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Masculinity, Mental Health, and Modern Psychotherapy: From the Practitioner's Mind

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by

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Dedication

"No man, for any considerable period, can wear one face to himself and another to the multitude, without finally getting bewildered as to which may be the true."
— Nathaniel Hawthorne

"Unexpressed emotions will never die. They are buried alive and will come forth later in uglier ways."
— Sigmund Freud

The following thesis is dedicated to the practitioners who shaped the entirety of this project, from conception to execution. For their time, effort, and honest reflections, I am extremely grateful. I also want to thank my advisor, Dr. Ericka Kimball, for giving me the confidence to challenge how I critically examined the results of this study.

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Abstract

This study seeks to explore the influential nature of masculinity norms on male mental health from a clinician's viewpoint. Specifically, the research examines the unique outcomes of all male therapy groups as a way to better understand the complex social and psychological dynamics of gender role adherence. A ten question Qualtrics survey was distributed via email to therapists who are currently advertising a "men's issues" support group on *Psychology Today*'s "Find a Therapist" online directory. The questionnaire asked each practitioner to reflect upon their clinical experience working with men, interpersonal process groups, and contemporary issues regarding masculinity norms in America. A qualitative, thematic-based coding strategy was applied to the practitioners' responses and from this analysis, three primary themes and three corresponding sub-themes emerged. The three overarching themes represent sociological spheres of existence for the male client (public; private; and therapy) and the representative sub-themes (societal pressures and masculinity constructs; shame and invulnerability; safety and cognitive exploration) highlight the emotional expression within each domain. Prominent theories within the field of clinical psychology are applied to the data and future directions are suggested for follow-up studies.

Keywords: *Male mental health, masculinity, group therapy, gender conformity, emotional exploration*

Introduction

The Importance of Men's Issues Research

The influence of gender on mental health conditions is an issue that uniquely affects many facets of social science research. From the effects of certain psychological treatment options to the sociological implications of mental illness rates among men and women, this intersection has interested practitioners, researchers, and so many others in academia. Understanding the cultural impact of gender on emotionality is becoming evidently important in the fields of clinical and counseling psychology. Research on mental health care treatment is beginning the explore the differences in how men and women exhibit psychiatric symptoms (Rochlen et. al, 2010). These findings encourage clinicians to address and examine how gender role adherence impacts a client's experience with their diagnosis (Rosenfield, & Mouzon, 2013; Doherty & Kartalova□O'Doherty, 2010; Shipherd et. al, 2010). Specifically, research has emerged on men's resistance towards mental health services (Berger et. al, 2013; Mahalik & Rochlen, 2006) and while this phenomenon is not exclusive to the male experience, the consequences may be deadlier.

With males accounting for 3.5 times more completed suicides than females in the United States, (American Foundation for Suicide Prevention, 2015), a better understanding of how American masculinity effects male mental health is critical. Witte et. al (2012) investigates how and why males have a greater capacity for suicide than females from a psychological standpoint, specifically addressing how stoicism plays a large role in this behavior. The connection of masculine stoicism to mental health concerns is a heavily researched field (Murray et. al, 2008; Addis & Cohane, 2005; Oliffe et. al, 2012) and this information is extremely valuable. Going further, Walton et. al (2004) uniquely highlights how sports and death are the only two

acceptable channels to express grief, sadness, pain, and confusion for men. The inability to hold space for male emotions besides happiness and anger paired with a continued societal preference of invulnerable, financially independent, and powerful men produces a toxic environment that can easily promote suicidality. Engaging men in therapy has proven difficult and researchers have linked this to masculinity constructs in America (Good et. al, 2005; Addis & Mahalik, 2003; Cochran, 2005). As a result, exploring different avenues for successfully treating men from a wide range of backgrounds is a topic researchers should be investigating. One suitable suggestion for men affected by gender role stereotypes is group therapy, also referred to as support groups.

Peer-reviewed research on men in group therapy is limited and studies primarily highlight all male groups that focus on a central psychological issue or external problem. There has been sufficient data collected on the efficacy of support groups with member qualification criteria and specific curriculums, such as all male batterer intervention programs (Pandya & Gingerich, 2002; Wallace & Nosko, 2003; Morris, 2010; Scott et. al, 2011), group therapy for male survivors of sexual abuse (Friedman, 1994; Bruckner & Johnson, 1987), and support groups for males with posttraumatic stress disorder (Droždek et. al, 2012; Schnurr et. al, 2003; Morland et. al, 2010). The results of these studies indicate how changed behavior can partly be attributed to the group atmosphere and mutual accountability in a therapeutic environment. While these studies are extremely insightful and resourceful for their respective fields, the findings cannot be applied to a more unstructured and open-ended group therapy for males (which I will refer to as men's issues support groups throughout this paper) to discuss social and psychological troubles such as relationship concerns, mental health care, and identity questioning. Research and practice alike provides solutions to extreme conditions and disturbances in males such as those stated above

while oftentimes ignoring the men who don't meet specific qualification criteria for counseling programs. With that being said, what can be done to help the lives of "everyday men" who aren't perpetrators of violence, sexual assault survivors, veterans struggling with PTSD, or men in recovery? Peer-reviewed studies that evaluate the effectiveness of men's issues support groups for male clients are virtually nonexistent. This gap in the literature serves as the primary motivating factor for this research.

