

The Palgrave Handbook of Male Psychology
and Mental Health

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Martin Seager · Luke Sullivan
Editors

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This book is dedicated to the memory of Dr. Ross Chernin

Foreword

John A. Barry, Martin Seager, Roger Kingerlee and Luke Sullivan have made a major contribution to psychology by curating and editing the comprehensive *Palgrave Handbook of Male Psychology*. Every chapter in this book adds critical knowledge about how to effectively understand and meet the needs of men. The editors asked me to write the foreword and discuss my thoughts about the evolution of working with men over the coming decades.

This book could not arrive at a better time for professionals, only a few months after the membership of the British Psychological Society (BPS) voted for a new Male Psychology Section that will allow the BPS to “take a lead in promoting awareness, research and understanding of male gender psychology” (malepsychology.org.uk 2018). This represents a watershed moment for the field of male psychology and is worth a moment of appreciation and reflection.

Advances in male psychology are important in relation to many of the health needs faced by men. Despite some overall improvements in life expectancy for men in the United States and United Kingdom (Arias et al. 2017; Robertson and Baker 2016), globally male life expectancy lags five years behind women, and this gap is expected to increase over the next 15 years (Baker and Shand 2017). Of course, the mental health of boys, adolescent males, and adult men remains a particularly important issue of concern. Without a doubt there is more global attention towards the health of men—this can be seen through different public health campaigns across the globe. Suicide, depression and the full range of mental health issues represent significant concerns, and those in the helping professions want and need guidance on how to help. Males represent the majority of those who die

by suicide worldwide (WHO 2011). In the United States, though women are diagnosed with depression at twice the rate of men, men are 3.5 times more likely to die by suicide (Centers for Disease Control and Prevention 2015). Oliffe et al. (2012) noted that the pathway between men's depression and suicide is not clearly understood, but the pathway to suicide prevention is connected to understanding how men experiencing depression formulate their plans and thoughts about suicide. Thus, professionals need to better understand men themselves through gaining direct access to them (e.g., through outreach, health promotion, services that attract men, etc.) and by understanding how to communicate better with men and tailor services to their needs. Many of the efforts in male psychology have focused on the latter—how does the field of psychology adapt and modify services so that we can effectively meet the needs of men? The *Palgrave Handbook of Male Psychology* represents a significant step towards broadening our gendered understanding of the male clients that we see, or hope to see, while offering various ways of making meaningful therapeutic contact with men. In addition, many chapters in this book highlight the changing field of male psychology. That shift can be seen in the emphasis on how professionals work with and alongside male clients in effectively delivering services that are inclusive to men and their experiences, rather than simply delivering gender-blind services to male clients.

A Brief Reflection on My Own Journey into Male Psychology

When teaching about how to effectively counsel men, I often ask if anyone ever had a formal course or even lecture on the psychology of men. Unless someone was in gender studies as an undergraduate, the answer is almost always no. It would also be “no” for me as well as I never had a formal course or lecture either in my undergraduate studies or across three graduate programmes, though I was lucky to find mentors and advisors who helped me into the emerging field of the psychology of men and masculinity. Prior to this informal scholarly education, like most men, I learned about masculinity as a boy through observation, social pressure, and through direct action (often at the end of an insult or insinuation), or by observing—or being the one directing—a comment or putdown towards another. Masculinity was not talked about directly, but indirectly it governed much of my action and how I presented myself publicly.

My boyhood education was full of contrasts and contradictions. I revelled in sport and physicality—these were places that felt free to me. Even though I was smaller than other boys, I was gifted with a competitive edge and grit that allowed me to play with larger, older boys. Yet other settings were not as carefree. Though my father was a psychologist in a small town, I grew up in a rural, more traditional place in the American Midwest, and for the most part my father and the families around us reflected those values. The values and the people around me were primarily blue-collar and white, and public deviations from male gender role norms were not welcomed. I learned that my public behaviour did not always match my private behaviour or my inner world. Yet at some level, I also knew that my experience was not weird or deviant, but rather a game that most of the boys around me had all agreed to play. I understood what not to do as a male in certain contexts. In fact, there were more rules about what NOT to do as compared to what to do. I also understood that these notions had a certain amount of plasticity to them—even though I knew that I should not cry in public, tears often formed in my eyes as I could not really control them.

