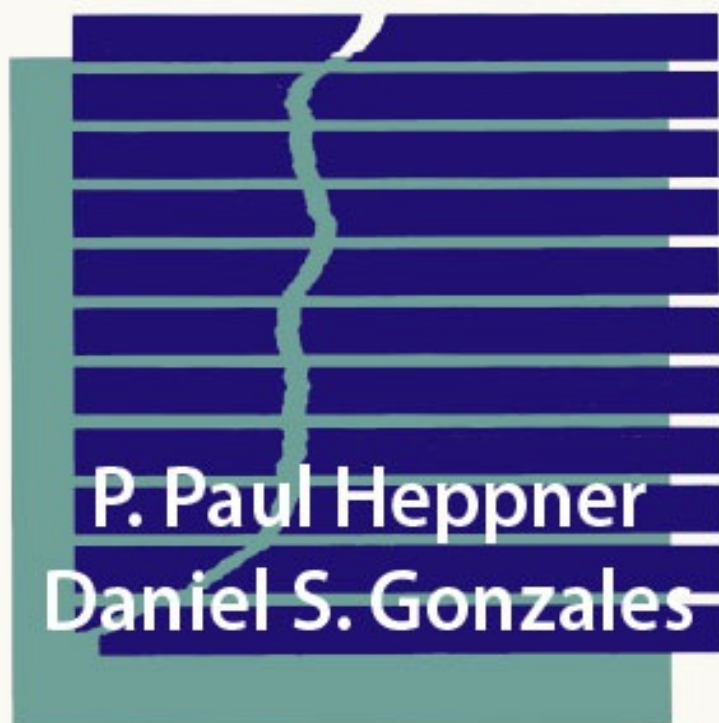


Men Counseling Men



P. Paul Heppner
Daniel S. Gonzales

Men Counseling Men

P. Paul Heppner Daniel S. Gonzales

e-Book 2016 International Psychotherapy Institute

From *Handbook of Counseling and Psychotherapy with Men* by Murray Scher, Mark Stevens, Glenn Good, Gregg A. Eichenfield

Copyright © 1987 by Sage Publications, Inc.

All Rights Reserved

Created in the United States of America

Table of Contents

[Men Counseling Men](#)

[Client Issues](#)

[Counselor Issues](#)

[Conclusions](#)

[References](#)

P. Paul Heppner Daniel S. Gonzales

The positive and negative effects of gender-role conflicts for both males and females in the United States is well documented (e.g., Deaux, 1976; Maccoby & Jacklin, 1974; O'Leary, 1977; Pleck, 1981). The purpose of this chapter is to discuss some of the implications of the male socialization process within a specific context, the psychotherapy process. In general, the process of male therapists counseling male clients is essentially the same as any counseling relationship; however, special dynamics of the male-male relationship increase the probability that certain events may occur that can either facilitate or hinder the therapeutic process. This is not to imply that the male-male dynamics will always affect the therapeutic process. Rather, the authors conceptualize the specific male-male dynamics as an additional set of variables (among many others) that can affect both the interpersonal and intrapersonal processes in psychotherapy.

We believe that gender issues may affect therapy through the manner in which the client and therapist process information about the therapeutic experience. A male client, for example, might perceive therapy as over-focusing on his weaknesses or as being too revealing and shameful. Or the counselor might become confused by the intimacy in the counseling relationship, and have homophobic reactions. Therefore, to discuss the special dynamics of the male-male therapy relationship the chapter will focus on male issues specifically with regard to the client and counseling. Finally, this chapter will be concluded by briefly discussing implications for research and training.

Client Issues

Various male concerns have been identified by a number of writers, some of which include achievement (e.g., Crites & Fitzgerald, 1978), power and control (e.g., Komarovsky, 1976), competition (e.g., Lewis, 1978), restrictive emotionality (Skovholt, 1978), homophobia (e.g., Fasteau, 1974), sexual performance (e.g., Goldberg, 1976), career performance and development (e.g., Pleck & Sawyer, 1974), interpersonal relationships (e.g., Lewis, 1978; Zuckerman, 1975), changing male and female gender

roles (e.g., David & Brannon, 1976; Dubbert, 1979; Scher, 1979), physical and psychological health (e.g., Goldberg, 1976), and intimacy (e.g., Lewis, 1978; Morgan, 1976). These and other problem areas play a role in bringing men into counseling; however, it is the permutations or combinations of various issues that most adequately describe the complex presenting concerns of most men. Parenthetically, it is the range of permutations of male issues that not only make generalizations about men difficult (Scher, 1979), but also complicate assessment and intervention strategies.

