Interrogating and recuperating masculinities in therapeutic practice

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ABSTRACT

In this invited commentary I reflect on issues concerning masculinities in therapeutic spaces. I draw on contemporary masculinity concepts as well as the psychanalytic, postmodern and post-qualitative aspects of the various articles. I consider how traditional and modern expectations concerning masculinities create problems and possibilities for men in different situations, for example men from different generations (e.g. me, my father, my son). Similarly, I discuss how therapists might unwittingly [re]construct traditional masculinities in their practice – but are also ideally positioned to deconstruct masculinities which are implicated in their client’s suffering. At the same time, I note that the promotion of healthy, caring and inclusive masculinities need not be confined to the therapy room since there are now various mental health intervention which are community-based, entail peer support and which are tailored to specific constituencies of men.

Befragung und Wiederherstellung von Männlichkeiten in der therapeutischen Praxis

ABSTRAKT

Diese Studie erläuterte die Bedeutung des Ansatzes der lösungsorientierten Kurzzeittherapie (SFBT) im Umgang mit Einzelpersonen, um Lösungen sowohl nach als auch während des Auftretens von psychischer Angst zu finden. Die Anwendung von SFBT kann praktisch, effektiv und effizient erfolgen. Diese Studie verwendet eine vergleichende Analyse, die sich auf verschiedene relevante Literatur zwischen SFBT und psychischer Angst bezieht, insbesondere zum COVID-19-Ausbruch in Form von Artikeln in wissenschaftlichen Zeitschriften, Nachschlagewerken und anderen Informationen aus vertrauenswürdigen Quellen. Die Ergebnisse zeigten, dass es eine signifikante Korrelation zwischen Theorien, sowohl Grundannahmen als auch Konzepten im Zusammenhang mit dem SFBT-Interventionsprozess gibt, um Einzelpersonen dabei zu helfen, Lösungen für Probleme zu finden, die auftreten oder auftreten werden. Diese Studie kann dann als wissenschaftliche Referenz für die Anwendung des SFBT-Ansatzes zur Verbesserung der Lösungsfähigkeit dienen.

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Interrogar y recuperar masculinidades en la práctica terapéutica

RESUMEN
Este estudio explicó la importancia del enfoque de la Terapia Breve Centrada en Soluciones (SFBT) en el trato con las personas para encontrar soluciones tanto después como durante la ocurrencia de la ansiedad psicológica, la aplicación de SBFT se puede hacer de manera práctica, efectiva y eficiente. Este estudio utiliza un análisis comparativo, que se refiere a varias publicaciones relevantes entre SFBT y la ansiedad psicológica, especialmente en el brote de COVID-19 en forma de artículos de revistas científicas, libros de referencia y otra información de fuentes confiables. Los resultados revelaron que existe una correlación significativa entre las teorías, tanto los supuestos básicos como los conceptos relacionados con el proceso de intervención de SFBT en un esfuerzo por ayudar a las personas a encontrar soluciones a los problemas que experimentan o experimentarán. Este estudio puede entonces ser una referencia científica para la aplicación del enfoque SFBT como un esfuerzo para mejorar la capacidad de encontrar soluciones.

EUROPEAN JOURNAL OF PSYCHOTHERAPY & COUNSELLING 225

Interrogare e recuperare le mascolinità nella pratica terapeutica

RIASSUNTO
Questo studio ha spiegato l'importanza dell'approccio Solution-Focused Brief Therapy (SBFT) nel trattare con gli individui per trovare soluzioni sia dopo che durante il verificarsi di ansia psicologica, l'applicazione di SBFT può essere eseguita in modo pratico, efficace ed efficiente. Questo studio utilizza l'analisi comparativa, che fa riferimento a varie pubblicazioni rilevanti tra SFBT e ansia psicologica, in particolare nell'epidemia di COVID-19 sotto forma di articoli di riviste scientifiche, libri di consultazione e altre informazioni da fonti attendibili. I risultati hanno rivelato che esiste una correlazione significativa tra le teorie, sia i presupposti di base che i concetti relativi al processo di intervento SFBT nel tentativo di aiutare le persone a trovare soluzioni ai problemi che sono o saranno vissuti. Questo studio può quindi essere un riferimento scientifico per l'applicazione dell'approccio SBFT come sforzo per migliorare la capacità di trovare soluzioni.
Interroger et rétablir les masculinités