In real life rarely did I encounter boys or men who were the rigid masculine caricatures that I saw on television—the Sylvester Stallone and Arnold Schwarzenegger action heroes of the 1980s. Boys and men had a bit more complexity to them. In that sense, masculinity for many men was multidimensional as both aspirational and inspirational. No one ever talked about this stuff in public around me, but I had already had the sense that the rules of masculinity were incomplete. My private and intimate conversations with my male and female friends were my evidence, and yet so many rules and restrictions about men were omnipresent and constantly reinforced.

Through my adolescence and early adulthood, most of my ideas and insights about gender remained as internal conversations with myself. Learning about the psychology of men in my doctoral programme (after two master's degrees and many years working in the field) was a true turning-point in my life. Scholarship in the field made sense to me, and digging deeper into men's lives and experiences provided the mirror to better understand myself and the men around me. Reading William Pollack's (1995) "No Man is an Island: Toward a New Psychoanalytic Psychology of Men" was a transformative experience. Learning about James O'Neil's (1981) gender role conflict theory provided a framework for organizing some of the ideas about men, masculinity, and mental health. Importantly, and amazing that it took so long, the psychology of men and masculinities helped me see my male clients as *male* which meant something unique in how they experienced the world and counselling itself. In retrospect, this is something

I knew already and it had influenced my past clinical work, but not in a manner that led to better services for the boys, adolescent males, and fathers that I counselled. The scholarship in the psychology of men and the recently created APA Division 51, the Society for the Psychological Study of Men and Masculinity, became lightning rods for me. I was obsessed with reading all of the research I could find from across the globe.

My early academic career focused on working with men in clinical settings and the emerging notion of “male-friendly therapy”. My knowledge-base deepened, but I found that much of what I read and observed was common sense for how I had always interacted with boys and men, but often contrary to my own training in psychology and counselling. A deeper discomfort was growing with the awareness that much of the existing scholarship in the psychology of men was focused on distress, pathology and dysfunction. The knowledge base was skewed towards negative traits and the negative functioning of men. I certainly understood most of the masculinity literature and could adapt my work to it, but the evidence base felt incomplete and seemed to only be part of the story of the men that I knew personally and professionally.

During this time positive psychology was rapidly developing. Emerging ideas of positive psychology already paralleled my Adlerian theoretical view and upbringing—so thinking about men through the lens of positive psychology was the framework I needed. Focusing on strengths, growth, encouragement and health was largely absent from the psychology of men discourse. I knew that men experienced the dark aspects of masculinity but also experienced or strove towards the healthy aspects as well. My clients often expressed shame and deficiency around darker aspects of their lives as men, yet they shared more hope and motivation around more positive visions of the men they wanted to be. Growth and change conversations were inspired by the ideas of the men they could be—akin to what Davies et al. (2010) called *possible masculinities*. These healthy aspects seemed associated with growth-oriented relationships with others as a father, partner or friend, community building notions of service and provision towards the greater good, and ideas around personal and social responsibility. My clinical work often focused on these areas in the lives of clients, and I found that my own connections with men in individual and group settings were not pathological, but simply, healthy.

During this period, I was lucky to be surrounded by my other mentors and scholars like Mark Kiselica, Mark Stevens, and Andy Horne. In different ways, it seemed we all were building a perspective within the psychology of men incorporating positive psychology and growth. We had different

discussions and conversations and from these interactions, positive masculinity emerged. We viewed positive masculinity in contrasting alignment to rigid or judgmental notions of masculinity, allowing the space for men to refine and define what being a man means to them. Defining positive masculinity itself can be difficult and hundreds of conversations with people all over the world have not helped me gain complete definitional clarity. Gender and masculinity are constantly evolving due to social and contextual factors, but terms like healthy, prosocial, adaptive, and socially responsible are often in the definitional mix. Further, I am committed to a social justice and inclusive orientation towards understanding men, and so the construct of positive masculinity broadens the concept to marginalized men who have traditionally been left out of much of the scholarly enquiry in the psychology of men.

In my eyes, positive masculinity is a counterbalance to shame (truly, the core emotion for understanding men, see Shepard and Rabinowitz 2013), offering growth, hope, expectancy, and encouragement to men by focusing attention on what is possible and healthy in their lives. This is also inclusive of a common factors approach to successful psychotherapy outcome (Wampold 2010). Importantly, positive masculinity can be a beacon for men as they strive towards answering key questions such as: *As a man, what are you moving towards, and how do you want to contribute?* At a time of so much global transformation around gender and social roles, we need professionals who are able to help men navigate this changing world.

