Show no weakness: Male-friendly counsellors' descriptions of men.

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Male-friendly therapy and the theorising of men and masculinity have gradually developed and become visible over the last forty years. However, courses on this topic remain rare in professional training programs. Despite the lack of available training, some therapists advertise as specialists in working with men and presumably, have a more vital awareness of gender issues than general therapists. However, little is known about these therapists, what they understand about men, and potentially, what they might offer the research community. Given this, this research seeks to explore how contemporary Australian men's therapists currently perceive men and their issues. Based on interviews of 15 Australian male-friendly therapists, this qualitative study developed two themes and seven subthemes. The paper recommended greater dialogue between masculinity researchers, educators, and therapists to ensure that practice and academic theorising mutually inform each other.

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As a social group, men have an over-representation in imprisonment (ABS, 2019), violent behaviour (ABS, 2020c), suicide (ABS, 2020b), substance abuse (ABS, 2018), and sexual abuse perpetration (ABS, 2020a). Although their mental health needs are similar to women's, they have lower rates of help-seeking (Addis & Mahalik, 2003) and mental health service usage (Burgess et al., 2009; Vessey & Howard, 1993). Male-friendly counselling is an inclusive phrase for gender-sensitive treatment designed or adapted for men. Various authors on male-friendly therapy (see, for example, Brooks, 2010; Englar-Carlson et al., 2014; O'Neil, 2015; Pollack, 2005) position male distress as intrinsically linked to damaging gendered socialisation processes and subsequent commitment to problematic traditional masculine norms. Understanding masculine norms, both dominant (and more marginalised) and the associated strains become central to therapists developing strategies to gain rapport, reduce resistance, conceptualise distress, and guide the selection of interventions.

The earliest seminal list of traditional masculine norms comes from David and Brannon (1976), who described and critiqued what they framed as four archetypal rules of manhood in the United States. Men must avoid appearing feminine and be successful, strong, and aggressive (David & Brannon, 1976).

More complete descriptions of 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 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 socialisation processes and the attempt to achieve or rigidly enact traditional masculine norms leads to damage and distress in men and negatively impacts others. These norms become reinforced by society and internalised 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 no single universal masculinity but a diversity of masculine patterns across different groups of men, contexts, and times. The concept of global masculinities recognises 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 interpret male dysfunction and distress in another region.

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

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that impact men and commits to further research and support to work towards solutions. Research efforts have often been targeting help-seeking behaviours (Seidler et al., 2016), how to engage Australian men in treatment (Seidler et al., 2017) and understanding how Australian men's constructions of masculinity impact their health risk and promotion behaviours (Mahalik et al., 2007). This research will focus on the Australian context, which has its hegemonic masculine norms, other less dominant norms, and potential explanations for distress.

While the scholarship in the psychology of men and masculinities has gathered momentum over two decades, the uptake of the teaching of its theoretical concepts and findings has been relatively slow. Delivery of academic or professional training courses relating to the psychology of men outside of the United States has historically been low (Mellinger & Liu, 2006; O'Neil & Renzulli, 2013), and in Australia, it is largely ignored in mental health within the medical curriculum (Seidler et al., 2018).

While researchers/clinicians have contributed richly to the development of theory and practice on men, they may or may not reflect the perspectives of men's therapists outside of the scholarly communities. There is very little available research using male-friendly therapists as informants to contribute to the broader scholarship on men, with only one known published study to date (Beel et al., 2020). This omission potentially relegates current scholarly theorising to be informed from the priorities and theoretical commitments of those within the relatively small group of male-friendly therapy researchers. Robertson (2013) recommended that clinicians be invited to take part in qualitative research to discuss their experiences on topics related to men. Clinicians have proximity to intricate details of men's stories and experiences. Accordingly, 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 et al., 2008) and are vulnerable to hold stereotyped views that can prejudice their assessment of clients depending on their alignment with non-traditional gender role behaviour (Robertson & Fitzgerald, 1990). Male-friendly counselling texts highlight therapists have also been immersed in gender socialisation (Brooks, 1998) and recommend therapists do their own gender reflection on 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 because of their exposure and interest in men's issues and rich stories, and like their clients, also were raised and socialised 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 U.S. and sparse research on those who specialise 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 allow an exploration of male-friendly practitioner discourses, what they are currently emphasising, and how they make sense of men in society and therapy.

