

**Men, Masculinity, and Conformity to Masculine Norms**

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## **Abstract**

This research paper highlights some of the critical issues contributing to the overall decline in men's mental health and how masculine norms influence men's help-seeking behaviours. Key areas explored regarding men's mental health are a high incidence of male suicidality, the perplexing nature of depression, issues of alcohol and drug use, and lack of effective coping strategies. Some of the most prevalent issues related to stigma are feelings of separation, self-stigma effects, and gender identities. The complexities of men's mental health occur on both a personal and societal levels and require a multi-pronged approach. Men's needs are unique from other populations, but what is common amongst most men is their unwillingness and resistance to seeking help and support. Implications for counselling men in various contexts are explored to determine how to improve engagement in the hopes of improving therapeutic outcomes. While progress continues to be made in the areas of men's mental health, men remain vulnerable, and we must ensure that we are meeting their needs. Overall, there is a lack of resources for men in accessing supports, and there is no specific training or evidence-based practice for counsellors that are tailored to the unique needs of men.

*Keywords:* masculinity, masculine norms, help-seeking behaviours and men's mental health, gender role conflict, gender role socialization

## **Men, Masculinity, and Conformity to Masculine Norms**

The last decade has seen a significant shift in increased public awareness of the importance of men's mental health. Mental health is a crucial aspect of one's overall health and well-being. The economic burden of mental health-related issues in Canada is estimated at a staggering \$51 billion per year, including health-care costs, lost productivity, and reductions in health-related quality of life (Centre for Addiction and Mental Health, 2019). It could be argued that all humans have an innate desire to live a healthy and fulfilling life, which includes achieving and maintaining a delicate balance between physical, mental, emotional and psychological well-being. However, not all groups place the same value or level of importance on their health and wellness. In examining the current research, one common theme that emerges is that men tend to be less concerned about their mental health and wellness and, as a result, are resistant or unwilling to seek professional help and support (Kilmartin, 2017).

Recent research suggests that more than half of men in the US receive no formal (e.g., mental health counselling) or informal support (e.g., family and friends) for their ongoing mental health concerns (Shafer & Wendt, 2015). Not only do men avoid seeking help for their mental health needs, but they are at elevated risk when it comes to their physical health. According to the Canadian Institute for Health Information (2016), men are at risk of premature death due to the lack of effective interventions regarding their mental health issues. One might argue that men face multiple barriers that prevent them from obtaining an optimal level of mental health and wellness. This alarming trend is a cause for concern, as help-seeking is an integral step towards preventing severe mental illness and poor health outcomes among the male population (Call & Shafer, 2018; Shafer & Wendt, 2015) This requires further exploration to identify the disconnect between men and their resistance to caring for their own mental health needs

### **Research Question**

How does conformity to masculine norms and men's resistance to help-seeking impact men's mental health and well-being?

### **Relevance of Topic**

This research question is of significant importance because men's mental health and wellness have a profound impact on their life expectancy. The mortality gap amongst U.S. men reveals that men are dying, on average, seven years earlier than women (Kilmartin, 2017). While there may be several plausible explanations for men's reduced life expectancy, one common theme identified in the literature is that the gap can be attributed to men's specific behaviours, which could easily be prevented (Kilmartin, 2017; Salgado et al., 2019; Yousaf et al., 2013). Overall, it seems that men are resistant to seeking help, which could have long-term implications when it comes to caring for their mental health care needs. Despite all the medical advances in the Northern Hemisphere, men continue to be one of the highest groups at risk for a reduced life expectancy (Bilsker et al., 2018). These risks seem to be unnecessary ones that could easily be prevented if men were less resistant to seeking help. Globally, male life expectancy is less than women, which includes 27 countries where male life expectancy is below 60 years old (Kilmartin, 2017).

### **Key Terms**

As we begin to unpack the complexities of men, masculinity and masculine norms, it is essential to define some key terms.

***Gender role conflict (GRC)*** refers to the notion that one's "psychological state" in which socialized gender roles have negative consequences. GRC is measured by: (a) restricted emotionality; (b) restrictive affectionate behaviour between men; (c) success, power and

competition; and (d) conflict between work and family relationships (O' Neil, 2008; Raemaker & Petrie, 2019).

*Gender role strain (GRS)* posits that masculine and feminine identities are challenging social constructs that create problems for men and women (Pleck, 1981, 1995). It could be argued that gender roles are inconsistent, inherently dysfunctional, and unforgiving if their rigid standards are not followed (Good & Brooks, 2005).

*Masculinity* refers to the “social roles, behaviors, and meanings prescribed for men in and given society at one time” (Kimmel et al., 2004, p. 503). While some subtle nuances are dependent on one’s cultural background, the common theme around masculinity is a set of societal defined norms of how men ought to behave.

*Hegemonic masculinity* is a term that has been developed in the study of men and masculinity that can be widely attributed to Connell’s (1995) seminal book, *Masculinities*. Connell defines hegemonic masculinity as the currently accepted and cultural gendered practice that ensure male dominance, which includes the subordination and marginalization of women, and other groups of men from different races, cultures, socioeconomic class and sexual orientation

### **Risk Factors That Impact Men’s Mental Health**

Substance use, more specifically, alcohol, had the most significant impact on men’s mental health overall. Current research suggests that alcohol use is a reliable indicator of prevailing mental health concerns, as most men rely on substance use as a coping strategy to help overcome high levels of psychological distress (Ballon et al., 2014). According to Li et al. (2010), men are two to three times more likely to have serious alcohol issues when compared to

women. Alcohol use is the number one factor contributing to severe mental disorders and mortality levels amongst men (Centre for Addiction and Mental Health, 2019).

Additional risk factors of men's prevailing health concerns include further risk from unhealthy diets, tobacco and alcohol use. Research conducted from a Global Burden of Disease study in 2010 revealed that 55% of male deaths are related to dietary risk, 72% of deaths from tobacco, and 65% of deaths were alcohol-related (Baker & Shand, 2017). These unhealthy dietary concerns and life-style choices further impact men's physical and mental health.

Occupational risk is another variable that contributes to the overall decline in men's physical and mental health. According to Baker and Shand (2017), workplace fatalities among men accounted for 88% of premature deaths. One possible explanation could be that employer's expectations and men's willingness to adhere to the dominant masculine norms increases the need for mental health interventions.

### **Suicidality**

Male suicidality is and continues to be another significant barrier that many men face in their lifetime. Unfortunately, many men struggle in their efforts to maintain their mental wellness and refuse to seek help. This resistance results in many men choosing suicide as a fatal alternative which, has an enormous impact on individuals, families and communities that are left to pick up the pieces from the unnecessary tragedy. It is estimated that suicide is the most common risk factor for men between 15 to 44 years and is among the top reason for men's high mortality rates (Bilsker et al., 2018). Alcohol and depression are the additional two factors that are contributing to the decline in men's health and wellness. According to Wilsnack et al. (2009), alcohol appears to have the greatest impact on men's mental health as men are two to three times more likely than women to have serious substance abuse concerns. Additionally, the age- and

gender-specific rates from 2000 to 2011 from North America found that male suicide rates increase steadily with age, which peaks at age 40 and again at 80 years of age. This finding suggests that men are at a substantially higher risk for suicide ideation and completion across their entire lifespan (Bilsker et al., 2018). Although there is much debate about the exact reasons for suicidality in men, there is sufficient evidence that points out that men are at higher risk for suicidality, which is a crucial variable that is negatively impacting the current state of men's mental health.

### **Limited Access to Services**

Men's under-utilization of mental health services is another common theme that contributes to the declining state of men's mental health. Men unwilling to acknowledge that they have a problem, but they are also unwilling to seek help and support from family and health care professionals. One possible explanation for this phenomenon is that men's health-risk and protective behaviours are uniquely influenced by men's attempt to internalize and endorse society's dominant masculine norms (Salgado et al., 2019). A recent review found that adherence to masculine norms tended to impact help-seeking behaviours negatively that often resulted in incidents escalating to a possible crisis (Seidler et al., 2016). A Canadian study found that men were unwilling to disclose their distress levels to doctors regardless of their adherence to traditional masculine norms or symptom severity (Wide et al., 2011). Enhancing men's level of engagement as it relates specifically to their mental health and wellness is a critical piece that must be addressed. Men's mental health help-seeking behaviours are far behind women, and it carries enormous personal, relational, physical, mental, and economic costs (World Health Organization, 2017).

### **Stigmas**

In addition to the underutilization of services for men when it comes to accessing services for their mental health needs, there is an underlying set of stigmas (e.g., fear, shame) that further complicate men's unwillingness to ask for help. Overall, men typically exhibit a low rate of help-seeking behaviours and usually prefer to mask their symptoms and behaviours, making it more challenging to determine if help and support are required by a health-care professional (Berger et al., 2013; Idris et al., 2019). It is estimated that in the United States that 21% to 23% of men refuse to seek care for mental health issues due to shame, embarrassment, negative social judgement, and employment-related discrimination (Clement et al., 2015). Despite the tremendous progress in acknowledging mental health as a common challenge that all people face, there continues to be a particularly relevant set of underlying stigmas, especially for men.

