, and commit to professional growth and self-care. This recommendation reflects empirical findings from the current program of research drawing particularly on discussions of Therapist critical self-awareness and commitment (chapter 3, theme 2).

The third recommendation is that therapists use gender-sensitive engagement strategies. Therapists carefully consider utilising a congruent communication style to their clients, ensure therapy processes are compatible with the client's values and preferences, and help to ease the client into treatment by making the physical and emotional environment welcoming for men. This recommendation draws on the present research findings of Masculinity-informed treatment adaptations (chapter 3, theme 3), Creating a safe space (chapter 5, theme 1), and Enact masculinity-informed respect (chapter 5, theme 2).

The final recommendation is that therapists consider gender dimension in their assessment, goals, and interventions. This might include strategies to diffuse resistance, enhance motivation, utilise client strengths, help raise awareness of socialised gender norms that may be limiting the client, and to explore alternative possibilities with the client. This recommendation is based on discussions of Masculinity-informed tasks and goals (chapter 3, theme 4), and Enhance client awareness and motivation (chapter 5, theme 3) in the current program of research.

The SMFTM has similarities to the still influential multicultural framework proposed by Sue et al. (1992). Their model recommends a counsellor's development of self-awareness of assumptions and biases, of understanding the cultural worldview of the client, and the application of culturally sensitive and informed treatment strategies (Sue et al., 1992). It is unsurprising that male-friendly counselling has conceptual overlaps with multicultural and diversity counselling, as gender is a diversity construct. Yet some male-friendly counselling moved beyond diversity related awareness, recognition of social stressors, and adaptation training towards centralising internalised male cultural norms as potentially problematic.

The SMFTM provides a list of four key thematic recommendations, and three spheres of masculinity focus and goals based in a harmonization of scholarly and therapist sources. The recommendations include that therapists understand men and masculinities, therapists monitor their therapeutic capacity and assumptions in relation to men, that therapists use gender–sensitive engagement strategies, and that therapists consider gender dimensions in assessment, goals, and interventions. The three spheres, each building from the other, include being masculinity-informed, being masculinity focussed, or being progressive masculinity-focussed. The SMFTM enables trainers and trainees to determine more specific goals of learning in relation to how masculinity is incorporated into treatment strategies and goals.

Regional and Therapist Distinctions

One of the rationales for this research was that it provides an Australian adaptation for male-friendly counselling that may differ from male-friendly counselling as espoused by authors from the United States who have largely dominated the authorship on male-friendly counselling. As highlighted in Chapter 5, the author could not detect such a distinctiveness in either the therapeutic recommendations or the descriptions of Australian men. This is not to suggest such distinctions may not exist at a broad level, but simply that none were identified from the data. However the US writers highlighted noticeable cultural sub-identity distinctions between American males including by race, sexuality, and religious orientation (Englar-Carlson et al., 2010; Robertson, 2012). Likewise, some therapists also drew attention to diversity within the Australian males along the lines of intersecting sub-identities, however these were also not presented as uniquely Australian but defined according to the specific sub-identity itself.

While there were no perceivable differences between Australian and American recommendations, there were perceivable differences between the male-friendly counselling scholarly texts and the Australian therapists interviewed. The first difference was that the scholarly texts were more comprehensive and the theoretical constructs more clearly delineated. They appealed primarily to scholarly sources as authorities and secondarily, to their own clinical or personal experiences (Brooks, 1998; O'Neil, 2015; Rabinowitz & Cochran, 2002). In most instances, the therapists primarily appealed to their personal and clinical experience and to their beliefs about broader masculine norms and gender relations. Secondarily, a small number appealed to a combination of their professional theories, popular texts, and broader social trends. This lack of appealing to more established masculinity theories may be partly due to a difference in format between written text and interviews, and/or might be explained from less training or professional development opportunities in counselling men in Australia, as two therapists had highlighted.

It is unsurprising that the scholars emphasised the importance of knowledge acquisition, provided more comprehensive breadth of strategies, and provided more clear delineation between recommendations (Stevens & Englar-Carlson, 2010). The practitioners interviewed did not emphasise the importance of education in men and masculinity constructs to a similar degree. Their themes appeared more personal, relational, and contextual to their own experience than the themes developed from the scholarly writing. Yet despite some differences in what was emphasised and how it was emphasised, both broadly agreed that men's socialisation produced degrees of masculine norms that were to be both respected in therapy and also recognised as potentially damaging to men.