Methods

Ethics approval to conduct the research was gained from the University of Southern Queensland Human Research Ethics Committee [approval number: H17REA124]. The target participants were professional therapists who advertised as specialising in working with men. A Google search restricted to Australian sites was conducted using the terms 'men' AND 'counselling'. Only those in private practice were selected for inclusion on the assumption that private practitioners might not be constrained to comply with specific frameworks required by some organisations. For instance, Mensline, a national service for those identifying as males, operates from a feminist framework (DV Connect, 2019) and requires its therapists to align with these principles (DV Connect, n.d.). The search was closed after 20 pages of listings due to the repetition of previous listings with no new services identified. Twenty-six therapists were contacted by email and/or phone, and from these, 16 agreed to participate, and 15 completed interviews in June 2017. No compensation for time or expertise was offered to the participants.

The therapists interviewed included counsellors (n=10), social workers (n=2), psychologists (n=3), and a combination of males (n=12) and females (n=3). Two of the 15 had bachelor's degrees, while the remaining had postgraduate qualifications in their respective professions. There are no legal limitations on who or where counselling services can be provided in Australia. Australia has a professional identity of counsellor that is distinct from social workers and psychologists who practice counselling. 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 were in 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 was gathered through individual interviews and formed part of a larger project (Beel et al., 2020). The first author, the interviewer, was a male PhD student, a full-time counselling lecturer, and a part-time counsellor. Participants were provided with written information on the research aims as part of the consent process. The interviews were conducted using a video conference platform, except for one participant interviewed by phone. Each interview was recorded and transcribed verbatim. Interviews ranged from 29 to 82 minutes, with one participant requesting and receiving a second interview.

The semi-structured interview began with general questions about qualifications, professional identity, and the 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 their recommendations for therapists working with men. The interviewer reflectively listened to assist interviewees in amplifying their answers, and follow-up questions were asked to explore areas of interest to the participants. After transcription, the interviewees were emailed a copy of the transcript to check for accuracy. In this process, one interviewee requested a second interview, whilst none of the others added any corrections or comments.

The research process chosen aligned with thematic analysis (Braun & Clarke, 2006; Terry et al., 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 on objective reality (Gorski et al.,

2013). Besides this, the researcher's understanding of these is filtered through each person's own experiences, perceptions, values, and biases. Thus, the researchers aimed to achieve faithfulness in representing the data while recognising subjective 'truths' as the participants viewed and expressed them.

The primary author followed a six-phase guide for thematic analysis (Braun & Clarke, 2006). He familiarised himself with the data by listening to the interviews, reading, and rereading the data to identify codes in relation to the research question. The coding was semantic in that he focused on identifying and describing the surface meaning rather than looking for latent meanings in the scripts. He then searched for potential 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 therapists in this study were asked to talk about issues associated with their work with men, what they thought other therapists might need to know about men, and the specific characteristics Australian men display. The questions invited broad generalisations of Australian men as a category. Some therapists answered questions by illustrating their answers with specific issues (e.g., anger) they assisted men with. Others drew attention to men identified with various occupational classes, religious affiliations, sexual orientation, and ethnic cultures and discussed how these identities intersected. While the information below focuses on broader themes represented in their answers, this information should not be interpreted to suggest men are a homogenous group.

The interview data was divided into two major themes, with four subthemes for theme one and three subthemes for theme two. These are listed below in Table 1.

Table 1

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 Devaluation of men

Theme 1: Men must perform manhood well

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

> If I can do such stuff, you know I'm generalising 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, and 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 responsibility. 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 silently enduring and concealing pain and displaying invulnerability. MP-8 described the invulnerability as "bulletproof men who get hit by bullets and keep running". They must exhibit self-sufficiency, demonstrate endurance despite costs, and consistently perform their duties as providers and workplace performers, irrespective of the personal sacrifices required.

The therapists offer several reasons about why boys and men enact a commitment to be strong. Explanations included modelling from other men, conditioning, and meeting expectations (from other people 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 the protector of loved ones and society if needed.