Study Aims

There are three primary aims that guided my study: (1) address and fill the gap in men's issues support group research as well as (2) apply C. Wright Mill's concept of the sociological imagination to male attitudes towards and participation in mental health care treatment in addition to (3) promoting qualitative research on psychologists who actively work with patients by addressing American masculinity norms. This methodology was chosen specifically as a way to investigate a relatively unexplored phenomenon. I firmly believe that surveying current practitioners in the field of men's issues is the first step in more thoroughly understanding the needs and struggles of contemporary men in America, on both a psychiatric and social level. My goal in conducting this study was also to integrate sociological theories to a pressing topic in clinical psychology (the intersection of gender and emotionality). In doing so, I hoped these results would appeal to a wide array of readers, e.g., therapists, sociologists, social psychologists, epidemiologists, and many others.

Theoretical Framework

While this study is focused on the clinical implications of group therapy for men, my theoretical framework is primarily informed by larger sociological theories, particularly, R.W. Connell's discussion of hegemonic masculinity and C. Wright Mills' definition of public issues and private troubles.

Framework One: *Hegemonic Masculinity*

Hegemonic masculinity, as defined by Connell (2005), is "the configuration of gender practice which embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees (or is taken to guarantee) the dominant position of men and the subordination of women." In addition to gender inequality, this theory also applies to the rejection of masculinities that do not align with the idealized version of maleness set forth by these social constructs. The unevenness in male to female relationships in a patriarchal society contributes to the portrayal of women as sexual objects and legitimizes control and power over not only females, but any male that identifies with a more feminine masculinity. This notion is primarily attributed to the homophobia that fuels many traditionally masculine men in America.This is extremely dangerous for numerous reasons but for the focus of this study, the rejection of emotional expression is a result of adhering to hegemonic masculinity. While not every man fits each attribute of this model, this concept is advertised by society and emphasizes a reward system for those who conform to hegemonic masculinity.

This sociological theory contributes to glorifying male stoicism and invulnerability (Hammer et. al, 2010), ultimately leading to men's aversion to seeking mental-health care (Addis et. al, 2003; Kierski et. al, 2010) and in extreme cases, suicide (Möller-Leimkühler, 2003). Phrases as simple as "man up" and "be a man" reinforce detrimental stereotypes that promote the subordination of emotionality in men and enforce the rise of a dangerously self-reliant mentality. Counseling requires an internal admittance of needing additional assistance with a wide array of

life stressors and hegemonic masculinity in American society often shames males for not being able to resolve issues themselves (Rochlen et. al, 2002; Emslie et. al, 2006). This phenomenon cannot go unaddressed in the context of my study because the effects of hegemonic masculinity are becoming deadly as exemplified by male suicide rates and statistics on violence against women (Heise, 1998; Hunnicutt, 2009; World Health Organization, 2013). It is impossible to discuss the prevalence of mental health conditions among men *without* framing it socially by identifying the relationship it has with hegemonic masculinity. While this sociological theory is not the sole answer to male psychopathology, the cultural influence of this standard provides insights into how treatment methods can be improved.

Framework Two: *C. Wright Mills' Public Issues and Private Troubles*

In C. Wright Mills' renowned book *The Sociological Imagination* (1959), he outlines the influence of society on individuality and promotes an awareness of this relationship when conducting research. Specifically, he discusses the interconnectedness of "private troubles" and "public issues" to demonstrate his claim. Mills points out that citizens rarely attribute their struggles and triumphs to the historical environment of the time period. He refers to the stress induced by an individual's immediate surroundings and personal situation as private troubles. On the contrary, however, Mills (1959) highlights that while these troubles appear as isolated incidents, they really stem from public issues, or "matters that transcend these local environments of the individual and the range of his inner life." Private issues and public troubles function on both a micro and macro level in society but what stays consistent is the bidirectionality of these two concepts. Needless to say, Mills' arguments can be used to dissect an extensive amount of both psychological and sociological research. This study specifically

explores how Mills' "private troubles" and "public issues" theory is applicable to "men's issues" and men's issues group therapy.