ABSTRAIT
Cette étude a expliqué l’importance de l’approche de la thérapie brève axée sur les solutions (SFBT) dans le traitement des individus pour trouver des solutions à la fois après et pendant l’apparition de l’anxiété psychologique, l’application de la SFBT peut être effectuée de manière pratique, efficace et efficiente. Cette étude utilise une analyse comparative, qui fait référence à diverses publications pertinentes entre SFBT et l’anxiété psychologique, en particulier dans l’épidémie de COVID-19 sous la forme d’articles de revues scientifiques, d’ouvrages de référence et d’autres informations provenant de sources fiables. Les résultats ont révélé qu’il existe une corrélation significative entre les théories, les hypothèses de base et les concepts liés au processus d’intervention SFBT dans le but d’aider les individus à trouver des solutions aux problèmes qui sont ou seront vécus. Cette étude peut alors constituer une référence scientifique pour l’application de l’approche SFBT dans le but d’améliorer la capacité à trouver des solutions.

Διερεύνηση και ανάκαμψη των αρρενωποτήτων στη θεραπευτική πράξη

ΠΕΡΙΛΗΨΗ
Αυτή η μελέτη εξήγησε τη σημασία της προσέγγισης της συνοπτικής θεραπείας με επίκεντρο τη λύση (SFBT) στην αντιμετώπιση ατόμων για την εξέλιξη λύσεων τόσο μετά όσο και κατά τη διάρκεια της εμφάνισης ψυχολογικού άγχους, η εφαρμογή της SFBT μπορεί να γίνει πракτικά, αποτελεσματικά και αποδοτικά. Αυτή η μελέτη χρησιμοποιεί συγκριτική ανάλυση, η οποία αναφέρεται σε ποικιλή σχετική βιβλιογραφία μεταξύ του SFBT και του ψυχολογικού άγχους, ειδικά στην επίδημια COVID-19 με τη μορφή άρθρων επιστημονικών περιοδικών, βιβλίων αναφοράς και άλλων πληροφοριών από αξιόπιστες πηγές. Τα αποτελέσματα αποκάλυψαν ότι υπάρχει σημαντική συνθέση μεταξύ των θεωριών, τόσο βασικών υποθέσεων όσο και εννοιών που σχετίζονται με τη διαδικασία παρέμβασης SFBT σε μια προσπάθεια να χορηθούν τα άτομα να βρουν λύσεις σε προβλήματα που έχουν ή θα βιώσουν. Αυτή η μελέτη μπορεί στη συνέχεια να αποτελέσει μια επιστημονική αναφορά για την εφαρμογή της προσέγγισης SFBT ως μια προσπάθεια βελτίωσης της ικανότητας εύρεσης λύσεων.
First of all, a disclaimer: I am not a therapist. Like many peers, I have experienced counselling as a client. But, as an academic who researches men and masculinities, including men’s mental health, I was delighted to be invited to comment on this special issue. Reading the papers, I was transported to a world outside my normal purview, where psychoanalytic concepts were readily invoked and post-qualitative biographical material sporadically inserted. I have not explicitly deployed psychoanalytic notions in my academic practice for some time, when I drew on Klein and Lacan to help analyse defensive masculinities among male students and a father-son case study respectively (e.g. Gough, 2004, 2009).

**Which masculinities?**

Although psychoanalytic theories have a lot to say about masculinities and gender more generally, there is a lack of engagement with contemporary scholarship on men and masculinities in the papers. I found this puzzling – although this is perhaps why I was asked to contribute?. Apart from the obvious omission of the seminal work of Raewyn Connell and colleagues on ‘hegemonic masculinity’ (e.g. Connell & Messerschmidt, 2005; Connell, 1995), there is a rich repertoire of concepts pertinent to a consideration of masculinities in the therapy room, ranging from ‘hybrid masculinity’ (Bridges & Pascoe, 2014), to ‘pastiche masculinity’ (Atkinson, 2010) and ‘inclusive masculinity’ (Anderson, 2009).

Let’s start with hegemonic masculinity. Which masculinities does therapy privilege – and which are subordinated and marginalised? Are therapist experts complicit in upholding rather than exploding masculinity norms which may damage and depress? To what extent is therapy a white, heteronormative, middle-class enterprise which deters and excludes men from disadvantaged communities, including ethnic and sexual minority men? Can we create therapeutic environments which challenge and destabilise power relations between men? These and other questions require counsellors to move away from a purely psycho-biographical lens towards a more social, intersectional perspective so that pertinent external forces which constrain and afflict men (and their significant others) can be considered. In this way personal pain and conflict can be contextualised and neo-liberal injunctions to look inwards (self-monitoring; self-control; self-discipline) can be problematised.