Another dimension that was implicitly and explicitly made by some therapists was that society demonstrated manifestations of prejudice towards men, both inside the therapy room and more generally in the community. While prejudice is alluded to in the therapy room by numerous scholars (Brooks, 1998; Strokoff et al., 2016), the limits of recognition for prejudice outside of the therapy room for the scholars appeared more constricted. They acknowledged that boys and men were subjected to restrictive, biased, and damaging socialisation practices (O'Neil, 2015), that there is a lack of social attention to men's issues and pain (Levant, 1996), and that men can be stigmatised to varying degrees by society (Good et al., 2005). But with only one (Australian) author taking a contrarian position (Ashfield, 2011), authors promoted a patriarchal social analysis whereby society was systemically biased *towards* men, not

against them (Brooks, 2010). The Australian therapists however, were on a spectrum with some aligning more closely within the scholars' boundaries of specific rather than generalised prejudice, while other discourses expressed or implied society had deeper prejudice towards and bias against men and more sympathetic attitudes towards women in contemporary times. Some reasons for the more diverse latitude of positioning on this issue could be that the scholars are more influenced by a combination of primarily contemporary socio-political gender discourses and secondarily client lived experience. The therapists might be more influenced by their own personal gender histories, more localised socio-political and client discourses, and a greater spread of progressive-conservative values. Another viewpoint could be that some therapists may be less aware and liberated from gender role norms, or alternatively, less convinced by modern gender theories (See Ashfield, 2011 for an gender essentialist critique of socialisation-based gender theories). Nonetheless, it is recommended that there be more discourse between male-friendly therapists and the scholarly community. Papers two and three serve as a good starting point to communicate practitioner voices in scholarly discourse.

Some scholarly texts and therapists talked about different strengths and vulnerabilities of male and female therapists working with men. Vulnerabilities for female therapists included misinterpreting or demonstrating ignorance with masculine norms in the therapy room (Wexler, 2009), potential for negative biases (Brooks, 1998), idealised or negative counter-transference reactions (Duffey & Haberstroth, 2014; Potash, 1998) and being careful not to chastise men when challenging them (Vasquez, 2012). Likewise male therapists were cautioned about countertransference (Englar-Carlson et al., 2010), and the risk of colluding and competing with male clients (Glicken, 2005; Scher, 2005). Benefits of female counsellors were noted as providing enhanced emotional and relational connection contributing to men feeling safer to show vulnerability (Deering & Gannon, 2005; N. G. Johnson, 2005) and being a guide to men to help them better understand females; while for male counsellors, the advantages were highlighted as better connection based on shared male experience (MC-4), an opportunity to form an intimate relationship with a man without competitiveness (MC-7), and the potential for providing a positive male role model (MP-8). Among male-friendly counselling literature and most therapists interviewed, there was agreement that male and female therapists are as effective as each other (Cervantes, 2014), and that each had potential vulnerabilities and strengths associated with their gender.

Significance

It is expected this thesis will bring value to researchers, educators, and therapists in three broad areas. The first is that it has responded to the call by Whorley and Addis (2006) for more qualitative research as it relates to men and masculinities. They argued that qualitative research may enable a more nuanced understanding without the limitations and assumptions embedded in correlational quantitative designs that the men and masculinity research has historically predominantly relied on (Addis & Cohane, 2005; Whorley & Addis, 2006).

The thesis also brings forward the practitioner's voice. Robertson (2013), writing from a practitioner's perspective, urged researchers to invite clinicians to participate in qualitative research projects as a means for greater collaboration and participation in furthering the research and teaching of the psychology of men. The practitioner voice reflected in scholarly writing on male-friendly counselling has largely been restricted to the researchers' own voices as researchers/clinicians (Brooks, 2010; Englar-Carlson, 2014b; Mahalik, 2005a; O'Neil, 2015; Pollack, 1990). Many of these researchers/clinicians co-author within a relatively small scholarly community who focus on men, masculinity, and male-friendly counselling. There has not been a qualitative in-depth study featuring interviews with therapists *who advertise expertise* with males and were not sourced from within the psychology of men and masculinity's scholarly community. The semi-structured dialogical nature of the interviews in Chapters 4 and 5 enabled considerable depth and scope of information, more freedom from the interviewees to take the interview in directions meaningful to them, while still enabling the researcher to ensure sufficient coverage of the designated topics (Alshenqeeti, 2014). This thesis will help stimulate awareness of, and possibly discourse on the similarities and differences between the discourses of male-friendly counselling scholars and practitioners who have a special interest or specialisation in working with males.

