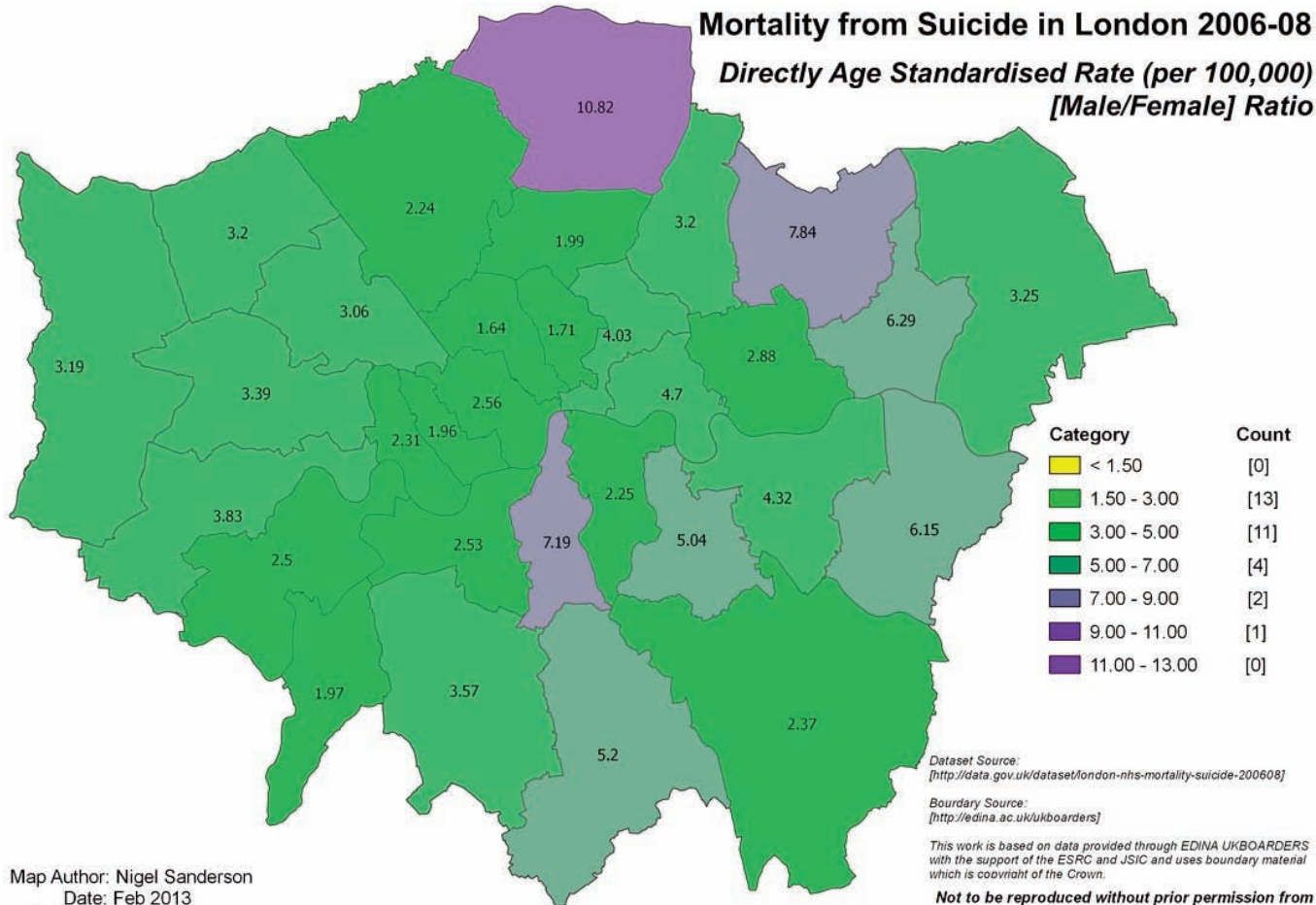


# Mortality from Suicide in London 2006-08

Directly Age Standardised Rate (per 100,000)  
[Male/Female] Ratio



## The Male Psychology Conference, University College London, June 2014

MARTIN SEAGER  
LUKE SULLIVAN  
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*The Male Psychology conference is taking place at University College, London, on June 20<sup>th</sup> 2014. This article describes the context of the conference, for example, the reasons why it is necessary and the types of challenges facing men and boys today. Conference presentations will span the topics of: suicide and male help-seeking behaviour, improving therapy for men, steroid use, empathy, emotional intelligence, and the perennial topic of masculinity. Abstracts of the presentations are in the appendix of this article. The conference will have keynote speeches from highly respected speakers on the subjects of government policy on men's psychological needs (David Wilkins), sexual misconduct (Professor Andrew Samuels), and getting beyond notions like 'manning up' (Glen Poole). There will also be poetry readings straight from the heart of Rob Mackerill, and posters on subjects ranging from male asylum seekers to The Sopranos. It is hoped that this conference – the first Male Psychology conference – will improve awareness of the importance of this area to psychologists and others. Full details of the conference can be found here <http://www.malepsychology.org.uk/index.html>*

**Keywords:** gender; male studies; men's studies; suicide; help-seeking; sex difference; conference

## Introduction

### Male Gender Blindness

The male psychology conference taking place at University College London (UCL) on June 20<sup>th</sup> 2014 was planned as part of a professional response to male gender blindness, both in society as a whole and within the British Psychological Society (BPS). The conference is founded in the belief that professional psychologists - both researchers and applied practitioners - should be taking a lead in drawing attention to the full gender spectrum of the human condition, which includes men and boys. This means moving beyond the still-prevalent idea that gender studies means primarily the study of women's issues, equally important though these obviously are. Our belief is that without studying men too, and male psychology in relation to work, family life, relationships, health, welfare and masculine identity, we cannot hope to understand and promote true health and well-being for everyone in society.