However, we must remember that ‘masculinity’ is complex, multifaceted and fluid. What looks like disrupting hegemonic masculinities may, on closer inspection, function to modernise or repackage conventional gendered ideals and practices. In a classic study by social psychologists Wetherell and Edley (1999) for example, the men they interviewed were seen to take up three ‘psycho-discursive practices’: the heroic, the ordinary
and the rebellious. While the first (heroic) position straightforwardly reproduces traditional masculinity norms, the other two could be seen to challenge these: the ordinary position is disinterested in gender, emphasising personal choices over wider social influences, while the rebellious explicitly rejects conventional masculinities, for example by engaging in feminised pursuits such as sewing. Nonetheless, both these apparently critical stances imply something of the heroic by foregrounding autonomy, rationality and courage – all hallmarks of traditional manhood. So, ‘masculinity’ should not be thought of as either traditional or modern – perhaps it is always already both and when considered against the evidence presented by men’s actual discourses and practices.

In a similar vein, the concept of ‘hybrid masculinity’ (Bridges & Pascoe, 2014) contends that privileged men may appropriate customs and attitudes associated with women and marginalised men to appear progressive, cool or contemporary. For example, our study of ‘metrosexual’ men who wear make-up identified various ways in which the protagonists glossed their cosmetic use as masculine – a groomed appearance is linked to success at work and heterosexual attraction, certain products and applications can create a more ‘masculine’ look (‘chiselled’ etc.), and make-up can be a pragmatic tool for protecting the skin from blemishes and harsh weather (Hall et al., 2012). So, these men go to some length to construe their (feminised) behaviour along hetero-masculine lines lest they be charged with effeminacy. Such defensive postures are to be found across many traditionally ‘unmanly’ practices, from veganism and vegetarianism to cheerleading and ballet, to the extent that the term ‘fragile masculinity’ has emerged (‘men are so fragile that their bath bombs are shaped like actual grenades’, etc. – see https://www.buzzfeed.com/lukebailey/masculinity-is-still-fracturing-all-the-time). I imagine that one of the tasks facing therapists in this regard is to counsel a more relaxed, accepting attitude to men’s non-traditional predilections and peccadillos.

A key point from hybrid masculinity theory is that men can hold on to power by reworking and updating their masculine repertoire, defining themselves as adventurous, creative and holistic in contrast to more traditional dinosaurs stuck in the past. Yet, in order to fashion more expansive masculinities, it is perhaps essential to come from a position of relative privilege, where sufficient ‘masculine capital’ has already been accrued to act as a buffer against censure by peers (see de Visser et al., 2009). For example, being captain of the rugby team may grant some immunity from criticism for liking ballroom dancing, while baking cakes might be more acceptable if you are a success at work, and so on. Conversely, for men who occupy subordinated and marginalised positions, engaging in non-traditional practices might well be less acceptable and could attract criticism or abuse – imagine living in a tough neighbourhood as a boy and liking ballet, wearing make-up in public or
hanging out with girls. Clearly then, the counsellor would need to weigh up the possibilities and constraints for [un]doing masculinities depending on the social location of the male client in question.

Arguably, though, there is something of a more general shift in masculinities towards more ‘caring’, ‘inclusive’ and ‘healthy’ versions – notwithstanding the backlashes which accompany social change e.g. from conservative alt right constituencies. Considering mental health, for example, there has been a notable increase in male celebrities and role models opening up about their various mental health struggles and advocating for more men to seek help and access services (see https://headsupguys.org/20-male-celebrities-speaking-depression/). Alongside this welcome public discourse, more ‘male-friendly’ initiatives have emerged designed to appeal to (particular) male communities and cultures. At this historical juncture, boys and men are caught between a therapeutic discourse (‘it’s good to talk’) and more traditional masculine norms (‘boys don’t cry’) (McQueen, 2017).

Depending on social position, family circumstances and so on, individual men will experience different levels of [disc]comfort in disclosing their difficulties, and our research suggests that opening up – or simply appreciating the stories of other men living with similar problems – may be done online within the safety net of anonymity (e.g. Hanna & Gough, 2018). Alternatively, some men may prefer to talk to significant female others in their lives, as we found in a recent interview study with men concerning anxiety; if they did disclose to male peers, it was often limited, indirect and superficial (Gough et al., 2021). Bearing in mind that many men may be worried about expressing vulnerability, counsellors could think about normalising emotion talk in early sessions with men.