Many times a man will not seek therapy because it is very difficult for him to *admit to himself* that he has a problem. This seems to be more difficult for men than women because the typical male conditioning engenders feelings of self-reliance, dominance, competition, power, control, and high needs for achievement (see O'Neil, 1981). The denial and repression can be so strong that the man is largely unaware of his problems, or it is too aversive to think much about them. Sometimes only after getting very intoxicated, his defenses will temporarily drop and he will disclose his inner worries and feelings, often leaving his comrade very surprised.

When men do seek therapy, a number of gender issues may affect the therapeutic process. Asking for help in our culture often leads men to feel inadequate. Not only is it unacceptable to have problems, but it is also "unmanly" to seek help from anyone, and especially from other men. Scher (1979) notes the cost to self-esteem of the man who is forced to admit that he cannot solve a life problem; it can be doubly embarrassing to reveal one's perceived inadequacies to another man. In fact, to "be a man" often necessitates the importance of being masculine with other men. Thus it is not uncommon for male clients to seek female therapists because women are also perceived by men as able to be nurturing. Male clients working with male therapists may feel shamed and embarrassed, and be hesitant or downright resistant to disclose their inner world, especially their insecurities and doubts to another man. The client's anxiety might be so high that he terminates therapy prematurely. One 45-year-old man "excused" himself from therapy by deciding he "was too old" rather than to allow the therapist to understand his inner world.

It may or may not be useful to examine the male client's need to "save face," perhaps depending on the skills of the counselor, client, and depth of the therapeutic alliance. It is imperative for the counselor to be sensitive to and understanding of the pride of the male (Scher, 1979), as well as his masculine fears. The counselor needs to be cognizant of the male client's anxiety, especially early in therapy, being

careful not to push too much too fast. It can be quite helpful for the male therapist to acknowledge the fears of “being known,” especially by another man. In fact, male therapists’ sensitivity, disclosure, and modeling can impart very powerful messages to the male client. Whatever interventions are used (e.g., self-disclosure, encouragement, verbal reinforcement), it is important to empathize with the male client’s anxieties and hesitations about disclosing his relevant experiences.

Another likely barrier for many male clients is their difficulty in identifying and expressing their affective reactions and processes. Many men have been conditioned “not to feel,” to deny or to repress their affective responses. One man recalls the tragedy he felt in seeing the bloody and lifeless body of the first gopher he killed as a boy. His male friend, seeing the boy’s emotional reactions, told him to “just think about all the grain they eat.” Thus it is not uncommon for men to repress their feelings beyond the reach of consciousness. For example, a hard-driving business executive entered counseling complaining of being “stressed out” at work. As counseling progressed, it was discovered that his father died a year ago at this time and that he never was able to address his emotional reactions to the death of his father. It was only after an extended exploration of the situation that the client began to understand his emotional reactions and could express sadness over his loss.

It is important to realize that while men may consciously withhold information, more often they are genuinely unaware of their affective reactions. In fact, some male clients manifest this in highly sophisticated intellectualization of their psychological processes. Since they are largely unaware of how they feel, they try to logically deduce how they *should* feel, which is often inaccurate. Because of this overutilization of their cognition, it is not uncommon for the male client to complain that “I don’t know what I’m feeling.” It is therapeutic to understand these men’s frustration. One man mournfully acknowledged in a men’s group, “I can’t cry. I wish I could. I envy those who can get that emotional release.”

For many men it is easier to allow themselves to experience emotions such as anger or rage. In fact, a wide range of emotions may be funneled into anger, rage, and violence (Gondolf, 1985) because these feelings are more “acceptable” to the male. For example, a young man was recently facially disfigured in an automobile accident and entered counseling because of “anger” with women. When in counseling, the most important work was to identify his deeper feelings of being hurt and his fears of rejection,

especially from women.

