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The Masculine Language of the Bible: A Response to David Clines

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In the Ethel M. Wood lecture for 2015, David Clines observed that the Bible is marked by language that carries distinctively male perspectives or values, and that this is not much remarked upon in commentaries. Clines finds scandal in both. The current essay responds to Clines by finding that cultural conceptions of masculinity, not limited to the Bible, but well represented by it, tend to conflate masculinity with virtue. As Roy Baumeister (inter alios) has noted, a man is often perceived not to be fully a man unless he serves his society virtuously, often self-sacrificially. Eight "male values" proposed by Clines are tested as standards of virtue, and a new ninth is advanced as a more suitable locus for attention.

Those who possess the goods of fortune without virtue are not justified in claiming

high worth, and cannot correctly be styled great-souled, since true worth and greatness

of soul cannot exist without complete virtue.

—Aristotle, Nichomachean Ethics 4.3.20 [1124a][1]

In the Ethel M. Wood lecture for 2015, David Clines looked at eight "male values," which I will cross-examine to see how they measure up as putative "masculine virtues," both in biblical literature, and societies in general: (1) strength, (2) violence and killing, (3) size, (4) honour, (5) holiness, (6) womanlessness, (7) totality thinking and (8) binary thinking.[2]

As a "thick" reading of Clines' theses regarding masculinity and the Bible in his lecture, I take it that he was asserting what follows. Firstly, culturally constructed as masculinity may be (I disagree,[3] but this essay will not address that issue in any detail), it has roughly the same sorts

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[1]		οἱ δ᾽ ἄνευ ἀρετῆς τὰ τοιαῦτα ἀγαθὰ ἔχοντες οὔτε δικαίως ἑαυτοὺς μεγάλων ἀξιοῦσιν οὔτε ὀρθῶς μεγαλόψυχοι λέγονται: ἄνευ γὰρ ἀρετῆς παντελοῦς οὐκ ἔστι ταῦτα.

[2]		David J.A. Clines, "The scandal of a male Bible: The Ethel M. Wood lecture for 2015", https://www.academia.edu/10977758/The_Scandal_of_a_Male_Bible, 2.

[3]		"The similarity in gender stereotypes found cross-culturally suggests that the psychological characteristics differentially associated with women and men follow a pancultural model with cultural factors producing minor variations around general themes. Biological differences (e.g. females bear children, males have greater physical strength) serve as the basis for a division of labor, with women primarily responsible for child care and other domestic activities, and men for hunting (providing) and protection. Gender stereotypes evolve to support this division of labor and assume that each sex has or can develop characteristics consistent with

of sets of core values across cultures and down through history, with exceptions only proving the rule (which I accept). Clines lists some of these values (those we have mentioned), and then shows something of where they occur in the Bible, revealing that they occur frequently, and even in contexts significant for establishing doctrines traditionally considered to be relatively central to the faiths of Judaism and Christianity. He finds scandal in this on at least two grounds: firstly, that the values are not precisely—or not at all—virtues; and secondly, that the manly values are exclusive of womanly virtues (or something like that, because Clines sees the Bible to be esteeming men above women).

I will argue that Clines misconstrues masculinity in both its cross-cultural manifestations generically, and in its biblical manifestation specifically. If I am correct, this removes the scandal, and—in so doing—serves as an apologia for the Bible's masculine language, not just as a defence of masculinity. I do, however, concede that the Bible is indeed often noticeably couched in masculine terms, a "thin" reading of Clines' various theses.

The "thin" versions of Clines' theses, as I take it, are the linguistic anthropological ones, that fixed attention in language on the "male values" he lists—and/or others like them—reflects masculine influence on culture (here the idealised cultures summarised in biblical literature) in a more general way than as explicit virtues. Alternatively, the linguistic anthropological hypothesis could be that some fixations in language constrain culture in such a way as they perpetuate masculinity as defined by those fixations (here the potential for uncritical interpretation of biblical literature to proselytise either for generically traditional or for specifically ancient near eastern masculinity).

Clines seems to be fairly reasonably construed as being concerned with these linguistic

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their assigned roles." Deborah L. Best, "Gender Stereotypes", in Carol R. Ember and Melvin Ember (eds.), *Encyclopedia of sex and gender: Men and women in the world's cultures*, Volume 1 (New York: Springer, 2003), 27 [quoted in Paul Nathanson and Katherine K. Young, *Replacing misandry: A revolutionary history of men* (Montreal & Kingston: McGill-Queen's University Press, 2015), ix–x].

relativist questions, as to whether "Masclish" or "Givrit" (the masculine language exemplified in the Bible) presupposes unhealthy preoccupations and transmits those through communities that organise themselves according to biblical patterns of thought, "Masclish" or "Givrit" patterns of thought. In regards to these more modest versions of his thesis, as I have said, I am actually in agreement with Clines; though because I believe cultures and the Bible construe masculinity differently to him, in terms of virtues,[4] I do not find the Bible to be scandalous in its use of such masculine language.

Although linguistic relativism is a controversial position, there is enough empirical evidence of at least weak effects that it seems fair to acknowledge both possibilities sketched in the previous paragraphs. Additionally, the Bible is actually explicit in exhorting certain masculine virtues; so, whether there are subliminal messages to be deciphered, there are certainly overt prescriptions regarding masculinity that are also worthy, or even more worthy, of our attention in contemplating a "biblical theology of gender."

Lest it be thought a bit grandiose to consider gendering in biblical language to be a theological matter, one only needs the examples Clines offers of descriptions of Yahweh, Jesus and Holy Spirit as masculine, with their masculinity having clear continuity with masculinity in general, to see that the matters discussed are certainly of theological import. Masculinity is ascribed to biblical personae to whom divinity is also ascribed. The triune God of the Bible is "scandalously" masculine in all three persons. Well may we ask, "In the Bible, is the divine scandalously masculinised, or—even more scandalously—the masculine divinised?"

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4   What I have in mind by this is summarised by Roy Baumeister. ""Manhood must be earned. Every adult female human being is a woman, but not every adult male is a man. ... A man is not entitled to respect until and unless he does something to gain it. This is a terrifically useful system for enabling culture to get the most out of its men." Roy F. Baumeister, *Is There Anything Good About Men?: How Cultures Flourish by Exploiting Men* (New York: Oxford University Press, 2010), 188.

1. <u>Strength</u>

A distinction needs to be made regarding the "male value" of strength between brute strength and strength applied to a higher purpose. When training with weights in a gym, depending on one's purpose, one can use high weights with low repetitions to build bulk, or one can use low weights with high repetitions to build strength. The purpose of building bulk is to look "cut," but what is the purpose of building strength? Well, there are many possible uses, employment or hobby related, or just a general desire to be "empowered" to be physically capable in a range of everyday settings. Biologically, men have significant strength advantages relative to women (and children). So what? Strength is not an end in itself (as Clines himself observes),[5] but a means to many ends. "So what?" is a good question. How do men, and cultures training men, shape masculine ethos by directing male strength towards higher purposes?

Clines quotes selectively from Isaiah 40 to make a point. He certainly captures the masculine feel of Yahweh's brute strength by drawing attention to words like "mighty" (קזח), "arm" (עורז), "greatness" (בר), "might" (ןוא), "strong" (ץימא) and "power" (חכ).[6] But, without drawing much attention to it, he also reveals the higher purpose for which Yahweh's strength is applied: to "empower" the weak. Because Yahweh is powerful, he is able—if he is willing—to empower those who need power (for good, higher purposes). Yahweh has strength and power, but gives (without losing): "power" (חכ), "might" (ןוא), "strength" (המצע) and "strength" (חכ).[7] Strength here is something that can be shared without losing it. Brute strength is nuanced by being useful in the service of a higher purpose.

That is not always how we view zero-sum political power games. Indeed, Clines speaks

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5   Clines, "Scandal", 3.

6   Clines, "Scandal", 2.

7   Clines, "Scandal", 2.

of "God's surplus strength" (emphasis added),[8] as though it were in danger of running out, like a limited resource, a zero-sum exchange between God and man. Yet the feel of Isaiah 40, though it is my subjective reading, swayed by common intuition about God as infinitely omnipotent, seems to be one of suggesting that Yahweh's strength is not like human strength: it is inexhaustible, so those who are subject to becoming exhausted can turn to him when they become so. Clines is right in so far as saying: "The text assumes that weakness is bad". Weakness is bad, not in itself, but because it is a lack of strength; and not strength in itself either, but strength with a purpose. The purpose is not mentioned, because it is like a blank in the logic. A generic picture is being painted. There are many good purposes (fill in the blank) we may set our strength to achieving and yet grow weary. Instead of speaking of specific purposes, then, the text speaks only of generic strength in the abstract, the means of working towards higher purposes, whatsoever those may be.

So how does biblical culture view the purpose of masculine strength? How is it constrained? How do other traditional societies nurture the masculine culture of self-disciplining natural, biological, physical strength?

In answer to the first question, it is sufficient to simply look at Isaiah 40:11 unquoted, following verse 10 quoted by Clines. A general answer that many would give to the question is that masculine strength is viewed by the Bible as a means to serving weaker men, women and children. This seems likely, though I will not argue for it here. It is certainly part of western (and other) traditions that priority is given to the needs of "women and children first," at the very least in times of crisis. Isaiah 40 seems to fit this gendered typology. Jerusalem, representative of the potentially repentant people of God, is portrayed as feminine to Yahweh's masculine (40:1ff). Some problems arise if the metaphor is pushed too far, but by verse 11, the metaphor has changed to strong shepherd with weak sheep. To what higher purposes is strength used by the shepherd? We have a picture of protective service (NASB): "tend" (הער), "gather" (יְבק), "carry" (אשנ) and "gently lead" (לֹהנ).

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8   Clines, "Scandal", 3.

Like a shepherd He will tend His flock,

In His arm He will gather the lambs

And carry them in His bosom;

He will gently lead the nursing ewes.

Physical strength is a kind of potency. It has the potential to be used for good or for ill. It is arguably a category mistake to consider it a candidate to be listed as a virtue, unless its use for good is already assumed, which rather begs the question of whether it is a virtue. Nonetheless, it is true that the Tagalog creation myth, for example, of the first man Malakas ("Strong") and first woman Maganda ("Beautiful"), resonates with other cultures and intuition that strength is valued in men, by both men and women, as beauty is valued in women, by both men and women. If these are not virtues, which is what I am looking for, they are still values, which is all Clines was claiming to observe. But, according to evolutionary psychology, both are actually valued because they are proxies for something more fundamental: they are cues for recognising reproductive fitness.

Evolutionary psychology is not as controversial as linguistic relativism, but it is controversial, so the reader can accept or reject it as an explanation for widespread valuing of strength and beauty, and will find allies among scholars either way. If there is explanatory power in the hypothesis of reproductive fitness, though, although we do not have a virtue in physical strength, we do find it is valued for what it is useful for: protecting and providing for what is procreated, traditional (and culturally universal) masculine roles indeed. Likewise, physical beauty is not so much valuable in itself, but as a cue to health and fertility (though that is not a concern in this essay).

2. <u>Violence and Killing</u>

Violence and killing are not unproblematically received as masculine virtues with any cultural uniformity. While head-hunting and other cultural practices, like more widespread blood feuding,

that have ascribed virtue to violence and killing have certainly existed in various places and times, these are far from being universal (nor do they reflect a stage that "primitive" societies pass through). Some societies well known for their peacefulness include: the Semai of Malaysia, the Sirionó of Eastern Bolivia, the !Kung Bushmen of the Kalahari desert, the Mbuti Pygmies of equatorial Africa, the Copper Inuit of Northern Canada, the Hutterites of North America, and the Islanders of Tristan da Cunha in the South Pacific. Douglas Fry, in a non-exhaustive search of the standard cross-cultural sample (SCCS) of 186 societies, found seventy that were non-warring.[9]

At a higher level than societies, the global religion of Buddhism and the Indian religion of Jainism uphold an explicit principle of ahimsa ("non-violence"). Even in a religion that institutionalises a warrior caste, in the Bhagavad Gita, Krishna has to provide Arjuna—the archetypical kshatriya warrior—with a theological justification for taking life before the bloodthirsty battle of the Mahabharata can commence. Arjuna asserts (BG 1:34-35, CSL):

Though they would kill me, [O Krishna],

I wouldn't want to kill them

even for the sovereignty of the triple-world;

how much less, then, for the sake of the earth!

Towards the end of his long reply, Krishna implies that warfare is Arjuna's duty (BG 18:45-47, CSL).

A man who attends to his own allotted activity attains success; listen as I tell you how.

A man wins success when by doing his proper task

he reveres the one from whom all beings came forth

and through whom all this endures.

Doing one's own duty imperfectly is better than doing another's well.

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9   Douglas P. Fry, *Beyond war: The human potential for peace* (New York: Oxford University Press, 2007), 17.

Clines claims "the chief purpose of being strong, and especially of being stronger than other men, is to be able to overcome them, and, if need be, kill them."[10] Although it may not be obvious, this is actually unlikely as an evolutionary claim, given various lines of evidence, as well as unlikely as a cultural claim, given the ethnographic evidence. The "chief purpose" of male strength in evolutionary time has probably not been warfare, but the securing of protein via hunting game. Homo sapiens seems to have tended to hunt to extinction the largest mammals available as sources of food. The strength of the male body is widely held to reflect countless generations of men serving their communities as hunters, killers of other species, not their own.

Unlike tournament species, the success of H. sapiens has not depended on the ability of its males to kill one another. The relatively low level of physical sexual dimorphism between the sexes is evidence towards this conclusion. By contrast with physical sexual dimorphism, it is possible that psychological dimorphism has evolved to support sexual division of labour, not violence and killing directed at fellow men, but directed towards animals as food supply, and defence against predators. Whether or not masculinity is a construction of culture, warfare seems to some scholars to be such, overlaid on biological capacities, but not arising from them by necessity.[11] However, it must be conceded that some elements of this account are still controversial among anthropologists and evolutionary psychologists.

So, perhaps Clines has too dim a view of masculinity, but what of biblical treatment of violence, killing and warfare? Here I think Clines is potentially helpful, being as sharp and confronting about the reality of violence in the Bible as he is in drawing attention to the similarly uncomfortable fact of the ubiquity of its masculine language that is his overall aim. I think it does need to be conceded that the Bible is not a pacifistic corpus of writings. I think it is also fair to suggest that where the Bible reports or condones violence, that it views it as being associated

10   Clines, "Scandal", 3.

11   Douglas P. Fry (ed.), *War, peace, and human nature: The convergence of evolutionary and cultural views* (New York: Oxford University Press, 2013).

with men. When violence is required (according to the Bible), it is men the Bible expects to take responsibility for it. But the Bible does not condone all violence. Clines conflates biblical reports of violence, like that of Moses killing the Egyptian, which it does not unambiguously condone, with some—admittedly shocking—cases of the Bible genuinely condoning killing, like that of the Levites killing other Israelites.

Clines seems to be relying on his audience being pacifistic and against all violence, though this is very much a minority position. Just war theory has always seen a place for defensive warfare. It may be enlightened to incarcerate murderers, but the moral logic of the death penalty for murder is not hopelessly objectionable. In some ways, the death penalty for murder is analogous to defensive warfare. Death for apostasy, however, seems to be theological rationalisation for bloodthirsty tribalistic machismo in Clines' perception. But I would argue the theology is not a rationalisation, but the very message of the Bible itself, and potentially morally analogous to defensive warfare yet again. In the Hebrew Bible, Yahweh, both the Creator and covenant Lord of Israel, defends himself against rebels who would murder his integrity by false worship. In the New Testament, Jesus transforms this same message into eschatological terms: repent for the kingdom of God has arrived; that is, turn from rebellion now, or God will kill you eventually.

If there is no Creator, or he does not deal with mankind this way, then the Bible is hopelessly immoral, whether it is masculine in its tone or not. But if, for the sake of argument, there is a Creator, and he does offer quarter to rebels should they surrender, then this accords with modern moral intuition that ethical conduct of warfare includes the explicit requirement for provision to take prisoners. And it is men that constructed the "honours of war" to treat defeated enemies with respect. Men's behaviour in war has included many barbaric atrocities, but also many spectacular examples of gallantry and generosity.

3. <u>Size</u>

The word "big" is the 13th item on the final Swadesh list of 1971, a list of 100 concepts so common and universal across languages that they are useful for examining the slow evolution of sound changes in specific words. The word "big" still appears on the Leipzig-Jakarta list of 2009, also 100 items long. Hence, it is somewhat difficult to see the word itself as being evidence of masculine influence on language. In many cases, "big" will have a purely functional usage in natural language, referring literally to a pertinent property of many classes of things. So, one has to examine usage carefully to find instances where "male values" might be driving a speaker's or writer's interest in drawing attention to relative size in a "bigger is better" sense rather than a merely prosaic, descriptive sense.

Clines notes that Yahweh is described as being both big (גדול) and high (רום). The question is, are these reflections of a putative male megalomaniacal obsession, or are they natural metaphors for a transcendent deity? Although Clines does not mention it, Yahweh is also described as being weighty (כבד) and eternal (עולם). Taken together, all these words are suited to scalar quantification of basic features of the world: space, matter and time. One might as well find evidence of a positive masculine obsession with engineering, systematising the natural world, as with any dark side of masculine megalomania. Yahweh is philosophically infinity in the biblical imagery as much as he is socially a superhero.

4. Honour

With honour, we are certainly dealing with a perceived virtue, or rather it may be that it is the public recognition that a man possesses virtues, that constitutes a good deal of what is denoted by the term in various cultures. Clines actually makes concessions regarding it. "Since honour is granted by the group, a person achieves honour only by embodying the ideals of the group. And if those ideals include integrity, altruism and wisdom, we could only disparage the quest for honour if we dissented from those ideals ourselves."[12] What is most important to Clines in his critique of

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12   Clines, "Scandal", 14.

biblical masculinity is that honour is "quintessentially male", i.e. that it is a status that excludes women. Although I think he does a good job of showing how honour in the Bible is attached to men, I think the proposition that it is not attached to women is too much of an argument from silence. The Bible may also be criticised for its main protagonists being almost uniformly male, as well as its general principles often being articulated in ways that assume a male representative. There just is not enough data to decide whether honour could, in the right relational contexts, attach to women in ways analogous to the ways it attaches to men. Although Clines considers it the exception that proves the rule, honouring mother as well as father in the ten commandments seems to me to be just the right sort of evidence that mature women were indeed considered honourable. Every man in Israel had a mother to respect. In the New Testament, all older women are to be treated as mothers (1 Tim 5:2).

There is an interesting recent article by Bradley Campbell and Jason Manning, "Microaggression and moral cultures",[13] which has been popularised by Jonathan Haidt.[14] In it they argue that western society is currently moving towards being a morally dependent "victimhood culture," where "victims" seek redress for slights via moral authorities who settle matters on their behalf. This is contrasted with traditional "honour cultures" and modern "dignity cultures." Victimhood culture is a hybrid of traditional honour culture, where people defended themselves against slights, and modern dignity culture, where third parties uphold legally codified individual rights. Victimhood culture returns to being concerned about being slighted, but retains the place of third parties in settling matters. Analogously, it is perhaps interesting to observe that, in western tradition at least, there was a time when gentlemen would defend a woman's honour, without

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13   Bradley Campbell and Jason Manning, "Microaggression and moral cultures", *Comparative Sociology* 13 (2014): 692–726.

14   Haidt is particularly well known for his classification of six moral categories, like six senses, that appear to be typical of human moral concerns cross-culturally. This was popularised in Jonathan Haidt, *The righteous mind: Why good people are divided by politics and religion* (New York: Pantheon Books, 2013).

expecting her to do so herself. I am not entirely sure how to integrate that tradition into any cross-cultural patterns, nor how to elaborate on how even the influence of the Bible may have played a part in it developing, but I suspect both might be possible.

Finally, though, one needs to note Elizabeth's assertion regarding Mary, the mother of Jesus, that she had been "blessed" (εὐλογημένη, literally "eulogised") beyond (other) women, the same word (but with a masculine inflection for the passive participle) being used for Jesus himself, even in the womb. Liddel, Scott and Jones actually provide the gloss "honour" in one example of the usage of εὐλογέω, though the dominant sense they make of the word from historical examples is that of praise, the articulation of honouring. Lexicographers and translators are in general agreement, however, that the sense in the context of Mary is that of having received a demonstrable sign of divine approval, i.e. she had been blessed. Logically, other women had also received blessings, though inferior ones, for Mary to be spoken of as having been blessed beyond them. Perhaps the sense is that women are respected as child bearers, but Mary is the child bearer of all child bearers. Surely this includes honour, even if implied by another name. In the following verses the Greek gives way to a more exclusive and technical term for divine blessing (μακαρία). These three uses add to the semantic evidence for the argument I am making, even if the latter terminology is not open to being glossed as honour as is εὐλογέω. It is all the more important to bear this eulogising of Mary in mind, since Clines actually chooses the Magnificat for his deconstruction of biblical language.

5. <u>Holiness</u>

I disagree with Clines about the Bible not admitting women to the category of holiness. All God's people are holy in both the Hebrew Bible and the New Testament. It is easier to see in the New Testament (which Clines does not address), because the cultic apparatus of the Hebrew Bible is subsumed within a more simple conceptual system. The New Testament believers are often traditionally called "saints," literally "holy ones," the sanctified (ἅγιοι), etymologically those

different from what is common by being identified with God and his character.

That the substantive use of the plural adjective defaults to masculine inflections in the original language, does not imply that only men are referred to. Feminine inflections would indeed imply only women, but when men and women are referred to in an epicene way, the masculine inflections were used, just as they would be were only men referred to. It is not possible, without context, to tell from masculine inflections alone whether referents are male or epicene. Context does suggest that nearly all uses of "holy ones" in the New Testament are epicene.

Paul addresses his letter to the Roman Christians to those called to be "holy ones" (1:7), and he explicitly includes women in his list of personal greetings at its conclusion. He is also explicit about there being no male or female when it comes to Christian unity (Gal 3:28), both are heirs (29), "clothed with" Christ in baptism (27), a ritual of purification, and a way of signifying that things are to be treated as holy. "Anointing" with the Holy Spirit could also be advanced as a systematic theological category for understanding each and every believer, irrespective of sex, as being holy.

But stronger evidence that women are viewed as holy in the New Testament comes from Ephesians 5:25–27, where a husband is to give himself up (ἑαυτὸν παρέδωκεν) for his wife, in order that he might make her holy, cleansing her (ἵνα αὐτὴν ἁγιάσῃ καθαρίσας), just as Christ acted so the church would be holy (ἵνα … τὴν ἐκκλησίαν … ᾖ ἁγία). At least every married woman is to be holy in the New Testament. Even if this suggests holiness begins with husbands (and it need not do so), holiness does not end there. Holiness is not in short supply in the New Testament; it flows outwards, purifying the common, rather than the common defiling the holy as in the Hebrew Bible. Believing wives can make their unbelieving husbands holy (ἡγίασται γὰρ ὁ ἀνὴρ ὁ ἄπιστος ἐν τῇ γυναικί, 1 Cor 7:14). The children (τὰ τέκνα) of a believer and unbeliever are not unclean (ἀκάθαρτά) but holy (ἅγιά). I think this is the strongest evidence that all believing women are holy in the New Testament.

So much for the New Testament, but Clines argues from the Hebrew Bible. Is there a difference in gender theology between the two? I think perhaps there is. Clines points straight at

the cultic apparatus, especially the all-male priesthood, to establish his point that holiness (שדק)
in the Hebrew Bible is loaded towards the masculine gender. I think this may be a fair impression
of the holiness system, that tiers of holiness extended upwards towards the Holy One, Yahweh
himself, and masculinity is caught up in this movement from Levite to priest to high priest, from
the holy temple to the holy of holies to Yahweh himself. In my opinion, Clines has a genuine insight
about a feature of the holiness system that is scandalous to modern egalitarian sentiments, and
not much elaborated upon by scholars; but is it objectively scandalous that the burden of making
formal sacrifices according to the cultic apparatus of the Hebrew Bible fell exclusively on men, even
those of only one tribe?

I will leave that to the reader to decide, though I need to disagree with at least one part of
Clines' reading of holiness in the Hebrew Bible. It is too technical to argue in detail here, and perhaps
instinctive reading is more accurate than technicalities in interpreting the sense of "holy nation"
(שודק יוגו) in Exodus 19:6, so I will just assert that I actually find it hard to see how the collectivity of
Israelites being considered holy is possible without each individual also being considered holy in
so far as they remain within the legal code of the nation. What else is a nation but its people under
the constitution that governs them? Indeed, I would argue that this conception of the responsibility
of individuals to remain holy by remaining within the lawful bounds of the holy nation is very
much part of prophetic calls to individual repentance; and the conception also provides the basis
for understanding the import of punishments of exile, not just from the land and proximity to the
temple, but from the people of God, living according to his law.

What of cultures outside the Bible? A cross-cultural paradox is that women are more
religious than men, but that men traditionally lead religious organisations. Within religions, then,
men may be viewed as more holy than women, but viewed from without, women appear to be more
holy than men. In societies outside those permeated by biblical categories of thought, holiness is a
virtue associated with some men, but also with women. There may be a tendency for the common
man to feel excluded from or redundant within religious contexts dominated by other men.

Whether or not women are considered holy in religious contexts, there may be a secular

sense in which women are viewed as inviolably holy in their own right when it comes to the sexual nature of their bodies.[15] The Indian Penal Code (IPC, 1860, still in force), makes it a crime to "outrage" the "modesty" of a woman (section 354). This is reminiscent of biblical language of violation of the holiness of God. It is as if Indian law expects men to treat women as holy in a similar way to the Bible exhorting people to treat God as holy, at least in regards to sexual matters, like those listed in the holiness code of Leviticus. Yahweh's eyes are too pure to look on evil (Hab 1:13).

Interestingly, the IPC has no law against women outraging the modesty, honour or holiness of men. Also, according to the IPC, a man is guilty of rape if he reneges on a promise of marriage he made prior to consensual intercourse (sections 90 and 375), but a woman is not. Likewise, adultery by men is a crime against women (section 497), but adultery by women against men is not criminalised under the IPC. The IPC is probably more a reflection of Victorian British values than local perceptions of sexual propriety, but the fact that it has endured may suggest some harmony between the two, albeit India is very culturally diverse.

There is a great deal of literature on how cultures view sexuality, and how double standards regarding the purity of women may actually work to women's disadvantage. It is beyond the scope of this essay to address those issues in any detail, but it is worth introducing the IPC as evidence that the issues are indeed complex, not necessarily all being to the disadvantage of women. What is most pertinent in the current context is that the Bible expects sexual purity of both men and women; it is more even-handed than what is evidenced in many of the diverse practices of human cultures.

6. Womanlessness

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15   "Even atheists have intimations of sacredness, particularly when in love or in nature." Jonathan Haidt, *The Happiness Hypothesis*, (New York: Basic Books, 2006), 193. Haidt claims this insight based on his reading of Mircea Eliade, *The Sacred and the Profane: The Nature of Religion*, trans. Willard R. Trask (New York: Harcourt, Brace & Company, 1959).

In regards to womanlessness, there are three key responses to Clines I want to make from biblical literature. The Hebrew Bible starts with an explanation for the creation of woman that, "It is not good for the man to be alone" (לא טוב היות האדם לבדו , Gen 2:18). The Hebrew Bible also includes the Song of Songs, which appears to celebrate the union of man and woman. The New Testament, however, does seem to stand in contrast to the Hebrew Bible, but because Jesus and Paul take an eschatological perspective on marriage. Although it is better to be single, because the kingdom of God has arrived and changes priorities, the majority will still find marriage necessary to maintain sexual purity. Singleness is not simply recommended for men, but Paul recommends it for women as well. It is, of course, the flip-side of the "two to tango" principle. For every single man there will be a single woman, and vice versa. So I think Clines misrepresents Jesus and Paul as bachelors under a purported Hebrew Bible ideal, when in fact their singleness is much better explained according to New Testament systematic theology. Their singleness is prompted by perceptions of future ideals not ideals from the past.

That Yahweh has no female consort is an issue of a different order. A fideistic response to this is simply that Yahweh is given no consort by the Bible because that is just the way supernatural reality happens to be. It is hardly exclusive of women either, since Yahweh is not a man but God, and were he to have a female consort, she would not be a woman but a goddess. Across cultures, supreme gods are more often male than female, though pairings of gods and goddesses suitable to explaining the fertility of the world are also common. The advantage of the philosophical parsimony of monotheism need not come at the expense of the one God being masculine (or feminine). In Islam and deism, God has neither sex nor gender. What is Clines' protest regarding the Yahweh of the Bible? Would he rather a sexually neutral or androgynous deity? He does not say, but his concern seems to assume that the only kind of significance humans can have is in terms of power, because he is concerned that women were excluded from that aspect of public life in ancient Israel.[16] He does not explore the fact that most men were also excluded from the Israelite

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16   Clines, "Scandal", 10.

priesthood (and by birth, not merit), and even more so from the monarchy (also properly expected in the Hebrew Bible to descend by birth, not merit).

I think Clines holds the strongest ground where he actually appears to be weakest: with King David. Here Clines makes, in my opinion, telling challenges about the apparent failure of the men of the Bible to make much of the female companions God provides them with. David was not single, but he often lived as though he was. I am not convinced, however, that the Bible is unambiguously supportive of all David's patterns of relating to women. He is obviously condemned in regards to Bathsheba. But that is not the only example of the Bible treating his complex character critically. Although it may be fair to suggest the Bible, especially the Hebrew corpus, fails to feature female characters as significant partners with the main male protagonists, I do not think it is fair to suggest that this amounts to a normative ideal of womanlessness. That David's men did not resort to using female "camp followers" when in the field is hardly to their discredit.

Across cultures, although the men of most societies will do war and politics without women, the regular, everyday measure of masculinity is often marriage and establishing a family. Womanlessness is not, therefore, a typical masculine virtue except in very specific contexts, in fact the opposite obtains: a lad does not become a man until he settles down with a woman.

7. Totality Thinking

In turning to "cognitive virtues" (or values as Clines would have it), I believe Clines is clear and precise about what specific qualities of thought he is considering as candidates for typicality in masculine thinking, though he expresses caution in regards to whether they are indeed more characteristic of men rather than women.

As providence would have it, Simon Baron-Cohen's brain research (inter alios) does actually show promise of confirming statistical average differences between the predisposition of male

and female brains towards systematising or empathising functions respectively.[17] I have chosen my words carefully there. The research does not suggest men cannot empathise, nor women systematise, nor that all women empathise better than all men. Indeed, Clines himself presumably does not intend an absolutism in stereotyping men as totality and binary thinkers either. But as a hypothesis, that men may tend towards totalising or oppositional patterns of thought is a proposition with some substantial empirical support from independent but related brain research projects. Admittedly, this research suggests biological explanations for broad tendencies, but it does not preclude cultural reinforcement (or counteraction). Within culture, there may be a net teaching by women of men towards better empathising, and vice versa regarding systematising, if men are culturally willing to share the "power" of systematising cognitive strategies. "More women in tech" is a major contemporary political "conversation," but it begs the question in favour of the utility (or objective value), if not virtue, of systematising thought, like totality and binary thinking.

The way Clines describes what he means by "totality thinking" reminds me of the ancient and medieval philosophical problem of "universals." He describes the essence of universal thinking vividly and with economy. But I think what he actually has in mind is a deeper psychological concern: that to try to grasp universals with the mind reflects a deeply rooted desire to master the world beyond the self and its intimate concerns. Indeed, science is based on establishing theories with universal applicability, hence allowing reliable prediction and control of the material environment. Perhaps Clines is a bit of a Romantic, cautious about the social costs that attend the advance of technology, partly because technology only magnifies the outcomes of our motives, it does not purify them. If I am right about Clines being in the Romantic tradition, I actually share his reticence about some totality thinking up to a point; and I do believe that amoral machismo, if not virtuous masculinity, is a real concern. Do we want more women managing nuclear weapon technicians? If more women managed technicians, would they stop manufacturing bombs? It has not been tried before. We could always give it a try and see what happens.

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17   See Simon Baron-Cohen, *The essential difference: Men, women and the extreme male brain* (London: Penguin, 2003).

There are two important theological comments that should be made in response to Clines in regards to totality thinking. Firstly, and simply, the cultural mandate of Genesis 1:28 is explicit in inviting men and women to a totality of dominion over the world. Genesis 2 is suggestive of the man rather than the woman leading this enterprise, or rather than both taking turns or leading interchangeably. Yes, this is scandalous in our currently gender egalitarian western civilisation, but—as insightful as Clines' overview of masculine totality thinking in the Bible is—what he really shows is only the consistency implicit in biblical expression with the explicit cultural mandate on page one.

The second theological point is a softer one to make. The philosophers who attempted to resolve conundrums related to universals often tried to do so by appeal to an eternal, omnipresent deity. Natural theology, analogously to Plato's theory of forms, sees the nature of creation as projected by the Creator who stands behind it: man is in the image of God. This is the opposite of the implication by Clines that God is in the image of man, indeed male humans rather than female ones. Yes, perhaps the men that wrote the Bible could not help projecting themselves into the divinity they were creating. But perhaps also, there may indeed be a God, who is known in part by natural theology through his creation, and even through the words of men he inspired with special insight.

Finally, for consistency, I should note that the word "all," like the word "big," is featured on the Swadesh list. Clines gives good examples of its biblical use signalling "totality thinking," but the word itself is so basic and essential across languages that it makes the "top 100 list." In general, it does not just indicate masculine thinking, then, but human thinking: "And I thought you were different to all the other guys!"

8. Binary Thinking

Clines has somewhat of a dim view of binary thinking influenced by Derrida's critique of oppositions conceptuelles in De la Grammatologie.[18] To simplify the problem, as Clines himself puts it, "binary thinking may well be inevitable, but in binary pairs there is always one privileged term".[19] Whether such thinking is "natural" or an arbitrary construction of culture is not always important, though critics of binary thinking tend to view it as cultural. This does not matter much with oppositions like day and night, dry and wet, warm and cool and so on, but has the potential for profound social consequences if applied to people, like male and female, fair and dark, straight and gay for example. Some consider the opposition of presence and absence to lead to a bias in favour of presence in metaphysical thinking, though this is not actually the case in formal logic. And thereby hangs a long tale of a clash in thinking between the two traditions of so-called continental (European) and analytic (U.K. and U.S.) philosophy, with Derrida being a classic example of the continental tradition and Searle, who has challenged the validity of Derrida's thought, being a classic example of the analytic tradition.[20]

Suffice it to say, in the current context, however, that Clines is right in my opinion to follow deconstructionism in so far as it leads to identifying genuine false dichotomies, which are common in human thought and language, especially when it is simplified to aphorisms. However, it is also the case that there are many genuine oppositions in the material world, even if such simplifications are regularly questionable in the social realm. We may again have an example of male-brain systematising, ironically, in opposition to female-brain empathising. Clines may indeed

18   I infer this from the way Clines describes binary thinking on page 14 of the transcript of his lecture, but also from his work cited in footnote 15 on page 13: Clines, David J. A. "Ethics as deconstruction, and, the ethics of deconstruction", in *Ethics: The second Sheffield colloquium*, ed. John W. Rogerson et al. JSOTSup 207 (Sheffield: Sheffield Academic Press, 1995), 77–106.