Yet, as mentioned above, resistance to softer forms of masculinity is not difficult to find, especially online in the ‘manosphere’. A notable example is the reaction to a Gillette advertising campaign which explicitly challenged ‘toxic masculinity’ and promoted more caring and positive alternatives (see https://www.thecut.com/2019/01/gillette-the-best-men-can-be-commercial-backlash.html). While attracting much praise and support, the campaign was also charged with pathologizing all men and neglecting the virtues of traditional masculinities. This case is perhaps one manifestation of the ‘culture wars’, which have erupted between conservative critics of so-called ‘wokeism’, a pejorative term applied to particular equality, diversity and inclusion initiatives, and more left-leaning advocates of social justice and political correctness. On the one hand therapy might be tolerated as a means of strengthening men to manage their emotions in order to function efficiently, while on the other welcomed as an opportunity for exploring personal complexities and the social conditions which contribute to these.
**Paternal relations**

As a fiftysomething father working as a critical social psychologist, I find myself in an interesting position vis-à-vis masculinities and the culture wars more generally. I am sandwiched between two generations – my son is a university student in England while my dad still lives in the same working class neighbourhood in Belfast where I was brought up. While there is some overlap between the three generations, nicely symbolised by a shared name (I was named after my dad while my son’s middle name is mine), and especially between the two dyads closest in time (me-dad; me-son), there are some striking differences and tensions, again notably between these two pairs. I have already written something about my tricky relationship with my father, founded on distance (geographical, class-based, political . . .), and have wondered about the possibilities for rapprochement in the face of his declining health (Gough, 2021). Compared to my father, I would be regarded as middle-class, liberal, inclusive – all his friends are straight white men while my social network is more diverse. But then my son accuses me of being behind the times, hopelessly out-of-touch with current developments in the politics of gender and sexuality (painful for a supposed gender scholar!) – his network includes several nonbinary, bisexual and trans friends. I am therefore both too conventional and too progressive in the eyes of the other/s, an in-between trying to navigate between the old and the new, perhaps failing to please either constituency, but taking refuge in the company of age mates. I guess I am reconciled, or resigned, to this fate while still seeking connections between father and son where I can.

This ongoing father-son situation made me very receptive to the paper by Anastasios Gaitanidis, which also reflects on the author’s difficult relationship with his father: ‘Oh Father, My Brother: Reflections on Psychoanalysis, Class and Masculinity’. Interestingly, the paper begins with a critique of Lacan, pointing out that we are not all subject to the ‘Law’ in the same way. Most obviously, marginalised groups can be disproportionately affected by prevailing regulations, and the author highlights the recent example of Covid-19 rules in the UK which legally forced poorer people to work and mix in risky social settings while elite politicians and professionals were able to work safely at home. Focusing especially on social class, the author presents a personal story concerning his father’s treatment at the hands of societal and institutional regulations and practices. Moreover, the author specifically implicates various agents in his father’s demise, from state departments to educational organisations and community groups. Intergenerational dynamics are also foregrounded as the father renounces his father’s communism as he tries to assimilate into mainstream society, while the son [author] escapes his family’s working-class background via education and emigrates to find professional employment as an academic.
Yet, although now inhabiting very different social and cultural spaces, which usher tensions and difficulties, the author positions both father and son as ‘brothers in suffering’, each struggling with family and class-based issues.

Similarly, I wrote about wanting to get closer to my own father but not knowing how to bridge the class-based impasse between us (Gough, 2021). In parallel, I also reflected that embarking on a research project about/with my father posed various problems associated with middle-class research protocols which assume literacy and familiarity with ethical safeguards and so on. I imagine the same class-based barriers pertain to therapeutic spaces – I’m guessing counselling to be anathema to working-class men like my father. There are two issues really: one, how to recruit marginalised and minority men to therapy, and two, how to engage meaningfully with these men if successful in getting them in the room. On the first issue, there are now many initiatives designed to encourage men to open up about mental health issues, largely away from clinical settings in the community. The second issue may also be addressed by dispensing with traditional talking therapies and offering men the chance to work things out with peers, mentors and community leaders, perhaps in the context of joint activities (sport, walking, music, woodwork etc.). For example, the well established ‘men’s sheds’ programme targets older, isolated men at risk of ill-health and brings them together to work on group projects and engage in social interaction. In such safe spaces, where men feel comfortable and trust those around them, traditional reticence about self-disclosure may dissipate and healthier version of masculinity may emerge (see Kelly et al., 2021).