In short, a man's lack of emotional awareness may dramatically affect progress in therapy. A primary goal of the therapist is to enhance the man's awareness of his emotional reactions, as well as to increase his understanding of his psychological processes. Sometimes the male client will perceive this affective exploration as "looking for what's wrong." One young man who had difficulties dating women repeatedly interpreted emotional explanations as validation of his incompetence, and subsequently refused to discuss his problems except in an intellectual manner. Because exploring this affect can be quite threatening, the counselor may find that emphasizing the client's strengths during this time may stabilize the client's experience. By highlighting the client's strengths and resources, he may then feel safer to explore and experience his affective world. Again, the sensitivity, disclosure, and modeling of the male therapist can be very reassuring as well as educational for the client. It is essential for the male therapist to communicate both cognitively and affectively "I *understand*. I have been there, too. It is hard. I won't *punish* you." It is imperative that the therapist check how the male client is experiencing the therapy process. For example, the counselor might explicitly ask, "How do you feel about what we talked about today? Or, "How do you feel about what you are learning about yourself and who you are?" Or even, "How do you think (fear) I am reacting to the things you said today?" If the client acknowledges some fears, or the counselor suspects the client is experiencing something in the session negatively, it becomes necessary to reframe the event or to educate the client about counseling and/or human psychological processes.

If therapy is effective, sometimes the male client might become more aware of his aggressive experiences. For example, as therapy progressed, a man in his thirties became more acutely aware of feeling so angry that he was shocked by his aggressive impulses. Another man became deeply disturbed by his violent and destructive behavior. A veteran was "horrified" as he reflected on what he had done as a "professional soldier." While many men are socialized to be aggressive and competitive, often men will still be shocked, disturbed, or horrified at what they do or think about doing. Along these lines, Marin (1981) cogently portrays how many Vietnam veterans are now living in moral pain. Such feelings are difficult for men to discuss. Sometimes male clients prematurely leave counseling because the therapist effectively uncovered these feelings, but perhaps too quickly. The male client might believe it is better to repress and avoid such aggression rather than to examine it further. A male counselor who understands

the impact of these feelings can be extremely therapeutic in helping the male client understand his psychological world and perhaps aspects of the human condition.

As therapy progresses, and especially as more personal material is disclosed, often a feeling of intimacy and closeness will develop between the counselor and client. Sometimes intimacy occurs when men talk about their deeper feelings of hurt, fear, and anxiety that may lie beneath their anger and hostility. While the deeper levels of intimacy may be a positive indicator of therapeutic effectiveness, the intimate feelings may be simultaneously gratifying and horrifying (see Lewis, 1978; Scher, 1980). To be understood can be validating and highly therapeutic. The intimacy, however, may be confused with sexuality because these two issues are often interrelated for men; thus for a man to feel psychologically close to another man often leads to a range of homophobic reactions. Along with the satisfaction of heightened intimacy with another, the client may also react with fear, disgust, or question his sexuality as well as the therapist and the therapy process. The client may again withdraw from the relationship in various ways (including termination) because the feelings may seem inappropriate or confusing.

It is incumbent upon the therapist to check with the client about such feelings, and help the client separate the feelings of intimacy and sexuality in their relationships. This task is in one sense an educational one, helping the male client identify and recognize the emotional closeness that results from an intimate interpersonal relationship, apart from sexual feelings. If sexual feelings are indeed present, it is our opinion that the counselor should then facilitate an examination of these feelings and clarify the boundaries of the therapeutic relationship. This can be a highly charged issue for most men, and thus necessitates caution. It is imperative not only that the client *is* safe, but also that he *feels* safe in the therapeutic relationship.

Counselor Issues

The counselor, the other half of this dyad, also enters the counseling relationship with his own set of values and assumptions about what a man is and should be. Since most male counselors have also been socialized in the American culture, their values and assumptions, particularly about the male role, can facilitate or inhibit the male client's coping processes and growth.

The male counselor might have sexist attitudes about men and convey this to the male client in varying degrees of subtlety. The counselor might convey a lack of acceptance, perhaps by suggesting that the man is weak, that he should be able to handle this type of problem. Or the counselor may unconsciously convey contempt or disgust for the male client because “men aren’t supposed to act like that.”

