

**Calling in the Patriarch: Applying the Male Sensitive Lens to Relationship  
Counselling**

by

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### **Abstract**

Male-sensitive psychotherapy offers therapists a means to engage in therapy with traditionally masculine male clients through interventions that challenge patriarchal male gender socialization, but also allow men to be more comfortable and less resistant in therapy. Though research finds that a main reason for termination of relationship counselling in heterosexual couples is the male client's discomfort with therapy or dissatisfaction with the therapeutic alliance, little research has been conducted attempting to turn the Male-Sensitive lens towards couples' counselling. This capstone project surveys the literature surrounding male-sensitive psychotherapy, explores frequently used relationship counselling modalities and provides analysis detailing how practitioners using male-sensitive couples therapy, emotionally focused couples therapy, socio-emotional relationship therapy and Gottman's sound relationship house can integrate male-Sensitive principles and interventions into couples work.

*Keywords:* couples' counselling, masculinity, male-sensitive psychotherapy, normative male alexithymia, patriarchy

### **Dedication**

When working with male clients, most have disclosed that they have entered into therapy because of the influence of a caring woman in their life. This capstone project is dedicated to these many women who see hurt, anger and suffering in their partners, brothers, sons, coworkers and friends and instill in them the belief that one can work to change towards something better.

I also dedicate this project to my mom Darlene, who strove to raise sons who “would not be bums and depend on their wives to do everything for them” as well as support me in all of my life’s dreams.

I also dedicate this project to my dad Michel, who in his own life pushed himself to not become the archetypal distant father. Through his kindness to all (except those who cut him off on the road), and calm, caring demeanor he showed my brother and I what being a loving and present father looks like.

Lastly, I dedicate this project to my partner Keilah who has not only entertained a year’s worth of “can I bounce an idea off of you?”, but has also allowed me to experience what it feels like for a romantic partner to love you for being exactly who you are.

## Table of Contents

<b>Chapter 1: Introduction .....</b>	<b>6</b>
<b>Background .....</b>	<b>7</b>
<b>Purpose Statement .....</b>	<b>10</b>
<b>Conceptual Framework .....</b>	<b>11</b>
<b>Contribution to the Field .....</b>	<b>11</b>
<b>Reflectivity and Positionality Statement .....</b>	<b>12</b>
<b>Definition of Terms .....</b>	<b>14</b>
Alexithymia .....	14
Desire Discrepancy .....	14
Feminism .....	14
Gender-Role Conflict .....	15
Gender-Role Strain .....	15
Male-Sensitive Psychotherapy (MSP) .....	15
Male-Sensitive Couples’ Therapy (MSCT) .....	15
Male Psychology .....	16
Masculine Gender Role Stress (MGRS) .....	16
Normative Male Alexithymia .....	16
Patriarchy .....	16
Traditional Masculinity/Hegemonic Masculinity .....	16
<b>Summary .....</b>	<b>17</b>
<b>Chapter 2: Literature Review .....</b>	<b>18</b>
<b>Review of the Relevant Literature .....</b>	<b>18</b>
<b>Normative Male Alexithymia .....</b>	<b>23</b>
<b>Addressing Sexual Desire Discrepancy through the Male Sensitive Psychotherapy Lens .....</b>	<b>29</b>
<b>Addressing Male Sexual Dysfunction through the Male Sensitive Psychotherapy Lens .....</b>	<b>31</b>
<b>Addressing Disability or Health Issues in the Male Partner Through the Male Sensitive Psychotherapy Lens .....</b>	<b>34</b>
<b>Laying the Foundations for a New Masculinity .....</b>	<b>36</b>
<b>Turning the Focus Towards Relationship Counselling .....</b>	<b>40</b>
<b>Male-Sensitive Psychotherapy (MSP) .....</b>	<b>40</b>
<b>The Therapeutic Alliance .....</b>	<b>42</b>
<b>Working with Male Resistance .....</b>	<b>44</b>
<b>Self-Disclosure .....</b>	<b>45</b>
<b>Goal-Oriented Counselling .....</b>	<b>46</b>
<b>Male-Sensitive Couples Therapy (MSCT) .....</b>	<b>47</b>
<b>Emotionally Focused Couples Therapy (EFCT) .....</b>	<b>49</b>
<b>Socio-Emotional Relationship Therapy (SERT) .....</b>	<b>50</b>
<b>Gottman’s Sound Relationship House Theory .....</b>	<b>53</b>
<b>Conclusion .....</b>	<b>55</b>
<b>Chapter 3: Applying the Male Sensitive Lens to Relationship Counselling .....</b>	<b>56</b>
<b>Discussion .....</b>	<b>56</b>
<b>Framework of Chapter 3 .....</b>	<b>58</b>
<b>Addressing Normative Male Alexithymia in Couples’ Therapy .....</b>	<b>58</b>
Male-Sensitive Couples Therapy (MSCT) .....	59
Emotionally Focused Couples’ Therapy (EFCT) .....	59

**Addressing Male Sexual Dysfunction in Couples' Therapy ..... 65**  
    MSCT and Sexual Dysfunction ..... 65  
    EFCT and Sexual Dysfunction ..... 66  
    MSCT and Disability or Health Issues ..... 69  
    EFCT and Disability or Health Issues..... 70  
**Laying the Foundations for a New Masculinity ..... 72**  
    MSCT and a New Masculinity..... 72  
    EFCT and a New Masculinity ..... 72  
**The Therapeutic Alliance..... 74**  
    MSCT and the Therapeutic Alliance ..... 74  
    EFCT and the Therapeutic Alliance..... 75  
    SERT and the Therapeutic Alliance..... 76  
**Capstone Limitations ..... 78**  
**Final Thoughts ..... 78**  
**References..... 80**

## Chapter 1: Introduction

It is often said today that modern men are in crisis. In Canada, statistics indicate that men die by suicide at rates three times higher than women (Public Health Agency of Canada, 2023). Men also consume illicit drugs and alcohol at higher rates than women across most age groups (National Institute on Drug Abuse, 2020). When numbers of incarcerated Canadians are broken down by gender, 95.3% are male and only 4.7% female (Department of Justice Canada, 2018). Growing movements, especially in the online sphere offer lost and alienated men an easy to understand cause of their issues by placing blame on a society they claim have left men behind. Within these circles, it is commonly understood that there is a crisis of masculinity and returning to an idealized traditional masculinity is being promoted as the only way to find a better life (Ging, 2019).

Yet, a burgeoning corner of psychological academia argues just the opposite; that many aspects of traditional masculinity are in fact a causal factor of mental distress (Mahalik et al., 2012). Inflexibility, help-avoidant behaviour and emotional disconnection are but a few traits of hegemonic masculinity that many therapists have identified as roadblocks towards healing. Though correlation is not causation, it has also been found that men also hold more negative opinions of mental health services than women and are less likely to access care (Addis & Mahalik, 2003; Robertson, 2012).

These trends have led to the creation of male-sensitive psychotherapy (MSP), aimed at reaching men and making them more comfortable in the therapeutic space. Though much has been written about how to more successfully engage men in healing in individual and group counselling settings, these efforts rarely, if ever have been applied to the realm of relationship counselling. This remains the case, despite the single greatest stated reason for termination of

relationship counselling for heterosexual couples is the decision of a male partner to discontinue treatment (Springer & Bedi, 2021).

It is for this reason that this capstone research project is dedicated at exploring how the lens of MSP could be applied to relationship counselling with the hope of strengthening the therapeutic relationship with male partners, having them become more comfortable in the therapeutic space, and participate more rewardingly in relationship counselling.

In chapter 1, this study will explore the background of the issue, introduce MSP as well as its academic opponents. The first chapter will also lay the grounds for the rest of the study by sharing its purpose statement, theoretical framework, prospective contribution to the field, as well as the author's personal positionality statement and a definition of terms.

In chapter 2, this study will delve deeper into a review of the literature, exploring the several issues raised by the MSP lens, as well as an overview of several widely-used relationship counselling modalities.

Chapter 3 will see an application of MSP principles to relationship counselling, both through analysis of how MSP principles could be used to resolve frequently occurring issues in therapy and by applying its principles to the relationship counselling modalities introduced in chapter 2. The goal of chapter 3 will be to analyze how a therapist's practise would be changed if they were to implement the MSP lens while making use of pre-existing modalities.

## **Background**

The field of Feminist psychology has endeavoured to provide therapeutic methods to address the systematic inequality affecting women living within patriarchal political, economic and familial power structures (Prochaska & Norcross, 2018). Rather than diagnosing individuals removed from their social environment, this same movement has also broken new ground by

situating the source of much of women's psychopathology in the context of experiencing oppression within patriarchal society. Adding to the analysis provided by feminist psychology, the theory also proposed exciting new therapeutic methods taken for granted today, such as decreasing power imbalances between counsellor and client through collaborative goal setting (Comas-Díaz & Torres Rivera, 2020).

Emerging later in the 1990's, male-sensitive psychotherapy (MSP) was formed by applying a feminist analysis to the socialization and behaviour of men. MSP researchers argue that since men also live under patriarchy, they are also socialized to conform to idealized forms of masculinity (Cole & Ingram, 2020). In MSP, the pressures of male socialization result in psychopathology when men either warp themselves to conform to society's expectations (gender role strain) or face societal rejection, from both men and women for not conforming or over conforming to traditionally masculine gender norms (gender role conflict) (Englar-Carlson et al., 2014).

In fact, Addis and Mahalik's (2003) groundbreaking study found that men who maintain rigid traditionally masculine gender identities were most likely to avoid help-seeking, resulting in detrimental health effects. As a result of such findings, MSP emerged as a field of study where academics argued that men living within patriarchal society are also in need of therapeutic modes tailored to reach them and built specifically to address their issues.

In 2018, the American Psychological Association (APA) published the APA Guidelines for Psychological Practise with Boys and Men. The guidelines were written over a 13 year period using 40 years of research data, and aim to provide practitioners with concrete suggestions to deepen their therapeutic relationship with male clients, make them more comfortable in therapy, and reduce the likelihood of male client dropout (Levant et al., 2023).

Since the publication of the APA's guidelines (2018), the subject of masculinity as a whole has been intensely politicized and the field of MSP, which first emerged in the 1990's, has been subjected to a large degree of criticism, emerging mostly from conservative-leaning media outlets perceiving the guidelines as an assault against traditional masculinity. In 2021, Christopher J. Ferguson, a Floridian psychologist who participated in the creation of the guidelines, but voted against their adoption as written, resigned from the APA in protest after the document's publication (Ferguson, 2021). Two years later, Ferguson wrote a critique of the guidelines which appeared in both academic publications and media outlets (Ferguson et al., 2022; Ferguson, 2023). Ferguson's critique arose as a response to what he argues is the politicization of mental health research by progressives working within the field of masculinities studies, as well as a belief that the APA generally, and the authors of the guidelines specifically, employ an excessively socio-constructivist analysis in seeking to explain the formation of gender and human behaviour (Ferguson, 2023). In other words, Ferguson argues that male behaviour is determined biologically at birth and instead of asking men to critique and reshape elements of traditional masculinity, a process he argues is damaging the male psyche, society should assist in fulfilling biological destiny by encouraging men to cultivate them.

In the wake of this criticism, a new field of study, Male Psychology, has emerged seeking to distinguish itself from MSP. The Centre for Male Psychology argues that in comparison with MSP, their field of study is more free from ideological influences than their ideological competitors and instead locate their explanation of human behaviour within the fields of biology and evolutionary psychology (*What Is Male Psychology?*, n.d.).

Readers interested in weighing criticism of MSP and evaluating it against the subsequent rebuttal issued by several of the APA guideline's authors (Levant et al., 2023) are invited to

explore the references provided herein and reach their own conclusions. For the purposes of this study however, research, discussion and study will remain within the realm of MSP.

Though MSP is well-established practise and widely accepted in the psychological field, much of the field's research has been Focused on adapting services to men in individual or men's group therapeutic settings (Shepard & Nutt, 2014). Interestingly, few studies exist in applying MSP's principles to maximize the effectiveness of couples' therapy.

Shepard and Harway (2012) compiled a book entitled *Engaging men in couples therapy*, including chapters written by renowned academics discussing how they practise their preferred modalities of couples' therapy through the lens of Male-Sensitive Couples' Therapy (MSCT). This text, now over 10 years old, serves as a first practical guide towards the application of MSCT but is worryingly outdated. To say much has changed in the contemporary zeitgeist in terms of the shape of modern masculinity is a gross understatement. The #MeToo Movement, the startling rise of "manosphere" influencers, such as Andrew Tate, as well as Incel culture have all had profound impacts on contemporary conceptions of masculinity, for better or worse (Ging, 2019).

### **Purpose Statement**

In this capstone, I intend to discover if the literature indicates that the framework of MSP in relationship counselling positively affects male partner resistance to counselling overall. Further, I will also review how the MSP lens could apply to widely-used relationship counselling modalities so that therapists may consider how their practise could be adapted to increase male-partner participation in relationship counselling. The intersections between MSP and couples' counselling are underexplored in the literature and counsellors might improve their ability to connect to male clients in relationship counselling if supplied with tools assisting them in

connecting their preferred modality to MSP principles. In addition, male clients and their partners might also benefit from relationship counselling which takes into account their gendered socialization in patriarchal society, gender-role strain and strives to adapt services to make both partners comfortable in the therapeutic space.

### **Conceptual Framework**

This capstone will consist of three parts. First, it will discuss MSP as a theoretical lens, situating the reader within the field, delving deeply into the common issues encountered when working from an MSP perspective. Then, the study discusses the origins and functioning of several relationship counselling modalities including socio-emotional relationship therapy, emotionally focused couples therapy, The Gottman's sound relationship house theory and male-sensitive couples therapy. Lastly, the study will re-explore the topics above, but now provide analysis of how practitioners might apply MSP principles, generally elaborated for use in individual and group therapy, to relationship counselling as well as an in-depth discussion of how a therapist might adapt their practise to employ an MSP lens through the relationship counselling modalities listed above.

### **Contribution to the Field**

The aims of this capstone project are to provide an explanatory primer of MSP, discuss where it appears to intersect in the literature with couples' therapy and as well as provide guidance for therapists looking to work through this theoretical lens to more effectively work with male ambivalence and resistance in couples' therapy.