As psychologists whose vocation is to promote the health and welfare of everyone, we wanted to raise awareness of the fact that being male is not just a story of power and privilege, but can also bring with it many gender-specific issues, pressures, problems and disadvantages. Most powerful people might still be men, but most men are not powerful people. For example, it is clear from the available statistics that men make up the vast majority of suicides, drug addicts, prisoners and homeless people. There are also many physical health problems affecting the male gender that do not get highlighted, for example, male breast cancer. Even life expectancy itself is lower for men. Within the education system, boys are doing less well than girls. Male role models are often absent from within the primary education system and within society as a whole. Within the child care system, it is still often assumed that a man is less fit to be a caregiver than a woman.

In the science of psychology there has been relatively little enquiry into gender differences and problems from the male point of view. In politics there are no major strategies or policies specifically for the health and social welfare of the male gender. Gender inequality is seen as only affecting women, and little attention is paid to gender as a diversity issue where genuine differences between men and women should also be respected and honoured. This is short-sighted for the simple reason that for society to be healthy we need to understand and support the specific needs of all members of it. In a healthy society we do not exist apart from one another, so in understanding men better we will also help women and children.

Behind this inattention to the male gender is the idea that men somehow are doing fine, don't have needs and shouldn't need help. There is a deep-rooted assumption that men should be invulnerable and that invulnerability is somehow part of masculinity. A man in need is not considered a proper man, or is in some way is seen as the cause of his own distress. Looking across time and across cultures, it could be that some of these assumptions are universal in our species. Across cultures men are much more reluctant than women to seek help of any kind. It is possible that there is, in our species, an embedded ancient and universal script or set of rules relating to masculinity that would explain such clear gender differences in behaviour, especially in suicide behaviour. (Evidence for this hypothesis is explored in one of the conference presentations (Seager et al, Appendix 3), and the full text of this paper will be published in the next edition of *New Male Studies*, Vol 3, no.3).

**Keynote speech**Glen Poole, of *Helping Men*.**Does masculinity need reclaiming?**

Is masculinity in crisis? Does the male need saving? Do modern men need to reclaim their masculinity and if so, from whom do they need to reclaim it? There are many conflicting views about what masculinity is, ranging from biologically determined beliefs that “men should be men and women should women”, to post-modern critiques that pathologize masculinity as the culturally determined root of all social evils. In my keynote I will provide an integral view of masculinity which outlines some of the key biological, psychological, social and cultural factors that combine to shape the experience of being a man in the 21<sup>st</sup> Century. By exploring the evolution of men’s roles throughout history from a developmental perspective, I will propose that masculinity is not so much in crisis as in a state of constant transition. In particular I will highlight how men’s experiences of masculinity evolve in parallel with both their individual worldviews and the dominant worldviews they encounter in the cultures and communities that shape their daily lives. Through this process I will argue that there is a strong case to be made for reclaiming masculinity from those who to seek to impose a fundamentalist worldview of gender on the world. What men and boys of all backgrounds need, I will conclude, is the opportunity to define their masculinity on their own terms, free from the narrow constraints of gender politics.

The role of the British Psychological Society (BPS)

The British Psychological Society exists to “...develop, promote and apply psychology for the public good” (British Psychological Society, 2014). It might be hoped that if there was one place in UK society where such blindness to the male half of the gender spectrum might not be found, it would be here. However, it is perhaps inevitable that even scientific and professional institutions are subject to the same embedded assumptions, myths, prejudices and blind-spots as the rest of society.

The process of trying to establish a male psychology section of the BPS began in early 2008. Despite the fact that there has been a *Psychology of Women* section of the Society since 1988, and a *Sexualities* section (previously *Lesbian and Gay*) since 1998, the idea of a male psychology section was formally rejected by the BPS twice, and has still not yet been approved. However we believe this is changing, and the proposal to have a *Male Psychology* section is now being put before members of the BPS for expressions of interest. (BPS members can vote here

<http://response.questback.com/britishpsychologicalsociety/malepsychsection/> ).

Part of the purpose of the Male Psychology conference has been to stimulate an active debate amongst psychologists about male gender issues and to raise awareness about male gender psychology. The conference has been organised in conjunction with a special issue of *The Psychologist*, a national journal/magazine for all UK psychologists published by the BPS. The special issue contains five different papers focusing on different aspects of male psychology. Some of the authors of the special issue will be presenting at the conference. It is hoped that the combined impact of the special issue and the conference will help to increase awareness amongst members of the BPS of the need for attention to male psychology, and will generate the required amount of support from the membership to finally establish the *Male Psychology* section of the BPS. It is also hoped that publicity relating to the special issue and the conference may have a wider impact on public awareness.

Another aspect of masculinity in relation to the BPS is the fact that many more women than men are choosing psychology (or psychotherapy, counseling etc.) as a career, and this raises two important and related issues. Firstly, the BPS is itself an increasingly gender-imbalanced organisation despite modest attempts at positive discrimination. It could be argued that this imbalance emphasises the need for psychological research to understand these differences between men and women, and to explore the degree to which it is beneficial to encourage more men to take an interest in careers in psychology. Secondly, this gender imbalance also implies that the world of psychology may unwittingly be offering a relatively feminised environment for potential service users, and this might mean that men are being deterred even more from seeking help than might be the case if services could be designed more with the male gender in mind. Creative thinking needs to be applied to researching the need to develop services in a more gender-sensitive way. These issues are addressed both in the special issue and in the conference.

So where have we got to in the UK with thinking about the specific needs of men and boys? Firstly, let's take a look at the origins of enquiry into gendered experience.

### The origins of gender sensitivity

Understanding how gender influences experience and contributes to inequalities stems from feminist thinking, in which women were identified as victims of specific inequalities, particularly vocational and educational. These issues have been the subject of discourse, debate, campaigns and social change for nearly 100 years. One of the assumptions during this time was that men exerted control and power over women, which perpetuated male privilege over others. This concept of patriarchy has some relevance to the experiences of women, but did little to stimulate meaningful translation of feminism to thinking around men's issues.