The male counselor, due to his own socialization, may be unable to offer the needed therapeutic interventions. For example, if the counselor is uncomfortable accepting and expressing his own emotions, he may inhibit, consciously or unconsciously, the client’s expression of emotion. This can manifest itself in many forms, overt as well as subtle. For example, a young male counselor became frightened by a male client’s emotions because he was afraid of “losing control”; as a result the counselor would consistently change the focus of therapy to avoid his own emotional reactions. Another male counselor, in an attempt to compensate for deeply ingrained feelings of inadequacy, developed an aloof and “cool” interpersonal style. In therapy his nonchalant and detached style often made it difficult for clients in general, but men in particular, to confide in and trust him. Yet another male counselor had difficulty in being emotionally supportive and tender with other men. He was afraid of being “too feminine” and thus had difficulty communicating concern and warmth. Another male counselor had difficulty working with male homosexual clients because his feelings of warmth and regard were confused with his homophobic reactions. In short, sometimes male therapists because of their own gender issues are impaired in providing therapeutic conditions for other men; they thus have difficulty touching their male clients psychologically.

Sometimes male counselors can actually harm their male clients. One danger is that the counselor’s therapeutic style might actually enhance the dysfunctional patterns in a male client. For example, a male therapist might implicitly reinforce a male client’s tendency to intellectualize by attending primarily to the client’s cognitions. If a male client was ineffectively coping with his inability to relate with women by intellectualizing and distancing himself from women, the counselor’s own issues with women may interfere with his ability to provide effective interventions. The counselor may perpetuate the client’s maladaptive patterns by focusing on his rationalizations, rather than the anxiety and discomfort that he experiences with women. The counselor’s emphasis on the client’s cognitive processes (to the exclusion of his affective processes) can seriously hamper successful therapeutic interventions, especially if it

reinforces the client's defenses and maladaptive patterns.

It is not uncommon for male therapists to have needs to exercise control within therapy. The counselor may have a strong desire to control therapy, not for therapeutic reasons, but simply for the sake of control. Again, the effectiveness of therapy is reduced as the counselor works harder to maintain control than to be therapeutic. One male counselor felt a strong need to perform in therapy because a particular male client seemed "critical of the therapy process." A male client began therapy with another male counselor by questioning and doubting the counselor's competence and quality of training. Instead of addressing the client's need for reassurance, the counselor responded defensively, justifying his ability and occupation. The counselor's desire for competence and achievement, coupled with the perceived threat from the client, sometimes influenced the counselor to be less than therapeutic.

Sometimes male counselors have difficulty physically touching male clients as well. Fears of homosexuality can be a major barrier to intimacy. Sometimes a simple hug can communicate much needed concern. A male client who has just made a major disclosure of his emotions, for example, may be especially in need of affirmation and support. If the counselor is hesitant about physical contact, the client may interpret it as inappropriate and not be as likely to share such admissions in the future. If a male counselor feels overly anxious and uncomfortable about touching, he may be less than effective because some touching interventions are unavailable to him.

In contrast, the male-male counseling dyad offers the counselor some unique therapeutic opportunities. The counselor may be able to serve as a role model, demonstrating a range of interpersonal skills (e.g., self-disclosure, owning his feelings) and particularly as a transparent, genuine, fully human, effective man. If a male client was unable to express the pain about the death of a parent, the counselor's self-disclosure of his own parent's death and his reactions to it may serve to widen the phenomenal field of the client so that issues may be addressed through sharing a common emotional experience. Through his interpersonal behaviors and self-disclosures, the male counselor can help the male client to become more aware of his own psychological dynamics.

As the therapy process becomes more intimate, the counselor can reflect the feelings of camaraderie, the sense of partnership and belonging that many people, and men in particular, have learned to value

through team sports and male-oriented institutions such as fraternities and the military. For example, a male counselor reflected the sense of camaraderie between the counselor and client, indicating that it was “rewarding to be a part of the therapeutic team.” Another therapist who was conducting a men’s group found it quite helpful to conceptualize the group as a “team” and that the work accomplished in it was “a team effort.” By doing so he was able to elicit a stronger sense of cooperation and alliance from the members. These examples stimulated each male client to examine his feelings about the therapist and, most important, the client’s desire for emotional closeness in his primary relationships.

The counselor can also affirm the client’s masculinity by explicitly indicating respect for the client as a man. For example, a male client entered counseling; the presenting problem was a deep sense of inadequacy in part resulting from a small penis. He felt that he was not capable of sexually satisfying a woman, which resulted in him becoming distant and isolated from others. He also regarded himself as inferior to most other men and their apparent successes with women; this engendered feelings of resentment and cynicism. As therapy progressed, the male counselor communicated how much he was impressed with the client’s courage and his respect for the client as a fully human man. This almost paradoxical intervention was important to the client in restoring his sense of masculinity.