The connection between C Wright Mills' *Sociological Imagination* and R. W. Connell's examination of hegemonic masculinity can be employed to analyze men's experience with mental health treatment. The overwhelming pressure imposed by traditional, patriarchal masculinity provides a social explanation for men's struggles with emotional expression. Males may experience limited emotionality, identity concerns, and deteriorating mental health and perceive these events as isolated private troubles and thus, not address them medically. However, the feeling of isolation can actually be explained as a result of adherence to hegemonic masculinity. By residing in a society that openly prefers strong, bread-winning men, the fear of outing oneself as a nonconformist to patriarchal expectations is fear-inducing. To exemplify, the cognitive dissonance between males who are depressed yet remain unaware of their condition and the standards set forth by traditional masculinity do not allow them to connect their symptoms of depression to societally imposed gender constructs. Rochlen et. al (2010) uses the term "double bind" to discuss how the men who may need mental health care treatment the most are the least likely to seek help. The article goes on to state that men's experience with depression does not align with current diagnostic criteria because the traditional symptoms actually describe a more feminized expression of the disorder. This phenomenon is a strong exemplification of how a seemingly isolated incident, such as a misdiagnosis of anger management problems instead of depression for a male client, is actually the result of a public issue. This study explores why men's issues group therapy is a way to counter this experience by not focusing on diagnostic labels and symptom adherence, but rather, foster an environment to form meaningful relationships with other men.

Methods and Procedures

The research procedures outlined below were approved by Portland State University's Institutional Review Board in November of 2017.

Recruitment Criteria

Research participants were identified and recruited based on three levels of inclusion criteria. First, practitioners must have listed their services on *Psychology Today*'s "Find a Support Group" webpage directory. Additionally, each participant needed to categorize their support group under the "Men's Issues" classification sidebar. These two formal guidelines ensured the group was verified by *Psychology Today*. Most importantly, however, was the description of the group the practitioners were advertising. These one to ten sentence biographies provided a moderately detailed outline of the group's goals as well as primary target market. In order to be eligible to participate in this study, the group had to self-identity as simply a space for men to discuss personal life issues, mental health conditions, topics such as masculinity and societal pressures, as well as relationship concerns. Support groups that had entry requirements such as men in recovery, men dealing with sexual addiction, male victims of violence, and men fulfilling court mandated anger management classes were omitted from this study as these meetings navigate their sessions in a way that does not align with the research topics explored in this paper. *Psychology Today* allows users to search for support groups by state and for the purpose of this study, every state was subjected to the same procedures (see Appendix A for example group profiles). These clinicians were identified and contacted as I felt their experience working as a men's issues group therapist helped answer my study's primary question: How do American masculinity norms influence male participation in mental health care treatment?

Participants and Survey Outreach

This study yielded 22 participants who are currently practicing in a total of 14 states, primarily from the east and west coast as well as the central states. 14 participants (64%) stated their Masters degree was the highest level of education they have completed and 8 (36%) posses a doctoral degree. The distribution of the number of years practitioners have worked with clients professionally is as follows: 1 - 10 years (n = 11, 50%), 11 - 20 years (n = 5, 22.7%), and 21+ years (n = 6, 27.3%). Finally, the four highest reported treatment approaches the participants practiced were psychodynamic (1), mindfulness-based (2), humanistic/existential (3), and cognitive behavioral (4). No other demographic information was requested in the survey. Eligible participants and their contact information were then stored on an Excel spreadsheet which included therapists' location, name, email, group name, and group description. Once all qualified practitioners had been documented on this recruitment database (*n = 94)*, I began sending my introductory email to each individual. This message contained a personal introduction, brief description of my study's aims to investigate how masculinity norms influence male participation in group therapy, an invitation to participate, instructions on how to complete the attached Qualtrics survey as well as a PDF of a consent form. A reminder email was also sent to all invited participants three weeks after initial contact.

Data Collection

The electronic survey consisted of fifteen total questions; five connected to the informed consent document on the first page of the survey, four regarding demographic information, and six open-ended questions regarding their support group and how participants view the intersection of masculinity and mental health (see Appendix B for survey questions). With the

exception of inquiring about their location of practice, this questionnaire did not ask for any information that would jeopardize the anonymous status of their answers. The recruitment database and survey responses were purposely recorded on separate documents to not exaggerate the risk of a breach of confidentiality. Participant responses (*n = 22*) were originally stored on Qualtrics' Results database. Once the survey had closed, these responses were then transferred to a Word document for coding. Survey questions were created and chosen in order to prompt the participants to define men's issues, relate these issues to masculinity constructs in America, and discuss how group therapy, specifically men's issues support groups, is a viable option in clinically addressing harmful gender expectations for males.