The women's movement emerged in response to observed inequalities. The rise of thinking around men's issues has also emerged from thinking, observing and responding to specific inequalities which men experience. For example, the average life expectancy is four years less for men than it is for women, and across the lifespan men are at greater risk from nearly all major illnesses and injury (O'Brien & White, 2003; Courtenay, 2009; Coalition on Men & Boys, 2009). In the UK, men die younger across all age groups and experience cancer, heart disease and human-immunodeficiency

virus (HIV) at higher rates than women (Department of Health, 2002). Men engage in many more behaviours that are a risk to their health (Courtenay, 2000), make up the vast majority of the prison population (Prison Reform Trust, 2005) and those who are homeless (Gill, Meltzer, Hinds & Pettcrew, 1996). Men suffer more substance abuse and dependence (Kessler et al. 2005) and are three times more likely to take their own lives through suicide (NIMHE, 2008).

**Keynote speech**

**Professor Andrew Samuels**, Jungian analyst, academic, author and political consultant



### **Hot Bodies: Fathering; Promiscuity; Sexual Misconduct by Therapists, Academics and Other Professionals**

The male body is split in our culture. There are the idealised, sanitised, and non-threatening (whether cuddly or boyish) versions used in advertising. But there are a whole series of moral panics in which all men (not just some) get seen as rapists, abusers and physically inexpressive. I have chosen to explore three bodily cultural themes which are of general interest because of the heat they generate. (1) The father's body is still seen as malevolent rather than benevolent and many fathers don't know how to develop the physical aspects of their parenting. (2) Promiscuity still remains relatively un-theorised, yet is hardly unknown and is the site of a huge amount of hypocrisy. (3) Sexual misconduct is a hot topic in the professions of psychology, psychotherapy and counselling – and also in academia and elsewhere.

#### The beginnings of enquiry

Poorer health outcomes in men have been linked to a reluctance in men to seek help early on in the course of illness, due in part to masculine norms and values. Masculine norms and values possibly also impact men's psychological wellbeing, for example, in restrictive emotionality; health care problems; obsession with achievement and success; restrictive sexual and affectionate behaviour; socialized control, power and competition issues; and homophobia. Men may face interpersonal and relational difficulties. Evidence suggests that men's social networks decline after the age of 30. The reasons why people lose their social networks may be linked to specific difficulties in forming and being comfortable with close relationships, and the outcome is that men can find themselves quite isolated.

#### **Barriers to an accurate perception of the male gender**

Men are commonly portrayed as historically being privileged, powerful and the perpetrators of wrongdoing. In general, those in less privileged positions are considered to be most in need, and perpetrators of wrongdoing are considered least in need and most deserving of punishment. The perception of men as privileged has made it difficult for us to understand and empathise with the reality of the experience of men in general.

But how well does this sense of the privileged male generalize? Not very well. Take for example our homeless population, of which 90 per cent is male. The prison population is also almost entirely male. We know that the rates of mental health problems are very high amongst prisoners and that there are often past adverse histories. The focus on problematic behaviour can detract attention from the origins of male distress, and a cycle of anger and punishment may emerge. In contrast, women prisoners may be seen with some sympathy, and indeed some have argued that women's prisons should be shut down. In general there is no such sympathy for the male prisoner, and even the issue of the rape of men in prison is all but ignored, even though 7.5% of the 1,600,000 prisoners in the US report rape (Bureau of Justice Statistics, 2011, 2012).

Within the psychological sciences historically, psychological research has often focused on a homogenous norm of heterosexual, middle class, employed and able-bodied men. Anything that differed from this was often seen as a priority need for investigation and correction. This has probably contributed to clouding our perceptions when asked to consider problems associated with being a 'normal' man.

When we think about gender, the push for equality seems to have contributed to a stifled approach to considering the specific needs of men and women. Exploring difference between men and women evokes in some people the assumption that difference perpetuates inequality. Talking about inequalities for men and boys can evoke strong feelings against even having such a discussion. We're interested in why people react in these ways, and how we can get beyond these reactions and towards more open and reasoned conversations.



**Keynote speech**

David Wilkins, Policy Officer, *Men's Health Forum*.



Diagnosis rates suggest that men are significantly less likely to suffer from mental health problems than women. That sounds like good news for men - but at the same time, men make up the great majority of those who abuse drugs and alcohol, the great majority of those who take their own lives, the great majority of those who are homeless and almost all of those who are in prison. And it's not just adult men where all is not well. Boys are much more likely than girls to be excluded from school with behavioural difficulties and have poorer academic outcomes at all levels. The question is, do these population-level indicators suggest that there higher levels of emotional and psychological distress among the male populations than we realise? If so, what is to be done about that? Is it feasible to change men's attitudes to seeking help? It is arguable that mental health services are currently much less effective with men than they should be. If that is the case, then that is a serious matter that commissioners of services need to address. As the NHS changes of the past two or three years settle down into new ways of doing things and new mental health strategies begin to take effect, it is important to examine whether we are getting closer to offering men the kind of psychological services that properly meet their needs.

### Gender policy in the UK

Until the recent inclusion of gender within the Equality Act, gender policy in the UK has almost exclusively focused on the needs of women. It wasn't until 2003 that the male gender was recognised in mental health policy. Although the document *Mainstreaming Gender and Women's Mental Health* primarily focused on women, the guidance did recognise that

*gender differences in women and men need to be equally recognised and addressed across policy development, research, planning, commissioning, service organisation and delivery* (Department of Health, 2003; p5).