In researching the intersection between MSP and couples' therapy, one notices a dearth of sources written on the topic after 2012, when Shepard and Harway, authors of *Engaging men*

*in couples therapy* retired from academic work to focus on private practise work (*Individual and Couples Therapy*, n.d.).

Between 2012 and now, all major demographic trends surrounding mental health; whether disproportionately high rates of men committing suicide than women (Public Health Agency of Canada, 2023), men and women alike experiencing record rates of loneliness (Weissbourd et al., 2021), and studies pointing to declining numbers of young adults in romantic relationships (U.S. Department of Health & Human Services, 2019) all point to an emerging crisis of loneliness, lack of connection and increased need for mental health services. Considering men with traditionally masculine gender identities seek mental-health services at a lower rate than other members of society (Addis & Mahalik, 2003), this points towards a continued need to effectively tailor therapeutic practises specifically for men with the goal of increasing their uptake of mental health services.

With the hopes of assisting therapists in considering such adaptations, the American Psychological Association (*APA Guidelines for Psychological Practise With Boys and Men*, 2018), released its guidelines for working effectively with men and boys in therapy. These guidelines however, like most literature surrounding MSP focus both on group and individual counselling, offering scant suggestions for therapists looking to work more effectively with men in a couples' therapy context. Therefore, exploring this academic niche might provide therapists with helpful tools and considerations when working with such populations.

### **Reflectivity and Positionality Statement**

I am a cisgender millennial middle-class white male. I have been an educator, working in the public K-12 system for the last 8 years, with experience in Elementary and Secondary levels. In the last decade, British-Columbian teachers have been asked to incorporate Social Emotional

Learning (SEL) into their everyday practise. In this work, I have been particularly interested in identity formation in adolescent males.

Year after year, I found myself carrying out the SEL curriculum, and while doing so experienced a sharp reduction in inter-student conflicts needing to be resolved amongst the female-identifying students in my class. At the same time, the conflicts between male students would not decrease. In discussions with male students after conflicts had erupted, I would discuss the SEL concepts we had covered in class and talked about the skills we learned which would have mitigated or resolved conflict. It was as if they could not connect their trouble at expressing and understanding emotions with the interpersonal conflicts they were experiencing.

When I then entered into the Masters of Counselling Psychology program at City University, I was introduced to MSP. This lens through which therapy with men can be examined seemed to explain my earlier experiences; that other than anger and joy, boys and men are generally not socialized to express or understand their emotions (Prochaska & Norcross, 2018). Furthermore, I resonated with the theory explaining that men can live through profound psychological distress when they do not measure up to their conception of what it is to be sufficiently masculine.

Countless times on the playground, I witnessed boys be punished by their peers, girls included, for displaying behaviour interpreted as feminine or insufficiently masculine. Children routinely police each other's gendered behaviour and make it clear there are consequences for transgressing. Tangentially, I believe the playground as a microcosm for society is a truly untapped venue for psychological and sociological academic research.

Therefore, it is important to note that I understand I am biased when discussing MSP. Along with much research demonstrating its effectiveness in assisting therapists deepen their

therapeutic relationship with male clients and find greater successes in therapy, the theories offered by MSP explain succinctly what I had been struggling for years to articulate.

Keeping this bias in mind, it must be noted that in contemporary political discourse, the question of what masculinity is and should look like is subject to heated and often virulent debate. Across the political spectrum, there seems not to be any disagreement; our society is increasingly alienated, isolated and diseases of despair are worryingly common. Though the causes and solutions are being debated in the contemporary public sphere, they appear quite settled in academia.

Truly, it seems impossible to operate academically in good faith within the field of masculinities without clearly identifying your positionality and analytical lens. My hope as author is that my transparent personal positionality statement allows the reader to accurately assess the angle from which the topic is being discussed, and use this information when weighing the quality of discussion found herein.

### **Definition of Terms**

#### ***Alexithymia***

The inability to recognize or describe one's own emotions (Encyclopedia of Autism Spectrum Disorders, 2021).

#### ***Desire Discrepancy***

The phenomena where one partner has a higher or lower desire for sex than the other (Nagoski, 2021).

#### ***Feminism***

The belief that we live in a patriarchal society, that men majoritarily occupy positions of

economic, political, familial and relational power and that this should change (Burkett & Brunel, 2024).

### ***Gender-Role Conflict***

Gender-role conflict occurs when one's gender-identity causes them to run into conflict with others in society. Common examples include a traditionally masculine man who frequently fights others to resolve conflict, or a man being told he overvalues his work to the detriment of his familial obligations (APA, 2018).

### ***Gender-Role Strain***

Gender-role strain differs from gender-role conflict in that it is an individual's experience of distress at not meeting traditional gender norms, rather than these norms coming in conflict with another. For example, if a man believes he is not sufficiently physically strong as he believes men should be, he may suffer psychological distress affecting his self-esteem. People with rigid schemas surrounding gender norms are most likely to experience gender-role strain (APA, 2018).

### ***Male-Sensitive Psychotherapy (MSP)***

A lens through which therapists can adapt therapeutic practises with the goal of increasing comfort of male clients in the therapeutic space. MSP is delivered through other therapeutic modalities. MSP locates much of male psychopathology at the fear of being insufficiently masculine, as dictated by traditional gender norms present in patriarchal society (Englar-Carlson et al., 2014).

### ***Male-Sensitive Couples' Therapy (MSCT)***

An analytical lens through which counsellors might practise couples' therapy informed by MSP principles (Shepard & Nutt, 2014).

### ***Male Psychology***

A new grouping of psychologists who feel that contemporary psychology is excessively disparaging of men. Further, this strain of study argues gendered behaviour is not a result of socialization, but rather due to the influence of biological or evolutionary factors (*What Is Male Psychology?*, n.d.).

### ***Masculine Gender Role Stress (MGRS)***

The conflict and stress that occurs when men attempt to adhere to un-achievable or dysfunctional male gender-roles (APA, 2018).

### ***Normative Male Alexithymia***

A potential result from socialization into traditional masculinity, where men have not been taught, or have been actively discouraged to recognize or describe their emotions, resulting in a less pronounced form of alexithymia (Levant et al., 2006).

### ***Patriarchy***

The prevailing gender-norm paradigm where males and females are socialized from a very early age into specific gender norms. In patriarchal societies, men hold most political, social, religious and economic power, though this also extends to the private sphere (Patriarchy, 2012).

### ***Traditional Masculinity/Hegemonic Masculinity***

As proposed by Brannon and David (1976), this four point definition of traditional masculinity remains relevant today:

1. *No sissy stuff*: A truly masculine person avoids anything remotely “feminine”.
2. *The big wheel*: A masculine person is successful and looked up to; he is the breadwinner of the family.

3. *The sturdy oak*: Masculinity involves exuding confidence, strength, and self-reliance.
4. *Give 'em hell*: A masculine person is aggressive and daring.

### **Summary**

The primary objective of this capstone project is to situate the reader within the field of MSP, reviewing key concepts that therapists looking to deepen their therapeutic relationship with male clients should be aware of if their goal is to adapt their practise to traditionally masculine men and to provide analysis of how these principles can be applied to relationship counselling.

The study will also seek to explore the intersections between MSP and widely-used couples' therapy modalities to see how they conceptualize of and deal with male resistance in relationship counselling and how these modalities might be adapted when applying the MSP lens with the goal of deepening the therapeutic alliance between traditionally male clients and their therapists as well as increasing engagement in relationship counselling.

## Chapter 2: Literature Review

This study's previous chapter introduced the problem of reduced health and psychological outcomes in men, as well as socialized male behaviours, such as help-avoiding behaviours and emotional stoicism that can lead to these gender discrepancies. The first chapter also briefly discussed the theoretical lens of male-sensitive psychotherapy (MSP) which emerged to address these issues in individual and group counselling contexts, as well as its antithetical movement of Male Psychology, which took root in response to this work. The first chapter then outlined the purpose of the study which is to first, present to the reader the core concepts of MSP, then seek to address a gap in the literature by applying these concepts to relationship counselling.

### Review of the Relevant Literature

Before discussing specifically the issues raised above, as well as MSP's proposed solutions, it will be helpful to the reader to define traditional or hegemonic masculinity and how it has evolved over past decades.

Perhaps the briefest explanation of traditional masculinity comes from Brannon and David (1976) and is helpfully broken down into four easily recognizable and relatable parts, which in the opinion of the author are so succinctly and eloquently described that they remain entirely relevant today:

1. *No sissy stuff*: A truly masculine person avoids anything remotely "feminine".
2. *The big wheel*: A masculine person is successful and looked up to; he is the breadwinner of the family.
3. *The sturdy oak*: Masculinity involves exuding confidence, strength, and self-reliance.
4. *Give 'em hell*: A masculine person is aggressive and daring.

Reaffirming Brannon and David's (1976) idea of "No sissy stuff", hooks (2004) argues, there is no greater fear for a man who subscribes to patriarchal gender roles than appearing feminine. Behaviours perceived as feminine include, but are not limited to: displaying emotionality, especially fear or sadness, being perceived as overly emotional, participating in caretaking or household chores, taking too active an interest in children or child-rearing, wearing clothing perceived to be feminine, speaking in a manner, or with expressions associated with femininity among others (Englar-Carlson et al., 2014). Adding to this list, hooks (2004) importantly includes homophobic behaviour and avoiding any behaviour that might be perceived as gay.

Second, men subscribing to hegemonic masculinity aspire to be competent and successful in their field of employment and strive to be able to support their nuclear family with the resources earned through work. As economic inequality grows, this tenet of traditional masculinity causes alienating experiences of gender-role distress among men who experience joblessness, wage suppression, career stagnation or removal from the workforce due to disability as not only threats to material circumstances, but also as significant blows to their own sense of self as a masculine man (Murphey & Shillingford, 2012). These effects may be worsened for men whose intersectional identities include racial marginalization and adds on another dimension of discrimination having further negative impacts on male self-esteem (Palumbo et al., 2019). As racial discrimination has well-documented effects on marginalized men's ability to gain employment, seek promotions, as well as pay increases, compared to hegemonic racial identities, these men may well find increased barriers towards fulfilling the traditionally masculine ideal of the man being the family breadwinner, further harming self-esteem.

The third characteristic proposed by Brannon and David (1976), the sturdy oak, is of particular concern to prospective therapists. This core aspect of traditional masculinity sees men developing a sense of identity from their perceived independence from all others, as well as a constant projection of confidence and strength (APA, 2018). In modern online parlance, the language of alphas and beta males could be applied here, where alpha males appear as strong confident leaders of the pack, and show dominance over lesser beta males (Ging, 2019). Physical strength is also critical to this aspect of traditional masculinity, as is control over one's emotions, displayed through emotional stoicism.

The final characteristic, that of being aggressive and daring is still relevant to contemporary definitions of traditional masculinity today. A simple survey of crime statistics shows that the percentage of arrests in all violent crime skews male, and men make up 73% of those arrested for murder, 99.1% for rape and 77.1% for those arrested for aggravated assault (Federal Bureau of Investigation, 2012, Savage, 2017). These statistics point to a gendered dynamic where boys and men more frequently resolve conflict through the use of force. Further research points towards more careless or dangerous use of automobiles with men 2.2 times more likely to die in an automobile accident than women (Courtenay, 2011). Statistics clearly show the downstream effects of this element of traditional masculinity and that this is still relevant today.

In many ways, the four-point description of traditional masculinity has remained largely unchanged or unchallenged since Brannon and David published them in 1976. This changed when the contemporary MeToo movement began, finding its origins in efforts by activist Tarana Burke who coined the phrase #MeToo in 2006 to give voice to victims of gender-based violence (Alcade & Villa, 2022). The phrase then entered the wider public consciousness as social media posts began speaking out against sexual violence and harassment in the film industry. The

movement became a tumultuous period where elements of rape culture, street harassment and gender-based violence were brought to public consciousness, and many men were made to question behaviour once seen as normal and acceptable (Harrington, 2021).

In response to these developments, many began to use the term toxic masculinity to describe the negative masculine traits being unearthed by the MeToo movement. The term toxic masculinity exploded into public consciousness less than a decade ago. Whitehead (2019) who takes credit for introducing the term to academia in 2013, describes toxic masculinity as a “recognition that not only is “something is not quite right” with many males, but that a significant percentage of the global male population has acquired a form of masculinity which is misogynistic, self-destructive, deadly and damaging to all of us, even to the planet itself” (p. 14). Having written prolifically in the masculinity studies domain, Whitehead explains that for decades, theorizing about masculinity was a niche academic topic, with very little uptake outside of academia (Whitehead, 2019). Fast-forward to today, and it is as if society has suddenly learned to see the water in which it swims, beginning to analyze fundamental aspects of our culture that were previously considered as natural as the laws of gravity.

Resulting from this growing criticality of traditional or toxic masculinities is a parallel social reactionary movement, gaining particular purchase in online, conservative and religious spaces. In this counter-narrative, the social and political forces of feminism have gone too far, and excessive critiques of men are leading to increased male alienation, the perceived feminization of society at large and degradation of the nuclear family, as well as decreased birth-rates (Copland, 2023; Ging, 2019). In this framing, many social problems could be resolved if men dug deeper into traditional forms of masculinity and re-imposed patriarchal gendered hierarchy upon women (Goetz & Mayer, 2023). Proponents of such ideas argue that feminism

has not only been successful in achieving equal rights for women, but in fact it has reversed the hierarchy, disempowering men and subjugating them to women (Goetz & Mayer, 2023). In this zero-sum analysis, equality is not perceived as such, because it has come at the cost of male social, political, and economic power (Ging, 2019). While achieving the liberation of women, feminism has also made women overly career focused and excessively sexually liberated, resulting in delaying child-rearing or abandoning it altogether.

Traditional values, such as early marriage, childrearing and a traditionally gendered division of labour are finding increasing purchase in society, with even a 2024 American vice-presidential candidate implying women in particular, and people in general, are more likely to become “sociopathic”, “psychotic” and “deranged” if childless and that parents should be given extra votes equal to the number of their children during elections (Levin, 2024). Further examples of such ideas becoming mainstream political proposals is the contemporary effort of American Republican lawmakers to restrict access to abortion as well as ending no-fault divorce, or being able to divorce someone without having to prove wrongdoing (Berger, 2024).