**Transcending gender?**

As much as gender (masculinities) is important in shaping client and therapist anxieties and practices, an intersectional consciousness is essential for understanding the myriad forces at work in each therapeutic encounter. The example of class has been highlighted, and it is well established that therapy is embedded in a middle-class lexicon favouring professional, articulate clients. But it is also well established that therapy is historically dominated by white people and has largely assumed a heteronormative lens. Hence the importance of professional training which raises awareness of structural blind spots and unconscious biases, and which requires a thoroughgoing and continuous reflexivity from therapists. At the same time, services are required which are representative of and present for diverse client populations i.e. visibly reflecting local communities. Thankfully, we are now witnessing the emergence of dedicated services for sexual and minority ethnic men (see Griffith et al., 2019).
The paper by Anthony McSherry also invokes personal material – childhood reminiscences – to help illuminate the key point that we recognise ourselves in others and in the pervasive (gendered) ideals which circulate around us: ‘The Spirit is a bone’ - masculinity, authority, and ideology'. The memories recalled offer a repertoire of symbols, images, roles, rituals and relationships from a particular place and time – all ‘quilting points’ which help to interpolate us early on, fix us in place and define our (gendered) performances. Of course, following Lacan, as we define ourselves in relation to the other/s we actually embark on a process of misrecognition wherein our unconscious, embodied (masculine) being is repressed. At the same time, gender norms get transgressed and may therefore prompt revised and expanded identities and bodily responses – the striking memory of three girls viciously attacking another girl stops the author in their tracks. In therapy, then, it is the job of the counsellor to use ‘free floating attention’ to access this self which operates before/beyond language aka ‘the spirit is bone’. But instead of facilitating misrecognition as an authority figure, an open empathetic attitude can encourage ‘ethical recognition’, for example by creating a space for less rigid (or ‘riveted’) masculinities to flourish. As noted elsewhere in this special issue, it is incumbent upon counsellors to interrogate their own gendered assumptions via training, supervision and ongoing reflexivity.

This riveting of masculinities recalls Butler, and the paper by Sally Parsloe helpfully reminds us that gender is socially constructed and reiterated almost compulsively – and that conventional gender norms imply an illusion which is doomed to damage self and others: ‘What am I supposed to be? An essay on masculinity’. In working with clients then, it is imperative to pinpoint the pernicious impact of gender conformity and to gently deconstruct those particular ideals which cause pain. Again, the counsellor must be wary of allowing their own gendered preconceptions to dictate.

The insertion of creative, autobiographical material, poetry and playscript colourfully brings the issues to life and highlights the utility of ‘post-qualitative’ writing. Again, there is the shadow of the father – in this case he died before his time, causing sadness and regret. And again, there is a class dimension vividly sketched, a culture of street play unsupervised by adults. That the [female] child is condemned to act like a girl despite enjoying ‘masculine’ play and company – the moment she, half-dressed like the others, is dismissed from the boys gang – is powerful in its concise and insistent rendering of otherness: ‘You’ve got boobs’ . . . followed by: ‘Girls don’t do conkering’.

Playing with the format of conventional academic writing, mixing theoretical reflections with personal stories and thought experiments, can vivify and stimulate. I have dabbled in such writing myself, using free association to conjure up vignettes concerning my father as I reflected on our relationship, and I honestly found the experience somewhat liberating. Although:
I am also mindful of the hazards of self-indulgent writing and/or dense conceptual prose, both of which can obscure the phenomenon in question and deter the reader.

**Detoxifying masculinities**

Apart from biographical fragments, another way to illuminate masculinities-in-question is to draw on case study material. This is skilfully done in the paper by Robert Grossmark, drawing on the case of a male client compelled to view and fantasise about child pornography: *‘When interiority is Annulled: The healing of psychic pain, Trauma and deprivation in a case of compulsion to child pornography’*. As the author contends, a psychoanalytic perspective and practice is uniquely positioned to understand the pain expressed by the client, to allow ‘the unsayable’ to be narrated in a safe space. Although the role of the therapist as ‘container’ recalls the work of Bion (see Hollway & Jefferson, 2000), more an object relations than psychoanalytic practitioner. Regardless, it is interesting that the therapist as container can be coded as a semi-detached, emotional rock enabling the client to display vulnerability without judgement – a positive deployment of a traditionally masculine poise, offering a calming, reassuring presence without interrupting or reacting emotionally. Conversely, as the client recounts the trauma and neglect experienced as a child we are reminded that toxic masculinities derive at least in part from personal suffering and confusion, here split off from self and projected on to innocent others, manifested in violent fantasies where others are subjected to assault and degradation, thereby (superficially, temporarily) expelling his own anguish. But to dismiss this man’s activities as toxic would be to omit other practices and roles, other domains in his life where he performs a more caring version of masculinity, most obviously in his relationships with his partner and child. This is why it is imperative (for therapists and, indeed, everyone) to avoid simplistic categorisations of men and masculinity and to embrace more nuanced interpretations which capture any man’s life in terms of complexities, contradictions and context-driven presentations. An openness to seeing multiple elements and many parts, as well as an encouragement towards vulnerability, are clearly to be valued in the therapy room.