19   Clines, "Scandal", 14.

20   See John R. Searle, *The construction of social reality* (Simon & Schuster, 1995), 159–60.

be finding evidence of masculine language reflecting masculine thinking in the Bible, but it is no more scandalous than the brute physical reality of sexual dimorphism of the human brain is in itself. We might as well take umbrage at the fact that men do not gestate.

If we permit Jesus some latitude to use conceptual oppositions for rhetorical purposes, so long as he does not create socially unhelpful false dichotomies in so doing, Clines' remaining objection to binary thinking in the Bible comes from the Psalms' regular division of people into the class of enemies or, presumably, non-enemies: as Clines puts it, "us" versus "them." But this is not actually binary thinking imposed on reality any more than the first couple being naked in the Garden of Eden sets up an opposition with the usual human tradition of wearing clothing. To assert anything is to deny its opposite. Of course a psalmist is not going to be his own enemy, but the psalms do not assume that all parties other than the psalmist are enemies. In particular, it is often the concern of the psalms that Yahweh is "on the side of" the psalmist against his enemies. This is at least tripartite: conflict comes first, dividing human parties into two camps, and Yahweh is the ultimate "third party" who settles such disputes according to justice.

Clines may be right that conflict (and resolving it) is something of an obsession with men, whereas women may more typically seek to minimise or avoid it. I can see pros and cons to both approaches depending on the specific circumstances of a conflict or perceived conflict. So I am not persuaded that confronting conflict lacks virtue, whether it is typical of men or not, just as I would not deny that avoiding conflict is the path of wisdom in many settings also, whether that is typical of women or not. I actually think Clines may be in line with psychological studies in identifying a gender difference here, but I do not think it is scandalous, nor is the Bible, with its many explicit teachings about resolving conflicts without violent confrontation, even for men.

9. <u>Fatherhood and Sonship – Patriarchy</u>

Clines does not offer a ninth example of a "male value." He did not claim his list was exhaustive, but I offer what I think is a glaring and telling omission. The earliest established universals of human culture established by anthropology were marriage and family, which produce fathers and sons. Whatever masculinity may be in human institutions, biologically prompted or culturally constructed or both, fatherhood and sonship are foundational to it, even more so than brotherhood; for a man can have no brothers, but is always a son to his father. This relationship can be so important that the very structuring of society depends on patrilineal descent groups, for economic and military purposes, and for inheritance. In fact, social structure in the less common matrilineal systems also involves male heads of families, though these may be the mother's brother rather than the biological father, a significant modification of fatherhood, if not of masculinity being associated with family headship, viz. patriarchy.

So much for where anthropology might first direct us to find cultural expressions of masculinity; but what of the Bible? Does the Bible have themes of fatherhood and sonship and language associated with them, like inheritance? Do these have any theological import? Of course my questions are rhetorical. The New Testament is drenched in such language, but especially in John's gospel and Jesus' claims regarding his relationship with God. Additionally, there are "house tables" outlining the responsibilities of household members (including any dependent slaves). Finally, in several places (e.g. Eph 2:19; 1 Tim 3:15; Titus 1:7; 1 Pet 4:17), believers are seen to be members of the household (οἶκος) of God. Where the Israel of the Hebrew Bible was a literal family, the New Testament repeatedly encourages believers to view themselves theologically as a spiritual family. It is a conception of intimacy and benevolence within, it is true, a hierarchical ordering. If there is scandal in the biblical condoning of patriarchy, it is only the scandal our contemporary western societies find with all other societies, so it is not unique to the Bible in any way. In fact, the explicit and well developed themes of family intimacy and benevolence really ought to be weighed as significantly mitigating in assessing what patriarchy actually means in the Bible (and perhaps in other cultures too).

Final Comments and Conclusion

The Bible is a book written by men, for men; but is it written so as to exclude women? I think not. Women are addressed as a group in relevant places in New Testament letters, and Paul addresses some individual women by name, several clearly being active and influential members of the community; but even more importantly, the term "brothers" (ἀδελφοί), used frequently, is an epicene term in the Greek plural, albeit with a likely connotation of male representative exemplification.

The Bible enshrines masculine virtues, promotes and inculcates them; but it also enshrines, promotes and inculcates human virtues, like faith, hope and love (1 Cor 13:13). It portrays a deity infused with masculine virtues, but not—in my opinion—in such a way as to esteem men above women as Clines claims. It is not beneath Yahweh to comfort like a mother (Isa 66:13).

From my perspective, if there is scandal in that the Bible's masculinity is hardly ever noticed or mentioned, this is scandalous because quality literature encouraging specifically masculine virtues is hard to come by in our egalitarian world, and so all the more valuable. Where the Bible genuinely promotes distinctively masculine virtues, these are not scandalous; and nor is masculinity itself typically scandalous in the minor variations on a theme that have existed across cultures throughout history. If I am wrong in my perceptions, I think it will be on grounds other than those raised by Clines in his lecture.

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How Much Do Job Satisfaction and Relationship Quality Predict Intention to Engage in Health Behaviours in Men and Women?
A Pilot Study.

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This study aimed to assess the degree to which problems with job satisfaction and relationship quality predict problem drinking and the intention to engage in healthy behaviours. This cross-sectional

online survey was analysed using multiple linear regression. 312 men and women participated in the survey. The only significant predictor of problem drinking was neuroticism (emotionality), and this was significant for women only (β = 0.26, p <.05). The most significant predictor of intention to engage in healthy behaviours for women was feeling good about health behaviours (β = 0.36, p <.001), and for men it was greater satisfaction with the clarity of organisational communication (β = 0.42, p <.001). Some intriguing gender differences were found, for example, women who were dissatisfied with pay seemed to compensate by intending to engage more in health behaviours (β = 0.36, p <.05), whereas men who were dissatisfied with pay were less likely to intend to engage in health behaviours (β = -0.34, p <.01). These findings are of importance in understanding how workplace factors predict intention to engage in health behaviours in men and women. Further research should explore the reasons for these interesting gender differences.

Introduction

Approximately 140 million working days per year are lost to physical sickness in Great Britain, averaging approximately five working days per working person per year (Black & Frost, 2011). Although some research has shown that the workplace can have a negative impact on a range of health behaviours (e.g. Hellerstedt & Jeffrey, 1997; Ng & Jeffrey, 2003; Kouvonen et al., 2007), other research has not found this link, or found it only weakly (e.g. Overgaard et al., 2004; Kouvonen et al., 2005). This mix of evidence might suggest that other factors may moderate the relationship between work and stress. A recent study that explored the underlying factors in work and stress concluded that "the impact of the environment outside of work needs to be considered in future research, alongside the interface between work and life outside of work" (Payne et al., 2012, p. 11).

Poor quality relationships can have an impact on health behaviours. For example, several studies have found that an insecure attachment style is associated with alcohol abuse (Vungkhanching et al., 2004; Doumas et al., 2006) as well as other risky health behaviours such as drug abuse (Kassel et al., 2007) and unprotected sex (Feeney et al., 1999). People with relationship or work problems may turn to alcohol or other unhealthy habits as a means of coping. In a recent review examining the reasons for young people's drinking behaviours, Kuntsche et al., (2005) found that those who drank for reasons of coping rather than reasons of socialization or enhancement were more likely to suffer from alcohol-related problems. A review of research on married couples found that the highest levels of relationship satisfaction were reported by egalitarian couples i.e.

couples who share power equally in the relationship (Gray-Little & Burks, 1983). Vorauer and Ross (1996) suggest that people who subscribe to gender stereotypes may have difficulty in developing emotionally authentic relationships because gender stereotypes may constrain sharing of any counter-stereotypic feelings and preferences.

In general, women engage in health behaviours more than men do (Waldron, 1988). Heavy drinking is traditionally considered a masculine trait, and is linked to other traits such as risk taking, physical resilience and aggression (De Visser & McDonnell, 2012). Thus a man may feel more inclined to engage in risky health behaviours in order to live up to, or fulfil, his stereotype of masculinity, compared to a man with more egalitarian views. Therefore adhering to non-egalitarian views of gender may potentially lead to unsatisfying relationships and unhealthy behaviours.

The three variables which are the main focus of this study – job satisfaction, relationship quality and health behaviours - might interact in various ways. However, research exploring the links between these three variables in a single analysis remains to be conducted (Payne et al., 2012), thus the interactions between these variables remains to be properly elucidated. Therefore the present study should be considered a pilot investigation and original exploration of this cluster of issues.

Emotionality – also known as 'neuroticism' – is the heightened tendency to experience negative emotions (distress, anxiety, anger, fear and guilt). Emotionality is related to problems in forming and maintaining close relationships, and increased interpersonal conflict (McNulty, 2008). Emotionality is also related to increased smoking, alcohol abuse, unhealthy eating and lack of exercise (Booth-Kewley & Vickers, 1994).

Several theories have been developed to better understand the underlying causes of health behaviours. In 2000, the leading theorists in the health behaviour field met at a National Institute of Mental Health (NIMH) workshop where the Integrative Model of Behaviour Prediction (IMBP) was developed (Fishbein et al., 2001). This new model combined key variables from the Theory of Reasoned Action, the Theory of Planned Behaviour (TPB), and the Health Belief Model and Social Cognitive Theory (Ajzen & Fishbein, 1980; Ajzen, 1988; Bandura, 1986; Janz NK & Becker, 1984). According to the IMBP, for a person to engage in a risky health behaviour, such as consuming alcohol, there are three necessary and sufficient conditions: the person (a) has the ability to engage in health behaviours (b) intends to engage in health behaviours, and (c) there are no environmental constraints against doing so. The intention to engage in a health behaviour is said to be based on whether the person thinks (d) the benefits of engaging in health behaviours outweigh the costs, (e) they think that people they respect want them to engage in health behaviours, (f) the health behaviours are consistent with the person's personal self-image, (g) on balance, taking the health behaviours will make them feel better, and (h) they feel able to engage in health behaviours.

In this exploratory study, the hypotheses of this are that (a) problem drinking and (b) the

intention to engage in health behaviours will be predicted by work satisfaction, relationship quality and IMBP health behaviour variables.

Materials and Methods

Participants

Participants were recruited via various general interest websites, for example, *Psychology on The Net*. Participants were excluded if they: did not provide key information (health behaviour, marital status etc.), were under 18, or did not complete the consent form.

312 people (194 women and 118 men) participated in the survey. Table 1 shows that the mean (SD) age for men was 34.51 (12.89) and for women 29.13 (10.33), and that the educational background was similar for men and women. In the regressions, the responses of 20 (17%) men and 31 (16%) women were excluded from the alcohol analysis because they had omitted data for the alcohol variable, and the responses of 25 (21%) men and 37 (19%) women were excluded from the health behaviour analysis analysis because they omitted data for the health behaviour variable. Thus of the overall sample of 194 women and 118 men, a total of 157 men and 93 women gave information regarding alcohol use, and 163 women and 98 men gave information regarding the other health behaviours.

Design

This study was a cross-sectional online survey analysed using backward stepwise multiple linear regression. All participants were presented with the same survey. The backward stepwise method is useful in finding the most statistically parsimonious model from amongst a relatively large group of potential predictors, and is especially useful where the study is exploratory and the theoretical basis for model building is limited.

The dependent variables were alcohol consumption and intention to engage in healthy behaviours. The predictors (detailed below) were variables predicted to be related to health behaviours: job satisfaction, relationship satisfaction, IMBP health behaviour variables, relationship quality, gender egalitarianism, neuroticism, positive mindset, and aggression.

Dependent Variables

The dependent variables were, in the first model, problem drinking behaviour, and in the second model, intention to engage in healthy behaviour.

Problem alcohol use was measured using The Alcohol Use Disorders Identification Test (AUDIT): Self-Report Version (Babor et al., 2001). This is a 10-item questionnaire designed to detect early signs of harmful drinking behaviour. Items include 'How often do you have a drink containing alcohol?' and 'Have you or someone else been injured as a result of your drinking?' Items are scored

on five point scale e.g. from 'Never' to 'Daily or almost daily'. Hazardous and harmful alcohol use is indicated by a mean score of 8 or more.

Intention to engage in healthy behaviour was measured by a scale based on Integrative Model of Health Behaviour (Fishbein et al., 2001). This was operationalised with three items on a six-point Likert scale (from Strongly Disagree to Strongly Agree). The items were:

a) I have no intention of giving up alcohol or cutting down on alcohol (reverse scored)

b) I plan to exercise to a healthy degree throughout my life

c) I don't see why I should engage in healthy behaviours (reverse scored)

Predictor Variables

a) Job Satisfaction. This was measured using the Job Satisfaction Survey (JSS, Spector, 1994). The JSS has 36 item assessing nine dimensions of employee attitudes to their job. Responses are on a 6-point Likert scale from "strongly disagree" to "strongly agree", with higher scores representing greater job satisfaction. The nine dimensions are Pay, Promotion, Supervision, Fringe Benefits, Contingent Rewards (performance based rewards), Operating Procedures / Conditions (required rules and procedures), Co-workers, Nature of Work, and Communication (clarity of organisational communication regarding the nature of assignments, goals of the employer etc). The internal consistency alphas for the subscales are between .60 (Co-workers) and .82 (Supervision).

b) Relationship satisfaction. The Relationship Assessment Scale (Hendrick 1988) has seven items, and higher scores represent greater relationship satisfaction. The internal consistency alpha is .86.

c) Integrative Model of Health Behaviour (IMBP) Health Behaviours Questionnaire variables. This is based on the integrative model of health behaviour (Fishbein et al., 2001). Twenty seven items assess eight dimensions of health behaviours, namely: barriers to healthy behaviours; intention to engage in healthy behaviours (this was a predictor in the first model and outcome in the second); ability to engage in healthy behaviours; advantages of engaging in healthy behaviours, social pressure to engage in healthy behaviours, self-identity regarding healthy behaviours, emotions around healthy behaviours, and self-efficacy regarding engaging in healthy behaviours. Responses are on a six-point Likert scale (Strongly Disagree to Strongly Agree), with higher scores representing greater intention to engage in health behaviours. The order of presentation of these items was mixed so that they were not presented grouped in their domains. The mean internal consistency alpha for the subscales was .35.

d) Relationship quality. The Relationship Structures (ECR-RS) questionnaire (Fraley et al., 2006) is a nine-item measure based on Hazan & Shaver's (1987) classic three-category attachment questionnaire. The internal consistency alphas for the subscales are .85 for Avoidance and .88 for Anxiety. Higher scores represent better relationship quality.

e)   Gender egalitarianism. Measured with the Attitudes Towards Women Scale – Short version (Spence, Helmrich & Stapp, 1973). This is a 25-item scale which measures attitudes towards women's roles in society. Responses are on a four-point Likert scale from 'agree strongly' to 'disagree strongly'. The internal consistency alpha is .87. Higher scores indicate more gender egalitarian views.

f)   Neuroticism. This was measured using the EPQ-R-Short Neuroticism items (Eysenck & Eysenck, 1991), with higher scores representing more neuroticism (or emotionality). The internal consistency alpha for this scale is .88.

g)   General Wellbeing. This was measured using the Positive Mindset Index (PMI) (Barry, Folkard & Ayliff, 2014). This scale measures how positively a person is currently thinking, and consists of six items: happiness, confidence, being in control, emotional stability, motivation and optimism. Higher scores represent a more positive mindset. The internal reliability alpha is .93,

h)   Aggression. This was measured using the short version of the Aggression Questionnaire (Buss & Perry, 1992). The internal consistency alphas for the subscales range from .76 to .86.

The survey took approximately 25 minutes to complete.

Procedure

An invitation to participate in the survey was posted on participating websites. Participants volunteered to fill in the questionnaires after completing the information sheet and consent sections of the survey. The trial recruited between June 2013 and Sept 2014. Ethical approval was granted by the Graduate School Research Ethics Committee, University College London.

Data analysis

In the main analyses, the backward stepwise multiple linear regression method was used.

Rather than combining the data for men and women and running 'gender' as a dummy variable, this study has analysed the data for men and women separately. This is done in order to describe with maximum clarity the association between the predictors and outcome within each gender, which could not be done adequately if gender were simply a predictor variable.

In the first model the outcome was drinking behaviour, and in the second model the outcome was intention to engage in healthy behaviours. In both models, the 25 predictors were: demographic variables (age, level of education), psychological variables (Avoidant Attachment, Anxious Attachment, Relationship Assessment, Aggression, Attitudes to Women Scale, Neuroticism, PMI), job satisfaction variables (Pay, Promotion, Supervision, Fringe Benefits, Contingent rewards, Operating conditions, Co-workers, Nature of work, Communication), IMBP health behaviour variables (Skills, Environmental constraints, Advantages & Disadvantages, Social pressure, Self-discrepency, Emotional reaction, Self-efficacy). Each model was run twice, once for the male sample and once for the female sample, thus four regressions were performed in total.

The sample size required, based on Tabachnick and Fidell (2001) was 50+8*m* (50+(8*26)) (where 50 is the baseline N required, and *m* is the number of predictor variables) thus 258 participants were required for multiple linear regression. To reduce the impact of missing data, missing values were excluded pairwise. Data was analysed using SPSS statistical software, Version 22.

Results

Initial Analysis

The final sample size (for alcohol, 98 men and 163 women; for health behaviours 93 men and 153 women) left the initial iterations of the backward stepwise regression somewhat underpowered. However apart from the health behaviours model with men, these numbers fully powered the analyses for the latter iterations, and the final models consisted of, respectively, four and seven predictors (see Tables 3 and 4).

Table 1 shows the descriptive statistics and comparison by gender for background characteristics of the participants.

Table 1. Descriptive statistics and comparison by gender for background characteristics. Values are show as mean (SD) or frequency (percentage) as appropriate.

		Men (N = 113[c])	Women (N = 194)	Test statistic
Age		34.51 (12.89)	29.13 (10.33)	3.29[a]***
Educational achievement	Doctorate	5 (4.2%)	10 (5.2%)	
	Masters	25 (21%)	43 (22.2%)	
	Bachelor / college	58 (48.7%)	80 (41.2%)	4.23[b]
	Secondary / high school	25 (21%)	59 (30.4%)	
	Primary school	0 (0%)	2 (1%)	

* P<.05, ** P<.01, *** P<.001 (two tailed).

[a] independent groups t-test with 'equal variances not assumed' correction used

[b] χ^2 with Fisher's Exact Test correction for cells with expected count of less than 5

[c] Five of the 118 participants did not give full demographic information.

Table 2 shows the descriptive statistics and comparison by gender for the variables in the model of unhealthy drinking behaviour.

Table 2. Descriptive statistics and comparison by gender (using independent t-tests) for predictor and dependent variables. Values are shown as mean (SD).

		Men	Women	t value
Drinking AUDIT		7.13 (5.59)	4.82 (4.51)	3.48[a]***
Intention to do health behaviours (IBMP)		3.79 (0.60)	3.98 (0.61)	-2.37**
Attitude to Women		3.31 (0.47)	3.44 (0.41)	-2.09*
Neuroticism		5.51 (3.42)	6.25 (3.57)	-1.49
Health Behaviour Variables (IBMP)	Skills	3.55 (0.71)	3.62 (0.77)	-0.73
	Constraints	2.65 (0.74)	2.51 (0.77)	1.36
	Advantages	3.90 (0.69)	3.97 (0.72)	-0.84
	Pressure	3.75 (0.64)	3.70 (0.71)	0.61
	Self-image	3.01 (0.92)	3.11 (0.81)	-0.93
	Reaction	3.49 (0.56)	3.59 (0.69)	-1.18
	Self-efficacy	3.51 (0.77)	3.52 (0.74)	-0.14
Job Satisfaction variables	Pay	3.41 (1.26)	3.46 (1.22)	-0.30
	Promotion	3.49 (1.27)	3.40 (1.13)	0.53
	Supervision	4.41 (1.28)	4.44 (1.13)	-0.16
	Fringe Benefits	3.78 (1.10)	3.78 (1.10)	-0.06
	Rewards	3.62 (1.23)	3.63 (1.18)	-0.07
	Conditions	3.34 (1.04)	3.70 (1.07)	-2.36**
	Co-workers	4.18 (0.93)	4.23 (0.97)	-0.38
	Type of Job	4.15 (1.38)	4.40 (1.05)	-1.39[a]
		3.59 (0.92)	3.64 (0.81)	-0.35

* P<.05, ** P<.01, *** P<.001 (two tailed).

[a] 'Equal variances not assumed' correction used

Predictors of Unhealthy Drinking Behaviour

In all four of the regressions (two outcome variables, run once for men and once for women), all collinearity diagnostics were within acceptable limits; all VIF statistics well below 10 and all tolerance statistics well above 0.2 (Field, 2005). The predictors in Tables 3 and 4 are the variables that formed the best statistical model from the initial set of predictors, and show the effect of each variable when the effect of the other variables is held constant.

For men only (N = 98) the model resolved in 26 iterations, and did not perform significantly better than chance ($F_{(1, 41)} = 3.46$, p<.07). The model only weakly predicted the amount of variation in drinking behaviour (Adjusted R Square = 5.5%). Table 3 shows that for men, problem drinking behaviour was non-significantly predicted by being less able to see the advantage of engaging in health behaviours (p < .07).

For women only (N =163), the model resolved in 24 iterations, and performed significantly better than chance ($F_{(3, 62)} = 3.70$, p<.016) though only weakly predicted the amount of variation in drinking behaviour (Adjusted R Square = 11.1%). Table 3 shows that for women, problem drinking behaviour was significantly predicted only by higher levels of neuroticism. Two other variables (less intention to engage in healthy behaviours, more constraints against engaging in healthy behaviours) made non-significant contributions to the model.

Table 3. Predictors that contributed to model of risky drinking behaviour in men and women.

Variable	Men			Women		
	B	SE B	β	B	SE B	β
	-	-	-	0.32	0.15	0.26*
Intention	-	-	-	-1.682	0.88	-0.23
Constraints	-	-	-	1.260	0.71	0.21
Advantages	-1.75	1.35	-0.28	-	-	-

* P<.05 (two tailed).

Notes: 'Intention' = intention to engage in healthy behaviours; 'Constraints' = constraints against engaging in healthy behaviours; 'Advantages' = the advantages of engaging in healthy behaviour outweigh the costs

Predictors of Intention to Engage in Healthy Behaviours

For men only (N = 93), the model resolved in 22 iterations, and performed significantly better than chance (F (5, 37) = 13.09, p<.00000002) and was a strong predictor of intention to engage in healthy behaviours (Adjusted R Square = 59%). Table 4 shows that for men only, intention to engage in health behaviours was significantly predicted by greater satisfaction with organisational communication, seeing the advantage of health behaviours, less satisfaction with their job in general, feeling good about health behaviours, and being dissatisfied with pay.

For women only (N = 157), the model resolved in 21 iterations, and performed significantly better than chance (F (6, 59) = 7.36, p<.000007) and was a moderate predictor of intention to engage in healthy behaviours (Adjusted R Square = 37.0%). Table 4 shows that for women, greater intention to engage in health behaviours is predicted by: feeling there is less chance of promotion, seeing the advantage of health behaviours, feeling good about health behaviours, and being happier with pay. Also, having less gender egalitarian views and being less satisfied with organisational communication were non-significant predictors of intention to engage in health behaviours.

Table 4. Predictors that contributed to model of intention to engage in health behaviours for men and women.

Variable	Men			Women		
	B	SE B	β	B	SE B	β
Emotions	0.36	0.12	0.33**	0.32	0.10	0.36**
Advantages	0.36	0.10	0.42***	0.27	0.10	0.32**
Pay	-0.16	0.06	-0.34**	0.18	0.08	0.37*
Promotion	-	-	-	-0.18	0.08	-0.32*
Attitudes to Women	-	-	-	-0.30	0.32	-0.2
Communication	0.36	0.08	0.54***	-0.15	0.08	-0.2
Nature of work	-0.17	0.05	-0.40**	-	-	-

* P<.05, ** P<.01, ***P<.001 (two tailed).

Notes: 'Emotions' = feeling good about engaging in healthy behaviour; 'Advantages' = seeing that the advantages of engaging in healthy behaviour outweigh the costs; Pay = being satisfied with pay; Promotion = being satisfied with prospects for promotion; Attitudes to Women = believing women should be treated as equals to men; Communication = being satisfied with the quality of organisational communication; Nature of work = liking one's job.

Discussion

This study surveyed 194 women and 118 men to assess how much their job satisfaction and

relationship quality affected their drinking behaviour and the intention to engage in healthy behaviours. There were no significant predictors of problem drinking in men, and in women the only significant predictor of problem drinking was neuroticism (emotionality). The most significant predictor of intention to engage in healthy behaviours for women was feeling good about health behaviours, and for men it was greater satisfaction with the clarity of organisational communication. Some interesting gender differences were observed.

After controlling for demographic and other variables, men and women were found to be different in some of the predictors of their intention to engage in healthy behaviours. For women, greater intention to engage in healthy behaviours was predicted by being happier with pay (β = .36, p<.012), but for men the relationship between intention to engage in healthy behaviours and pay was significant in the opposite direction (β = -.34, p<.006) i.e. with being less happy with pay. To a lesser degree, men and women also had contrasting patterns regarding satisfaction with communication at work and healthy behaviours: for women, low satisfaction with communication was associated with (statistically nonsignificantly) greater intention to engage in healthy behaviours, whereas for men it was strongly associated with less intention to engage in healthy behaviours. In understanding these findings it should be noted that 'organisational communication' is defined in the Job Satisfaction Survey in terms of four dimensions: thinking communication in the organisation is good; being clear about the goals of the organisation; knowing what is going on within the organisation; and feeling that work assignments are explained clearly.

The literature from previous research examining the link between the workplace and health behaviour has produced mixed findings. For example, Kouvonen et al. (2007) found that the workplace can have a negative impact on health behaviour, whereas other studies have found no such association (e.g. Overgaard et al., 2004). It could be that had these studies examined data from their male and female participants separately, their findings would have shown sex differences of the kind found in the present study. Previous research has tended to find that relationship quality is positively associated with health behaviours (e.g. Doumas et al., 2006), but the present study did not find evidence supporting those findings. Interestingly, although women reported significantly higher gender egalitarian views than did men, gender egalitarianism in women was negatively linked with intention to engage in health behaviours. Although this relationship was a non-significant contributor to the model (Table 4), future studies might seek to examine this association in further detail.

Relatively few studies have investigated gender differences in the influence of work and relationships on health behaviour; this in part explains why although the findings of this study are intriguing, there is little existing in theory or research that easily explains them. Thus until further research is done, it is only possible to speculate on the causes of the findings. A possible interpretation follows, illustrating the complexity of potential influences and underpinning

motivational dynamics. Perhaps the first thing to note is that the female sample was significantly younger than males, and was educated to a higher level than males, though non-significantly so. Although neither of these variables were significant predictors of alcohol use or intention to engage in health behaviours, in theory, differences in these directions could give rise to a difference between the groups in terms of the way they view work and its importance to their lives overall. For example, differences in personal values relating to work may underpin gender differences and their indirect influence on the outcome variables. Being younger and educated to a higher level should mean that the female participants have better job prospects and more job mobility compared to men. For the latter, being older and less educationally qualified, the current job may be more important to maintain and perhaps play a greater part in their identity and self-esteem. Equity or Justice Theories of work motivation (e.g. Donovan, 2001; Hertel & Wittchen, 2008) would predict that if an individual does not feel they are getting an equitable share of rewards from their workplace, they may seek to redress the work-life balance by putting more effort and time into non-work activities. Thus, males feeling dissatisfied with pay might be expected to show more intent towards health promoting behaviours outside work, which can be viewed as self-nurturing. With the female sample, however, the relationship may be different and less strong, because the present job may not be as bound up with their self-esteem (being young end educated, they can readily find alternatives), and hence if they are not satisfied with the level of extrinsic rewards it has fewer implications for their perception of equity. Moreover, if they seek greater financial rewards they may choose to devote more time in thinking about and seeking new jobs rather than in health promotion behaviours.

Regarding the somewhat contrasting patterns found in men and women between intention to engage in health behaviours and clarity of organisational communication, the explanation may again rest on differences in the perception and importance of work. Much research has shown that women are more open and self-disclosing (Fletcher, 1999), which makes satisfactory communication very important to women, more so than extrinsic rewards like pay, not least because it can act as an indicator of poor relationships at work. In this realm, unsatisfactory organisational communication may have much more relevance in balancing work and non-work perception of equity for the women in the present sample. Hence, women who were dissatisfied with the clarity of communication relating to their work might indeed be driven to restore some balance by devoting more of their time and thought to non-work activities including health promoting behaviours (which may also offer a different route for forming good relationships and communication). On the other hand, if communications regarding work and for the workplace are positive, there is no need for balancing non-work activities. In the case of the male sample, the findings fit with what might be expected, namely that when the general work environment is satisfactory, this spills over to more positive non-work responses.

Clearly, such interpretations are speculative, even though they rest on established theories of work motivation or findings on individual differences in   relation to them. However these explanations offer some scope for formulating hypotheses for future research, which might include measures of the importance of various aspects of work and work life balance rather than simply seeking ratings of satisfaction in one's present job. Future researchers might also consider interviewing men and women rather than conducting a survey. This is because interviews may allow a more complete exploration of issues of masculinity and femininity, and such information might shed light on the meaning of the present findings.

Limitations of this Study

A possible limitation of the present study is that the '*intention to engage in healthy behaviours*' variable combined behaviours (alcohol consumption, exercise, and general health behaviours) that are different in important ways and each driven by different motivating factors. For example, risky alcohol use might be driven by more pathological motivations than exercise behaviour. On the other hand, this diversity of variables might be considered a strength, in that the composite variable might broadly capture key elements of different health behaviours.

Although the sample size in three of the four regressions was adequate for the latter iterations of the backward stepwise regression, the initial iterations were underpowered - according to the guidelines of Tabachnick and Fidell (2001) - in all four cases. The impact of such underpowering would have been to underestimate the effect of some predictors in the initial iterations, but the potential effect of is unlikely to have detracted very much from the validity of the final models shown in Tables 3 and 4, the health behaviour models in particular. Future studies are advised to bear the issue of power in mind when specifying their models.

The internal consistency alpha coefficients for the IMBP subscales were, overall, weak (an average of .35). Although this does not reflect on the validity of the IMBP subscales, and may be acceptable for the exploratory purposes of the present study, these alphas would be lower than acceptable for scale development purposes, therefore future studies that are not concerned specifically with the IMBP should consider using a different measure of health behaviour.

Due to the focus being on job satisfaction, relationships and health, the current employment - current job title or rank - of the participant was not assessed in this study. Although their educational levels were assessed, this variable was not a significant predictor of problem drinking or intention to engage in health behaviours. Job title and rank would be interesting variables to explore in future research.

Conclusions

Few studies have investigated gender differences in the influence of work and relationships on

health behaviour, and the present paper offers a unique platform from which further research in this field may progress. Health psychologists should consider using this information in order to better target gender-specific health promotion campaigns to men and women. Organisational psychologists might seek to discover why satisfaction with pay is related to opposite patterns of health behaviour in men and women.

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The Role of Primary Care
Men's Perspectives on Attempting to Lose Weight through a Community-based Dietician Service

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Introduction

Obesity has emerged as a critical public health issue globally, accounting for 2.8 million deaths annually (World Health Organisation 2013a). In terms of increasing obesity rates internationally, Ireland tops the pile for expanding waistlines. An unpublished World Health Organisation (WHO) report, presented to the European Congress on Obesity, has revealed that the obesity rate in Irish men is expected to almost double the last recorded rate from 26% to 48% and by 2030, the amount of obese and overweight men in Ireland will rise to 89% (Flaherty 2015).

Men are more likely than women to become overweight earlier in life. The first State of Men's Health in Europe Report highlighting that 46% of men in the 25-34 year age range were overweight compared to 25% of women in the same age range (White et al 2011). Central (or visceral) obesity is more prevalent among men than women and is associated with an increased risk of hypertension, diabetes and metabolic syndrome (World Health Organisation 2009). The substantial increase in obesity, particularly amongst Irish men in recent times, draws attention to the inadequacies of existing policy measures to address obesity (Department of Health and Children 2008). This highlights the importance of this study's findings in the role of primary care on men attempting to lose weight through a community-based dietician service and thereby informing future policy and practice to tackle this significant public health issue.

It is well established that men's diets are less healthy than women's diets, with men eating more fried foods and high-caloric items and less fruit and vegetables than women (Hartmann et al. 2012; White et al. 2011; Morgan et al. 2008; Safefood 2014). Men are also more likely than women to drink more than recommended weekly limits of alcohol and to engage in episodic binge drinking (White et al. 2011; Morgan et al. 2008), both of which have been found to be associated with increased risk of obesity (Wannamethee et al. 2005). Although men tend to be more physically active than women, nevertheless, a majority of European men have been found to be insufficiently active for health (White et al. 2011).

Underpinning these worrying male obesity statistics and sex differences in lifestyles are a

number of important and previously established gendered aspects to male obesity. In the context of diet, men tend to be less knowledgeable than women about the health benefits of particular foodstuffs (Kiefer et al. 2005; Safefood 2014), are less likely to check and use food label components (Satia et al. 2005), and tend to rely on women for advice and support on food and dietary matters (Gough and Conner 2006). Men often regard healthy food as insubstantial and 'bland' and tend to be sceptical and cynical towards health eating messages filtered through the media (Gough and Conner 2006; Richardson 2010). Men tend to conceptualise food as fuel for their bodies (Safefood 2012; 2014) and men who are overweight/obese tend not to see their excess weight as a cause of concern until their weight has reached obesity proportions or has become associated with obesity-related co-morbidities (Mc Pherson 2004). Men also tend to be more open to dietary change or to losing weight when prompted to do so by their GP (Gough and Conner 2006; Robertson et al. 2014); highlighting the potency of appropriate medical advice in altering the dietary behaviours of men. In terms of alcohol consumption, men tend to play down the seriousness of heavy or binge drinking (Richardson 2010) with such drinking patterns frequently being used as a means of defining masculinity (Brooks 2001). From the point of view of weight management, men tend to see physical activity and sport as more relevant than nutrition/dieting (Kiefer et al. 2005). A recent systematic review on obesity management in men (Robertson et al. 2014) concluded that weight reduction for men is best achieved and maintained through a combination of a reducing diet, physical activity advice or a physical activity programme, and behaviour change techniques. The same study highlighted men's preference for interventions that were individualised, fact-based and flexible, and that used business-like language with simple to understand information. Further research has shown that diet counselling through primary health care has the potential to change behaviours related to obesity and diabetes (World Health Organisation 2013b).