It is not surprising that the specific needs of men have often been excluded in policy in the UK because there has been no social movement or interest in exploring and addressing inequalities men face - ironically least of all from men themselves. Until recently, the health inequalities men face were not thought about or recognised as such. The equal opportunities commission published the report *Promoting Gender and Health* which made a strong case for the gender mainstreaming of health services. In 2006 the Equality Act created the 'Gender Duty' which required organisations,

including the National Health Service (NHS), to actively promote equality between men and women, understand the impact of work on men and women as distinct groups, and take into account evidence that men and women have different needs, experiences, concerns and priorities when developing services. In 2010, the Equality Duty replaced the existing race, disability and gender equality duties. Non-statutory organisations in the UK have been central in bringing health inequalities into awareness of the specific psychological needs of men in the UK (MHF, 2002, 2006, 2010, 2011; COMAB, 2009; MIND, 2009; Samaritans, 2010).

## Conclusions

Turning towards the male gender as a subject of enquiry will present many challenges. Firstly, such discussion and debate will almost inevitably be interpreted by some as a way for men to protect the perceived traditional advantage over other groups. However many others will see that the true aim is to address inequalities, not to further them. Some of this work will inevitably challenge power structures which perpetuate inequality. Such power structures are likely to have been built on the very masculine norms and values which contribute to the problems men experience. Addressing the inequalities faced by men and boys may take some time, but anybody who is interested in equality will see the worth in doing so.

Clearly there is a need for a greater focus on the psychological issues affecting men and boys. This conference represents a step in the right direction.

## References

- British Psychological Society (2014). What we do. <http://www.bps.org.uk/about-us/what-we-do> Retrieved 5<sup>th</sup> May 2014.
- Bureau of Justice Statistics (2012). PREA (Prison Rape Elimination Act) Data Collection Activities, 2012. Accessed online <http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=4373> Retrieved 5<sup>th</sup> Jan 2013.
- Bureau of Justice Statistics (2011). Prisoners in 2011. Accessed online <http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=4559> Retrieved 5<sup>th</sup> Jan 2013.
- Coalition on Men and Boys (2009). *Men masculinities and equality in public health*. London: Coalition on Men and Boys.
- Courtenay, W.H. (2000). Behavioural factors associated with disease, injury, and death among men: Evidence and implications for prevention. *Journal of Men's Studies*, 9(1), 81-142.
- Courtenay, W.H. (2009). Theorizing masculinity and men's health. In A. Broom & P. Tovey (Eds.), *Men's health: Body, identity and social context* (pp 9-32). London, UK: Wiley-Blackwell.
- Department of Health (2002). *Women's Mental Health: Into the Mainstream*. Department of Health: HMSO.
- Department of Health (2003). Mainstreaming Gender and Women's Mental Health. [www.raphaelhc.org.uk/pdfs/mainstreaming\\_gender.pdf](http://www.raphaelhc.org.uk/pdfs/mainstreaming_gender.pdf)
- Gill, B., Meltzer, H., Hinds, K., & Petticrew, M. (1996). OPCS survey of psychiatric morbidity in Great Britain, Report 7: Psychiatric morbidity among homeless people. London: OPCS.
- Kessler, R.C., Demler, O., Frank, R.G., Olfson, M., Pincus, J.A., Walters, E.E., . . .
- Zaslavsky, A.M. (2005). Prevalence and treatment of mental disorders, 1990 to 2003. *The New England Journal of Medicine*, 352, 2515-2523.
- Men's Health Forum. (2002). *Soldier it! Young men and suicide*. London: Men's Health Forum.
- Men's Health Forum. (2006a). *Mind your head: Men, boys and mental wellbeing*. London: Men's Health Forum.
- Men's Health Forum. (2006b). *The report of the gender equity project: What the 'Gender Duty' provision of the Equality Act 2006 will mean for the health of men*. London: Men's Health Forum.
- Men's Health Forum. (2010). *Untold problems: A review of the essential issues in the mental health of men and boys*. London: Men's Health Forum.
- Men's Health Forum. (2011). *Delivering male: Effective practice in male mental health*. London: Men's Health Forum.
- Mind. (2009). *Men and mental health: Get it off your chest*. London: Mind.
- NIMHE. (2008) *Suicide prevention strategy for England: Annual report on progress 2007*. London: Department of Health.
- O'Brien, O., & White, A. (2003). *Gender and health: The case for gender-sensitive health*

policy in health care delivery (conference paper for 14 November 2003). Retrieved from [http://www.emhf.org/resource\\_images/GaHP\\_Briefing\\_Paper.pdf](http://www.emhf.org/resource_images/GaHP_Briefing_Paper.pdf)

Prison Reform Trust. (2005). *The prison factfile*. London: Prison Reform Trust.

Equality Act 2006. [www.legislation.gov.uk/ukpga/2006/3/contents](http://www.legislation.gov.uk/ukpga/2006/3/contents)

Samaritans. (2010). Men on the ropes campaign. Retrieved from [http://www.samaritans.org/support\\_samaritans/campaigns/boxer\\_campaign\\_2010/boxer\\_campaign\\_about.aspx](http://www.samaritans.org/support_samaritans/campaigns/boxer_campaign_2010/boxer_campaign_about.aspx)

## Appendix 1

### Title: Masculinity and Mental Health: The Long View

A.N.Haggett, University of Exeter, Exeter, United Kingdom.

#### Background

Images and statistics of psychological and psychosomatic disorder are dominated by women. However, historically there has been little interest in the experience and treatment of these disorders among men. This study aims to provide an analysis of the historical context behind post-war statistics on male mental disorders. The talk hopes to illustrate the utility of taking a historical approach to understanding psychological phenomena.

#### Methods

Historical analysis was used to establish a context for post-war statistical data on neurosis and depression. Specifically, detailed archival material was examined between 1950 and 1980, including: personal papers of physicians with an interest in psychological medicine; clinical studies published in professional journals for general and psychological medicine and for occupational health; and data on psycho-pharmaceutical prescribing from general practice. In addition, fifteen retired general practitioners active in that time period were interviewed to provide further insight into official records. These different sources were examined for dominant themes and compared.

