

# Crossing the Threshold to Health: Men in Therapy

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Our mission is to strengthen and heal families from all walks of life through clinical service, community outreach, education and research.

A man faces a dilemma when he decides to enter psychotherapy, whether it is on his own or with his partner or family. Research shows that men are generally hesitant to seek counseling (Cheatham, Shelton & Ray, 1987), and when a male-female couple begins counseling, it is usually the woman who initiates the process (Silitsky, 2000).

Why are men often reluctant to seek the treatment they need? Some experts theorize that problems with our culture's socialization of men and masculinity is a key reason. Kupers (2005) identifies "toxic masculinity" – the sort of manhood typified by the need to aggressively compete and dominate others – as underlying the most problematic proclivities in men. This same toxic masculinity fosters resistance to help-seeking in general, and psychotherapy in particular. If a man prides himself on not needing help, he may view the prospect of discussing his marriage or his inner life with a therapist as one that can only cause him humiliation.

Our culture's socialization of men takes many forms. From an early age, boys are presented with idealized depictions of men as the masculine hero. Superman is a classic example – he is strong, fights crime, saves the day, but in the end is ultimately alone. He can be there for others, but only a select few, if any, can see behind the mask. According

to O'Neil (1981), many men are taught that masculine power, dominance, competition, and control are essential to proving one's masculinity and that vulnerabilities, feelings, and emotions in men are signs of femininity and are to be avoided.

In our culture, boys are taught that valor and honor are achieved through a hardened exterior or iron casing. Living up to this exterior keeps a man from ultimately being real. He puts his energy into holding up this veneer and supporting others. He may follow the pattern of masculine control of self, others, and environment, and see this control as essential for safety, security, and comfort. He may believe that seeking help and support from others show signs of weakness, vulnerability, and potential incompetence (O'Neil, 1981).

#### **Men's difficulty seeking mental health services**

Addis and Mahalik (2003) attribute men's difficulty with accessing health services to a mismatch between available services and traditional masculine roles emphasizing self-reliance, emotional control, and power.

Several factors explain why men may be reluctant to seek help, according to Addis and Mahalik (2003). First, therapists must keep in mind that a man is least likely to seek help for problems that he sees as unusual, especially when he also perceives them as central to his identity. For example, a man who is successful and respected at the office but feels powerless and unappreciated at home, may have trouble seeking help for this problem because it may feel shameful to him. He is also unlikely to seek help if groups of men who are important to him highly value self-reliance. Finally, help-seeking is less likely to the degree a man calculates that rejection from an important social group, or the shame associated with labeling himself as deviant, are costs too great to risk in relation to the help he

might receive. This is especially true if he feels he will sacrifice his autonomy by seeking help.

When a man contemplates entering therapy, he encounters a barrier called the “masculine mystique” (Robertson & Fitzgerald, 1992), in which traditional gender role socialization is associated with men’s reluctance to seek help. Robertson and Fitzgerald (1992) tested this idea in a study of 435 male participants who were recruited from 23 university and community college classes. They hypothesized that men with more strongly masculine gender role attitudes would demonstrate more negative attitudes towards traditional counseling, and that men with less traditional gender role orientations would express more positive attitudes toward traditional therapy.

In their study, Robertson and Fitzgerald (1992) examined men’s reaction to various brochures that advertised mental health services. They found that men who expressed opinions consistent with traditional masculine socialization indicated they were less willing to seek help. Additionally, the study found that most of men’s lack of willingness to seek traditional counseling was associated not with personality type, but rather with changeable masculine attitudes toward success, power, competition and masculinity.

Importantly, the study also found that men in the sample responded favorably to advertised treatment services consistent with traditional masculine models of interaction. Men who showed a negative attitude toward traditional counseling were more favorably disposed toward self-help materials, classes, and workshops. These services emphasized finding useful strategies, problem solving, and education rather than the emotionally-focused interventions of traditional

counseling. These results suggest that men may be able to overcome this “masculine mystique” and find value in therapeutic services appropriately tailored to them, such as interventions which focus on technical competencies, self-help activities, practical achievement-oriented strategies, and independence.

### **Making psychotherapy accessible to men**

If men’s reluctance to seek help is related to traditional gender role socialization, as results from Robertson and Fitzgerald’s (1992) study suggest, Addis and Mahalik (2003) conclude that only two potential solutions are available: change individual men to fit the services or change the services to fit the “average” man.

With regard to the latter, perhaps men’s reluctance can be lessened by offering counseling interventions that are more congruent with male socialization. Therapeutic services that are appropriately tailored to men, including gender-sensitive approaches to working with men in the specialized field of couple and family therapy, are being explored. Robertson and Fitzgerald (1992) suggest that simply changing the way in which services are described, using terms such as “classes,” “workshops,” and “seminars,” rather than “personal counseling,” may encourage men with more highly masculine attitudes to take advantage of treatments that may be helpful to them. In addition, men may prefer programs that emphasize self-help and problem-solving approaches.

A man who enters therapy has the opportunity to cross an important threshold in his life, away from the constricting exteriors which keep him bound, and into an arena of health, openness and truth. Relevant clinical research and interventions tailored to men are important resources to ensure that men receive the help they need.

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## Author Biography

*David Klow is a staff practice psychotherapist at The Family Institute at Northwestern University. He received his Master of Science in Marital and Family Therapy from The Family Institute at Northwestern University along with extensive clinical training at The Family Institute's Bette D. Harris Family and Child Clinic. He then completed two years of advanced training in The Family Institute Post-Graduate Clinical Fellowship. David works with families, couples and individuals, and has created and runs The Men's Group at The Family Institute.*

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