Challenging and Expanding Our Worldview About Gender, Men, and Masculinities

My own journey is exactly that—the process of beginning in one place and being on the road to somewhere else, with my own destination still not fully certain. Learning about gender is my compass, and it has swayed over time. But gender is a universal compass for all people for the simple reason that gender is one of the core organizing identities of human beings. Yet despite increased attention on understanding multiple cultural identities in the psychology literature, it is common to find that masculinity is often ignored in the literature on gender and multicultural counselling (Evans 2013; Levant and Silverstein 2005). For the most part, when scholars write about gender, they are often referring to women rather than the experiences of women *and* men (Addis 2008). Understanding the gendered nature of masculinity is an important cultural competency (Liu 2005; Stevens and

Englar-Carlson 2010) that impacts clinical practice (Whaley and Davis 2007). Furthermore, how scholars and people worldwide are talking about gender has changed dramatically over the past two decades as conversations about gender increasingly expand to include people who identify as transgender or non-binary. For me, this is terribly exciting because it challenges me to think more about gender in society and it seems to bring more discussions about masculinity to the forefront; that is important because if my own journey has taught me anything, it is that we ought to be talking more about the gendered nature of men's lives and how it influences our health and wellbeing.

There are of course different ways of thinking about gender and masculinity. My own perspective is strongly influenced by a social constructivist lens that is inspired by my own contact and work with men of colour and men experiencing marginalization. There are other ways to think about male psychology including, but not limited to, an evolutionary perspective or a biological one. The *Palgrave Handbook of Male Psychology* presents a range of ideas about male psychology that should challenge the reader from any perspective—it is my hope that the challenging aspects lead to better dialogue, discourse and engagement with others about men, masculinity and health. As a field of study, male psychology only benefits from more discussion, scholarly research and discourse across all disciplines and areas of practice. That is why the annual Male Psychology Conference at University College London, started by John A. Barry, Martin Seager, Roger Kingerlee and Luke Sullivan in 2014, has become so important for the growth of the field of male psychology within the UK and internationally.

Part of my own motivation for my work is the acknowledgement that we as a profession could be doing much better for our male clients (see Englar-Carlson et al. 2013). I know that there is unlikely to be consensus amongst scholars on everything about male psychology, but I am unequivocal in the knowledge that all of us want a healthier world and better psychological services for boys, adolescent males and men across the lifespan. That is something that we all endorse. With that goal in mind the *Palgrave Handbook of Male Psychology* is critically needed now and it will take its place as a significant work in the field of male psychology.

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Belinda Brown, M.Sc. trained in Social Anthropology and conducted ethnographic fieldwork in Poland. Through subsequent work and research

among homeless men, she became aware of the importance of family in men's lives and their vulnerable position due to their more marginal role in the family. Conducting research at The Institute of Community studies, The Young Foundation and University College London, she became interested in how changes in men's position in the family and the workplace were impacting on male psychology and wellbeing. Belinda speaks and writes both academically and for the mainstream media and frequently participates in discussions on radio and television.

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American Imago (founded by Sigmund Freud and Hans Sachs). He has been a solicited reviewer for books published by Rowman & Littlefield and the University of Toronto Press. He has been an external reviewer for doctoral dissertations presented to Flinders University and the University of Ottawa. He is a member of six professional organizations and a panel member for the Middle States Commission on Higher Education. He has contributed numerous occasional pieces to alumni/ae magazines and organization newsletters. He was among the first responders to the AIDS crisis as a counsellor at the Lesbian and Gay Center in New York City (1986–1988).

Dr. Robin Hadley is a world expert on male childlessness and ageing. His research has been widely published in international and national media. His Ph.D. (Keele, 2015) examined the experiences of involuntarily childless older men. His counselling and own experience of childlessness led him to self-fund his M.A. and M.Sc. (University of Manchester, 2008; 2009) on the desire for fatherhood and the levels of desire for parenthood in childless people and parents. He is a founder member of the campaign group Ageing Well Without Children. Robin is highly sought after as a consultant on research projects.