The thesis also aimed to provide a source of information for practitioners on theoretical frameworks, attitudes, and skills useful for working with men. There has already been noted there is a general lack of training in men's issues in counselling psychology programs in the literature (Mellinger & Liu, 2006), and by a number of therapists in this study. The consolidation and categorisation of transtheoretical recommendations in this study, and description of accompanying theoretical and therapist constructs provides accessible knowledge about the scope of male-friendly counselling from scholars and practitioners. It is expected this might provide further

stimulation for increasing the inclusion of male-friendly counselling in the professional development and the training of therapists.

Originality and Claims for Contributions to Theory and Practice

This thesis contains the first published systematic review on male-friendly therapy recommendations, and two papers written from the first known qualitative research limited to therapists who specialise in male-friendly counselling. The SMFTM developed recognises the varying focalisation and treatment goals and makes the differences explicit. The model offers therapists and trainers a framework to determine the degree and nature of incorporation of masculinity related knowledge. Sphere one might be particularly useful for shorter professional development packages or training modules for a more general practice audience, while spheres two and three might be taught as more specialised training programs. The SMFTM has similarities to a developmental model proposed by Englar-Carlson et al. (2010), who advocated that different levels and focus of skills, knowledge, and values be taught at different stages of the student's developmental process. However the SMFTM does not assume all students or practitioners would or should wish to develop towards Sphere three. The SMFTM has broader and more flexible adaptation about what the training goals could be.

Post-research reflections

After completing the thesis text to this point, I have the opportunity to reflect over the process of studying the male-friendly counselling topic. My hope to identify and consolidate existing knowledge on male-friendly counselling at both scholarly and practice levels, nationally and internationally. As part of this scholarly journey, I now realise that at the commencement of the research, I had the most basic of knowledge about counselling men and of concepts associated with masculinity. I had no prior awareness of key concepts such as GRS or GRC. In hindsight, my work with men relied on a compassionate attitude and generic therapeutic skills that appeared to be helpful to some male clients, but I lacked a coherent and gender-specific theoretical framework to help guide my work with more nuance and understanding. I am more aware now of a broader landscape of theoretical concepts that I can draw on in practice, clinical supervision, and teaching.

I appreciated the study of a diversity of literature and practitioners. The literature provided theoretical depth and the practitioners provided passion and stories; with both sources providing practical guidance on how to adapt therapy for men. What I found more difficult was what I perceived to be an ideological polarisation between the pro-feminist men and masculinity studies, and those who do not hold feminism and post-modernism as authoritative standards (e.g. male studies, men's rights activism, evolutionary psychology). Although the male-friendly counselling writers generally appeared to make their case while avoiding the polemic tone of some texts, I believe there is room for greater recognition of the relative merits of alternative positions, and integration of ideas.

The studying of men and masculinities also raised my own awareness of my own behaviour as it related to what I was studying. For example, I became more aware of my own conflicts and imbalances between work and home life, my own reticence to help seek as needed, and my own reluctances to show vulnerabilities. It prompted me to reflect on the potential reasons for these – the conditioned responses, the beliefs surrounding them, and the benefits and risks associated with them, the barriers for change. I remember at times consciously choosing to enact or change them, and at other times, the behaviours seemed automatic.

I also became more aware of some of my own biases that came to the forefront on occasions. When reflecting on the data and possible themes, I would return to the data and at times find that what I was thinking was being projected into the data, not arising from the data. This highlighted to me the importance of continually checking with the data, in addition to discussing themes with other researchers who were also reviewing the data.