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

A few therapists emphasised that men feel highly motivated to provide for their families financially and must maintain a firm commitment to their income source. According to the Conformity to Masculine Norms Inventory (Mahalik 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 if they perceive inadequate support. They may also have a reluctance to reach out if support is 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 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 men feel required to endure to the point of harm, whether the harm is 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 men felt expectations to show capability associated with provision for the material needs. Some of this related to maintaining a level of status, and some were 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 with 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 armouring 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 were highlighted by 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 discussed 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 conceal vulnerability and maintain an image of strength, men believe 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 tend to prioritise cognitive processing and a non-relational task-oriented focus. Talking about and expressing feelings has not been encouraged, and several 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 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 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 be 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 almost comes where there's a bit of theme we're saying we need to recognise 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 much of this came from deficits in his client's emotional development came from their 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 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 in expression, 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 traumatised…. 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 armour 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)

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 from therapy and from within intimate relationships.

The most common concern was that men and boys had been damaged because 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, Anna implied there may be a disinterest towards the needs of men:

I think a lot of people [work] with women in counselling 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 counselling 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 counsellor, 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 the 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 respondents, may be tempted to oversimplify and stereotype the male rather than work with each person with full dignity and voice. They noted they would attempt to invite female partners to learn to 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 pro-feminist 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 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 females, he would reframe their aggression as understandable.

Discussion

The findings from this study show that men's therapists are mindful of masculine norms as also identified in scholarly literature and have theories about how men adopt these norms and why they are distressed. The interviews were conducted in June 2017, before the APA (APA Boys and Men Guidelines Group, 2018) guidelines were released, and near the time of the APS (APS, 2017) guidelines publication date. A minority (n=3) of the participants were psychologists and the APS document was only available to members. To our knowledge,

no other Australian profession-endorsed practice guidelines were available on working with men. The data representing the therapists' views was categorised into three closely interrelated themes; that men must perform manhood well, and have been damaged and devalued. The interviews were categorised into two closely interrelated themes; that men must perform manhood well that described recognised norms associated with traditional masculinity, and that men have been damaged and devalued, mostly in their socialisation experience and also from prejudicial treatment.

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 builds on current knowledge. 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, 1981; 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 GRC ideology as a key motivator for male norms and ideology (O'Neil, 2013). This includes attempts to avoid appearing feminine such as not appearing to be dependent or emotional (Kierski & Blazina, 2009). In this research, fear was not specified 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 focused primarily on the impacts and restrictions of socialisation and the fear of failing to maintain masculine norms.

The second implicit norm 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 may see men struggling to gain or preserve basic masculine status rather than building additional status.

The narratives of the therapists provide a 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 framed 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 counsellors' and their therapeutic responsibility to empathically situate themselves with male clients. Adopting negative evaluative positions might undermine empathic alignment.

Discourse on men 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 norms of traditional masculinity, such as stoicism, may retard or prevent recovery (Lisak, 2005) or reduce likelihood of achieving optimum mental health. Various authors have suggested that masculine norms of repression of emotions, independence, and concealing of vulnerabilities are part of their 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.

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 has 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 for 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 writers on male shame.

In this study, two-thirds of the therapists highlighted 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 occasionally, explicitly suggested that society, social norms, and some female partners, demonstrate unfair prejudice and treatment towards men that contribute to their distress and problems. While male-friendly counselling 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, 2014; Monteith et al., 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 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 show systemic favouritism and support to women and girls (Ashfield, 2011; Benatar, 2012; Farrell, 1993; Hoff Sommers, 2015; Nathanson & Young, 2001). Pro-feminist and men's 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 dominant focus, with some therapists perceiving broader social prejudice against men as contributing to their problems.

There were two main gender philosophies of individual therapists evident. As mentioned earlier, most therapists emphasised socialisation as what primarily shaped and impacted men. These therapists emphasised understanding the socialised impacts and gender role stress on men and helping to heal and liberate them from the effects and constraints through a combination of understanding and education. Three male and one female therapist appeared to hold what might be classed as more gender essentialist views (Heyman & Giles, 2006). They endorsed the 'naturalness' of masculinity, identified with their own sense of personal masculinity, while two of the male therapists emphasised a natural masculine essence or energy. These therapists emphasised acceptance and adaptation of treatment for men and might find the psychology of men challenging to their more gender essentialist perspectives. Overall, the therapists in most ways, were more alike than different in emphasising common therapeutic factors (i.e., unconditional acceptance, authenticity etc.) according to their preferred modality and evidenced strong compassion towards men.