### **The Complex Nature of Men's Mental Health: Masculinity and Masculine Norms**

The meaning of masculinity continues to evolve and change. In the last few years, there has been a gradual and subtle shift away from strict adherence to gendered and cultural masculine norms in society as a whole. A new space has emerged in North America that has caused a real shift that views masculinity in a different light; one where multiple masculinities can co-exist in a fluid and flexible state of enhanced self-awareness (Wong et al., 2017). Masculine norms are defined as socially constructed attitudes, standards, expectancies, and behavioural tendencies associated with being male and masculine (Mahalik et al., 2003; Wong et al., 2017). Primarily, masculine norms are spoken and unspoken rules and regulations that guide behaviour, which are learned and occur within social interactions. For example, men are typically socialized that asking for help is a sign of weakness that most men will go to extremes to avoid being perceived as weak. As a result, most men will choose to suffer in

silence, which can have devastating consequences, including self-harm, and suicide (Oliffe et al., 2016).

### **Measuring Masculinity**

There continues to be some debate as to the “golden standard” as it relates to masculine societal norms. Most of the empirical literature exploring the connection between masculinity and mental health has focused on adherence to masculine norms through tools such as the Conforming to Masculine Norms Inventory (CMNI) (Salgado et al., 2019).

The CMNI is an assessment tool that is often used to break down and measure the various components of masculinity to determine how men behaviorally comply or resist gender-based norms. According to the instrument, masculinity is comprised of the following 11 distinct factors: winning; emotional control; risk-taking, violence, dominance, playboy, self-reliance, primacy of work, power over women, disdain for homosexuals, and pursuit of status. As health outcomes are influenced behaviorally, it is important to consider some of the possible variables that affect men to engage in help-seeking as it relates to mental health and well-being (Salgado et al., 2019).

The Healthy Behaviours Inventory-20 (HBI-20) is another assessment tool that has been used with a high degree of success in understanding men’s attitudes and behaviors to determine both health-protective and health-risk behaviours (Salgado et al., 2019). Health-risk behaviours include anger, stress, and substance use and misuse. Health-protective behaviours include a healthy diet, proper use of healthcare resources, and preventative self-care (Salgado et al., 2019). Together these two instruments provide a high degree of reliability and validity in assessing how certain behaviours are connected to masculine norms. Together the CMNI and HBI-20 provide a framework in making sense of how men are resistant to engaging in help-seeking behaviours.

## **How Masculine Norms Are Influenced by Society**

Having an appreciation of the complex nature of men's mental health needs requires that we examine how men's attitudes and behaviours contribute to adhering or rejecting masculine norms. To understand the whole, we must break the issue down into its parts in an attempt to see what is working and what is not working.

As society continues to evolve, there has been a continual shaping or refinement of what it means to be masculine that has resulted in the dominant narrative and social norms around being masculine. These social norms have been adopted by the individuals in some cases, but these norms have also resulted in a type of hyper-masculinity that is promoted and celebrated in society as a whole.

### **Culture of Sport**

Sport is one specific context where men are encouraged to engage in a hyper-masculine behavior through competition. The high-profile of sport and its popularity within Western societies appears to play a significant role in encouraging men to adhere to the dominant masculine norms. According to Ramaeker and Petrie (2019), sport occurs in an environment where hyper-masculine norms are learned and reinforced. Organized sport is a domain in which competition establishes a physical and social hierarchy (Messner, 1992). Although both men and women participate in sports, sport itself remains a gender-segregated activity where men are encouraged to adhere to the dominant and traditional masculine scripts that are enacted. Sport requires the demonstration of one's physical prowess where winning is highly desirable as it ascribes to an increased level of social status, power, and privilege. As a result, boys and men may internalize the masculine ideologies that may be counter-intuitive to their overall mental health and well-being as they are concerned about the consequences that may result from non-

conformity to masculine norms (Ramaeker & Petrie, 2019). This provides some interesting insights into how the culture of sport significantly impacts men's attitudes and behaviours around seeking help. The narrative of winning at all costs does not serve men as it does not take into consideration the importance of caring for one's physical, mental and emotional well-being.

The culture of athletic competition is infused into our daily lives as a form of recreation and entertainment where masculine ideals are displayed for all to see and cheered and rewarded. Thus, competition is on display for the whole world, which has become infused into the culture of acceptable masculinity. Winning begins at a young age as boys are "cheered" into a socially dominant narrative of aggression and winning at all costs. This emphasis on competition continues until adulthood, where additional opportunities occur in the form of accolades and scholarships. If you are the best, you may also have an opportunity to leverage one's physical prowess and strength into a career that elevates young men into a privileged status of fame, fortune and further public recognition. While athletics is not the only role in which men typically adhere to the reinforcement of dominant cultural masculine norms, it is one of the most influential for men (Ramaeker & Petrie, 2019). The strict adherence to masculine norms in competition does not effectively transfer into other areas of their lives. This can negatively impact men and their relationships at home and in the workplace.

### **The Workplace**

Work is another environment where many men are encouraged to adopt and adhere to dominant masculine role norms. In North America and Europe, men are more likely to die from work-related injuries as compared to women (Bilsker, 2010).

Despite the ongoing trend which has resulted in a gradual erosion of work-related stereotypes, the majority of high-risk careers are typically occupied by men such as mining, fire-

fighting, military, farming, fishing and protective services. (Stergiou-Kita et al., 2015). One possible explanation for fatalities in the workplace could be that there is an implicit expectation by men and their employers that taking risks is required. In Canada, more than 97% of all reported workplace fatalities between 1993 and 2015 were males (Bittle et al., 2018). Similarly, 93% of all workplace fatalities in the US, and 95% in Australia were men (US Bureau of Labour Statistics, 2017; Safe Work Australia, 2017). This would suggest that this is not an isolated occurrence in North America as it seems that, in general men are more susceptible to work-place fatalities regardless of where they live and work.

In general, men are over-represented in many high-risk industries, including construction, mining, firefighting, armed forces, farming, and protective services (Arcury et al., 2014; Phakathi, 2013; Power & Baqee, 2010). Men engaged in these high-risk occupations may contribute to increased (a) physical risks, (b) violent and psychological hazards, and (c) normative expectations regarding masculinity (often referred to as “hypermasculinity” or “hegemonic masculinity”) which requires that men be physically tough and fearless in the face of danger (Power & Baqee, 2010; Safe Work Australia, 2017). The culture of masculinity in sport and additional risks of male-dominated professions are just a couple of the dominant masculine norms that are promoted by a society that encourages men to adopt and embrace in their day-to-day lives.

### **How Masculine Norms Are Influenced by Culture**

The argument of nature versus nurture is a valid one in the field of psychology, especially as it relates to the formation and development of masculine norms. Men's behaviour and traits have been historically explained and defined according to their biology and the common phrase, "boys will be boys." There is no denying that biology plays a key role in one's genetic make-up

(i.e., nature) that is associated with various characteristics including, but not limited to, physical traits such as height, muscularity, and body hair. The notion that masculinity is biological becomes more controversial when assumptions are made that specific behavioural traits, personality traits, cognitive abilities, sexual tendencies, and social attitudes, is a justification for why men behave the way they do (Lippa, 2016).

Over the last century, there has been a gradual shift from biological explanations of masculinity to one where the environment (i.e., nurture) plays a much more influential role in the formation of masculine identities and subsequent behaviours. While we have no control over our genetic make-up, we have significant control over our external surroundings and how we respond to that stimulus. One's culture plays a role in how we define what is acceptable and not acceptable for gender norms. As a result, men typically adhere and conform to masculine norms instead of challenging them. By blindly following the cultural expectations of masculinity, men do not prioritize mental health issues as they arise.

### **Plausible Explanations**

Social learning theory is one plausible explanation that states that we learn about societal norms through socialization that occurs at various levels on an individual and group level (families, communities, and society). Social learning theory is based on the premise that observational learning occurs when individuals learn from observing someone else's behavior (Bandura, 1969; Deeming & Johnson, 2009). There is overwhelming evidence to suggest that one's culture influences male and female behaviour is based on one's gender. According to Bandura (1977), humans are continually being trained and guided to behave in a particular manner through the use of praise, punishment, approval, and disapproval at a conscious and unconscious level.