#### Results

Triangulation of these sources provides a basis for conclusions about the broader context of male mental health in the time period. The material suggested that help-seeking for psychological disorders presented distinct challenges to 'masculinity'. When men did seek help from medical practitioners they often presented with somatic or psychosomatic symptoms that may have had an emotional cause. Alcohol abuse also featured regularly as a means of self-medication but was rarely formally detected. The evidence from personal papers and recollections of physicians contrasted with the incidence of disorder and prescription during the same time period, suggesting that male cases of anxiety and depressive disorders were under-diagnosed.

#### Conclusions

This research raises important questions about statistics from the 1950s that show women to be approximately twice as likely than men to suffer from mood disorders. By exposing male mental illness where it seemed previously hidden but was in fact prevalent (either existing undiagnosed in the community, or presenting in complex psychological and psychosomatic forms in primary care), a historical perspective provides a broader context and unique opportunities to inform current knowledge and practice.

## Appendix 2

### Gender differences in first time calls to The Campaign Against Living Miserably (CALM) helpline

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#### Background

Despite this large gender difference in suicide, we know surprisingly little about the extent to which issues related to gender may cause suicide. The Campaign Against Living Miserably (CALM) offers free anonymous and confidential support, signposting and information through its helpline, and takes around 3,000 calls each month.

#### Methods

This study was a cross-sectional exploration of an anonymised database of 1114 first-time callers, analysed using logistic regression. The outcome variable was sex (i.e. whether the caller was male or female). All other variables in the database (demographics, presenting issues, and outcomes) were entered as predictors of gender, using the backward likelihood ratio method.

#### Results

16 (14.8%) of the 108 variables were significant predictors of gender. This is roughly three times the number that would be expected by chance if there were no differences in calls from men and women. As well as some ethnic and regional differences, women were significantly more likely than men to use text than phone, and were significantly more likely than men to present with problems at work, Eating Disorders, Children's Issues, Domestic Violence, Looked After Situations, and Housing. Men were significantly more likely than women to present with University Issues, OCD, and debt problems.

#### Conclusions

These findings emphasise the point that because suicide risk is higher in men, the typical needs of male callers should be considered when providing support. The findings also emphasise the need for helpline staff to be trained to deal with issues which appear to be more gender specific i.e. around OCD, college problems, and financial debt.

## Appendix 3

### Gender scripts and suicidality: an initial validation of the theory

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#### Background

The issue of whether gender-related attitudes underlie the sex difference in suicide has been relatively unexplored. There may be taboos around acknowledging male vulnerability<sup>8</sup> which impede a gendered exploration of suicide. Such taboos may be enculturated through unwritten rules and social scripts about what it means to be masculine, and how 'real men' are supposed to behave. This study sought to validate questionnaires measuring traditional male and female gender scripts in order to test the hypothesis that scores on these questionnaires predict suicidality.

#### Methods

Participants were recruited to an internet survey between Oct 2012 and June 2013 from several websites, including the *Men's Health Forum*, *Psychology on The Net*, and *Men's Minds Matter*.

The responses of the participating 348 women and 170 men were analysed using factor analysis and hierarchical multiple regression.

#### Results

As hypothesized, men scored significantly higher on the overall male script than women, but there was almost no difference between men and women's scores on the overall female script. After controlling for other variables, two male gender subscales predicted risk of suicidality (*Fight & Win*,  $P<.001$ ; *Mastery & Control*,  $P<.042$ ), and one female gender subscale predicted reduced risk of suicidality (*Happy Family*,  $P<.003$ ).

#### Conclusions

These novel findings have implications for understanding and predicting suicidality in men and women, and may be valuable in the clinical context. For example, this study found that the *Mastery & Control* aspect of thinking is connected with increased suicidal thought. This means that clinical interventions could potentially be targeted towards helping men by either challenging this rule or applying it differently in their lives.

## Appendix 4

### Masculinity, alexithymia, and fear of intimacy as predictors of UK men's attitudes towards seeking professional psychological help

Dr Luke Sullivan. Dept of Psychology. Barnet, Enfield and Haringey Mental Health NHS Trust, United Kingdom.

#### Objectives

Men's reluctance to access health care services has been under researched even though it has been identified as a potentially important predictor of poorer health outcomes amongst men. Male gender role socialization and male development may be important in accounting for men's underutilization of mental health services in the United Kingdom.

#### Method

A cross-sectional online survey was used to administer standardized self-report measures that were subject to regression analysis. Five hundred and eighty-one men from the UK general population completed the survey, and 536 participants formed the final regression analysis.

#### Results

Men who score higher on measures of traditional masculine ideology, normative alexithymia, and fear of intimacy reported more negative attitudes towards seeking professional psychological help. Normative alexithymia fully mediated the effect of fear of intimacy on attitudes towards professional help seeking. In the final regression model, education significantly accounted for a proportion of unique variance in men's help-seeking attitudes.

#### Conclusions

Hypothesized consequences of male emotional and interpersonal development and male gender role socialization were associated with men's attitudes towards seeking psychological help. These are important factors which could help to improve help seeking and mental health outcomes for men. Limitations of this study and implications for future research are discussed.



## Appendix 5

### The Influence of Conformity to Masculine Norms and Emotional Intelligence on Men's Intentions to Seek Help for Psychological Distress

Presenting author: Dr Richard Scott (University of Surrey, United Kingdom)

Additional authors: Ms Linda Morison (University of Surrey, United Kingdom), Ms Mary John (University of Surrey, United Kingdom), Prof Kyle Killian (York University, Toronto, Canada).

#### Background

High suicide rates, a rising prison population and increases in substance misuse are all problems that men are disproportionately affected by. However, men are less likely to intend to seek help for psychological distress than women. Understanding men's reluctance to seek help is therefore of great importance. This study investigated the associations between conformity to masculine norms, emotional intelligence (EI) and men's help seeking intentions for psychological distress at two different levels of severity and examined which elements of masculinity and IE predicted help seeking intentions.