Limitations and Future Directions

This thesis offers a conceptual framework whereby research might delineate which level of masculine focus is being examined (i.e., masculinity-informed, masculinity-focussed, progressive masculinity-focussed spheres). It has also clarified and reviewed male-friendly therapy recommendations from scholars and practitioners. A limitation is that the thesis did not attempt to explore whether the recommendations work in practice. While it reviewed the available evidence associated with the recommendations, at a general level there is a need of empirical research whether male-friendly approaches improve client satisfaction and treatment outcomes (Strokoff et al., 2016), hence therapists and scholar recommendations

should be regarded accordingly. There is some evidence more broadly that culturally adapted therapy is more effective than non-culturally adapted therapy, providing a considerable 0.32 effect size over and above treatment as usual effects (Benish et al., 2011). However it needs to be noted that the sole moderator for the improved outcomes was alignment of the treatment with the client's own cultural explanation of the illness (known as the illness myth) (Benish et al., 2011). For Masculinity-Informed therapy and Progressive Masculinity-Informed therapy levels, there may be discrepancies with the counsellor's masculinity-focussed explanations for the distress and the client's individual and cultural values and their beliefs about contributors to their distress. This is where therapist orientation processes will be salient. Given the potential influence on outcomes of the type of attention to masculinity provided, future outcome research should articulate which level of masculinity focus is applied. This would enable cross-study comparison to consider the relative impact of each sphere.

The practitioners were not explicitly questioned on the sources of their learning, however some noted they learnt about counselling for men in training provided by male-focused organisations, popular masculinity books, or by experience. An area for future research is to review the current learning opportunities for male-friendly therapy within psychology and counselling training programs within Australia to explore the extant of formal learning opportunities available. While evidence has been presented that it is relatively uncommon in the United States psychology graduate programs and more uncommon outside of the US (Mellinger & Liu, 2006; O'Neil & Renzulli, 2013), to date no such prevalence surveys have been conducted in Australian professional training curriculums. Given the similarities of perception of the dominant masculine norms in Australia in comparison to the United States, and the increasing body of scholarship available, it may be timely to utilise existing teaching curriculum and competency guides (Stevens & Englar-Carlson, 2010) from the United States and adapt them to Australian courses. If there is a dearth of training opportunities, such knowledge may help energise movement to address this. The SMFTM model presented in this thesis can further be used to guide the development of training packages to fit the goals of the trainers and students. While the model does not prescribe specific content which should be incorporated, it nonetheless provides differentiation between potential aims of treatment.

Concluding Statement

This thesis, scaffolded by way of three research papers, has developed a multi-sphered transtheoretical framework for understanding male-friendly therapy approaches after reviewing and synthesising themes from the scholarly literature and male-friendly counsellors. This framework may enable more transparency in determining training and learning goals, providing students and therapists more informed choice for what they will commit to learning, and for how they might wish to incorporate knowledge about masculinities into their treatment strategies. The program of research provides greater confidence of utilising theoretical and practice frameworks from the United States in Australia and potentially other Western nations. It also compared and contrasted the similarities and perceived differences between the scholars and the practitioners, noting greater diversity of approach and ideas from the practitioners.

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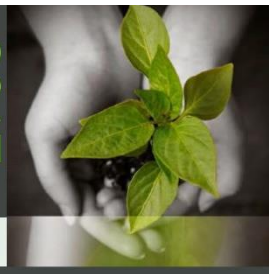
APPENDIX 1: PACFA eNewsletter

PACFA eNewsletter 2017

A Bi - Monthly eNewsletter JULY



IN THIS ISSUE

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FEATURE ARTICLE

Counselling men: An introduction to male-friendly counselling

By Nathan Beel, University of Southern Queensland

Counselling men: An introduction to male-friendly counselling

By Nathan Beel, University of Southern Queensland

Nathan Beel

Men make up one third of the clients in therapy (Vessey & Howard, 1993) and when they do come, can be experienced as resistant and difficult to work with. While there are numerous reasons for this, one explanation is that counselling practices can be incompatible with common values of men. Therapy typically requires men to expose their vulnerabilities, admit deficiencies, talk about feelings, address pain and relationship struggles, and do these with a stranger (Brooks, 1998). These are often atypical processes for men, who often prefer logical problem-solving, taking control, concealing weakness and dealing with problems in isolation.