The increasing spotlight on men's health in recent years is reflected, in part, by an emerging policy focus on men's health (Department of Health and Children 2008; Department of Health and Ageing 2010) and by a growing concern about what has been described as 'the burden of ill health' experienced by men (Department of Health and Children 2008). The contribution of obesity to this

'burden' is clearly gaining momentum. An earlier systematic reviews of evidence-based research on tackling obesity (NICE 2006), highlighted the need for targeted action through the development of tailored lifestyle interventions for obese men in primary care. Whilst the recent publication of best practice guidelines for practitioners on tackling obesity in men (MHF 2014) is to be welcomed, there is still a need for an increased focus on examining the effectiveness of existing community based weight-loss interventions in tackling male obesity – fundamentally by tracking referral patterns to such services but also by examining obese men's perspectives on their excess weight and on their experiences of such services in attempting to lose weight. This study was conducted to address this need and is based on a review of referral data to a community-based Primary Care Nutrition and Dietician Service (PCNDS) delivered in Ireland and on obese men's experiences of attending the service. The PCNDS is a lifestyle intervention run by dieticians in the Health Service Executive (HSE) Southern area in Ireland. The service specialises in lifestyle counselling with obesity management a core element of the service. Referrals to the service are made by general practitioners (GPs) through primary care teams. The overall focus of this study was to explore obese men's perspectives on reasons for having gained weight, motivations for weight-loss, their experiences of being overweight and of attempting to lose weight through a community based dietician service. There was a particular focus on examining the perceived impact of the service on the men's dietary and lifestyle patterns and its perceived usefulness as a means to weight loss. This is important from the point of view of applying a gender lens to tackling male obesity and establishing the key factors that health practitioners should take into account when tailoring lifestyle interventions directed at overweight/obese male patients.

Methodology

In advance of undertaking this study, ethics approval was authorised from the Institute of Technology Carlow Research Ethics Committee. As a precursor to the main study, PCNDS managers were asked to collate data pertaining to referral patterns to the PCNDS within their service area for the previous year. This was to give an indication of the numbers of men (i) being referred through the primary

care system to the PCNDS and (ii) actively taking up a consultation with the PCNDS. Such data is important in ascertaining whether sex differences exist either in rates of referrals or rates of follow through, and, if so, to consider this as a backdrop to the main focus of the study.

The main focus of the study was a telephone questionnaire, designed to explore overweight/ obese men's perspectives on: the factors that they believed had contributed most to their excess weight; the impact of PCNDS intervention on their dietary and lifestyle patterns; the perceived challenges and barriers to achieving sustained weight loss; and the perceived usefulness of PCNDS as a means to weight loss. The questionnaire comprised a mixture of open ended and closed questions and was modelled on relevant sections of a previously validated National Lifestyle Survey (Morgan et al. 2008) and from an in-depth review of the literature. The questionnaire was piloted to community dieticians (n=16), men's health workers (n=2) as well as to a convenience sample of men (n=10) to secure the content validity and reliability of the questionnaire items. Following feedback from this phase, modifications were made to the survey.

Due to budgetary and resource constraints within the research project, a small, geographical sub-section of the PCNDS - the South-East Nutrition and Dietician Service (SENDS) was chosen as the most feasible geographical area in which to target participants for the study. Men selected as study participants were referred to the SENDS on the grounds of being overweight/obese or having a medical condition such as diabetes or hypertension for which overweight/obesity was identified as an underlying cause. Based on referral data for the year 2008, it was established that 102 men had been referred to SENDS by their GP. To safeguard patient confidentially, names and dates of birth were collated by the SENDS manager who then sought the co-operation of the men's GPs, to write to the men, inviting them to participate in the study. At this point, three Practices decided against participating in the study which led to 23 men being excluded from the study; 5 men were deemed by participating Practices to be unsuitable; 4 men had emigrated; and 3 were deceased). This resulted in a final sample size of 67 men. A letter requesting consent to partake in the study was sent to these 67 men from each man's respective GP and, once consent was received, each man was contacted by telephone and asked to complete a telephone survey at a date and time convenient

to him. All telephone surveys were recorded with the men's permission. Telephone survey was the methodology deemed to be most appropriate, in light of budgetary and resource constraints, and to ensure a maximum response rate with due consideration also being given to the sensitivity of the topic being investigated (Opdenakker 2006) and concerns over literacy issues (Sticht and White 2000).

The BMI of respondents was recorded using self-report height and weight measurements and classified in accordance with WHO guidelines (World Health Organisation 2013a; World Health Organisation 1998). Questionnaire data were entered onto the Statistical Package for the Social sciences (SPSS V.18) and analysed using descriptive statistics. Data from open-ended questions were transcribed and analysed using a thematic analysis approach.

Results

An analysis of referral data to the PCNDS during the year preceding the study revealed that there were 8,424 new referrals to the service, 62% (n=5,224) of which were women and 38% were men (n=3,200). This equates to a ratio of 1.6:1 women to men being referred to the service. The most common grounds for referral (male and female) was overweight/obesity (69%; n=5,783). Notably, only one region within the PCNDS (SENDS; n=599) recorded referrals according to sex. This data revealed that 65% (n=151) of all male referrals and 62% (n=225) of all female referrals were on the grounds of overweight/obesity, and that 34% of both male referrals (n=51) and female referrals (n=76) did not follow through to attend for a consultation.

For the main study, the 67 men included in the analysis were aged between 24-76 years (median age of 51), 76% (n=51) were married/cohabiting and 66% (n=44) had no more than second level education (Table 1). Over half of the participants (55%; n=37) were unemployed or unable to work due to disability, being retired, or looking after family or home (Table 1). The majority of respondents (69%; n=46) perceived their general health to be in the category 'good' or better. This, despite the fact that 79% (n=53) of the respondents were obese or morbidly obese based on self-reported BMI measures (Table 1).

Table1: Profile of Study Participants

	Age (years)					
	20-29 n(%)	30-39 n(%)	40-49 n(%)	50-59 n(%)	60-69 n(%)	70-79 n(%)
Men	3(5)	4(6)	20(29)	23(34)	9(13)	8(11)
Education						
Primary	1(7)	0	0	4(29)	3(21)	6(43)
Secondary	2(7)	1(3)	10(33)	12(40)	3(10)	2(7)
Third level	0	3(13)	10(43)	7(31)	3(13)	0
Employment Status						
Employed	1(3)	2(7)	9(30)	14(47)	3(10)	1(3)
Unemployed able to work	1(8)	2(15)	7(54)	2(15)	0	1(8)
Unemployed unable to work	1(4)	0	4(17)	7(29)	6(25)	6(25)
Marital Status						
Married/cohabiting	0	4(8)	14(27)	18(35)	9(17)	7(14)
Widowed/separated/ divorced/ single	3(20)	0	6(40)	5(33)	0	1(7)
Health Status						
Excellent/very good / good	1(2)	3(7)	16(35)	12(26)	6(13)	8(17)
Fair/Poor	2(10)	1(5)	4(19)	11(52)	3(14)	0

The number of times respondents reported attending SENDS ranged from 1 to 17, with 60% (n=40) of respondents having attended the service on 3 or 4 occasions. As a result of attending SENDS the majority of respondents (93%; n=62) reported having implemented dietary changes, such as adopting healthier diets (i.e. reduced fat intakes, increased fruit and vegetable consumption) through increasing knowledge of what constituted a healthy diet and of food preparation. All but two (96%; n=60) of those who implemented dietary changes reported having reduced their portion sizes. The percentage of respondents who categorised their diet as 'good' or better increased from 39% to 96% as a result of attending the SENDS (Figure 1).
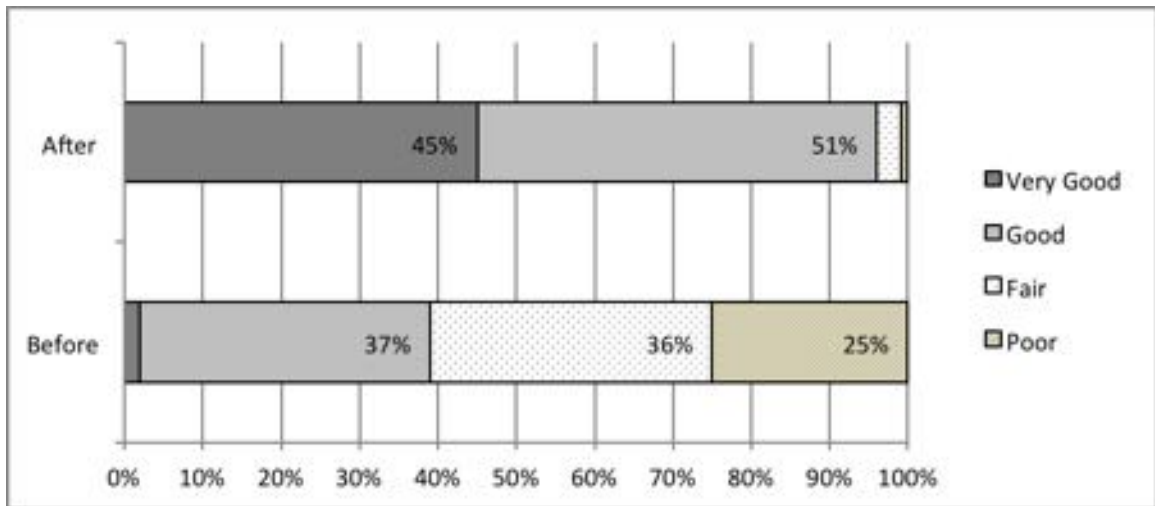
Figure 1: Description of 'diet' before and after attending SENDS

The service was also associated with a reduction in those reporting as 'inactive' (28%; n=19 v 4%; n=3). The reasons cited by respondents for not meeting adequate levels of physical activity included; poor health (15%; n=10), lack of time (13%; n=9) and the nature of their work (12%; n=8). SENDS was also associated with an increase in the percentage of non-drinkers (18%; n=12 v 28%; n=19) and a reduction in weekly 'heavy' drinking (>21 standard drinks) from 51% (n=28) to 30% (n=15). However, it had no impact on the reported number of drinks consumed per sitting (80%; n=44 v 81%; n=38) nor on the self-monitoring of alcohol consumption (4%; n=7 v 2%; n=4).

Table 2 outlines what respondents felt were the key contributory factors to them gaining excess weight, their motivation for weight loss, and the challenges and barriers they perceived in attempting to lose weight. Respondents were asked to state all applicable answers; therefore categories are exclusive of one another. Eating too much of the 'wrong foods' (82%; n=55) and simply eating 'too much' (67%; n=45) were the factors that were perceived to have contributed most to gaining excess weight. Notably, the most pertinent 'other' factor was sedentary work patterns, particularly among truck drivers, who reported that they 'eat to keep energy levels up over long journeys' and generally 'feel too tired to do any exercise in their free time'.

Table 2: Contributory factors to gaining excess weight, motivation for weight loss and challenges and barriers to weight loss

Dietary factors	n	(%)
Excessive portion size	59	(88)
Eating sugary snacks	50	(75)
Snacking too often	48	(72)
Eating too much fried foods	45	(67)
No control over food preparation	36	(54)
Alcohol consumption*		
>21 standard drinks per week	28	(51)
≥ 6 standard drinks per sitting	44	(80)
Did not monitor alcohol consumption	51	(93)
Physical Activity		
Active	48	(72)
Sedentary	19	(28)
Motivation for weight loss		
Health reasons	62	(93)
Improve fitness	20	(30)
Improve appearance	27	(18)
Confidence/ self-esteem	13	(9)
Other	9	(6)
Challenges and barriers to weight loss		
Giving up favourite food	37	(55)
Increasing physical activity	23	(34)
Lack of motivation	12	(18)
Not looking forward to the challenge	11	(16)
Not enough time	7	(7)
Not enough support	3	(3)
Other	21	(21)

Figure 2 outlines respondents' perceptions of the extent to which excess weight impacted negatively on different aspects of their lives. Over half of respondents 'agreed/strongly agreed' that excess weight had a negative impact on their confidence (55%) and self-esteem levels (56%). A minority of respondents reported that excess weight had a negative impact on relationships (10%) and career progression (14%).
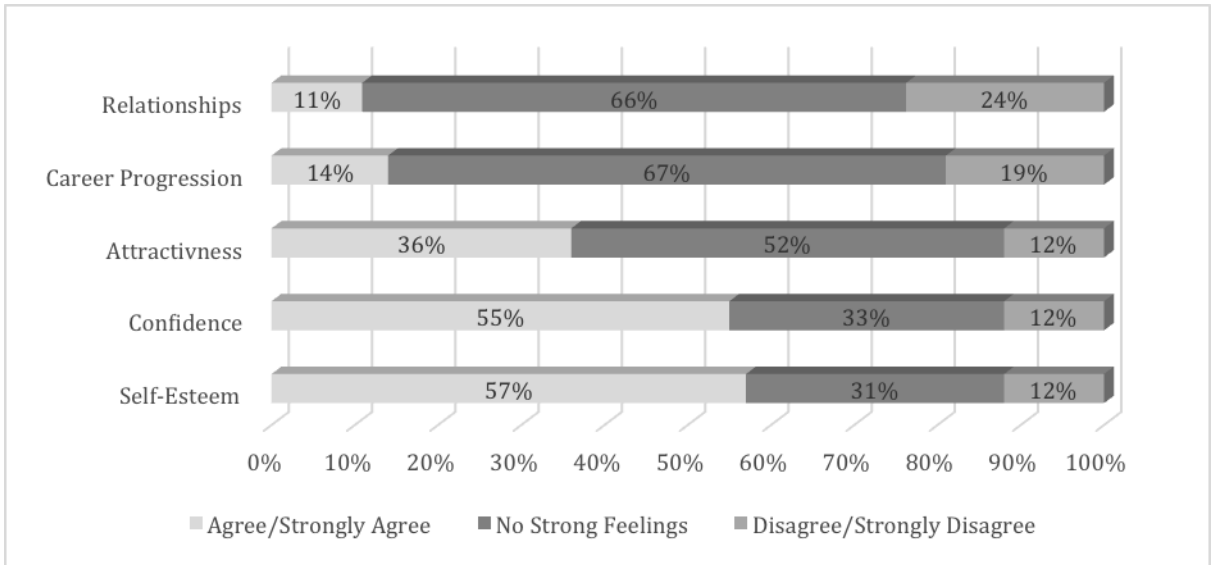
Figure 2: The extent to which excess weight was perceived to have impacted negatively on respondents (n=67)

The main motivation for wanting to lose weight was 'for health reasons' (93%; n=62), whilst giving up one's 'favourite food' (55%; n=37) was cited as the biggest challenge/barrier to successful weight loss. 'Other' challenges/barriers once again revolved principally around long working hours coupled with 'comfort eating' and insufficient time/motivation for physical activity/exercise. In response to an open-ended question that probed what participants felt were the key factors or tipping points that led them to initiate weight loss attempts or to implement lifestyle changes, two prominent themes emerged. A number of participants described being 'told' by their GP to lose weight and not daring to question the authorative position of the GP on such matters. Two such responses exemplified this sense of compulsion to act in response to 'advice' from a GP:

> "He (the GP) said that I had to lose weight whether I liked it or not" (Participant 11, 56)

> "I needed to be told I had to lose weight.... in the first place otherwise I wouldn't have done anything about it." (Participant 9, 42)

The other key catalyst was the onset of an obesity-related ill-health issue or the progression of such a health issue beyond a certain threshold of severity. Whilst excess weight in itself did not emerge as a factor in driving behaviour change, linking the ill-health consequences of excess weight did:

> "When I was younger I had no interest in weight or healthy lifestyle or in fitness or nothing, until I got this health problem [diabetes] two years ago and that was a wake-up call" (Participant 6, 52)

The majority of respondents (76%; n=51) felt that they had made satisfactory progress as a result of attending SENDS. The vast majority (97%; n=65) were happy both with the duration and frequency of their consultations and cited, in particular, the rapport and the friendly, open environment of SENDS. In an open-ended question that asked participants to comment on what they valued most about SENDS, responses almost unanimously alluded to the supportive, non-judgemental approach of the dieticians that underpinned a patient-centred, partnership approach, which was based on rapport and trust, and simple, step-by-step advice:

> "She helped me, the doctors didn't – they were always giving out to me. She just talked to me and gave me friendly, straightforward advice." (Participant 19, 41)

> "With my knee I can't really exercise, so it was all mainly dietary advice I received – I liked that as she wasn't getting on to me to do things that I just can't do." (Participant 2, 58)

> "She was very nice and open, she asked me about myself and general little everyday things. It was as if she was really trying to get to know me and understand what it (excess weight) was like for me." (Participant 14, 41)

More follow-up (19%; n=13) and tailoring the service to individual needs (13%; n=8) were the most prominent suggestions for improving the service. The majority of respondents reported being 'comfortable'/ 'very comfortable' in discussing their weight with a health practitioner (GP 83%, dietician 86%, practice nurse 76%) or close family member (84%) but less so with male (33%) or female (33%) friends.

Discussion

This study identified that the numbers of GP referrals to the PCNDS were skewed heavily towards

women (62%) compared to men (38%) despite the fact that obesity levels at a population level are higher in men than in women (Department of Health and Children 2008). This study also identified that it was predominantly older men (median age 51 with just 10.5% of participants aged less than 40) who were referred through primary care to nutrition/ dietician services despite men being more likely than women to become overweight earlier in life (White et al. 2011). Additionally the burden of disease associated with obesity falls disproportionately upon men, as overweight men have greater abdominal fat tissue compared with women, which increases their risk of cardiovascular disease (Wirth and Steinmetz 1998). The findings from this study therefore suggest both a gender bias in favour of women being referred through primary care to community-based nutrition/dietician services and also an age bias as highlighted by the referral of predominantly older men, despite the early onset of overweight/obesity more generally among men. Previous research suggests that physicians are more likely to routinely advise female patients to lose weight than male patients (Anderson et al. 2001). In general women show more dissatisfaction with their body weight, while 'bigness' can be associated with more dominant notions of masculinity, leading many men to strive for a large body frames as opposed to a 'normal' body weight (McCreary and Sadava 2001). Scherer et al. argue that the expression of vulnerability may inspire a sense of fear in men, who have been taught or who have learned that to explore their emotional selves may lead to humiliation and rejection, especially by other men (Scherer et al. 2004). This may explain men's reluctance to openly initiate dialogue with GPs in relation to weight management, particularly those men whose weight may have had a negative bearing on them emotionally. It might also help explain why patient-resistance has been found to be one of the major barriers posed to GPs in soliciting effective lifestyle counselling in primary care (Lambe and Collins 2010). Men's reluctance to openly initiate conversation relating to weight issues makes it all the more important that the GP prompts initial conversation and opens the dialogue on weight (Foster et al. 2003).

Some 34% of the males referred in the current study on the grounds of overweight/obesity did not follow through to attend for a consultation (compared to an identical 34% also of females). This indicates that the bias towards more females than males availing of community-based lifestyle

counselling for overweight/obesity is due to a referral bias at primary care level, not to males being any less likely to follow-through once referred. Indeed, the most recent evidence indicates that although men are less likely than women to join weight-loss programmes; once recruited they are less likely to drop out (Robertson et al. 2014). Non-responders to the PCNDS may have had a perception of the service as a dieting service, with previous studies highlighting that dieting can be seen as a feminine activity and that weight loss programmes generally do not appeal to men (Hunt et al. 2013; Gough 2007) (although the evidence from this study tends to refute the latter). Lack of engagement by men in weight loss programmes also reflects a lack of attention to gender differences in programme design and a failure to consider the physiological, psychological, and socio-culture gender differences that influence health behaviour (Gray et al. 2009). Men are generally not attracted to structured face-to-face programmes (Young et al. 2012) and a recent systematic review (Pagoto et al. 2012) found that group weight loss interventions had the lowest representation of men whereas self-guidance intervention had the highest representation. Weight management interventions for men have proved successful in settings which enable men to join a weight management programme, like 'Football Fans in training', in circumstances that felt 'right' rather than threatening to themselves as men (Hunt et al. 2014).

The majority of respondents (93%, n=62), reported having implemented dietary changes as a result of attending SENDS, including having an increased knowledge of what constituted a healthy diet and of food preparation, adopting healthier diets and reducing portion sizes. This is noteworthy in the context of previous findings that 'dieting' can be seen as a feminine activity and that dietary-focused weight loss programmes generally do not appeal to men (Hunt et al. 2013; Gough 2007). Previous studies have shown that poor dietary habits among men are influenced by lack of control over diet (White et al. 2011) and long or unsociable working hours – in particular for men who work shift hours and/or commute long distances, who tend to have an increased reliance on convenience foods, snacking and eating out (Irish Universities Nutrition Alliance 2011; Department of Health and Children 2005).

SENDS was also associated with a reduction in the percentage of 'inactive' respondents. It

has been proposed that men may see physical activity and sport as more relevant than nutrition in terms of approaches to losing or managing weight (Kiefer et al. 2005), although the findings from this study somewhat refute this. The most recent evidence emphasises the potency of interventions that combine diet, physical activity and behaviour change techniques (Robertson 2014). Whilst there was an increase in those reporting as 'non-drinkers' and a reduction in those reporting as 'heavy' drinkers, there was no change in patterns of binge drinking or in self-monitoring of alcohol consumption. This is troubling as the risk of obesity appears to be increased in heavy drinkers compared to non-drinkers (Schroder et al. 2007) and, for a given weekly alcohol intake, the more spread out the intake, the lower the BMI and waist circumference (Dumesnil et al. 2013). As alcohol is a high calorie beverage, it needs to be factored into recommended daily calorie intake allowances as part of any weight loss or weight management initiatives directed at men. There is also increased scope for increasing self-monitoring practices in relation to alcohol consumption in men.

Health reasons were the main motivation for weight loss, followed by improved fitness and appearance and to build confidence/ self-esteem. Grilo et al. reported higher levels of body image dissatisfaction among obese women than obese men, but the findings from this study suggest that this may also be important factor for men (Grilo et al. 1994). Participants in this study also appeared to be more open to dietary change or to losing weight when told to do so or jolted into action by their GP, reinforcing previous findings with regard to weight-loss attempts by men (Robertson et al. 2014). Simultaneously and somewhat paradoxically, participants welcomed what was seen as the less dictatorial and more patient-centred, partnership approach of the dieticians, which revolved around rapport and trust, and simple, step-by-step advice. This also reflects previous findings of effective practice or more 'men-friendly' approaches to engaging with men (Oliffe et al. 2012; Robertson et al. 2014; MHF 2014).

Male obesity has emerged as a significant public health issue in recent years. The findings from this study contribute to the application of a gender lens to dietician-led lifestyle interventions, thereby contributing to future efforts to support obese men to implement effective measures to achieve

weight loss.

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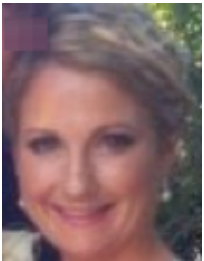
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The Disordered-Eating, Obsessive-Compulsive, and Body Dysmorphic Characteristics of Muscle Dysmorphia: A Bimodal Perspective

Beau James Diehl
Timothy Baghurst

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Muscle dysmorphia (MD) is a proposed subtype of body dysmorphic disorder whereby individuals have a pathological preoccupation with their muscular build and leanness. MD remains an under-recognized and misunderstood disorder, and is currently disputed in the extant literature. This paper

proposes that MD be reanalyzed through a bimodal lens that accounts for the diverse, spectrum-based characteristics of the disorder while concomitantly considering for the temporal, continuum-based characteristics of the disorder as a means to better contextualize the operationalization of MD symptoms. It is suggested that MD behaviors exist in cyclical formats of both severity and practice whereby the goals of the individual influence the nature and activities illustrative of MD. Therefore, it is theoretically plausible to consider MD behaviors in a bimodal perspective where frequency as well as severity are salient factors. Future research should address the temporal, continuum-based component of MD through increased longitudinal and qualitative studies.

Muscle dysmorphia (MD) is a proposed subtype of body dysmorphic disorder whereby individuals have a pathological preoccupation with their muscular build (Pope Jr., Gruber, Choi, Olivardia, & Philips, 1997). Individuals with MD perceive themselves as being insufficiently muscular and lean; therefore, they may adopt practices of compulsive weightlifting, disordered eating, and the use of anabolic androgenic steroids and other harmful substances as a means to ameliorate perceived flaws in their physique (Baghurst, 2012; Olivardia, 2007; Olivardia, Pope Jr., & Hudson, 2000). Individuals with MD typically suffer from severe social and vocational impairments, where strict exercise, diet, and valetudinarian procedures interfere with the pursuit of interpersonal relationships or maintenance of occupations (Olivardia, 2001).

Muscle dysmorphic individuals also experience extreme distress in situations where their musculature is exposed to others, and may take precautions to avoid such demanding situations (Grieve, Truba, & Bowersox, 2009) by utilizing excessive and concealing clothing as a means to mask their perceived flaws in muscularity (Olivardia, 2007). Baghurst and colleagues (2014) found that certain body parts such as the arms and chest might be flaunted in a gym setting while other areas are hidden. Further, they suggested that fat protection might be a more applicable term than physique protection. Such concern about real or perceived flaws may explain why individuals

with MD have been found to frequently participate in body checking behaviors where they will consult mirrors and other reflective surfaces to engage in a self-evaluation of their own musculature (Murray & Baghurst, 2014; Olivardia). The etiology of MD continues to be under researched and is not well understood (Baghurst & Lirgg, 2009). Researchers have yet to develop any evidenced-based arguments sufficient enough to constitute as complete or even partial diagnostic criteria suitable for the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; American Psychiatric Association [APA], 2013).

The purpose of this article is to further the extant knowledge of MD by proposing the disorder be viewed through a bimodal lens that considers both spectrum- and continuum-based behaviors. The intent is to better contextualize the behaviors of MD by concomitantly considering them in terms of diverse, spectrum-based systems, as well as a spatial continuum-based system bracketed by disordered eating, obsessive-compulsive, and body dysmorphic dimensions. This perspective is influenced by the work from past researchers and the chosen classificatory dimensions are structured through previous research findings.

There is ongoing controversy regarding how MD should be classified. Generally, researchers are trying to delineate whether MD is a body dysmorphic, eating, or obsessive-compulsive disorder. Further, MD may best classified in a broader subcategory such as eating disorders not otherwise specified or as an obsessive-compulsive spectrum disorder (Maida & Armstrong, 2005; Suffolk, 2013). Considering these three potential classifications are salient and largely acknowledged in the extant literature (see Chung, 2001; Hildebrandt, Schlundt, Langenbucher, & Chung, 2006; Murray et al., 2012), it is logical to use them as brackets to illustrate the spectrum-based component of the proposed bimodal approach to MD. It is important to note that an aim of this article is not to provide a singular classification for MD. Rather it draws from putatively acknowledged muscle dysmorphic behaviors and likely classificatory assertions in the extant literature and illustrates their association with broader spectrums in a non-diagnostic paradigm to operationalize a behavioral dimension to the proposed bimodal perspective.

The Eating Disorder Spectrum

Muscle dysmorphia was originally termed *reverse anorexia* by Pope Jr. et al. (1993) due to the disorder's striking parallels with anorexia nervosa. Morgan (2000) succinctly defined muscle dysmorphia as "a preoccupation with overall muscularity and drive to gain weight without gaining fat" (p. 1373). Adiposity becomes of viable interest to individuals with MD, as an excess cover of fatty tissues over a certain portion of the body diminishes the definition and muscularity of that physical part. This may account as to why Olivardia et al. (2000) found that men with MD ($n = 23$) scored similarly on all of the Eating Disorder Inventory (EDI) subscales from Garner, Olmstead, and Polivy (1983). However, researchers have indicated that the goals of the individual in question may impact the balance between a desire for muscularity and desire for thinness (Dacey, Corley, & Adcok, 2010; Skemp, Mikat, Schenck, & Kramer, 2013; Suffolk, 2013). Therefore, it is pertinent to consider how these drives are affected by a variety of goals, including sport and athletic influences, which go beyond appearance-related and aesthetic aspirations.

Bratland-Sanda and Sundgot-Borgen (2012) examined eating disorders in athletes and found that sports which emphasize a lean physique presented higher frequencies of dieting behavior. Sports such as wrestling, boxing, and bodybuilding are all considered *weight-class* sports and have rules that reinforce rapid weight-loss requirements prior to competition. Furthermore, sports such as bodybuilding are considered aesthetic sports where the size, symmetry, and the definition of a person's physique are evaluated by a panel of judges. These sports create *body paradigms* through aesthetical evaluation, and therefore are likely to make athletes more prone to eating and body image disorders (Bratland-Sanda & Sundgot-Borgen).

Cella et al. (2012) investigated MD in male competitive bodybuilders ($n = 217$) in comparison to general fitness practitioners ($n = 98$). They found that 21 of the bodybuilders (17.6%) exhibited a significant preoccupation and dissatisfaction with their muscularity, 42 (35.3%) followed a high-protein diet and used vitamin supplements to improve performance, 43 (36.1%) indicated they had used anabolic pharmacological substances, and 9 (7.6%) stated that they endeavored to avoid

situations in which their body might be seen by others. These results for the bodybuilders was considerably higher than those for the controls, and Cella and colleagues concluded that the practice of bodybuilding is a sport that is strongly associated with the proposed criteria of MD when compared to regular fitness practice. In addition to MD, these findings are also partially congruent with the current literature on bodybuilding and the development of an eating disorder. Goldfield, Harper, and Blouin (1998) previously reviewed the existing literature and determined that bodybuilding likely potentiates the risk of developing an eating disorder. However, body image is also a salient factor in both eating disorders and MD.

Although bodybuilders are a frequent choice for MD research, it is not surprising that they exhibit characteristics of MD and their use in MD research should be treated with caution. Their primary goal is to gain muscle mass while reducing body fat, and must do so by supplementing, following a rigorous diet, and sometimes, ingesting steroids and laxatives (Baghurst & Lirgg, 2009). Further, they are placed in competitively evaluative conditions that may account for the need to cover their physiques, especially as competitions near. The migration of bodybuilders from other competitive sports has been documented as a primary reason why both male (Parish, Baghurst, & Turner, 2010) and female (Baghurst, Parish, & Denny, 2014) bodybuilders took up the sport. Therefore, while MD features may be evident, the underlying purpose of competing as opposed to a principal or causal motivator (i.e. body image disturbance) may impact not only their desire to pursue such sports, but also influence a fluctuating nature of muscle dysmorphic symptoms.

Choi, Pope Jr., and Olivardia (2002) examined MD in weightlifters (n = 24) using a control group without MD (n = 30) and incorporating Cash's (2000) Multidimensional Body-Self Relations questionnaire. They found that those with MD do have poorer body image perceptions than controls. Additionally, weightlifters with MD expressed an extreme concern over gaining fat, and indicated that they considered themselves to be less healthy than the control group. Alternatively, Lamanna, Grieve, Derryberry, Hakman, and McClure (2010) theorized that MD is the "male form of eating disorders" (p. e23). They assessed societal influences and muscle dysmorphia/eating disorder symptoms in a sample of men (*n* = 101) and women (*n* = 247) to compare if MD in men

is etiologically similar to eating disorders in women. It was found that MD and eating disorders were etiologically similar, and that sociocultural influences about appearances predicted body dissatisfaction in both men and women.

The findings from these studies help to illustrate that: (a) two athletic groups (bodybuilders and weightlifters) are believed to be at high risk for developing MD, and (b) dietary behaviors and a drive for thinness are not only often integral to MD, but that MD and eating disorders are believed to be etiologically similar. However, it is important to note that despite an abundance of literature relevant to bodybuilders and weightlifters, MD symptomology can manifest in other demographics including general fitness enthusiasts (Thomas, Tod, and Lavallee, 2011) and college students (Olivardia, Pope Jr., & Hudson, 2000), lending some credence to the notion that MD behavior may be more resultant from underlying body image disturbances than influenced by the rigors of competitive sport.

Much of the research by Murray supports the conceptualization of MD as an eating disorder. In one study, Murray et al. (2012) assessed 21 male MD patients, 24 male anorexic patients, and 15 male gym controls using the Eating Disorder Examination-Questionnaire the Muscle Dysmorphic Disorder Inventory, and the Compulsive Exercise Test. The researchers found that participants with anorexia nervosa and participants with MD exhibited widespread similarities across dimensions of body image disturbance, disordered eating, and exercise behavior. From these findings the authors concluded that disordered eating behaviors and attitudes in those with MD harbor a similar severity with those found in individuals with anorexia nervosa.

Murray and Touyz (2013a) acknowledged that MD displays marked similarities with body dysmorphic disorder, but have stated that because MD is partially comprised of food and exercise related psychopathology in conjunction with weight and image-related concerns, MD should be analyzed with an eating disorder lens to conform to the DSM-V rules of diagnostic criteria. Murray, Rieger, Touyz, and De la Garza Garcia (2010) extensively reviewed the literature of MD, eating disorders in men, exercise, and weight concerns. They found that a majority of studies assessing for eating disorders in men used measures originally created for women, which may have diminished

the face validity of any resulting data and research intended to assess aspects of disordered eating symptomology associated with MD in men. Furthermore, the authors indicated that it is not uncommon for men suffering from MD to be currently suffering or have had suffered in the past from a type of eating disorder (i.e., anorexia nervosa, bulimia nervosa, binge eating). The authors also asserted that MD may be better suited for the *eating not otherwise specified disorders* category of the DSM.

Murray and Touyz (2013b) provided support for the claim that MD maintains apparent eating disorder classificatory characteristics by distributing a clinical vignette depicting an individual afflicted with the symptoms of MD to 100 clinical practitioners. A majority of the practitioners (94%) categorized these symptoms as MD or an eating disorder phenotype rather than a variant of obsessive-compulsive disorder or body dysmorphic disorder. The data suggest that clinician-observed symptoms of MD are significantly similar to the symptoms of disordered eating. In a similar study, Murray, Rieger, and Touyz (2011) published a case report where a 32-year old Lebanese man with MD experienced significant distress during a period of religious fasting mandated by the Muslim faith. Muscle dysmorphic symptoms increased in severity during this fasting period, and it was concluded that symptoms of MD do not only exist, but can intensify when eating practices are controlled. This study, in addition to providing evidence to the characteristics of MD, also supports a cyclical nature to MD and illustrates how such symptoms can and do fluctuate in relation to situational and even cultural variables such as available diet and religion. This fluctuation in relation to external influence may also be integral to understand motivational and perhaps etiological aspects of MD.

These studies lend support to the belief that MD may be best conceptualized as an eating disorder. However, the compulsive and ritualistic exercise regimens of individuals with MD are a putative component of the disorder, and there is question as to whether dietary and even disordered eating behaviors are influenced by an underlying and unhealthy obsession.

The Obsessive Compulsive Disorder Spectrum

Although body image concerns and disordered eating are believed to be strong components of MD, there are some researchers who believe that MD is largely comprised of obsessive compulsive behaviors that overshadow a specific and central body dysmorphic disorder. The DSM-V indicates that obsessive-compulsive disorder is characterized by the presence of obsessions and or compulsions, and that

> obsessions are recurrent and persistent thoughts, urges, or images that are experienced as intrusive and unwanted, whereas compulsions are repetitive behaviors or mental acts that an individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly (APA, p. 235).