Gender socialization is another common argument of how one's culture influences the development of gender roles in the early stages of childhood. Gender socialization is defined as the tendency for boys and girls to be socialized differently (Cole and Ingram, 2019). Boys and girls are raised to accept and conform to a set of culturally acceptable gender roles that are defined as masculine (male) or feminine (female). Further exploration needs to occur as we begin to consider that masculine norms are unique and specific to the individual, rather than what society dictates as what is or what is not socially acceptable.

### **Adherence to Masculine Norms**

In researching masculine norms, there was an overwhelming amount of information that focused exclusively on the negative impact and strict adherence to dominant social norms of masculinity. Some fundamental negative assumptions to include such as:

- Men are more reluctant to seek medical and psychological advice compared to women (Doherty & Kartalova-O'Doherty, 2010; Wenger, 2011; Yousaf et al., 2013, 2014);
- Men are socialized not to seek help, and "help-seeking" behaviours are undesirable (Seidler et al., 2018);
- Other men often view help-seeking as a sign of weakness (Olliffe et al., 2018).

Gender role socialization was a common theme in the research that was connected to masculine norms. According to Cole and Ingram (2019), when conformity to masculine norms leads to gender role conflict, men may experience less hopeful thinking, autonomy, environmental mastery, personal growth, positive relationships, purpose in life, and self-acceptance.

In general, little is known about men's healthy functioning of male gender roles are contradictory and inconsistent. One must be careful not to assume that all masculine norms are

harmful. Focusing on negative aspects of masculinity is essential, but it provides a limited view and assumes that all masculine behaviour is innately wrong. It is crucial to understand how men's mental health behaviours are connected to specific masculine norms to determine which potential behaviours might be beneficial or harmful.

### **Making Sense of Men's Help-Seeking Behaviors**

How can we shift and change the narratives of masculinity to include a more diverse and healthier version of self-identity in relation to one's mental health? This is a complicated question that is not simple to answer. To begin to answer the questions, one must attempt to make sense of what prevents men from seeking help and, most importantly, how to engage men in taking an active role in making positive change.

### **Stigmas**

Not only are men resistant to seeking help, but there are also a set of additional barriers that prevent men from taking action when it comes to their overall mental health and well-being. It is estimated that 21% to 23% of men refuse to seek care for mental health issues due to shame, embarrassment, negative social judgement, and employment-related discrimination (Clement et al., 2015). One of the primary reasons for the shame experienced by men is that North American culture is geared towards men being strong, and seeking help is often interpreted as a sign of weakness. As a result, most men avoid awkward conversations and instead engage in avoidant behaviours by distracting themselves and engaging in less risky and more attractive alternatives (Cole & Ingram, 2019).

According to Link and Phelan (2014), stigma is defined as a process involving labelling, separation, stereotype awareness, stereotype endorsement, prejudice, and discrimination in a context in which social, economic, or political power is exercised to the detriment of members of

a social group. Stigma is a social phenomenon that dates back many years and was first recognized by Goffman (1963) when he defined stigma as a "deeply discrediting attribute" (p. 78). Despite the tremendous progress in acknowledging mental health as a common challenge that all people face, there continues to be an underlying stigma that is particularly relevant, especially for men. Corrigan (2004) further explains that many people do not seek mental health care as they do not want to be labelled as mentally ill. Although there are many different types of stigma, they can be further simplified by breaking them down into three separate and distinct themes: (a) feelings of separation; (b) self-stigma effects, and (c) gender identities.

Feelings of separation can be described as a general feeling of disconnect from society, which is connected to one's thoughts, and which is also impactful. There is an inherent prejudice and discrimination associated with people who have mental health problems (Corrigan, 2004; Patten et al., 2016). Essentially, there is a tendency for men to compare themselves to others who do not have (or appear to have) mental health concerns. When men compare themselves to others, this carries a negative connotation, further enhancing the level of disconnect. These feelings of non-acceptance operate as a set of social rules that are viewed as unacceptable and outside of the norm (Becker, 1963).

Self-stigma is another repeated theme that was revealed in the literature. It suggests that men tend to internalize these perceived stigmas, which contribute to men's unwillingness to acknowledge and share their concerns with others and consequently refuse to seek help. This knowledge of self-stigma seems to be consistent among the current research. Men tend to engage in more self-stigma endorsed behaviour when compared to women (Latalova et al., 2014) The internalization of this stigma has additional adverse effects, including reduced self-perception and lower self-esteem.

The final theme associated with stigma as it relates to men's mental health is gender identities. As a category within stigma, gender identity is how individuals respond to a situation based on their understanding of male and female gender stereotypes. Berger et al. (2013) add that gender influences how an individual experiences stigmatization. Within the framework of male stereotypes is the notion that men should keep their feelings (e.g., a feminine characteristic) to themselves regardless of their levels of emotionality and discomfort. This is consistent with the current literature and is typically referred to as "hegemonic masculinity." These findings further support the notion that men's adherence to masculine norms is full of ambiguity and inconsistencies that can be difficult to navigate for men.

### **Maladaptive Coping Strategies**

There is a comprehensive list of reasons men avoid seeking help when it comes to their mental health and well-being. Engaging in unhealthy coping strategies is a common approach that most men take that includes alcohol and drug use (Harding & Fox, 2015). While this approach may provide temporary relief, the long-term effect of prolonged abuse can have a devastating impact on men, their families, and their communities.

How men cope with psychological distress and suffering was another common factor in the literature that contributed to the sharp decline in men's mental health (O'Loughlin et al., 2018). Recent reviews suggest that negative coping styles tend to cause men to adhere rigidly to specific stereotypes. Specific characteristics of masculinity including the use of alcohol and drugs to numb distress, ignoring negative emotions, engaging in risky behaviours, or placing value on self-reliance over seeking professional help and support (Seaton et al., 2017; Whittle et al., 2015). The use of such coping strategies tended to increase the risk of suicide as it often

occurred in conjunction with social isolation and withdrawing from personal relationships (Olliffe et al., 2019; Player et al., 2015).

According to Lynch et al. (2018), it was revealed that some men attempted to redefine their perceptions of masculine coping and reported certain help-seeking behaviours and strategies to overcome their distress. These positive coping strategies varied on a continuum from “typical masculine strategies” (e.g., problem-solving, goal-setting, etc.) to “vulnerable strategies” (e.g., talking openly, seeking help and support), which varied depending on the individual’s level of comfort.

### **Perceived Distress Levels**

The under-utilization of mental health care by men is a common concern within the existing body of research. Men are often unwilling to acknowledge their current mental state that contributes to their ongoing psychological distress due to their reluctance to access mental health care services (Doherty & Kartalova-O’Doherty, 2010). A recent review found that adherence to masculine norms tended to impact help-seeking behaviours negatively, resulting in incidents escalating to a crisis (Seidler et al., 2016). A Canadian study found that men were unwilling to disclose their distress levels to doctors regardless of their adherence to traditional masculine norms or symptom severity (Olliffe et al., 2019; Wide et al., 2011). Overall, men struggle in their ability and willingness to seek care as they either ignore or are unable to notice the warning signs that would require professional help.

### **Shame and Guilt**

One might argue that shame is one of the most painful emotions that humans experience. Shame is a subjective sense of a defect, flaw, or ultimate failure that reflects the degree to which one falls short of attaining an ideal version of oneself (Gebhard et al., 2019). A growing body of

evidence suggests that men experience distress when their masculinity is threatened, which leads to a range of common adverse reactions that correlate with shame, including increased anxiety, lowered self-esteem, and reduced empathy (Carlo et al., 2012; Gebhard et al., 2019; McPhedran, 2009). The intense emotions associated with shame often show up through a combination of externalized behaviours, including blaming or attacking others in an aggressive and hostile manner (Elison et al., 2014). While shame should never be used as a justification to act in a violent manner, it is, unfortunately, a typical response when men sense that their masculinity has been threatened.

The role of shame and guilt can have a lingering effect on men's mental health, contributing to increased distress levels. Men tend to internalize their feelings of shame and guilt, which prevents them from seeking help and support for their mental health need. Unfortunately, no current research has directly explored the relationship between threatened masculinity and shame and how this might impact men's mental health and wellness (Gebhard et al., 2019). According to Rice et al. (2020), there appears to be a link between alexithymia (i.e., difficulty in identifying and describing one's feelings) and both distress and suicide-related behaviours among men (Kölves et al., 2011; Rice et al., 2020; Scheff, 2009). In another study that examined the relationship between attachment avoidance, psychological distress, and alexithymia indicated that shame and guilt may be experienced differently by gender and that there is a more reliable connection for men than women (O'Loughlin et al., 2018). One possible explanation for this finding is that societal norms reinforce the association of emotional expression with femininity, making it more socially acceptable for girls and women to express their emotions. Shame is an intriguing phenomenon that is an under-researched emotion in men's mental health that needs to be explored in further depth.