Proponents of such ideas argue men should resist becoming feminized, and return to masculine values by building physical strength, earning enough income to support an entire family, exerting dominance over others in all spheres of life, and dating only women who share similar values (Goetz & Mayer, 2023).

Though analysis of the contemporary anti-feminist movement is fascinating to be certain, especially with a growing mainstreaming of far-right ideology (anxieties surrounding falling birth-rates in Western countries, the purported feminization of society, The Great Replacement conspiracy theory etc.) the ecosystem of right-wing masculinist and anti-feminist influencers, activists and politicians and their beliefs are outside of the scope of this capstone project.

### **Normative Male Alexithymia**

First proposed by Sifneos in 1973, alexithymia was described as clients who experience significant difficulty in labelling feelings, describing them in language or understanding the difference between affect and somatic sensation (Sifneos, 1973). Since then, multiple studies have identified significant characteristics of alexithymia in roughly ten percent of society (Honkalampi et al., 2001; Franz et al., 2008). Severe forms of alexithymia have since been found to be frequently comorbid with autism spectrum disorder and is often described as a milder form of psychopathy (Encyclopedia of Autism Spectrum Disorders, 2021). The American Psychological Association (2013) describes characteristics of alexithymia as a person being essentially emotionally illiterate, or unable to describe or understand their affective experience.

As a result of working with many male clients exhibiting similar, but milder personality traits, Levant et al. (2006), proposed applying the concept of alexithymia to men who have through gendered societal pressures, shut down their ability to engage with their emotional experience. Instead of emerging from innate personality traits, Levant argues that external socialization pressures placed on men reward emotional disconnection with acceptance and emotional expression is disincentivized through societal policing of gender expression. Here hooks (2004) argues that societal policing of perceived excessive emotional expression of males begins in early childhood for males and is carried out both by men and women who believe in patriarchal gender norms. As a result, Levant et al. (2006) suggested employing the term normative male alexithymia to describe the phenomenon, explaining it as a result of gender norms, rather than an innate character trait. Otherwise stated, maturing under traditional and patriarchal gender norms produces men frequently unable or unwilling to engage emotionally, in therapy or in everyday life. In a study making use of the then newly developed Normative Male

Alexithymia Scale (NMA), Levant et al. (2006) described normative male alexithymia (NMA) as a mild form of alexithymia. In the same study, using the aforementioned scale, it was found that male participants experience mild alexithymia at a higher rate than female participants.

Contemporary research has been conducted explaining behaviour deemed to be the result of NMA not as an unintentional behaviour resulting from gendered socialization, but rather as a conscious effort on behalf of male partners to avoid relationship conflict and appease partners. In a qualitative study of men contemplating previous relationship breakdown, Oliffe et al. (2023) found that study participants were deliberately participating in what the authors describe as self-censoring behaviour, to please their partners, avoid potential rejection, avoid relationship conflict and escape the perception of being judged as emotionally needy by their partners. These findings seem to imply that even if it is the case that men develop less skills related to emotional communication, they also consciously avoid it for many reasons other than just being unable to be ill-equipped to do so. The same study found many participants credited their lack of effective emotional communication as a major cause of relationship breakdown and in the ashes of failed relationships would often seek to improve themselves in this regard before entering into another significant relationship (Oliffe et al., 2023). The study makes sure to note however the self-selecting bias of its participants, that the men being studied had voluntarily chosen to enter into therapy and thus do not likely make up a representative sample of men in society at large (Oliffe et al., 2023). Thus, it should not be concluded that this self-reflective behaviour is common among men, but rather common among men who seek therapy in the aftermath of a failed relationship.

Complexifying the debate, in an article exploring male emotionality and the relative dearth of literature studying it, Holmes (2015) argues that many studies essentialize male

behaviour, reducing men's behaviour to either being in total rational control of the self, or absolutely incapable of expressing or understanding emotions. This view of male emotionality ignores the reality that many men do in fact participate in emotional discussion in intimate relationships. Furthermore, Holmes argues that much of the scholarship studying male emotionality ignores political, social and economic contexts, seeking to localize societal ills squarely within the male psyche (Holmes, 2015).

Adding to the finding that men often realize after a relationship ends that poor emotional communication was a major hindrance, research has also found that male partners are slower to realize that their relationship is in jeopardy, as well as less likely to initiate relationship help-seeking (Parnell & Hammer, 2018). Though these issues exist outside of the scope of this paper, they point to a larger need for societal interventions aimed at increasing the likelihood of help-seeking before relationships fall apart.

Regardless of whether NMA can be described as a willful conscious behaviour or the result of socialization operating on the unconscious level, it remains the case that in patriarchal society, there exist few venues where men are expected to engage with and express their emotions (hooks, 2004). The author of this study reflects upon an experience where in leading a men's discussion group on patriarchy's effects in the teaching profession, a participant reflected that if a passerby were to see the group's men sitting in a circle, they would assume it was an Alcoholics Anonymous group. The lack of spaces where male emotional expression is socially acceptable in turn may reinforce societal beliefs that only when a man is truly in dire straits should he talk about his feelings, further fueling help-avoidant behaviour on behalf of traditionally masculine men wanting to maintain an image of self-sufficiency and independence.

Adding to the issues of a lack of venues where men can safely express emotions, research shows that men growing up around emotionally stoic men report adopting behaviours of emotional self-censorship in themselves as well as encouraging them in other men (Oliffe et al., 2023). Many men, especially those growing up in homes or societies where traditionally male gender expressions are the norm, and are strictly enforced, discover that suppressing emotions can result in greater social acceptance (Connell & Messerschmidt, 2005; Parnell & Hammer, 2018).

Not only is stoicism and emotional restriction rewarded with societal acceptance, but excessive emotionality is often heavily discouraged through bullying, intimidation and homophobic or misogynistic insults (APA, 2018). Masculine fears of being perceived as feminine or gay are so prevalent that several forms of modern speech have emerged as a result. One prominent example is the usage of the phrase “No homo” at the end of a sentence when a man’s statement might imply some form of emotional or physical connection towards another man. The phrase is used as a pre-emptive defence in an attempt to dispel potential accusations of being gay (Pascoe & Diefendorf, 2019). Though the phrase is often used for ironic humorous effect, it also speaks to an ingrained fear of excessive emotionality and emotional self-censoring efforts within hegemonic masculinity. Another satirical online meme format emerging to skewer such excessive fears is the once popular “Fellas, is it gay...” prefix often added to what would otherwise consist of everyday displays of affection or emotionality (Know Your Meme, 2018). This meme format culminated in the ironic, but illuminating phrase “Fellas, is it gay to love your wife?”. Nowhere is the connection between emotional expression and potential to be perceived as non-masculine more succinctly expressed.

Over time, exposed to these social incentive structures, a man's ability to grapple with emotions may atrophy and self-imposed behaviours of stoicism win out over emotional engagement, as such behaviours reaffirm rather than challenge traditional male identities (Levant et al. 2006). In collectively achieving the project of cleaving self from emotion, traditionally masculine men also reinforce the notion that emotion is not masculine, but lies instead within the realm of femininity, which in turn reaffirms the masculine need to limit emotion. Thus, not only are emotions and vulnerability hidden from others by traditionally male men, but through this long-term project of emotional suppression, through atrophy of underused emotional skills, they may become increasingly disconnected from their own inner emotional world.

In his doctoral dissertation, Schwartz (2021) succinctly highlighted the path through which one could hypothesize the development of NMA as “a chain of associations from shame proneness—through exposure to shaming mechanisms of male socialization, endorsement of traditional masculine gender roles, restricted emotionality, reduced emotional self-disclosure, and ultimately normative male alexithymia.” (p. 4)

In short, within patriarchal society, whether intentionally or not, many men deem it is safer and easier to remain stoic and emotionally insulated when in distress than it is to reveal emotionality and risk exhibiting characteristics defined as feminine.

After a thorough discussion of the formation of NMA and its effects on traditionally masculine men, we can begin to see what effect it may have in the therapeutic setting. For clients who have spent a lifetime suppressing emotions or avoiding discussing their internal processes with others to project an image of self-reliance, even the act of coming to therapy itself and disclosing any personal details could be challenging (Englar-Carlson et al., 2014). Further, since many therapeutic interventions ask clients to delve deeply into, describe and sit with emotions,

such interventions could be quite difficult and alienating (Rabinowitz, 2019). Therefore, therapists are advised to not see such experiences in the therapeutic space as a form of resistance, but rather an opportunity to show empathy and an opportunity for scaffolded learning experience of how and why one can safely feel and show emotion (Duffey & Haberstroh, 2014). Thus from the outset, the act of simply coming to therapy and beginning to disclose personal experiences can be validated by the therapist using the language of courage or bravery, framing that may resonate with traditionally masculine men (Levant et al., 2006) .

Turning our attention towards how the MSP lens suggests therapists work with NMA, Englar-Carlson (2006) advises that therapists assess the client's masculine socialization with special attention paid to how rigidly they hold to traditionally masculine ideals, such as competitiveness, pursuing success and reluctance to speak about psychological issues (Englar-Carlson, 2006). The more rigidly masculine a client might be, the greater care a therapist needs to take to avoid triggering defensiveness while undertaking the therapeutic process. If a man does not rigidly adhere to gender-roles, therapists can more quickly move to anti-patriarchal psychoeducation, where the impacts of gender-role strain could be more readily and openly discussed. Furthermore, Levant argues that men rigidly conforming to gender norms may also benefit from being assessed on the Normative Male Alexithymia Scale, and be treated directly for alexithymia at the outset of therapy to ensure a man has the ability to identify and communicate emotions, a skill critical to fruitful participation in therapy (Silver et al., 2018).

Within hegemonic masculinity, the wide range of emotional experience is limited to only a few emotions that are acceptable for men to express without risk of appearing feminine: joy and anger (Oliffe et al., 2023; hooks, 2004). As clients begin to use more precise emotional language to describe their inner experience, the picture of their emotional state becomes clearer.

Like a painter who is suddenly granted access to a wider range of colours, the image produced becomes more complex and more clear with shades of emotional experience previously expressed with only one colour, now being seen as both clearer and more complex through the use of added shades and gradients. Concretely, therapists may benefit from having clients use the emotions wheel when finding difficulty expressing themselves, or by asking clients to be more precise in their language when their emotional state is described using vaguer emotional descriptors such as good or bad.

In sum, the MSP lens provides a framework within which therapists can conceive of NMA in male clients as a result of gendered patriarchal socialization, meet it with non-defensiveness and empathy rather than conceptualizing the phenomenon as resistance to therapy and begin to slowly build safe experiences for men to expand their emotional understanding and expression.

### **Addressing Sexual Desire Discrepancy through the Male Sensitive Psychotherapy Lens**

Sexual desire discrepancy, described as occurring when relationship partners report distress related to different levels of sexual desire between partners, is cited as one of the most common issues brought into relationship counselling (McCarthy & Oppliger, 2019; Vowels & Mark, 2020). Sexual desire discrepancy research has discovered that there is a roughly equal likelihood that either the male or female partner are the partner with lower sexual desire levels (Mark, 2012). Sexual desire discrepancy has been found to have many causal factors, such as scheduling issues, relational issues, lack of a desired accompanying emotional intimacy, sexual dysfunction, stress, anxiety, depression, hormonal issues, culturally formed shame or stigma among others (Brotto, 2018; Mark, 2012; McCarthy & Opplinger 2019; Nagoski, 2021). As is argued by Nagoski (2021), each of these issues can act as “brakes” for a partner, generally

female, that may simply make it easier to just disengage from the whole process entirely rather than risk conflict.

An MSP lens provides a helpful framework through which therapists can conceptualize how this issue affects men. Through socialization in patriarchal society, many men have adopted, implicitly or otherwise, many beliefs about what sex should look like when in relationship with women. Such beliefs could include an entitlement towards having sex regularly, on demand or as a result of gifts or dinner dates (Basow & Minieri, 2011). Patriarchal beliefs about romance include the idea that sex occurs spontaneously, without the need for prior communication (hooks, 2004). If we consider hooks's (2004) argument that masculinity is not achieved, but is a constant performance, we begin to understand that many men view sex as an opportunity to prove their manhood through exceptional and unerring performance. With this in mind, the bedroom becomes the venue to repeatedly prove a man's masculinity and excessive performance pressure can set in. Further, both female and male partners whose level of sexual desire is higher than their partners often interpret the cause as them being physically or romantically unappealing (Mark, 2000). Hinting at the important connection for men between frequency of sex and masculine self-esteem, many women report frequently engaging in sex with their partners, not out of a genuine desire to do so, but rather to avoid the negative emotional fallout that might occur if they were to turn down sexual advances (Vowels & Mark, 2020).

With this in mind, due to the gender role strain a man could experience when faced with such an issue, and the corresponding shame and negative affective experience emerging from feeling insufficiently masculine, it is not surprising that men have been found to be 50% less likely than women to discuss with their partners sexual difficulties or acknowledge problems, whether experiencing low desire or sexual dysfunction (Rosen 2000).

In Vowels and Mark's (2020) study examining the strategies partners enact individually or together to resolve these issues, their findings suggest that many men, instead of discussing the issue with their partner, will attempt to resolve the issue alone, generally through individual masturbation or disengagement from sexual activity altogether. Of those who chose solitary options to resolve the issue, only 18.5% found such behaviour helpful (Vowels & Mark, 2020). This reinforces Nagoski's (2021) message that many sexual issues can be most effectively resolved through open discussion between partners.

For these reasons, traditionally masculine ideals of stoicism, self-sufficiency and avoidance of vulnerability act not to better the lives of men, but compound their distress when experiencing relational difficulties. If solutions to sexual desire discrepancy are found in increasing frequency and quality of communication between partners, who might work together to solve issues, then traditional masculine behaviours make solving the issue more difficult.

