


A Counselor's Guide to
**WORKING
WITH MEN**

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To Mom, Dad, and Alison for teaching me about being a man,
To Mark Stevens, Fred Rabinowitz, and David Shepard for teaching me about helping men,
And to Jackson and Beatrix for continually teaching me about being a father.
—Matt Englar-Carlson

I would like to dedicate this book to all the members of ACA
and the collaborative spirit of my coeditors.
It has truly been a wonderful experience
learning how we can better serve men in the
counseling profession as both clients and students.
—Marcheta P. Evans

To my beloved family,
To my trusted colleagues,
And to professional counselors who work tirelessly
on behalf of the men and women they serve.
—Thelma Duffey

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Foreword

James M. O'Neil

Matt Englar-Carlson, Marcheta P. Evans, and Thelma Duffey have made a significant contribution by editing this excellent book, *A Counselor's Guide to Working With Men*. Every chapter in this book adds important knowledge about how to counsel men. This book excites me because the chapters have practical ideas for counselors to help men. The editors asked me to write the foreword and discuss my thoughts about the evolution of counseling men over the decades as a way to introduce the chapters. The foreword describes the past and current struggles in developing knowledge about counseling men. I also discuss my own gender-role journey and present other ideas that explain why I believe this book is valuable and important for counselors to read.

Paradigm Shift: Letting Men Be Human

A paradigm shift is occurring with conceptions of masculinity in America, and this transition is hopeful and significant. The most visible change is that men have become more active fathers by showing greater engagement with their sons and daughters. In addition, something significant has happened with how we perceive male emotions in our society. Change about men's emotions is quite evident when President Barack Obama expresses tears of gratitude to his staff for helping him win the 2012 election and tears of sadness and anguish from the Newtown, Connecticut, Sandy Hook massacre. The President's emotionality was nationally televised four times after the election, and no one, including the media, accused him of being weak or out of control. The paradigm shift is that men are being allowed to be more vulnerable and emotional human beings than ever before.

The problem is that men are not always perceived as human. Men are recognized in any encounter at first as biologically male. The second impression usually is an assessment of how well men conform to masculine norms and standards. The third

consideration of men is experiencing men as human beings, and if this happens at all, it is usually in selective situations. Many men have been narrowly defined by sexist stereotypes that destroy the essence of the male soul. The human qualities of both sexes have been diminished and devalued by patriarchal stereotypes in our capitalist society to make profits, shape public opinion, and control people's behavior. This book moves beyond the stereotypes and inhumanity by discussing how to help and empower men.

Developing Knowledge About Counseling Men: An Uphill Battle

The exploration of men's problems and potentials has been a struggle over the last four decades. Six excellent books have been published over the last 15 years on how to counsel men (Brooks, 2010; Brooks & Good, 2001; Englar-Carlson & Stevens, 2006; Horne & Kiselica, 1999; Pollack & Levant, 1998; Rabinowitz & Cochran, 2002), but evidence-based counseling interventions with men remain in the earliest stages of development. The lack of research and case studies on counseling men has hindered our accurate understanding of men's emotional and psychological development.

For example, the first two published books on men's depression in psychology were published in 1999 and 2000 (Cochran & Rabinowitz, 2000; Lynch & Kilmartin, 2013). Psychologists did not acknowledge male depression as a scholarly area of inquiry or defined clinical symptom for the first 80 years of psychology. Overall, psychologists avoided studying men's gender-role problems over the first eight decades of psychology. In many ways, the counseling profession was first exposed to men's issues when Murray Scher edited a special issue of the *Personnel and Guidance Journal* (the precursor to the *Journal of Counseling & Development [JCD]*) on "Counseling Men" (Scher, 1981). During the next 30 years, there were scattered articles on men published in *JCD*, but no overall effort has existed to develop therapeutic ideas about how to counsel men.

One wonders why so little attention has been given to counseling men in the mental health professions. Is the topic threatening to the status quo? Analyzing men's problems requires deconstructing male gender roles and critiquing patriarchal structures that affect both men and women. Assessing patriarchal structures can be unsettling and destroy the illusion that everything is okay in men's lives. Vulnerabilities and insecurities exist when studying men, but eventually a single truth emerges: Outdated, stereotypic, and restrictive gender roles do not provide the foundation for equality between the sexes, and social injustice occurs because of sexism and other forms of oppression. Abandoning the restrictive stereotypes, a struggle occurs to create new conceptions of gender roles that are more healthy and equitable. This paradigm shift with gender roles is hard work and easily avoided.

Furthermore, men's personal experiences with their gender roles are mostly unknown. Theories about men's gender-role socialization and developmental perspectives on understanding men's lives are lacking (Smiler, 2004). Numerous paradigms exist to assess men, but not one of them has been tested for effectiveness (Mahalik, Good, & Englar-Carlson, 2003; O'Neil, 1990, 2006, 2008, 2013; Pollack, 1998; Rabinowitz & Cochran, 2002). Few treatment models that specifically focus on men exist, and the widely pondered question of why men avoid counseling

services has gone unanswered. Another question is, How well do men's psychological problems fit conventional diagnostic criteria (Rochlen, 2005)? For example, is male depression manifested the same way as women's depression or in more masked ways? Furthermore, biases against men in therapy have not been studied, and little research has been completed on male clients who have effectively used counseling services. Cochran's (2005) concluded, "The psychology of men as a distinct practice and research area has yet to generate controlled studies demonstrating differential effectiveness of specific treatments with men" (p. 650).