Conclusions

A central assumption of this chapter has been that the male socialization process affects both male clients and counselors so that certain difficulties or opportunities might be encountered in the therapy process. Whereas a wide range of therapeutic benefits are available for male clients, the male-male counseling dyad presents unique opportunities for genuine masculine validation. We believe that knowledge of the male socialization process is critical information for the counseling process, to facilitate understanding of male clients as well as to enhance the awareness of male counselors. Thus it is important that counselors are aware of the male socialization process, and especially that male counselors become aware of the effects of their own socialization process in their professional training and their own therapy.

More and more attention is being given to the gender socialization process of both men and women in American culture as well as other parts of the world. More recently, therapists have begun to examine

the implications of the socialization process for the therapy process (e.g., Gilbert, 1985). This body of literature, while important, is still at a very early stage of development; much more attention is needed. For example, women typically seek mental health services more than men. What events take place that cause the reduced frequency for males? What characteristics of male therapists are more (or less) facilitative of change in male clients?

Likewise, much more attention is needed within master's and doctoral-level training programs about the implications of trainees' gender socialization. How both the counselor and client view themselves as men in our culture will affect how both people interact and process information in the therapy experience. We believe that it is critical to understand the cognitive, affective, and behavioral coping processes that men bring into the counseling context to understand more fully how men can benefit from therapy.

References

- Crites, J. O., & Fitzgerald, L. F. (1978). The competent male. *The Counseling Psychologist*, 7, 10-14.
- David, D. S., & Brannon, R. (Eds.) (1976). *The forty-nine percent majority: The male sex-role*. Reading, MA: Addison-Wesley.
- Deaux, K. (1976). *The behavior of women and men*. Monterey, CA: Brooks/Cole.
- Dubbett, J. (1979). *A man's place: Masculinity in transition*. Englewood Cliffs, NJ: Prentice-Hall.
- Fasteau, M. F. (1974). *The male machine*. New York: McGraw-Hill.
- Franks, V., & Burtle, V. (Eds.). (1974). *Women in therapy*. New York: Brunner/Mazel.
- Gilbert, L. A. (1985). Educating about gender and sexuality issues in graduate training. Symposium presented at the annual meeting of the American Psychological Association, Los Angeles.
- Goldberg, H. (1976). *The hazards of being male: Surviving the myth of masculine privilege*. New York: Nash.
- Gondolf, E. W. (1985). *Men who batter: An integrated approach to stopping wife abuse*. Holmes Beach, FL: Learning Publications.
- Komarovsky, M. (1976). *Dilemmas of masculinity: A study of college youth*. New York: W. W. Norton.
- Lewis, R. A. (1978). Emotional intimacy among men. *Journal of Social Issues*, 34, 108-121.
- Maccoby, E., & Jacklin, C. (1974). *The psychology of sex differences*. Palo Alto, CA: Stanford University Press.

- Marin, P. (1981). Living in moral pain. *Psychology Today*, 15, 68-80.
- Morgan, B. (1976). Intimacy of disclosure topics and sex differences in self-disclosure. *Sex Roles*, 2, 161-165.
- O'Leary, V. (1977). *Toward understanding women*. Monterey, CA: Brooks/Cole.
- O'Neil, J. M. (1981). Male sex-role conflicts, sexism, and masculinity: Psychological implications for men, women, and the counseling psychologist. *The Counseling Psychologist*, 9, 61-80.
- Pleck, J. H. (1981). *The myth of masculinity*. Cambridge, MA: MIT Press.
- Pleck, J. H., & Sawyer, J. (1974). *Men and masculinity*. Englewood Cliffs, NJ: Prentice-Hall.
- Scher, M. (1979). On counseling men. *Personnel and Guidance Journal*, 58, 252-254.
- Scher, M. (1980). Men and intimacy. *Counseling and Values*, 25, 62-68.
- Skovholt, T. (1978). Feminism and men's lives. *Counseling Psychologist*, 7, 3-10.
- Zuckerman, E. L. (Ed.). (1975). *Women and men: Roles, attitudes, and power relationships*. New York: Radcliffe Club of New York.

Notes

- 1 Author's Note: We would like to express appreciation to Helen J. Roehlke, Walter Cal Johnson, and Bernie R. Hershberger for their comments on previous drafts of this chapter.