#### Method

This study used a cross-sectional survey design. 1,021 participants were recruited from the UK general population of men aged 18-74. Recruitment was via social media.

#### Results

EI, conformity to masculine norms and help seeking vary by age, education and employment. Men who have higher EI are less likely to conform to masculine norms and are more likely to seek help and are more likely to be graduates and in full or part-time work. Men with lower EI conform more to masculine norms and are less likely to seek help, and are more likely to be unemployed and aged 18-24. Controlling emotions is a significant predictor of help seeking intentions.

#### Conclusions

Findings demonstrate that EI, conformity to masculine norms and help seeking intentions are associated with each other, and furthermore that help seeking intentions are predicted significantly by aspects of both. Significant associations between the variables in this study revealed a worrying picture for men's mental health, and in particular young men aged 18-24 and men who are unemployed. However, optimism that this study and future research can enhance men's well-being and improve outcomes for men of all ages is necessary.

## Appendix 6

### “I don’t want to generalise, but...”: The views of coaching psychologists and life coaches on differences in treatment style for male and female clients.

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#### Background

Men are less likely than women to seek therapy, perhaps because doing so is seen as an admission of weakness, and therapy involves an uncomfortable degree of emotional self-disclosure. It is possible that men may be more amenable to life coaching because it is less emotion-focused than a traditional psychological therapy. This study aimed to discover the degree to which life coaches find that male and female clients differ in respect to treatment preferences and outcomes.

#### Methods

This qualitative study involved interviews with 20 life coaches, mostly based in the UK. Interviews lasted roughly 20 on average, and were conducted by phone or in person between Oct 2013 and Feb 2014. Transcripts of the interviews were analysed using the grounded theory method. The study was approved by UCL’s Senate Research Ethics Committee.

#### Results

The resulting core category which emerged from grounded theory analysis was *Ambivalence Towards Generalisations* regarding gender differences. Thus although many coaches described gender differences in approaches to therapy (e.g. women find it easier to discuss painful emotional issues) ambivalence was demonstrated in the way that these generalisations were framed in terms of various caveats e.g. that personality is more important than gender. Findings are discussed in terms of Festinger’s theory of cognitive dissonance.

#### Conclusions

These findings have implications for how coaching psychologists – and therapists in general - are trained in respect to maximising their efficacy in treating male clients.

## Appendix 7

### How do adolescent males with depression talk about ‘talking’? A qualitative analysis of pre-therapy narratives.

Jacob Clark (Presenter) and Dr. Nick Midgley (both affiliated with UCL/Anna Freud Centre, United Kingdom).

#### Background

Male adolescents with depression are hard to identify and at high risk of suicide, yet their voice in the literature is relatively silent. This study aims to contribute to our understanding of adolescent males’ experience of depression and expectations of therapy. It intends to develop narrative analysis techniques for examining young male identities.

#### Methods

This study examines pre-therapy interviews of eleven 15-17 year old boys with depression. It addresses the question, *how do depressed adolescent males talk about ‘talking’?* Subsequent to a thematic investigation of the interviews, Bamberg’s (2004) positioning analysis was implemented to examine ‘small stories’ on three levels: how the boy depicts the characters within the story; how the speaker positions himself in the *here-and-now* of the telling; sense of self in relation to cultural discourses.

#### Results

The analysis found three core ways in which the boys talked about ‘talking’: ‘not talking’, ‘explaining emotions’, and ‘talking therapy’. They explained ‘not talking’ as a way of protecting others, but also as a way of maintaining their sense of identity. They questioned the assumption that ‘talking’ helps, and found emotional talk could impact on their relationships. The boys anticipated that ‘talking’ would be a barrier to therapy but also a goal of therapy.

#### Conclusions

Talk about emotions in the context of others could be an important point of inquiry in examining young masculine identities. Findings were discussed in light of the current knowledge base in three overlapping domains, recognising adolescent depression, hearing and ‘holding’ the emotional needs of young depressed males, and expectations of therapy. Limitations of the study are described, and a case is made for clients’ “relationship to ‘talking’” to be considered in engaging this population.

## Appendix 8

### What is the role of shame for male anabolic androgenic steroid users?

H Eli Joubert, Postgraduate student at University of Leicester and Senior Clinical Psychologist, South London and Maudsley NHS Foundation Trust, United Kingdom.

#### Background

Men's concerns about body image are increasingly paralleled by a growth in the use of anabolic androgenic steroids (AAS) (Wright & Grogan, 2000) with motivations for such use including enhanced confidence. AAS users are likely to self-objectify their bodies, which might manifest as persistent body surveillance involving constant monitoring and comparison against "internalised standard(s) of attractiveness with a focus on how one's body looks rather than how it feels or functions" and may result in feelings of body shame (Parent & Moradi, 2011). Experiences of rank and status judgement following self-other comparisons may affect mood states (Gilbert, 2000). Masculinity fundamentally includes perceptions of rank and status and may result in gender role strain, i.e. the experience of distress men experience when feeling that they do not meet constructs about masculinity they value (Kilmartin, 2007). Psychoanalytic approaches suggest that a perceived failure to '*measure up*' to one's ego ideal (i.e. the internalisation of admired aspects of one's parents) produces tension (Piers & Singer, 1953). This may result in shame which is usually related to visible and concrete deficiencies rather than moral deficits (Jacobson, 1964). Kohut (1971) describes how negative comments from one's caregivers might ultimately result in low self-esteem.

#### Method

The present IPA qualitative study, involving six male AAS users, produced six themes.

#### Results

The participants identified traumatic experiences leading to feelings of weakness, interpreted by participants as being of lower rank and status. These feelings are defended against by wanting to gain size, which results in an increase of perceived strength and, thereby, self-esteem. This, however, remains fragile due to a somewhat dysmorphic misinterpretation of actual size versus internal experiences of weakness, and ultimately shame.