In addition, there is a need to understand men's lives in contexts. No adequate assessment of men can be implemented without a multicultural framework that assesses diversity variables and the role of oppression that can occur in some men's lives. Multicultural guidelines have been specified, but they have not been applied to understanding men (Liu, 2005). A coherent, multicultural approach to understanding men's diversity does not exist in counseling. Very little has been written on how race, class, ethnicity, nationality, age, religion, and sexual orientation affect male socialization and the counseling process.

Furthermore, what do we know about the masculine ideologies of men around the world? Even in our expanded global community, too little is known about political, ethnic, and religious values of diverse men on every continent. This lack of understanding of men from other cultures reminds me of the male terrorists in the September 11, 2001, attacks in New York, Washington, DC, and Pennsylvania. As a society, we are still in need of healing from the 9/11 tragedies; however, the public still lacks knowledge on who the terrorists were and specifically why the terrorism occurred. Much has been written about the 9/11 terrorists, but little is known about how the terrorists' masculinity ideologies and their Islamic/cultural belief systems contributed to their decision to commit mass murder. The terrorists were considered courageous male martyrs and heroes in some parts of the world. Even these words—"courageous male martyrs and heroes"—directly connect the terrorists to psychological issues related to men and masculinity.

This book adds considerable knowledge on how to effectively counsel men. A quick perusal of the table of contents reveals a wide range of topic areas related to counseling men. Many of these topics are innovative (i.e., men and spirituality, motivational interviewing, and trauma); therefore, this book is timely and a valuable resource for any counselor.

Some History—My Gender-Role Journey With Counseling Men

My assessment of professionals committed to gender-role issues is that most of them have experienced a gender-role journey and numerous gender-role transitions (O'Neil & Egan, 1992a, 1992b; O'Neil, Egan, Owen, & Murry, 1993). These journeys are important to document because they demonstrate the complexity of consciousness raising, the struggle for personal change, and the complex processes of liberating ourselves from oppressive structures. I share some events in my gender-role journey and how I became involved with counseling men over the years. I hope that my disclosure helps others with their own gender-role journeys and supports anyone who is struggling with liberating themselves from sexism and other forms of oppression.

Writing this foreword brings back many memories of my professional experience from 1975 to 1982 as a counselor in the University of Kansas Counseling Center

and professor of counselor education. During that time, I began my study of men and how to counsel them. At the same time, feminists were asking significant questions about men's problems, abuse, and violence. In contrast, radical separatist feminists were making statements like "All men are oppressors" and "All men rape." These statements got everyone's attention yet seemed to lead to much polarization and conflict between the sexes. The more moderate feminists were also angry, but they asked significant questions about men's problems. I remember sitting there in my counseling center office, pondering the many questions feminists were being asked about men's violence, sex discrimination, harassment in the workplace, and men's abusive use of power and control at work and in family relationships. I remember thinking that these problems had to be more complex than just reducing all men to innate oppressors and misogynists. What really bothered me was that I could not answer the reasonable questions that feminists were asking about men's problems. I felt some responsibility to pursue these questions as a man and as a mental health professional.

I thought there must be some explanation for men's problem in the psychological literature. I obtained a research grant from the University of Kansas to search the literature on men and masculinity. When I started researching men, some of my male colleagues thought I was gay. Their homophobia and worry about my work was expressed by sarcastically saying, "We heard you're really into men these days." The sexual innuendo certainly got my attention. Devaluing my study of men was one thing, but challenging my heterosexual identity?—well, that brought the dynamics to a new level of conflict and threat. I had never questioned my sexuality, but to have others do it was unsettling and pushed me into new emotional territory. There was excitement and wonder mixed with anger and confusion. This experience made me aware that this area of study was provocative, emotional, and political. I have always been associated with the so-called boy's club, but I never joined, even though membership was thrust upon me at every twist and turn during my career. There was usually suspicion, tension, and conflict from other men when I didn't join the club. At times I felt marginalized and alone with what I was learning. Some feminist women I talked with thought my motivation to study men was to justify men's problems, violence, and abuse. What I was trying to do was just the opposite: explain how men's restrictive gender roles contribute to violent, abusive, and controlling behaviors in relationships. These were lonely and difficult days in my gender-role journey (O'Neil & Egan, 1992a, 1992b; O'Neil et al., 1993). My own hyped emotions and the confrontational interpersonal dynamics convinced me that studying men's lives was challenging but a real opportunity for developing my career.

My 3-month long literature review was disappointing because I found very little information on men in the professional journals. Before 1974, there were no published papers on men from a gender-role perspective. Most of the literature was in the popular paperbacks emanating from the men's liberation movement. Six seminal books were published from 1974 to 1977 that gave men's liberation national prominence (David & Brannon, 1976; Farrell, 1974; Fasteau, 1974; Goldberg, 1977; Nichols, 1975; Pleck & Sawyer, 1974). My female friends (Sue Sturtz and Pam Mauch) gave me these paperback books to read because they probably thought that I needed to personally change. Showing resistance and defensiveness, I unconsciously put the books on my shelf and did not read them for over

2 years. I returned to them only when I found so little literature on men in the psychological literature. In retrospect, the books challenged everything that I had been taught about how to be a man and therefore were personally threatening. I first needed a more rational or academic base with the issues before I could fully personalize them. In the late 1970s, additional publications appeared in scholarly journals that established an early rationale for counseling men (Harrison, 1978; Levinson, 1978; Lewis & Pleck, 1979; Skovholt, Gormally, Schauble, & Davis, 1978).

