Men and therapy – is it time for men to come out of the closet?

Many more men could benefit from psychotherapy if others started speaking out about their experiences of it, says Cordelia Galgut.

In this article, I will argue that more men who have benefited from therapy, including male mental health professionals, need to be prepared to stand up and be counted, effectively to ‘come out of the closet’ and speak of how counselling and therapy have helped them. More of this willingness could provide a much-needed challenge to the wide-reaching negative view within our society of counselling, which is seen as a predominantly female domain, reflected, perhaps, by the fact that men represent only 30 per cent of BACP’s total membership, and 25 per cent of the British Psychological Society’s. In turn, the impact of a willingness to speak of positive experiences of therapy might help more men – who currently fear being emasculated by therapy or being judged by others for seeking help – make better use of this service. Moreover, such readiness might support men who have already benefited, but do not feel able to speak about their experiences publicly.

These assertions are based on observations of the trend in my own private practice regarding male attendees; those of colleagues of mine; generalised opinions from male clients; informal exchanges about counselling issues with 10 men of varying ages, from 35 to 86 years (to whom I refer using pseudonyms), one of whom had had therapy, and some evidence from the literature in the field.

I am not drawing a distinction between men of different races and cultures, ages, sexual orientation, socio-economic status, and so forth, for the purposes of this article, though I acknowledge that these variables can be very significant. Nevertheless, the fact remains, as Garde asserts, that: ‘Throughout history, the lives of males compared with females in equivalent social categories, class, ethnicity, disability, have been more liberated, self-determined and fulfilled’.

Social context

Men in 21st century UK are still under pressure to be men in the traditional sense, an ideal which Millar asserts, referencing Adler, is a masculine mythical ideal, and despite the fact that they are simultaneously under pressure in some quarters to embrace their so-called ‘feminine side’ emotionally and practically. This can be confusing and stressful. However, conventional views predominate and, as a general rule, men do not appear to challenge the social construction of masculinity very much. Indeed, it could be argued that they have no vested interest in doing so in many ways – in particular that the patriarchal attitudes that predominate within our society continue to benefit men, as explained by Garde: ‘Males have more socio-political power, can enforce on others their constructions and perceptions of reality and enjoy material advantages. Indeed, females are subjugated by, and subordinate to, males’.

Of course there are men who question these notions of patriarchy. Rowan, for example, states that: ‘Instead of taking men for granted as representing the whole human race, we have to think of them as a minority group, with particular characteristics. These characteristics are partly genetic, partly social and partly created within the psyche of each individual man’. Indeed, in spite of clear feminist evidence of patriarchal relations, something still seems amiss for men. They do not appear to have it all at their
fingertips'. On the contrary, they are ‘full of hidden anxieties about whether they are properly gendered beings [and] practise unhealthy behaviour trying to prove their masculinity’.

**Impact of social context**

Despite clear evidence that men suffer from emotional distress, they seek counselling only half as often as women. It may well be that social conditioning and expectations play a large part in contributing to the difficulties that men have both in attending counselling and in speaking openly about it once they have. Obviously, there are men who do not have problems with either, but it would seem, on the basis of the anecdotal evidence, that many do, as reflected in the following quotes:

My mates would think I was gay if I went to counselling... Men like to fix things, solve problems. (Jerry, aged 38)

Men are quite private, they’d probably think [going to therapy] a weakness. I probably know blokes who’ve had counselling, but they’ve never told me. Most men won’t talk about it. It’s emotional and it’s a private matter. (Dave, aged 49)

Interestingly, the views of these younger men were no different from those of two men in their 80s I spoke with, both of whom were against counselling and said they would ‘sort out my own problems’. Jim, aged 86, and Reg, aged 84, also asserted that they were brought up in ‘the old school, stuff upper lip’ tradition, which they did not question.

These difficulties illustrate the societal pressures that still define men in ways that require that they ‘dissociate from female caregivers and hence crave and fearfully avoid femininity’.

The net result is that men often respond to personal problems by ‘keeping them to themselves, pulling away, going quiet, and retreating into private spaces that women do not have access to’. There is also evidence that doctors, who are obviously susceptible to these dominant attitudes, are more likely to focus on men’s physical than emotional health, and so refer fewer men for counselling than women. Wheeler has also wondered whether ‘men do not need therapy, particularly as there is considerable evidence that men appear less likely than women to experience

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**Case study: Alton**

Alton, aged 43, was referred for counselling for work-related stress. It soon became apparent that he had underlying problems pertaining to a fear of showing weakness. For him, this meant admitting that he was struggling to cope in a variety of ways, and feeling very strong emotions, such as extreme upset. Feeling strong emotions that he could not banish made him feel emasculated, and he described himself as a failure as a man.

As our work progressed, we identified his negative judgment of himself, as a man, against parental and societal expectations, as well as his wife’s unwillingness to accept a multi-dimensional version of him. At one point in therapy, he felt able to cry after years of not having done so, and reflected on the fact that it had been a great release. He also spoke of his surprise that he had felt able to do this, and connected it to the fact that he knew that he did not consider him a failure, as a man, for doing so.