Muscle dysmorphia could be considered as a disorder where individuals experience preoccupations with body image and strong desires to exercise (intrusive thoughts and urges) as well as the engagement in repetitive workouts and dietary practices (compulsive behaviors) which, in this context, closely relates to the aforementioned APA guidelines. Furthermore, MD may be categorized as an obsessive-compulsive disorder supported, in part, because of the similarities that anorexia nervosa and MD share with obsessive-compulsive disorders (Chung, 2001). Specifically, MD and anorexia nervosa are accompanied by apparent obsessive-compulsive activity, and these two disorders may warrant a completely separate category. According to Chung, if MD were to be classified as an obsessive-compulsive disorder, then "muscle dysmorphia is looked upon as a behavioral disorder, which therefore has its treatment strategies centered on modifying behavior" (p. 572). However, if MD were to be recognized as a subtype of body dysmorphic disorder, that classification would suggest that a hypermasculine phenotype is "abnormal." Therefore, clinical attention would be placed on a preoccupation with vague definitions of normal and abnormal physical build with a multitude of intervening factors including societal standards of beauty as well as one's genetic disposition, diet, and general lifestyle activities. Alternatively, if MD were conceptualized as a form of obsessive-compulsive disorder, the clinical attention would be focused on the extreme and repeated behaviors. Therefore, there is a distinction between classificatory

efficiency and efficacious treatment of MD which is unique mostly due to the comorbid symptoms of the disorder. Chung acknowledged the comorbidity MD shares with obsessive-compulsive disorders and posited that collective foci on treating the obsessive-compulsive aspect of MD will better address the specific behaviors associated with the disorder.

Support for MD to be considered as an obsessive-compulsive disorder has been well documented. For example, Muller, Dennis, Schneider and Joyner (2004) examined a psycho-behavioral model of MD (see Lantz, Rhea & Cornelius, 2002) in a sample of college athletes (*n* = 106). The modified Adult Self-Perception Scale was also used to assess constructs such as global self-worth, obsessive-compulsive disorder, depression, perfectionism, intelligence, sociability, physical appearance, and intimate relationships. Subgroups were identified as weightlifters/ bodybuilders, athletes who played contact sports, and athletes who played non-contact sports. The weightlifter/bodybuilder group was found to exhibit behaviors that align with MD, and that this group was: (a) more likely to consume dietary supplements, (b) consume a greater number of meal replacement and protein shakes, (c) restrict diet to lose fat, (d) frequently check their body, (e) think about taking steroids, and (f) display perfectionistic traits. It is important to note that data did not reveal significant differences with regard to obsessive-compulsive disorder between any of the three groups; however, the authors asserted that behaviors associated with weightlifting and bodybuilding appear compulsive in nature. Although it was recognized that it is possible for athletes to engage in *normative* dietary and exercise regimens, MD seemed to emerge when athletes obsessed about diet and exercise, and therefore agreed with Chung (2001) that MD is best classified as an obsessive-compulsive disorder. This emergence is another buttress for the cyclical and temporal nature of MD, and if considering the disorder in terms of an obsessive-compulsive classification, it becomes imperative to address causal factors influencing the obsessive behavior subsequently exacerbating the muscle dysmorphic symptomology in order to address etiological components of MD.

More recently, Chandler, Grieve, Derryberry, and Pegg (2009) examined a possible relationship between anxiety, obsessive-compulsive symptoms, and MD in a group of 97 college-

aged men using an abbreviated version of the Yale Brown Obsessive-Compulsive Scale. Trait anxiety and obsessive-compulsive disorder were strongly related to and predictive of several factors of MD, including social physique anxiety, trait anxiety, and obsessive-compulsive features. These findings support past research where a positive correlation was found to exist between symptoms of MD and variables such as anxiety and obsessive-compulsive disorder (e.g., Maida & Armstrong, 2005). Furthermore, previous researchers have also found a strong correlation between excessive exercise and high levels of obsessive-compulsive symptoms (Gulker, Laskis, & Kuba, 2001), which lends credence to the suggestion that the obsessive-compulsive comorbidity of MD may be an instrumental consideration with regard to the classification of MD.

It is possible that individuals with MD can be categorized by an obsessive compulsion to exercise and engage in meticulous dieting strategies. Proponents of an obsessive-compulsive oriented nomenclature for MD emphasize the behavioral obsession with exercise and dieting as well as the repetitive nature of weightlifting. However, Pope Jr. and colleagues (1997) emphasized a central preoccupation with muscularity as the driving influence for classifying MD as a subtype of body dysmorphic disorder. Further, it is possible that ritualistic behavioral components of MD, such as dieting and exercise, are outlets for an underpinning body image disturbance. As previously noted, the extensive use of bodybuilders within the MD literature clouds its classification, for many of the characteristics required to be a successful bodybuilder are similar to those that might be displayed by someone who is exhibiting muscle dysmorphic behaviors.

The Body Dysmorphic Disorder Spectrum

The relationship between MD and body dysmorphic disorder is understudied, and controversy exists as to whether or not MD can be considered a type of body dysmorphic disorder due to the possibility of of eating or obsessive-compulsive disorders being integral to muscle dysmorphic symptoms. According to the DSM-V, any type of sequaelae must be absent for a diagnosis of body dysmorphic disorder (APA, 2013). Although body dysmorphic disorder is currently considered

a subtype of obsessive-compulsive disorder (APA), it isn't clear if MD-associated compulsive symptoms are sufficiently centralized to classify MD into a specific body dysmorphic disorder niche. However, comparison studies have been conducted on characteristics of MD and body dysmorphic disorder that suggest a level of concomitance. For example, Hitzeroth, Wessels, Zungu-Dirwayi, Oosthuizen, and Stein (2001) assessed the presence of body dysmorphic disorder and MD in a group of 28 amateur and competitive bodybuilders in South Africa using structured diagnostic interviews. Over half (53.6%) of participants were considered muscle dysmorphic and were more likely to have comorbid body dysmorphic disorder associated with preoccupations that were not related to muscularity. These findings are geographically similar to those of Martin and Govender (2012) who found positive correlations between masculine ideology and a drive for muscularity in South African adolescent boys.

Hildebrandt, et al. (2006) asserted that body image disturbance is central to MD symptomology in perceptual, cognitive, emotional, and behavioral terms, and that MD is a pathological subtype of body dysmorphic disorder. The proximity of eating disorders, obsessive-compulsive disorders, and body dysmorphic disorders within the context of diagnosis are indicated by the DSM, and explained:

> Body dysmorphic disorder in particular has received support as an OCSD [obsessive compulsive spectrum disorder], and the clinical features and phenomenology of MD are consistent with this conceptualization. In addition, a significant number of patients with MD have current or past eating disorder diagnoses and increased eating disorder symptomology, which further support placement of MD within an obsessive compulsive (OC) spectrum because both anorexia nervosa and bulimia nervosa are comorbid with OCD. This overlap between OCD and eating disorders appears to extend beyond simple comorbidity.... Thus, the comorbidity pattern previously described in patients with MD and research identifying eating disorders and body dysmorphic disorder as OCSDs suggest that MD is best conceptualized as a subtype of body dysmorphic disorder and part of a larger OC spectrum (p.128).

Hildebrandt and colleagues (2006) further noted the underlying factor that contributes toward the development of MD, body dysmorphic disorder, eating disorders, and obsessive-compulsive disorder, is likely to be body image disturbance. They examined body image disturbance in a group of male weightlifters (*n* = 237) and using latent class analysis, were able to identify dysmorphic, muscle-concerned, fat-concerned, normal-behavioral, and normal groups. The dysmorphic group had the highest desire to decrease adiposity while also increasing muscularity. Furthermore, this group displayed a multifaceted body image disturbance consistent with the diagnostic criteria for MD previously defined by Pope Jr. et al. (1997) and supported the theory that MD is a subtype of body dysmorphic disorder.

Researchers have also found significant relationships between MD and body dysmorphic attitudes. To better explore the possible (dis)connection between the two disorders, Pope et al. (2005) reviewed the history of 63 men with body dysmorphic disorder and compared those rated as maintaining a history of MD with those rated as having body dysmorphic disorder but not a history of MD. They found that of the 14 men who had been rated as having MD, 12 (86%) had a history of non-muscle-related body dysmorphic disorder. Furthermore, nine of these men had current MD and current non-muscle-related body dysmorphic disorder while two men with past MD had current non-muscle-related body dysmorphic disorder. Additionally, the men with MD reported hair and skin were second and third concerns respectively, with muscularity ranking as a primary concern for all participants within the MD group. Men with both body dysmorphic disorder and MD were similar to those with body dysmorphic disorder but not MD with regard to delusionality, a preoccupation with non-muscle-related parts of the body and non-muscle dysmorphia-related body dysmorphic disorder behaviors. However, the authors also noted that the group with MD was more likely to engage in compulsive behaviors and exhibited greater psychopathology.

The three aforementioned categories of body dysmorphic disorders, obsessive compulsive disorders and eating disorders largely illustrate the spectrum of behaviors putatively believed to be associated with MD. Whether or not MD belongs in one category over another has yet to be empirically established, but the breadth of such associated characteristics is indicative of

the extensive comorbidity of MD which appears strikingly more complex than a singular eating disorder, obsessive compulsive disorder, or body dysmorphic disorder. Therefore a bimodal approach is posited in order to contextualize such intricate and overlapping symptomology as well as to organize the evident and varying comorbidity heavily influenced and fluctuated by situational and environmental variables.

A Proposed Bimodal Approach to Conceptualizing MD Characteristics

The difficulty in both definitively classifying and understanding the etiology of MD is likely resultant from other serious medical issues that often coexist with MD. Specifically, it has been found that more than half (53%) of the individuals with MD report lifetime histories of bipolar or major depressive disorder (Olivardia, et al., 2000). In the same study, 29% percent of the participants reported having eating disorders such as anorexia nervosa, bulimia nervosa, and binge eating disorder. Considering co-occurring disorders in combination with conceptualizing MD as a continuum where individuals with various personal and athletic goals use different means and behaviors to achieve their desired physique, it is perceivably complicated to understand the specific characteristics of MD. Along a continuum, individuals may infrequently engage in periods of body-checking and rigid dietary behaviors with relatively little emphasis on regular exercise (Ebbeck, Watkins, Concepcion, Cardinal, & Hammermeister, 2009; Pope, Philips & Olivardia, 2002). However, across a symptomological comorbid spectrum, individuals with MD may choose to engage in ritualistic workout routines resultant from body dissatisfaction, check their appearance in reflective surfaces, conceal their physique, use performance enhancing substances, misuse over-the-counter supplements, experience extreme distress of weight-gain, or pay meticulous attention to diet to the point of physiologically unhealthy and habitual eating regimens (Pope et al., 2005). Theoretically, both cases could constitute as MD despite symptomological differences in frequency and severity. This exemplified variance of muscle dysmorphic symptom manifestation may help to explain why researchers and clinicians have been unable to agree on how MD ought to be

classified as a clinically diagnosable entity. Furthermore, this variability in the presentation of muscle dysmorphic symptoms is a crucial area of future muscle dysmorphic research which would most likely benefit through the utilization of the proposed bimodal framework that considers for temporal and frequency-oriented behaviors as well as symptomological characteristic presentation. Therefore, rather than endeavoring to separate both examples of MD, it is logical to consider both frequency and severity-based muscle dysmorphic symptom manifestations as a temporal amalgamation influenced by personal goals, situational variables, and perceptions of aesthetics. Thus, we propose that a person has the ability to adjust their level of involvement in, as well as the nature of, muscle dysmorphic behaviors based on their relative self-evaluation and current motivations via mitigating/exacerbating symptomological influence. For example, an individual may partake in extreme caloric reduction and intense cardiovascular exercise as a response to perceived adiposity masking their musculature. That same individual may later partake in extreme caloric increase and intense anaerobic exercise as a response to insufficiently large musculature. Therefore, MD symptoms are not static and must be considered in cyclical and fluid requisites.

A salient and putative etiological model for MD was postulated by Grieve (2007) whereby body dissatisfaction was considered a central tenet of the model whilst maintaining dual pathways with other constructs including body distortion, negative affect, and low self-esteem. Grieve issued an important caveat; the model was conceptualized for subclinical levels of MD and should be applied to those who are at risk for developing the disorder.

This position is fundamental in indicating barriers to understanding the etiology of MD in numerous ways. First, Grieve (2007) hypothesized that MD exists along a continuum whereby certain individuals can experience body and muscular dissatisfaction, engage in rigid dietary behaviors, and vigorously exercise without clinical MD. Grieve explained this position through an eating disorder lens, and indicated that many women who do not have eating disorders do have subclinical levels of eating disorder symptoms. Approaching MD in terms of an eating-disorder-parallel may improve the collective understanding of the disorder by shifting the symptomological focus from clinically expected behaviors to underlying motivations that influence the severity of

these behaviors. Furthermore, this aforementioned eating disorder lens is applicable in supporting the temporal dimension of MD through an acknowledgement of symptomological fluidity not singularly influenced by participation in sport or physiological preoccupation but also underlying body image disturbance and environmental influence. However, because there are no established diagnostic criteria for MD, there is no definitive way in which researchers or practitioners can establish a sub-clinical level, and therefore a specific and striking barrier to both the diagnostic recognition and etiological understanding of MD is that a proposed continuum can only be conceptually structured. Without any diagnostic criteria, it is therefore logical for researchers and clinicians to adopt a bimodal perspective that considers for symptoms that are largely recognized through research in the current field of MD in order to adequately assess and contextualize the likely characteristics of MD. This contextualization is then likely to lead to a more accurate identification of MD in patients as well as samples of participants in future research studies.

One reason as to why an established bimodal approach should be considered in relation to MD is because the practicality and tenets of a bimodal perspective are beginning to manifest in the muscle dysmorphic literature (see Skemp et al., 2013). Specifically, Thomas et al., (2011) conducted a quantitative study using a within-subjects crossover design to assess the variability of muscle dysmorphic symptoms in relation to weight training ($n = 30$). The authors found that the participants' drive for size, appearance tolerance, and functional impairment were significantly higher on rest days when compared to training days. Therefore, Thomas and colleagues concluded that muscle dysmorphic symptoms maintain state-like properties and asserted that these symptoms are likely to fluctuate in relation to situational and environmental variables. Thus, mental health practitioners as well as researchers would benefit from considering a temporal dimension of MD in concomitance with the character of the presented symptoms as understanding the nature of these situational and environmental variables may contribute to better understanding of the true etiology of MD

The Temporal Dimension: Practical Applications of the Model in Psychometry, Design, and

Demographics

It is important to note that the purpose in composing this article is not to suggest a diagnostic classification for MD, but rather posit and encourage the adoption of a bimodal perspective considerate of the temporal as well as the behavioral manifestations of MD which may ultimately help researchers to reach a sufficient classification for the disorder. While a majority of the extant literature supports the classification of MD as a subtype of body dysmorphic disorder, our overarching position is that, regardless of how one wishes to categorize MD, the salient obsessive-compulsive, eating disorder, and generalized body dysmorphic disorder behaviors exhibited by individuals with MD must be taken into strong consideration concomitantly with the frequency of such said behaviors in order to better direct future research that aims to clinically classify MD as a legitimate disorder. Although this position may seem basic and straightforward, this position has never been explicitly mentioned in muscle dysmorphic literature and has yet to be adopted by most researchers. Attention to this bimodal approach also maintains practical applications to both researchers and clinicians in several ways.

Popular measures used to establish the presence of MD such as the Muscle Appearance Satisfaction Scale (Mayville, Williamson, White, Netemeyer, & Drab, 2002) and the Muscle Dysmorphia Inventory (Rhea, Lantz, & Cornelius, 2004) are restricted to Likert-scaled items that address attitudes subtypical of MD. This is problematic when applying the proposed bimodal perspective because attitudes and the established subscales of these measures could be considered relative to the immediate or situational spectrum of MD and not the continuum.

A measure that incorporates the proposed bimodal approach by utilizing, for example, Likert-scaled items addressing attitudes as well as interval-scaled items addressing frequency (symptom manifestation in terms of hours, days, weeks, months, etc.) would theoretically be much more psychometrically indicative of MD through a continuum/spectrum amalgamation than addressing attitudes alone. A measure of this structure and caliber could also provide some benefit to researchers who are not in a position to conduct any type of longitudinal research with their

sample, as the temporal element proposed by the application of the bimodal perspective is at least partially integral to the measure.

The adoption of the bimodal perspective is not only applicable to psychometric improvement in the field of MD research, but also in areas of design and demographics. Longitudinal research would provide data pertaining to how muscle dysmorphic symptomology fluctuates throughout a period of time. Including "frequency-specific" as well as temporal items in a demographic assessment could augment this research. Specifically, demographic items pertaining to constructs such as exercise frequency, dietary frequency, and body comparison frequency would add an element of frequency-specific data in addition to any measures that assess attitudes alone, albeit over a length of time or in cross-sectional format. This frequency-based integration has yet to be saliently incorporated in muscle dysmorphic research. Further, as it is possible for individuals to engage in muscle dysmorphic behaviors in cyclic fashion with potential mitigations and exacerbations including weightlifting/bodybuilding competition preparation and athletic involvement, a temporal agent is a practical integration.

Temporal questionnaire items that ascertain whether or not an individual is preparing for any type of competition or may be in an athletic "off-season" are important pieces of information that would likely help to explain surfaced fluctuations in muscle dysmorphic behaviors (Todd & Lavallee, 2010). Theoretically, an athlete would not exhibit the same type of dietary, exercise, and physique-oriented behaviors in an off-season when compared to preparation for a competition or sporting event. However, the presence of MD may remain intact in the form of behavioral spectrum-based behaviors in preparatory periods and passive, underlying body image disturbances in non-preparatory periods. This passive/active conceptualization of MD is a unique perspective afforded by the bimodal approach and is further discussed in the subsequent heading. Ultimately, a failure to consider for this temporal dimension is likely to contribute to a misidentification of MD. False "negatives and positives" with regard to MD have been identified as a salient problem in muscle dysmorphic research as most studies rely on measures that singularly address the presence of behaviors and respective attitudes without considering for variables such as frequency, fluctuation

in sport participation, or spatial motivation (Todd & Lavallee, 2010).

From a clinical perspective, inquiring as to whether an individual is currently preparing for any type of athletic competition or is simply an "active individual" without sport affiliation could help to establish a valid presence of MD and certainly how MD ought to be treated relative to the specific individual. This point is significant considering the absence of diagnostic validation with regard to MD, and despite this absence, MD remains a disorder that needs to be efficaciously identified and treated by clinicians. Therefore in the absence of valid diagnostic criteria, it is logical for clinicians to adopt a bimodal perspective in order to ascertain potential motivators for muscle dysmorphic behavior on a case-by-case basis whereby specific behavior as well as the frequency of that behavior contributes toward accurate assessment. Specifically, application of the bimodal perspective may consider for individuals exhibiting muscle dysmorphic behaviors influenced by an underlying body image disturbance in contrast with individuals exhibiting muscle dysmorphic behaviors largely influenced by the mandates of sport. Although this example illustrates MD in both cases, the differentiating constructs of underlying influence and motivation for the same maladaptive behaviors stands to have salient impacts on the way in which both cases are treated. Furthermore, dichotomizing or at least treating each case as an independent example offers the ability to assess emergent muscle dysmorphic symptoms in terms of a situational influence versus an internalized influence which may be instrumental in (de)establishing MD as a subtyical body dysmorphic disorder. This perspective is likely to also help clinicians differentiate the exhibition of MD from other similar or subtypical disorders including exercise dependence (Weinstein & Weinstein, 2014) and fitness supplement abuse (Backhouse, Whitaker, & Petróczi, 2013).

Applying a Bimodal Perspective to the Conceptual Understanding of Muscle Dysmorphia: Passive versus Active Symptomology

An important tenet of the bimodal approach is that MD may be exhibited in cyclic formats with varying involvement in exercise and dietary regimens, but with relatively static negative

internalization resultant from a constant underlying body image disturbance. In using this proposed bimodal approach as a theoretical framework to conceptualize MD, two distinct categories of muscle dysmorphic affliction emerge which are relative to both spectrum and continuum dimensions: Passive muscle dysmorphic symptoms and active muscle dysmorphic symptoms. Passive MD could be considered in terms of internalization, negative effect, and emotional disturbances which include depression, physique anxiety, low self-esteem, anxiety, global psychopathology (see Maida & Armstrong, 2005; McFarland & Kaminski, 2009; Wolke & Supona, 2008), media internalization (see Cafri, Blevins & Thompson, 2006), drive for muscularity, self-objectification (see Grieve & Helmick, 2008), and muscle dissatisfaction (see Maida & Armstrong, 2005; Olivardia et al, 2000) resultant from a negative body image appraisal. Passive behaviors such as physique concealment (Baghurst et al., 2014), body comparison, mirror-checking, and functional impairment (see Cafri, Olivardia & Thompson, 2008) would logically also conform to this category. Alternatively, operational behaviors including (excessive) exercise (see Cafr et al., 2008; Pope et al., 2005), participation in power sports (see Baghurst and Lirgg, 2009), seeking a vocation in athleticism (Pope et al., 1997) supplement or steroid abuse (see Pope et al., 2005: Olivardia et al., 2000), appearance control (see Olivardia, et al., 2000), and strict or physically harmful dietary regimens (Hitzeroth, et al., 2001), would be more indicative of active MD. In both cases, it is not clear how these behaviors fluctuate over time or how the frequency of these active behaviors alter in relation to sporting, fitness, or passive-muscle dysmorphic motivations and goals.

In conclusion, when considering MD in terms of passive/active responses, no research has addressed if one response increases when the other decreases. This is a viable avenue for future research grounded by the bimodal model as understanding the interplay between these two categories could impact the treatment methods applied in addressing MD. Despite copious ambiguity regarding the etiology of MD, the disorder persists in many athletic arenas and must be recognized in terms of the putative scope afforded by research efforts. Therefore, a more expansive framework such as the proposed bimodal approach is useful for researchers, clinicians, and ultimately those struggling with MD.

Conclusion

The positions illustrated in this manuscript support both the necessity for, and difficulty associated with conceptualizing MD along a continuum as well as a spectrum. This article is intended to provide extant insight into the dynamic of MD and support that the nature of the disorder ought to be contextualized in temporal- and characteristic-based dimensions as a means to structure future research that could potentially sway the collective classificatory conceptualization of MD to one legitimate niche. Strict dietary strategies and habitual exercise have been found to be components of many athletes and fitness practitioners, but the point at which these behaviors become disordered eating and ritualistic bouts of physical activity is not well understood. Furthermore, it is possible that affective and behavioral components are salient portions of muscle dysmorphic symptomology, but it is also important to consider perceptual and situational influences and how they relate to body image disturbances and subsequently MD. Therefore, the classification of MD should be approached with a consideration for the range of behaviors associated with the disorder as well as a temporal agent accounting for the frequency of such behaviors. Although there is an abundance of literature supporting the obsessive-compulsive, disordered eating, and body dysmorphic behaviors of MD, we suggest that further longitudinal research in how behaviors fluctuate over time and in response to life-events in order to address the continuum-based component of MD. We also suggest that future researchers endeavor to apply this bimodal perspective in psychometric efforts, demographic assessment construction, and general design construction to better ascertain the accurate symptomological nature of MD in the absence of definitive classificatory and diagnostic criteria.

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Divorced Fathers at Risk of Parental Alienation:
Practice and Policy Guidelines for Enhancing Paternal Responsibility

Edward Kruk

A significant proportion of non-residential separated and divorced fathers find themselves at risk of parental alienation and absence from their children's lives, despite increasing levels of paternal involvement in child rearing in two-parent families. This article briefly reports the results of a study of divorced fathers' lived experiences, and their perceptions regarding their children's needs, paternal

responsibilities to those needs, and the responsibilities of social institutions to support fathers during and after the divorce transition—setting the stage for a broader discussion of (1) needed reforms in socio-legal policy to maintain and enhance paternal involvement in children's lives post-divorce, including the feasibility of a rebuttable legal presumption of shared parental responsibility in contested child custody cases, and (2) practice guidelines to engage this at-risk and under-served population in a constructive clinical process. Above all, the key to engaging divorced fathers is to validate their parental identity, and combine advocacy efforts with counseling focused on enhancing their role as active and responsible parents.

The purpose of this article is to examine practical and effective ways of promoting responsible fatherhood involvement after parental separation and divorce. The phenomena of parental alienation and the absence of fathers in children's lives after divorce are global social problems, which have profoundly negative effects on children's well-being. Father absence is associated with diminished self-concepts in children, youth crime (85% of youth in prison have an absent father), poor academic performance (71% of high school dropouts have an absent father), and homelessness (90% of runaway children have an absent father). Fatherless children are more likely to be victims of abuse, and have significantly higher levels of depression and suicide, delinquency and promiscuity, behavior problems, substance abuse, and teen pregnancy (McLanahan et al, 2013; Crowder & Teachman, 2004; Ellis, 2003; Ringback Weitoft, 2003; Jeynes, 2001; Leonard, 2005; McCue Horwitz, 2003; McMunn, 2001; McLanahan, 1998; Margolin & Craft, 1989; Blankenhorn, 1995; Popenoe, 1996; Parish, 1987). And children of divorce consistently report that they wish they had more contact with their fathers and feel abandoned when fathers are not involved in their lives (Fabricius, 2003; Braver, 1998; Warshak, 1992).

Paternal alienation is the forced removal of a capable and loving father from the life of a child, most prevalent subsequent to a legal maternal custody decree attendant to divorce,

accompanied by maternal denigration of the father resulting in a child's emotional rejection of the father. Despite its prevalence, paternal alienation is often discounted as a social problem, father absence misunderstood as a matter of voluntary disengagement in most cases, and barriers to continued father involvement ignored by service providers. This article will examine some of these barriers, and ways of overcoming them, both at a structural and clinical level. It will be argued that the key barrier to continued responsible father involvement after divorce is the present framework of child custody determination, and that viable alternatives are needed, such as a legal presumption of shared parental responsibility for children after divorce in contested child custody cases; this is a fundamental first step in addressing paternal alienation and father absence. Another barrier is the lack of effective support services available to divorcing fathers, as current practice methods are ineffective in engaging these men. I will thus discuss new directions and guidelines for both socio-legal policy and direct practice with divorced fathers.

Research on Divorced Fathers at Risk: A Father-Centered Perspective

What do we know about separated and divorced fathers, and more particularly noncustodial fathers, including those who are absent from their children's lives? In 1990 I published the results of my first study of divorced fathers and paternal alienation, with a follow-up study in 2010. To my dismay, I found that the situation with regard to father absence and paternal alienation is worse today than it was twenty years ago. In cases where parents cannot agree on parenting arrangements, the judiciary continues to award sole custody to one parent, usually the mother, removing the father as a primary caregiver, and this is done as a matter of routine. At the same time, the deleterious effects of sole maternal custody decrees on fathers and children are more pronounced today than they were twenty years ago, as fathers' involvement with, attachment to, and influence on their children before divorce have increased in the interim (Marshall, 2006; Higgins & Duxbury, 2002; Bianchi, 2000; Lamb, 2004). Twenty years ago I found that fathers who lost contact with their children suffered a grief reaction containing all the elements of a bereavement, the result of child

absence, loss of the father role, and the constraints of the new "visiting" relationship (Kruk, 1991a). Today they are manifesting a more pronounced reaction of post-traumatic stress, as they are more acutely aware of the harms their absence is causing their children (Kruk, 2010; Kruk, 2015). At the same time, apart from a few self-help groups, effective support services for fathers are virtually non-existent. And fathers mainly suffer in silence, in quiet desperation. Those who have the courage to speak about their woundedness and the woundedness of their children are subjected to a mean spirited cultural response, where all talk of woundedness is mocked (ibid.). Professional service providers often fail to recognize fathers' grief as a reflection of their lost attachment with their children on the one hand and, in focusing on fathers' deficits, their untapped strengths as parents on the other.

A remarkable finding in my 1990 study of 80 noncustodial fathers (which examined the impact of divorce and the phenomenon of father absence) was that rather than there being a positive correlation between pre- and post-divorce father-child relationship patterns, there appeared to be a strong *inverse* relationship; that is, those fathers describing themselves as having been relatively highly involved with and attached to their children and sharing in child care tasks during the marriage were more likely to *lose* contact with their children after divorce, whereas those previously on the periphery of their children's lives were more likely to remain in contact (Kruk, 1991b). Whereas the previously less involved and attached father, now responsible for his children during access visits, finds his fatherhood role enhanced, the highly attached and involved father, faced with markedly diminished contact and rigid access arrangements, finds himself involuntarily disengaging from the lives of his children. I thus concluded that father absence after divorce is the result of a combination of structural constraints and fathers' own psychological response to the loss of their children and the pre-divorce father-child relationship (Kruk, 1992a); psychological factors, however, are less salient in paternal alienation situations as socio-legal barriers diminish and discourage ongoing involvement (ibid.; Maldonado, 2005).

My 2010 study of 82 divorced fathers' experiences, and fathers' perceptions of their children's needs and paternal and social institutional responsibilities in the divorce transition (Kruk, 2010),

found a marked discontinuity between pre- and post-divorce father-child living arrangements, even more marked than in the 1990 study, in the direction of equal or shared parenting before divorce shifting to sole maternal custody after divorce. Despite the fact that fathers are taking a much more active role in child care tasks before divorce today than they did 20 years ago, their chances of obtaining the legal outcome they desired are even worse than before. In their accounts of their divorces, noncustodial fathers painted a bleak picture of forced estrangement from children's lives. The major themes that emerged were those of grief and loss, broken attachments, access denial, parental alienation, non-existent support services, the adversarial system heightening conflict, legal abuse, false allegations, and financial losses. My 2010 study also revealed one key finding previously unreported in the father involvement literature: separated and divorced fathers define the "best interests" of their children in terms of their children's needs, and these needs can be roughly divided into physical and "metaphysical" needs. Both are important, as in some cases physical needs were emphasized by fathers, but in most cases children's emotional, psychological, social, moral and spiritual needs were seen to be of paramount importance. As far as paternal responsibilities are concerned, most fathers cited the responsibility to just be there for your kids, in some form of loving parental capacity. Fathers are seen as responsible for actively demonstrating their love for their children, to enable children to develop to their optimal capacity—physically, emotionally, morally, and intellectually. The responsibilities of social institutions, on the other hand, are primarily to support fathers in the fulfillment of their parenting responsibilities, with fathers recognized as having equal rights and responsibilities as mothers vis-a-vis their children. Fundamental to fathers is the need for all social institutions involved in the lives of children and families to recognize fathers as parents of equal value, status and importance in children's lives as mothers. Removing gender bias in the court system, reported by fathers as firmly entrenched, includes dealing effectively with the problems of parental alienation and false allegations of abuse. Fathers indicated that access to mediation for parents during the separation and divorce transition is fundamental, and professional support services for fathers should be made available. Most important for fathers, however, is reform of the sole custody system in the direction of equal or

joint custody.

In sum, the fathers in my 2010 study identified three main issues facing divorced fathers: the lack of access to their children (including the lack of access enforcement); the court system's gender bias as a barrier and the need for gender equality in the legal system; and the need for legal system reform, toward greater recognition and valuing of fathers via joint custody, and moving away from adversarial resolution.

Implications for Policy Reform: Advocacy and Empowerment

It is now recognized that if fathers are to be constructively engaged, their perspective on their own needs and those of their children during the divorce transition must be recognized and acknowledged by policymakers and service providers. A systematic and integrated approach is required to include fathers in research, policy development, and implementation and evaluation of services (Eardley & Griffiths, 2009; Father Inclusive Practice Forum, 2005).

My research findings on divorced fathers point to the need for social policy reform in two main areas: child custody outcomes, toward a framework of equal rights and responsibilities between mothers and fathers, as children need to preserve their relationships with both parents if they are to adapt well to the consequences of divorce; and the child custody process, away from adversarial resolution toward the use of non-adversarial processes such as mediation.

From the perspective of fathers themselves, paternal alienation and father absence are endemic in contested divorce cases, and the legal system is the main problem in this regard. In particular, adversarial divorce and "win-lose" sole custody decisions are highly problematic, as the "winner-take-all" sole custody framework removes a loving parent, usually the father, from children's lives, and exacerbates conflict between separating parents. Within the present legal framework of child custody determination, not only are fathers' responsibilities to their children overlooked (apart from their financial obligations), but also the responsibilities of social institutions to support fathers are not addressed. Social institutions such as the court system, child welfare and

family services, education systems, and health care services are not held accountable in this regard.

There is thus a need for a viable option to the sole custody approach in contested cases, one that recognizes the salience of each parent in children's lives. Shared or equal parenting responsibility, defined as children spending 40-50% of their time in each parent's household, is one such alternative; the "approximation standard," in which the amount of time a child spends with each parent after divorce is equivalent to the relative time each parent spent with the child before divorce, is another. Such legal presumptions are based upon the principle that existing parent-child relationships should continue after separation. In the case of shared or equal parenting responsibility, in the interests of preserving children's primary attachments with each of their parents, it is argued that post-divorce parenting arrangements should be equal in time allotment; in the case of the approximation standard, in the interest of stability in children's relationships with their parents, it is posited that the post-divorce parenting arrangements should reflect pre-divorce parenting arrangements. In cases of dispute, however, when both parents see themselves as primary caregivers, the norm in most North American families (Marshall, 2006; Higgins & Duxbury, 2002; Bianchi, 2000), shared parental responsibility, defined as children spending roughly equal time with each of their parents, may be the best legal presumption in the absence of established family violence or child abuse. In the interests of reducing conflict and maintaining primary relationships, both of which are compromised within a sole custody approach, a legal framework of shared or equal parental responsibility is a viable alternative, currently being implemented in a number of jurisdictions around the globe.

A legal equal parenting presumption would be rebuttable in cases of established family violence and child abuse, as courts would use the same criterion to remove a parent from a child's life for children of divorce as for children in two-parent families: the "child in need of protection" standard rather than the indeterminate "best interests of the child" criterion, which places judges without expertise in child development and family dynamics in an untenable position.

How would abuse allegations in child custody disputes be handled within a legal framework of shared parental responsibility? When child or spousal abuse allegations are made in the context

of divorce and contested child custody, an immediate and thorough investigation of the allegations would be undertaken by a competent child welfare authority. Child exposure to spousal violence should be a legal basis for finding a child in need of protection. Spousal violence is also a criminal matter, and allegations of family violence should be part of a criminal process, not left to be settled in a divorce hearing devoid of fact-finding and investigation. The family court should not have to resolve conflicting criminal allegations, as litigants are entitled to more than "proof on the balance of probabilities" when their relationship with their children is at stake. Family courts should not function as "quasi-criminal" courts; family violence is a criminal matter that needs to be dealt with in criminal court.

For a shared parental responsibility presumption to work, viable dispute resolution alternatives are also needed. Reform in the child custody process, away from adversarial resolution, would include facilitating the development of parenting plans via structured mediation processes, and more intensive support in high conflict cases. The use of mediation would be enhanced within a legal framework of shared parental responsibility, which provides an incentive for parents to turn to support services that assist them in developing a shared parenting plan after separation, as opposed to turning toward the adversarial system in an effort to "win custody" of their children.