On an emotional level my exploration of men's issues was quite difficult and complex because as I reviewed the literature on men, I had to face my own psychological issues with sexism, including my relationship with my father and my interactions with women. These emotional issues interfered with my writing because there was sadness, loss, anger, confusion, and depression. Another dynamic that slowed me down—but helped me discern the deeper truths about sexism—was my relationships with other men. My dissatisfaction with other men was intense at times when I listened to their sexist jokes; heard my clients describe the wounded men in their lives; and observed the power plays, authoritarianism, and ungracious manners of men in various work settings.

I recognized that my dislike of other men really represented what I disliked about my father and myself. That was a rather groundbreaking insight for me and one that served as a dramatic turning point in my personal and professional life. I started to have less anger and more compassion for men around me, and about the same time I generated compassion for my father and myself. After this gender-role transition (O'Neil & Egan, 1992b), I began to directly and indirectly connect with men whom I admired and wanted to emulate. There were men that I never met (Gandhi, Robert Kennedy, Teilhard de Chardin, Martin Luther King, Jr.), some men that I met only briefly (Daniel and Phillip Berrigan, George Albee), and men in my personal and professional life (Tom Magoon, Larry Wrightsman, Punky P. Heppner, Murray Scher, Joe Pleck, Brooks Collison, and Gary White). These men gave me hope and provided evidence that the radical separatists were wrong when they described all men as innate oppressors and misogynists. The list of men whom I admired got very long in the 1980s, when I met more men who were feminists and who were committed to men's and women's liberation. These shifts in my personal and professional life helped me with my professional work. Academically, there were many theoretical dilemmas to work out with the literature review on men. A clear delineation between sex and gender roles did not even exist until Unger's (1979) statement that differentiated the two terms. Most of the literature on gender roles was in the psychology of women and primarily focused on sex differences and androgyny without any mention of men's gender roles. The literature indicated that counselors did not consider gender roles when doing counseling but used generic theories and techniques based on White, male, middle-class, heterosexual, Eurocentric values and norms. In those days there were few diversity contexts or multiculturalist lenses to conceptualize counseling. One of my conclusions from the literature search was that sexism negatively affects men and was a significant mental health issue for counselors to seriously consider (O'Neil, 1981a, 1981b, 1982).

Since those early days I have argued that men, too, are victims of sexism. This contention has been controversial, and some male and female feminists have disagreed with my position. One prominent feminist told me in 1991 that the

term *men as victims of sexism* was polarizing and that I should back off. I didn't back off because I believed this idea should be part of the discussion. I believed that much of the opposition to the idea of men as victims of sexism was based on the politics of gender roles, not conceptual thought and scholarly discussion. Now, over 20 years later, the concept of gender-role trauma strain (O'Neil, 2008; Pleck, 1995) is part of the psychology of men. There is a growing recognition of how sexism can be victimizing and traumatic, not just for girls and women, but also for boys and men.

After my literature review was completed, I proposed my first course on counseling men in the spring of 1979 in the counselor education program at the University of Kansas. Colleagues questioned the relevance and need for the course. The course was accepted, but it was apparent that classes on counseling men were red flags for some of my colleagues. There was also personal support for studying men and teaching the course. My colleague and friend Dr. Mary Louise Wise, a feminist and lesbian, understood the significance of the course. She helped me work through my father wound that had flooded my consciousness during my literature review. She also came to the counseling men class numerous times and supported my ideas with energy and gusto. Her position was that men's gender roles were important therapeutic issues related to sexual orientation, homophobia, and heterosexism. Mary Louise was decades ahead of lesbian, gay, bisexual, and transgender studies that are now central parts of most mental health professions. The outcome of my teaching and literature searches was three published papers (O'Neil, 1981a, 1981b, 1982), the development of the Gender Role Conflict Scale (GRCS; O'Neil, Helms, Gable, David, & Wrightsman, 1986), and the beginning gender-role conflict research program that is summarized elsewhere (<http://jimoneil.uconn.edu>).

Today, as I look at the table of contents of this book and the chapters that you are about to read, I sigh in relief and say, "Some significant change is occurring with helping men. Scholarly knowledge and more relevant counseling services are being developed for boys and men. There is hope and optimism for the future of counseling men."

Four Concepts That Expand the Theoretical Base When Counseling Men

There is a great need to broaden the theoretical foundations that explain men's problems with gender roles. In this section, I discuss four concepts that provide context for counseling men and for many of the chapters in this book.

Redefinition of Male Privilege

I feel privileged to write this foreword. Privilege is definitely something I know about as I am White, now middle class, heterosexual, and a tenured professor at a major university. As I have described earlier, even with privilege, working with the patriarchy has not been easy for me over the years. You could respond, "Give me a break! What is your problem, and what are you whining about? You have had male privilege and huge advantages!" I have no argument with this kind of reaction, but male privilege also needs to be understood in the context of how the patriarchal systems oppress men.