Male-friendly counselling is gender-sensitive therapy that is aimed at enhancing engagement with men based on an understanding of the central role men's masculinity has on their male identity and values. It is an expression of multicultural counselling, and accordingly, draws attention to major trends in the target group while equally cautions not to assume all the members of the population fit these generalisations. There is no single approach to male-friendly counselling. It is one term, among others, used to describe any counselling practice that has been modified to enhance engagement with men. There have been male-friendly adaptations from a range of therapies including cognitive therapy (Mahalik, 2005), psychoanalysis (Pollack, 2005), person-centred therapy (Gillon, 2008), and existential therapy (Nahon & Lander, 2016).

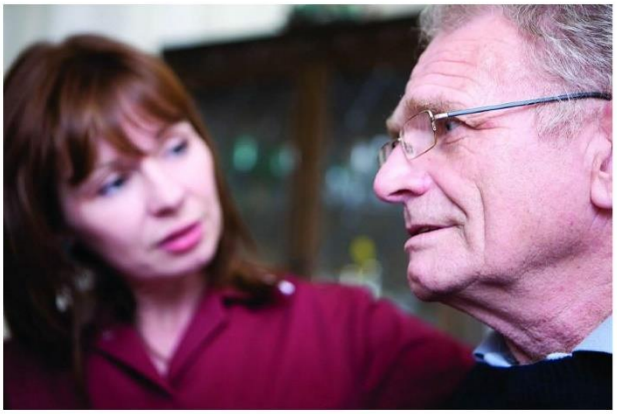
A key component in male-friendly therapies is understanding masculinity. Masculinity is the term given to the beliefs and culture associated with what is required to be 'a man'. These conceptions vary between men and between groups of men, and authors often use the term masculinities to recognise these differences. The more pervasive 'rules' for being a man in contemporary western societies include that men must be invulnerable, stoic, successful, dominant, show no weakness, and avoid appearing to be feminine (David & Brannon 1976 cited in Stevens & Englar-Carlson, 2010). Various researchers have found that endorsement of these traditional masculine values is linked with a range of issues including negative attitudes towards help seeking, violence, suicide, depression, anxiety, substance abuse, family conflict, and defensiveness in therapy (O'Neil, 2008). Traditional masculinity has also been linked with strengths such as commitment to provision, generative fathering, heroism, humour, protectiveness, among others (Kiselica & Englar-Carlson, 2010).

Male-friendly counselling requires therapists to be mindful of their own biases and prejudices which may devalue male clients. Men who show reluctance to engage in activities that they see as violating their sense of identity, can be viewed by therapists as resistant and difficult. If they come with their female partner, they are typically the ones who are mandated to come as they are seen as the 'problem' in the relationship. Men can also be stigmatised as potential perpetrators as counsellors are generally taught to believe women tend to be victimised while men who claim to be victims may be treated with suspicion as possible perpetrators. Counsellors can view various male styles of relating as problematic. Men's unwillingness to self-disclose coupled with requests for action-oriented advice may be viewed as an unwillingness to really address the issue.

It is recommended that therapists review their own feelings and assumptions about men, be mindful of intersectionality, and seek further knowledge about the values and socialisation that may influence their male clients.

Therapists will often have had training that socially men, as a group, have more privilege and power in contrast to any other social group. However not every man has access to this privilege or power. Gender intersects with class, race, disability, sexual orientation, educational status, access to resources, and more. Additionally, men may be upper class, white, and educated and still feel powerless in relation to their life circumstances. Counsellors work with individuals and their unique histories, vulnerabilities, and experiences. The social constructs of gender and of social narrative of male gender power should not colonise the client's own lived experience.

Gender is also considered in light of the therapist's own experience. Therapists own gender values are impacted by their upbringing, socialisation, and experiences. Therapists need to be aware of how their own expectations of gender roles may influence therapy. Female therapists are advised to be mindful that men's different relational styles are not a sign of relational inferiority. Female therapists may need to monitor boundaries particularly when sexism, or sexual/emotional attraction are introduced into the session by their male clients. For some men, emotional intimacy can become confused with sexual attraction. Female therapists are also asked to be mindful of attempting to work through their historical grievances with men with the males in therapy. For male counsellors, there are warnings of blind spots with over-identification and collusion with male clients due to shared masculine values.