#### Conclusion

Anabolic Androgenic Steroid use appears to be both motivated and maintained by shame.

## Appendix 9

### Sex differences in adolescents' attentional biases towards empathic stimuli: Oral presentation

R. Kingerlee (Presenting author, Norfolk and Suffolk NHS Foundation Trust, United Kingdom), C. Seger (University of East Anglia, United Kingdom), & E. Baxter (University of East Anglia, United Kingdom).

#### Background

It is well-documented that, on average, males tend to find accessing, and engaging in, physical and psychological healthcare more challenging than females. The reasons for this remain unclear. In one key domain, empathy research, very little work has been conducted that investigates whether there are sex differences underlying the cognitive mechanisms involved in producing empathic responses, such as perspective-taking, attention to and interpretation of empathic cues. Such phenomena may be implicated in health care behaviours.

#### Method

This study's aim was to replicate an original unpublished study by Hoppitt and Kingerlee (2012) to investigate whether there are sex differences in adolescents in attention to empathic and neutral word pairs, using a visual-probe task. The effect of priming with either negative or neutral face stimuli was also investigated.

#### Results

This study did not find any sex differences in attention in relation to empathic and neutral word pairs, nor were there any effects of priming on attention. The study did however find a clear sex difference in empathy using a self-report empathy questionnaire; and that the more individuals' scored on this test the slower the reaction times to empathic stimuli.

#### Conclusion

Despite the fact that no sex differences were found, this work has implications for the direction of future research into explaining male help-seeking behaviours, and for the possible development of empathy training that could improve males' access to and engagement in psychological and physical health care.

## Appendix 10

### Are masculinity and femininity a result of nature or nurture? Evidence from a meta-analysis of childrens' toy preferences.

Todd BK,<sup>1</sup> Di Costa S,<sup>2</sup> Green A,<sup>1</sup> Hardiman PJ,<sup>3</sup> Barry JA<sup>3</sup>

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#### Background

Studies of girls with congenital adrenal hyperplasia (CAH) suggest that prenatal exposure to testosterone causes girls to show atypical preferences for gendered toys i.e. they prefer 'boy toys' to 'girl toys'. However, in healthy children there is controversy about the degree to which toy preferences are biological in origin or shaped by the environment (e.g. family, peer group societal norms etc). Studies of toy choice generally control for few or no environmental factors.

#### Methods

Studies that compared toy choice in healthy boys and girls were eligible for inclusion. Databases (EMBASE, MEDLINE, Web of Knowledge, Maternity and Infant Care, and PsycINFO) were searched up to October 2013.

#### Results

From 1607 references, 14 studies of 25 groups of children (585 boys and 632 girls) met the inclusion criteria. The studies were carried out in various Western countries between the years 1980 and 2014, with children in age groups from on average 13 months old to on average 93 months old. Using the Inverse variance method, it was found that boys chose 'boy toys' significantly more than girls (SMD=0.91; 95% CI 0.79 to 1.03) and girls chose 'girl toys' significantly more than boys (SMD=-0.73; 95% CI -0.85 to -0.62). Meta-regression found that the gender difference in play was greater when a study took place in the home rather than at a nursery ( $p < .05$ ). There was no significant effect on toy preference of the child's age, presence of an adult, the year the study was conducted, nor the country the study was conducted in.

#### Conclusions

Although the context in which the study took place was a predictor of the size of the sex difference in gendered toy preference, the gender differences still remained after taking this into account. These findings suggest a role for both nature and nurture in gendered toy preference. The use of toy preference as a marker of prenatal androgen exposure in conditions such as CAH is discussed.

## Appendix 11

### Does *The Sopranos* create realistic expectations of what men can expect from therapy?

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<sup>2</sup>Dept of Psychology. South West Yorkshire Foundation NHS Trust, United Kingdom.

#### Background

The obstacles and incentives to men seeking therapy have received little research attention. TV and the media may provide a way of reaching men and changing their attitudes. *The Sopranos* was a popular television drama about a Mafia boss who seeks psychotherapy for panic attacks, and it is claimed that *The Sopranos* increased the numbers of male psychotherapy clients. However, little attention has been paid to the question of the expectations of therapy that the show may have created.

#### Methods

This poster explores the themes from Tony Soprano's life and therapy and examines their impact, from the perspective of male gender script theory, on men considering therapy. Eight themes are considered: Fatherhood, Justice, Masculinity, Rape, Domestic Violence, Women, the Portrayal of Therapy, and the Violent Gangster as Sympathetic Role Model.

#### Results

Whilst *The Sopranos* misses several opportunities to challenge the traditional gender script of masculinity, it powerfully tackles the gender script head on by showing an archetypal macho male trying to confront his vulnerabilities. It is interesting to consider whether an alternative form of therapy – something more male-centred – may have suited Soprano better.

#### Conclusions

*The Sopranos* offers food for thought on the subject of male help-seeking behaviour, but it would be optimistic to suggest that mental health promotion campaigns aimed at men should consider using Tony Soprano as the 'poster boy'.

[The full version of this paper will be published on the Men's Health Forum website in June 2014  
<http://www.menshealthforum.org.uk/>]

## Appendix 12

### A Membership Categorisation Analysis of 'What makes a man 'a man'?'

D. Earnshaw, University of Derby, Derby, United Kingdom.

#### Background

Masculinity is often researched using quantitative methodologies; questionnaires determine characteristics for participants to be placed upon a continuum of how masculine or feminine they are. However, characteristics do not take into account categorisation and construction of gendered behaviour or allow participants to elaborate on their choice. Qualitative methodologies therefore would be more appropriate to study this socially created gender. Membership Categorisation Analysis (Sacks, 1992) is deemed suitable as Baker (2000) and Lepper (2000) suggested that as an ethnomethodology, it provides a powerful analytic approach due its persistence in analysing the doing of descriptions, the organisation of social life, and their social and moral order; gendered behaviour is all of these.