Australian therapists practice from a wide range of therapeutic modalities (Bloch-Atefi et al., 2021), so there would be a diversity of thoughts about males. However, the male-friendly therapists' views and interpretations may also reflect sparse opportunities for training in men and masculinity studies in Australia and may echo a range of sources of influence beyond personal experience and the counselling room itself. Australian popular and professional thought has been influenced by the mythopoetic men's movement and bestselling author and psychologist Steve Biddulph (Biddulph, 1995, 2013), who drew from Bly (Bly, 1990; Buchbinder, 2013). The feminist Duluth model for domestic violence (Phillips et al., 2015) has been influential in the domestic violence sphere at a practice and policy level, while academic sociologist Raewyn Connell (Connell, 2005) and proposer of the hegemonic and multiple masculinities theories has had considerable influence in the academic domain. While there was a therapist who espoused a masculine essence theory

and another who aligned with the feminist domestic violence model, most appeared to reflect a social learning and gender role stress approach to understanding male distress. Given training in men and masculinities studies in Australia is relatively uncommon within psychology, counselling, and social work, the making sense of men's distress by male-friendly therapists is likely to continue to demonstrate the diversity of interpretations.

Recommendations

Unsurprisingly, the male-friendly therapists who participated in this study appeared gender-aware, particularly in relation to gendered social norms and impacts experienced by males and evidenced reflectiveness in their gender journeys. The major guidelines for working with males (APA Boys and Men Guidelines Group, 2018; APS, 2017) recommend practitioners develop an understanding of gender socialisation on male mental health. The APS (2017) guidelines also recommend therapists working with males familiar with research literature develop a more informed understanding of the complex and diverse contributors to male experience. While there is a diversity of theories that inform understanding of men's experiences and issues, engagement with key theories and their criticisms (see Edley & Wetherell, 1995) might assist in developing informed gender-sensitive frameworks from which to integrate into practice. Given gender is central to many clients' identities and experiences, training in gender-sensitive treatment should be a part of foundational professional training or be accessed via various forms of ongoing professional development.

For the research community, this study highlights most of these male-friendly therapists interviewed believed men were vulnerable to discrimination at a more pervasive level, in various specific domains. Researchers might inquire about what informs these impressions, how pervasive and accurate are these impressions, and what might these impressions mean for male-friendly counselling education, and therapy with men.

Limitations

There are several limitations of this paper. The first is that some may view this as a weakness by not taking a firm position in relation to the existing literature. For instance, where therapists vary from currently preferred theoretical positions, is this an indicator of inadequate training, or are current theoretical conceptions too constricted? Although we asked how therapists came to be interested in working with men, we did not inquire about the sources of their understandings of men. Some volunteered their learning came from their gender journey, from clinical experience with men or men's programs, and popular books (for example, Biddulph, 1995). None mentioned higher education courses on men, and none used more technical terminology associated with men's studies (such as Gender Role Strain). Finally, although participants were afforded opportunities to check the accuracy of the verbatim transcripts, they did not review the final themes. Member checking of themes and subthemes may have enhanced confidence in the credibility of the themes (Birt et al., 2016).

Conclusion

Previous research (Beel et al., 2020) explored what

Australian private practice male-friendly therapists recommended for counselling male clients. This current research articulated their underpinning beliefs and perceptions about how these therapists perceive men, their issues, and the social context they experience. The themes positioned men as burdened, damaged, and unsupported as boys and men, contrasting discourses of men that emphasise their social advantage and privilege. The therapist's own gendered experiences, reflections on their gendered journeys and experiences with men, therapeutic training, interactions with male clients and partners, and observations of society all appeared to have contributed to their understanding of how they viewed men and their problems. The comparative lack of alluding specifically to gender theoretical frameworks by the practitioners may be in part a reflection of the interview format and questions asked; however might also reflect the relative unavailability of such training in educational programs (Mahalik et al., 2012; Mellinger & Liu, 2006) in the therapist's localities and disciplines. 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.