## **Self-Esteem and Self-Compassion**

A different type of shame that men often internalize includes poor self-esteem and a lack of self-compassion. According to Neff (2011), self-compassion involves three main components: self-kindness (i.e., allowances and understanding without being overly self-critical); common humanity (i.e., an acknowledgment that life's difficulties are part of the human experience); and mindfulness (i.e., the ability to be present with one's feelings, and emotions in a balanced way). Alternatively, self-esteem involves self-evaluations predicated on external indicators of perceived success and social and culturally appropriate responses (Neff, 2011). These factors have been found to influence men's willingness to seek help and support. Being aware of how men perceive themselves might be help come up with new and unique ways to better engage men in achieving an optimal level of health and well-being.

Previous research conducted by Seidler et al. (2018), revealed that masculine norm adherence was connected to increased help-seeking, self-stigma, and self-disclosure risks. According to Heath et al. (2017), these previous findings were confirmed, which further suggests that self-compassion might be an effective strategy among undergraduate men to reduce distress levels and to treat themselves with more kindness and understanding when faced with challenges. In addition, the model used in the research methods suggests that men who are more self-compassionate may be able to adhere to masculine norms without internalizing shame or self-criticism when engaging in traditionally non-masculine ways in seeking counselling (Reilly et al., 2014).

## **Counselling Implications**

Having examined the existing research on how conformity to masculine norms impacts men's willingness to engage in help-seeking behaviours, we also must apply this knowledge

when working with men in a counselling setting. To begin with, we can safely assume that all people (men) are unique; there is not a universally accepted approach to counsel clients that works all of the time. In examining the complexities of counselling, Miller et al. (1998) have simplified therapy into four common factors: extra therapeutic factors; therapy relationship; therapeutic technique; and expectancy (i.e., hope and placebo). Since therapists have little to no influence over external factors, we will focus our attention on the client-therapist relationship and therapeutic theories, techniques and interventions.

### **Enhancing Engagement**

Assuming that men can overcome the list of potential internal and external barriers and obstacles that prevent them from seeking therapy. It has been argued that the therapeutic alliance is an integral part of client progress. According to Orlinsky et al. (2004), their examination of over 1,000 research findings indicates that the therapeutic alliance is the strongest predictor of positive therapeutic outcomes (Berg et al., 2008; Levin et al., 2012; Swift & Callahan, 2010). Men are typically less willing to trust others when revealing personal information, which may be due to their lack of experiences in exposing their vulnerabilities to others. Additionally, the therapeutic alliance has been shown to be critical in enhancing engagement with Indigenous groups, which suggests that the alliance may be equally important regardless of one's cultural background (Shaw et al., 2019).

### **Therapeutic or Working Alliance**

The therapeutic or working alliance is a term frequently used in psychotherapy to explain the connection made between the therapist and the client. As the field of psychotherapy continues to evolve, there has been an increased emphasis on the crucial role that alliance plays in obtaining positive therapeutic outcomes. Recent studies suggest that differences in adult

alliance in therapy can be as high as 5% to 8% of the variability in treatment outcomes (Horvath et al., 2011; Martin et al., 2000). Additionally, a positive working alliance has also been found to be a common predictor of treatment success resulting in reduced symptoms and improved client outcomes (Falkenström et al., 2013; Leibert et al., 2020).

Examining the alliance between treatment outcomes includes considering the impact of adolescence as it is becoming more common for boys and men to engage in counselling. Men aged 18-25 are acknowledged to be a difficult group to change in therapy (du Plessis et al., 2011; Reed, 2014). Overall, young men are often more likely to rely on themselves or avoid acknowledgment that a problem exists instead of engaging in help-seeking behaviours (Ballon et al., 2004). Young men are also reported to attend counselling less frequently than women (Watsford & Rickwood, 2014).

Establishing a strong therapeutic alliance is of paramount importance in dealing with men's mental health issues as it appears that the early stages of therapy are especially fragile. In a recent meta-analysis that examined the role of therapeutic alliance in working with youth, the evidence revealed that the alliance-outcome connection is much larger than initially reported. According to Leibert et al. (2020), the therapeutic alliance has a moderate link to subsequent outcomes and is a reliable predictor of clinical progress. The role of the alliance has been underestimated in working with adolescents, as new findings suggest that the strength of the alliance can be attributed to an 8% to 12% variability in client outcomes (Murphy & Hutton, 2018). While this theory provides a framework for client concerns, more attention should be focused on enhancing the therapist's relational building skills.

Some consistency across the literature points to how positive outcomes in therapy are connected to the therapeutic alliance. However, there appears to be a gap that fails to address the

importance and perceived value that a male client places on the therapeutic alliance. To better understand men's unique needs within the therapeutic context, we need to examine the perspectives of men critically.

One study attempted to identify specific behaviours that male clients experienced as most harmful to the therapeutic alliance. This deficiency was broken down into the following seven categories: not the right fit/approach, counsellor pressuring the client, client uncertain or untrusting, client unsure of what to expect in the session, client not putting in enough effort, and timing of the problems (Richards & Bedi, 2015). By exploring what men do not want in therapy, the study was able to identify some specific areas that may further enhance the alliance formation. One possible conclusion is that alliance building begins before a male client shows up for therapy. Men who feel a reported lack of choice will be resistant, which can result in mistrust and a perceived lack of transparency. Knowing what to expect (e.g., scheduling, time management, fees, treatment approach) seems to play a crucial role in enhancing client engagement. Overall, this study seems to point to some key conclusions that include providing a strength-based, action-oriented, and collaborative therapeutic approach critical to engaging men in therapy.

### **Perceived Lack of Control**

There are numerous obstacles that prevent men from getting help and support related to their overall mental health and well-being. Lack of trust, cultural beliefs and values, the perception that seeking and attending counselling is a personal attack on one's sense of identity, and overall anxiousness are common reasons for avoiding therapy (Kierski & Blazina, 2010; Reed, 2014). Despite the exhaustive list of potential barriers that prevent men from help-seeking

behaviours, a perceived sense of control seems to play a significant role in counteracting this initial resistance.

Control is often viewed as a way of achieving specific outcomes. However, one might argue that control is less about the outcomes but rather about the controlling behaviours required to achieve it (Ajzen, 2002). Until now, little research has been conducted to examine the broader themes of control as it relates specifically to outcomes in therapy when working with men. “Should I stay, or should I go?” could be a descriptive phrase used to describe how men’s perceived control or lack of control contributes to premature termination of counselling. In a recent study of whom and where that examined control as a possible explanation, researchers found three specific themes that men use to distinguish their degree of control in therapy (Doherty et al., 2017). The first theme was focused on men’s decision to engage in therapy. Specifically related to this core theme was the participant’s role in controlling their decision to enter into a counselling relationship. It is common for men to present in therapy where there is an underlying expectation or external pressure from friends, family, or an intimate partner.

The next theme identified in the study was men’s ability to control the process of therapy. While this is unique and specific to the client’s context, one’s ability to have a sense of control over the progress being made was imperative to staying engaged in therapy (King et al., 2019). These aspects of control seemed to spread over managing life’s concerns and how an individual’s distress was shared and expressed. Creating intentional spaces that are inviting and non-confrontational was essential to men in reporting positive outcomes in therapy.

### **Client Confidentiality**

Lastly, men's ability to choose who is aware of the degree of privacy and confidentiality maintained while entering into a counselling relationship was an aspect of control that was

highly regarded. The need to limit previous knowledge of the participant's counselling experience appears to be a coping strategy to minimize negative stereotypes and stigmas. While men's experiences are unique and specific to the individual, having a perceived sense of control seems to play a significant role in enhancing men's engagement levels. It is quite common for men to present in therapy due to the ongoing pressure or expectations of others. While it is important for men to utilize their support systems, men must feel like they are making a conscious choice of their own free-will makes them feel like they have some control, which is critical to men's willingness to engage in therapy (Doherty et al., 2017).

### **Person-Centered Therapy**

Previous research has shown that patients are looking for human connection when they engage in mental health services, including high-quality interactions (Stanhope et al., 2015). The evolution of Carl Roger's Person-Centered-Therapy (PCT) has contributed to a recent trend of integrating person-centred care planning in work with various populations to address both the medical and mental health needs of the patient (Stanhope et al., 2015). A strong therapeutic alliance is a pivotal component of the person-centred approach, which consistently proves to be a reliable approach to enhancing engagement levels with clients. A central tenant of PCT requires a unique understanding of each individual's unique perspectives, their well-being, strengths, needs, and challenges (Adams & Grieder, 2014).