#### Methods

Participants were asked to complete an online survey on Qualtrics, consisting of one 'essay-style-question' asking them to describe their thoughts of 'What makes a man 'a man'?. Both males and females were encouraged to take part. Participants were recruited online using social networking sites. 31 individuals responded, and most were from the UK, with an exception of one from Serbia and one from Denmark. They varied in being students and having full-time occupations. MCA was used on the answers provided to determine their social categorisations and organisation of doing gender.

#### Results

This study found that the participants frequently categorised masculinity as an opposition to femininity; virtually all answers provided mentioned women, more often as part of a Positional Category placing men above women. Collections of appearance, society, characteristics and traditional masculinity were categorised and elaborated upon as part of 'doing' gender, unlike quantitative studies.

#### Conclusion

For gender research to progress, both quantitative and qualitative methodologies should be utilised to allow a detailed and well-rounded understanding of this gendered behaviour. Allowing participants to provide their own ideas and understandings of masculinity means psychological research can include this, rather than just academic findings.



## Appendix 13

### The experiences of male victims of female perpetrated intimate partner violence: A qualitative exploration

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#### Background

Female perpetrated violence against intimate male partners is a controversial issue, with heated debates about the rates and severity of the violence experienced by male victims. The aim of this study is to explore the lived experiences of male victims of female perpetrated intimate partner violence (IPV) including help seeking and barriers to leaving an abusive relationship.

#### Method

Semi-structured interviews were conducted with seventeen men who self-identified as victims of female perpetrated IPV. Participants were recruited via a range of techniques including snowballing, through domestic abuse services throughout the UK, and via advertisements placed on online support forums and blogs. Data analysis is guided by thematic analysis.

#### Results

The data show that – contrary to the view that female perpetrated violence is fundamentally different from male perpetrated violence – the men experienced often quite extreme physical violence and psychological abuse, as well as long term trauma. However, for most men, the experience of IPV was complicated by dominant discourses of masculinity and a cultural equation of victimhood with femininity. In some of the interviews, it was clear that the men felt almost ‘trapped’ by conflicting beliefs that a ‘man should defend himself’ and a ‘good man does not hit a woman’. The men’s reluctance to accept the status of ‘victim’ impacted negatively on their help-seeking behaviours. Furthermore, the men’s strong belief that their experiences of female-perpetrated violence would not be accepted or viewed sympathetically, lead them to conceal their experiences from others. For many of the men, participating in the interview was the first time they had disclosed their experiences to another person.

#### Conclusions

Findings offer understanding of the experiences of male victims of female perpetrated IPV. Such research may lead to the development of more effective strategies for working with male victims.

## Appendix 14

### A visualization of suicide statistics the UK and why thinking about gender could be the key to tackling male suicide. (In Prep)

Dr. Luke Sullivan – Chartered Clinical Psychologist, Men’s Minds Matter, United Kingdom.

Nigel Sanderson – Geographical Information Systems Analyst, United Kingdom.

#### Background

It is known that men kill themselves at a much greater rate than women do. Beyond this there has been little investigation of gender in relation to suicide statistics. We have taken national suicide statistics and presented them in visual format.

#### Method

National suicide statistics were taken from two datasets and presented graphically. London statistics borough/PCT (2006 to 2008) and national suicide statistics (1981 to 2011) to compare male and female suicide frequencies.

#### Results

The results show that in no London borough were the rates of suicide higher at any point for women than they were for men. This was the same nationally where the rates of suicide between men and women have grown larger over the past 30 years. During this time male suicides have remained static. Between 1981 and 1992 there was a dramatic decrease in female suicide.

#### Conclusions

We hypothesise possible reasons why female suicide statistics decreased between 1981 and 1992, for example, the beneficial effect of social and institutional effort in addressing issues faced by women and girls. We propose that the absence of thinking around issues facing men and boys is one reason why male suicide rates have not improved.

## Appendix 15

### Experiences of Male Unaccompanied Asylum-seeking Minors Arriving to Sweden from Afghanistan: An Interpretative Phenomenological Analysis

S. A. O. Thommessen\*, P. Corcoran, and B. K. Todd, City University London, United Kingdom.

#### Background

The number of individuals seeking refuge and safety in European and western host-societies has increased in recent years and there is no evidence to suggest that this trend will stop. Unaccompanied asylum-seeking children and youth are particularly vulnerable as they experience increased risks of human rights violations due to the lack of adult protection and have frequently been cited as the most vulnerable of all refugee groups. The detrimental effect of political conflict, war and forced migration on asylum-seeking individuals' mental health is well documented; however, the stressors encountered after arrival to host-countries have been explored less frequently.

#### Methods

This study explored how a group of six male unaccompanied minors from Afghanistan experienced arriving to the Swedish host-society when they were aged 15-16 years, and additionally, how they perceived the support available to them. The semi-structured interviews were analysed using interpretative phenomenological analysis and focused on the present and future, rather than the past.

#### Findings

The findings draw attention to the crucial importance of providing information and guidance to help clarify the complex asylum-seeking process and to support unaccompanied minors during this highly uncertain period. Additionally, the male youth emphasised the importance of social support, educational guidance and a strong desire to fit in and move forward.

#### Conclusions

Overall, the findings led to knowledge which can inform both theory and practice when seeking to support asylum-seeking youths' adaptation in host societies and when developing assessment measures and interventions for these groups.



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Luke Sullivan is a chartered clinical psychologist and creator and director of Men's Minds Matter. His specialist interest in men's mental health began in 2004 when he discovered how little there was in terms of services for men or information and research that considered the specific psychological needs and experiences of men and boys. He can be reached at [luke@mensmindsmatter.com](mailto:luke@mensmindsmatter.com).



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