Male privilege is usually understood as advantages that men have over women and minorities. Patriarchal privilege also operates *between* men by pitting them against each other when competing for power, control, wealth, and status. Privilege is not just a sex or race category but includes how class, ethnicity, and other indices give one group of men advantages over another. Hence, there are tensions, competitions, conflicts, and negative emotions between men who have power and resources and those who don't. When male privilege is understood as the destructive power to subordinate, marginalize, and devalue anyone, including other men, on the basis of class, race, socioeconomic status, status, wealth, and education, then male privilege is defined in a new and important way. Privilege produces hierarchies that can lead to abuses of power, discrimination, envy, and negative feelings toward self and others. Many men experience mental health problems like depression, stress, anxiety, anger, and hopelessness because they do not have privilege or have few opportunities to develop their human potential. Furthermore, serious mental health problems occur for men who abuse their privilege and harm other men, women, and children. Male privilege can be an important issue for counselors to assess when helping men.

Men Proving Their Masculinity and Developing Compassion for Sexist Men

The negative aspects of privilege between men help explain why men are obsessed with proving their masculinity. For many men, proof of masculinity is men's dues to join the boy's club and demonstrate privilege and power. Kimmel (2006) indicated that men's testing and proving their masculinity is deeply embedded in our nation's past and present consciousness. He wrote "that the quest for manhood—the effort to achieve, to demonstrate, to prove your masculinity—has been one of the formative and persistent experiences in men's lives" (p. 3). The problem with proving your masculinity is that it has to be done continuously to maintain the illusion of masculine power, strength, and vitality. Furthermore, privilege allows some men to prove their masculinity while others struggle to actualize it without adequate resources, connections, and options.

Proving your masculinity is a futile pursuit because proof is usually elusive and no criteria exist to quantify it. Providing proof of masculinity is also tiring and depletes internal strength, confidence, and stability and can lead to emotional and interpersonal problems. Proving your masculinity means continuously demonstrating masculine norms that produce dominance, power, superiority, success, status, and wealth that are visible to others. Attempts to prove your masculinity can result in high sex-typed behaviors, machismo, macho behavior, hypermasculinity, sexual promiscuity, authoritarianism, power plays, violence, workaholism, and excessive needs to control others.

Counselors need to know that proving one's masculinity may explain men's strong attachment to restrictive gender roles that cause gender-role conflict. A more important quest than proving one's masculinity is determining how to actualize one's human potential to make the world a better place for other men, women, and children. A heroic or successful man in any culture is one who protects and builds a human society that is based on values that sustain life and make the world better for future generations. Most men want to be involved in this generative process of sustaining and contributing to life, but gender-role conflict, competi-

tion, power, stereotypes, poverty, and sexism are major barriers to actualizing their dreams and positive intentions.

Over the years, it has pained me to observe the sexists, the chauvinists, the bullies, the power brokers, the male elitists, the sexual harassers, and the good neighbor next door, all of whom showed their immaturities, vulnerabilities, and wounds, including some that resulted from restrictive masculine gender-role socialization. Many of these threatened men clung to an old order of gender roles that was and is no longer relevant or functional in a new world order that mandates equality between the sexes, races, sexual minorities, and all ethnicities. I developed compassion for these wounded men because empathy was needed to help them heal and regain their humanity. Sexism was never condoned or legitimized but explained as a mental health issue that needs to be confronted and understood as emanating from restrictive gender roles. One of the counselor's greatest gifts is a special compassion and care for sexist men who want to change. This kind of caring for wounded men is a paradigm shift that is needed in all mental health professions.

Denial About Boys' and Men's Problems

One of the most difficult issues for counselors to face is the pervasive denial about problems of boys and men. The chapters in this book dispel any illusions that all is well with boys and men. The denial is best expressed by the "boys will be boys" mantra. This attitude is that boys have problems and dysfunctional behavior, but it is normal, expected, and not really that significant. The assumption is that the boys' problems will go away with age and maturity. The "boys will be boys" attitude is seriously flawed because it reflects only a superficial assessment of boys' lives and does not capture the deeper and unidentified sources of masculine conflicts. Many boys and men appear normal, but under the surface there is turmoil, trouble, psychological disturbance, and gender-role conflict that many times affect adult functioning and successful living. For example, the sexual abuse of boys and adult male trauma are realities that have been denied for too long. Counseling men is difficult if denial trumps the truth about the problems associated with restricted gender roles. Counselors need to be activists in eroding the widespread denial about boys' and men's problems.

Accepting and Using Research Evidence When Counseling Men

Another issue counselors need to consider is using research on men and boys when developing therapeutic interventions with clients and the public. There is now considerable research evidence that restrictive, masculine gender roles have negative mental health consequences for men, women, and children (Levant & Richmond, 2007; O'Neil, 2008). Analyses show that masculinity ideology positively correlated with 58 psychological problem areas, and gender-role conflict correlated with another 87 psychological symptoms (O'Neil, 2012; O'Neil & Crapser, 2011). With this kind of evidence, the hazards of being male (Goldberg, 1977) no longer just refers to a title of a once-popular paperback.

If the research is unconvincing, then there are many public examples of boys and men having significant mental health problems. These problems can be presented to educators and are summarized elsewhere (O'Neil, 1981a, 1981b, 2008; O'Neil & Crapser, 2011; O'Neil & Lujan, 2009). For example, to take extreme cases, there have been 104 school shootings in the United States since 1990, and 94% of them

were committed by White boys and men. The last school shooting that changed our society permanently was the massacre of 20 children and six school personnel at Newtown, Connecticut's, Sandy Hook School. That massacre occurred just 54 miles from where I am typing this foreword. Two months after the shooting, I still get chills and tears thinking about those little children and those brave school teachers. Like many of you, for me the thoughts of what happened are so destabilizing they are almost beyond *human* comprehension.