Data Analysis

A qualitative, theme-based approach to coding was employed through line-by-line coding to analyze the data. I initially focused on how masculinity norms influence health seeking behavior in men, male-to-male interactions while in group therapy, and the effectiveness of men's issues support groups in deconstructing gender role adherence for male-identified clients while coding the responses. However, as I was analyzing the data, I realized these primary themes were actually better represented when applied to sociological phenomenons, specifically, C. Wright Mills' *public issues vs. private troubles* theory. This became the framework for my analysis and I began categorizing the practitioners' responses to each question based on the social location they were referring to: public sphere (*issues*), private sphere (*troubles*), or the therapy sphere (the interaction of both the public and the private). Within these three overarching domains, I tracked the most common responses for each sphere. Additionally, I paid specific attention to the psychological and sociological examples each participant gave to support their

statements (e.g., employment issues (public) as an exemplification of invulnerability (private)). My thesis advisor then reviewed these themes and subthemes after an initial first draft and following the final creation of figures and tables.

Results and Discussion

Table One outlines the primary themes and their affiliated subthemes as well as representative quotations from the participants.

Figure One provides social and psychological exemplifications of the primary themes and subthemes summarized in Table One.

Primary Theme One: Public Sphere (Issues)

Subtheme: *Performance Expectations*

Mills (1959) begins a section his first chapter of *The Sociological Imagination* by stating, "To formulate issues and troubles, we must ask what values are cherished yet threatened, and what values are cherished and supported, by the characterizing trends in our period… When [people] cherish values and do feel them to be threatened-- they experience a crisis…" This quote encapsulates the difficulties men may experience as they critically examine their mental health while navigating hegemonic masculinity (Connell, 2010). The "cherished values" of American society reflect traditional gender roles for men including, but not limited to, financial responsibility, stoicism, a competitive demeanor, and a heterosexual orientation. The internal conflict many men experience is this "crisis" Mills refers to. When men do not perform in accord with set stereotypes, cognitive dissonance occurs. Whether that is expressed as over-conformity to certain cultural customs or a lack of self care as a result of these performance expectations, the results are mentally deteriorating. My participants discussed the pressure put on men to focus on social externalities and how this influences their behavior:

> "The traditional male gender role does not allow for much support and takes on a great deal of **financial stress** with no clear outlets for self care."
>
> "Gender roles devalue the emotional and internal life of men, for a**n emphasis on productivity or achievement**, other concrete material concerns, external reference points."

> "There is still a societal preference towards the "manly man" who shows limited emotions, is **independent, financially successful**, heterosexual, and demonstrates some element of physicality. This in turn can deter men from seeking help through therapy…"

The overwhelming majority of my participants reported that the cultural standards for men are not overexaggerated and while society is making progress to promote androgyny, these roles are still dictating many adult men's lives. These outward expectations continue to persist beyond issues like finances and begin to infiltrate personality traits. Specifically, the influence of hegemonic masculinity contributes to the glorification of something more dangerous than stoicism: inauthentic invulnerability.

Subtheme: *Projection of Invulnerability (External)*

These societal pressures ultimately produce, according to many of my participants, a projection of invulnerability. This begins in childhood when boys are encouraged to act tougher than their physical limits will allow and understanding the "bully or be bullied" choice that riddles boyhood. Much of this choice stems directly from homophobia, competition, and fear of rejection from the father. As these children mature, the emphasis on emotionlessness persists until one believes it is actually part of their biology. This influences the realm of clinical psychology by promoting a narrative that men are "naturally" tougher, more stoic, and angrier than women. This falsehood often deters men from exploring their mental health conditions and ultimately, seeking therapeutic treatment. My participants described this public issue as follows:

> "An example might be how masculine gender roles **require some projection of invulnerability**, when vulnerability is unavoidable in the human experience, men find themselves **repressing these aspects of themselves**."

> "Men do not want to admit or be perceived as weak. In our culture, there is the message that, especially for men, **vulnerability is weakness**."

The combination of inauthentic invulnerability and performance pressures from society are a projection of public issues. These societal standards, however, ultimately influence the private lives of the male clients.

Primary Theme Two: Private Sphere (Troubles)

Subtheme: *Limited Emotional Expression and Experience*

The practitioners I surveyed overwhelmingly agreed that current masculinity constructs are damaging to male mental health. They consistently cited restrictive emotionality, a preference towards invulnerability, and avoidance of self-care as phenomenons encouraged by American society that leads to private troubles. The product of these three negative attributes can present itself as "patriarchal stoicism" but according to this study, it is far more complex than simply not experiencing emotions. There is a widely held belief in popular culture that traditional gender role adherence presents itself as a lack of emotional expression among men who prescribe to hegemonic masculinity, but this is an extremely fragmented and damaging narrative. According to the practitioners, it is not that their clients simply "don't feel" emotion, but rather, have never had healthy outlets to openly express and identify emotion other than anger and happiness. As one therapist noted,

> "Men's only option in America is **angry or happy.** Many men cannot even report feelings beyond **happy, sad, mad**."

