### Catherine Jackson transcript

Sometimes it's hard to be a man. Catherine Jackson asks if counselling needs to man-up to properly support the mental health of men and boys. Among its many impacts, COVID-19 has been widely expected to bring major negative effects on mental health. Although, the more catastrophising predictions of spiralling mental crises have generally been balanced by research, showing rapid recovery and a general level of resilience across the UK population when lockdowns have been lifted. Certainly, predictions about spiralling suicide rates have so far been shown in the data to be misplaced. However, as we, hopefully, move towards greater normality in our social and working lives, and the death rates fall, there are repeated warnings that the economic impacts of the pandemic are likely to take a longer-lasting toll, and, say Samaritans, we should be very alert to the potential for rising suicides among the group already known to be most at risk: middle-aged men. In a recent coronavirus briefing, Samaritans points out that the common risk factors for men in this age group have all been exacerbated by the pandemic.

The main themes emerging in calls to the helpline from men during the height of the pandemic have been loneliness and social isolation, in part due to the closure of so many traditionally masculine opportunities for social contact, such as sporting events and venues; feeling that they should be able to put on a brave face in the face of the pandemic; fear and uncertainty about job and income loss and its implications; and relationship breakdown due to the lockdown pressures. With male suicides already returning to levels not seen since the early 2000s, according to the latest pre-COVID ONS data, is it time for the counselling profession to ask itself searching questions about what it needs to do when men still aren't availing themselves of what it offers? It is a paradox that, despite the fact that psychotherapy and counselling have largely been theorised and developed as therapeutic practices by white men, men are least likely to seek its help. It's another paradox that what should make men more in need of talking therapies is, arguably, what stops them seeking them: essentially, the fact that they are men.

When you subscribe to the biological, environmental or cultural explanations, or all three, what bring men to the point where they need such help, and what's stopped them reaching the counselling room, are the very attitudes, values, beliefs and behaviours that we, certainly in the industrialised West, generally associate with being male, with traditional roles of cisgender, heterosexual masculinity. These are issues with which psychologists have been tousling since the 1980s, and most recently following the publication in 2018 by the American Psychological Association of its 'Guidelines for Psychological Practice with Boys and Men.' The guidelines have proved highly controversial within the psychology profession, and the controversy revolves precisely around this central issue of whether and in what ways masculinity is pathological or toxic. Are the chief elements of what it is to be a man in and of themselves psychologically dysfunctional and in need of intervention and treatment?

This, argues John Barry, currently chair of the British Psychological Society's Male Psychology Section, co-author of the recently-published 'Perspectives in Male Psychology', and co-founder of the Male Psychology Network, is exactly what the guidelines do. They are, he believes, far too influenced by sociological constructs of masculinity that, essentially, regard masculine attributes and how they impact on men and those around them as negative and harmful. 'They're useful if your interpretation of masculinity is just for social construct, or that it's all about men's power over women and being competitive', he says. Guidelines one and three particular provoke his criticism. Guideline one, with its injunction that psychologists should strive to recognise that masculinities are constructed on social, cultural and contextual norms; and guideline three, which recommends that psychologists understand the impact of power, privilege and sexism on the development of boys and men, and on their relationships with others.

I think these guidelines are just a really poor advert for therapy, and won't encourage men to seek help, he believes. People get very entrenched in the nature/nurture debate when it comes to masculinity, and it's not only very unhelpful, it's wrong, because it's not one thing or another; it's both. There are some aspects of masculinity that are to do with biology or evolutionary psychology, and some to do with enculturation and socialisation. Both sides have something to bring. Barry says the import of ideas from sociology have not landed well when imported wholesale into psychology, and especially in the therapy room. When men lose their job and get depressed, to say it's because they've lost their role as the family patriarch is probably the least useful avenue to explore in therapy. There's a lot of things that might help him, but trying to get him to see himself as a fallen patriarch isn't going to help him in any productive way. These things don't have much use, scientifically or clinically.

We should always strive to use evidence-based therapy, and we just don't have enough research. These guidelines would make a lot of men run for the hills, and we already have a problem with men seeking help for psychological problems. There are, he argues, many benign evolutionary and biological characteristics of masculinity that get ignored. Stoicism, for example; men's capacity for enduring unendurable circumstances, like warfare and dangerous jobs such as mining. 'You can't be sitting in the trenches talking about your feelings, because probably everyone would panic and run away', he says. He agrees that some expressions of traditional masculine attributes can be harmful, both to men and to those around them, but you have to be careful not pathologize them. We need to normalise them, see them in their context, not simply say, 'This is a problematic part of being a man.' 'That', he says, 'is a psychological dead end.'

Counsellor and relational transactional analyst, Sue Parker Hall, agrees. She is a staunch defender of what she calls traditional masculinity, in relation both to characteristics and roles. For example, she says, 'The APA Guidelines are quite critical of such things as achieving and competing. They talk about men's power as oppressive. Whereas I would think about men's strength, how they welcome being a supportive partner, enjoying being a dad, like being a provider, take a pride in those roles of fathering, providing and protecting. That has been very attacked, particularly by radical feminist ideologs, and I think the APA Guidelines have politicised it. I'm only willing to say masculinity can be bad for men and women if we also say femininity can be bad for women and men.'

She argues that counselling and psychotherapy try to force men into a particular mould, a way of being in the world and relating where they innately do not fit. I think there is a danger of feminising men, making them more like women. People say men need to learn to express their feelings, but I say there are three ways of being in the world: one is thinking, one is feeling, and one is behaving. A lot of men would more comfortably negotiate the world quite adequately through using their behaving and thinking. Their feelings don't have a big role. The same is true for some women too. So this push to get men into therapy is misguided. I want us to take a wider perspective and explore how we can make the therapy environment more accommodating for men, so they don't get wounded or shamed or thought badly of. We ought to be changing as a profession and be way more respectful of men's dealing with things in the way that they naturally deal with things. We need to respect men who want to think and behave their way through processing. Why should men be feeling? It's not respectful of the masculine process.

Counselling psychologist, Doctor Michael Beattie, takes a different view of masculinity as it plays out in men's thinking and behaviours. So much of the discussions around the idea of masculinity is that there's nothing good about it and it needs to be overhauled. 'I think it's not masculinity but some aspects of patriarchy that need to be overhauled', he says. Masculinity wouldn't be a problem if there weren't imbalances of power, or imbalances of privilege between sexes and between different masculine positions: men dominating women, white men dominating people of colour, or cismen dominating non-cismen, and so forth. If we are to make value judgements…