Social workers and other human service professionals have been notably absent in the politics of reform with respect to child custody determination, and are desperately needed as allies in policy reform efforts. The best way to support divorced fathers, according to fathers themselves, is through such advocacy and activism, breaking apart the custodial/noncustodial and residential/non-residential parent dichotomy and advancing the cause of equal parenting. The international equal parenting campaign is a progressive social movement, and human service providers play an important role in arousing the public conscience to the injustices of the adversarial system and advancing viable alternatives, and educating politicians and lawmakers in this regard.

According to fathers, human service professionals need to be on the front lines of policy reform initiatives in the socio-legal arena if they are to be helpful allies in fathers' efforts to combat paternal alienation and father absence. The role of the service provider should thus include an

educative and advocacy component, with "noncustodial" status in itself being challenged as an appropriate post-divorce role for fathers. Fathers need to be fully informed both about alternative post-divorce custodial arrangements and alternatives to litigation in determining custody and access, empowered in relation to their continued relationship with their children, and helped to enhance their parenting and co-parenting skills during and after divorce.

Further, fathers themselves need to be directly involved in law reform efforts, and human service professionals have a role in mobilizing and supporting fathers in their to reclaim their rights and responsibilities to their children. A large hurdle for fathers is garnering public and political attention and support to deal with the social problems of paternal alienation, father absence and diminished father involvement after parental separation and divorce. These problems need to be made more visible, and constructive solutions advanced.

Implications for Direct Practice: A Strengths-Based Approach

The first step in meeting the needs of divorced fathers, according to fathers themselves, is to recognize that they are capable and loving parents with strengths and capacities vital to their children's well-being. The parenting "deficit perspective," which assumes that men are uninvolved and disinterested or even dangerous to their children, is firmly rooted among professional service providers in the case of divorced fathers (Hawkins & Dolahitte, 1997), represents the major barrier to engaging men, and needs to be vigorously challenged (Eardley & Griffiths, 2009; Father Inclusive Practice Forum, 2005). At the same time, fathers are significantly affected by divorce and the threatened or actual loss of their children; this in particular occasions a grief reaction containing all of the major elements of bereavement. Secondly, it should be acknowledged that fathers have a strong desire and need for regular and frequent contact with their children after divorce. Many divorced fathers have an unrealized capacity to contribute to their children's well-being. For the majority of fathers, traditional access arrangements are woefully inadequate; fathers want and are prepared to assume routine physical care of their children after divorce,

particularly those who had an active role to play in their children's lives before divorce. Third, it should be recognized that powerful psychological and structural factors constrain fathers' post-divorce contact with their children; the combination of these strongly mitigate against an ongoing father-child relationship. These constraints include the removal of fathers from children's lives via legal sole custody judgments, mothers as gatekeepers that limit men's opportunities for routine active involvement with their children, and service barriers to fathers' engagement in child and family support programs designed with an assumption that mothers are primary caregivers of children. Recognition of these barriers requires both a reassessment of prevailing assumptions and stereotypes on the part of practitioners, a reconsideration of traditional methods of intervention, and an active program of outreach to engage fathers.

In the realm of direct service, engaging divorced fathers in professional services remains a challenge, as both fathers and practitioners have described a "lack of fit" between men and service providers, emanating from two sources: the characteristics of men and fathers themselves (their resistance to counseling and therapy), and aspects of the therapeutic process (which have failed to successfully engage fathers).

Patterns of traditional gender-role socialization directing men toward self-sufficiency and control, independent problem-solving and emotional restraint have largely worked against fathers being able to acknowledge personal difficulties and request help. Professional service providers do not always consider such psychological obstacles to therapy and thus do not address fathers' unique needs. Working with men on the basis of what they themselves identify as their needs is critical. The research on separated and divorced fathers is clear in regard to their most pressing need: their continued meaningful involvement with their children, as active parents. The lack of recognition of this primary need is the main reason for therapists' lack of success in engaging divorced fathers.

A fear of self-disclosure and a feeling of disloyalty to one's family in exposing family problems are common among divorced fathers; a fear of losing control over one's life and the need to present an image of control or a "facade of coping" in the form of exterior calm, strength,

and rationality, despite considerable inner turmoil, were described by a large number of fathers in my studies. Fathers are often excluded from therapy partly because of assumptions of service providers about fathers' peripheral role in their children's lives, a perceived lack of co-operation, and their apparent lack of interest; a mother's assertion that a father is marginal in the child's life or not interested in attending therapeutic sessions is often not questioned.   Professional helpers themselves are not immune from social expectations of how "reasonable" and "responsible" fathers ought to behave; the behavior of many fathers during the divorce transition may be completely at odds with these expectations, with actions and sentiments ranging from the worst excesses of male chauvinism to the pathetically helpless and "unmanly." Many practitioners simply do not acknowledge the extent of divorced fathers' difficulties, pointing to fathers' apparent freedom from responsibility after divorce, in contrast to the more visible difficulties experienced by their former wives and children.

An active program of outreach is essential as fathers report a lack of helpful support services, and they remain a highly vulnerable population. Service providers may need to be persistent and proactive, as it takes time to build and sustain engagement in the context of men's feelings of isolation, alienation or helplessness, and their tendency to wait until there is a crisis before accessing support. Yet fathers who were highly involved with and attached to their children and suddenly find themselves forcefully removed from their children's lives experience trauma writ large. The experience of being removed as a loving parent from the life of one's child via a sole custody order strikes at the heart of one's being. Suicide rates are reported to be of "epidemic" proportions among divorced fathers struggling to maintain a parenting relationship with their children (Kposowa, 2000); and "legal abuse" has been noted in divorced father suicide cases (ibid.). Ensuring that fathers are not disenfranchised from the lives of their children may thus be a form of suicide prevention. Being vigilant regarding symptoms of post-traumatic stress and suicidal ideation among divorced fathers is an essential role for service providers.

Direct practice can be tailored to meet divorced fathers' individual clinical needs in a number of ways. In both of my studies on divorced fathers (Kruk, 1994; Kruk, 2010) fathers

identified the need, in the initial and latter stages of divorce, for a combination of practical and concrete advice (specific guidelines about the options open to them and related legal procedures and practices) and emotional support. Lack of a clearly stated purpose and goals are a barrier to service provision. Fathers expressed a preference for a directive type of counseling with structured goal-setting and a pragmatic, problem-solving approach rather than one of emotional ventilation or in-depth exploration of dysfunctional family interactions. They were also, however, seeking an opportunity to talk about their feelings within a sympathetic, non-judgmental atmosphere with someone able to convey a genuine understanding of their experience of divorce and woundedness. They spoke of others' lack of understanding and a general public hostility to their feelings of loss, depression, and victimization. Discussion of such feelings should be encouraged for fathers, particularly of feelings behind fathers' overt anger. It is important for the practitioner to encourage examination of the emotional impact of divorce and child absence on the father; the service provider should take the initiative to combat fathers' emotional inexpressiveness by demonstrating a genuine understanding of fathers' feelings, normalizing the experience of having such intense emotions, stressing the importance of emotional expressiveness and reflective behavior to those who tend to see problems and solutions in more concrete terms, and bolstering fathers' self-esteem and their sense of parental identity. Practitioners should attempt to look beyond fathers' initial defensive poses, their indirect or uncooperative manner, or their "everything is fine" demeanor.

As part of exploring the emotional aspects of the divorce, the service provider's agenda should include a primary focus on the children of the marriage. Fathers will respond positively to services that they see will benefit their children, particularly when practitioners acknowledge the significant role that fathers play in contributing to their children's needs and well-being. Again, the most salient loss for noncustodial fathers is that of their children and the pre-divorce father-child relationship: fathers' grief is directly and primarily linked with the absence of their children. After divorce, noncustodial fathers locate themselves at different points along the bereavement continuum, with some fathers able to arrive at a resolution of their grief while others remain "stuck" at an earlier stage of the grieving process. It should be noted, however, that chronic grief,

involving intense and prolonged mourning and depression, is characteristic of absent fathers previously highly involved with and attached to their children. Clinicians need to be aware that such depression is not always overtly manifested--a "facade of coping" or overt anger may mask a prevalent sense of loss and emotional distress; neither should therapists assume that fathers' grief becomes naturally resolved through the passage of time.

As divorce occasions a grief reaction for noncustodial fathers, linked to the loss of their children, bereavement counseling, in the form of giving fathers' "permission" to grieve, freeing them to grieve through reassurance that expressing feelings and "grieving" is a "normal" reaction, would appear to be an indicated form of therapy. The resolution of grief for alienated and absent fathers, however, is highly problematic and resistant to psychotherapy. Thus a number of fathers in my study commented on the unhelpful nature of traditional counseling services when they had been sought; few felt that their grief could be resolved without reference to ways of restoring their relationship with their children. Focusing on the needs of their children, challenging men's feelings of "victimhood," and maintaining a focus on building positive relationships with their children are vitally important for fathers.

The most pressing need for divorced fathers at risk of paternal alienation and father absence, particularly those highly involved with and attached to their children before divorce, is their continued meaningful involvement with their children. In this context service providers have a professional responsibility to support the active involvement of fathers in their children's lives. The clinical picture for fathers is most favorable if child absence does not become a reality, if fathers who had an active role to play in their children's lives can continue a satisfying and unthreatened parental relationship with their children. It significantly worsens if child absence becomes routinized.

Most fathers who have become disengaged from their children's lives are looking for constructive alternatives to adversarial methods of reconnecting with their children, including therapeutic family mediation. Service providers with a positive orientation to mediation are valued by fathers. Above all else, the key to engaging divorced fathers is to validate their parenting identity,

and combine advocacy efforts with counseling focused on enhancing their role as responsible parents, rather than helping them adapt to their status as noncustodial parents.

Divorced fathers are also helped by practitioners who support mothers as co-parents. The norm of sole maternal custody is gradually giving way to a shared parenting norm. But for many mothers, societal expectations that mothers assume primary care and control of children act as a major barrier to shared parental responsibility, despite the benefits of shared parenting for mothers.

Conclusion

The majority of divorced fathers today find that meaningful fathering is not possible within the bounds of sole maternal custody and limited paternal access; the very concept of "access" and the avuncular nature of the "visiting" relationship connotes for many fathers a *de facto* cessation of their parenting role. Fathers want and are prepared to assume routine physical care of their children after divorce, and to continue to share responsibility for parenting with their former spouses, within a parenting schedule that will allow them to preserve their attachment bonds and the level of involvement they enjoyed before divorce.

According to fathers themselves, the responsibilities of social institutions are primarily to support fathers in the fulfillment of their parenting responsibilities, by means of equality and fairness in court-determined post-divorce parenting arrangements, with fathers recognized as having equal rights and responsibilities as mothers vis-a-vis their children. From the standpoint of fathers, a legal presumption of joint physical custody is a bulwark against paternal alienation and father absence, and would allow them to maintain their relationships with their children after separation and divorce.

The shared parental responsibility approach to child custody determination may represent the most viable alternative to the "winner take all" sole custody model that places father-child relationships at risk. A presumption of shared parental responsibility would establish a legal expectation that existing parent-child relationships will continue after separation; in cases of

dispute, shared parenting, defined as children spending equal time with each of their parents, would be the legal presumption in the absence of family violence or child abuse. A shared parental responsibility presumption in contested child custody cases would allow divorced fathers to remain involved with their children or enhance their involvement, and would help mothers understand that fathers have critically important roles to play in the growth and development of their children after divorce. In removing the need for parents to compete to "win" their children, a shared parenting approach would communicate the expectation that parents jointly work out an arrangement of shared responsibility for child rearing, providing an incentive for choosing mediation over litigation to settle disputes. Finally, a legal presumption of shared parental responsibility would be a significant measure to address paternal alienation and father absence, particularly in the case of fathers previously actively involved with and closely attached to their children.

The fathers in my study spoke at length about gaps in service provision and the lack of support received from professional helpers. Respect for fathers' strengths and capacities is crucial to engagement; alienated and absent fathers in particular report being stereotyped as and dismissed as "deadbeat dads," assumed to be voluntarily disengaging from their children's lives. Organizational policies and service information must recognize fathers' aspirations for their children's well-being, and their strengths in regard to contributing to this well-being, despite the fact that their capacities are unrealized. Service providers need to be active in the politics of reform with respect to child custody determination. The best way to support fathers, according to fathers themselves, is through advocacy and socio-legal reform. Fathers are seeking allies in their effort to remain responsible parents to their children.

Beyond child custody law reform, there are a number of innovative practices in direct service provision that would go a long way to engaging divorced fathers at risk of paternal alienation and father absence. These include combining education and advocacy with counseling roles, and connecting fathers politically in an effort to garner public and political attention and support in regard to the problems of paternal alienation and father absence. The lack of fit between service providers and divorced fathers at risk is best addressed by means of attending to fathers' distinct

clinical needs, challenging their emotional inexpressiveness and providing a safe forum to speak about their feelings of attachment and loss, grief and woundedness. At the same time, a strengths-based approach, recognizing fathers' aspirations to their children's well-being and the experience, knowledge and skills that they can contribute to this well-being, is vital. Above all else, the key to practice with divorced fathers is to validate and seek to enhance their parenting identity and their parenting role.

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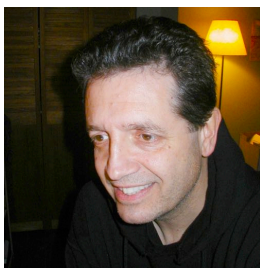
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South Australian Men's Sheds:
Who, What and Why?

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CHLOE OOSTERBROEK

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This paper describes the characteristics of South Australian men's sheds and the demographic profile of the men who frequent them for recreation and leisure. The paper describes 42 SA men's sheds and 163 men who are members of sheds in rural communities. We found that community men's sheds in SA continue to thrive in both metropolitan Adelaide and in communities further afield. SA was an early adopter of the men's shed culture yet still sees new sheds being established regularly, mainly in country areas. There are more sheds in regional, rural and remote areas than in Adelaide and non-metropolitan sheds are often larger, open more often and boast more members. SA sheds come in all

shapes and sizes, operate under a variety of models and offer a broad range of pursuits.

Members are motivated to join sheds because of the informality, camaraderie, sense of belonging, opportunity for purposeful endeavour, the male friendly environment and the variety of activities on offer. While the majority of participants have partners, one quarter live alone. This suggests a community men's sheds act as a buffer to social isolation and community disengagement, particularly in rural areas.

Rural SA sheds mostly cater for older, retired, lesser educated men, commonly from blue-collar backgrounds and often from disadvantaged communities. Co-incidentally this profile corresponds with the characteristics of men most at risk of ill health which presents a unique opportunity for the delivery of health promotion programs in this setting.

Community men's sheds in Australia have been defined as *"..a space where mostly older men meet to socialise, learn new skills, mentor others or generally take part in activities with other men."* (Milligan, 2014). Sheds, which are often workshop type spaces come in all shapes and sizes, with different governance, management and financial structures, and which offer a diverse range of social, leisure and recreational activities (Misan & Sergeant, 2009). However, as well as being a recreational space catering specifically for men and where an estimated 40,000 (Personal communication, Australian Men's Shed Association (AMSA), http://www.mensshed.org/home/.aspx) Australian men spend their leisure time in social or productive pursuits, these spaces are also considered a potential vehicle for the promotion of men's health and well-being (Misan, 2008; Wilson & Cordier, 2013).

The community men's shed phenomenon arguably originated as an extension of the Australian rural or backyard shed (Golding, Brown, Foley, Harvey, & Gleeson, 2007). This fixture was traditionally a male domain, distant from life's troubles and from family and work pressures where a man could relax and contemplate life's troubles while tinkering away at odd jobs or concentrating on their hobbies or pastimes (Misan, 2008). The community men's shed is still true to the concept

of a shed as a male space. However, rather than a place where men go to get away from others, the community shed provides a place where men go in their leisure time to be in the company of other men. In the shed, members can socialise, build or restore things, garden, pursue hobbies and interests, use computers and the internet, listen or play music, play cards or other indoor games among other pursuits, all while sharing life troubles and experiences with kindred male spirits in an informal, male friendly setting (Wilson & Cordier, 2013; Wilson, Cordier, Doma, Misan, & Vas, 2014).

The community men's shed phenomenon probably began in the late 1970's, with the earliest adopters of the concept in South Australia (SA) and New South Wales laying claim to being the first. In SA through the late 1980's and early 1990's, the shed concept was further endorsed by a number of organisations including some Aged Care facilities and Vietnam Veteran's associations, before expanding to rural communities (Earle, Earle, & Von Mering, 1995; Misan, 2008b) and then more broadly to Victoria and Tasmania (Misan, 2008). In 2008 there were approximately 250 sheds throughout Australia with SA and Tasmania having the most sheds per capita; there are now an estimated 1000 sheds across the country (AMSA (2014), http://www.mensshed.org/home/.aspx).

Despite the growing number of men's sheds and their recent recognition in policy as a potential vehicle for health promotion programs for older men (Australian Government, 2010, p. 16), there is limited current information about the profile of men who frequent them. In fact, the most recent research undertaken in this regard was in 2005 (Golding et al., 2007) when the shed movement was in its infancy. Moreover, there is little descriptive information about South Australian sheds in general or rural SA sheds in particular (Golding et al., 2007; Golding & Harvey, 2006; Graves, 2001).

Aim

The aim of the studies presented here is to describe the operational characteristics of community men's sheds in South Australia (SA), the types of activities undertaken in SA sheds, the demographic profile of the men who participate as members, and their motivations for joining and

returning.

Methodology

This paper combines data from two studies of South Australian men sheds, the first concerns the size, composition and the nature of the recreational activities undertaken for sheds across SA; the second, at the profile of men who attend non-metropolitan SA sheds, the reasons they attend and why they keep coming back. For both studies a descriptive, cross sectional, study design was used with data collected using self-administered, paper based surveys. Ethical clearance was obtained from the University of South Australia Human Research Ethics Committee.

Both surveys were administered between August 2012 and September 2013. The first survey was conducted in association with the then fledgling SA Men's Shed Association (SAMSA) by the first author (GM) and the second as a component of an Honours degree by the co- author (CO).

For the profile of SA men's sheds information was sought regarding shed age, size, location, opening hours, governance model, management structure, number of members, membership fees, and shed activities. For the demographic characteristics of rural SA sheds information was sought regarding age, education, marital and occupational history, and household income, living arrangements, reason for joining the shed, shed activities, and opportunities for learning.

Sampling Frame

The sampling frame for the *SA Shed Survey* (SASS) was a survey of all (57) South Australian sheds on the 'register' of SAMSA at the time while for the *Rural Shed* survey the sample consisted of participants of 11 of the 25 non-metropolitan SA sheds in the sample boundary described below.

The sample boundary for the Rural Shed Survey (RSS) was a rectangle drawn to include Port Lincoln to the west, extending northwards in line with Port Augusta, then east to the Riverland and southward extending to Gawler an area covering approximately 112,850 km^2 (Figure 1). This area was selected for convenience purposes because of time and resource limitations. Sheds operating in this region were identified from the public records of the Australian Men's Sheds Association

(www. mensheds. org. au). To limit skewing of the sample, the boundary zone was divided into three clusters of roughly equal geographical area. Half of the sheds in each of these regions were selected with the aid of a random number generator (www. random. org; https://www. random. org/lists/) and approached for inclusion in the study.

For both surveys, sheds were eligible for inclusion if they self-identified as a community men's shed, were currently operating and had a person with the required authority to provide information on behalf of the respective shed.

Figure 1: Sampling frame for rural shed survey
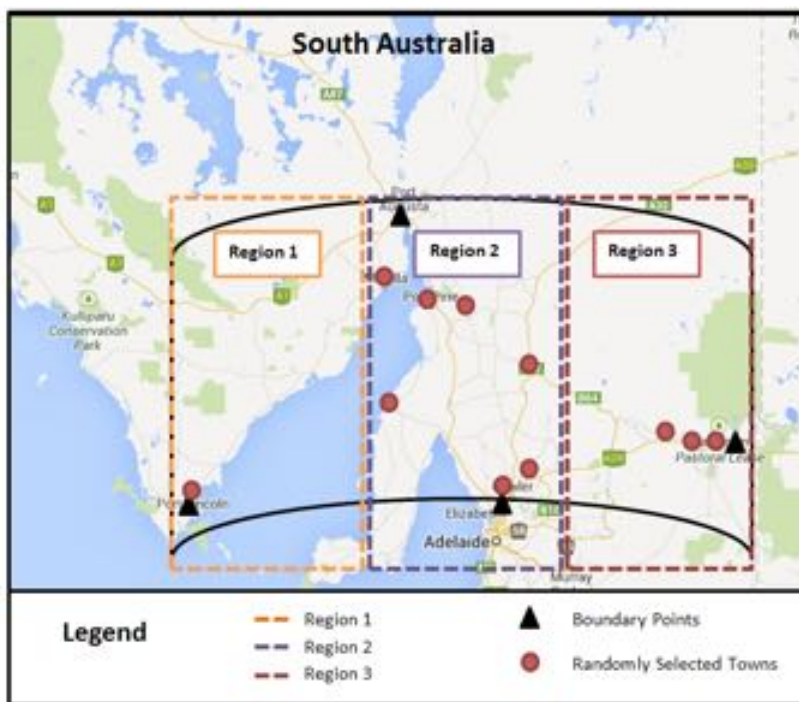
Of the 25 sheds operating within the boundary, 12 were initially selected for inclusion in the study, of which eleven sheds agreed to be involved and were subsequently visited by the researchers. Sheds were visited in August – September 2013.

For the RSS, individuals were eligible for inclusion if they were male, over 18 years of age, and were a regular attendee at their shed. Sheds were contacted by telephone two weeks after the initial invitation was sent to check that the invitation had been received, to answer any questions

and confirm if the shed would be participating. Sheds agreeing to participate were contacted a week or two later to confirm the dates and format for the shed site visit. Participating sheds were sent the surveys together with additional information sheets in advance of the visit by the researchers.

For the SASS, the invitation to participate was made to shed co-ordinators in the first instance; completion and return of the survey was deemed implied consent. For the RSS, a two stage consent process was used, the first seeking agreement for participation from the shed co-ordinator, and the second from individual shed members who completed the survey. For the latter, survey completion was deemed as implied consent.

Study instruments

At the time of the studies a review of the literature failed to demonstrate standardised instruments that had been used for collecting demographic data from sheds or shed participants. Surveys were subsequently developed in house using relevant texts (Rea & Parker, 2005, pp. 30-72), examples from the literature (Golding et al., 2007; Nathan J Wilson & Cordier, 2013) and with advice from colleagues with experience in survey design.

The SASS comprised 18 questions over 5 domains and the RSS had 45 questions across 8 domains with free text, multiple choice and Likert scale responses formats as appropriate for both (Table 1). Internal and linguistic validity, question burden, the appropriateness of questions and the average completion time were assessed through pilot testing for both surveys.

Survey responses were collated using Microsoft Excel™ and data was analysed primarily using descriptive and bivariate statistical analysis, using SPSS™ Version 17 (SPSS Inc. , Chicago IL USA), as appropriate. Where relevant, the threshold for statistical significance was set at $p<=0.05$ with appropriate adjustments for assessment of multiple variables.

Table 1: Survey details

Survey domain	Type of questions	No. of Questions	Response type	Response rate
SASS (SA Shed Survey)				
Operational matters	Name, year opened, address, size, opening hours, key contacts	7	Free text	98%
Membership	No. of members, female members, membership fees	4	Free text	83%
Activities	Activity description	1	Multiple choice + free text	100%
Management, governance	Decision making, co-ordination	3	Multiple choice + free text	94%
Affiliations	Peak body, State body, support needs	3	Multiple choice + free text	96%
RSS (Rural Shed (Member) Survey)				
Participant Demographics	Location, age, height, weight, waist, smoking status, occupation, socioeconomic status, education, marital status, children, life crises	13	Free Text, Multiple Choice, Likert style	81%
Motivation for men's shed participation	Reasons for joining, activities, likes, learning opportunities	5	Likert style	87%
Heath status [#]	Self-reported rating general, emotional, social and mental health; health concerns; mobility; health limitations; medical history	16	Likert style Free Text	86%
Health knowledge [#]	Chronic disease risk factors, alcohol, nutrition, prostate, reproductive & sexual health	6	Likert style	83%

Findings

SA Shed Survey (SASS)

Forty three out of the 57 surveys distributed were returned. Two were found to be duplicate surveys received from the same shed leaving 42 surveys eligible for analysis. Of the other 14 surveys, three were returned and annotated *'not at this address'* giving a final sample size of 54 sheds. Of the other 11 that did not respond, in eight cases repeated attempts to contact the sheds went unanswered (phone calls and emails); in the three instances where contact was made, the person spoken to was not authorised to respond on behalf of the shed. This gave an overall response rate of 77.8% (42/54).

Overall, 27% of sheds were located in Adelaide and the remaining sheds in regional, rural or remote communities (Table 2). Of the 43 sheds responding to the survey 29 (67%) were located more than 25km from the Adelaide Central Business District (CBD).

Nearly one quarter (21.4%) of sheds responding had been established for two years or less and slightly more than half (52.4%) for more than 2 years but less than 10 years (Table 2). One shed reported being established for 15 years or more and two sheds for more than 30 years. Many more sheds have been established in rural areas than in Adelaide (19 rural cf. 7 in Adelaide) over the last 10 years. In aggregate these findings suggest that while some SA sheds were present at the beginning of the men's shed phenomenon, the SA shed movement is still active as a recreational pursuit for older men with new sheds being established on a regular basis, particularly outside of Adelaide.

Table 2. Summary of years since establishment for of South Australian Sheds (n=42)

	Rural SA		Adelaide		
	No.	%	No.	%	Grand Total
Years since establishment –					
1 - 2	5	11.9%	4	9.5%	9
> 2 - 5	8	19.0%	2	4.8%	10
> 5 - 10	11	26.2%	1	2.4%	12
> 10 - 15	3	7.1%	3	7.1%	6
> 15 - 20	-	-	1	2.4%	1
> 20 - 30	-	-	-	-	–
> 30	1	2.4%	1	2.4%	2
Still in planning stages	1	2.4%	1	2.4%	2
Total	29	69.0%	13	31.0%	42

The median size of the sheds in SA was 110 m², ranging from 12 m² to over 400 m². There were no urban sheds over 180m² in size. Only rural sheds were 200m² or larger. Over two thirds of sheds reporting having an area separate from the workshop area for socialising although for the smaller sheds this was usually an adjacent building or space not formally part of the shed complex. Rural sheds were more likely to have a social area than urban sheds, probably as a consequence of the generally larger size of rural sheds (Table 3).

Of those reporting opening times (37 / 42), over two thirds (26/42; 70.2%) reported being open on two or less days of the week; three sheds (8.1%) opened five days a week and one shed reported being open every day of the week. The median number of hours per day sheds reported being open was five, with a range of two to seven hours.

Table 3. Summary profile of South Australian Sheds (n=42)

	Rural SA		Adelaide		Grand Total	% of total
	No.	%	No.	%		
Days open per week -						
1	8	19.0%	-	-	8	19.0%
2	9	21.4%	6	14.3%	15	35.7%
3	3	7.1%	4	9.5%	7	16.7%
4	1	2.4%	2	4.8%	3	7.1%
5	3	7.1%	-	-	3	7.1%
7	1	2.4%	-	-	1	2.4%
unknown	4	9.5%	1	2.4%	5	11.9%
Total	29	69.0%	13	31.0%	42	100.0%
No. of hours open when open -						
1 - 3	6	14.3%	4	9.5%	10	23.8%
> 3 - 5	10	23.8%	5	11.9%	15	35.7%
> 5 - 7	9	21.4%	3	7.1%	12	28.6%
unknown	4	9.5%	1	2.4%	5	11.9%
Total	29	69.0%	13	31.0%	42	100.0%
No. of members -						
1 - 10	9	21.4%	1	2.4%	10	23.8%
11 - 20	7	16.7%	2	4.8%	9	21.4%
21 - 30	2	4.8%	4	9.5%	6	14.3%
31 - 40	3	7.1%	2	4.8%	5	11.9%
41 - 50	3	7.1%	-	-	3	7.1%
> 50	5	11.9%	1	2.4%	6	14.3%
unknown		0.0%	3	7.1%	3	7.1%
Total	29	69.0%	13	31.0%	42	100.0%
No. of female members -						
1 - 5	19	45.2%	5	11.9%	24	57.1%
6 - 10	1	2.4%	1	2.4%	2	4.8%
11 - 20	1	2.4%	-	-	1	2.4%
> 20	1	2.4%	-	-	1	2.4%
Females not allowed	6	14.3%	5	11.9%	11	26.2%
unknown	1	2.4%	2	4.8%	3	7.1%
Total	29	69.0%	13	31.0%	42	100.0%
Shed area in m^2 -						
1 - 50	2	4.8%	1	2.4%	3	7.1%
51 - 100	3	7.1%	4	9.5%	7	16.7%
101 - 150	7	16.7%	3	7.1%	10	23.8%
151 - 200	2	4.8%	2	4.8%	4	9.5%
201 - 250	3	7.1%	-	-	3	7.1%
251 - 300	2	4.8%	-	-	2	4.8%
301 - 350	2	4.8%	-	-	2	4.8%
> 350	3	7.1%	-	-	3	7.1%
unknown	5	11.9%	3	7.1%	8	19.0%
Total	29	69.0%	13	31.0%	42	100.0%

	Rural SA		Adelaide			
	No.	%	No.	%	Grand Total	% of total
Separate socialisation space -						
no	7	16.7%	4	9.5%	11	26.2%
yes	19	45.2%	8	19.0%	27	64.3%
unknown	3	7.1%	1	2.4%	4	9.5%
Total	29	69.0%	13	31.0%	42	100%
Governance model -						
Health service	10	23.8%	3	7.1%	13	31.0%
Local council	3	7.1%	3	7.1%	6	14.3%
NGO	6	14.3%	1	2.4%	7	16.7%
Charitable organisation	1	2.4%	-	-	1	2.4%
Veterans League	1	2.4%	1	2.4%	2	4.8%
Separately incorporated	6	14.3%	2	4.8%	8	19.0%
Church group	1	2.4%	1	2.4%	2	4.8%
unknown	1	2.4%	2	4.8%	3	7.1%
Total	29	69.0%	13	31.0%	42	100.0%
Management decisions by -						
Governing body	2	4.8%	1	2.4%	3	7.1%
Management Committee	8	19.0%	3	7.1%	11	26.2%
Local Co-ordinator	4	9.5%	3	7.1%	7	16.7%
members	9	21.4%	4	9.5%	13	31.0%
Mixed	6	14.3%	2	4.8%	8	19.0%
Total	29	69.0%	13	31.0%	42	100.0%
Day-to-day co-ordination by -						
part time volunteer co-ordinator	15	35.7%	6	14.3%	21	50.0%
full time volunteer co-ordinator	6	14.3%	-	-	6	14.3%
part time paid co-ordinator	1	2.4%	2	4.8%	3	7.1%
full time paid co-ordinator	3	7.1%	-	-	3	7.1%
other model	2	4.8%	2	4.8%	4	9.5%
none		0.0%	1	2.4%	1	2.4%
unknown	2	4.8%	2	4.8%	4	9.5%
Total	29	69.0%	13	31.0%	42	100.0%
Fees and charges -						
No fee	9	21.4%	8	19.0%	17	40.5%
Daily fee	1	2.4%	1	2.4%	2	4.8%
Weekly fee	9	21.4%	-	-	9	21.4%
Annual fee	5	11.9%	2	4.8%	7	16.7%
Gold coin donation	1	2.4%	-	-	1	2.4%
Amenities fee	3	7.1%	2	4.8%	5	11.9%
Other	1	2.4%	-	-	1	2.4%
Total	29	69.0%	13	31.0%	42	100.0%

Slightly less than half (45.3%) of the sheds reported having 20 members or less and about a quarter (23.8%) having ten members or less (Table 3). About one third of sheds (12/37; 32.4%) reported having five to ten members attending regularly and a further 15 (40.5%) reported 11–20 regular attendees. Two sheds (5.4%) reported over 50 members attending on a regular basis. Over half of sheds (57.1%) reported having less than five female members and these having mostly background roles, rather than active participation in usual shed activities; eleven sheds (26.2%) had a male only member policy.

Only one urban shed reported 40 or more members compared with five of the rural sheds. Similarly bigger sheds reported larger memberships with only three sheds smaller than 150m² reporting 30 or more members compared with five sheds larger than 150m² (Table 3). There was no statistically significant association between shed size, the numbers of days or hours sheds were open or the size of the membership, although there was a trend for rural sheds to have larger memberships and to be open four or more days per week.

SA sheds undertake a broad list of activities the most popular of which include construction projects in wood and metal, making and repairing toys and general furniture and other product restoration. A significant proportion of sheds undertake work for members of their local communities and for various agencies including charities, non-government organisations (NGO), churches, child care facilities and local councils. Most sheds reported social activities or pursuits as integral to shed operations (Figure 2.)

Figure 2. The range of activities undertaken by SA sheds and SA shed members
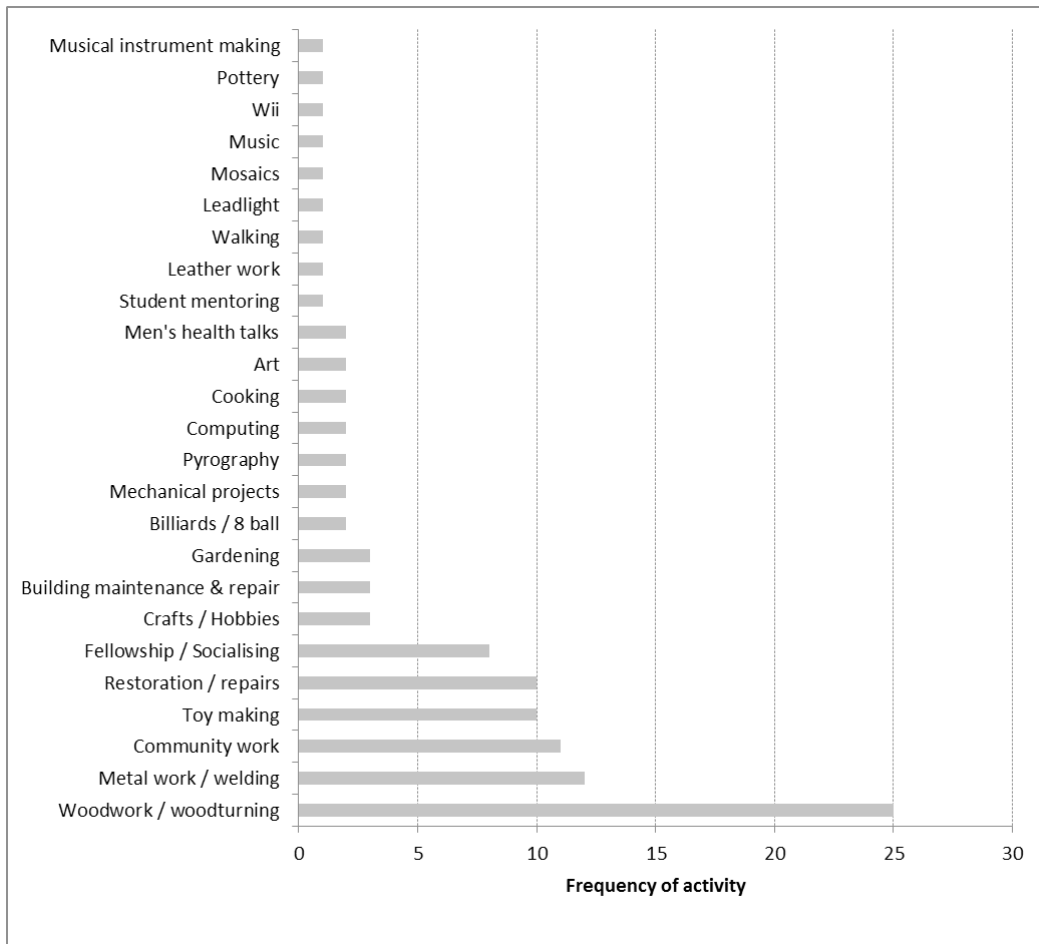
Seventeen sheds did not charge a fee for participation. Other sheds charged a range of fees (daily, weekly or annual) with weekly fees being the most common. Most sheds charged an additional amenities fee for tea and coffee, usually a 'gold coin' donation. Additional charges are levied by some sheds for use of machinery and for the cost of project materials (Table 3).