Because of the inability to pinpoint, address, and treat emotions outside of this triangle, men seem to be turning to unhealthy and risky behavior to channel their pain that lies outside the triangular model of feelings. As a result, men can experience common private struggles, which

the participants frequently reported as a need for control in relationships, abuse issues (both substance and interpersonal), as well as undetected mental illnesses.

> *Examples of private men's issues:*
> "Men's issues can also include topics of **power, dominance,** top down thinking, and **coercion instead of cooperation**."
>
> "...This leads to some common presenting "men's issues" such as: anger management issues, a**voidant attachment patterns**, impulsivity issues (gambling, porn, shopping....), **substance abuse,** difficulty developing healthy intimacy patterns within relationships, **unhealthy sexual patterns**, financial/employment stress"

These are, however, admittedly provided as more extreme examples of potential "men's issues" health outcomes. It is worth noting that simply because a man prescribes to traditional masculinity norms, it does not automatically result in violence, it simply has the *potential* to. What connects a large percentage of male clients, regardless of the severity of their adverse experiences, is the private existence of shame and invulnerability.

Subtheme: *Shame and Invulnerability (Internal)*

The complexity of identifying and grappling with the experience of shame is arguably one of the most recurring themes in this study. These feelings are often the result of extreme societal pressure to conform to patriarchal masculinity. In turn, this fear of humiliation for expressing emotion is seemingly internalized among adult male clients. The practitioners frequently expressed that shame offers a plausible explanation for why men tend to avoid and disconnect in therapy:

> "Because many men feel like it is unmanly to work on emotional concerns, there is also a **level of shame that must be addressed** for not living up to the ideal."

> *On masculinity norms influencing male therapy-seeking behavior:* "The issue of shame is highlighted, feelings are denigrated and **seeking support is seen as pathological**"

This is largely rooted in childhood and adolescent experience with hegominic masculinity (Renold, 2004; Hickey, 2003; Kessler et. al, 1985). From a young age, boys in America understand that they must accept this type of masculinity in order to excel in a patriarchal society. This style of masculinity, however, does not allow for emotional expression as these types of behavior are labelled feminine or "gay," thus, leading boys, teenagers, and adults alike to value invulnerability. The way men hold themselves to a standard that promotes unhealthy stoicism prevents many males from identifying mental health concerns and seeking treatment. Some of this is arguably due to a feminization of therapy services and culturally uninformed diagnostic criteria (Rochlen et. al, 2010). According to the participants, one way to approach treating men's issues is to investigate how shame creates or is created by invulnerability.

On how practitioners used vulnerability to define men's issues:

> "Sadly, from a stereotypical stance- a discomfort with voicing emotional issues and **expressing vulnerability**. A desire to appear strong in ALL ways and **not honor the softer side of themselves** or other males."

> "Men's issues could be defined as the **difficulty in expressing feelings related to vulnerability,** fears, relational needs outside of sex, and grief."

> "Issues related to power, control, and **vulnerability**."

To discuss feelings of shame and invulnerability is difficult when working with clients because it is unclear whether the experience of shame created the value of invulnerability or the reliance on invulnerability lead to the emergence of shamefulness when addressing emotional topics.

Engaging in group therapy, however, is a way to process the pain associated with shame and vulnerability as well as validate male clients' emotionality through group member feedback.

Primary Theme Three: Support Group Sphere (Introduction to and Emphasis on Androgyny)

Subtheme: *Providing Security and Validation*

In terms of analysis, I really wanted to focus on how group therapy occupies the intersection of the venn-diagram outlined in Figure One. There are elements of each member's private lives (pain, shame, depression, relationship issues) that are discussed and kept confidential among support groups, instilling a sense of privacy. However, the willingness to share private troubles leads to the discussion about and integration of public issues. While individual psychotherapy may address societal concerns regarding masculinity, men's issues support groups force members to share their personal experiences with other male clients, not simply with a therapist. This is undeniably intimidating for anyone, specifically a demographic that has been discouraged to create intimate bonds with other males since childhood. However, the practitioners I surveyed overwhelmingly stated that the group atmosphere provides the most benefits for its members as it promotes a validation of each clients experiences:

> *On the most beneficial aspect of group therapy for men:*
>
> "I find that simply by sharing their struggles with an **empathetic audience of other men**, most men feel less alone in their suffering and thus more connected to each other and the world."
>
> "The interpersonal context of **men talking with each other**, i.e., comfort becoming vulnerable with each other"
>
> "The ability to **use their voice in a group of males** and connect emotionally and **not be judged.**"

The uniqueness of "men's issues" support groups is that unlike curriculum-focused groups for target markets (abusers, men in recovery, etc.), the space is reserved for promoting emotional awareness on an extremely wide array of topics. The emphasis on specific goals (preventing abuse from recurring, preventing relapse, etc.) seems to be way more individualistic in men's issues support groups while using group member feedback to achieve these personal objectives. Goals can range from

> "Empowering] men to **better understand their experience of themselves** as well as others"
>
> to
>
> "Understand[ing] and support **men's roles in a modern social, intrapersonal and sexual identities** in a global and ever-changing environment"

While each group has a unique aim depending on the facilitator's interests and educational background, the topics of navigating shame/vulnerability and promoting emotional intelligence were present in most groups according to the practitioners.