Dr. Syd Hiskey is a Consultant Clinical Psychologist in Private Practice. He is an Honorary Senior Lecturer in the Department of Health and Social Care at the University of Essex. He lectures on trauma and psychological treatments following traumatic experiences, as well as on aspects of neuropsychology and also Compassion Focused Therapy to trainee clinical psychologists (Essex-Tavistock Course, University of Essex). He is a registered Practitioner Psychologist with the Health and Care Professions Council, and an Associate Fellow, Chartered Clinical Psychologist and Chartered Scientist with the British Psychological Society.

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Nathan Hook is a British Social Psychologist who trained with The Open University, UK and is a current distance Ph.D. student at the University of Tampere, Finland. His research interests include role playing in games and

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Dr. Andrew Hutchison is a Clinical Psychologist currently working in Adult Community Mental Health Services in North East Derbyshire. Prior to this, he worked across two Community Mental Health Services for street homeless people (The START Homeless Outreach Team) and people in supported accommodation (The Supported Living Team) in South London. He is particularly interested in critical and community perspectives and the potential for them to influence ways of working within current health and social care settings.

Dr. Roger Kingerlee is a Consultant Clinical Psychologist at Norfolk and Suffolk NHS Foundation Trust. Having completed a D.Phil. in literary masculinities at Oxford University, and subsequently qualifying as a Clinical Psychologist at the University of East Anglia, Dr. Kingerlee specializes in male and veteran psychologies and complex trauma including dissociative disorders. A CAT Practitioner, he has published numerous articles about male psychologies and two books, *Psychological Models of Masculinity*, and *The Therapy Experience*. Dr. Kingerlee is co-writer of the Veterans' Stabilisation Programme with Walnut Tree Health and Wellbeing, and is an active member of the Male Psychology Network.

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Dr. Ruth MacQueen completed the Doctorate in Clinical Psychology at the University of East Anglia in 2016. Her doctoral thesis employed a qualitative methodology to research men's experiences of masculine identity following traumatic brain injury. She has presented her research as a poster publication at the Neurological Rehabilitation Specialist Interest Group of the World Federation for Rehabilitation conference and published in *Neuropsychological Rehabilitation*. Since qualifying, Ruth has continued to work within neurorehabilitation in Bath, UK.

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Dr. Rebecca Owens is a Chartered Psychologist and works as a Lecturer in Psychology at the University of Sunderland. Rebecca takes an evolutionary approach to examining various behaviours, including the role of fluctuating testosterone in mating behaviours. She obtained her Ph.D., which examined the role of life history variables in male competitive behaviour, in 2016. This led her to take a different perspective on masculinity and male behaviours than what the dominant discourse promotes, and now she is committed to promoting and supporting unbiased research into sex differences.

Dr. Marco Pellegrini is a Consultant Clinical Psychologist working for Norfolk and Suffolk NHS Trust Secure Services. In the last ten years, he worked with adults in secure services including men and women with personality disorders. Since 1998, he worked with adults with personality disorders in outpatient and inpatient settings, practising a variety of treatments (TFP, SFT, DBT) and finally adopting MBT as his main therapeutic approach and achieving practitioner status. In addition to MBT practice, he set up a MBT skills training accessible to all staff in the NHS Trust.

Deborah Powney, B.Sc., M.Sc., Ph.D. Candidate Following over 20 years extensive experience in industry, working for national and global high profile companies, Deborah returned to academia to pursue a long-held passion

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Martin Seager is a Consultant Clinical Psychologist and Psychotherapist, currently working with "Change, Grow, Live". He is a lecturer, author, campaigner, broadcaster and activist. He worked in the NHS for 30 years, becoming head of psychological services in two mental health Trusts. He has advised government and has regularly broadcast with the BBC on mental health issues. He is co-founder of the Male Psychology Network and its annual conference at University College London. He was branch consultant to the Central London Samaritans for over 10 years and has also been an adviser to the College of Medicine.

Duncan Shields, Ph.D., RCC is a clinician and Adjunct Professor in the Faculty of Medicine, University of British Columbia. His work focuses on culturally relevant initiatives to assist first responder and military personnel maintain or regain wellbeing while coping with operational stress and trauma. He is co-founder of The Men's Initiative that mobilizes men in projects that benefit families, communities and the world, and developed

a First Responder Resiliency Program that catalyzes a more inclusive and supportive work culture. Dr. Shields previously served as an infantry reservist where he developed a lifelong appreciation for the contribution of those in uniform.