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References

ABS. (2018). National Health Survey: First results. Retrieved from https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release

ABS. (2019). Prisoners in Australia. Retrieved from https://www.abs.gov.au/statistics/people/crime-and-justice/prisoners-australia/latest-release

ABS. (2020a). Recorded Crime – Offenders, Australia, 2018–19. Retrieved from https://www.abs.gov.au/statistics/people/crime-and-justice/recorded-crime-offenders/2018-19/1.%20offenders%2C%20australia.xls

ABS. (2020b). Causes of death, Australia. Retrieved from https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release

ABS. (2020c). Recorded crime - offenders. Retrieved from https://www.abs.gov.au/statistics/people/crime-and-justice/recorded-crime-offenders/latest-release

Addis, M. E., & Cohane, G. H. (2005). Social scientific paradigms of masculinity and their implications for research and practice in men's mental health. *Journal of Clinical Psychology, 61*(6), 633-647. doi:10.1002/jclp.20099

Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help-seeking. *American Psychologist, 58*(1), 5-14. doi:10.1037/0003-066x.58.1.5

APA Boys and Men Guidelines Group. (2018). APA guidelines for psychological practise with boys and men. Retrieved from https://www.apa.org/about/policy/boys-men-practice-guidelines.pdf

APS. (2017). *Ethical guidelines for psychological practise with men and boys.* Australian Psychological Society.

Ashfield, J. A. (2011). *Doing psychotherapy with men: Practicing ethical psychotherapy and counselling with men:* Australian Institute of Male Health and Studies.

Beel, N. (2019). *Transtheoretical recommendations for counselling men: Scholar and therapist perspectives* University of Southern Queensland. Ipswich.

Beel, N., Brownlow, C., Jeffries, C., & du Preez, J. (2020). Counseling men: Treatment recommendations from Australian men's therapists. *The Journal of Men's Studies, 28*(1), 101-121. https://doi.org/10.1177/1060826519861969

Beel, N., Jeffries, C., Brownlow, C., Winterbotham, S., & du Preez, J. (2018). Recommendations for male-friendly individual counseling with men: A qualitative systematic literature review for the period 1995–2016. *Psychology of Men & Masculinity, 19*(4), 600-611. https://doi.org/10.1037/men0000137

Benatar, D. (2012). *The second sexism: Discrimination against men and boys.* Wiley-Blackwell.

Biddulph, S. (1995). *Manhood: An action plan for changing men's lives.* Finch Publishing.

Biddulph, S. (2013). *The new manhood.* Sydney, NSW: Simon & Schuster.

Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research, 26*(13), 1802-1811. doi:10.1177/1049732316654870

Bloch-Atefi, A., Day, E., Snell, T., & O'Neill, G. (2021). A snapshot of the counselling and psychotherapy workforce in Australia in 2020: Underutilised and poorly remunerated, yet highly qualified and desperately needed. *Psychotherapy & Counselling Journal of Australia, 9*(2). https://pacja.org.au/2021/10/a-snapshot-of-the-counselling-and-psychotherapy-workforce-in-australia-in-2020-underutilised-and-poorly-remunerated-yet-highly-qualified-and-desperately-needed/

Blum, A. (2008). Shame and guilt, misconceptions and controversies: A critical review of the literature. *Traumatology, 14*(3), 91-102. doi:10.1177/1534765608321070

Bly, R. (1990). *Iron John: A book about men.* Addison-Wesley Publishing Company.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. doi:10.1191/1478088706qp063oa

Brooks, G. R. (1998). *A new psychotherapy for traditional men.* San Francisco, CA: Jossey-Bass Publishers.

Brooks, G. R. (2010). *Beyond the crisis of masculinity: A transtheoretical model of male-friendly therapy.* Washington, DC: American Psychological Association.

Buchbinder, D. (2013). *Studying men and masculinities.* London: Routledge.

Burgess, P. M., Pirkis, J. E., Slade, T. N., Johnston, A. K., Meadows, G. N., & Gunn, J. M. (2009). Service use for mental health problems: Findings from the 2007 National

Survey of Mental Health and Wellbeing. *Australian & New Zealand Journal of Psychiatry, 43*(7), 615-623. https://doi.org/10.1080/00048670902970858

Commonwealth of Australia. (2010). *National male health policy: Building on the strengths of Australian males.* Canberra, ACT.