Subtheme: *Addressing Shame and Vulnerability*

As mentioned, the experience of shamefulness and preference towards invulnerability are two prominent examples of private men's issues. The participants

> "Group therapy with men struggling together can also be very powerful as it can **take away a lot of the shame** associated with men's issues."
>
> "Men connecting with other men in a semi structured and supported container in which they have the opportunity to develop safe sense of self, establish and explore healthy boundaries, and thus allowing for emotional vulnerability, reflection, validation (**thus mitigating shame**)"

Additionally, support groups can address shame through an appreciation of diverse experiences. As one therapist noted,

> "The sense that men, whether gay/straight/bi or otherwise, are meant to behave a certain way out in the world causes distress. In group, there is **opportunity for men to experience other men in ways they didn't think were 'normal'** 'okay' or even possible"

This exposure to various masculinities can be extremely cathartic and encourages self-reflection on the ways hegemonic masculinity has influenced a client's emotionality. Specifically, the revelation that traditional masculinity does not allow for or encourage other expressions of masculinity is extremely eye-opening. The limits of patriarchal masculinity are explored, discussed, and deconstructed in the therapy sphere. Table One summarizes these three themes and provides additional concrete examples from the practitioners.

Primary Themes	Sub-themes	Representative Quotations
Public Sphere *Society*	**Societal Pressures** Gender Conformity **Masculinity Constructs** Homophobia Patriarchal Privilege Impulsivity	"Men and boys are trained from a young age to not express 'negative' feelings. Men's only option in America is angry or happy" **(Therapist Four)** "I think the shift in females taking over traditional gender roles as well as the pressure and confusion of the new and convoluted expectations contributes to anxiety and depression" **(Therapist Sixteen)** "Competition, which includes violence, is a good example where boys are forced to participate in unhealthy, life threatening exercises if they wish to be valued by their fathers and peers" **(Therapist Twelve)** "There is still a societal preference towards the "manly man" who shows limited emotions, is independent, financially successful, heterosexual, and demonstrates some element of physicality. This in turn can deter men from seeking help through therapy because men do not want to admit or be perceived as weak" **(Therapist Sixteen)**
Private Sphere *Internal Processes*	**Shame** Restricted Emotionality **Invulnerability** Self Worth Avoidant Attachment Styles Isolation	"[Social] norms encourage men to bear up under their pain and to avoid communicating their hurt and emotions with other men. We are taught to avoid, deny, and obfuscate" **(Therapist Eleven)** "…an example might be how masculine gender roles require some projection of invulnerability, when vulnerability is unavoidable in the human experience, men find themselves repressing these aspects of themselves. This is where shame grows…" **(Therapist Thirteen)** "It is a last resort for men to try therapy. There is a myth that men should be happy, strong, and not have any emotional problems. Most men look at the outside of others and infer that they are together, when they know themselves on the inside. The lack of emotional expression in public is problematic for men trying to fit in and understand their inner life" **(Therapist Two)**
Therapy Sphere *Support Group Experience*	**Exploration** Intimacy/Empathy Sense of Self **Safety/Security** Socialization Experiencing Inclusivity	"I find that simply by sharing their struggles with an empathetic audience of other men, most men feel less alone in their suffering and thus more connected to each other and the world" **(Therapist Three)** *On the benefits of group therapy:* "Men connecting with other men in a semi structured and supported container in which they have the opportunity to develop safe sense of self, establish and explore healthy boundaries, and thus allowing for emotional vulnerability" **(Therapist Eight)** "Direct, empathic, attuned therapy is very helpful. Group therapy with men struggling together can also be very powerful as it can take away a lot of the shame associated with men's issues" **(Therapist Five)**

Table One. Summary of the primary and subthemes as well as representative quotations from the participants.