Engagement in treatment is a challenge in working with men. While best practices and theoretical orientation is essential, the therapeutic relationship can contribute to a climate of positive interactions that further emphasize the critical role between the client and therapist (Kornhaber et al., 2016). Hamovitch et al. (2018) conducted a mixed-methods study to explore the relationship between the therapeutic alliance and person-centred care planning. The findings

revealed that the subjective experience of person-centeredness is significant and associated with the therapeutic alliance. Furthermore, connection, continuity, and careful collaboration resulted in creating the right conditions necessary for success. These findings are consistent with previous research that confirms that the alliance offers a sense of predictability, stability, and congruence for the client (Haggerty et al., 2003).

It could be argued that Person-Centred-Therapy (PCT) is not a theoretical orientation but rather a core principle that is necessary for client engagement. One of the critical principles of PCT theory is that people are trustworthy and that all clients have the necessary capacity for self-directed growth. Essentially, there are necessary conditions that must be met for growth to occur. The first one being the need for congruence. According to Rogers (2007), congruence implies that an individual is real, genuine, and authentic. By being authentic and genuine, the counsellor acts as a model of what it means to be in a state of congruence.

The second fundamental condition that must be met, according to PCT theory, is unconditional positive regard. Unconditional positive regard is an attitude of caring that is deep and genuine, which enhances the communication between the counsellor and the client (Rogers, 1961). The critical condition of unconditional positive regard is a powerful and effective way for the counsellor to connect with the client. By being genuine and non-judgemental, there is an opportunity to create a space of vulnerability where men can explore their issues and concerns with the therapist.

Lastly, the final piece needed for self-directed growth is empathy. Empathy is more than being sincere and genuine; it is about viewing the world through another person's subjective point of view (Clark, 2016). Ideally, this is an attitude of acceptance. According to Rogers (1977), the higher the degree of caring and acceptance, the more likely that therapy will be

successful. When using the PCT approach, empathy is of utmost importance and should never be disregarded. Empathy is an active ingredient in bringing about change because it facilitates the client's cognitive processes while allowing for the regulation of one's emotions (Clark, 2016).

### **Counselling Implications: Individual Therapy**

Increased awareness and attention connected to men's mental health requires that we look at different approaches that might work best with this specific population. While there is no singular approach that works universally with all clients, it is essential to consider how we might tailor therapy to the unique needs and preferences of men. Male-friendly counselling is a term used to contextualize men and their unique gender cultures (Beel, 2018).

Individual counselling is one option available to men to seek help for their mental health concerns. The stigmas and barriers have slowly started to fade as society has begun to embrace the reality that mental health is a core component of one's overall health and wellness. Recently, there has been an increase in the amount of research being conducted in exploring how to deliver male-friendly counselling to clients. According to Beel (2018), a meta-analysis examining the last 25 years provided insights that outline key themes and recommendations for clinicians who provide counselling services to men.

### **Knowledge About Men, Masculinity, and Socialization**

Within this theme includes the importance of the therapist being aware of gender and masculinity constructs, which includes how male socialization negatively impacted men's treatment and unwillingness to engage in help-seeking behaviours (Englar-Carlson et al., 2010; Martin, 2012). The literature also encouraged therapists to develop a more nuanced understanding with clients, while being more sensitive to common masculine characteristics (Tremblay & L'Heureux, 2011). It also cautioned therapists not to assume that all men align with

traditional Western hegemonic masculinity. Flexibility and adaptability to each client's unique needs were a critical aspect of establishing and strengthening the client-patient relationship.

### **Therapist Self-Awareness**

This theme indicated that therapists are socialized into gender roles and have experiences that have influenced their expectations and perceptions (Brooks, 2012). Therapists can also unknowingly enact prejudices against men, hold sexist attitudes, and apply stereotypical expectations of how men "should" or "should not" behave. When working with men, therapists need to be sensitive to subtle differences regarding men's perceptions and use more effective techniques and less threatening to their masculinities. Male therapists were warned about the dangers of collusion with a shared assumption of men, and female therapists were cautioned about countertransference based on their gender histories (Vasquez, 2012). Lastly, the therapist was encouraged to be critically informed of relevant literature to help inform their work, challenge stereotypes, and be more self-aware of gender-based restrictions that challenge oppressive structures (O'Neill, 2014).

### **How to Work with Men**

One of the key findings across all the research was the importance of design and delivery in men's reluctance to seek psychological treatment. Adaptions made by the therapist to adhere to the male-friendly counselling model included adapting interventions and communication styles. This orients the client to the process of therapy and understanding of the client as a group and as an individual. Men felt valued and respected when clinicians emphasized client strengths, resources, and positive aspects of masculinity, rather than emphasizing negative or problematic issues that require change (Kiselica & Englar-Carlson, 2010; Sweet, 2012). The collaboration of treatment was an essential variable in enhancing engagement levels, which included the

therapist's willingness to self-disclose, display transparency, and allow for informal use of humour (Kilmartin, 2014; Wexler, 2009). Shame was also identified as a significant threat to continuity in treatment and the ability to deepen the experiential process. Clinicians were urged to be sensitive to when shame appears in session and take preventative measures to recognize and diffuse shame (Wexler, 2014).

### **Masculinity-Informed Tasks and Goals**

In general, men preferred therapeutic strategies to assist them in becoming less restricted by their perceptions of masculine norms (Englar-Carlson & Kiselica, 2013). Therapeutic strategies that were gender-based could be interpreted as a reinforcing or complementary process (Owen et al., 2010). The reinforcement process emphasizes harnessing and enhancing client strengths, whereas the complementary process is focused on helping men to obtain knowledge and practice skills different from dominant social norms. Areas, where men were less competent included reflecting on their masculinity and enhancing their emotional awareness and emotional expressiveness (Vas et al., 2016). These are some of the possible recommendations for treating men and delivering consistent treatment with this population group.

### **Counselling Implications: Group Therapy**

Group counselling has become an increasingly common way for men to engage in therapy (Carney & Jefferson, 2014). While there can be some variations depending on the core focus of the group, the purpose of group therapy is to assist a client to make a positive change in their lives and to help men to understand themselves better. The power of process groups lies in the unique opportunity to receive multiple perspectives, support, encouragement, and feedback from other individuals in a safe and confidential environment (Ezhumalai et al., 2018). Despite the ongoing criticism and fears that men may have regarding group therapy, there is an

overwhelming amount of evidence to suggest that group counselling is an efficient and cost-effective alternative to individual psychotherapy (Slone et al., 2015).

The popularity of group counselling continues, and the research supports the notion that all-male groups have some clear benefits in overcoming distress. First and foremost, groups tend to help men overcome the shame associated with seeking help as a sign of weakness. Realizing that help-seeking is a universal experience reduces anxiety levels and normalizes one's ambivalence about therapy (Mahalik et al., 2012). Group counselling can be beneficial in that it allows men to engage in the self-exploration of gender roles, overcome feelings of loneliness, and provides self-reflection opportunities that are typically not available in other contexts (Hensen & Koltz, 2018). Overall, men tend to experience higher levels of success when participating in group therapy.

Another benefit of group therapy is that it decreases the individual demands for one-on-one communication, which reduces the intensity required in conventional talk therapy. Therapy also provides an avenue for "participative self-disclosure" (Brooks, 2010, p. 106) that allows group members an opportunity to share their fears and vulnerabilities in a safe space. In general, there seems to be a lack of "spaces" for men to share with others their challenges and struggles.

Group therapy also lends itself to a unique opportunity that allows men to provide emotional support to each other without having to rely on women to fill that function (Brooks, 2012). If men can lean into the discomfort of taking an active role in providing emotional support for other men, this skill could prove to enhance men's ability to seek additional support systems in times of distress. Skills do not emerge from nowhere; they need to be developed and practiced in a "safe environment" where men can gain confidence in their abilities to explore and

share their emotions. Primarily, group counselling fosters opportunities for men to take risks together.

Lastly, men-only groups can be an especially valuable source of encouragement and instillation of hope (Yalom & Leszcz, 2005). Hope is a critical piece of engaging in help-seeking behaviours. If men do not feel like there is hope that things can change, most will avoid seeking help and suffer in silence. While men need to be actively engaged in taking charge of their lives, the burden does not rest solely on them. Society needs to acknowledge their shortcomings and failures to meeting men's needs and do a better job of redefining masculine norms and embracing men and encouraging them to seek help.

### **Ethical Considerations in Counselling Men**

Regardless of the population, therapists must ensure that they take care and consideration in upholding their ethical duties. The *Canadian Code of Ethics for Psychologists* provides a framework to guide therapy and decision-making processes that can be applied to working specifically with men (Canadian Psychological Association, 2017). The foundational four principles include:

- Principle I. Respect and dignity of persons and people.
- Principle II. Responsible caring.
- Principle III. Integrity in relationships.
- Principle IV. Responsibility to society.

Showing respect and dignity includes acknowledging that each person, regardless of their culture, nationality, ethnicity, colour, race, religion, sex, gender, marital status, sexual orientation, physical or mental abilities, age, and socioeconomic status are held with the highest respect and regard.