The gender of the therapist can also bring advantages. For female therapists, men may appreciate the extra relational sensitivity and warmth associated with women. Additionally, they may utilise a female therapist to seek to understand questions in relation to their female loved ones. Male therapists may offer a healthy male role model, and the credibility that shared experiences as men may bring the therapeutic relationship.

When working with men, initial engagement is often the most challenging part. Men are often reluctant clients and may view counselling with suspicion. Counsellors need to anticipate challenges they may face from male clients and be prepared to address them in ways that help the client feel more confidence in the counsellor and the process. Engagement can be enhanced by offering therapy in less threatening ways, such as relabelling counselling as consultation or coaching, or offering alternate formats such as online interventions, educational seminars or men's groups.

Men can be helped to adjust to therapy by having the therapy process explained to them. This can take the form of brochures, verbal orientation, including asking the client what he knows about counselling, what his concerns might be, and what he might want to know. This process may help demystify the process, help the client know what might be expected of him (known as role-induction), and can address and normalise concerns he may have.

One common theme throughout the male-friendly literature is to emphasise strengths and demonstrate unconditional positive regard throughout therapy. Men often come to counselling with a high sensitivity towards shame. Having a requirement to attend counselling will often activate shame and shame-avoidant behaviours. The therapist's role is to assist in defusing shame and help the man feel safe enough to start addressing his concerns at his own pace. Normalising the difficulty of attending counselling and reframing attendance as an act of courage are interventions that may reduce shame.

The literature often refers to men's common preferences for more action-oriented and cognitive-oriented approaches (Wexler, 2009). Feelings can be experienced as risky. Life issues are problems to solve through strategic effort and mastery. Men often like structure and a clear map of what therapy will address and the rationale for doing so. This structure can provide a sense of security for the man. A clear structured approach is often the starting place however as therapy progresses and trust builds, therapists can begin guiding their male clients into areas and processes that may not be as familiar, such as exploring feelings.

Helping men to learn new ways of monitoring, perceiving, and expressing emotions is also common throughout the men's literature. Men sometimes need assistance to recognise when and how they experience emotions, what words are available to describe emotions, how to tolerate and express emotions, and how to regulate the more powerful emotions. Often men over-regulate the softer emotions and have lower levels of regulation of angry emotions. Process experiential exercises are often recommended once therapeutic engagement has been solidly established to enable men to connect with their emotions within a non-shaming context.

Male-friendly counselling utilises a knowledge of men as a means for understanding how to adapt counselling for better fit with males. Most literature extends this by assuming that men's problems are often related to rigid beliefs around traditional gender roles. Knowledge about masculinity is not merely a background knowledge for the therapist but is brought to the foreground of therapeutic conversation. Men can be helped by encouraging them to examine their beliefs about what is appropriate for men and consider the benefits and costs of their gender beliefs. For instance, if a man has a belief that men should avoid and suppress emotions as part of an enactment of what it means to be a 'real' man, this may contribute to problems associated with addictions and aggression.

The therapist may help a male client develop more flexibility around his manhood beliefs that may enable a larger repertoire of available and adaptive behaviours to be at his disposal. Some writers take it a step further and aim to transform male clients from their commitment to traditional masculinity to more modern conceptions of masculinities (O'Neil, 2015).

Male-friendly counselling is a gender-sensitive adaptation of therapy aimed at enhancing men's engagement and the benefits of therapy for them. Therapists are encouraged to become more aware of the impact of masculinity on men and on the therapy experience, and to adjust therapy accordingly.

Therapists may use general knowledge of masculinity to form a backdrop for therapy or may specifically use it to invite men to explore the impact of their own gender role restrictions in their lives and to develop more adaptive understandings. Therapists are recommended to review their own gendered experiences and monitor for possible biases and prejudices in their work with men.

While this paper has explored general principles, it has not explored specific sub-group variations of masculinities such as those associated with men in different regions, occupations, age groups, or sexual orientations. Additionally, while knowledge of masculinities are helpful, the descriptions do not apply equally to all men. It is hoped that this paper will encourage therapists be more gender-aware when working with men.