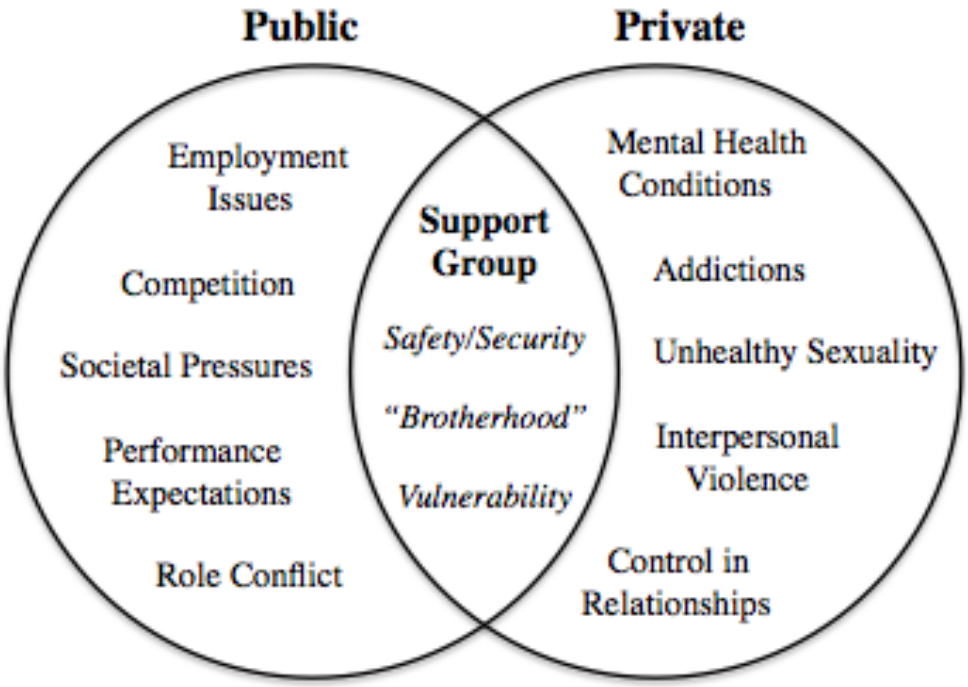

Figure One. Social and psychological examples within the spheres of existence in relation to the male client's experience.

Implications and Future Directions

Group Therapy as a Solution

The results stated in this study attempt to evaluate the efficacy of men's issues support groups by providing a *public* reason for men's mental suffering. Because of the overwhelming influence of a patriarchal society on male mental health (Lee & Owens, 2002; Willott & Griffin, 1997), employing theories in sociology to better understand male therapy-seeking behaviors is becoming increasingly important. The link between private troubles in relation to overarching public issues is extremely applicable to the topic of men's issues mental health concerns. However, very few studies apply sociological theories to masculinity issues that arise during therapy sessions. This may partly be due to the lack of research on men's issues support groups as a whole. My study, in turn, attempts to visually exemplify the sociological conflict that many males experience when trying to navigate their emotionality.

Group therapy is provided as a suggestion for men affected by American masculinity norms as these support groups occupy both the public and the private spheres of existence. The results of my study describe how the divide between private troubles and public issues is oftentimes blurred for many adult men. To restate an example used previously, the over expression of anger in male clients may actually be the result of untreated depression but because society allows (and encourages) anger in men, their condition is not properly addressed. My analysis of the participants responses indicates that the therapy sphere (group therapy) highlights how interconnected public issues and private troubles are in the lives the men. The experience of shame is a men's issue that many of my participants discussed bother sociologically and psychologically.

The investigation of shame's influence on the male experience in America has been tied to gay masculinity (Halberstam, 2005), male abusers (Wallace & Nosko, 2003), homophobia (Kimmel, 2004), male survivors of childhood sexual abuse (Dorahy & Clearwater, 2012), and even individual psychotherapy (Osherson & Krugman, 1990). However, the undeniable presence of shame surfaces in a men's issues support group but through open and honest dialogue, men can explore where this shame stems from. What is unique about this type of group therapy is that men from diverse backgrounds can discuss what shame means to them individually. Not every man in the group has a linking identifier that grants access to specific treatment and group commonalities. Men's issues group therapy lacks recruitment qualifiers and promotes an open space to discuss personal concerns and as my results indicate, many of the male clients troubles stem from similar public issues. With the guidance of a group therapist, clients can begin to explore the cultural causes of male shamefulness. In addition, the group atmosphere promotes elements of brotherhood and male intimacy that is missing from American society. These relationships are formed as a result of the safety and security the male clients feel during their sessions, according to my participants. The male-to-male bonds also holds space to encourage male vulnerability in a society that otherwise rejects a vulnerable man.

Additionally, the results of this study are not only presented to gain insight into the unique role group therapy plays in countering masculinity norms, but also to promote the voices of men's issues therapists. Mental health treatment methods are regularly evaluated quantitatively in clinical psychology research (Tolin, 2010; Opriş et. al, 2010; Haslam et. al, 2012; Watson et. al, 2011) and in turn, often bypass the therapist's experience to focus on the patient's symptoms with a specific disorder. The themes outlined, while identified and analyzed by myself, are the reflection of practitioners with years of experience working with the

demographic I am interested in studying. Their clinical opinions of group therapy, hegemonic masculinity, and male behavior are offered as a way to better understand how interconnected sociology and psychology are when discussing men's issues in America.