Regardless of the population that we are working with, therapists have an ethical and professional responsibility to not only provide the best possible care, but they must ensure that safety is paramount, and there is no risk of harm to men or to society as a whole. As competent professionals, it is imperative that we adhere to the ethical code of conduct and standards as outlined by the College of Psychologists. This ethical code requires therapists to navigate through a world of ambiguity and to come up with a comprehensive evaluation and decision-making process to create a foundational framework to ensure that clients are cared for at all times. Being an ethical therapist requires that we are constantly learning, growing, and becoming critically self-aware of our attitudes, thoughts, and behaviours to minimize and eliminate any possible harm to our clients. Being an advocate for a client is an essential part of caring, which includes speaking up and drawing attention to issues and concerns that may not be popular. If we choose to ignore the uncomfortable issues and concerns, we are, in a sense neglecting, our duties of responsible care.

Being integrable in relationships with clients requires being honest, sincere, genuine, and, at times, vulnerable. Connected to integrity is the notion of establishing trust, which includes establishing a strong working alliance. This is a process that requires attention and care to client preferences. In order to be aware of and sensitive to unique differences of clients, it is essential in building and strengthening the therapeutic relationship. Failure to create integrity with the client-therapist relationship can, and will, result in premature termination. Paying attention and being sensitive to the quality of the relationship is key to healthy relationships and positive therapeutic outcomes.

### **Next Steps in Research**

Exploration of current research on men's conformity to masculine norms and its influence on men's health-seeking behaviours has revealed some interesting insights. Despite our learnings gained from this process, there are some obvious gaps and additional questions to include in future research.

### **Reframe How We Look at Men**

One specific area that is critical to understanding the complexity of masculinity, societal norms, and help-seeking behaviours amongst men is how we define vulnerable populations. In Western culture, the notion of white male privilege is often inseparably connected to patriarchy. Patriarchy is a social system of power where men hold positions of power, leadership, and social privilege that contributes to the formation of gender roles and the power differential between men and women (Liu, 2017). The critical assumption is that if men possess social power and influence, it is impossible to be vulnerable. I propose a slightly different perspective from the dominant social narrative and propose that all men experience multiple vulnerabilities that require our attention.

Men are human beings who need and deserve to be supported. Men have feelings, needs, and also need support from others. Men are vulnerable, yet they are taught not to share their vulnerability as it is seen as a sign of weakness. Men are equally deserving of our time, attention, and support to ensure that they receive adequate medical care and mental health treatment. Often men are forgotten or not considered of equal importance. The writer believes that there is minimal literature that speaks to the vulnerability of men, which might suggest that (a) we are not ready as a society to research this in more detail, or (b) the notion of vulnerability is being guised as a different identity in the literature.

### **The Importance of Research**

Awareness of men's unique needs is an essential first step in supporting men and in beginning to shift the norms of what masculinity is and, more importantly, what it could be. Qualitative research is an effective way for researchers to learn more about men's behavioural responses to counteract societal norms about seeking help. By asking questions about what it is like for men to feel conflict over seeking support and solving their problems, we can begin to unpack the complex and unique needs of men concerning their mental health. Future qualitative research allows opportunities to examine men, as a heterogeneous group, that share some similarities and are unique. Collecting themes and comparing them across various groups will provide insights on how to best support men. While each type of qualitative research has its benefits and drawbacks, future qualitative research needs to continue to understand men's needs and best support them in the ways that they work best.

### **Focusing on Childhood and Adolescence**

There continues to be increased pressure to adhere to dominant masculine norms at a very young age for boys, which emphasizes the importance of being self-sufficient and not burdening others. According to Brooks and Good (2001), by the time boys enter school, they have often adopted the code of masculinity, including learning to hide and feeling ashamed due to peers' ongoing social pressures to adhere to the dominant masculine norms. While there is a lot of awareness and research on the challenges that girls face, it seems there is little attention given to boys' needs. Where do boys first learn about masculine norms, and how do they decide if they accept or reject those norms? What happens if masculine norms are resisted at a young age or replaced altogether? Are there spaces and places for boys to be curious without being ridiculed or bullied for challenging the norms? Emotional development, enhanced self-awareness, and

flexibility need to begin at a young age if we are to make sufficient progress and improve health outcomes.

### **Traditional Masculinities Across Generations**

Where are the information on the intergenerational experiences that men have across their lifespan and the different generations? Is there research that explores how traditional masculinity has changed and evolved? An intriguing study might be one that explores how different generations of men have experienced their struggles and challenges and what has prevented them from seeking help. In North American society, gender roles have changed and evolved immensely. For example, baby boomers had very traditional and rigid and defined expectations of gender roles and what it meant to be men. Gender roles have transformed to the point where many gender roles are being self-defined based on one's needs and individual circumstances. Men are adapted to changing role expectations at home and in the workplace. Compared to previous generations, millennials are encouraged to seek mental health issues, and therapy has become more mainstream. Is this an intergenerational phenomenon that exists? Further research needs to be conducted to gain further insights as society continues to evolve.

### **Strategies and Evidence-Based Approaches**

Where is the research on strategies and evidence-based practices that are most effective with men that enhance engagement that contributes to improved outcomes in therapy? We know that group therapy has been effective in the past with men, but do we have a solid understanding of why? Are there new approaches or interventions that might be effective in working with men for individual and couples' counselling? As mentioned earlier, if we cannot get men in the door and engaged in the process, the best intervention is useless. While there is an increased level of

awareness, there is a general lack of research and published evidence about counselling boys and men.

### **Practice Recommendations**

Many possible recommendations could be implemented to enhance men's quality of life and mental health. Unfortunately, many men have developed maladaptive coping mechanisms or have completely ignored the early warning signs of mental health concerns, which limits the ability to intervene and provide necessary supports. It could be argued that men develop a tolerance for pain and suffering as a result of their unhealthy attitudes, thoughts, and behaviours across their lifespan. To effectively address men's mental health issues, we must first engage them in childhood.

#### **Early Interventions and Preventative Education**

For starters, we can engage boys through educational institutions, including challenging toxic masculinity in the classroom. There are many ways to do this, but one possible answer might include focusing on intersectionality and the complexity of masculine identities. We should help students to develop the intro-perspective skills necessary to challenge social norms of what masculinity ought to be versus being told what it should be. Developing these skills at a young age will empower boys to make decisions and choices that are well-informed based on how they want to define their masculinities.

Next, we can provide boys at various grade levels with diverse examples of role models and encourage them to explore the varied and complex nature of masculinity. Modelling is a powerful way to teach students how to respect all genders and sexualities capable of demonstrating feelings, emotions, and empathy. This will create new spaces and opportunities for acceptance that can be transformational. Teachers are particularly important as role models in

a child's life as they can have a profound impact on a child's confidence and self-esteem (Currie, 2018). Encouraging students to challenge the norms instead of blindly adhering to them is a delicate balancing act that may require adjusting how education is delivered. Mindyourmind.ca is an award-winning site based in Ontario that is one of many examples of organizations that are trying to engage youth in challenging the stigmas associated with mental illness. This organization provides youth access to information, resources, and tools to help manage stress, crises, and mental health issues. Access to information about mental health and wellness is one of the many possible ways that we can target boys and men to help them in achieving a healthier and stronger version of themselves.

Integrating mental health education into the curriculum in early childhood could lead to an effective discussion about one's mental health and wellness, this should reduce stigma and shame, thereby normalizing help-seeking behaviours. In Alberta, The Rowan House Society offers a free educational awareness program to youth in the local community. Some of the topics explored include gender equality, bullying, and healthy relationships. It is interesting to note that the Alberta government does not provide funding for preventative education, which speaks to the importance of lobbying local governments to take a proactive, not reactive approach to the mental health needs.

Other areas that we could look at intervening include crucial times over a life span where boys or men might be more motivated and willing to seek help. These milestones include entering the workforce, marriage, fatherhood, divorce, and/or retirement. If we are able to intervene at various stages in men's lives, this could positively influence their mental health and well-being.

### **Using Media to Shift Masculine Norms**

Traditionally, the media has played a significant role in how masculine norms are created and reinforced (King et al., 2019). Various media platforms could be an ideal vehicle for intervention strategies targeting and challenging social norms. In general, media has a strong influence on men's perceptions of what masculinity is and what it is not. Boys often look to media to make sense of how to negotiate their transition into masculinity and manhood. Men are constantly bombarded with messages by society to adopt a set of ideas about manhood and masculinity (Giaccardi et al., 2016). If executed effectively, media could be a powerful tool to promote a healthier, more empowering version of masculinity that is more flexible, thereby allowing men to self-define their preferred version of masculinity. Clinicians need to be up to date on the current information and research on men's mental health, which includes ongoing consultation with other professionals. By verifying and disseminating accurate information to clients, men who are reluctant to seek help will be better informed and educated to make well-informed choices.