Governance models varied across the sample with about one third (31%) of sheds being under the auspice of the local health service. Other governance models included NGO's (16.7%), local council (14.3%), or a War Veteran's Association (4.8%). About 1 in 5 (19%) sheds reported being Incorporated entities.

Management decisions were made by shed members in about one third (31%) of sheds, by a Management Committee in 26%, the shed co-ordinator in 16.7%, or the auspice organisation in

7.1% of cases. In over two thirds of sheds (27/42, 64.3%), day-to-day decisions are made by a volunteer co-ordinator working in either a full-time (6/27; 22.2%) or part time capacity (21/27, 77.8%). Six sheds (14.2%) had paid co-ordinators for day-to-day decisions of whom three were full time and three part time. Almost all sheds (90%) were affiliated with the Australian Men's Sheds Association (AMSA), the national peak body for men's sheds[1].

Rural SA Shed (RSS) Participant Survey

163 men's shed participants across 11 South Australian rural men's sheds responded to the rural shed participant survey. Of these, 154 were eligible for analysis; nine surveys, were returned unanswered and were not included in the analysis.

The mean age of the RSS respondents was 66 years (SD: 13. 4 years) with the median being 68 years (Table 4). The age range was 22 – 87 years. Over two thirds (63.2%) of shed participants were retired and six percent (6%) were in paid work. For just over half of participants (51.8%), annual incomes of less than $25,000 pa were reported, implying that about 40% were living on or below the poverty line (Davidson, Evans, Dorsch, & Gissane, 2013, p. 13)NSW, Australia; for 86% of respondents the main source of income was a government pension or similar welfare benefit.

Respondents were most likely to report coming from a blue-collar occupational background (88%), with labourer and tradesmen being the highest previous occupations reported, 25% each respectively. Just over half (53.9%) of respondents reported an educational attainment of year 10 or lower; 13.6% reported year seven or below as their highest level of educational attainment . Over one third (38.2%) or respondents reported having attained a TAFE or trade qualification and 6.7% completing a University qualification (Table 4). Nearly three quarters (73.9%) of respondents reported residing in their own home, 22% in rental accommodation, 3% in a retirement village; a quarter of participants reported living alone (Table 4).

Table 4 – Rural shed member demographics

1   Australian Men's Shed Association; www.mensshed.org/home/.aspx)

Variable	Result	Variable	Result
Age (n= 136) #		**Main Income Source (n=149)**	
- Mean	66 years	- Government pension	86.7 %
- Median	68 years	- Investments	10.7%
- Standard Deviation	13.4	- Paid Work	2.6%
- Age Range	22- 87 years	**Occupation History (n=130)**	
Living Arrangements (n=150)		Blue Collar background	87.6%
- Living with Partner/Children	74%	- Labourer	24.65%
- Living alone	25.3%	- Tradesman	24.6%
- Living in a care facility	0.6%	- Farmer	20.8%
Housing Arrangement (n=149)		- Other	19.3%
- My own House	73.9%	- Driver/ mechanic	16.9%
- Rental Accommodation	22.3%	White Collar background	12.3%
- Retirement Village	3.3%	- Engineer	3.8%
Employment Status (n=152)		- Other	7.7%
- Paid Work	6%	**Highest Education (n=67)**	
- Retired	63.2%	- Year 7 or below	13.6%
- Unemployed	19.7%	- Year 8	10.1%
- Volunteer	11.2%	- Year 9	11.4%
Household Income (n=137)		- Year 10	18.8%
- $0 – $24,999	51.8%	- Year 11	12.1%
- $25,000 – $49,999	38.7%	- Year 12	16.1%
- $50,000 +	9.5%	- Trade Qualification	22.8%
		- TAFE/ University	22.1%

– *n* refers to the number of respondents who provided answers to respective questions.
Not all respondents answered all questions.

The most common reasons reported for joining the shed were to make new friends (95%), to contribute to the community (92%) and to stay mentally active (88.3%). Aspects of the shed most favoured by members were socialising (97%), learning from others (94%) and making new friends in the community (94%). The 'ability to come and go whenever they wanted' (92.7%) was the most popular reason for returning to the shed, followed by 'no pressure to partake in activities' (92.4%) and the 'camaraderie' (90.8%) offered by the shed setting (Table 5).

Shed participants also appear to be receptive to the shed as an environment for learning and for trying new activities. Respondents perceived the shed to be a good setting for informal learning about hobbies and crafts (88%), technology (76%), and health (74%). Sheds were favoured as potential settings for health promotion due to their friendly nature (92%), non-judgemental

environment (82%) and predominantly male group setting (82%) (Table 5).

Table 5 – Shed member motivations

	Proportion of respondents	n=
Reasons for joining the shed ..		
Making new friends	95.4%	149
Contribute to the community	92.0%	148
Stay mentally active	88.3%	148
Stay physically active	80.4%	151
Keep me healthy	73.8%	148
Have time away from home	66.7%	154
Beat boredom	65.6%	150
Give me some space	57.0%	149
Beat loneliness	52.7%	149
Give my partner some space	50.3%	146
Beat depression	49.3%	153
Learn more about health	42.5%	150
Likes about the shed environment ..		
Socialising	97.4%	155
Making new friends	94.0%	151
Learning from others	94.0%	151
Doing things for the shed	93.9%	148
Sharing stories / experiences	91.4%	151
Learning new things (e.g. information)	85.8%	148
Making / fixing things for others	80.9%	152
Sharing my skills	80.7%	150
Learning new skills	80.3%	147
Making / fixing things for myself	74.1%	147
Teaching others	63.7%	146
Why I keep coming ..		
No pressure to do anything	92.9%	154
Being able to come and go when I want to	92.7%	150
The social aspect	90.8%	153
The shed environment (I feel at home in the shed)	90.0%	150
That decisions are made by the members	86.8%	151
The shed opening times	84.5%	148
The workshop aspect	83.9%	149
That there's no boss	71.8%	149
That there are no women	36.9%	149
Things I would like to do / learn ..		
Hobbies/ crafts	88.5%	148
Social Events	80.4%	148
Trade / construction / fabrication	77.0%	148
Technology	76.0%	150
Health	74.5%	153
Exercise	54.4%	147
Mentor young men / boys	53.1%	147
Cooking	38.6%	145

Discussion

SA sheds demonstrate a long history in the chronology of community men's sheds with some dating back to the beginning of the shed movement. Some sheds responding to the survey claim to have been operation for 20 years or more which positions them among the oldest sheds in Australia and certainly predates the recent mushrooming of men's sheds across in Australia over the last five or six years. Conversely, over half of the sheds responding to the state wide survey fit into the timeframe of growth over the last decade with about one third of sheds being part of the very recent growth trend (less than 2 years old) and about half of the sheds being less than 10 years old. Of note is that sheds in regional and rural SA are found more commonly than sheds in metropolitan Adelaide. This finding is consistent with other studies which report 58 – 67% of respondents being from sheds outside of major cities (Cordier & Wilson, 2013b; Golding & Harvey, 2006). This may reflect the closer 'community' context, greater general community socialisation, as well as more space and easier access to shed type spaces in rural areas compared with large cities.

The SASS provided a useful insight into day to day operations of South Australian sheds and the prominent governance models. Auspice by local health services is the most common governance model reported, suggesting that sheds that fall under the jurisdiction of a health service may have a stronger health focus than sheds not directly associated with health services health focus. However, other researchers have found that this is not necessarily the case unless there is a close relationship between a health service and the shed (Hayes & Williamson, 2005; Wilson et al., 2014).

This study found that rural sheds were generally larger than their metropolitan counterparts and boasted more members and more days of operation. It stands to reason that sheds with more floor space are be able to cater for more members and conduct a broader range of activities, which in turn may enhance their membership and sustainability. The SASS found the median size of a community shed was about 110m^2. If one considers that the typical household double garage (~45m^2) can generally accommodate a car together with a work bench, some tools and storage space and perhaps when the car is absent, space for two to three people to work comfortably, it can be

reasonably envisaged that 110m² might typically accommodate work space together with a range of plant and equipment for up to 10 men at a time. This relatively small size would generally preclude a social area separate from the workshop area within the confines of the shed. It is no wonder that one of the most common requests from sheds around the country is for more room (Misan, 2008).

With regard to health status, males who are disadvantaged by poverty or geographical remoteness are at higher risk of ill health than their city counterparts. Males, from low-income households, living in disadvantaged areas, with lower levels of education and employed in blue-collar jobs generally report poorer health status (Australian Institute of Health and Welfare, 2008, 2010, 2012). Older, rural, socially disadvantaged, lesser educated, socially isolated men are at additional risk (Australian Institute of Health and Welfare, 2012). Co-incidentally, the profile of men in rural SA sheds corresponds with this latter risk demographic (Australian Institute of Health and Welfare, 2008; Leahy, Glover, & Hetzel, 2009). This isn't to say that men's sheds make men sick but rather that older men with a range of social, psychosocial and chronic disease co-morbidities, are active participants in many SA sheds. This convergence of setting and risk profile suggests that men's sheds present a unique opportunity for targeted health promotion and illness prevention programs aimed at older, at risk men (Australian Government, 2010; Misan & Sergeant, 2009).

The RSS study of individual shed participants found rural shed members to be older, retired, with low levels of educational attainment, from blue-collar or farming backgrounds and from a lower SES grouping. The attributes are consistent with previous studies (Golding, 2011b; Golding et al., 2007; Golding & Harvey, 2006; Graves, 2001) but quantified for the first time for rural SA sheds. Members in this study were older than previously reported with sixty eight percent of men aged 65 years or older compared to 44% in the literature (Golding et al., 2007) . This may reflect the fact that SA was an early adopter of the shed concept (Earle, Earle, & Von Mering, 1999; Misan, 2008) and with SA sheds being slightly older than sheds in other states, the membership is also older. These findings further highlight the risk profile of SA shed members, who being older are likely to have one or more chronic medical conditions and be less likely to engage with the health system until they have a functional disability (Courtenay, 2000).

While the sample in this study reported education levels similar to those reported previously (Golding & Harvey, 2006), this sample had a higher proportion of men educated to year seven or less. Previous literature has described older rural men, because of their rural origins, as having lesser educational opportunities. This arose because of the expectation of male offspring to either to work on the family farm or to seek other work from a young age to support the family (Caldwell, Jorm, & Dear, 2004). This finding of low educational attainment may presents potential numeracy and literacy issues for some shed members, raising implications for the language and reading level used in health promotion materials as well as for other aspects of health literacy.

Data from this study showed a lower proportion of participants living alone compared with other studies (Golding & Harvey, 2006). Conversely, the study found that shed members were more likely to be living alone than the Australian average (17%) (Australian Bureau of Statistics, 2013). The relatively large proportion of shed members who live alone suggests that SA sheds provide a supportive environment that acts as a buffer to social isolation and community disengagement, both major contributors to poor health outcomes (Wilson & Cordier, 2013).

As a recreational setting, the informal nature of sheds has been previously linked to their rising popularity, with members enjoying the inclusive, male friendly atmosphere that sheds offer (Ballinger, Talbot, & Verrinder, 2009). The study found that social engagement and interaction is a key factor both for joining and returning to a shed with the main attractions being informality, camaraderie, sense of belonging, opportunity for productivity, a male friendly setting and the variety of activities on offer. These findings corresponds with other studies wherein the social aspect of the shed is a key reason for member participation (Cordier & Wilson, 2013a; Ormsby, Stanley, & Jaworski, 2010).

Shed participants are also receptive to the shed as a learning environment, including for health promotion. This information provides a positive outlook for future formal and informal learning including health promotion activities and is consistent with findings of others (Australian Government, 2010; Brown, Golding, & Foley, 2008; Glover & Misan, 2012; Golding, 2011a; Golding et al., 2007; Hansji, Wilson, & Cordier, 2014; Milligan et al., 2013; Wilson & Cordier, 2013).

Summary and Conclusion

This is the first paper to describe in any detail the characteristics of South Australian men's sheds and the men who frequent them for recreation and leisure. The paper describes the profile of 42 men's sheds in SA as well as that of 163 men who are members of sheds in rural communities. The findings demonstrate that community men's sheds in SA continue to thrive in both metropolitan Adelaide and in communities further afield. While men's sheds in SA appeared early in the evolution of the Australian community men's sheds phenomenon, new sheds are still being established on a regular basis, particularly in rural communities. There are more sheds in regional, rural and remote areas than in large urban centres which may reflect a greater acceptance or need for socialisation and recreational pursuits among men in rural areas as well as a greater general sense of community.

SA sheds generally cater for older, retired, lesser educated men from generally lower SES groups and most commonly from blue-collar backgrounds. Men in rural SA sheds appear older than described in previous studies and a greater proportion report lower educational attainment. The majority of participants are married and living with a partner although a higher than national average proportion live alone. This suggests a particular appeal of the community men's shed by socially isolated, older men, particularly in rural areas. Members are motivated to join and remain shed members because of the informality, camaraderie, sense of belonging, opportunity for purposeful endeavour, the male friendly environment and the variety of activities on offer. The relaxed informal atmosphere of the community men's shed is a conducive environment for hands on learning, offering the potential for tailored health promotion activities directed at older men.

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"You're Scanning my Balls?" Intimate Male Relationships in *Almost Human*

Kristopher J. Purzycki

The short-lived science fiction television program Almost Human*'s depiction of male relationships reflects how cultural expectations of males inhibit the development of intimate, heterosexual, male relationships. In the program's cyberpunk urbanscape of androids and humans, where physiological gender determinations are no longer significant, the program both explicitly and implicitly discusses current real world concerns over masculine disidentification. Using both male studies and feminist theory to analyze* Almost Human*, this essay contends that the program provides a unique depiction*

of male-male relationships that, while impacted by cultural expectations of masculine performativity, are nonetheless supportive and compassionate.

Keywords: male-male intimacy, male disidentification, science fiction, television, media studies

1. Introduction

According to contemporary male studies, the loss of intimate same-sex relationships is of significant concern for young adult males – especially those living in North America. Although research notes that these relationships do exist at a young age, they have largely dissolved over adolescence and are peculiarly absent by young adulthood. Reasons that are most often cited to inhibit the development of new friendships later in life include upbringing, distrust of others, antagonistic competitiveness, as well as homophobia. As described by male studies, which has flourished alongside feminist theories, these pressures are fueled by cultural expectations. Established by family and upheld by one's communities, men are expected to behave in a masculine fashion, or at the very least not act effeminately. With this stigma harbored by Western media, it is little wonder that many young males articulate feelings of inadequacy and consequential inability to develop strong, compassionate same sex relationships.

Although television is dominated by expectations of masculine performativity, the short-lived science fiction series *Almost Human* [USA 2013-14] suggested that intimate, heterosexual male-male relationships were not only worth exploring on basic television but that the anxieties men express towards other males could be explicitly worked through. Expanding on the familiar buddy-cop trope, the relationship between detective John Kennex [Karl Urban] and his android partner Dorian [Michael Ealy] explores intimate male heterosexual relationships for Western audiences. The bond between Kennex and Dorian which, due to being cancelled after one season, never enjoyed the opportunity to attain its potential, is significant not only because it largely ignores the thematic crutch of human-versus-android but it provides an opportunity to observe Western attitudes towards male-male relationships and confirms what male studies researches have argued

inhibit friendship development. While we certainly observe Dorian's empathic nature rubbing off on his curmudgeonly partner, this affect is acknowledged immediately in the first episode allowing for the relationship to develop into something beyond a working friendship. In *Almost Human*, Dorian and Kennex's "bromance" evokes questions of masculinity in a cyberpunk environment where the gap between subjective understanding of gender and the influence of culture have greatly diminished.

Science fiction law enforcement partnerships have been featured on television for decades led by James West and Artemus Gordon in *The Wild, Wild, West* (USA 1965-69) the far less successful comedy Holmes & Yo-Yo, and a handful of episodes that comprised the short-lived series Mann & Machine. X-Files [USA 1993-2002] agents Fox Mulder and Dana Scully are one of the more well known of these partnerships: while Scully's medical background and logical approach was crucial to solving that week's case, it was often undercut but the paranormal origins of the culprit. Like *Almost Human*, the equally short-lived series Alien Nation [USA 1989-90], based off of the film by same name, also used science fiction tropes to encapsulate commentary on cultural and societal concerns of audiences. This early Fox series likewise used the relationship between a human and Other (an alien in this case) to articulate these issues. *Almost Human* similarly makes use of science fiction's ability to provide a safe space for exploration of this type of relationship in that it allows audiences – specifically male heterosexuals – to witness an intimacy between males that allays anxieties of distrust, competition, and homophobia.

In this essay, I argue that *Almost Human*'s depiction of male relationships reflects current thinking of how expectations of males are inhibiting the development of intimate, heterosexual, male relationships. In the cyberpunk urbanscape of *Almost Human*, where physiological gender determinations are no longer significant, the program both explicitly and implicitly discusses current real world concerns over masculine disidentification. Using both male studies and feminist theory to analyze the television series, this essay contends that the program depicts male-male relationships that, while impacted by cultural expectations of masculine performativity, are supportive and compassionate.

To accomplish this I will first provide a survey on current thinking on hetero-male relationships, the conflicts that contribute to their inhibition. After specifying my focus on three of the more significant expectations, I will then turn to feminist theories as they apply to science fiction and cyberculture. I'll then apply these considerations to a close reading of *Almost Human*, specifically on scenes where interactions between the two lead characters provide audiences with what Jimmy Draper and Amanda Lotz describe as the "working through" of issues associated with the masculine disidentification. Throughout the course of the analysis, I hope to not only highlight how science fiction provides a "safe" space to observe these relationships, but more importantly to illuminate their lack of representation. For the purpose of this essay, I viewed the entire single season of *Almost Human* in search of character interactions that suggested the show's attitudes towards masculine identification as well as traits that research suggests inhibit intimate male relationships. As will be described in the third, analytical section, this survey focused primarily on the pilot episode as this instance, like many, showcased the developing relationship between protagonists. Several of the show's thematic elements are instigated in the pilot episode including several of Kennex's personality traits that position him on a more traditional end of a spectrum of masculinity. Overshadowing these qualities, however, are those that allude to inadequacy. However, many of the narrative elements that are pertinent to this essay – such as the theme of Dorian's emotional instability – are threads that are carried throughout the entire season.

2. Cultural Expectations of Masculine Performativity

Alongside feminism's scrutinization of heteronormativity, masculinity has undergone its own appraisal of gender roles and expectations. Definitions of what was once considered unacceptable male behavior are no longer universal. Neither should it be assumed that one's physiology at birth would determine their subjective notions of sex and gender. This section of my essay will describe how the transition from biological essentialism towards more social-constructivist theories has also impacted understandings of masculinity and the performative expectations of boys and men. To maintain relevance towards my analysis of *Almost Human*, this essay focuses on only a few of the

expected masculine roles that are most prevalent in the program. Among these are issues of trust, homophobia, and father figure relationships.

As even the biological conception of masculine identity is debatable, to best understand the significance of the intimate male friendship, it is crucial to acknowledge how male behavior is guided, not by the phallus but by how the community considers the phallus and its possession. When we contemplate gender, we are regarding how one's identity is constructed by society based on biological functions associated with the sex distinctions that they are born with. To illustrate, I was taught as a male toddler to urinate standing up and utilize the restroom facilities that pertain to the mechanics of this function (i.e. standing up). This is in accordance with generations of traditional upbringing that were based upon my being born with a penis. Also based on my physiology and assumptions of my parents, I was taught to use the bathroom assigned to MEN and not that assigned to WOMEN (whose representative icon is handily distinguished by its angular skirt). These assumptions are reinforced by the design of the facilities and the persistent fear of walking into the wrong bathroom. My upbringing as a male child provided the foundation for my identification with maleness. As we are increasingly recognizing, however, the assumptions of gender based on biological function are problematic.

Introducing the essays collected in *What Makes a Man*, Rebecca Walker questions male inability to shirk traditional roles, attributing a slew of maladies and destructive conditions to the numerous messages that are directed at males almost from birth. Walker's summary of these directives includes "don't feel, take control, be physically strong, find your identity in money and work, do not be afraid to kill, distrust everything that you cannot see. Don't cry." Furthermore, Walker remarks how "[w]hile the women's movement has been successful in encouraging women to abandon restrictive stereotypes and to question a redefine the very foundation of their identities, men have yet to embark upon a similar mass reeducation, opting instead to – surprise! – suffer in stoic silence" (6). Walker's reflects the concerns of a parent who is concerned about the expectations slowly being embedded within her young son.

Instead of biologically derivative essentialism, Western societies regard behavior as

emanating from and shaped by the various communities one is a part of (Sussman 3). Culture therefore constructs one's gender identity yet still anticipates that people will behave according to the sexual functions one is born with. The either/or man/woman gender binary is progressively being reevaluated and one's gender identity is more often referred to as being positioned along a spectrum. Similar to feminism's struggle to usurp one's gender identification from the constraints of norming communities, male advocates have also striven to disrupt the performative expectations of culture.

Outlining his analysis of these expectations, Ian Harris provides an array of socially acceptable behaviors men say that they are expected to embody and perform throughout their lives. In his book *Messages Men Hear*, Harris ranks traits as expressed in interviews with men, to determine how men define how it is to "act like a man" (1995). Harris' quantitative analysis of male identification traits is expansive, yet confirms Walker's maternal observations of her own son. To paraphrase, the rubric includes: attaining and upholding a level of achievement, of "being the best that you can be" regardless of station; Males are expected to work exhaustively, loyally serving one's employer, while providing for the family, and remaining faithful to a spouse. Admirably performing in one's career better enables the ability to raise a family comfortably as the primary breadwinner. With enough time and aspiration, the male is expected to receive promotions and eventually have others work for him. Although there are numerous variations of these themes ("loyal partner" versus "playboy" for example), the sentiments conveyed point to some of the origins of male's difficulty in developing intimate male relationships beginning in adolescence.

As Harris describes, however, these expectations conflict with needs for creative, loving relationships. Concluding his section "Acting Like a Man," he lists several potential reasons for why men do not have relationships with other men including a poor relationship with a father figure, competitiveness with other males, as well as the fear of appearing homosexual (107). Although research has compiled a large array of factors that contribute to the disappearance of intimate male relationships, this essay focuses on the three that are the most consistently cited. As will be described in far greater detail later, these three facets are also extremely relevant to analyzing the

relationship between Dorian and Kennex in *Almost Human*.

2.1 Father-Figure

Obviously, the father is not the sole provider of support for children and the behaviors of how adults in general -- and parents especially -- shape how the child recognizes healthy relationships. As Geoffrey Grief describes, parent behavior and lifestyle affects upbringing of children in numerous ways, many of which would be considered crucial to Harris' rubric. The financial stability of the household as well as the neighborhood and school – both sources of more age-proximate relationships – are largely determined by the money-making ability of the parents. Accordingly, the father is therefore seen as responsible for these factors.

Without being rooted in an upbringing that is nurturing and creative, the young male grows up without a referential metric to establish his own relationships with other males. This need often conflicts with the father figure's need to excel in the workplace, whose constant demands require more time away from family. Influenced by the desire to outperform others, the working father feels compelled to sacrifice his children's upbringing, reinforcing the "self-made" aspect of performative maleness. Regardless of whether or not a young male is lucky enough to have been raised in a stable home with a nurturing father, the adolescent male soon comes to acknowledge this primary figure as one of the first sources of competition.

2.2 Competition and Trust

The accounts expressed by Harris' interviewees consistently refers to the expectations of being self-reliant and appearing in control of one's success. One of the consequences of these expectations is that men are compelled to engage in a persistent competition with other men. While constructive comparison to one's peers as well as self-directed improvement can certainly contribute to the betterment of one's community, these motivations compound into a stubborn drive to be better than another (whether that other be one's coworker, friend, father, ad model etc.). This competitiveness may be observed in work as well as leisure. Although the familiar narrative found in Harris' study

mentions the rivalrous workplace and the "climb to the top," it does not include playful sources of enmity such as sports or games. This nagging concern – or the incessant reinforcement that this should be a concern – undermines one of the more significant traits men say that they look for in friends: trust.

More than having common likes and beliefs, trust is consistently cited, throughout studies of men and their friendships, as being one of the most important traits. Geoffrey Grief attributes this to remnants of primal humanity when "I got your back" meant survival of the community (49). This is significant as the experience of a betrayal by one's friends is among the earliest traumas most young children experience. This is compounded by how young males are expected to "man up," behave according to expectations, and swallow their emotions.

As most scholarship on male relationships will testify, self-disclosure is not a commonly found attribute in males. Helen Reid and Gary Alan Fine cite numerous studies that highlight females' propensity for conversation when together while men are more likely to engage in activities (133). Unlike women, who are observed as being more comfortable "opening up" to other women, men are typically resistant to sharing their personal, intimate affairs with other males. Reasons for this include competition and feeling vulnerable as well as coming across as homosexual (138-41).

2.3. Homophobia

This "tough guy" performance underscores one of the other consistently pervasive male misgivings. The overlapping of personal and sexual attraction is a modern construction and expressions of male intimacy are often assumed to hint to homosexual tendencies. In his research throughout America and Europe, Stuart Miller described the fear of appearing gay to others as surprisingly common (129). Although one might think that the increasing visibility and progressive socio-political climate of LGBQT movements might allay some of these anxieties, it is believed that this has had an adverse effect on heterosexual males.

Richard Godbeer describes how families and communities of British America supported and fostered loving male friendships. In his analysis of eighteenth-century male friendships, Godbeer

highlights sensibility and sympathy as the cornerstones of these relationships (10). "According to those who wrote about sentimental friendship...," he states, "developing an intense capacity for emotion and loving empathy with the feelings of others constituted an important part of becoming a worthy and refined man" (10). A timeline of how homophobia increased in Western nations is far beyond the scope of this essay but Godbeer, Miller and others cite religion as one of the primary factors that fueled the disdain towards homosexuality.

The loss of the loving male-male relationship, and its emergence in popular culture as the "bromance," has been the subject of an increasing amount of research and scholarship. Entering the lexicon only recently, the concept of the "bromance" has garnered traces of earnest attention from researchers and scholars. In his introduction to *Reading the Bromance*, Michael DeAngelis defines the concept as "an emotionally intense bond between presumably straight males who demonstrate an openness to intimacy that they neither regard, acknowledge, avow, nor express sexually" (1). These relationships in popular media, according to DeAngelis, inhabit a culturally ambiguous space that implies a significant relationship that, while teasing the sexual potential, never satisfies this compelling audience expectation (3). Although depictions of male-male relationships have flourished in cinema and television, only recently have these representations been explored through the on-screen dialogue between characters. In this way, writers have developed a strategy which serves to demarcate the intimate heterosexual male relationship without turning away homosexual male audiences. In his contribution to *Reading the Bromance*, Ron Becker describes how shifting attitudes towards homosexuality has altered the depictions of homosocial relationships from ones that are afraid of being viewed as homosexual to ones that are effeminate (236).

Even given this truncated list of factors, we might better appreciate the difficulty Walker predicted her son would face in juggling. Limiting our frame to these three elements that contribute to the inhibition of developing male-male relationships, we can now turn to how science fiction has regarded gender. Although this will certainly not be an exhaustive survey, it will help provide a transition to my focus on *Almost Human* and the program's depiction of male intimacy. As I will demonstrate, *Almost Human* extenuates the bromance to include a subject that is comfortable with

behaving in an effeminate manner.

3. Feminist Thoughts on Science-Fiction and Cyberculture

Before delving into *Almost Human*'s examination of male roles and the program's depictions of male-male intimacy, it would be prudent to provide an overview of science fiction and the genre's approach to gender. As will be shown, much of the recent scholarship on sci-fi emanates from feminist camps and analyses of male characters in science fiction media tend to surpass rote critique of hyper masculine characters such as Robocop and the Terminator. Eager for the disembodiment and ambiguity offered by digital technologies, many feminist scholars have also provided a rich metaphor for illustrating the femininity of cyberspace working alongside masculine hardware. As I'll demonstrate in the final section of this essay, feminist theories conjoined with the thinking towards male identification work well when focused on *Almost Human*.

Science fiction allows for an exploration of issues and concerns in a setting that closely resembles that of the auidience while providing enough difference to allay unease. Of course, science fiction is replete with considerations of gender but, for the sake of brevity, this essay utilizes scholarship from the last several decades, privileging research that focuses on the cyberpunk subgenre, to which *Almost Human* arguably belongs. Before discussing how science fiction scholars have addressed depictions of gender in science fiction media, it may be worth reiterating how the genre provides commentary on contemporary social-cultural issues through fantastic metaphor and allegory. Cast in the spectacular landscapes of the imaginable future, science fiction allows for the pondering of subjunctive potentials. These potentials, for much of science fiction, emanates from current technologies whose impacts have yet to be determined.

An earnest and comprehensive discussion of gender is beyond the capacity of this essay but it would be irresponsible to revisit some of the prevailing thoughts on the intersections of gender and cyberculture. In her landmark work "A Cyborg Manifesto," Donna Haraway most famously described the cyborg as being irreverent to culturally and ideologically established strictures such as gender (118). Deftly parsing this dense and contested text, David Bell summates the cyborg's

disruptive existence as on that is ironic in that it is rooted in a "technoscience" that was, for some time, reliable for its constructive methods (101). By discussing the cyborg as an exemplar of contested spaces and ideologies, Haraway lauded the manifestation as one that feminists might embrace. Given that Haraway's treatise on cyborgs continues to resonate, it is understandable that most of the subsequent discourse on gender in cyberculture is viewed through a feminist lens. Anne Balsamo introduces her book *Technologies of the Gendered Body* by describing how the body is a contested boundary where one's physicality is understood and evaluated according to cultural contexts (9). Already we can see how feminist critiques have had influence on attitudes towards masculinity.

In overlapping with themes prevalent in science fiction, feminist critics opened up a field of questions that our media continues to explore. As a subgenre of science fiction, cyberpunk focuses on concerns over information technology as well as its access, implementation, and influence on humanity. Eschewing the massive scope of science fiction's arena, cyberpunk focuses on a grittier periphery, exploring the "lateral futures of today's information technology...because today there is simply no difference between the SF text and world at large" (Slusser and Shippey 3). Episodes of the cult television program *Max Headroom* summarized the cyberpunk attitude adeptly in every episode's introduction reminding audiences of the pilot's subtitle "20 minutes into the future." Deeply invested in the concerns of late twentieth-century Western audiences nervous about being left behind by increasingly visible computing, much of cyberpunk's allure already seemed outdated by the turn of the century.

Signatures of the genre, cyberpunk's urban sprawl embodies the constant conflict between shimmering utopia and drug-steeped underworld. It is within this contested space that cyberpunk examines the affect this environment has on the subjective being. In his book *Terminal Identity*, Scott Bukatman connects these qualities, alongside portrayals of large-scale social marginalization, to film noir and the cinematic detective story. Why this connection is so common, Bukatman argues, is that there is a palatable desire to apply the problem-solving structures of crime narrative to the ambiguous fluidity of science fictional worlds (142). These crossovers are rarely successful in part, he notes, because of the unsatisfactory resolutions that rely, not on the protagonist's logic and

deductive powers but on a technological deus ex machina. As one of the more successful examples, Ridley Scott's *Blade Runner* is among the earliest and often-cited examples of this intersection. Set in a Los Angeles whose temporal space we've already overtaken, we watch Decker performing his job as detective and chasing the errant android Roy Batty who is simultaneously chasing his own answers. In the end, the detective is unsuccessful in his quest and his life is saved by the android who – fulfilling his mission – discovers the moment of his impending death.

It is important to note that, while cyberpunk may be an excellent category in which to place *Almost Human*, it is not considered a feminist fiction. Throughout the genre's short lifespan, it was dominated by white, male writers. It is little wonder that signpost cyberpunk works such as Gibson's *Neuromancer* appeal to the "console cowboy" fantasies of male audiences. Claudia Springer beautifully discusses how science fiction betrays masculine fears towards the encroaching femininity of cyberspace. Contrasting the "armored man of steel," Springer posits the 'feminized' computer with its concealed, passive, and internal workings" (104). "Feminine metaphors," she argues,

> Emphasize that microcircuitry is not physically forceful or massive. Miniaturization, concealment, and silence are its underlying principles. Moreover, computer users often experience a psychological union with their terminals that collapses ego boundaries. The intimacy and empathy that can result from fluid ego boundaries are conventionally associated with feminine subjectivity, which, compared to the male ego, is less dependent on Oedipal individuation.

Echoing Springer, Amanda Fernbach's study of masculine figures in science fiction describes hacker of cyberpunk as one that is able to "jack in," navigate and conquer the feminized digital space. For Sadie Plant, however, men are fearful of this uncontrollable space and what mysteries lie beyond the "veil" of the screen. This misogynistic fear, for Plant, takes the form of technophobia – a condition we'll observe early on in the protagonist of *Almost Human*.

4. Case Study: *Almost Human*

Almost Human follows detective John Kennex and his android partner as they remove a variety of technological threats from the streets of near-future San Francisco. Set in the near future of 2048, the television series engages much of cyberpunk's noir aesthetic, especially the positioning of a utopian facade atop an undercurrent of criminality. Without reaching too far into visions of a distant future, the city of mid-twenty first century is, according to *Almost Human*'s designers, much like cities of our own time – except with more lighting and even more advertising. Cyberspace is all the more omnipresent and always accessible by palm implants that bring up a hovering hand held screen with a flick of the wrist. Some of San Francisco's citizens, however, are still seen as relying on mobile devices similar to what is used today. The premise of the series is that crime severely threatens the halcyon of the unblemished city. Surrounding the perimeter of this glimmering paradise is a towering wall that appears to segregate the pristine sections of San Francisco from an occasionally glimpsed, shambling ghetto. The reasons for its erection is a mystery to audiences but is mentioned or makes an appearance in a few episodes. To compensate for burgeoning crime rates, the shorthanded police "recruit" androids to support human officers. These MX-43 model androids, all built with masculine physiologies, are impersonal and prioritize the benefit of the force over their human companions.