Connell, R. W. (2005). *Masculinities* (2nd ed.). Berkeley: University of California Press.

Connell, R. W. (2007). Global masculinities. In M. Flood, J. K. Gardiner, B. Pease, & K. Pringle (Eds.), *International encyclopedia of men and masculinities* (pp. 241-245). London: Routledge.

Crete, G. K., & Singh, A. A. (2014). Counseling men with trauma histories: Developing foundational knowledge. In M. Englar-Carlson, M. P. Evans, & T. Duffey (Eds.), *A counselor's guide to working with men* (pp. 285-304). Alexandria, VA: American Counseling Association.

David, D. S., & Brannon, R. (Eds.). (1976). *The forty-nine percent majority: The male sex role.* Reading, MA: Addison-Wesley Publishing Company.

DV Connect. (n.d.). Mensline counsellor & court support worker.

DV Connect. (2019). Annual report 2018/19. Retrieved from https://www.dvconnect.org/wp-content/uploads/DVConnect-2018_2019-Annual-Report-final.pdf

Edley, N., & Wetherell, M. (1995). *Men in perspective: Practice, power and identity.* Prentice-Hall.

Englar-Carlson, M. (2014). Introduction: A primer on counseling men. In M. Englar-Carlson, M. P. Evans, & T. Duffey (Eds.), *A counselor's guide to working with men* (pp. 1-31). Alexandria, VA: American Counseling Association.

Englar-Carlson, M., Evans, M. P., & Duffey, T. (Eds.). (2014). *A counselor's guide to working with men.* Alexandria, VA: American Counseling Association.

Englar-Carlson, M., & Kiselica, M. S. (2013). Affirming the strengths in men: A positive masculinity approach to assisting male clients. *Journal of Counseling & Development, 91*(4), 399-409. doi:10.1002/j.1556-6676.2013.00111.x

Englar-Carlson, M., Stevens, M. A., & Scholz, R. (2010). Psychotherapy with men. In J. C. Chrisler & D. R. McCreary (Eds.), Handbook of gender research in psychology (pp. 221-252). New York, NY: Springer.

Farrell, W. (1993). *The myth of male power: Why men are the disposable sex.* New York: Simon & Schuster.

Flood, M. (2007). Men's movement. In M. Flood, J. K. Gardiner, B. Pease, & K. Pringle (Eds.), *International encyclopedia of men and masculinities* (pp. 418-422). London: Routledge.

Good, G. E., Thomson, D. A., & Brathwaite, A. D. (2005). Men and therapy: Critical concepts, theoretical frameworks, and research recommendations. *Journal of Clinical Psychology, 61*(6), 699-711. doi:10.1002/jclp.20104

Gorski, P. S., Bhaskar, R., & Hartwig, M. (2013). "What is critical realism? And why should you care?". *Contemporary Sociology, 42*(5), 658-670.

Gutmann, M. C. (2007). Mexican masculinities. In M. Flood, J. K. Gardiner, B. Pease, & K. Pringle (Eds.), *International encyclopedia of men and masculinities* (pp. 438-440). London: Routledge.

Heyman, G. D., & Giles, J. W. (2006). Gender and psychological essentialism. *Enfance, 58*(3), 293-310. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/PMC3082140/. doi:10.3917/enf.583.0293

Hoff Sommers, C. (2015). *War against boys: How misguided policies are harming our young men.* New York, NY: Simon and Schuster.

Kierski, W., & Blazina, C. (2009). The male fear of the feminine and its effects on counseling and psychotherapy. *Journal of Men's Studies, 17*(2), 155-172.

Kimmel, M. S. (2010). *Misframing men : The politics of contemporary masculinities.* Piscataway, NJ: Rutgers University Press.

Krugman, S. (1995). Male development and the transformation of shame. In R. F. Levant & W. S. Pollack (Eds.), *A new psychology of men* (pp. 91-126). New York: BasicBooks.

Levant, R. F. (1995). Toward the reconstruction of masculinity. In R. F. Levant & W. S. Pollack (Eds.), *A new psychology of men* (pp. 229-251). New York: BasicBooks.