### **Addressing Male Sexual Dysfunction through the Male Sensitive Psychotherapy Lens**

As discussed in the previous section, it is argued that traditional masculinity is not achieved, but continuously proven by being seen as acceptably masculine in front of others. In terms of sexuality, traditional masculinity is achieved by physical prowess in the bedroom, the ability to become erect when needed and the ability to please their female partner on a consistent basis (Breetz & McCarthy, 2012). In this sense, masculinity is either proven through a flawless performance, or non-masculinity is arrived at through anything less than perfect. This performance-based "pass-fail" mentality, as proposed by Breetz and McCarthy (2012) can lead to intense feelings of shame and embarrassment when a man, for many different reasons, fails to achieve what he believes needs to be achieved.

Interestingly, hook (2004) argues a point that goes against seeing consistently pleasing their partner as a masculine ideal when she states that men are socialized to conceive of sex as a non-relational activity and instead as a stage upon which their masculinity can be tested and proven. This idea is confusingly also reinforced through Breetz and McCarthy's (2012) argument that especially for young men, sexual response is "autonomous; he can experience desire, arousal, and orgasm and need nothing from his partner" (p. 213). Though this appears contradictory to what Breetz and McCarthy argued above, perhaps the desire to unerringly satisfy their partner emerges as a man matures and begins to conceive of sex as an act involving more people than just himself.

The concurrent set of cultural beliefs where masculinity is derived from successful sexual performance, but that sexuality occurs autonomously and not within relationship can lead to men who feel ashamed and emasculated to retreat emotionally from their partners and not see them as a potential ally in resolving the presenting issue. In fact, 75% of men experiencing sexual dysfunction of any sort are too ashamed of such concerns to discuss them even with a medical health professional (Courtenay, 2014). A surprising statistic revealed in McCarthy and Metz's (2008) *Men's Sexual Health* is that in the majority of relationships where the couple is no longer having sex, the decision was made unilaterally and without discussion by the male partner. One can easily imagine a man's partner having made such a decision reacting with sadness, confusion and self-blame. Again, these findings relate to Mahalik et al. (2012) ground-breaking work in the field of masculinity studies where men adhering to traditional ideals of masculinity avoid help-seeking behaviours. Whether it is avoiding enlisting the help of medical or mental health professionals, or not seeing their partner as an ally towards finding a resolution for sexual difficulties but rather an impediment, rigidly held beliefs of autonomy, stoicism and self-

sufficiency rather than connection and emotional vulnerability lead many men to retreat within themselves when facing such issues and withdrawing sexually altogether from their partners (Courtenay, 2014).

In a thoughtful chapter from *A counselor's guide to working with men*, Courtenay (2014) describes how counsellors may choose to approach health issues through the MSP lens. Courtenay advises that counsellors should humanize men's sexual concerns, highlighting their ubiquity and discussing the unrealistic expectations that many men hold themselves to in terms of sexual performance. To normalize these concerns, Courtenay (2014) also proposes making affirming statements such as "You're not a machine" or "Most men have concerns about sex; it's normal. And I'd be surprised if you didn't" (p. 95). Such findings highlight the importance of making male partners comfortable in therapy, and scaffolding them towards speaking about the topic, since for a majority of couples no longer having regular sex, the reasons why this is the case remain hidden by the male partner.

In terms of case conceptualization, Courtenay (2014) proposes a 5-point plan of educating, assuming the worst, locating supports, tailoring a plan and harnessing strengths. For education, it is advised that counsellors come to male clients with statistics that help humanize sexual dysfunction and illustrate their commonality. While assuming the worst, counsellors may find that during discussions with traditionally male clients, their clients continue to project the image of a self-sufficient invulnerable man and when discussing sexual difficulties. Such clients may under-report or describe only vaguely their concerns (Courtenay, 2014). Therefore, counsellors are advised to circle back a few more times than may be thought necessary, as further important information may arise from second or third chances to fully describe their presenting issue. In locating support, counsellors should discuss with their client whom they

want to reach out to for help, including medical professionals and their partner. This may prove difficult, as men subscribing to hegemonic masculinity may be loath to do so. It may be fruitful to strategize and plan how the client may begin to discuss the issue with their chosen supports. In tailoring a plan, it is here that a counsellor is advised to elaborate the list of behavioural changes needed to help remedy the problem. Interestingly, many of the strategies listed are similar to Nagoski's (2021) suggestions of adopting a pleasure oriented (rather than orgasm oriented) mindset, addressing the pass-fail mentality and improving inter-partner communication to lower the emotional stakes of partnered sex. Lastly, by harnessing a client's strengths, Courtenay (2014) suggests that counsellors explore which traditionally masculine values are helpful to assist in solving the problem; adopting a teamwork approach, making use of goal-oriented coping and validating men for attempting to take control of their lives may all be suggestions many men may find comforting.

### **Addressing Disability or Health Issues in the Male Partner Through the Male Sensitive Psychotherapy Lens**

In capitalist patriarchal society, disability or health issues can cause major blows to the self-esteem of men who have adopted traditionally masculine values (Englar-Carlson et al., 2014). Being removed from the workforce, facing reduced income, relying on government support, facing waning physical strength or vigour all come against the values of strength and independence central to traditional masculinity. A 2015 statistical analysis of the UK workplace found that disabled men make up a larger percentage of workers in so-called feminized work roles, are more frequently relegated to part-time work within these feminized roles and secure fewer promotions than their able-bodied male counterparts, causing potential for traditionally male clients to experience gender role strain (Woodhams et al., 2015).

Men subscribing to patriarchal ideals who find themselves unable to participate in the workforce or unable to prove their physical prowess may often respond in two different ways, or a combination of both. First, due to shame of not achieving their vision of what a man should be, many men retreat from social, familial or intimate relationships and disengage emotionally rather than directly addressing their concerns with friends, coworkers or loved ones (Englar-Carlson et al., 2014). Such men may turn to substances as coping mechanisms and exhibit depressive symptoms (APA, 2018; Murphey & Shillingord, 2012). Other men may react by turning their anger at such circumstances outwards and seek to cast blame on those around them to avoid feeling they are themselves deficient, but rather it is those around them that are to blame (hooks, 2004). Some in this category overcompensate for their wounded masculinity by leaning into anger, committing intimate partner violence, child abuse or by identifying themselves with political or social movements that claim men are an oppressed group in society, seeing particularly feminist movements as the reason for their lowered state in society (Donihoo, 2019; Ging, 2019).

As has been said in previous sections, traditional masculine gender identity is not itself the cause of lowered mental health, health and relationship outcomes, but rather the inflexibility with which men subscribing to hegemonic masculine ideals react to changing life circumstances (Levant et al., 2023). Asking curious questions regarding the shame of increased dependence on others is advised. For example, did the man deserve the industrial accident he suffered? Did he deserve to be stricken by illness? These discussions can hopefully lead towards interconnection, rather than disconnection which many men in these positions feel. It is possible even that men may find a growing compassion for those in society experiencing other forms of marginalization.

### **Laying the Foundations for a New Masculinity**

In today's society, the concept of toxic masculinity has been much explored. Big egos, male fragility, non-consensual sexual advances, excessive anger, homophobia, misogyny, unwillingness to engage in housework or care work, excessive control of others and retreat from the emotional realm have all been identified as characteristics that men seeking to better self and relationship to others should seek to avoid (Connell & Messerschmidt 2005, Whitehead, 2019).

It is often said that masculinity is in a crisis, and for many men, particularly young men, a question often left unanswered is what does a positive masculinity look like in the 21st century? In certain segments of society, it is argued that many of society's ills stem from an erosion of adherence to traditional values, and the solution is not to seek a new way of living, but rather to double down on traditional values (Ging, 2019). One need only look for minutes to find on the internet many popular influencers arguing that men should once again be the breadwinners of the family, should strive for self-sufficiency, improve physical strength, encourage domestic and care work to be done by women and that loyalty and responsibility should rest only within a man's nuclear family. Interestingly, a parallel movement of anti-feminist traditional women known online as "Trad wives" has also taken root, glorifying and monetizing a nostalgic return to patriarchal gender hierarchy (Zahay, 2022).

Such conceptions of masculinity and femininity may function well for many men and their partners. Yet, returning to the principles of male-sensitive psychotherapy, it is not adhering to traditional male gender norms that specifically causes worse healthy outcomes, it is instead the inflexibility with which some men adhere to them and adopt help avoiding behaviours that inhibit men from seeking support. These behaviours result in distress and unhealthy patterns of

shame, disconnection and anger when men do not feel that they are meeting the demands of what their traditionally masculine gender ideals demand (APA, 2018).

So what instead does the scholarship suggest as a path forward? How might a positive man, eschewing the worst characteristics of toxic masculinity relate to self, society and romantic partner? Di Bianca and Mahalik (2022) offer a path forward in the following passage, while preempting the critiques that may well be levied by proponents of hegemonic masculinity:

“Some may view our focus on vulnerability, connection, and empathy as advocating for emotional weakness, dependency, and powerlessness. On the contrary, we see healthy masculinities expressed by emotional regulation, authentic autonomy, and compassionate agency, standing in contrast to alexithymia, isolation, and cruelty, respectively.” (p. 326)

It may thus be potentially fruitful to discuss with male clients what aspects of masculinity they believe are helpful to them and others in their lives and what aspects are leading to distress. Many men might list positive qualities such as being providers, being reliable, being helpful for others and being ambitious, among other characteristics.

Asking men what aspects of masculinity they would like to leave behind can also yield fruitful results. Some examples may include isolation, stoicism, reluctance to share internal experiences with loved ones, being quick to anger, unfounded jealousy, overly identifying with work, insecurity, not being an active parent, not engaging with in domestic work, fear of emotional intimacy with other men, not expressing one’s needs, not accessing professional help when needed, whether for physical or mental health and insecurity related to having a partner be who is more financially successful than themselves (APA, 2018).

It must also be noted that all of these qualities are not exclusively attributable to men, and certainly, people of all genders display such qualities, whether positive or negative. Yet, they are

qualities that many men are socialized towards seeing as desirable and can cause significant shame when they find themselves lacking in such respects (Englar-Carlson et al., 2014). Further, as men age, suffer disabling accidents or succumb to illness, men holding onto traditional ideals of masculinity of strength and independence may suffer extreme distress (Murphey & Shillingford, 2012).

To further facilitate such conversations, therapists may find it helpful to have a list of attributes related to masculinity in general and ask male clients to pick out from that list which they would like to hold on to and which they would like to let go of. Such conversations can be threatening to some men, especially since traditional masculinity is not something achieved, but rather a performance that must be consistently undertaken throughout life (hooks, 2004).

Combined with such a list, therapists may want to approach with curiosity why their male clients have chosen to let go of or hold on to certain masculine ideals. What benefits have the aspects they've chosen to hold on to brought to themselves and their loved ones? How will or should they react if they find themselves not achieving their chosen traits at various moments in their lives? In exploring the negative qualities they wish to put aside, therapists may want to ask what harms striving towards these goals have engendered in their lives? What difficulties have they created for both themselves and their partners by holding on to these specific masculine ideals? Clients experiencing difficulty in selecting traits might also be asked to think of men they idolize, be they influential people in their lives, or men in popular culture or fiction.

Certainly, exploration of such values in relationship counselling would be incomplete without turning the conversation towards how their conceptions of masculinity shape their relations with others, be they men, women, or gender diverse people. Once the client has selected characteristics he believes important to him, how does he believe such a man should relate to

others? How does a man who values himself as a protector of his partner or loved ones enact that protection? Does it emulate traditional forms of control and dominance or is a new path being formed? How does a man who chooses to value emotional stoicism relate on a deeper level with his partner, or still value the emotional experiences of others? How should a man relate to others who do not share his beliefs? How would letting go or redefining such characteristics reshape their relationships with others?

In exploring such questions and walking beside our clients as they explore a new masculinity where they themselves select what aspects of masculinity they would like to intentionally cultivate in their lives, conversations preempting the negative reactions male clients could receive societally, by friends or loved ones could be useful. Traditional values of masculinity are widely upheld in society, and people acting differently can sometimes raise the ire of those witnessing it. hooks (2004) describes in her work *The Will to Change* a dynamic where female partners desiring more emotionality in their male partners recoiling in confusion or discomfort when the floodgates of emotion are finally opened and their once stoic partner displays more emotional needs (hooks, 2004). Women, like men, are socialized to believe in traditional conceptions of masculinity and new behaviours or values can be jarring to many who witness changes in their loved ones. Male clients might easily imagine the reaction of their male friends or coworkers to a sudden shift in their behaviour that may be perceived by them as feminine. Thus, pre-emptive conversations on this topic may well inoculate male clients from the danger of rejecting new ways of being if newly crafted identities face backlash from those around them.

### **Turning the Focus Towards Relationship Counselling**

Though the issues raised by Male Sensitive Psychotherapy are by no means new, this scholarship is the first to address it head on as a specialization within the academic field of counselling psychology. The analytical lens offered by MSP is generally limited to individual or group counselling and is rarely, if ever applied to how relationship counselling can be adapted to work with hegemonic masculinity with greater success.

Therefore, the purpose of this next section will be to provide a breakdown of several relationship counselling modalities; male-sensitive couples therapy (MSCT), Emotionally Focused Couples' Therapy (EFCT), Socio-Emotional Relational Therapy (SERT) and Gottman's sound relationship house theory. It will explain their origins, how they conceptualize relational distress and their theories of change. This discussion will lay the groundwork for the third chapter, which will analyze how a counsellor seeking to conduct relationship counselling through an MSP lens might do so within each of these modalities.

### **Male-Sensitive Psychotherapy (MSP)**

With this background provided, it is now time to turn towards the field of psychology that has been shaped by the discourse above. Seminal to the contemporary field of MSP, Addis and Mahalik (2003) published their groundbreaking study, which discussed how male socialization impacts help-seeking behaviours. This work described the well-established phenomenon that male-socialization, which emphasizes self-reliance and a logical mastery of oneself over one's emotions results in a reluctance for men to seek help, whether medical assistance, mental health support, seeking directions, or simply emotional help from loved ones if distressed (Addis & Mahalik, 2003). These behaviours lead to reduced health outcomes, as many problems are aggravated through such help-avoidance behaviour. In fact, Courtenay's (2011) work of

addressing the five-year difference in average American life-spans between men and women, credits the difference in attitude towards seeking medical assistance with the fact that men are 1.5 times more likely than women to die of heart disease, 1.4 times more likely to die of cancer and 2.1 times more likely to die of liver disease and cirrhosis.