One young and very angry boy, who was unable to be reached by his parents and the mental health system, went off on a violent rampage. It takes this kind of savage event for the public to recognize again the importance of providing effective and accessible counseling services for boys and men. Of course this extreme example of violence does not reflect most men and boys' lives, but it is another wake-up call to America about accelerating our efforts to provide more comprehensive mental health services for men and boys. In this context, this book that you are about to read is critically needed now to increase our mental health service delivery for boys and men.

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Preface

Matt Englar-Carlson, Marcheta P. Evans, and Thelma Duffey

The past 50 years in the United States have brought dramatic shifts in gender roles. Spurred on by the feminist movement of the 1960s, many men and women witnessed significant changes in their personal, professional, and family lives. Some of these changes include women entering the work force in larger numbers and significant alterations to family structure (e.g., increased rates of divorce, single parents, and dual-income couples; the emergence of legally recognized same-sex marriage/civil unions, etc.). The lives of men have shifted in relation to the changing global economy (e.g., stagnant wages, lost manufacturing jobs, and a general financial downturn for many working-class and middle-class men that was exacerbated and highlighted during the recent economic recession). Taken as a whole, the social fabric of the United States has altered gender roles and expectations. Though many men retain power and privilege associated with their gender, there have certainly been shifts in how men and women alike experience their world in association with these changes. New opportunities have emerged for many men in relation to how to live their lives. Some men are able to see more flexibility in their career options and paths; other men are able to adopt a stronger identity as a parent and father; and some men now find they are able to live their lives in a more open manner with less prejudice and discrimination because of sexual orientation and other identity factors.

At the same time, the profession of counseling has also undergone similar changes, and many of these shifts are closely associated with the changes listed above. Counseling was once a field dominated by men, but now women make up approximately 70% of counselors (U.S. Department of Labor, 2011), close to 75% of the members of the American Counseling Association, and 83% of graduate students in programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2012). Women also make up the majority of those seeking counseling services (Addis & Mahalik, 2003; Vessey &

Howard, 1993). Now, the most common interaction in the field is between two women. The practice of counseling has undergone other changes, as it has fully integrated an emphasis on social justice and advocacy. In doing so, the field of counseling has elevated the desire to help *everyone*, with special attention to those populations with the most critical needs that have been historically and presently marginalized in American society. For many, it may seem strange to identify men as a population with special needs deserving additional attention and resources. After all, historically and to this day, men in the United States experience considerable amounts of privilege on the basis of their gender. This privilege is represented in many ways (financially, socially, familially, etc.) and certainly works to oppress women *and* men through a range of practices such as competition and aggressiveness as well as viewing heterosexuality as the norm. Sexism helps men retain and express privilege and power, but it also causes serious emotional, interpersonal, and community problems for men and those around them. Men are often encouraged into restrictive gender roles that can negatively affect men and their well-being (see O'Neil, 2012). Restrictive gender roles have also been implicated in men's violence, suicide, depression, anxiety, substance abuse, and interpersonal dysfunctions (O'Neil, 2008).

A man's identity and expression of masculinity is connected to his social class, race, sexual orientation, ability status, religion, and other salient identities and roles (Shields, 2008). Though the field of counseling has certainly addressed the concept of cultural competence, the notion of gender competence is an emerging competency (Owen, Wong, & Rodolfa, 2009; Sinclair & Taylor, 2004). Men have long been studied as generic persons but not as gendered human beings (Kimmel, 2013; Smiler, 2004). Akin to the same way that White privilege can go unacknowledged and remain invisible (Neville, Worthington, & Spanierman, 2001), male privilege and sexism intersect in a way that elevates the power of men while masking the costs and pain that men experience. Counselors might not think there is much to know in terms of counseling competency when working with men. By default, counselors might adopt a universalistic perspective that ignores male culture and minimizes the experiences and stresses of growing up male (Liu, 2005). These types of beliefs can create a significant gap in our truly being competent counselors when working with men. An important caveat to remember is that even though men through male privilege remain powerful, not *all* men are/feel privileged or experience power in the same manner (Englar-Carlson, 2009). We suggest there is much to learn about effectively understanding and working with the wide range of men encountered in counseling. Against this backdrop and perspective comes this book on counseling men.

The Need for Dedicated Attention on Men

The physical and mental health concerns of men and boys are related to complex and diverse economic, biological, developmental, psychological, and sociocultural factors. The concerns, behaviors, values, attitudes, and feelings of men also arise from myriad intersections among their multiple identities related to age; race; ethnicity; class; sexual orientation; marital, partnership, and parental status; gender identity; ability; culture; immigration; geography; and other life experiences (Gallardo & McNeill, 2009). The changing and increasingly complex life experiences

of men and the intersection of their gender roles with other life identities and statuses demonstrate compelling evidence and need for professional guidance to help counselors avoid harm in counseling practice with men; improve consultation and counseling training and practice; and develop and enhance treatment efforts, research, prevention, teaching, and other areas of practice that will benefit men and those around them (Liu, 2005).