Levant, R. F. (1996). The new psychology of men. *Professional Psychology: Research and Practice, 27*(3), 259-265. doi:10.1037/0735-7028.27.3.259

Levant, R. F. (2005). The crises of boyhood. In G. E. Good & G. R. Brooks (Eds.), *The new handbook of psychotherapy and counseling with men: A comprehensive guide to settings, problems, and treatment approaches* (pp. 161-171). San Francisco, CA: Jossey-Bass.

Lisak, D. (2005). Male survivors of trauma. In G. E. Good & G. R. Brooks (Eds.), *The new handbook of psychotherapy and counseling with men: A comprehensive guide to settings, problems, and treatment approaches* (pp. 147-171). San Francisco, CA: Jossey-Bass.

Louie, K. (2007). Chinese masculinities. In M. Flood, J. K. Gardiner, B. Pease, & K. Pringle (Eds.), *International encyclopedia of men and masculinities* (pp. 63-65). London: Routledge.

Mahalik, J. R., Good, G. E., Tager, D., Levant, R. F., & Mackowiak, C. (2012). Developing a taxonomy of helpful and harmful practices for clinical work with boys and men. *Journal of Counseling Psychology, 59*(4), 591-603. doi:10.1037/a0030130

Mahalik, J. R., Levi-Minzi, M., & Walker, G. (2007). Masculinity and health behaviors in Australian men. *Psychology of Men & Masculinity, 8*(4), 240-249. doi:10.1037/1524-9220.8.4.240

Mahalik, J. R., Locke, B. D., Ludlow, L. H., Diemer, M. A., Scott, R. P. J., Gottfried, M., & Freitas, G. (2003). Development of the Conformity to Masculine Norms Inventory. *Psychology of Men & Masculinity, 4*(1), 3-25. doi:10.1037/1524-9220.4.1.3

Mellinger, T. N., & Liu, W. M. (2006). Men's issues in doctoral training: A survey of counseling psychology programs. *Professional Psychology: Research and Practice, 37*(2), 196-204. doi:10.1037/0735-7028.37.2.196

Monteith, L. L., Gerber, H. R., Brownstone, L. M., Soberay, K. A., & Bahraini, N. H. (2019). The phenomenology of military sexual trauma among male veterans. *Psychology of Men & Masculinities, 20*(1), 115-127. doi:10.1037/men0000153

Moore, C., & Crotty, M. (2007). Australian masculinities. In M. Flood, J. K. Gardiner, B. Pease, & K. Pringle (Eds.), *International encyclopedia of men and masculinities* (pp. 31-33). London: Routledge.

Mudure, M. (2007). East European masculinities. In M. Flood, J. K. Gardiner, B. Pease, & K. Pringle (Eds.), *International encyclopedia of men and masculinities* (pp. 156-157). London: Routledge.

Nathanson, P., & Young, K. K. (2001). *Spreading misandry: The teaching of contempt for men in popular culture.* Montreal: McGill-Queen's University Press.

O'Neil, J. M. (1981). Patterns of gender role conflict and strain: Sexism and fear of femininity in men's lives. *Personnel & Guidance Journal, 60*(4), 203-210. doi:10.1002/j.2164-4918.1981. tb00282.x

O'Neil, J. M. (1982). Gender-role conflict and strain in men's lives: Implications for psychiatrists, psychologists, and other human-service providers. In K. Solomon & N. B. Levy (Eds.), *Men in transition: Theory and therapy* (pp. 5-44). New York: Plenum Press.

O'Neil, J. M. (2013). Gender Role Conflict research 30 years later: An evidence-based diagnostic schema to assess boys and men in counseling. *Journal of Counseling & Development, 91*(4), 490-498. doi:10.1002/j.1556-6676.2013.00122.x

O'Neil, J. M. (2015). *Men's gender role conflict: Psychological costs, consequences, and an agenda for change.* Washington, D.C: American Psychological Association.

O'Neil, J. M., & Lujan, M. L. (2010). An assessment paradigm for fathers and men in therapy using gender role conflict theory. In C. Z. Oren & D. C. Oren (Eds.), *Counseling fathers* (pp. 49-71). New York: Routledge.