Addis and Mahalik's (2003) study's main contribution to the field of masculinities however, is the revelation that these negative health outcomes were largely associated with men who rigidly held traditionally masculine gender identities. The results of this research led academics to realize this might be one of the causal factors for men's underutilization of mental-health resources and disproportionately high rates of addiction, interpersonal conflict and suicide (APA, 2018). This correlation, illuminated by Addis and Mahalik's findings, pushed researchers to study and popularize MSP in an effort to make mental health services more appealing and comfortable for men, especially if they subscribe to traditional masculine gender norms.

Jumping forward in time, Mahalik et al. (2012) published a helpful qualitative study collecting data from 475 members of the APA, surveying them with four open-ended questions, asking what practises they believed were either beneficial or detrimental while working with male clients. Published by a collection of leading figures in the field of masculinity studies, this study is helpful due to its large sample size and because it catalogues the beliefs and practises of the rank-and-file counsellor, as opposed to what academic researchers believe is best practise. Further, in compiling rank-and-file practises when working with male clients, they are organized in themes, making the qualitative study a useful tool for researchers wanting to make use of the data for further study.

Upon comparing what rank-and-file counsellors already do when working with male clients to the guidelines set out by the APA (2018), one begins to see significant overlap.

Detractors of the APA's guidelines for working with men charge that they were written by an elite consortium of academics who do not represent the work of counsellors actually working in the field (Ferguson, 2021). Yet critical analysis of both documents points instead to the opposite; that the APA learned what practises, already widely used by counsellors, were effective in working with male clients and codified the collective wisdom already built up by practicing counsellors.

### **The Therapeutic Alliance**

When working with men subscribing to hegemonic masculinity, a unique set of challenges emerge from the outset of therapy. Though globally, men die by suicide at a rate higher than women, 1.8 times globally and 3 times higher in Canada, they are also less likely to access mental health supports than women and hold more negative opinions of mental health services (Addis & Mahalik, 2003; Public Health Agency of Canada, 2023; World Health Organization, 2017).

For many men, the very act of going to therapy runs contrary to many traditionally masculine gender ideals. Simply asking for help can be seen as displaying weakness and admitting a lack of masculine self-sufficiency, which can in turn cause significant gender-role strain (APA, 2018; Prochaska & Norcross, 2018). Not only do many men consider the act of help-seeking difficult whilst maintaining a traditionally masculine gender identity, many also fear therapy conceiving it as a feminizing process that will attempt to force them to change against their will (Englar-Carlson, 2006). This effect holds whether the therapist is female or male, pointing towards a fear that is not specific to the gender of the practitioners. Rather, there is a perception that the mental health field uses a feminizing approach to force change upon hegemonic masculinity (Englar-Carlson, 2006). Further complicating these phenomena, many

men who enter into therapy do so when pressured by their friends, partners, family or coworkers, representing a form of gender-role conflict (APA, 2018; Rabinowitz, 2019). As a result, men may enter into therapy already experiencing a sense of loss of control and agency in their lives which in turn may engender significant gender-role strain. These findings highlight the reality that for many traditionally patriarchal men, the therapeutic space is inherently a threatening feminine space, in which they may be profoundly uncomfortable, likely contributing to heightened defensiveness, resistance and dropout (Addis & Mahalik, 2003).

As it is the case with individual therapy, many male partners enter into relationship counselling at the behest of their female partners, often reluctantly, leading to a potential intensification of mistrust and heightening of resistance. Thus, they often enter into therapy against their will in a venue they fear will be operationalized against them (Córdova & Fleming, 2012). Furthermore, through a comprehensive study of 351 couples, Anderson et al. (2020) have found that clients entering into therapy due to pressure from their partner experience a reduced alliance with their therapist, regardless of the therapist's gender. The study also established a correlation between the number of adverse childhood experiences (ACEs) assessed and the reported quality of the therapeutic alliance between therapist and male participant. Both effects were determined to be more severe if the partner pressured to attend is male (Anderson et al., 2020). One can thus begin to see the compounding negative effects to the therapeutic relationship between relationship counsellor and male participant, if a man with a high ACE score enters into relationship counselling in what they might already perceive as a threatening space. This effect is magnified if going to therapy was a decision made not of his own volition.

### **Working with Male Resistance**

Emanating from the field of Male Sensitive Psychotherapy (MSP), Englar-Carlson (2014) suggests that counsellors work with male resistance in therapy with normalizing statements, introducing the idea that is quite normal for men socialized towards traditional masculinity to be resistant towards deeply expressing and exploring emotions. It is often rare that men do so outside of the therapeutic space, and doing so in everyday life, especially in front of male peers can come with social costs. Once again, this approach views male resistance towards therapy not as an overtly hostile act towards therapy and the therapist, but as a socialized response that men can be invited to notice and attempt to move away from (Rabinowitz, 2019). It is also suggested that therapists take special care to avoid responding defensively towards men who have adopted hegemonic masculine identities who show resistance in therapy (Duffey & Haberstrosh, 2017).

Especially in the first sessions, it is likely that such men are enacting a tougher, more impenetrable facade while they are evaluating if the counsellor can actually help them with their issues (Robertson, 2012). Therapists seeking to explore these strategies of curiosity over judgement or defensiveness may ask what the male client's experience has been when expressing emotions in his life, or if there were ever moments where he attempted to be vulnerable but was shut down by others. Delving deeper, therapists may enquire about what norms of behaviour he has learned from other influential men in his life and how such lessons may lead to challenges in the therapeutic space (Englar-Carlson et al., 2014).

Another suggestion offered by MSP scholars to help better the therapeutic relationship between traditionally masculine men and therapists is to allay fears that therapists will seek to force men to change against their wishes by working actively to decenter power in therapy (Englar-Carlson, 2006). It is advised that therapists begin by asking a male clients why they are

seeking counselling, and should solicit their honest opinions on mental health services in general. Beginning in this way allows the counsellor to demystify whatever the therapeutic process might look like, and reduce power imbalances between client and helper. Duffey and Haberstroh (2014) advise female therapists working with men may benefit from transparently asking traditionally masculine clients how they believe therapy might be shaped or influenced by the female identity of the therapist. In this sense, therapy can again be demystified, and clients can be reassured that their consent and input in therapeutic goals is valued. Therapists are also advised to take extra care to appear to be on the side of the client while allowing them control to set therapeutic goals. This is especially relevant as was mentioned above, many men enter into therapy being pressured to do so by a third party (Rabinowitz, 2019). In a 2021 survey of men who had recently dropped out of therapy, Springer and Bedi found a leading cause of male drop out to be therapists failing to adapt their practises to meet the specific needs and preferences of their clients (Springer & Bedi, 2021). Therefore, transparency and adaptability regarding therapeutic goals and procedures seem especially important.

### **Self-Disclosure**

Another adaptation suggested to help improve the therapeutic relationship between traditionally male clients and their therapists would be to decrease power imbalances through an increased use of self-disclosure (Duffey & Haberstroh, 2014; Englar-Carlson, 2006). Increased therapist self-disclosure serves the dual effect of modelling the vulnerable sharing of emotions and removes the onus on the client to always be the first to share, behaviours which incur social risks in highly masculine environments (Rabinowitz, 2019).

Examples of appropriate self-disclosure would be to share with the client if you yourself, friend or loved one had faced the same issue they have brought into therapy (Rabinowitz, 2019).

Specific details need not be included, even simply stating that you've been there before, if indeed you have, can help a client see they're not alone in the struggle and can allow for the traditionally masculine guard to come down. Clients may become curious to learn how you have dealt with issues in the past, and here it might well serve counsellors to relax their rules on self-disclosure and proceed with further self-disclosure. The therapeutic goal of such self-disclosures are that of modelling vulnerability in front of the client, as well as reducing power imbalances between therapist and client (Englar-Carlson, 2006).

Another example might be more frequent self-disclosure regarding countertransference experienced by the therapist in the presence of the client. Revealing what they might be feeling in the moment to the client could provide several benefits. First, it shows implicitly that this is a safe place to express your emotions (Englar-Carlson, 2006). Second, it models the courage needed to share our emotional state with others, especially if it is unpleasant. Third, it highlights as well our humanness, which again helps reduce power imbalances between therapist and client.

### **Goal-Oriented Counselling**

Springer and Bedi's survey of men dropping out of counselling further revealed that the therapeutic alliance with male clients can be improved by employing a more collaborative and goal-Focused style (Springer & Bedi, 2021). Validating client's emotions and psychoeducation, two central aspects of many therapeutic modes, could be replaced with a more direct approach that quickly seeks out specific goals for improvement. Adopting a coach-like disposition while employing skills similar to those used in motivational interviewing, Levant argues therapists can avoid more exploratory approaches to create a therapeutic relationship more familiar and comfortable to male clients (Silver et al., 2018).

An example of a coach-like intervention would be to do a weekly check-in on goals or challenges the client wants to address and conduct a chain analysis activity, originating from Dialectical Behaviour Therapy to dissect, much like a sports play-by-play, the who, what, when, where, why of why goals were not met this week (Prochaska & Norcross, 2018).

This is supported by Duffey and Haberstroh (2014), who suggest that fostering a positive, collaborative goal-oriented working relationship is generally advised. Across male-sensitive psychotherapy literature, it is argued that men generally engage more readily in explicitly goal-focused therapy (Prochaska & Norcross, 2018).

This action-driven therapeutic style can also be supplemented with small modifications in the language used in therapy, modifying psychological terms to be more appealing to male sensitivities. For example, a client showing vulnerability in sharing could be congratulated for being courageous or brave. Therapy might instead be labelled as “classes” or “consultations” (Silver et al., 2018, p. 100). A therapist might enquire about a client’s backup, rather than support network. Progress made in therapy could be described as repairing oneself, rather than healing, and so on (Spring & Bedi, 2021). These small modifications in therapeutic language could allow clients skeptical of therapy to engage in healing while avoiding having their masculinity challenged.

### **Male-Sensitive Couples Therapy (MSCT)**

Elaborated by Shepard and Harway (2012) in *Engaging Men in Couples Therapy*, MSCT is less a therapeutic modality itself, and more a set of principles through which therapists can conceptualize relationship therapy to adapt to men with hegemonic masculine identities. Though the term appeared in the text above, it is likely a name coined by the authors to simply describe these principles, rather than as an attempt to create a fully fleshed-out therapeutic modality.

Reinforcing this possibility, this paper's author was not able to find any mention of MSCT in any other literature.

Therefore, explorations of MSCT seem most advised for those just beginning their journey in developing a Male-Sensitive lens in their relationship work. MSCT is best described as a distillation of the APA Guidelines for Psychological Practise with Boys and Men (APA, 2018), but applied to relationship, rather than individual therapy. The connection between the two sources is made more concrete upon realizing that Shepard was involved in the creation of the APA's guidelines.

With this in mind, Shepard and Harway's (2012) work serves as a primer for establishing what concepts such as normative male alexithymia, traditionally male resistance and other concepts look like in the couples therapy room.

A concrete example of what this might look like is when meeting male resistance in the couples' therapy room, to remember with empathy several reasons that may be the cause: perhaps the man has been forced to attend by his partner, perhaps he believes therapy will seek to change him without his permission, perhaps the man has not had many safe places to express emotions, and it is a new and alien concept for him. Regardless, instead of conceptualizing such behaviour as resistance or non-participation, turn the questions to this client: what does he believe therapy is or how it functions? What fears and hopes does he have in coming to therapy? What kind of social consequences existed when boys expressed emotions growing up? These questions shift the narrative from resistance to empathy and taking the time early on in therapy could help improve quality of participation from then on.

### **Emotionally Focused Couples Therapy (EFCT)**

Emerging in the early 90's from Johnson's emotionally focused therapy (EFT), EFCT is a result of applying the EFT modality to relationship work (Johnson, 2019). Like its predecessor, EFCT is an attachment-based therapy, using attachment theory to explain much of human behaviour within relationships, arguing that most conflicts have buried within them an attachment driven need that has gone unmet (Huerta et al., 2023). EFCT counsellors' main task is to create a safe-enough therapeutic space so that both partners feel able to reach their deeper emotions and make themselves vulnerable to their partner. Therapists are also advised to maintain neutrality in conflict so that neither partner feels a stronger alliance is forming between their partner and the therapist than between themselves and the therapist (Greenman et al., 2012).

In the initial phase of therapy, EFCT seeks to externalize a couple's distress in what Johnson describes as the EFT Tango (Johnson, 2019). Rather than delving deeper into emotions with individual clients, EFCT works with both partners drawing out emotionally vulnerable primary emotions from immediately visible secondary emotions, finding unexpressed needs that the other partner can soothe in order to arrive at corrective emotional experiences in the therapeutic space (Prochaska & Norcross, 2018). EFCT works to externalize a couple's relational distress as a negative self-reinforcing cycle, where each partner's actions push the other partner to react negatively. This reactionary cycle then escalates distress as each negative response elicits a further negative response (Johnson, 2019). Once the couple's problem is understood as a dynamic existing outside of themselves, the couple experiences reduced distress while discussing the issue unified as a team, seeking to problem-solve the cycle. Through this emotional distancing between self and problem, the cycle is also now understood as a relational dynamic, rather than the result of personal faults (Johnson, 2019).

Though EFCT focuses on emotions experienced in relationships, recent scholarship has argued that it is in fact not any more focused on emotions than other relationship counselling modalities, like Cognitive Behavioural Couple Therapy (Bodenmann et al., 2020). Regardless of whether EFCT truly does work more with emotions than other modalities, emotional work and in-the-moment corrective interactions of the couple's attachment pattern, supported by therapists, is seen as the primary mechanism of change (Huerta et al., 2023; Johnson, 2019). Partners are supported in being better able to detect emotions in their partners, understand the thoughts and beliefs or reactions engendered by those emotions and comfort the core relational need, hidden behind often unpleasantly communicated communications. Once this is achieved, therapy then moves to a maintenance phase, where progress is consolidated and the couple is now equipped to deal with everyday distress in more productive and mutually-validating ways (Johnson, 2019).