Dr. Joanna Smith is a Senior Clinical Psychologist and CAT practitioner at Norfolk and Suffolk NHS Foundation Trust. She currently works in a secondary care community mental health team and has previously worked in neurorehabilitation services. Jo completed a Collaboration for Leadership in Applied Health Research and Care East of England (CLAHRC EoE) research fellowship in 2015 looking at the integration of peer support workers in mental health teams for which she won an award. She has a keen interest in the use of compassion-focused approaches and has completed various trainings in compassion-focused therapy. Jo routinely integrates compassionate mind training and compassion-focused therapy into her clinical practice and to support staff wellbeing.

Gijsbert Stoet studied psychology in the Netherlands and Germany. Following this, he worked for eight years at Washington University in St. Louis, where he studied the neurobiology of information processing. He is currently Professor at the Department of Psychology of the University of Essex (UK). His current work focuses on individual and group differences in cognitive abilities, such as differences in school achievement of boys and girls. His work on sex differences in education has been covered internationally in news outlets such as The New York Times, The Wall Street Journal, BBC radio and television, and many others.

Luke Sullivan is a Senior Clinical Psychologist. He is the founder of Men's Minds Matter, a not for profit organization dedicated to the prevention of suicide, and also works for South London and Maudsley NHS Foundation Trust, specializing in psychological crisis interventions for people at risk of suicide. Luke is a committee member of the National Suicide Prevention Alliance, co-founder of the Male Psychology Section of the British Psychological Society, the Male Psychology Conference and the Male Psychology Network.

Patricia van Wijngaarden-Cremers (1960) studied medicine and trained in psychiatry at the University Medical Centre in Groningen (the Netherlands). She specialized in addiction psychiatry and started a department for dual-diagnoses in Zwolle. There she discovered that many individuals with addiction also have a neurodevelopmental disorder as well as that (psycho)pathology presents differently in women and men. She combined her interest in

addition, developmental disorders and gender in her Ph.D. thesis “Gender, Comorbidity and Autism” (2015). Currently, she is head of the department for Developmental Disorders (COS) as well as deputy director of training at Dimence GGz a multicentre institute for mental health in the east of the Netherlands.

Prof. Marvin Westwood is Professor Emeritus, Counselling Psychology Program, University of British Columbia. Professor Westwood’s major areas of teaching and research focus on development, teaching and delivery of group-based approaches for counselling clients, and men’s psychological health. How counselling and psychotherapy approaches can be adapted to be congruent with the “cultures of masculinity” is a core interest area. He developed the UBC Veterans Transition Program to help promote recovery from war-related stress injuries for which he received both the Queen’s Golden and Diamond Jubilee Medals in 2005 and 2013. In 2012, he established the Centre for Group Counselling and Trauma, and is currently Senior Advisor to the Centre.

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Christopher works with one of the Trust’s Crisis Resolution and Home Treatment Teams. Before joining the Trust he had worked in the substance misuse treatment field in diverse areas of London for many years and was a clinician with Public Health England Drugs and Alcohol Division. Christopher was also Deputy Clinical Director with one of the London Clinical Psychology Training Programmes. Christopher is trained in a range of evidence-based psychological treatment approaches and is accredited by the British Association for Behavioural and Cognitive Psychotherapies (BABCP) as a therapist, trainer and supervisor.

Luke Woodley is Founder and CEO, Walnut Tree Health and Wellbeing Community Interest Company. With 23 years lived experience, 16 years research experience, and over 3 years delivering services, Luke is passionate about helping others to find their own paths of recovery. Luke developed PTSD after serving with the UN in Bosnia in 1993. After leaving the Forces, and despite running a highly successful security business in London, his PTSD deteriorated and Luke suffered the full gamut of symptoms, leading, ultimately, to the loss of his previous way of life. Luke’s recovery journey began in 2005, and since then he has been pioneering innovative ways to help veterans and civilians that have brought him to local, regional and national attention.

Sally Zlotowitz is a Clinical and Community Psychologist and Director of Public Health at MAC-UK, an award-winning charity that co-produces services with young people to reduce the health and social inequalities of London's most excluded young people. Sally is Chair of the British Psychological Society Community Psychology Section, co-founder of Psychologists for Social Change and founding member of the Housing and Mental Health Network. The aim of her research, activism and clinical practice is to link social and economic justice, well-being and mental health.

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