There is substantial evidence to suggest that men's needs for mental health services have been increasing in the last several decades. For example, it is estimated that over 6 million men in the United States suffer from depression every year (Magovcevic & Addis, 2008), and additional evidence suggests that men experience depression at the same rate as women (Martin, Neighbors, & Griffith, 2013). Males are 4 times more likely than females to die from suicide attempts, and 15- to 24-year-old males are 5 times more likely to complete suicide compared with females of the same age (Centers for Disease Control and Prevention, 2010). Men also have higher rates of substance abuse and impulse control disorders than women (Kessler, Chiu, Demler, & Walters, 2005). There is a strong base of empirical evidence indicating that men's adherence to traditional masculine gender roles is associated with a wide array of presenting concerns, such as depression, anxiety, and substance abuse (see O'Neil 2012; Wong, Owen, & Shea, 2012). The mental health concerns of men represent just a part of a discouraging picture of men's health.

Despite having greater socioeconomic advantages than women, men are at greater risk of serious chronic disease, injury, and death than women (see Courtenay, 2011). Though the mortality and longevity rates have experienced positive changes (men and women both are living longer lives), men die more than 5 years earlier on average than women (i.e., at age 75 as opposed to age 80 for women). Though the mortality disparity rate between men and women is down from 7 years in the early 1990s, thus indicating that men are leading healthier lives, the gender gap still persists. For the 15 leading causes of death, men have higher age-adjusted death rates than women in every age group. The highest disparity is found in murder and suicide rates (4 times greater for men). Health disparity patterns of heightened risk behaviors for men begin in early adolescence: Adolescent and young adult males engage in more risky behaviors and are increasingly likely to engage in those behaviors over time (Mahalik et al., 2013). Courtenay (2011) squarely linked health-risk behavior and existing health disparities to masculine socialization, noting that men engage in fewer health-promoting behaviors, participate in more risk-taking behaviors, are more likely to be the perpetrators and victims of physical abuse and violence, have few social supports, possess less effective behavioral responses to stress, and use fewer health care services. The health challenges for many men of minority status (race, ethnicity, social class, sexual orientation) have long been rooted in sociopolitical (e.g., the unequal distribution of power), sociohistorical (e.g., biased and inaccurate histories of peoples), and sociostructural (e.g., legal, educational, and economic systems) forces that marginalize and oppress individuals (Jones, Crump, & Lloyd, 2012; Liu & Ali, 2005). Insensitivity to racial stereotypes, the interaction of race and gender, cultural values and mores, immigration status, and social and economic conditions have a significant impact on men who live in poverty and men of color (Liu & Concepcion, 2010; Takeuchi, Alegria, Jackson, & Williams, 2007).

For many, the crux of working with men is understanding that masculinity is associated with both a wide range of health (physical and mental) concerns and

less willingness to seek help for those problems (Addis & Mahalik, 2003). Good and Wood (1995) classically defined that puzzle as double jeopardy: Those who need help the most are also the least likely to seek it out. In addition, men report higher levels of stigma concerning seeking help for mental health concerns (Vogel, Wade, & Hackler, 2007). Men simply do not go to counseling as often as women during any given year or over the lifetime (Addis & Mahalik, 2003; Moller-Leimkuhler, 2002; Vessey & Howard, 1993). Furthermore, men of color seek psychological help at lower rates than other men (Chandra et al., 2009).

We Can Do Better

With the existing disparity between the mental health concerns experienced by men and the disproportionately lower number of men who seek help for those concerns, it is hard to say the range of allied mental health professionals are doing an adequate job when it comes to serving men. Critics have stated that men of diverse ethnicities, social classes, sexual orientations, and life experiences are not well served by present mental health services (Brooks, 2010; Englar-Carlson & Stevens, 2006; Pollack & Levant, 1998; Rabinowitz & Cochran, 2002); furthermore, they are understudied despite warranting attention (Boyce, Willis, & Beatty, 2012). There are many reasons why men do not seek help, including gender socialization, structural barriers, and cultural and institutional mistrust of mental health services (see Addis & Mahalik, 2003). At the same time, the counseling profession must also ask what role it could play in meeting the needs of men more effectively. Namely, what are professional counselors doing to address the needs of men and the understanding that men are not seeking counseling as much as they could or should? When less than 4% of published articles in the flagship counseling journals address issues specifically related to men and masculinity (Evans, 2013), it becomes salient for the counseling profession to consider ways to better recruit and retain men as clients and counselors.

One suggestion is that counseling as it has traditionally been practiced represents an unnatural support pathway for some men. Common expectations of counseling, such as disclosing personal vulnerabilities, expressing emotions, and relying on a counselor for assistance, are not consistent with the ways many men are socialized to cope with problems (Addis & Mahalik, 2003; Mahalik, Good, & Englar-Carlson, 2003). Good, Thomson, and Brathwaite (2005) noted that some men actively work against connecting in counseling by avoiding counseling, remaining stoic in session, or acting out in order to unconsciously sabotage an emotional bond or connection. Others (Bruch, 1978; Kiselica, 2003) have long identified the mismatch between traditional male relational styles and the practice of counseling. To address these concerns, many researchers (Englar-Carlson, Stevens, & Scholz, 2010; Kiselica, 2003; Mahalik, Good, Tager, Levant, & Mackowiak, 2012) have suggested making male-friendly adjustments to their approach to fit with male socialization. These adjustments include changing the way counseling is presented to men by altering the therapeutic language and modifying the way counseling is conducted (e.g., addressing gender-role socialization in counseling; using more self-disclosure; using more problem-solving, directive, and active approaches; etc.). In order to be male-friendly, counselors must first have gender competence in counseling practice (Owen et al., 2009). Developing that competency takes dedicated attention.