### **Socio-Emotional Relationship Therapy (SERT)**

Developed by Knudson-Martin (2010) and grounded in feminist theory and socio-cultural context, socio-emotional relationship therapy (SERT) is a couples therapy modality developed to specifically address gender imbalances in relationships. Proponents of the theory advance that most heterosexual couples aspire towards egalitarian relationships, and most are not, lacking a clear model of how one might actually work in practise (Knudson-Martin & Huenergardt, 2010; Knudson-Martin, 2013). Specifically, SERT practitioners argue that heterosexual relationships are typically oriented towards the achievement of the male partner's goals, professional or otherwise, make more important the emotional well-being of the male partner and the male partner is less likely to accept influence from their partner, as well as feel less responsible for the well-being of his partner (Knudson-Martin & Samman, 2015). In short, SERT seeks to understand who holds the power and influence in a relationship and provides a framework to

flatten these hierarchies, allowing both partners to flourish and feel mutually supported (Knudson-Martin, 2013).

SERT is in contrast with many relationship theories, where it views therapist neutrality as unhelpful and naive in a world that is not neutral (Eddy, 2022; Knudson-Martin & Samman, 2015). If we do live in a patriarchal world, then a therapist who postures as neutral is only working in service of empowering whichever member of the couple holds the most power, whom a SERT oriented therapist would argue is generally the male partner (Knudson-Martin & Huenergardt, 2010).

Instead, SERT advises therapists to identify the more powerful member of the couple to whom emotional, relational and support is generally directed. In SERT, the subordinate partner is seen largely as a caretaker of the other partner, and the couple is oriented towards the achievement and wellbeing of one partner. Thus, the therapist must first engage the more powerful partner (Eddy, 2022). The purpose of engaging the more powerful partner in therapy first, is that according to SERT, they generally do not see themselves as responsible for the maintenance of the relationship and the subordinate partner withers under this dynamic.

SERT also asks therapists to draw the couple's attention to the socio-cultural context within which they live and its socializing force upon their own development as human beings, as well as the influence cultural and political forces have upon their lives (Eddy, 2022). SERT practitioners generally address these considerations at the outset of therapy, turning only to the inner experience of the clients after the socio-cultural context is explicitly addressed (Knudson-Martin & Huenergardt, 2010).

What SERT practitioners then strive to do is to create an experience they label "knowing and being known by the other", where emotionally disengaged partners are made accountable for

their behaviour and asked to consider the impact it is having on their partner. Generally, Knudson-Martin and Huenergardt (2010) argue, couples will use language such as they are always there for each other but rarely are such ideas delved into. What would it then tangibly mean to exist within a relationship where both partners' wellbeing is equally valued and supported? What specific actions can each partner do to lend support to one another? In this way, SERT seeks to make concrete that which is typically implicitly assumed.

SERT then argues for the development of four key aspects that help bring couples towards mutuality (Knudson-Martin & Huenergardt, 2010). First, mutual influence is defined as being where both partners are willing to be influenced by the other and attend to the other's needs and desires. Second, shared vulnerability is cultivated with the goal of the more powerful partner addressing fears of weakness and the less powerful partner, perhaps needing support in expressing themselves after long suppressing their own needs or desires. Third, SERT practitioners develop shared relational responsibility, where both partners are seen as equally responsible for the wellbeing of the relationship. This is not defined as a transactional reciprocity where partners keep scores of good deeds being done, but where support is given due to the desire to see the relationship thrive (Eddy, 2022). Lastly, SERT builds the skills of mutual attunement, assuming that both male and female partners are capable of deep emotional work. This step includes avoiding archetypal gendered behaviours where once a man expresses deep emotions, the female partner moves to comfort them, skipping a crucial step of the EFCT tango, where a female partner would be asked to validate or reward the sharing of their formerly withdrawn partner (Johnson, 2019). Instead, the man is asked to explore himself how his emotional sharing has impacted his partner, thus creating a new emotional experience where a

dominant partner does not expect emotional caretaking to occur on their behalf, but rather they are to analyze the situation and instead assess if it is needed for their partner (Donihoo, 2019).

### **Gottman's Sound Relationship House Theory**

In the 1980's, Dr. John Gottman and Dr. Julie Schwartz Gottman developed a novel method of relationship counselling called the Sound Relationship House Theory. Integrative in its approach, the Gottman method has as a goal to first reduce a couple's distress, then moves to improving communication patterns and finally seeks to build a stronger relationship by improving a couple's friendship and sense of shared meaning in the relationship (Gottman & Gottman, 2016). The Sound Relationship House theory claims to integrate interventions and psychological perspectives from many different modalities: behavioural, existential, cognitive, narrative, systemic and psychodynamic (Gottman & Gottman, 2016). In fact, the theory's creators argue it is modality agnostic, with the intent that therapists belonging to any school of thought may adapt their practise to easily include the Sound Relationship House theory in their work.

Gottman's research began in the 70's by exploring what were the commonalities in failed relationships and comparing them to the shared characteristics of successful and happy relationships (Gottman & Gottman, 2016). In this work, Gottman eventually elaborated a theory of relational distress named the Four Horsemen of the Apocalypse, arguing that these behaviours when present in relationships can often predict their failure (Lisitsa, n.d.). The Four Horsemen are named as: criticism, defensiveness, contempt and stonewalling and the presence of any can lead to significant negative emotional escalation and long term relational distress (Gottman & Gottman, 2016).

On the other hand, Gottman's research also led to discovering the traits common to strong relationships. First, Gottman argues that good relationships have similar conflict resolution styles. Second, strong relationships exist when both partners are able to hold dialogues about issues where their opinions diverge, rather than getting stuck in relationship gridlock. Lastly, strong relationships will participate in pre-emptive repair, or making significant effort to set the stage of emotional safety before getting into heated arguments (Gottman & Gottman, 2016).

From the outset of therapy, the Gottman method is quite structured and proposes a concrete series of sequential interventions. First, it proposes that clients "Build Love Maps", or build knowledge of their partner's lives, their likes and dislikes on many topics with the goal that partners know each other better than anyone else (The Gottman Institute, n.d.). The second stage of the Sound Relationship House theory is to "Share Fondness and Admiration", which is taking the time to list ways that you appreciate your partner. These first two steps the Gottmans argue are critical to building intimacy and emotional safety (Gottman & Gottman, 2016). Third, partners are asked to "Turn Towards", meaning partners are trained to recognize when their partner is seeking attention or expressing a need and how to create the space for those to be heard and understood. Fourth, "The Positive Perspective" asks that partners attempt in all aspects of life to give their partner the benefit of the doubt and strive to see their actions as ones taken in good faith. The fifth step is to "Manage Conflict", or essentially building the communication skills needed to productively hear and accept influence from one another, as well as understanding each other's conflict styles and preferred methods to emotionally regulate or self-soothe when emotions run high during disagreements. The sixth step is to strive towards "Making Life Dreams Come True", or laying out in concrete terms short-term or long-term goals

where partners can either collaborate or support one another to achieve. Lastly, the seventh step of “Creating Shared Meaning” consists of finding symbols or rituals that help make the relationship a special thing to both partners, such as planning how to celebrate anniversaries or finding a special restaurant where frequent dates can occur.

In sum, the Sound Relationship House theory is an integrative couples’ therapy approach, that has been developed over decades to find out what relationship behaviours should be encouraged, which should be avoided and supports clients in doing both.

### **Conclusion**

This chapter saw in-depth discussion of several issues raised by male-sensitive psychotherapy and explains how MSP researchers have proposed to address them within the confines of individual counselling. Issues addressed were the formation of the therapeutic alliance between therapist and traditionally male clients, normative male alexithymia, sexual desire discrepancy as well as the effects of sexual dysfunction, aging, disability or health issues on men. Afterwards, several relationship counselling modalities were described (MSCT, EFCT, SERT and Gottman’s Sound House Theory) in terms of their origins, their theories for why relationship distress occurs and their mechanisms of change.

In the subsequent chapter, the author will apply the concepts proposed by academics working in the MSP field to relationship counselling and discuss how the relationship counselling modalities might be adapted to include the MSP lens to their practise.

### **Chapter 3: Applying the Male Sensitive Lens to Relationship Counselling**

#### **Discussion**

The purpose statement of this capstone project, shared in its first chapter laid out the intended purpose of the study in two points. First, the capstone project would seek to discover if the literature indicates that the Male-Sensitive Psychology (MSP) framework can be applied to relationship counselling, and would this reduce male partner resistance. Second, it would then provide analysis to readers in applying the principles of MSP to specific widely-used relationship counselling modalities, with the hopes of allowing therapists to consider how their practise might be adapted towards increasing male client safety and participation in relationship counselling.

The second chapter of this capstone project saw the introduction of key concepts raised by the MSP lens: the therapeutic alliance between male partner and the therapist, normative male alexithymia, and the issues of desire discrepancy, male sexual dysfunction and addressing male disability, or health issues. These issues were discussed as they are frequent topics in individual counselling with men, and understanding MSP's proposed interventions lays the groundwork for imagining how one might then apply it towards relationship counselling. Next, adding to critiques of toxic masculinity, this capstone project also explored what it might mean to co-create with traditionally male clients a positive and secure masculine identity. If attempting to dismantle systems of oppression, like patriarchy, one would be wise as well to provide a healthier alternative as well! Lastly, as prelude to the third chapter, overviews of EFCT, SERT and Gottman's Sound House Theory were provided for the benefit of the reader.

In beginning this work, I had intended to discover if applying MSP principles to relationship counselling was known by academics to increase male-client buy-in and decrease resistance. Instead, the author of this capstone project discovered a significant gap in the academic literature, and though significant research-based evidence exists to support MSP's

usage for individual and group counselling, the question appears not to have been studied in a quantitative or qualitative manner in the realm of couples' therapy. Suggestions made by writers in the field are shared, but very little, if any, data exists to support the efficacy of adapting relationship counselling through the MSP lens. Future research in the field of relationship counselling could do well to investigate the statistical effect that MSP modifications could have on client satisfaction in couples' therapy, as this is essentially an unexplored question in the literature. The author of this capstone project finds this gap in the literature surprising, as anecdotally counsellors he has discussed the issue of male-client resistance in couples' therapy and the majority agree it is a frequently encountered phenomenon that they find challenging to navigate.

In this regard, the first stated purpose of this capstone project, which is to investigate the efficacy of MSP interventions in couples' therapy, remains unfulfilled. Instead, while conducting a thorough literature review, it appeared obvious that in this particular academic field, we are still in the stage of theorizing how MSP interventions could be brought to couples' therapy in the first place, rather than studying their effectiveness.

Therefore, in this third and final chapter, this capstone project will delve deeper into all of the issues raised in the second chapter, providing concrete suggestions to practitioners who are seeking to apply the MSP lens to couples' counselling in order to decrease male-client resistance and increase participation. For each issue, this capstone project will attempt to apply the MSP lens to widely-used couples' therapy modalities, so that practitioners might imagine how their practise could be shaped by MSP principles.

### **Framework of Chapter 3**

In the previous chapter, this capstone project delved into the literature surrounding both Male Sensitive Psychotherapy (MSP) as well as widely employed couples' therapy modalities such as Gottman and emotionally focused couples therapy.

In this next and final chapter, this capstone project will discuss the issues that MSP brings to our attention and theorize how each modality would in turn deal with the issue. The issues to be discussed are as follows: normative male alexithymia, sexual desire discrepancy, sexual dysfunction, disability, chronic health issues in the male partner and working towards a new masculinity. As each issue is brought up, this capstone project will discuss how each modality might be shaped through application of the MSP lens to its functioning. First, male-sensitive couples therapy (MSCT) will be discussed, followed by Emotionally Focused Couples' Therapy (EFCT) Socio-Emotional Relational Therapy (SERT) and Gottman's sound relationship house theory, each introduced in turn with a new subheading.

As discussed in the previous chapter, MSCT is not a highly researched modality, but would rather be what couples therapy might look like if one were to practise through a Male Sensitive lens. Therefore, when discussing how this issue would be addressed through MSCT, one can imagine it as interventions applied in a modality agnostic setting, or when MSP interventions are applied to couples therapy without applying a further modality-based lens.

#### **Addressing Normative Male Alexithymia in Couples' Therapy**

In the previous chapter, the idea of Normative Male Alexithymia (NMA) was introduced and several theories of why it takes place were advanced. Argued by prominent scholars in the field of masculinity studies, it is suggested that through gendered socialization, a mixture of social incentives and disincentives lead men to underutilize emotional reflection skills and thus

they are underdeveloped over time, with a more or less unconscious experience of great discomfort when being asked to reflect on one's internal experience (APA, 2018; Levant et al., 2006; Schwartz, 2021). Other authors have posited that this is not necessarily the result of unconscious male gendered socialization, but rather an intentional choice by men who see suppression of the self as the path of least resistance in relationship (see for example Holmes, 2015). Regardless, NMA may show up in the therapeutic space as a traditionally male client who appears either unwilling or unable to participate in interventions involving emotional work, or unable to discuss or understand his emotions in any significant depth.

### ***Male-Sensitive Couples Therapy (MSCT)***

The MSP lens discussed in the previous chapter already suggested several interventions that may bear fruit. Working through NMA through MSCT would simply involve the same interventions, but bringing in the male client's partner into the discussion to reflect on what the male partner shares with regards to his experience, and relate on how his experience in dealing with NMA has impacted their partner and the relationship. Interventions suggested in the previous chapter include assessing a male client on the Normative Male Alexithymia Scale (Silver et al., 2018), psychoeducation on how NMA forms in men and normalizing this for your client (Englar-Carlson, 2006), or using tools like the emotions wheel to scaffold male clients into positive and accurate emotional explorations.

### ***Emotionally Focused Couples' Therapy (EFCT)***

Examining NMA through the EFCT lens leads one to wonder how EFCT practitioners may deal with normative male alexithymia, considering that such a phenomenon might erect significant barriers when traditionally male partners are asked to engage on a deep emotional

level. This is especially the case, considering that EFCT's primary method of change is to support a couple towards healing through potentially sensitive emotional interactions.