### **Targeting Hyper-Masculine Groups**

There are certain groups within a society where men are strongly encouraged to embrace the dominant masculine norms. Highly competitive athletes are one such group that boys and men look to in defining their masculinity. For example, the media leverages high-profile athletes to market products to consumers. These super-stars become "poster boys" that reinforce the traditional masculine norms. What if we were able to show the other side of the athletes who struggle with life and may need to seek help and support in difficult times? Showing the success and struggles of high-profile athletes can normalize help-seeking as a healthier, more empowering version of masculinity (Harding & Fox, 2015).

Similarly, military veterans are required to embrace masculine norms, as failure to do so could mean the difference between life and death. Historically within the military, the warrior ideal is characterized by resilience, courage, independence, valour, and refusal to submit to defeat (Burns & Mahalik, 2011). What if we could create a new and reimagined version of the warrior to be prepared to battle when necessary, but knows that not everything in life is a battle? It is also crucial for men to be introspective and self-aware, and notice when they are having a difficult time coping. We are social beings, and we are not intended to live our lives in isolation. We have strengths, but we also have limitations, which requires that we seek the help and support of others. By challenging the masculine norms in these sub-cultures, we can begin to shift the misconception that mental health is terrible and instead normalizes and celebrates how others can help us overcome our adversities.

### **Reframing Strategies Around Masculine Norms**

Psychoeducation is a common aspect of cognitive-behavioural treatment that focuses on educating the client on specific topics to enhance self-awareness and to normalize their thoughts, behaviours and actions. Since men typically tend to be more logically focused than emotionally responsive when faced with a problem, we can leverage perspective to utilize some cognitive interventions. This might include addressing cognitive distortions around themes of success, power, emotional control, fearlessness, and self-reliance that are limiting and self-defeating. If we can begin to challenge these limiting thoughts, we might be able to create some flexibility and adaptability around masculine schemas (Spendelov, 2015).

Another possible tactic might be to cognitively reframe terms like “courage” to represent that taking risks against the gender stereotype of help-seeking and treatment-seeking is a way of demonstrating independence and not following the crowd (Lynch et al., 2018). This type of

reframing is a strength-based approach that clients perceive as less threatening than a deficiencies-based model, which emphasizes that something must be wrong or fixed. Related to cognitively reframing specific terms is the idea of making new meaning around terms like mental health. For example, changing the focus from mental health to “mental fitness” may be perceived as more empowering and is not focused on the problem, but rather on a goal that one desires to improve upon. Reframing is a simple yet effective way to create opportunities for men to transform their lives.

### **Improved Training for Health Care Professionals**

It could be argued that counselling professionals have not taken the time to consider how they might customize their approach when working with men. One possible explanation for this deficiency is that the field of social work is often geared towards supporting women, or that the profession adheres too strongly to the medical model, which minimizes a gendered perspective on mental health issues (Shafer & Wendt, 2015). While our basic human needs are similar, how we need to communicate with our target audience differs slightly. This means that we need to tailor our message in a way that resonates with men and ensure that we are sensitive to the messages that we are receiving back. Clinicians need to be aware of the different ways that men and women may communicate their health issues. Failure to do so may unknowingly result in men failing to engage in seeking help. Besides, there are no groups, organizations, or institutions that offer any training for working specifically with men. Awareness of men’s issues is the first step, but further exploration is required to make sense of the unique challenges that men face, including the use of potential evidence-based practices and interventions that might work best with this population group. While there are similarities between men and women, therapists should be cautious not to lump men into a convenient homogenous group as help-seeking

behaviours among men can vary with different groups or cultures of men (Shafer & Wendt, 2015).

The role of health care professionals is not limited to counsellors; it also requires looking at the broader spectrum of workers that may be potential entry points where men might seek to engage in help and support. Research suggests that general practitioners play a pivotal role as gatekeepers. If men are unable to get help from the doctors, they will be further resistant to help (Harding & Fox, 2015). It is common knowledge that men visit doctors infrequently, consult for short periods, and delay help-seeking until often things have progressed so far that little can be done to take affirmative action. General practitioners are also the gateway to specialists. This creates an interesting concern due to potential bottlenecks in the system. We must have multiple access points where men can access support as we do not know when, how, or where they might go to when under distress.

### **Tailoring Services for Men**

While there are similarities in counselling clients, it is also essential to notice the possible differences more commonly known as client preferences. While seeking therapy is a common term used when seeking help, men prefer to look at counselling in terms of “getting work done,” “getting past barriers,” and “moving forward in life” (Westwood & Black, 2012). This slight change in working with men may be perceived as less intimidating and based on strengths, which empower the client to take ownership of their lives.

Other suggestions that can be utilized to engage men better include taking time to help men make sense of therapy and the therapeutic process. Men are often intimidated by counselling, as there are many misconceptions about therapy that tend to create confusion and

misunderstanding (Seidler et al., 2018). Men also seem to appreciate the use of humour, irreverence, and direct communication to obtain favourable outcomes with male clients.

### **Creating Spaces and Places to Enhance Men's Engagement**

One of the biggest challenges in engaging men is the lack of “spaces” and “places” where men can connect with others when under duress. While there are limited spaces beginning to surface in various parts of the world, they are not mainstream or not well advertised (Seidler et al., 2018). If men are going to make progress in their overall mental health and well-being, we need to have more places for men to connect. The Movember Foundation is an organization that attempts to create opportunities for men to learn how to care for their physical health (prostate checks) needs through enhancing awareness by growing moustaches. In September 2010, Bell's “Let's talk” started multi-year program designed to focus on conversation about Canada's mental health as this was a topic that many people were avoiding. As of today, Bell has donated \$108,415,135 towards increased and awareness around mental health. Another group that has recently emerged in Alberta is Next Gen Men, a youth-led initiative focused on building better men through peer engagement, education, and personal empowerment. Canadian Centre for Men and Families has started to gain some traction as an organization to support men and families that provides peer support, education, and legal advice for men on a variety of mental health issues that affect men.

### **Going Above and Beyond**

Attempting to resolve the impasse between men and therapy requires a critical assumption that men first have to “show-up” in the chair. We can make all the suggestions and recommendations, but nothing happens until the client attends therapy. If men do not come to us, then we must go to them and meet them where they already are. So, where can we find men?

Mental health consultation has been identified as an under-utilized opportunity for professionals to connect with men to facilitate personal growth (Carney & Jefferson, 2014). Mental health consultation has considerable promise and success for a wide variety of men and populations. Among those examples is Courtney's HEALTH model, which provides guidance for health care professionals on recognizing men's unique needs and creating customizable solutions. Another possible intervention is executive coaching which, emphasizes working with men in settings that focus on enhancing personal insights and developing leadership skills.

Interventions can be taken to men in the form of various psychoeducational opportunities. One such example includes a gender role journey workshop, which is a mixture of lectures and experiences to enhance the client's interest in gender role restrictions, intergender conflict, and sexist behaviours (O'Neill, 2014). These workshops could be labelled as consciousness-raising experiences that can shift men's motivation levels to seek help.

Weekend retreats, adventure therapy, and men's centres are additional places where we might find and engage with each other. Weekend retreats are often based loosely on a group of men gathering in a remote location to explore and gain new insights and awareness in the hopes of creating alignment or congruence of their thoughts, actions, and behaviours (Brooks, 2017). Adventure therapy is an outdoor activity in a natural setting that creates an environment for intrapersonal and interpersonal insights (Scheinfeld et al., 2011). The men's centre approach shares components with outside-the-office interventions, consultation, and psychoeducation. This intervention is consultative in that it introduces masculine perspectives by focusing on physical health. Psychoeducation has integrated here also and provides learning opportunities to develop relational and emotional skills. The interventions mentioned are a couple of out-of-the-box approaches that can be utilized to engage men in non-traditional settings.

### **Personal Biases**

Acknowledgment and awareness of one's potential biases is a crucial step when conducting any type of research as our knowledge shapes our character, which influences our attitudes and perceptions (Jibirin Salihu, 2016). Failure to address individual preferences can result in one's inability to be objective and remain neutral when conducting research. To ensure that our biases do not interfere with our research requires that one is flexible and open-minded while being able to examine our thoughts, attitudes, and beliefs. Reflecting on my life experiences as it relates to my topic, there are several biases, as well as some less obvious, more subtle ones.