O'Neil, J. M., & Renzulli, S. (2013). Teaching the psychology of men: A national survey of professors' attitudes and content analyses of their courses. *Psychology of Men & Masculinity, 14*(3), 230-239. doi:10.1037/a0033255

Osherson, S., & Krugman, S. (1990). Men, shame, and psychotherapy. *Psychotherapy: Theory, Research, Practice, Training, 27*(3), 327-339. doi:10.1037/0033-3204.27.3.327

Phillips, J., Dunkley, A., Muller, D., & Lorimer, C. (2015). *Domestic violence: Issues and policy challenges.* Department of Parliamentary Services Retrieved from https://parlinfo.aph. gov.au/parlInfo/download/library/prspub/4214443/upload_ binary/4214443.pdf;fileType=application/pdf

Pleck, J. H. (1981). *The myth of masculinity:* MIT Press.

Pleck, J. H. (1995). The Gender Role Strain paradigm: An update. In R. F. Levant & W. S. Pollack (Eds.), *A new psychology of men* (pp. 11-32). New York: BasicBooks.

Pollack, W. S. (1990). Men's development and psychotherapy: A psychoanalytic perspective. *Psychotherapy: Theory, Research, Practice, Training, 27*(3), 316-321. doi:10.1037/0033-3204.27.3.316

Pollack, W. S. (1998). The trauma of Oedipus. In W. S. Pollack & R. F. Levant (Eds.), *New psychotherapy for men* (pp. 13-34). New York: J. Wiley.

Pollack, W. S. (2005). "Masked men": New psychoanalytically oriented treatment models for adult and young adult men. In G. E. Good & G. R. Brooks (Eds.), *The new handbook of psychotherapy and counseling with men: A comprehensive guide to settings, problems, and treatment approaches* (pp. 203-216). San Francisco: Jossey-Bass.

Rabinowitz, F. E., & Cochran, S. V. (2002). *Deepening psychotherapy with men.* Washington: American Psychological Association.

Robertson, J. M. (2013). Teaching the psychology of men: Not for classrooms only. *Psychology of Men & Masculinity, 14*(3), 268-270. doi:10.1037/a0033259

Robertson, J. M., & Fitzgerald, L. F. (1990). The (mis)treatment of men: Effects of client gender role and life-style on diagnosis and attribution of pathology. *Journal of Counseling Psychology, 37*(1), 3-9. doi:10.1037/0022-0167.37.1.3

Seidler, Z. E., Dawes, A. J., Rice, S. M., Oliffe, J. L., & Dhillon, H. M. (2016). The role of masculinity in men's help-seeking for depression: A systematic review. *Clinical Psychology Review, 49,* 106-118. doi:https://doi.org/10.1016/j.cpr.2016.09.002

Seidler, Z. E., Rice, S. M., Dhillon, H. M., & Herrman, H. (2018). Why it's time to focus on masculinity in mental health training and clinical practice. *Australasian Psychiatry, 27*(2), 157-159. doi:10.1177/1039856218804340

Seidler, Z. E., Rice, S. M., Oliffe, J. L., Fogarty, A. S., & Dhillon, H. M. (2017). Men in and out of treatment for depression: Strategies for improved engagement. *Australian Psychologist,* 1-11. DOI:doi:10.1111/ap.12331

Shepard, D. S., & Rabinowitz, F. E. (2013). The power of shame in men who are depressed: Implications for counselors. *Journal of Counseling & Development, 91*(4), 451-457. doi:10.1002/ j.1556-6676.2013.00117.x

Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2017). Thematic analysis. In C. Willig & W. S. Rogers (Eds.), *The SAGE handbook of qualitative research in psychology* (2nd ed., pp. 17-37). London: SAGE Publications LTD.

Trepal, H. C., Wester, K. L., & Shuler, M. (2008). Counselors'-in-training perceptions of gendered behavior. *The Family Journal, 16*(2), 147-154. doi:10.1177/1066480708314256

Vandello, J. A., & Bosson, J. K. (2013). Hard-won and easily lost: A review and synthesis of theory and research on precarious manhood. *Psychology of Men & Masculinity, 14*(2), 101-113. doi:10.1037/a0029826

Vessey, J. T., & Howard, K. I. (1993). Who seeks psychotherapy? *Psychotherapy: Theory, Research, Practice, Training, 30*(4), 546-553. https://doi.org/10.1037/0033-3204.30.4.546

Wexler, D. B. (2009). Men in therapy: *New approaches for effective treatments.* New York: W.W. Norton & Co.