Opting to describe human relationships in terms of attachment theory for EFCT therapists, NMA might be more readily described as the resulting interaction between partners where one displays an anxious attachment style and another an avoidant attachment style. In EFCT language, this dynamic could be described as the pursue-withdraw pattern. One partner experiences discomfort from disconnection and the other from connection and the couple end up caught in a cycle of negative interactions which might escalate as both partners experience distress. In EFCT, this dynamic is not described in gendered terms, and though in the pursue-withdraw pattern male clients are more frequently the withdrawing partner, this is by no means always the case. Both men and women can play both roles, depending on their attachment style (Johnson, 2019).

As was discussed in the previous chapter, EFCT's first therapeutic focus is to cultivate emotional safety in the therapeutic space in order to draw out more vulnerable emotional interactions between both partners. Instead of conducting psychoeducation about the gendered socialization of men leading to NMA, an EFCT therapist may prefer to focus on the emotional safety of the male client. What are his fears in expressing emotions? This could in turn bring out great content with both primary and secondary emotions to analyze together. Male-sensitive EFT practitioners may also conceive of normative male alexithymia as an opportunity to begin by having men describe their experiences somatically, and eventually build this description with reflections of what a client describes, including potential emotional vocabulary that he might accept as a description of felt emotions. EFT practitioners strive towards having male clients later adopt such descriptions themselves. Through the MSP lens, EFCT practitioners might

benefit from conceptualizing withdrawing behaviour, such as stonewalling, as a maladaptive tactic employed in hopes to reduce relational distress, but unfortunately also contributing to the overall negative interaction cycle. Adding the MSP lens concept of NMA into EFCT case conceptualization may provide some comfort to EFCT practitioners who are witnessing what seems to be high levels of resistance from male partners to participate in emotional work.

Once sufficient emotional safety is established and the male client can begin to bring out emotions, EFCT then asks the other partner to listen and validate the vulnerable emotion behind the withdrawing partner's inability to grapple with or confront emotions. This is believed to create a healing interaction where instead of the client's fears being realized, they are instead met with love and understanding from their partner.

Practitioners looking however to integrate the two perspectives could explore with clients whether secondary emotions, such as anger or withdrawing are a result of a male client identity as a man is being threatened, with deeper primary emotions of fear of being judged as inadequately masculine could be expressed.

The EFCT tango as discussed by Johnson (2019), side-steps overt discussions of patriarchy and gendered socialization, yet through such moves, one sees hope emerge for traditionally masculine men and their partners who are looking for change; that any partner of any gender is able to connect with others on a deep emotional level.

In sum, EFCT avoids explicit discussion of gendered socialization, and instead operationalizes men's frequently observed problem-solving orientation to validate maladaptive behaviours, such as stonewalling, simply as problem-solving strategies that might be well-intentioned, but also contributing to negative cycles. Male-sensitive EFT practitioners may also conceive of normative male alexithymia as an opportunity to begin by having men describe their

experiences somatically, and eventually build this description with reflections of what a client describes, including potential emotional vocabulary that he might accept as a description of felt emotions. EFT practitioners hope male clients will later adopt such descriptions themselves.

### ***Socio-Emotional Relational Therapy***

As was discussed in the previous chapter, SERT is a couples' therapy modality that seeks to assist couples in creating a more egalitarian gender relationship within heterosexual couples. The modality's therapeutic methods approach MSP principles, but are not in total agreement. Commonalities shared with MSP is the therapist's role to identify and bring to light both partners relational power dynamics. The therapist then works with the partner they assess as the dominant (and often male) partner in the relationship, asking them then to take the lead in therapy by initiating emotional vulnerability and being the first to initiate reconnection. In this reconnection, SERT practitioners would then make explicit gender-stereotyped behaviour that impedes mutual attunement, imagining that awareness of such dynamics will make it easier to reverse them. The therapeutic goal is to establish a circle of care where shared relational responsibility, mutual vulnerability, mutual attunement and mutual influence creates a positive dynamic in which an egalitarian relationship can flourish.

Instead of using terms like NMA to describe male non-participation in the emotional realm, SERT seeks to de-pathologize this behaviour and imagines instead that socio-cultural forces lead to traditionally masculine men to believe they are "not emotional", which once this identity calcifies, becomes a self-fulfilling prophecy as these men withdraw from the emotional realm and leave emotional work to the other partner (Knudson-Martin & Huenergardt, 2010). Traditionally male identities value rationality over emotionality and often consider emotion to be the realm of women where emotion, rather than reason rules (Eddy, 2022). In turn, such partners

could then develop a conscious or subconscious belief that they are inherently superior to their partners and begin to behave as such. Paradoxically, the disengagement from emotional work that is considered beneath traditionally masculine men might be avoided for fear of vulnerability or entering a realm in which they find themselves ill-equipped. It may escape the attention of many practitioners that fear of inadequacy is itself an emotion.

Therefore, SERT overlaps with MSCT in using psychoeducation around gendered socialization to identify and make explicit the dynamic between partners where there is an active power imbalance. Within these theories, practitioners delve into the idea of patriarchy explicitly and how gendered socialization under patriarchy can produce relationships with gendered power imbalances. Then, once the more powerful partner is invited to see their critical role in emotionally re-engaging in the relationship, healing interactions can occur between partners.

One key difference here is that SERT practitioners believe that instead of having the non-dominant partner validate the newly emotionally reengaged partner when they share vulnerable emotions, the more powerful partner is asked to assess in their partner what impact their words have had. This is seen as essential by SERT therapists, who believe that it reinforces to the more powerful partner that they are just as responsible for the emotions of the other. Having the less powerful partner validate and provide emotional care would simply reinforce old ways of relating and have the couple return to homeostasis where the dominant partner is more taken care of than the non-dominant partner.

In sum, SERT makes explicit NMA, but invites that partner towards greater emotional participation as a means of reducing intra-couple power relations.

***Gottman's Sound Relationship House Theory***

If one could place the modalities discussed above along a spectrum in how they conceptualize Normative Male Alexithymia, one end of the spectrum being a socially constructed phenomenon (surely, SERT and MSCT occupy this end of the spectrum), and according to Levenson et al. (1994) writings on NMA, the other would be a biologically determined phenomena, in which Gottman's theories would be firmly placed.

In explaining the differences between male and female genders in high emotional affect conflicts, Levenson et al. (1994) explain that women are more tolerant to affective discomfort, and men less-so, adding that in relationships with low-conflict, men react to moments of affective discord by appeasing their female partners, and in high-conflict scenarios, men withdraw from both the conflict and wider emotional engagement in the relationship.

Interestingly, Levenson et al. (1994) explain men's decreased participation in relational conflict by theorizing that they do so either because they are more physically attuned to their bodies, so notice excessive arousal more readily, or feel worse when aroused, as compared to women. Nowhere in this work is it theorized that gendered socialization has any impact in creating such behaviours. It is rare in the psychological field to read a purely biologically deterministic analysis, but this might be partly explained by the article being now 30 years old, when "men are from Mars, women are from Venus" style analyses were more common-place. The author of this capstone project has not been able to determine if Levenson's and Gottman's theories on the topic have since evolved.

Regardless of Gottman's and Gottman's (2013) theories of how NMA emerges, the modality names the phenomenon as stonewalling, one of the Four Horsemen of the Apocalypse, or one of four main behaviour traits that put relationships under extreme strain and risk of termination (Gottman & Gottman, 2013). Delving into stonewalling, the Gottmans have also

identified in their research what they described as the “failure of men to accept influence from women”, which presents as either emotional withdrawal or escalated affect (Gottman & Gottman, 2016).

Thus, in contrast to both MSCT and SERT which place great emphasis on gender, socialization and patriarchy, like EFCT, Gottman’s method largely avoids explicit discussion of such topics and their effects on the functioning of the relationship in the therapeutic space. Instead, it is simply explained to prospective therapists that the phenomena of male stonewalling exists and therapists should empathize with, rather than feel frustrated by such resistance.

The Gottman’s method for working with clients stonewalling in both the therapists and their partner is the therapist speaking on behalf of the stonewalling client in the therapeutic space, softening the message, being ready to be corrected by the client. Essentially, this intervention consists of modelling what positive communication can look like. This, therapists do with the hopes of inspiring them to eventually do the same (Gottman & Gottman, 2013).

### **Addressing Male Sexual Dysfunction in Couples’ Therapy**

As discussed in the previous chapter, male sexual dysfunction can be a very difficult subject to tackle in counselling, as a majority of men are unwilling to discuss such issues with even their medical doctor. Wrapped up in beliefs of what it is to be a man, sexual dysfunction can be accompanied by profound shame and emotional intensity.

#### ***MSCT and Sexual Dysfunction***

MSCT informed therapists would likely integrate much of the information presented in the previous chapter under this heading. The MSP lens advises that most men are loathe to discuss sexual dysfunction with anyone in their lives, and may be especially uncomfortable in doing so with their partner. Psychoeducation around this topic could help both normalize the

fears surrounding speaking on this issue as well as sharing statistics that would help couples realize they are facing issues that are very common.

Once the psychoeducational foundation is laid, the couple could then be led into a collaborative discussion of how best to work together to apply solutions, whether they be sensate focus activities, seeking medical assistance or attempting to shift from an orgasm focused outlook to one more pleasure-oriented, lowering the stakes of sex for all involved.

### ***EFCT and Sexual Dysfunction***

As opposed to MSCT, EFCT does not include explicit discussion of patriarchy and the effects of the gendered socialization of men. Instead, EFCT's first instincts would be to ensure emotional safety of both clients from the outset of therapy. This will be especially important if the presenting issue in therapy is male sexual dysfunction, considering the previously discussed tendency for men to avoid discussions on this topic.

An approach that could be advised to EFCT therapists would be to instead of jumping immediately into the topic of sexual dysfunction and seeking primary and secondary emotions contained within, to instead lower the emotional charge of the therapeutic conversation by instead discussing fears surrounding talk about sex and sexual dysfunction in general. Here, the EFCT therapist could create the opportunity for safety to be built, for partners to reassure each other that they will hold each other as they share with vulnerability. Looking through the MSP lens, it could be advised to assist in building safety and decrease defensiveness by normalizing fears surrounding discussing sexual dysfunction by sharing that 75% men do not discuss these issues with anyone and that male socialization often pushes men to suffer in silence (Breetz & McCarthy, 2012). These could be fruitful discussions that may in turn help elicit primary and secondary emotions that EFCT therapists could work with.

If such emotions emerge, and for example a male client shares that he has avoided speaking about sexual dysfunction or ceased participating in sex due to fears of not appearing as sufficiently masculine, an EFCT counsellor could insert these fears into the couple's negative interaction cycle. When seeing that a perceived threat to male identity is driving the client further away from his partner, perhaps fruitful discussions could emerge surrounding what aspects of masculinity are helpful in life, and which harmful.

### ***SERT and Sexual Dysfunction***

As a primary focus in therapy, SERT practitioners seek to discover which partner holds most power in the relationship. If we consider that with a majority of couples who have discontinued having sex, the decision was made by the male partner without any discussion, one could extrapolate that this decision was made by the more influential partner without the input of the other (McCarthy & Metz, 2008).

SERT practitioners would seek first to engage the more dominant partner and bring them into the discussion making them accountable for their lack of communication. A therapist may then begin to investigate why this is the case, arguing that in egalitarian relationships, both partners are entitled to all information that might affect them.

In this manner, if sufficient emotional safety exists in the therapeutic space, the male client could then be brought in to discuss with their partner their views regarding the decline in sex. However, during this interaction, the SERT practitioner would guide the male partner towards assessing what effect this cessation of sexual intercourse may have had on his partner. In doing so, the goal would be to have the more influential partner see that they are also responsible for the well-being of their partner.

In leading these challenging discussions, a MSP informed SERT therapist may do well to remember how traditional male identity is wrapped up in the ability to consistently sexually perform at a high level and high distress can occur as a result of failing to meet those standards.

### ***Gottman's Sound Relationship House Theory and Sexual Dysfunction***

Through the lens of a Gottman's practitioner, the statistic that a majority of couples who stop having sex is because of an unspoken unilateral decision made by the male partner seems the perfect opportunity to enact the Gottman's step of "Turning Towards". Instead of emotional disconnection, the couple will be invited and supported to have difficult conversations, seeing it as an opportunity to be mutually vulnerable reigniting emotional connection. It is in this step where the MSP lens could be brought in to help normalize and empathize with the disconnection that has taken place. Due to patriarchal male socialization, men suffer extreme shame when feeling they are not performing at an adequate sexual level and such an experience then often further drives them away from their partner through learned behaviour of coping through individualistic stoicism (Gottman & Gottman, 2016).

An MSP informed Gottman's therapist would see it as their role to model and support positive vulnerable interactions between partners, providing empathy and perhaps a corrective experience for a traditionally male client who has simply been acting according to how patriarchal society tells him he should.

### **Addressing Disability or Health Issues in the Male Partner Through the Male Sensitive Psychotherapy Lens**

In capitalist patriarchal society, a person's worth is determined by their value in the economic marketplace, and this is especially the case for men who are socialized to believe they must be able to provide materially for a partner or a family in order to be considered an

accomplished man. Further, idealized versions of traditional masculinity include ideas that men must be continuously physically strong and vigorous to achieve gender ideals. Therefore, when a man experiences injury, becomes disabled or suffers from health issues, these new realities can cause significant gender-role strain, especially in men who hold onto inflexible gender ideals.

### ***MSCT and Disability or Health Issues***

As discussed in the previous chapter, disability or health issues can have significant adverse impacts on the self-esteem of traditionally masculine men. Men identifying inflexibly with patriarchal values can feel distress when suddenly removed from the workforce, not able to earn an income they may have previously accessed and may feel like less of men for failure to live up to traditional masculine ideals. New injuries or health conditions might also decrease a man's physical strength, causing further harms to self-esteem. With men socialized towards self-sufficiency and traditional masculinity, needing to depend on others, whether it be family members for added support, or governmental assistance can all be challenging.

Similar to what MSP advises when practicing individual counselling, MSCT looks much the same, but applied to the couples' therapy room. Therapists could provide psychoeducation around inflexibility surrounding masculine ideals leading to negative health outcomes for men. Therapists could also lead the couple in vulnerable discussion of what the couples' life might look like in order to cope with changed life circumstances. Further, fruitful discussions could be had asking the couple the difference between a physically able man versus a man who is injured, disabled or chronically ill? What elements of masculinity can the male partner still demonstrate? What elements of masculinity would be harmful for both partners and their loved ones if the male client kept them?