Later in therapy, Alton and I reflected on the fact that I had not judged him for having strong feelings, which had been enormously helpful to him. It helped him to feel better able to challenge and ultimately significantly shift his internalised negative judgment of himself if he admitted to having these strong feelings. Ultimately, he felt confident enough to be able to raise his concerns about his wife’s attitude towards him with her, believing that being true to this new and more complex version of himself was vital for his future happiness and contentment.
Case study: Tom

Tom, in his early 60s, presented for counselling with a long-standing depression. He linked this to an inability to speak his feelings, though he could often identify them. The unacceptability of doing so was linked in his head to being a man.

Together we explored the particulars of his childhood that seemed to have created his belief that men do not speak about their feelings, and confuse sex with intimacy. Tom described himself as a 'sex alcoholic', but when we looked more closely at what he meant by this, it became apparent that what he was actually seeking, through sexual relationships, was emotional intimacy – in fact, he was addicted to the desire to relate in an intimate way to another human being.

He longed for a more intimate relationship with another man – one in which the kind of areas men do not easily delve into, for example, the world of emotions, could be explored. Tom saw younger men as much more open than he was emotionally, though he considered that society does not encourage men, in general, to express all of who they are. He expressed anger at this, and talked about how much better he felt when he allowed himself to state explicitly what was on his mind. It was at this point that he started to feel less depressed.

During the course of therapy, we made connections between Tom's relationship with his father and his current problems. Tom described his father as a remote and emotionless man. As the therapy progressed, however, he started to consider that his father might well have been the victim of the same kind of role conditioning and oppression that he himself had suffered. This new insight helped him reconsider his relationship with his own son, and focus on the need to stop repeating the same patterns with him in order to create more intimacy between them.

Tom decided to stop therapy at the point at which he no longer felt he was letting himself down if he spoke his feelings. Overall, he described the whole process of therapy as illuminating and a total relief.

mental health problems. However, the fact that suicide rates for men are higher than those for women in the 25–44 year age bracket would appear to draw into question the evidence that men are less in need of psychological support, as do statistics showing that men are more likely to die from accidents and suicide, as well as heart disease and other major illnesses. Men take more risks with their health than women, [and] are more likely to drink heavily, to smoke, to be overweight and to use illegal drugs.

An increase in the numbers of men attending therapy?

While evidence is contradictory about whether more men might need counselling, there does seem to be an increasing amount of word-of-mouth evidence from therapists that more men are now seeking counselling privately. My own experience of increasing numbers of men coming to see me in private practice over the past two years would back this up. Prior to this, the numbers in my practice would have borne out the existing statistics, but in these past two years, three quarters of my clients at times have been men who have attended for fairly extended periods. A similar recent growth in the number of male clients has been noted by Justine Oldfield-Rowell, a psychotherapist in private practice and chair of the Association of Independent Practitioners, who reports a steady increase in the number of male clients in her private practice.

The benefits of therapy

Generally, from my experience, men who attend therapy welcome the opportunity to cast off the shackles of 'manhood' in its traditional sense, and experience relief that they are not judged if they cry or feel weak, vulnerable, exposed, aimless, conflicted, confused, non-sexual, etc. Broadly speaking, the opportunity to talk intimately is welcomed, and men will often say that they are much more comfortable talking to a woman because they consider that there is more possibility of this, provided the impulse and need is acknowledged and not censored. Perhaps there is a challenge for male therapists here, in that male clients tell me that they have sometimes
that?" In fact, a number of people had had episodes similar to mine, even though they hadn’t been through counselling, and my friends’ reactions were a great relief.

I wonder whether the pressure that men seem to feel not to speak of their therapy accounts to some degree for the seeming disparity between the numbers of men going to counselling (as reflected by the existing statistics) and word-of-mouth reports of the increasing numbers who attend counselling privately. I have certainly been told that the relative anonymity a man can have in seeing a counsellor privately (if he can afford it) rather than having to negotiate his way through the systems and structures of, for example, a GP surgery, makes the experience feel safer as well as easier to manage during stressful times.

Learning from the feminist example
Overall then, societal pressure makes it hard for men to speak about their experience of therapy, or even to validate the idea of it if they have not experienced it first-hand. I would argue that women have had to struggle for many years with definitions of ourselves which we were conditioned to believe were more acceptable and which, as a result, we internalised. Nevertheless, despite the difficulties, in order to change things for ourselves we had to cast off the shackles of femininity as a one-dimensional definition of femaleness. In the process, certainly in the 70s when I and many other feminists stood up for what we believed to be right, we were very harshly judged in ways that were hard to bear. Perhaps more men need to follow the example set by the feminists and take some risks — in this instance, reclaiming their rights to feel and speak about their emotional lives, and to have a comfortable experience of counselling, both privately and publicly. These things, I would maintain, can only be achieved if dominant views about what it is to be masculine are questioned and redefined. As Rowan has said, ‘Men are not the norm against which everything else is to be measured. Nothing is certain, nothing is sure, nothing is to be assumed.’ Ben is certainly in agreement with this: ‘If

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I hadn’t gone through [counselling] I would have been one of those men, the old school, stiff upper lip sort, like my Dad. I wish I’d done it years ago. It’s put a new spin on everything, and for me it was a total relief.

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References
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