Counselors' own gender bias can influence their assessment of men and their ability to work effectively with men in counseling. For example, counselors have

been found to stereotype men as hypoemotional, or out of touch with their emotions (Heesacker et al., 1999). Other research has indicated the tendency of gender stereotyping with men in overdiagnosing externalizing concerns, such as attention-deficit/hyperactivity disorder (ADHD), conduct disorder, antisocial personality disorder, and alcohol and drug dependence, and underdiagnosing internalizing disorders, such as depression (Ali, Caplan, & Fagnant, 2010). Another type of bias can be the counselors' own gender-role expectations for men; that is, they may think that healthy men should enact more traditional gender roles (Levant & Silverstein, 2005). Both men and women can simply have a negative bias toward men because of past experiences and history; this bias may present as a failure of empathy in understanding and counseling men (Mahalik et al., 2012). This view of men may reflect a lack of gender competency when working with men, or it may be connected to long-standing feelings of resentment attributable to experiences of male privilege and social power. Regardless of the source, negative counselor bias influences work with men (Mahalik et al., 2012). A corrective step is to become more aware of these thoughts and feelings, explore one's personal history with men, recognize the wide range of within-group differences among men, and understand men as gendered people.

We believe that because of a lack of specific focus within counselor training on men and masculinity, all counselors can benefit from developing and examining their knowledge, beliefs, and skills with men. This book was developed for that purpose—to develop the reader's cultural competency for working with men. This book is presented in keeping with the assumption presented by Cardemil (2008) that culturally sensitive counseling is primarily the product of culturally sensitive counselors.

About This Book

This book, along with a special issue of the *Journal of Counseling & Development* (Evans, Duffey, & Englar-Carlson, 2013) on counseling men, represents a critical moment for counselors and their work with men. Taken together, these publications provide an updated survey of the current issues around counseling men and gender-aware counseling. These publications locate working with men as a clinical specialty that requires specialization and guided attention. Like other dimensions of identity, masculinity wholly influences the well-being of men and therefore must be considered and assessed if counselors wish to create effective therapeutic outcomes. In developing this book, we realized that it would represent a limited sampling of the lives of men and the types of attention needed. After all, a basic understanding in gender studies is that there are considerably more within-group differences among men and women than there are between men and women (Hyde, 2005; Kilmartin, 2010; Kimmel, 2013). At the same time, the contributors and topics in this book provide the reader with a broad understanding of men and masculinity and the intersection of mental health and counseling. The contributors to this book have considerable competence in counseling men and are simply good at this work. Beyond clinical expertise, we selected contributors on the basis of their ability to review the existing scholarly literature while also conveying the complexities of being with men in a counseling session. Though reviewing the existing evidence base is important, the reader must also be aware that men and other cultural communities may have ways of knowing that do not rely on the kinds of observational experiential measures and methods character-

ized by evidence-based practice (Kirmayer, 2012). In other words, we hope each chapter brings you into the consulting room to experience what it is like to be with a wide range of male clients.

Overview of the Chapters in the Book

The book opens with a primer on counseling men (Chapter 1). This comprehensive introduction explores the emerging field of men and mental health with an evidence-based literature review on men and clinical concepts such as help seeking, presenting concerns, theoretical models, specific interventions, and counseling relationships.

Part One of the book examines specialized modalities and settings for counseling men. Chapter 2 (“Male-Sensitive Couples Counseling”) presents an overview of the sources of men’s ambivalence about engaging in couples therapy, including developmental/socialization influences. The authors review challenges in working with the male partner, including emotional inexpressiveness and men’s shame. Recommendations are presented on developing a strong counseling relationship with the male partner. Two case studies are presented and conceptualized from a male-sensitive perspective. Chapter 3 (“Counseling Men in Groups”) explores the benefits of all-male group counseling. Using clinical examples, the author illustrates practical considerations, various interventions, and experiential activities with an emphasis on group process and understanding how group can be an effective setting for men. Chapter 4 (“The Changing Nature of Work in Men’s Lives: Implications for Counseling”) reviews the role of work in men’s lives and notes how changing economic and social forces are creating uncharted territory for many men and their vocational identity. Case examples highlight the role of work across the life span and how counselors can explore career issues in a masculine-sensitive manner. Chapter 5 (“Counseling Men About Their Health”) addresses the evidence on health disparities between men and women, with an emphasis on the role of masculinity in increasing the risk of disease, injury, and death. The chapter identifies specific gender differences in the health-related attitudes, beliefs, and behaviors of men and the health consequences of these differences. The intersection of mental and physical health is presented as a focal point for counselors wanting to better the lives of their male clients.