Unfortunately, this element of the series was never explained due to the cancellation of the series after its first season of thirteen episodes. Early reviews of the series seem mismatched compared to the anticipation for this project that bore the mantle of J.J. Abrams film and television company, Bad Robot Productions. Beginning its run on Fox Television in late 2013, *Almost Human* was received with reviews across the critical spectrum. Several early critics of *Almost Human* focused on series' inability to shed many tired science fiction and cop show clichés although many seem to have warmed up to the show by the end of its first season. Not long after the initial run, the series was cancelled by Fox due to the high production costs and lackluster ratings.

Early in *Almost Human*'s sole season, Christine Rosen reviewed the show for Slate declaring the "the show's creators seem to be suggesting that although we might have to rely on robots that are

stronger, more intelligent, and more rigorously rational than human beings, what we really need are robots that can remind us of what it means to be emotionally well-developed human beings." ("Our Robots, Ourselves"). Although Rosen is writing on themes of empathy that are explicitly explored early in the program's run, the article pulls back before addressing the more interesting, and often humorous, exploration of gender that are peppered throughout. Among these themes of gender is the relationship between the show's two main characters and the "bromance" that quickly develops between them.

Critical impressions of the chemistry between Kennex and Dorian continued after the show's cancellation. "It didn't help that Fox aired several episodes out of order," wrote Tim Surette for TV.com, "or that the focus of the show often strayed from the most interesting parts of the series—the relationship between Kennex and Dorian and the idea of artificial intelligence—in favor of more procedural-y stories" (April 2014). "Mismatched cops have edged towards mutual respect a million times on screen and the trope of a Pinocchio robot trying to work out what it is to be human feels almost as clichéd," wrote The Guardian television critic Graeme Virtue after the shows cancellation.

> But *Almost Human*'s twist is that Dorian demonstrates more emotional intelligence than the volatile Kennex, who aggressively alienates himself from both humans and androids. The scenes where they roll around in their police cruiser needling each other are so absorbing and entertaining – a Wi-Fi-enabled bromance – that the additional solving of future crime begins to feel more like an imposition than an imperative (May 2014).

Fans of the show continue to clamor for the revival of the series although it seems almost certain the show will not return. Audiences registering their discontent through online forums refer specifically to the development of Kennex and Dorian's relationship as one of the most enjoyable aspects of the show.

Without a lifetime of experiences to shape the male identity, Dorian appears to confirm the theory of gender performativity. Without being impeded by a tumultuous relationship with a

father figure nor a competitiveness fueled by distrust, the android is able to provide the fearlessly compassionate friendship the broken Kennex needs. Although Kennex can't understand Captain Maldonalo's assertion that "The DRN is good for you," ("Pilot"), it's understood that the android provides the compassionate support Kennex needs to recover a more profound sense of masculinity – one that is capable of trusting and securing a supportive, nurturing friendship.

After the pilot episode, however, Kennex and Dorian's fragile psychological conditions are negligible and take are given only cursory glances during the more conventional plotlines. This is only one of numerous disconnects that detract from the quality of the series. Nonetheless, what is consistently portrayed throughout *Almost Human* is the convergence of two men who have both been damaged by their environment and, more implicitly, the cultural cues that they have endured. Although many of the critiques of the show's predictability are not unfounded, the presence of Kennex and Dorian's relationship is an example of what Draper and Loz describe as television's portrayal of characters "working through" significant real-world issues (2012). By watching Kennex and Dorian struggle with the friendship, we are provided with an example of male characters eschewing the pressures placed upon them to embrace a more empathetic relationship to other males.

One of the clichés that *Almost Human* did manage to discard after the first episode was the antagonism between a human and a distinctly non-human other. For this reason and others, the following analysis of the series will focus primarily on the pilot episode but will follow key themes throughout episodes in which they are reinforced. As a reminder, these themes create a portrayal of the male-male intimate relationship that audiences found so enthralling and unique. After a brief synopsis of the pilot episode, I will highlight moments in this inaugural episode that reflect attention to both male studies towards identification and friendship as well as the hopes of gender scholarship.

When audiences first see John Kennex in the opening scene of *Almost Human*'s pilot episode, he is caught in the middle of a fierce fire fight. His ambushed squad is decimated and is pinned down with another officer beneath a ceaseless shower of bullets. Because their mandated

android escort calculates Kennex and his fellow officer's chances are survival pale in comparison to others caught in the skirmish, the android leaves the two behind. While attempting to rescue his friend, the other officer is killed and Kennex's leg is blown off. Before dissolving into a white haze of unconsciousness, Kennex glimpses the silhouettes of several figures who leave him for dead.

This follows by a vision of his girlfriend which, upon being jolted into consciousness, turns out to be a recaptured memory previously lost during his recovery from a 17-month coma. In pursuing absent memories in hopes of uncovering who betrayed his squad, it is revealed that Kennex's longtime girlfriend was actually a member of the criminal organization he had been working to capture. This immediate and traumatic breach of trust by both his android and human female partner leaves Kennex with a seemingly impenetrable cynicism towards others. Trust between males, if we recall, is one of the most significant traits men value and betrayal of this sacrosanct quality leaves lasting psychological wounds.

Kennex returns to a police force that, aside from the chief, blames him for the botched raid. He is again paired with an android partner identical to the one that left he and his partner behind nearly two years ago. The betrayal is again refreshed in Kennex's mind and he initially refuses to work with the MX-43. "A human partner was good enough for my father," he protests, "its good enough for me" ("Pilot"). Highlighting several of our own current concerns about the military, *Almost Human*'s main character is described by doctors (who recommend he remain off of the force) as suffering from an arsenal of emotional and psychological conditions stemming from this traumatic experience including PTSD, depression, as well as "psychological rejection" of his synthetic leg replacement. This judgment is overruled by Captain Maldonado who confides in Kennex that he is the only one she trusts on the force. After being informed that his reinstatement depends on working with the android, Kennex relinquishes his resolve.

On the way to their first assignment, however, the android is shoved out of the moving squad car after accusing Kennex of lying about his whereabouts the previous evening. The shortage of newer MX-43 models leaves Kennex with no option but to work with an older DRN model which, as Kennex recalls, had been discontinued after bouts of unpredictable behavior. Android technician

Rudy Lom [Mackenzie Crook], who prefers the DRN to the calculative MX-43 models, allays the detective's concerns:

> Lom: Well, the DRN series - they were based on a program called Synthetic Soul. And while he isn't crazy, as you say, there may be some bugs.
>
> Kennex: Bugs? What kind of bugs?
>
> L: Some of them had difficulty dealing with their emotive regulations. Emotional issues. The idea behind the DRNs was to be as human as possible and the truth is that it's human to have unexpected emotional responses and if, uh, being as close to human was the goal, then, I guess the DRNs weren't such a failure after all. People have breaking points, and so do DRNs.
>
> K: So you're saying he's a basket case.
>
> L: Not words I would use, or agree with.
>
> K: All right, plug it in already.

This exchange reifies that both Kennex and Dorian are emotionally flawed individuals. This is not lost on other officers who refer to the pair as "two cops from the scrap heap" ("Pilot"). While the source of Kennex's emotional damage is understood, the reasons for Dorian's "retirement" is less clear. Although we are told that the DRN line were discontinued due to instability, it is uncertain whether Dorian himself was affected by these issues. At this point in the pilot, it is understood that Dorian will be the compassionate foil to Kennex's brooding cynicism. Kennex is behaving in accordance with the expectations of our culture while Dorian, as a male android, is understood to have been considered faulty for behaving in erratic ways that might be interpreted as feminine.

Regardless of the sources of their respective conditions, both Dorian and Kennex acknowledge that they unwittingly need one another to continue working: Kennex must serve alongside an android partner and Dorian must successfully demonstrate his emotional stability to continue serving as a detective. Although this necessity serves as an awkwardly immediate progress in his attitude towards Dorian, another conflict in their relationship demonstrates Dorian's ironically

stable sense of self-identification:

> Dorian: You know what your problem is?
>
> Kennex: Always my favorite part of the day: a synthetic telling me what my problem is.
>
> D: There's that word again. Your problem is, you don't know yourself. You don't trust anyone.
>
> K: Is that my problem?
>
> D: And, man, I don't blame you. After all you've been through, if I were like you, I wouldn't know myself either.
>
> K: Okay, firstly stop saying 'man.' Secondly you're not like me.
>
> D: And I'm not like them. MX units are logic-based and rule-oriented. They have no true free will and they are designed to feel nothing. Now, I can't say that I was born, I can't say I grew in a womb or had a childhood, but I was made to feel and I do as much as you.

Dorian's assertion begins to wear down his partner's resistance. Almost immediately (perhaps due to haphazard writing), Kennex ("Connects") learns to appreciate Dorian's empathetic mannerisms and, by the second episode "Skin," the pair are demonstrating their chemistry. Once Kennex lowers his guard, the pair engage in the rapport that would become the staple of the show for audiences.

As described in the earlier section, difficulties in befriending other males begins in childhood and the relationship with a nurturing father figure and both Kennex and Dorian provide interesting positions on this aspect of masculine identity formation. Throughout the season, Kennex's mentions of his father are total only a few instances wherein he evokes his memory: we know he was a cop. Even with the scarcity of mentions, the final episode of the series reveals the impact Kennex's father had upon him ("Straw Man"). In the unwitting series finale, Kennex picks up on a case that his father had worked on. It is here revealed that his father was a disgraced cop who had been under investigation when killed while on duty. As it turns out, the elder Kennex was highly distrustful of others due to his uncovering a department wide conspiracy. Confirming the "go it alone" aspect of masculine expectations, Kennex's father is described as not bending to pressures to accept bribes. Although Kennex's bond with his father was a positive one, we recognize that even this constructive

relationship can promote the distrust that impedes intimacy with others.

Dorian, however, provides another curious disruption. In "Unbound," Dorian meets with his creator Dr. Nigel Vaughn [John Laroquette] who was bankrupted when the DRN line was decommissioned. Vaughn expectantly gushes over discovering that a DRN still serves on the force yet Dorian has little sentiment for this figure and does not express any consideration of the man as his father. Unlike Kennex who is able to restore his father's legacy, Dorian's creator is revealed to be explicitly supporting the social upheaval of San Francisco's utopia. Considering that Kennex's positive relationship with his father still provides foundation for inhibitive distrust, Dorian's lack of sentiment towards his creator signifies a disconnect that *Almost Human* suggests must be made to transcend competitive pressure from one's upbringing. Not having to live up to standards imposed by a male role model, Dorian is unhindered by conventional male expectations.

This is not to say that Dorian behaves effeminately. In fact, as the following in-car exchange in the series' second episode demonstrates, Dorian expresses common masculine concerns even while the pair behave in ways that, according to research cited in the first section, many heterosexual males would find questionable ("Skin"). A benign, almost clichéd exchange finds Dorian pondering his legacy, a concern male studies scholarship would attribute to concerns for family and passing on the family line:

> Dorian: Just looking at that bot on Rudy's table makes me think, who is going to remember me?
>
> Kennex: You're a cop. The people you help will remember you, whatever your name is.

This humanization of Dorian (why would an android be concerned about their legacy?) might be considered another of the science fiction clichés critics chastised. However, this emotional opening affirms Dorian's sentimentality yet provides curious contrast with the humorous bantering that follows:

> Dorian: I thought you wanted to meet someone.
>
> Kennex: I meet plenty of women. I don't need your help.

D: I ran a bio scan, and it looked like your testicles were at full capacity.

K: You're scanning my balls?

D: I didn't enjoy it, I just...

K: Oh, my God, this is unbelievable.

D: I can't help but notice you're backed up.

K: What is the matter with you? Don't scan my testicles ever again.

D: Copy that.

Due to fears of appearing homosexual, most males would not likely confess to paying such close attention to another man's genitalia even if it is to promote the other's romantic ventures. This disregard for expectations of masculine performativity creates a space for *Almost Human* to begin using the science fiction setting as a platform for further exploration. However, these opportunities usually serve to reinforce Dorian's maleness.

The most conflated example of this affirmation is found in the episode "Blood Brothers" which opens up with Kennex wandering into the android "locker room" to locate his partner. He is shocked by how the MX-43's are asexual and a devoid of a masculine physiology. While this makes for a humorous start to the episode, the ensuing conversation between Dorian and Kennex, which ends in Dorian displaying his possession of genitalia for his partner, further suggests the disregard the pair has towards performing particular male roles. Not only would this behavior not be considered inappropriate for many males but having the exchange occur in private denounces the taboo of behaving intimately in private.

While this example indicates the pair's lack of concern towards appearing gay, this comparison of genitalia alludes to the lack of competitiveness between Kennex and Dorian that is endemic in real world masculinity. Unlike many android-human partnerships, there is a very little animosity towards, say, the android desiring the humanity he lacks or the ensuing subversion of humanity by robotic subalterns. Curiously, the most significant single example of Dorian's that is most often repeated throughout the series is that the android is far better with children than his

partner.

An excellent demonstration of Dorian's lack of competitive impulses is seen in another car exchange in the episode "Simon Says."

Kennex: Three years running. Man, I tell you, you walk into that gym today, you look up in the rafters and all my records are still up there. Single season passing yards: Kennex, 3,256. Most touchdowns in school history: Kennex.

Dorian: Brags about himself: Kennex.

K: Come on, can't I relive a few glory days?

D: That's all you got left. May as well.

K: Oh, I can still hear those crowds. "Kennex! Kennex!" I was fast. You should've seen me. They used to call me the White Cheetah on account of the fact that I was so fast.

At which point Dorian loses power (due to a depleting battery) or shuts himself off. Although Dorian demonstrates the superhuman speed and strength that constructs the phallic male cyborg feminist scholars describe, he does not flaunt his ability excessively. Rather than "flexing his muscle" towards Kennex to assert his superiority, Dorian (rather sarcastically) dismisses Kennex's need to rely on past performance.

If we recall, the antagonism between the father and son is matched and potentially surpassed by the masculine desire to outshine himself. In Kennex's case, it is impossible for him to outrun his former self as signified through his prosthetic leg. As he is reminded by others on the force, his leg's nagging calibration reminders and miscellaneous squeaks refresh Kennex's concern for his adequacy. Rather than confirming his partner's limitations, however, Dorian affirms Kennex's viability, even providing a solution to the irritation of synthetic maintenance.

Without competitive friction, the partners are able to develop the compassionate relationship whose loss is lamented throughout male studies research. Early in the final episode of the series, we are witness to the internal review of Dorian's performance in the field ("Straw Man"). Throughout their interviews, the humans seem considerably uncomfortable with discussing their relationship with the android: Capt. Maldonado provides curt responses to her interrogators,

Kennex compliments Dorian on his effective detective work, and Lom fumbles over the answers. Only Dorian provides the honest, stable answer that seems to satiate the review. In their exchange afterwards, Kennex teases his partner by claiming his report focused on the personal infractions that his partner had committed.

> Kennex: I told them you have no concept of personal space or boundary; that you scanned my balls...And that you like to expose yourself while riding shotgun in the cruiser.
>
> Dorian: You asked to see it.
>
> K: I didn't ask. You showed it to me.
>
> D: I apologize for scanning your balls.
>
> D: You did ask to see...
>
> K: I'm just kidding. I'm messing with you. I didn't tell 'em any of that. Should've.

In the follow up review, Dorian is informed that his review was unanimously positive and that Kennex confided that his partnership had renewed his own performance. Of course when questioned about this by his partner, Kennex again falling back on conventional male expectations, denies his compassion and empathy.

5. Conclusion

The impetus for this essay was born from the chance encounter with a friend I had not seen in nearly twenty years. As we stood and talked outside of the library entrance, our respective children's impatience growing ever more distracting, it occurred to me that I'd not had male friends such as those that were found within that small circle we shared back in high school. While identifying the numerous reasons why we all drifted apart, it is less easy to articulate why those friendships were difficult to match later in life. As I've discussed, the reasons for this may be ascribed to our attitudes towards maleness and the nature of our friendships.

Resonating with Bukatman's description of cyberpunk's uneasy alliance with crime fiction, *Almost Human*'s run on television was terminated without a satisfactory closure. Perusing the online

commentary following any article describing the circumstances that led to the show's demise, one discovers the numerous questions that linger in the minds of viewers. Aside from representing the latest loss of an audience favorite series, the cancellation of *Almost Human* removes a particular kind of relationship from television that is difficult to find elsewhere. While there is certainly no shortage of male friendships in media, the intimate relationship between heterosexual males is more difficult to discern.

Although the dearth of intimate male friendships in popular media confirms the reservations men have towards recovering these relationships, the response to *Almost Human* indicates that the rapport such as those between Kennex and Dorian are valued by audiences. While the primary reasons for the cancellation of the show may certainly be attributed to lackluster writing, tired tropes, high production costs and insufficient ratings, the elimination of the show is one less opportunity to watch the development of an intimate male relationship. As fans and critics contended, the connection between the two was one of the more credible and refreshing elements of the program.

If science fiction and fantasy genres provide safe spaces to disrupt the boundaries presented by physiology and cultural attitudes, *Almost Human* advocates a critique of Western concepts of masculinity. I do not contend that the cancellation of the show is, in part, due to the portrayal of intimate male relationships. The inconsistency (or perhaps complexity?) of Kennex and Dorian's masculine role-playing is certainly problematic. However, the program's removal from the airwaves decreases the visibility of these potential models for intimate male relationships. Another issue that I've attempted to reserve for further investigation is the portrayal of women in *Almost Human*. At the risk of neglecting what is a potentially lucrative contrast, it is worth noting that female characters in the program also buck conventions yet fail to embody the hopes of Haraway and other feminist theorists. Although Capt. Maldonado (statically played by the diminutive Lili Taylor) represents the stern authority more likely to be considerable in male identification, she still falters when confronted with being a single woman ("Blood Brothers"). The "chrome" Detective Stahl, as the genetically enhanced pristine woman, still embodies a femininity that is fantasy and emerges as Kennex's romantic interest. Perhaps these shortcomings would have subsided over subsequent

season but this is, of course, indiscernible.

So why is it important for media, whether it be science fiction or not, to continue portraying intimate male relationships? Niobe Way analyzes several life stages of males and confirms Rebecca Walker's earlier contention that men without intimate friendships are in danger. Way expands this assertion, however, to include males of all ages. "Adolescents without close friendships," she states, "are at risk of depression, suicide, dropping out, disengagement from school, early pregnancy, drug use, and gang membership" (8). As science fiction progressively includes more characters that break from the white, Anglo-male mold, we should be also be sure to provide models that promote healthy masculinity. After all, we don't all aspire to be Robocop.

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Existential "Psychotherapy":
Special Considerations in Working with Young Men

Miles Groth

Existential therapy is a form of treatment provided by clinical psychologists in the tradition of existential psychotherapy. In its modified form as existential therapy, it is an especially effective means of working with young males. The paper discusses current problems facing providers of treatment with young males, the existential tradition in clinical practice, unique features of male disposition and development, and several examples of how the existential approach can meet the needs of young males.

Keywords: psychotherapy, existential analysis, existentialism, young males, psychological treatment

Note: The following was given as a talk at Wagner College as a Faculty Forum presentation in March 2016.

I. First, I must say a bit about three terms in the title of my presentation today: men, psychotherapy (in scare quotes), and existential. Only the last—existential—might be problematic for a general audience, but all three ideas are in need of interpreting at this time in the cultural history of the States.

Currently, men are experiencing a period of remaking themselves in the wake of important changes in social life, including challenging concepts of gender and masculinity, redefining our relationships with women and other men, and the disappearance of many jobs for uneducated men. Last year, while on sabbatical I addressed these issues in discussions and seminars in Australia, and earlier in Canada and here in the States. I will not have much to say about these matters today, but you will see that the changing contemporary status of being male is related to what I will have to say about working with boys and men in counseling and psychotherapy.

Next comes the term psychotherapy. The field is in the midst of an identity crisis. The public tunes in on television to watch celebrity shrinks (Dr Phil, Dr Drew, like Dr Ruth and Dr Joyce Brothers before them), Christian counselors, life coaches, and "interveners" who do not resemble the formally attired classic psychoanalyst (three-piece suit or simple frock with a string of pearls), the white-coated psychiatrist of *One Flew Over the Cuckoo's Nest* fame, or the indifferent technician in Frederick Wiseman's horrific documentary of a life and "treatments" in a Massachusetts hospital for the criminally insane during the 1960s, *Tititcut Follies*. Even more important than appearances is the move away from the long-term talking cure to the use of prescription drugs (authorized by medical colleagues) to manage the symptoms of any of a bewildering, ever-increasing number of coded diagnoses. You would recognize most of the chemical agents by their brand names (Xanax, Prozac). On television, patients are portrayed and provided with drug treatments on television in advertisements created by sponsoring pharmaceutical companies.
The most popular disorders are OCD, PTSD, ADHD, bi-polar disorder, and schizophrenia. (Letters are easier to pronounce and obscure what that indicate.) Increasingly, the psychotherapist's role is to "support" what the chemical agent is causing to change in the physiology of the patient's brain and nervous system and elsewhere in her body where the person is said to reside. Of course, supporting a chemical process and supporting a person are not the same thing. Where the mind is in all this—well, never mind.

Evidence is conflicting about the effectiveness and efficacy of treating mental illnesses medically or with or without conversation as an adjunct. The precise ways in which so-called psychotropic drugs work (drugs that are supposed to change the mind, the self, or the personality) are not understood. Nor do we understand just how and why certain kinds of conversations are therapeutic.[1]

No matter. Many such conversations go on every day in the consulting rooms of psychotherapists of the many schools or modalities of psychotherapy. Although it began as the invention of an

Austrian neurologist (who predicted that his invention for the treatment of illnesses of the nervous system—psychoanalysis—would be replaced by treatments using drugs), the "talking cure" became the basis of all of the modalities except some (not all) of the purely behavioral sort. Psychiatrists now rarely study psychology and in their four-year residency typically are required to take only a six-week-long course on cognitive-behavioral therapy (CBT) as mandated by the American Psychiatric Association.

Meanwhile, outside of the hospital setting, illness-care insurance provides less and less in the way of compensation for psychotherapists representing any of the several hundred named modalities. But because insurance readily covers visits to physicians (not only those who specialize in psychiatry), nurse practitioners, and other providers overseen by medical professionals (in the broadest sense), most disordered, disabled, suffering people are diagnosed and treated with drugs after a brief interview with their provider. Not to belabor this much longer—but: it is important to bear in mind that the sort of work I want to talk about today is quite different than what is done by most medical doctors and their proxies. Therapy is also quite different from the services provided by social workers, who often coordinate their efforts with medical healthcare providers but are in the business of informing, educating, and advocating for those entrusted to their care. It is interesting that many counselors and psychotherapists today begin with training as social workers. This is likely because the MSW can easily be licensed and find a place in the world of insured healthcare.

Having said a bit about gender (men) and a profession (psychotherapy)—and I expect there will be discussion and questions about what I have already said—I want to move on to my theme proper and say something about that third word—existential—before talking about working with boys and men as an existential therapist. (Notice I have replaced the word psychotherapist with therapist. I'll soon explain why.)

Given the changes in the profession I have mentioned, there continue to be individuals who report experiences that trouble them a lot and a curious bunch of individuals who, oddly enough, are drawn to talking with them, working with them, caring for them—or as we say "treating" them. We call interactions between one of each therapeutic when the distressed person claims she feels better as a result of the interaction. What goes on between them is fundamentally emotional but has a cognitive component. After all, talk is all we see in a therapeutic relationship and using words reflects among other things thinking (the cognitive element). The first group of individuals are said to "have" a psychological disorder (a mental illness, even a disease of the brain) that can be contracted and experienced by anyone—rich or poor, barely out of infancy or in old age, male or female. Following the medical model, they are called patients. Reflecting a business model, they are sometimes called clients. The second group is comprised of those weird folks who gain a certain gratification hanging out with such people but only in certain settings. They are called psychotherapists. They have kept company with psychiatrists and a variety of counselors and social workers.[2]

II. The first patient I saw, in 1976, when I had completed my first master's degree was a late teenage boy brought by his parents to a small town general hospital's outpatient mental health clinic.

For some reason, after interviewing me about interning there as a would-be psychotherapist, the director of the service turned the young man over to me under his supervision. Briefly, I sat alone with the lad in the office provided us while his parents waited in the—well—waiting room just outside. He returned a half-dozen times. A week or so after what turned out to be our last talk, his mother telephoned to say her son was doing much better in school and at home. She was now not worried about him, as she had been. He was not as sullen, she said. He was talking more and seemed to be enjoying school again.

I had *no* idea what I had done to accomplish this miracle, but I reported it to the director of the service and added the mother's comments to the case notes I was required to keep.

Since then, I have spent quite a lot of time working with young men and women in various settings. In the 20 years after I saw my first patient, I sat across from male patients in various settings, institutional and private. For a while I shared office space with a psychiatrist on Washington Square West. In other settings I saw young males (most of them Black and Hispanic) who were inmates from Riker's Island; snobby and wealthy (mostly White) adolescents at a private school in Manhattan; clinic patients seen under supervision at two psychoanalytic institutes where I was in training, and students in counseling services at three other colleges before coming to Wagner in 1994. In my office here and out on campus I have talked informally with many students, male and female, as their teacher and academic advisor but never officially as their counselor or therapist. A lot of that would qualify as counseling though. Much of it was therapeutic.

In short, after forty years I've lost count of the number of young men I have spoken with as their therapist—official or unofficial—but I have learned that working with them (I prefer the term person to patient or client) demands a set of aptitudes, skills and attitudes that are unique to working with that diverse population. And that brings me to the topic of my presentation which is the approach I take and teach.

Let me set the context for talk about existential therapy. General skills are required across the board, no matter whether the therapist is male or female and the other is male or female, regardless of their respective ages, background of experiences, or whether therapy takes place in a semi-rural setting (such as where I began) or in an urban center (like New York City where I have lived and worked since 1980), in a clinic or hospital (such as the one where I taught residents in psychiatry for a year), a private consulting room, or campus counseling center—all places where I have worked. These skills were formalized during the 20th century.

In the brief history of the psychotherapy profession—I prefer to call it a vocation or calling—at first only men practiced it. This quickly changed when very soon after its inception psychoanalysis attracted as many women as men among its practitioners. Today the mental illness-care field is dominated by women psychotherapists, counselors, and social workers. Regardless of sex or theoretical rationale—how psychotherapists explain and justify what they do—all of them are expected to show in their work capacities for practice that reflect certain features of personality: empathy, patience, and an irrevocable respect for the privacy of the other. They are also expected to be fairly well psychologically themselves, no matter how difficult it is to define just what psychological health is, and knowing that such health is acknowledged to be the expected result

of psychotherapy. Freud spoke of mental health as the capacity for loving and working. For our purposes, that will do nicely.

Like psychiatry, popular psychology has from the start advertised the benefits of psychotherapy as the alleviation of symptoms, since symptoms are presumably what bring people (or have them brought to) psychotherapists and counselors of every sort (to treat drug misuse, grief, trauma, evil parents, and so on), much as a sore throat or aching back brings someone to the physician or nurse practitioner's office. Currently, employing unclear ways of thinking is taken by the most popular modality of therapy to be the hidden culprit that leads to most complaints (symptoms). With that in mind the modality known as CBT proceeds to remedy stilted or exaggerated thinking. Changes in behavior are expected to follow changes in ways of thinking. I think this is reductionistic. Other psychotherapists who believe that conflicts within one's private experience of images, feelings and thoughts taken altogether are the source of their confusion and emotional and social misery. For such people, the cure is the longer, more arduous process of psychodynamic psychotherapy.

Modality aside, nearly all practitioners agree that not having family or friends to talk to about emergent or longstanding problems is a common feature of the profile of nearly everyone who seeks the attention of a psychotherapist. Loneliness and isolation are the hallmarks of nearly every prospective patient or client in who seeks out psychotherapy. Most also agree that being a friend is not what a psychotherapist is about. Instead, a professional relationship is required—like the one between a physician and patient, a lawyer and client, a barber and his patron, and student and her teacher—one in which the recipient of a service is protected by legal guidelines for the conduct of the professional. The license inspires trust and insures a person will have recourse to legal protections and can submit malpractice claims. That is the purpose of licensing providers of services that involve contact with the intimacies of the other—physical intimacy in the case of medical care and emotional intimacy in the case of psychotherapy. I also have to trust the barber whose scissors are so close to my neck.

Specific technical practices in psychotherapy range from quiet, inexhaustible listening to exhorting the client to get his act together; from exhuming dormant childhood wishes to assessing realistically what life now demands of someone who is no longer a child or waiting for the person sitting there to accept the bad hand (longstanding or of short term) Fate has apparently dealt him. More exotic practices have also been employed: hypnotism, pressing on the forehead, hiding silently behind the person who is stretched out on a couch talking into thin air so that she will feel less hesitant to say possibly offensive or embarrassing things to the person listening to her, encouraging the person to yell at the top of his lungs ("primal scream therapy"), imagining what the process of being born felt like and going through the moves again ("rebirthing"), and so on. Then there has been the use of chemicals to enhance psychotherapy: for example, taking LSD before a session in order to exorcise one's schizophrenia. In the past, among psychiatric psychotherapists treatments for serious mental illnesses also included such innovations as submerging the sufferer in very hot water or very cold water, extracting teeth, destroying parts of the brain with a tiny icepick-like instrument inserted just under the eyebrow, and passing currents of electricity through the skull on into the brain tissue of the patient. Who is to say what we can expect in the coming years?

l have been led to propose another option, less well known than those I have just described—

CBT, psychoanalysis, pharmacotherapy, leucotomy, electroshock and other procedures I've alluded to—one that I believe will replace them as the calling or vocation known as psychotherapy finally comes into its own, no longer involved with the Church, medicine, social work or education. And that is the *existential approach.* It should become clear by now that I am pretty critical of the other modalities I have described and have pursued another course. Moreover, I have found the existential approach especially effective in my work especially with males. In the remaining time I have, I want to briefly describe that approach and why I recommend it when working with boys and men in therapy. I will briefly discuss six reasons why I do so.

III. The existential approach—or what from here on out I will call existential therapy or ET—can perhaps best be described at first in terms of what it is *not*. Existential therapy is *not* humanistic psychotherapy. Some of you may know of the latter especially in connection with Carl Rogers and his client-centered or person-centered therapy. Humanistic psychology, which came to be known as the Third Force in clinical psychology (following psychoanalysis and behavioral therapies, the first two forces), is still talked about, but as a modality it has all but dropped out of the armamentarium of the clinical psychologist as a uniquely definable modality. A few West-coast institutes and the Chicago School of Psychotherapy still identify with the approach, as does the Blanton-Peale Institute here in New York. It lost a lot of its credibility by being persistently associated with the New Age lifestyle that emerged in the 1960s and '70s. Being supportive and kind—the hallmarks of humanistic psychotherapy—turns out not to be necessarily therapeutic, however, unless the client is disposed to want to change and become a better person. More important, although being nice is nice it is not the point of therapy. Nor are providing unconditional positive regard for the person or accepting her basic goodness missing among the characteristics of the personalities of otherwise tough, no-nonsense therapists like the folks who provide CBT. They are also humanistic.

Nor is ET a form of *psycho*therapy. (I would say the same thing about CBT and the behavioral therapies, which have also disposed of the psyche or mind.) That is why you see scare quotes around the word 'psychotherapy' in the title of my presentation. Many modalities of practice that appear in standard textbooks of psychotherapy have dropped 'psych-' from their names, including rational-emotive therapy, client-centered therapy, cognitive-behavior therapy (CBT), Gestalt therapy, family therapy, and so on. In each case, the omission of 'psych-' implies the disappearance of the mind, "I", or ego, or self made famous by psychoanalysis from the theory of these therapeutic modalities. The modalities that have no need for a mind or ego are not alike, however. The mind was discarded from the approaches I listed while existential therapy never admitted it in the first place. This is an important difference. All but one of the founders of non-'psycho-' therapies began as psychotherapists. In all cases but one (Carl Rogers, of client-centered therapy fame) they were trained as classical psychoanalysts (including Albert Ellis, the founder of rational-emotive behavior therapy [REBT, the precursor of CBT] and Fritz Perls, who founded Gestalt therapy). They were card-carrying Freudians until they became disenchanted with the annoying or superfluous concept of mind in what was becoming a field increasingly devoted to explaining human beings mechanically in purely physiological terms or as a computer-like information-processing machine. For those of you keeping track, you may have noticed I have not mentioned family therapy. Briefly, although family therapy does not focus on the solitary I of the classic patient, it sees the site of a

problem in a network of I's, selves, egos.

So just what makes existential therapy unique and different from the other modalities—the psychotherapies or the so-called psychological?

The human being is not really a thing (a being) like a rock, a plant, a cat, or God (the highest being). Instead, each of us *exists*, and that means we never *are* anything that can be defined once and for all—until we have died. Instead of being a what, the human being comports as a *Who*. Each Who is one of a kind, *sui generis*, unique, an artist and her work of art at one and at the same time. But what about the body? Isn't it a What? Yes, but it is not something the *exister* (Kierkegaard's pioneering term) *has*, as I have a car or a green shirt. Rather, existence is embodied. More important, the *Who* that body embodies is not a thing. As significant as all the following descriptors are in various contetxs, existence is neither a he nor a she, an adolescent or a senior, with racial, class, religious, or political features. No personal pronoun applies to existence. Nor do the standard descriptors that make such a difference in social life. Existence (as the famous phrase goes) precedes (any) essence, and an essence is defined by such things as gender, race, and class. This does not mean that each *Who* is not dropped into a certain body at a certain time and in a certain place on this earth. To be sure, existence is profoundly historical but in the sense that it *makes* history. The point of all this for therapeutic endeavor is that existence is more basic than any social or psychological feature, and it is with existence that ET is concerned and has to do.

For ET, a *Who* walks through the door and sits across from the therapeut, who is also a Who. But, certainly, ET always sees, for example, a young Asian woman, an old White male, an elegantly dressed Black girl, a casually garbed Hispanic boy, and so on. Well, yes and no. ET takes what is termed a phenomenological approach to what he experiences. By that I mean ET attempts to bracket or temporarily suspend all the presuppositions that the language of physical, social, cultural and psychological types (biology, sociology, anthropology, and psychology) encourages us to impose on our fellow human beings in everyday life. The therapeutic setting is not the real world and it is only for this reason that such a daring procedure can be undertaken and that therapy can take place. I would argue that therapy was "invented" to make such a space possible. ET is a real relationship that does not take place in the real world.

Obviously, a practitioner of ET is also embodied: a young White woman, an older Indian male, and so on. But, again, an effort is made to temporarily suspend any and all elements of one's self-identity just as an attempt is made to suspend holding to the presuppositions that are suggested by the appearance of the other *Who* now sitting there before me. What we have, then, in ET is the encounter of two instances of existence, two *Whos*. I regret that I can't say more about this now. I would only add that in this very unusual situation we have two human beings—two instances of existence—facing one another: meeting, waiting, and attempting to see each other. Each existence in its historical uniqueness brings along with it, wherever it goes, a world full of meaning-giving and meaning-making detail. Two such instances encounter each other in ET.