Another case of ‘toxic masculinity’ is cited in the paper by Many Bassano, referring to the story of the Google employee who attained heroic status in the manosphere for insisting that ‘women’s’ underrepresentation in the technology industry was legitimate and linked to biologically-based sex differences: *‘Everybody wants to be a manager: On masculinity, microfascism, and the manosphere’*. Creating or using ‘data’ to produce or foster simplistic, biased interpretations – ‘dataism’ – extends beyond gender to encompass issues of race, age and sexuality. During the Covid-19 pandemic, for
example, when public exams were cancelled in the UK, results were based on an algorithm that turned out to predict disproportionately worse outcomes for disadvantaged and minoritized children (see https://www.theguardian.com/education/20August2020/england-exams-row-timeline-was-ofqual-warned-of-algorithm-bias). Hence scepticism for data claims, not just those based on automated data but also data produced by qualitative researchers, is imperative to dislodge notions of data as innocent or neutral – and to challenge retrograde reading of gender in the manosphere, whether propagated by incel culture, white supremacists or gay conversion therapy advocates. Returning to counselling, I agree that there are possibilities for transcending reductionist (dataist?) tendencies where gender is impoverished and more messy, fluid and multifaceted versions of masculinity can be cherished. In this regard the author’s deployment of the notion of ‘katabasis’ is instructive – embracing the ‘tragic’, wherein feelings of lack, mourning and melancholia are recognised as demons and confronted (in contrast to the current penchant for promoting ‘resilience’). For me, the concept of katabasis recalls the Kleinian ‘depressive position’, where one is resigned to a (psychic) world which is convoluted and (potentially) destabilising. According to the author, the men’s mythopoetic movement, often critiqued for moralistic and patriarchal tendencies, at least attempted to engage men in the life of emotions, for example through rituals performed and discussions had with male peers in natural settings.

**Therapeutic potential**

To sum up, it is worth asking to what extent psychotherapy can work to challenge ‘toxic’ forms of masculinity and create opportunities for more caring, expansive and ‘healthy’ versions. The papers in this special issue offer intriguing and engaging responses, often shot through with personal narratives and reflections. On the one hand, psychotherapy is presented as part of a wider neo-liberal architecture which prioritises self-monitoring and self-regulation – promising ‘solutions’ to emotional ‘problems’ which deviate from expected [masculine] rational and responsible orientations. Clients are furnished with ‘tools’ to deal with perceived shortcomings and hence empowered to progress in their desired fields (work, family, recreation). This of course is a caricature of counselling and psychotherapy, and may pertain to some interventions more than others, but does perhaps point to tendencies towards completion and closure which obscure, suppress and neglect messiness, contradiction and uncertainty. On the other hand, the authors variously construct the psychotherapeutic space as potentially radical in terms of exploring, interrogating and reworking pervasive and pernicious gendered discourses and subject positions. This would require the counsellor to be reflexive and attuned to their own gendered identifications, to be wary of (subtly) imposing positions which would be inappropriate for
the client. To facilitate a deconstruction (and subsequent reformulation) of masculinities, the counsellor must be gender-conscious and sensitive to [counter]transferences in-session which perpetuate rather than destabilise gender norms.

Returning to an earlier point, while the use of psychoanalytic and post-modern theory is apposite and engaging, incorporation of insights from the critical field of men and masculinities studies would help inform conceptual and practice interventions further. Apart from advances in masculinity theories, there is now an established evidence based around male mental health which is informed by theory and which features a diverse range of qualitative studies where men’s voices and perspectives are prominent. Importantly, this literature also includes evidence on a range of mental health initiatives which are promoted to specific communities of men (see Gough & Novikova [2020] for a recent report). So, I would encourage the counselling and psychotherapy community to explore this field and, indeed, to make critical contributions.

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