Limitations

There are some limitations that need to be addressed regarding this study. Although themes and subthemes were discussed with my thesis advisor, I personally conducted the entirety of the coding and analysis. My observations are informed by the research I have read and coursework I have taken on the subject, however, I lack any professional experience working with men in a clinical setting. I inevitably have personal biases and opinions on the topic of men's issues and this subjective approach could have lead me to over or underreporting certain topics. An increase in the number of research members would help counter some of the subjectivity in the data interpretations. Secondly, by interviewing clinicians, they are reporting on the men who actively sought out and voluntarily began therapy. Because of this, my study does not include the voices of men experiencing mental illnesses who avoid therapy because they are still loyal to patriarchal masculinity. The voices of men who conform to the "double bind" stated in the previous sections were not accounted for and these perspectives should be explored further. Lastly, I interviewed a small number of therapists that did not represent every region in America. Future studies should work to integrate a more diverse sample, including, but not limited to, male patients, men's issues group and individual therapists, as well as men from the general population.

Study Applications

In conclusion, my hope is that this study acts as a resource for mental health professionals, research and school psychologists, sociologists, and others in academia who are seeking to understand masculinity, mental health, and modern psychotherapy. Increasing visibility in field of men's issues group therapy is an action my participants and myself are advocating for. Promoting male closeness and intimacy requires a large-scale paradigm shift and the support groups discussed in this study may be a viable option for social change. Additionally, an inclusive, intersectional approach to modern feminism should be leveraged to discuss how adherence to hegemonic and patriarchal masculinity negatively affects the lives of boys and men as well as women.

From a clinical standpoint, men's issues group therapy should be treated as an unexplored avenue for countering and addressing mental health stigma among males. The importance of being culturally informed when working in the field of psychopathology should also extend to evaluating treatment options for clients of different genders. Clients should absolutely be treated individually but to ignore the larger sociological implications of gender roles on a patient can be a disservice to those receiving treatment. The results of this study, in turn, formally encourage the integration of sociology research into clinical psychology practice.

Appendix A. Example Group Profiles

Psychology Today Support Groups

Back To Results | New Search

Email Me

Send to Friend

Website

Brad Creel

Pre-Licensed Professional, MA

About Photos **Groups**

Exploring Authentic Masculinity

Men in our society often feel emotionally isolated and limited in their ability to express themselves in authentic ways. The goals of this group are to help men build better relationships, build skills and confidence in fully expressing themselves, and feel more holistically empowered with their masculinity. We will do this through safe and honest conversation, interpersonal processing, and mindful/experiential exercises. We will explore, discover, and practice being authentic with each other and in our lives. We will also cover ongoing social topics and their impacts as they occur incorporating a holistic masculine perspective

Psychology Today Support Groups

Back To Results | New Search

Email Me

Send to Friend

Website

Daniel J Cook

Counselor, MA, LMHC

About Photos Network **Groups**

The Millennial Man

Do you, at times, feel lost in your purpose or direction? Do you find yourself returning to familiar behaviors, relationship patterns, and emotional reactions that prevent you from feeling fully satisfied? Do social patterns, while familiar, feel stagnate or even isolating? Do you feel that making a change is imperative to your well-being though you keep putting it off? Could you benefit from support and accountability in creating the change you would like to see in your life? Come gather with a group of men who are supporting each other to live from a place of integrity, authenticity, and purpose.

Appendix B. Qualtrics Survey Questions

1. Highest level of education
- Masters
- Doctorate
- Other (please specify): _____

2. Number of years practicing as a licensed psychologist
- 1 - 5 years
- 6 - 10 years
- 11 - 15 years
- 16 - 20 years
- 21 + years

3. Current location of practice
- City, State: _____

4. Theoretical Orientation/Treatment Approach (select all that apply to your practice)
- Psychodynamic
- Psychoanalytic
- Cognitive-Behavioral
- Humanistic/Existential
- Gestalt
- Narrative Therapy
- Rational Emotive
- Supplemental (art therapy, animal-assisted therapy, cinema therapy, etc.)
- Mindfulness-Based
- Dialectical-Behavioral
- Family Therapy
- Other (please specify): _____

5. What are the aims of your therapy group?

6. How, as a practitioner, do you define "men's issues"?

7. What aspects of group counseling do you see group therapy assisting male clients the most?

8. Is your approach to counseling male clients different than different than other clients? If so, how does it differ?

9. How do you see masculinity norms in American society influencing male participation in therapy?

10. Do you believe a strict adherence to traditional male gender roles contributes to mental health issues (depression, anxiety, etc.)? Please explain your answer.

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