Part Two of the book focuses on the intersections of identity for men. Chapter 6 (“Affirmative Therapy With Sexual Minority Men”) examines how working with sexual minority men often concerns the internalization of factors related to a stigmatized status in society, including family, work, and religious affiliation. The reader is encouraged to consider the psychological effects of the process of coming out and how counselors can meet sexual minority men where they are. The chapter highlights ways counselors can provide an affirmative counseling environment that honors diverse contexts, identities, and development in the sexual minority male community. Chapter 7 (“Cultural Considerations in Counseling Men of Color”) explores the intersection of race and masculinity, with an emphasis on men of African American, Latino, and Asian descent. The authors review how racial identity can present in counseling men of color and offer suggestions about tailoring counseling to meet the needs of this population. An extensive case example (with analysis) reviews counseling and supervision for those working with men of color. Chapter 8 (“Counseling Older Men”) provides a historical view of men and aging that notes the common focus on deficits (poor physical health, mental health deterioration, dementia, loss of productivity, death

preparation, social isolation, cognitive slowing, and decline) while exploring recent notions of healthy aging, with a focus on renewed growth and vitality. Counselors are directed to help older men develop new resources, skills, knowledge, and resilience. For men, this emphasis can mean reviewing traditional themes of masculinity from a new vantage point. Chapter 9 (“Manhood and Spirit: Awareness, Reflection, and Life Transitions”) provides a developmental view of the role of spirituality in the lives of men from diverse backgrounds. The author helps the reader understand how to see spirituality in men and to explore spiritual themes in counseling. A review of strategies for effective involvement in holistic/psychospiritual health is provided. Chapter 10 (“Counseling Fathers”) explores the shifts in societal expectations of being a father that can often leave men confused as they navigate conflicting views, demands, and responsibilities. The chapter reviews cross-cultural fathering issues, assessment of fathers, and a strength-based approach. The chapter closes with practical interventions and a guide for working with fathers in counseling, whether the issues of fathering are at the center of the discussions or in the background.

Part Three of the book reviews specialized populations of men and specific concerns. Chapter 11 (“Counseling Stoic Warriors: Providing Therapy to Military Men”) examines the intersection of military culture and masculinity with an emphasis on understanding how the military shapes men in terms of addressing mental health concerns. The chapter reviews the experience of combat and the mental and physical trauma associated with it. The impact military culture and combat experiences have on men’s relationships is addressed and illustrated with a case example. Chapter 12 (“Counseling Men to Prevent Sexual Violence”) provides a model for understanding the problem of sexual violence and developing the expertise to provide counseling services in the effort to prevent sexual violence from occurring. Counseling is broadened to include psychoeducation, prevention practices, and consultation with a goal toward enlisting men as allies in ending sexism and sexual violence. Chapter 13 (“Counseling With Addicted Men”) reviews the unique challenges men face in the progression of addiction and with respect to recovery. Challenges are associated with seeking help, becoming vulnerable, and learning new relational strategies. The chapter reviews the relational effects of addiction, noting how addiction isolates men from meaningful relationships with those close to them and how it manifests in intimate relationships with others and in private moments of shame. Chapter 14 (“Counseling Men With Trauma Histories: Developing Foundational Knowledge”) reviews the existing knowledge base on incidence rates, symptomatology, and stereotypes related to trauma for male survivors. The main research-based traumatology frameworks (and related tensions between them) for counseling men with trauma histories are addressed.

Part Four of the book focuses on specific techniques and clinical frames for counseling men. Chapter 15 (“Female Counselors Working With Male Clients Using Relational–Cultural Theory”) looks at the unique ways that female counselors help men connect with their own dignity, self-compassion, and self-awareness. Specific matters related to women working with men are explored. Using relational–cultural theory as a foundation, the authors introduce the salient dynamics involved when women serve as counselors for men. Chapter 16 (“Motivational Interviewing and Masculine-Sensitive Therapy”) introduces the evidence-based practice of motivational interviewing and related motivation-enhancing behavior

change approaches for use specifically with men. Taking a masculine-sensitive approach, the authors present intervention strategies that motivate men, and they present case examples that demonstrate ways to effectively engage with men in diverse contexts, including mandated counseling.

The book closes with an epilogue (“Commitment to Practice”) that serves as a call to action for counselors in the field to enact the ideas presented in the book. Ideas about how to enact change at the personal, professional, community, and societal level are reviewed, with an emphasis on integrating concepts and ideas from this book into professional counseling practice.

Style, Format, and an Invitation

We consider this book as an invitation to explore the lives of men. Readers are asked to reflect upon the unique strengths and potential blind spots and biases they bring into their clinical work with men. Each chapter is organized to provide an overview of the specific topic and special intervention skills related to men’s preferred interpersonal styles. Specific topics or concepts are illustrated via clinical examples and vignettes with the intention of providing context and clinical relevance. Following American Counseling Association ethical guidelines, the contributors masked demographic and identifying details to ensure the confidentiality of their clients. Each chapter also provides a view of men that allows the reader to understand the core concerns of men from a multicultural narrative that in various ways disguises the problems specific to all constructs of masculinity. Finally, within each chapter are embedded reflective questions that encourage the reader to explore his or her own biases, beliefs, and ideas about working with men. It is our intention that reading each chapter become an interactive experience where readers can read, review, and reflect about the meaning of the book for their own counseling practice and clientele.

It is our expectation that a wide range of audiences can benefit from *A Counselor’s Guide to Working With Men* by gaining context, knowledge, and understanding about men and masculinity. More important, we hope that your male clients and the men in your own life will become the recipients of your gained knowledge and understanding about culturally effective practices for understanding, empathizing, and working with men.

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the way. As we began working on this book, I was questioned as to why I would focus on men and not women, especially being a woman. My response was, why not? Because of those questions, my resolve was strengthened to move forward with this important book. The numbers in our profession, whether as a client or counselor, and the demographics of our professional counseling associations are indicative that we must do better in recruiting more males.

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Thelma

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