Being born and raised in Southern Alberta as a white, middle class, heterosexual male has resulted in the formation of a dominant normative bias, which includes one of many privileges and entitlements. Together, this cluster of biases has afforded me some opportunities throughout my lifetime that has also contributed to my elevated socioeconomic status, which would suggest that I am a recipient of "white male privilege." While I have been grateful for this incredible gift, I have come to realize that this gift has come at the expense of others who have suffered unnecessarily. As I approach my subject, I must not allow this dominant narrative of my experiences to ignore other relevant and vital perspectives. Some possible strategies that I will need to implement to reduce my bias including gathering a diverse set of research from a wide and varied range of men from other cultures, socioeconomic statuses, sexual orientations, and gender preferences. By collecting and examining data from multiple cultures and experiences, and Western and non-Western ideologies, I can take the necessary steps to ensure that all perspectives are being reviewed and considered as I attempt to answer the research questions.

Another critical area of bias is my religious beliefs. Although my views and perspectives have changed immensely over the last few years, there is no denying that my religious values as a man, born and raised as a Mormon, have a significant impact on my experience and perspective as a man. As with most religions, religious values and beliefs often include rigid and prescriptive set of rules that influence our thoughts, actions, and subsequent behaviours. For example, there were very clearly set of defined roles for men and women that were distinct and separate. Women are expected to stay home and care for children and provide for their emotional needs, while the men's role is that of provider, protector, and spiritual leader. These values were taught at home and further emphasized in the teachings of the church.

Although I am no longer active in attending church, the philosophy of "families first" has and continues to have a considerable influence on who I am and how I view my environment and interactions with the world? These beliefs had an impact on my multiplicity of roles, which include being a father, brother, son, husband, and, more importantly, what it means to be a man. Some possible strategies that I can use to minimize my religious bias in my research might include looking at how both religious and non-religious groups view masculinity. For example, if one does not have a religious foundation as a child, how does that impact the formation of one's masculinity, and what is the impact of one's mental health?

Other possible biases and potential limitations include viewing this topic from a male perspective based on my limited experiences. Specific life experiences may be similar, but they are not identical to each other. What are the commonalities between our experiences as men, and what are the differences? These are not an exhaustive list of all possible biases but are a starting point in approaching my research topic. As one continues to conduct additional explorations, it is essential to ensure that I am open and receptive to prevent other biases from appearing

unexpectedly. This further affirms the importance of always being critical when researching to look for viewpoints that are contradictory to my current biases.

### **Reflexive Self-Statement**

Researching how masculine norms influence men's help-seeking behaviours as it relates to their mental health and wellness has been an insightful and thought-provoking process. Initially, I struggled to find a subject-matter that resonated with both meaning and purpose. What did I know better than anything else? As I scrutinized this question, I began to wonder what it means to be a man. While I am not delusional to think that I have figured out what it means to be a man, I realized that my topic found me.

Further curiosities resulted in understanding how my unique experiences as a man impacted my mental health and wellness. What are my experiences, and how might these be similar or different from other men's perspectives or experiences? Regardless of the answers, I wanted to know more. Specifically, I wanted to explore how masculine norms impact men's help-seeking behaviours, as these experiences have played a key role in who I am today.

Having completed my research as a white, middle-class, male student of privilege, I have somehow arrived in a strange new land of heightened awareness and sensitivity to men's mental health needs. I have witnessed first-hand how the experiences of men are similar in many ways. I have become more empathetic to the struggles, fears, worries, and doubts that men face due to demands of a society thrust upon us. The enormous pressures and ongoing expectations are intense and, at times, overwhelming. While it can be argued that we always have a choice in how we respond to situations, the expectations of how men "ought to" respond are heavily influenced by social pressures of strict adherence to masculine norms. Phrases like, "be strong," "suck it up," and "take it like a man," are expectations that are instilled at a very young age. Showing

one's emotions is a sign of weakness and should therefore be avoided at all costs. The constant pressure to be better, faster, stronger, and more successful than you were yesterday is unattainable. The elusive standard of manhood is difficult to achieve. As a result, many men become discouraged, disheartened, and prefer to check-out, which does a huge disservice to men and society. We must be kinder, more patient, and more willing to create spaces and places where men can share their struggles without fear of ridicule or judgment.

Other observations that I had noticed included some of my faulty assumptions. One of those assumptions being that men have it all figured out, and they are doing a great job and are living their "best lives." While this may be true for some, the harsh reality is that many men struggle at various points in their lives, and many are unwilling to admit they need help and support. Asking for help is another sign of weakness or is seen as falling short of being a man. By refusing to seek help, men prevent themselves from achieving optimal health and wellness.

Other barriers that men struggle with are the limited number of resources and support available to them. Navigating the intense societal expectations of "being a man" begins as a child and continues throughout one's life with few opportunities to rest along the way. While there has been more acknowledgment of the potential issues that men avoid when it comes to seeking help, the impact seems to be a systemic issues and further research needs to be done if we are ever to improve the mental health outcomes of men.

I have come to realize a new appreciation of how difficult it is to engage men. We are not an easy group with whom to engage. Men are very resistant to seek help and to admit that we are unable to handle our "own shit." While men are good at advocating for others' needs, they appear to struggle with advocating for themselves. The complexity is difficult to dissect into a simple cause-effect relationship. One possible explanation for men's resistance in asking for help may

be the fear of backlash from society as some groups manipulate the intentions of men to be viewed as an attempt to exert power and control over others. It is socially acceptable for minority or marginalized groups to speak up for their rights. Yet, privileged white males must never, ever express their needs as being equally important or relevant than others.

Some socio-political groups (e.g., feminism) and movements (e.g., #MeToo) are targeted towards men. While there is no denying that there are those who have used their authority and position of power to take advantage of others, this does not accurately represent the dominant norm. While we have become more astutely aware that certain individuals or groups of people's rights have been violated, the pendulum has shifted so far to the other side of the spectrum that men's needs, and rights are often minimized or ignored. While most men may want to speak out, they are very calculated and cautious not to draw too much attention for fear of being targeted or labelled. It seems that most men would prefer to blend in or fade into the background than to be front and centre where their actions and behaviours are out for others to notice and judge.

The v-word (vulnerability) is the last thing that I would like to address. In conducting my research, there is little information that men are perceived as a vulnerable group. There seems to be an unwritten assumption that men are not vulnerable and considering them as a vulnerable group is not discussed. The reality is that men are vulnerable. It begins in childhood, as boys struggle to navigate the conflicting messages of masculine norms and expectations. While some may wander and stray from the dominant narrative, many men do not for fear of the possible consequences and ridicule that may follow. There are many stages throughout men's lives where they are vulnerable and require help and support. We must be willing to be more aware and sensitive to men's needs and provide supports and help at these critical markers in their lives. If men can feel loved, accepted, and free from judgement and expectation, then we might get to a

point where men feel empowered to speak up and seek help. In the end, we are all humans, which suggests that we all have similar vulnerability and weakness, regardless of our age, gender, sexual preference, ethnicity, or socioeconomic class. We all deserve to be noticed and to have our mental health needs met.

### **Conclusion**

The increased prevalence of men's mental health issues has made significant progress in the last decade, but we must continue to push forward and be aware of the needs that all people are entitled to as human beings. The research question explored is a thorough exploration of how conformity to masculine norms shape men's mental health and well-being. What prevents men from seeking help? What can be done to improve men's level of engagement? Men's mental health outcomes are inadequate for a variety of reasons, including a high level of suicidality, underutilization of services by men, and stigmas associated with help-seeking behaviours. There are many possible explanations for men's resistance on an individual and societal level. Much of the confusion and uncertainty that men face daily is a direct result of the expectations of adhering to masculine norms.

Gender role conflict, gender role strain, hegemonic masculinity, and toxic masculinity are complicated social influences that men must navigate daily. Additionally, sub-cultures within society celebrate and encourage dominant social norms, which reinforces what one must do and accomplish to be a man. In more extreme cases, the cost of adhering to masculinity can be the difference between life and death. There are several environments that men must continually navigate.

There are many possible explanations for why men do not ask for help such as stigma, self-stigmas, gender identities, lack of effective coping strategies, men's unwillingness to

acknowledge their distress levels, shame, and men's resistance to it being vulnerable. Being vulnerable is often seen as a sign of weakness. All of these variables have implications for counselling and requires creating male-friendly therapy that is flexible, adaptable, and speaks to men. Some of the preferred types of therapy that have worked for men are solution-focused CBT, strength-based therapy, positive psychology, and PPPMT.

While theories and specialized male-friendly approaches are essential, the most critical aspect is centred on the quality of relationships established through the therapeutic alliance. At the heart of the therapeutic alliance is Roger's person-centred philosophy that is based on the philosophy of congruence, unconditional positive regard, and empathy. Without these, little progress can be made in therapy. There are various options available to men for treatment including individual therapy, group therapy, couples and family counselling. Being aware of how to engage men and create a safe space is critical for positive outcomes.

All people, regardless of age, gender, and cultural background, have a complicated set of needs when it comes to their overall mental health and wellness. We must continue to increase awareness, remove barriers, and make it easy for others to have access to a diverse range of mental health resources.

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