***EFCT and Disability or Health Issues***

As the primary premise of EFCT is the creation of emotional conversations as a key mechanism of change, EFCT therapists will first want to lay the groundwork to create emotional safety. In doing so, an MSP-informed EFCT therapist may well explore with the male partner what primary and secondary emotions might emerge as the result of disability and illness. The EFCT therapist could then create safety by validating such fears explaining that they make sense in the context of patriarchal society, where men have been socialized to peg their self-esteem to their ability to earn income and display physical strength.

When writing out a negative interaction cycle, the EFCT therapist may want to consider where in the cycle a man's loss of identity as a worker, provider among other identities may go. In exploring such a cycle, the therapist may also want to check in on the feelings and fears of the female client. As was argued in chapter 2, women under patriarchy are also socialized to believe in traditional male gender identities and a sudden change such as disability or health issues could strongly affect her perception of her partner that would equally be addressed by the EFCT therapist.

***SERT and Disability or Health Issues***

A SERT practitioner's first question when developing case conceptualizations is asking who holds the power in the relationship? If a couple enters into relationship counselling with the issue of male partner disability or illness, there are strong chances that the relationship is in flux due to a sudden reversal of power and influence (Knudson-Martin & Huenergardt, 2010). The male partner, who may have been used to being the most influential partner may now find themselves facing barriers. Since SERT asks therapists to examine the social context in which

the clients live, an MSP informed intervention could be to analyze with the clients how disability and illness leads to marginalization and what impacts they are seeing on their lives as a result.

SERT therapists would then attempt to bring in the more powerful or influential partner to be the first to consider how their behaviours are affecting the less influential partner. This may still result in the male partner discussing how his behaviour in the face of new barriers is impacting the relationship. In the previous chapter, I discussed how men suddenly finding themselves to be unemployed, disabled or suffering illness might react with anger towards their loved ones, society themselves, particularly in turning to substance abuse as a coping mechanism. If this is the case, the male partner may be asked to investigate how these new behaviours are impacting his partner. If the other partner suddenly finds themselves in a new position of power, they could be asked to interrogate how they are reacting to newfound responsibilities. In the past, the less-influential partner may have been the emotional caretaker of their partner, but now physical caretaking could be expected or helpful. Harkening back to SERT's idea of a shared relational responsibility, SERT therapists could explore with clients how they could best support each other in this new relational dynamic, with the goal of moving towards a new way of relating, one rooted in mutual support and egalitarianism.

### ***Gottman's Sound Relationship House Theory and Disability and Health Issues***

When considering how a Gottman's therapist might tackle the presenting issues of disability or health challenges in the male client, the Gottman's intervention of "Making Life Dreams Come True" seems especially relevant. Here partners, with the support of their therapist, could strategize how male partner could be supported through chronic health issues or disability, how could a traditionally male client still find self-worth even if he finds his self-esteem damaged by removal from the workforce or having less physical strength.

### **Laying the Foundations for a New Masculinity**

Critiques of toxic masculinity and its harmful effects on both self and society are helpful in dismantling harmful beliefs and behaviours. However, when dismantling systems, it is also important to provide enticing alternatives. How should a man behave in the 21st century? What might a positive masculinity look like? As is the case in individual or group counselling settings, such discussions are fertile ground as well in couples' therapy settings for clients to build together new, more helpful identities.

#### ***MSCT and a New Masculinity***

Similar to what an MSP-informed individual therapist would bring to therapy, an MSP-informed couples' therapist would see great opportunities in leading explicit discussions with the couple as to what elements of patriarchy are holding back the couple or contributing to harmful dynamics in their lives and relationship. Such conversations could occur with front-loaded psychoeducation on patriarchy, its effects on women as well as examining a list of traditional male personality characteristics, and examining which are helpful and which are harmful. In doing so, the couple would strive to create a new way of being, unique to them as a couple.

#### ***EFCT and a New Masculinity***

When considering how an EFCT's practise would be altered when working towards a new positive masculinity, it seems especially important to look closely at the couple's negative interaction cycle. Once the couple's distress has been externalized, with the therapist's guidance, the couple could examine the male partner's contributions to the negative cycle and explore which steps are hindered by harmful aspects of traditional masculinity. For example, is the client retreating into stoicism as a means to avoid emotional escalation? Is the male client holding on inflexibly to demands made upon him by unachievable patriarchal ideals? How could these

behaviours be changed to work towards a more positive interaction cycle? Through the support of the therapist, the couple could be assisted in raising insights surrounding how a secondary emotion, such as anger could be elicited by a more vulnerable primary emotion of being seen as insufficiently masculine. Though not necessarily emotionally-focused, an MSP-informed EFCT therapist could then explore with the client where such behaviours were learned. Was there an influential male figure in his life who encouraged such behaviours?

In supporting clients towards healing change, therapists would do well to highlight when the client has worked to change unhelpful traditionally-male behaviour and validate such changes with emotional support from the female partner. If in-the-moment interactions are seen as the primary mechanism of change, EFCT counsellors would be wise to provide reinforcement when change has been witnessed.

### ***SERT and a New Masculinity***

When building new meaning in a couple's relational dynamic, SERT practitioners often ask the question: what does it truly and tangibly mean to have one another's back? In asking this question, SERT therapists open the door towards discussions of what elements of traditional masculinity are helpful or harmful when attempting to create a new egalitarian relational dynamic. MSP-informed SERT therapists may guide the clients in explorations of how a man can still remain a man even if he is to accept mutual influence from his partner. For example, for a man who values the traditional masculine ideal of being able to protect their loved ones, would that not also mean that it is masculine to create a space where their partner feels safe enough to flourish into her greatest self? In what ways is a man also responsible to make sure that joy and happiness can flourish in those around him? SERT therapists believe that all people of all genders can and should participate in emotional labour, and discussing such a prospect through

the language of duty and courage, rather than kindness and vulnerability could also prove helpful.

### ***Gottman's Sound Relationship House Theory and a New Masculinity***

When a couple enters into the Gottman's stage of "Making Life Dreams Come True", an MSP-informed Gottman's therapist could seize the moment and lead discussions about what elements of masculinity they want to cultivate, and which were impediments when the couple suffered relational distress. In doing so, therapists could preempt distressing situations by exploring how they believe the couple's friends, family and community might react to new behaviour in the male client who is discarding unhelpful traditionally masculine ideals. A Gottman's therapist might highlight the importance of the work the couple has done thus far to create a relationship that works for them, not one that fulfils societal ideals of what a man and a woman should do.

### **The Therapeutic Alliance**

As discovered by Shepard and Nutt (2014), the single most stated issue for dropout in relationship counselling is the male client perceiving a weaker therapeutic alliance between themselves and the therapist than their female partner and the therapist. This fear of bias leads many men to believe that concerns they bring into therapy will be taken less seriously, or therapists will support and validate their partner during active in-session conflict. (Levant et al., 2023).

### ***MSCT and the Therapeutic Alliance***

Interventions discussed for individual counselling in chapter 2 could easily be applied to couples' work. MSP-informed counsellors are suggested to dedicate time, especially at the outset of therapy to address client's fears and worries about therapy itself. Here, a counsellor could ask

both clients what preconceptions they hold about therapy, and the therapist could openly share about their methods and how they imagine it could unfold, taking time to demystify counselling in general. Emanating from feminist theory, traditionally male clients also benefit from reduced therapist-client power relations, and interventions like increased therapist self-disclosure, collaborative goal setting and a goal-oriented therapeutic stance could be beneficial, as opposed to more exploratory approaches.

### ***EFCT and the Therapeutic Alliance***

EFCT therapists see establishing emotional safety in therapy for both partners as a crucial step in laying the foundations of a positive therapeutic relationship. An MSP-informed EFCT therapist would also keep in mind that many men enter into therapy afraid they will be forced to change without their consent and that therapists will ally with their partner against them. Thus, explicit conversations about how EFCT interventions work could be advised. Initial discussions may be held around what fears exist for the male client in opening up emotionally. What does he believe will happen if his partner is to be let into his full emotional experience? Does he believe he will be perceived differently by his partner?

Increased therapist self-disclosure could also be beneficial, as traditionally-masculine defences could be lowered if a male client believes his therapist is a real person who has also struggled through such issues. For example, in explaining how negative interaction cycles function, a therapist might disclose their own negative interaction cycle that they have lived through at some point in their lives.

Further, an EFCT counsellor could be helped in their own internal experience to remember that men are socialized under patriarchy to avoid emotionality and may thus display significant resistance when told they will be expected to participate in emotional work. Meeting

such resistance with empathy, rather than conceiving it as malicious non-participation could help ease a therapist's own defences.

### ***SERT and the Therapeutic Alliance***

SERT therapists find themselves directly at odds with MSCT, EFCT and Gottman's therapists who view neutrality as a fundamental prerequisite of a positive therapeutic alliance (Shepard & Nutt, 2014; Welch et al., 2019). In fact, a key tenet of SERT is that seeking to establish therapist neutrality in relationship work is at best a naive practise which serves only to reinforce unequal inter-gender power dynamics.

Instead of using terms like NMA to describe male non-participation in the emotional realm, SERT seeks to de-pathologize this behaviour and imagines instead that socio-cultural forces lead to traditionally masculine men to believe they are "not emotional", which once this identity calcifies, becomes a self-fulfilling prophecy as these men withdraw from the emotional realm and leave emotional work to the other partner (Knudson-Martin & Huenergardt, 2010). Traditionally male identities value rationality over emotionality and often consider emotion to be the realm of women where emotion, rather than reason rules (Eddy, 2022). In turn, such partners could then develop a conscious or subconscious belief that they are inherently superior to their partners and begin to behave as such. Paradoxically, the disengagement from emotional work that is considered beneath traditionally masculine men might be avoided for fear of vulnerability or entering a realm in which they find themselves ill-equipped. It may escape the attention of many practitioners that fear of inadequacy is itself an emotion!

This therapeutic stance may appear brusque to many clients, especially traditionally-male identifying clients. An MSP-informed SERT therapist may seek to soften their stance by modifying language to appeal to traditionally-oriented men. When inviting men to participate in

emotional work, therapists could argue that it is in fact strong men who are able to open themselves up to discomfort. Further, men could be invited to see it as their duty as a protector to create a safe space where their partner can truly express themselves.

### ***Gottman's Sound Relationship House Theory and the Therapeutic Alliance***

Turning to how Gottman's therapists develop the therapeutic relationship, the Gottman's modality argues that the therapist finds themselves in a struggle for the therapist to move internally from "me-ness" to "we-ness" (Gottman & Gottman, 2013). The Gottman method places the onus on the therapist to notice and move beyond potential countertransference issues, which may be causing the therapist to unconsciously side with one partner over another and to see themselves instead as an advocate for the relationship as a whole, rather than one partner over another (Gottman & Gottman, 2016). The issue of whether male resistance is an effect of gendered socialization is not discussed in the Gottmans' works.

In sum, Gottman and Gottman's (2016) sound house theory conceptualizes gender differences as biological differences and believes it sufficient that therapists be aware of the typically male stonewalling phenomena. As opposed to SERT and MSCT, bringing these issues to the awareness of clients is not seen as an agent of change, but rather the therapist must learn to control countertransferential reactions to stonewalling, such as frustration, and show stonewallers sufficient empathy, while continuously modelling positive communication.

Therefore, an MSP-informed Gottman's therapist will add to their efforts to control countertransferential reactions to male resistance the knowledge that much of this behaviour may in fact stem from gendered socialization and does not necessarily stem from a client's personal dislike of the therapist or their work. Instead, the therapy room can be a highly threatening space

and meeting such reactions with empathy and understanding can help disarm much of the tension that might arise.

### **Capstone Limitations**

This capstone project has been quite narrow in scope, where it has focused specifically on how the gendered socialization of men under patriarchy affects heterosexual couples' relational dynamics as well as their experience in therapy. In relation to this topic, there existed already a significant gap in the literature. That which has been written, I have attempted to explore and present to the reader. Yet significant limitations exist within this capstone project.

Firstly, this capstone project does not explore how gendered socialization of men under patriarchy influences gay men and their relationships, keeping in mind of course that gay men can also be traditionally masculine in gender presentation.

Second, this capstone project does not discuss how diverse cultural upbringings also have tremendous influence on conceptions of masculinity, and interventions and analysis provided herein is argued from largely a Western viewpoint. Future study could be done examining how any specific cultural group's conception of masculinity influences both relationship and experience in therapy.

Third, this capstone does not discuss how conceptions of masculinity may impact relational dynamics in heterosexual partnerships where partners belong to different ethnic, racial or religious groups.

### **Final Thoughts**

In writing this third chapter, my hope as author is that counsellors may feel better equipped to deal with male-resistance in either individual or couples' therapy. In discussions with colleagues, dealing with male resistance, especially in couples' therapy has often been cited

as one of the greatest roadblocks towards wanting to do the work. Male-sensitive psychotherapy offers a lens through which therapists can understand how male gendered socialization impacts men living under patriarchy, and meet such resistance with understanding and empathy. My hope is that the second chapter has provided the theoretical background to assist in the conceptualization of men's presenting issues and that the third and final chapter has provided concrete tools for therapists looking to implement the MSP lens in relationship counselling.

In dedicating much reflection over the last year towards the topic of MSP and its integration in relationship counselling, it has been a rewarding experience for me to also see so much of what is described in the literature present itself in the therapeutic space. Whether men dealing with addiction, men feeling unaccomplished, men having difficulty in relationships, men adapting to new life circumstances, men coming to terms with having harmed others, or men looking to support others who have been harmed, it is so beautiful to see changing attitudes and decreased stigma in receiving mental health supports. While cynically one can look across the world and see resurgent far-right movements whose goals seem to reverse all social progress made, and re-impose power hierarchies we had once thought we had moved beyond, one can easily overlook the many everyday ordinary men who are choosing healing over pride, connection and intimacy over power and domination. As therapists and those working in the caring fields, we must remember that a better, kinder, more loving future is there for the taking if only we continue in supporting others to reach out and grab it.

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