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APPENDIX 2: Table for paper 1

Table 6: Sources, Type of Document, and Theme Representation

Sources, Type of Document, and Theme Representation

Reference	Type	Theme 1: Knowledge	Theme 2: Self-awareness	Theme 3: Engagement	Theme 4: Tasks
1. (Ashfield, 2011)	B	Y	Y	Y	Y
2. (Brooks, 1998)	B	Y	Y	Y	Y
3. (Brooks, 2010)	B	Y	Y	Y	Y
4. (Glicken, 2005)	B	Y	Y	Y	Y
5. (Harris, 1995)	B	Y		Y	Y
6. (W. M. L. Lee et al., 2007)	B			Y	Y
7. (O'Neil, 2015)	B		Y	Y	Y
8. (Robertson, 2012)	B		Y	Y	Y
9. (Rowan, 1997)	B	Y	Y	Y	Y
10. (Wexler, 2009)	B	Y	Y	Y	Y
11. (Bahtia, 2014)	EBC			Y	
12. (Duffey & Haberstroth, 2014)	EBC	Y	Y	Y	Y
13. (Englar-Carlson, 2006)	EBC	Y		Y	Y
14. (Englar-Carlson, 2009)	EBC	Y	Y	Y	Y
15. (Englar-Carlson, 2014b)	EBC	Y	Y	Y	Y
16. (Stevens & Englar-Carlson, 2010)	EBC	Y	Y	Y	Y
17. (Good & Brooks, 2005)	EBC	Y	Y	Y	Y
18. (Good & Mintz, 2005)	EBC			Y	Y
19. (N. G. Johnson, 2005)	EBC	Y	Y	Y	Y
20. (Kilmartin, 2014)	EBC			Y	
21. (Kiselica & Englar-Carlson, 2010)	EBC			Y	
22. (Levant, 2006)	EBC	Y		Y	
23. (Martin, 2012)	EBC	Y	Y	Y	Y
24. (McKelley, 2014)	EBC			Y	
25. (Morse, 2012)	EBC	Y	Y	Y	Y
26. (Pittsinger & Ming Lui, 2014)	EBC			Y	
27. (Potash, 1998)	EBC	Y	Y	Y	Y
28. (Rabinowitz, 2012)	EBC			Y	
29. (Rochlen, 2014)	EBC			Y	
30. (Scher, 2005)	EBC	Y	Y	Y	Y
31. (Stevens & Englar-Carlson, 2006)	EBC	Y		Y	
32. (Stevens & Englar-Carlson, 2010)	EBC	Y	Y	Y	Y
33. (Stevens & Montes, 2014)	EBC	Y		Y	Y
34. (Strokoff et al., 2016)	EBC	Y	Y	Y	Y
35. (Sweet, 2012)	EBC	Y	Y	Y	Y
36. (Vasquez, 2012)	EBC	Y	Y	Y	Y
37. (Wexler, 2014)	EBC			Y	
38. (Kiselica, 2010)	EBC	Y		Y	Y
39. (Tremblay & L'Heureux, 2011)	EBC	Y	Y	Y	Y
40. (Good et al., 2005)	J	Y	Y	Y	Y
41. (Granello, 2000)	J	Y	Y	Y	Y
42. (McCarthy & Holliday, 2004)	J	Y	Y	Y	Y
43. (Shay, 1996)	J	Y	Y	Y	Y
44. (Wade & Good, 2010)	J	Y		Y	
		32	27	44	33

Note. Key: B=Book; EBC=Edited book chapter; J=Journal article; Y=Yes, theme included.

APPENDIX 3: Interview schedule

Date of interview:

Name:

Qualification:

Profession:

Gender:

Type of service offered:,

Location of practice:

Format of practice:

I'm curious about how you developed an interest in working with men?

What types of issues do you see when working with men?

What do you think therapists need to know about men?

Do Australian men have any particular characteristics that counsellors might need to be aware of?

What is different with specialist men's counselling in comparison to general counselling?

What do you think is important for therapists to connect with men?

What would you recommend for therapists to help men change?

What are some treatment goals you might have with men?

What are some unhelpful things counsellors might do with men at times?

Do you have anything else you'd like to say?

I want to check with you about what this interview process has been like for you, my asking questions into your work and ideas?