There are some real differences that conspire against the feasibility of such encounter when it occurs in the professionalized, medicalized culture of contemporary psychotherapy as it is conventionally construed. First, a fee is exacted by one for the place occupied and the time spent there together. I

have suggested in a pair of papers published last year in the *International Journal of Psychotherapy* that genuine therapy will eventually be conducted outside the framework of this service model, as it was for the first therapeuts. It is very likely that the limited success of psychotherapy to date is due to its having originated within the medical service model. This means, by the way, that therapists will have to earn a living doing other things—practicing medicine, nursing, teaching undergraduates, writing journalism or novels, serving as clergy—quite apart from their practice as therapeuts. This is a very controversial idea as you can imagine. Again, though, I remind you of the question: Who in the world would want to do this kind of work? To help other people? Alas, therapy is not a helping profession. No one ever "helped" another person with "his" or "her" existence the way a surgeon helps someone with his broken bone or an inflamed appendix or an accountant helps me with my taxes. Nor is this about the care of someone's soul. There is no place for the self, ego or soul in ET.

Another important difference between the two human beings sitting there is that one—the existential therapist—knows what the other assumes is the reason for being is not accurate. The purpose of the encounter is not to accuse one of a diagnosis or to be relieved of symptoms, healed or cured—in short, serviced.

These are important differences but the similarities of the therapeut and the other are more important. The existential therapist knows that both are in the same boat, as it were—the ship of fools we are all onboard together with each other: life, with its imponderable provenance, exigencies, surprises, unanswerable questions, and above all limited life span (mortality)—where, as Heraclitus said, everything is in flux and where change is ongoing. The ultimate concerns of existence that are evoked by existential change (whether conscious or not) are the reasons that bring one to the therapeutic setting. That one will die does not compute; it is not known why we are here or what meaning life has other than to continue it and perhaps procreate; there are no certainties; and absurdities dominate. Major changes (physical, intellectual, cultural) evoke awareness (or an uncanny sense) of these ultimate concerns. One may only know *that* something has changed but not what it is. On the other hand, the first menstrual flow for a young female, a young male's first orgasm with ejaculation while awake, being pregnant, being ordained, the death of one's mother or father—these changes are existentially formidable. When such events occur, existence changes, which is to say that the world and everything in it changes. Minor changes are ongoing and most are not noticed. Difference from moment to moment is "the way things are." Other existential changes deemed social or spiritual can be added to list. One turns 18 and suddenly one is an adult (legally) and responsible for her behavior, or one is licensed to cut into another body and not be accused of assault. I have in mind the surgeon.

A cat that has lost its tail or an eye doesn't know what has changed nor even that something has changed. Only an existing being knows about change. The ultimate concerns just mentioned and others are the source of our situation as human beings and it is one or more of these that has provoked the other to meet face to face with an existential therapist. The so-called patient or client who is there at someone else's behest usually cannot benefit from the therapeutic encounter.

Again, the similarities of the two in this unusual partnership are as significant as the differences. *Both* are only relatively successful at love and work, although one may be for the time less successful

at one, the other, or both. *Both* have decided to meet. Existential therapists are also keenly aware of the mutuality of the relationship that is unfolding before them. Part of the phenomenological "reduction" as it is called (it means, literally, leading back to) compels the therapeut to try to "bracket" or suspend the differences that traditionally require being honored between patient and doctor, professional provider and layperson, adult and childlike other, all relationships in which there is a significant power differential. As Thomas Szasz pointed out as early as the mid-1950s, the major issue that has confounded therapy with medical care is the power dynamic inherent in such relationships. In the therapeutic situation, one does not have power over the other in any sense.

The differences between existential ultimate concerns and medicalized psychological complaints usually referred in discussion of psychotherapy are easy to discern. I may complain that I am sexually attracted to someone who doesn't want anything to do with me (just as I may complain I have a pain behind my eyes). I may complain that I have been unsuccessful in a line of work that I got into because the pay promised to be high (just I may complain that I have a tingling in my fingers). I may complain that I feel like a woman, even though I have a male body (just as I may complain of a buzzing in my ears). I may complain because I am afraid of lizards or speaking in front of groups of people (just as I may complain of crawling sensations in my scalp). I may complain about my height or ravenous appetite or the shape of my nose (just I may complain about a ringing in my ears). I may complain that I cannot rid myself of a recurring worry or preoccupation that I know is unreasonable to concern myself about over and over again, day in and day out (just I may complain about the stiffening of my joints as I age). And so on. Ultimate concerns are not susceptible to complaining. I may *not* complain that I will die or that the meaning of this life is unfathomable and ineffable. I may *not* complain that ultimately I am alone in the cosmos. I may *not* complain that there is no guaranteed, inherent meaningfulness in anything I do or perceive. I may *not* complain that change is continual. I may *not* complain that things change. These are matters of existence. These realizations are not symptoms. They refer to ultimate concerns.

As noted, the existential therapist understands that these givens are the real reasons the other is there. Perhaps the person wishes that things had been different than they were or believes that he is stuck in an unchanging situation—stuck in the past, as it were. We routinely attribute these wishes and beliefs to depression or see them as leading to depression. Or perhaps the person would like to have things her way in the future. This presents routinely as what we call anxiety. But this is the secret, if there is such a thing, of ET: The ultimate concerns of human existence—in fact, the term "human existence" is redundant, since only human beings exist—are the ultimate sources of all suffering and misery that present as the so-called symptoms of mental illness in the recently invented world of psychiatric disorders. To repeat: They are disguised as delusions, phobias, disturbances of affect such as anxiety and depression and the like which have come to be thought of as symptoms comparable to pain, nausea, dizziness in the body—all indications of physical illness and perhaps disease. But physicians know that patterns of symptoms don't necessarily line up as correlated with the presence of a disease process. Malingering aside, that one can feel sick— be *ill*—and not have a disease or one may have a disease that is asymptomatic and therefore not be ill (feel sick). From an existential perspective, the inevitable everyday problems of living are not indications of disease. They may seem to be causes or effects of illness (feelings of lassitude, ennui, anomie, lack of motivation, excitability, impulsiveness), but they are the inexorable indications of suffering through the unavoidable "pains" and "headaches" and even "nausea" (Sartre's term for

awareness of the brute fact of reality) of existence. These are "the facts of life."

The facts of life—existential givens—are simply that: inevitable and unavoidable givens. They may be the stuff of tragedy, but they have mistakenly been given the status of diseases. The "human being"—existence—is the site of mood and disposition, but these should not to be confused with emotions, thoughts, values, wishes, and the like.

Misconceptions about complaints or symptoms versus ultimate concerns—which are always *mine, unique, incomparable to any other existence*—have dominated psychiatry and psychotherapy from the start. On the other hand, depression is, by definition, similar in the many in whom it is experienced. Otherwise, use of this descriptive in making a psychiatric diagnosis would be useless. Ultimate concerns were, however, the excuse for inventing the disorders of various sorts that have been named as if to account for them, clustering around disturbances of various functions of psychological life: consciousness, memory, perception, thinking (cognition), speech, affect (feeling), motivation (will), and the rest. Unlike diseases of the body (diabetes, cancer, syphilis, epilepsy, Alzheimer's dementia, malaria), however, all of which were *discovered* and in principle must be traceable to physical causes, pathogens or lesions, so-called mental illnesses or diseases of the mind (ADHD, schizophrenia, PTSD, bi-polar depressive disorder, and all the sexual dysfunctions) were *invented* by psychiatrists.

For ET, psychological complaints are disguises that hide the existential givens we all sooner or later become aware of by becoming human, but have disavowed. Physicians presumably do not *like* diseases and seeing that people are ill and/or diseased, but they train to learn how to treat malfunctioning bodies knowing that all bodies will "fall ill," "break down" in certain ways. Similarly, therapists do not like distressed, unhappy, anxious, confused fellow human beings. Or do they? But it does not follow that anyone *must* at some point "fall ill" or have a "breakdown" of an emotional kind. In fact, most human beings never do and when they do, they cope—unless they may be encouraged not to cope (malingering, learned helplessness)—precisely in order to become subjects of treatments that might be offered to them. That may well be just what has happened in the age of psychiatry, which began in full force only in the late 19th century in the West in Europe and in spades in the States).

The concept around which existence is to be understood is *meaning* insofar as, unlike any being (embodied or disembodied) we use symbols and make meanings using them. Animals emit and respond to signals and *discover* the meaning of things and respond to those things within the range of their repertoire of instincts and needs. By contrast, existence *creates* meaning.

What, then, is the goal of existential therapy, if not to treat diseases or achieve the classic goal of medical care, the elimination of symptoms? Here, as in much of this presentation, I have to be brief.[3] I will make a series of assertions without much explanation in order to convey a sense of the approach. Then I will turn to the question of the special considerations of existential therapy with boys and men or every age. I expect many puzzled expressions.

IV. To summarize: The ultimate concerns of human life are what bring anyone to therapy. On

the whole and for most, the endless small changes are assimilated and accommodated (to borrow Piaget's language) cognitively and coped with emotionally. We deal (with such changes). Most changes escape me as they happen to me. I don't register them. We may say they are unconscious. But all of them—conscious, or implicit—affect existence. At a certain point, in some instances a person feels a change as a source of chaos or enough disruption occurs that he seeks out a therapeut.

What do all existential changes have in common and why take questions about them or the inkling that something has changed (though one does not know what it is) to someone other than a friend or family member which is what most of us do most of the time?

First, every existential change manifests itself as an alteration in the experience of time. Major or minor, experiences of change are changes in *lived time* (Minkowski), not clock time but time as we make it. Consider 15 minutes of clock time waiting to be seen by your dentist and 15 minutes of clock time before saying good-bye to a lover. The first is a "long" lived time; the second passes in a flash. The former period of waiting seems never to reach its end; the latter should never end. We are in the world of meaning giving and each is an alteration of temporality, of the lived present.

The goal of the therapeut is to provide a situation in which the other may resume "his" or "her" present. Recall again what I have said about the principal "affective" symptoms in the history of psychiatry: depression and anxiety or fear (when the future is relatable to something determinate). But existence is the present. It is not in the present. It makes the present. Rather than searching the past (as if it were something fixed like a series of photographs, a film or a video) for causes of current conflicts (which is the goal of psychoanalysis, the classic psychodynamic psychotherapy) or relearning faulty ways of assessing one's strategies and attitudes about her thoughts and behavior (which is the goal of rational-emotive and other cognitive behavior therapies) and in that way somehow determine how the future will unfold, the approach of ET is to make is possible for existence to resume (better said, to assume or take back and take up) the present and to return fully to it in the presence (though not the present) of the therapist.

There is much more to be said about how this is accomplished, but there is no time for that here and now. Consider only the notion of the here and now and what full involvement in it means. In order to have a sense for the present understood in this way, as a thought experiment, try to capture the present *now*. Ready: 3 – 2 – 1 - ! As you've discovered, it's gone. Before you can capture it, the present has become "the past" and one is "in" the future." The convention of dividing temporality into three dimensions has been misleading. Of the three so-called dimensions of (linear) time, only the present is real. Assuming it to be a *point* that bisects the timeline (∞---|---->) in determining the past and the future -- all that has gone before and what is to come -- has made for much mischief. The ultimate concerns, you will recall, have to do with time, beginning with the moment (my birth) that pitched my life into motion and threw or plunged it into making history, and death, the moment beyond which existence no longer makes something of my life and for the first time someone can say *what* I am, that moment at which it can truthfully be said I *am* something (a What now and no longer a Who). The details can be described and people can now say what I turned out to be. Existential turning points (crises) better described our temporality. They both estrange us from the present and highlight it. How to illustrate this notion of temporality? Nothing borrowed

from geometry will help us here (point, line).[4]

We first recognize this present when the first life experience occurs that brings us face to face with ultimate concerns. Like animals, we might say, children live in that present and remain outside of awareness of it. Animals seem to live in such a state all their lives. Human juveniles, however, gradually come to believe in the reality of "the past" recreated by memory again and again, and "the future" toward one is said to aspire. To become adults who live everyday life in community, it is neither desirable nor feasible to consider attempting to live in such a present. Nor is it possible to do so, once the past and future have become "real." But when either (or both) burden a person to the extent that spontaneity, love and work are handicapped or even crippled, the therapeutic situation can provide an opportunity to appreciate the present again in that unique relationship with the therapeut we are exploring here this afternoon.

Fully detailed discussion of just how the existential therapeut works is again beyond the scope of this presentation, but it is possible to describe why some experiences are therapeutic—restoring lived time to the present-, meaning-making of the existence of the other—and especially so for boys and men when the therapeutic venture is existential. I will do this in a moment by listing a few of the therapeutic tactics used by existential therapists working with boys and men. The term tactics may sound mechanical. It may suggest techniques. But that would be a misunderstanding. In its basic meaning, tactics refers to an art of arranging—from the Greek *techne*—and that is very far indeed from anything to do with manualized treatment (analogous to a surgical technique for correcting a structural problem) or a technology.

Now why does ET work so well with males? Here I must point out some features of males that in general seem distinctive. To what extent they are genetically determined (or expressible), to what extent dispositions are manageable by upbringing remain questions, and how these two factors determine each other remain undecided. On the basis of cross-cultural direct infant and child observations, on the whole, we can say the following: Males are more kinetic than females from birth. They tend to inhabit space in a certain way and exhibit play patterns that are not the result of training or exposure to certain kinds of games. As boys, males engage in rough-and-tumble play more than girls. Play-fighting is not an expression of aggression but rather an outlet for the surplus of energy (perhaps mediated by testosterone, which occurs in much greater quantities in the male body) although it may also express competitiveness that has evolved in relation to mating or defending (or attempting to take over) territory. With respect to the accommodation to and use of space, boys are centrifugal and eccentric (in the sense of moving away from a central point) in the deployment of their bodies, while in general most girls tend to be more centripetal and enclosing of space, both as individuals and in all-female groups. Again, as a result of upbringing any of these tendencies may be discouraged in boys. There are boy-rearing practices in some cultures that limit or promote the expression of random, erratic movement. Swaddling, for example, among some traditional Native American groups affects the range of movement. Boys will react to this more vigorously than girls. Such practices may produce more assertive males. Direct observation of infants since the 1920s has confirmed that boys are also more distractible than girls and follow moving objects with his eyes more eagerly. Consequently, their gaze does not remain settled on objects for as long a time as one observes in infant and young girls. Boys are crankier and more difficult to settle down and console than girl. In this sense, they are "more emotional" than girls

from birth. Later, they are more impulsive.

Boys are also more in need of a *male* second parent than girls, mostly for the purpose of identification with a male as a male. (I am confident that girls are, too, although not for purposes of identification.) American culture has discouraged boys from expressing intimate physical contact with their fathers after late childhood. This is in contrast to the freer expression of especially physical signs of affection among Mediterranean and Middle Eastern fathers and sons (and men in general). Greater physical intimacy can be also be observed everywhere between Jewish fathers and their sons. The consequences of this essentially Anglican-Germanic style of fathering in most American families cannot be underestimated. Such boys experience more "father hunger" than boys raised by a mother and a physically and emotionally demonstrative male.

Boys are about a year behind in overall developmental of higher functions compared with girls until about age 17 when they "catch up" with same-age females. Their poorer performance in school is legendary. See Mark Twain's wonderful books!

At puberty, the boy's earlier discovery of his penis (perhaps as early as the second year of life) is revisited, now in the context of spontaneous erections that can lead to ejaculation, while asleep (wet dreams) or awake (masturbation, which is universal in healthy boys). Early overvaluation of his penis and shame about displaying it together produce in boys a notable ambivalence about the phallus. Focus on strength elsewhere in the boy's body is probably one result of an ambivalent attitude toward the penis. Boys and men are extremely vulnerable to painful feelings if the testicles are bumped or struck while playing or being punished. (Paddling, then, is an assault on the testicles as much as the "behind" in boys.) All this adds up to the boy's overcompensating for the physical and emotional vulnerability of his "testifying" genitals (the *testes* are literally "witnesses" to the phallus). Obscuring visible evidence of the genitals as a feature of male clothing goes in and out of fashion. All this adds up to an experience of shame in the male that is significant. Girls are raised with a sense of shame about other parts and elements of their anatomy.

These are only a few important differences that are related to male development—all of them closely related to male anatomy—that can be adduced in explaining special considerations in doing therapy with males. One further distinguishing feature of males is relevant to our discussion. While we have few words for emotions in American (as is the case in all natural languages), boys have the tendency to say less and express in actions rather than words what they are feeling. For example, to show gratitude to his mother or love for his father, a boy is more likely to make something for the parent and hand it over as a token of love—allowing the gift to speak for itself and for him. A girl is more likely to (also) say something to a parent about how she feels: "Mummy, I love you so much! Here, this if for you!" or "Daddy, I love you! I made this for you!" Are boys discouraged from verbalizing such feelings? Are they less capable of finding words for feelings than girls are—so-called alexithymia—or are they made to believe that talking about feelings is not a manly thing to do? This is a discussion that ranges widely in gender studies, social psychology, and therapy—and one we must pass up now. That most males come to say less than most females is clear, however—the exceptions being college professors and politicians.

Recall now what was said at the beginning of this presentation about the changing status of the male,

the masculine, and manhood in contemporary society; next, that ET is about ultimate concerns and the experience of lived time; and, finally, the developmental singularities about (especially early) male development just discussed. We can then talk briefly about special considerations related to working with males in therapy. I will single out just six. There are others. And I will focus, as promised, for the most part on late adolescent/early adult (that is, young, college-age) males.

V. Now how do the features about (mostly young) males I have selected affect how the existential therapist works with them in contemporary American culture? I invite you to revisit note 2 (below) before continuing. Access to existence is the goal of existential therapy but precisely that is barred by many of the features of a typical young male's life. Getting at his existence means getting past what he is presumed to *be* by virtue of being a young male.

A. Reluctance

The mere fact that a young male is sitting there across from me is something of a miracle, given the learned reluctance of males to admit they are feeling uncertain, afraid, unhappy, or anxious. Historically, access to care by a counselor or psychotherapist has not been encouraged among males after his days with the pediatrician and follows the pattern of relative lack of attention society has given to attending to the health needs of males. Men aren't supposed to get sick. That is a sign of weakness. They are certainly not supposed to have emotional problems. In ET one approach a young male by focusing on what is right about him.

There will always be something to observe about him that is working well, perhaps success in sports concurrent with fair or poor academic performance. He needs to know that being there in the consulting room is not a sign of abnormality. I may offer that I sought out counseling when I was an undergraduate and found it helpful—some of the time. The psychotherapist's self-disclosure (of kind and degree) is a hot topic in theory and practice. I have found that self-disclosure is essential when the therapist is male. As a man working with a young male, this is more important than if the therapist is a woman. It is an open question whether a young man is more likely to be open with a female therapist, even (or even especially) if she is an older woman. Being a young male therapist is not necessarily an advantage when working with young men.

Privacy and shame are related. It is always important up front to assure him that what is said between us remains between us. No notes, no reports to parents or school officials. In fact, after completing institute preparation which required keeping case notes, I never write anything during a session (except to jot down a telephone number or something of that kind) and have do not keep clinical notes. Consequently, I have nothing "in writing" to have to turn over to a third party or discard.

B. Space in Time

I find that sitting directly across from a young man is not advisable. I observe body language closely and am sensitive to the social implications of male-to-male intimacy that most males—straight

or gay—are burdened with in our culture. I generally sit at my desk, my back to the wall with his chair alongside the desk. We are close, but full physical openness, to which males are more sensitive literally and figuratively, is in that way avoided. I always tell him where to sit. I may push my chair back if my client begins to wriggle in his. My consulting rooms are always set up so that the other can easily move to the door (even if it is behind him) and, if possible, look out a window. I may be backed into a corner, but he or she should feel free to get up and leave at any time if need be or look out a window rather than a bare wall or only me. In general, it is more difficult for males to remain in one position and place for long. This is related to the overall greater kineticism mentioned earlier.

The experience of space and lived time are related. Male clients tend to want the consultation to be over as quickly as possible. I often feel the need to say: "This won't take long." On the other hand, that may be contraindicated if I sense that it will take him a while to feel secure with me. I don't want him to feel rushed, but often say something to the effect: "We'll have to stop at (with a half-hour later implied) and note the clock time." In general, the tradition of clearly carved-out periods of time in psychotherapy (the 45-minute "hour") makes this kind of flexibility impossible if more time is needed. On the other hand, clear-cut limits (rules of engagement if you will) and certainties are preferred by males. I am always prepared to stop things sooner than the planned span of time to be together if I sense he is not relating well to me or has become more anxious than when he arrived. In general—and everything I have to say expects exceptions—males want something to be accomplished if they spend some time at it. They want a result. Too much talk is frequently off-putting and a briefer session is often indicated with young men. I always take the lead in the discussion and don't allow too much empty space in the therapeutic situation. Psychoanalytic waiting is not tolerated by most males. They appreciate the idea of innings, quarters, periods (to borrow from sports). While ambiguity is one truth of the matter in life, young males especially want certainties. Even though I know I cannot provide them, I try to end every session with a summing up of what has surfaced or been seen.

C. Present-Orientation

I have suggested that we are all present-making in the everyday world, but I would add that males are more present oriented than females, and that includes the therapeutic setting. I am judicious about asking questions about his past. The exceptions are to learn about siblings or other important persons (I ask for a *first* name of a girlfriend or close friend), or the presence or absence of parents now or at crucial times earlier in life (if this should be relevant, as it is at a time when two out of three boys are likely to have been raised by a single parent—the mother—for a significant period of early life). With little direction to the past, the present becomes critical—in the sense of a crisis, which means literally a turning point.

Many young males are not especially interested in planning for the future. This is another consequence of their present-centeredness. I always bring a session to a close, however, by asking him what he will be doing next—lunch, the gym, a rehearsal ("nothing" is a very common response). In this way, the next present moment is opened up and he can be returned to the real world. Decisions about what to do next may be encouraged. I am therefore more directive with

young males than with female clients. In general males respond well to a direct and even directive attitude.

I assume that the session I am in is the only one I will have had with him. In general, I approach every session with anyone this way. Often, as though an afterthought, I ask: "Are we finished here (implying: "We are finished.") or "Did you want to talk about something else?" I want him to leave with the impression that no one was in control of the situation, only the conventions of the clock. I always shake his hand. This is the customary physical gesture of emotional exchange between males in our culture.

As an existential therapist, as I have said, I know we are each making our own present and therefore do not have direct access to it. Male clients seem to be especially aware of this. For many, there is no tomorrow. Again, many seem not to plan a great deal and are, as we say euphemistically, flexible. It is more a matter of improvising or "seeing what will happen." I like to understand this as reflecting a certain spontaneity that is gender-specific but it also means males are less cautious (and more impulsive) than is in their best interests. Seemingly as an afterthought and after we have shaken hands, I may ask: "Do you want to talk any more?" (meaning, again). I leave that up to him. He will likely be decisive about this. A "Yeah." is not, however, a guarantee—that is, another day.

D. Proactiveness/Reactiveness

Words are the medium of therapy. Males tend to be more terse than women especially in physically and emotionally intimate contexts such as therapy. This is related to their tendency to act before deliberating and discussing. More positively, males are more proactive than reactive. Monosyllabic responses are common. The therapist has to be quick on the uptake and offer a comment observing the rule of avoiding empty aural spaces (silences). The reflective style of so-called person-centered (or client-centered) therapy is therefore not suitable for working with young men. Repeating what they have said is a needless review of the obvious. Hearing "I hear what you are saying." is ludicrous, not reassuring for most young males. Although I am not a therapist who has specialized in working with children, it is always in the back of my mind that children enact what they cannot (or will not) say. For children, play (without chat) is the medium of therapeutic interaction, and with boys play often takes place with little or no comment.

Later in life, men may work side by side for hours without saying much at all. Directions are given with a nod or other gesture or by example. Young males play with words much as they did with toys. Most little boys tend to be playful (ludic) in our culture. Their punning and humor, and the use of idioms, slang and street language must not offend the therapist. Sometimes it is therapeutically useful in working with them to make that clear by using such language with them. That does not mean trying to talk with them "guy-to-guy" or to be "cool." One judicious use of a four-letter word is enough to make the point that any word is acceptable in the therapeutic setting, no matter how offensive it may in fact be to the therapist. Indirect communication—"saying" without naming—is also especially effective with young males. Again, this does not mean attempting to be *like* them in order to suggest we are pals in a conspiracy against parents and authority figures. Blunt candor is appreciated by males. It sanctions the tendency to proactive behavior but without encouraging

impulsiveness. This does not mean I suggest doing something or other. In fact, I am careful to avoid assigning homework or directing the client to act out a given practice after our meeting. I don't give young men advice. The most important therapeutic action of the existential approach occurs in the lived time of the encounter in the therapeutic setting. One existential therapist (Wilfred Bion) described the approach to each session as "without memory, desire or understanding"; another (Ernesto Spinelli) describes it as maintaining an attitude of "unknowing" (openness to what something or someone means).

E. Shame

Given the mysteries of gestation female clients more likely than not have an appreciation for the hidden as well an appreciation for an investment in the future. The secret and private has a positive valence. For males, who have experienced something overvalued turned into something never to be exposed—for shame!—the exposed comes to be experienced with ambivalence and the unspeakable. It is there, but one must not admit it or talk about it, except in jokes, that is, dismissed as funny. This is the background of the male's greater reluctance to expose himself in other ways, especially emotionally to others. A boy's mother may be the exception, but after a certain age she is also deprived of access to his body and feelings. Boys begin to bathe themselves and toilet routines become private. They will not want to appear nude in their mother's presence. Fathers play a different role in the boy's life, and different fathers do this differently. The Eastern European bathhouse in which males of all ages congregate is not known in the West and as central heating and private rooms for sleeping were made available to children, a boy was less likely to see his father's naked body. While in junior high school in the 1950s it was still common practice for boys to have a swimming class without wearing bathing suits. Girls wore swimsuits. Locker rooms remain places where boys undress and dress in each other's presence, but with fewer public schools offering "gym class," the relative disappearance of scouting, and the lack of mandatory military service, boys and young males currently may not have many occasions to see other males' naked bodies except at home if they have brothers or perhaps at the beach. Only male athletes will routinely undress and shower together.

The relevance of this for therapy is the male's attitude toward the anatomically exposed but nonetheless covered and therefore simultaneously hidden in his life, his genitals. Anything that might prove to be embarrassing is associated with these experiences of the sexed body of boyhood. In the consulting room, approaching the discussion of what he has kept to himself is a delicate affair especially. Admission of weaknesses also causes shame and is therefore also discouraged if not forbidden in the world of stoic manliness. Only time and confidence in the therapist can provide the conditions for a young male to talk openly about concerns relating to his emotional life (which echoes his genital life). This also holds for his sexual life, especially its fantasies. How best to respond to what is offered about the unspeakable? Congratulating someone on having revealed something of himself is often seen in media representations of popular psychology. In reality, it is rare with males in the therapeutic setting. It is important to acknowledge what is revealed in confidence, but I do so without fanfare. Generally, I do not explore such admissions and allow the client an opportunity to assess the fact that he has said something he feared was going to be shocking. It is something therapeutic in itself to have one's privacy respected. Having been open

about what was thought to be unheard of to anyone and watching the therapist take it in stride is therapeutic.

F. Alexithymia

Alexithymia refers to the want of words to express emotions and it has been associated with males. I am not sure that boys suffer from this more than girls. Their brevity about what they are feeling may be better accounted for in terms of a tendency to be more laconic than their female counterparts. In general, language does not have an excess of words for the nuances of feeling, even physical sensations such as pain (sharp, burning, searing, dull) or even more so pleasure. A young man's vocabulary of emotions (psychological feelings) is probably as extensive as a girl's, although it may not be used as often and perhaps chiefly for "negative" emotions congruent with masculinity—namely, hostility-- and anger-related feelings. The route from hostility (an affect) to its expression as aggression (behavior) may be shorter and quicker in boys, but that is probably not because of a lack of available words. What, then, of the young man who seems tongue-tied when asked the generic feelings question: "So what's going on?" The expected reply is: "I don't know" or a shrug. Lack of articulate verbal responsiveness in young males may be temporarily disheartening but it should not be discouraging in ET. Here one of the most important considerations about working with males comes up. Generic variations of the classic four-letter words may be all they can find, since their tone is negative and more often related to experiences of anger than affection. As noted earlier, I welcome these and sometimes repeat the word so assure the client that I am not put off by the use of such words in the effort to say something where, in general, words in any case fail most of us much of the time. Uttering one such word may prime the pump for the elaboration of feeling. Sometimes the response to "shitty" (for example) is best: "As in . . .?" There may be some success in evoking an elaboration of affect.

Male clients are not less aware of the consequences of their feelings, including those that may lead to impulsive acts or self- or other-harming acts. If I sense from a change in facial expression, posture or body language that we have hit on a way in to what he is feeling, I may use the opportunity to address an issue that has been close to expression but avoided up to that point. I may take the opportunity to "translate" the slang as a way of clarifying for him what I believe he is feeling, but I am always cautious about wanting to appear to speak *for* him. He knows better than I do (or anyone else does) what he is feeling. In any case, it is always presumptuous to "say" for another person what is on his mind. This is not what Freud meant when he said he "made" an interpretation about the latent content (content not in the awareness of the analysand, the person undergoing psychoanalysis) of a dream, slip of the tongue or joke. We should distinguish such apparent omniscience or "mindreading" from seeking clarification of an image by asking for more details about what someone is describing.

Any verbal expression of a feeling is therapeutic (even if at the same time it increases the volatility of the situation) and often it is important as a way of forestalling or defusing imminent action that could be dangerous to the client or others and that the saying replaces. We may recall the histories reported in the newspapers of boys who had "gone silent" for long periods of time, only to break out of themselves with violent acts against others and typically in the end against themselves.

Their blogs or notebooks, kept private, turn out to have been filled with tragically eloquent verbal expressions of fears, hates and sometimes longings and wishes. They had the words but there was no one to safely utter them to.

Obviously, any of the personality or character features presented as characteristic of young males may be found in young women in therapy, but they are far more common in males. For this reason I have tried to understand how therapeutic *effectiveness* is *affected* by them in working with males, especially young males from the perspective of ET. ET with young American males—and I would add this holds for Canadian, Australian, British and probably most European males—is best suited for them because of its primary goal, which is to make it possible for the person to recove and resume the present. I have argued that, for a variety of reasons—most of them hard-wired—males are present-oriented: proactive and assertive rather than reactive. This temporal positioning often puts them in harm's way because of the resulting impulsiveness. For better or worse, still expected to take the lead in relationships, to be stoical, to control strong urges (especially sexual drives) and yet successfully deploy them on demand, and to express themselves on short notice physically rather than verbally—males respond well, when they allow themselves to seek out ET, an approach that resonates with such present-orientedness. I have not found significant differences in this respect in males whether they are white and well off financially and socially, poor and undereducated (and perhaps having been involved in the juvenile or adult criminal justice system), white or non-white, rural or urban, Christian or Jewish, straight or gay or in between.

The dispositional orientation of females to the future and the dispositional orientation of males to the present turn out to be obstacles, respectively, to gaining access to the present that is the goal of existential therapy. Paradoxically, for males (especially young males) getting to their existent where the present is made—gaining access to the lived present—is hindered by their dispositional investment in the now.

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1   [1] In the world of pharmacotherapy as the use of psychiatric drugs is termed, forms of what is known on the streets of Staten Island as "crystal meth" (methamphetamine) known by their brand names as Ritalin (methylphenidate) and Adderall (dextroamphetamine) are used to treat children with ADHD (Attention Deficit Hyperactivity Disorder). The long-term effects of these drugs on growing bodies and minds may turn out to be as toxic as were the effects of a family of antipsychotics such as Thorazine, Risperdol and Haldol which are known to cause tardive dyskinesia (involuntary twitchings) when used over the long term. The twitchings cannot be cured but may be controlled in part by the use of other drugs. Drugs used to treat ADHD are given to children who are as young as four years of age.

2   [2]A few more preliminary comments are in order. *First*, even though madmen and the insane have been around at least since the earliest parts of the Bible were composed, psychological disorder is a quite recently coined term. Shamans, priests and pastors have also been around for a very long time, but it was only a little over a hundred years ago that psychiatrists staked out a territory of human suffering that would be attributed not to trouble with the gods, but instead to conflict within oneself or between other people and oneself. Wilhelm von Krafft-Ebing coined the term psychotherapy in 1896 and with that the first psychotherapists can be said to have come into being to practice it. However, a curious historical figure called the *therapeut* has been around for quite a while longer, more precisely since the first monastic

orders wandered off into the deserts of the Middle East during the first century Common Era, leaving behind their orthodox Hebrew traditions and trekking as a small party of one of the new Christian sects. The therapeut is the prototype of the existential therapist. It can be said that with Sigmund Freud the therapeut returned on the scene, now no longer wandering through Roman Judea but at the heart of late 19th-century European Romantic culture in Vienna.

Second, today the emotional sufferer is becoming more common. More people are diagnosed as mentally ill than ever before. This should be puzzling and requires reflection. The most common reasons for the trend are said to be the hectic pace of modern life, stress (itself an idea borrowed from metallurgy and engineering on how forged metals respond to weight), and technology. Other reasons include the poor health of the nuclear family in American society, a revolution in the politics of gender, and the "death of God" (Nietzsche's phrase) in our hearts. Keep in mind that outside of grammar, the word gender did not mean what it does today until the mid-1950s thanks to the work of the gay American psychiatrist, Harry Stack Sullivan, the British sociologist, Alex Comfort (best known for his best-selling illustrated book *The Joy of Sex*), and the New Zealand-born sexologist, John Money. Sullivan seems to have first used the word gender in print to refer to the social and emotional dimensions of sex, what Money called the "sexuoerotic" world.

Freud and his followers did not speak of gender but only the unconscious determinants of sexual interest and behavior. A powerful notion, gender has taken its place alongside class, race and religious orientation as a crucial determinant of how people see themselves and others. For many young men and woman, gender is the focus of their social lives to a greater extent and for a longer period of time in their lives than sex was, following puberty, during the decade or so of adolescence. One could argue that making gender the keystone of identity has added at least five years to adolescence.

Whatever the reasons might be for the increasing need for more psychotherapists and even though more and more patients seek help for their emotional problems among the medicine men and women, there is evidence that many individuals who choose conversation over medication are becoming disenchanted with their experience in psychotherapy. An ever greater number of them have had multiple experiences with medical psychologists. Often their subsequent response to one of the modalities of psychotherapy—psychodynamic psychotherapy and cognitive-behavioral therapy are the most popular—is less than satisfying. They may have completed a course of sessions of CBT but must return in a year or two for another series of ten sessions. They may have spent several years in psychoanalytic psychotherapy until what is a called a "rupture" in the therapeutic process has occurred and they abandoned it. Or the process at a "stalemate." It is in response to these problems in psychotherapy itself that existential therapy has something to offer.

3   I invite the interested listener to see my series of papers, *After Psychotherapy* (forthcoming 2016).

4   Perhaps Augustine had it right in his *Confessions* (400 AD): "What then is time? If no one asks me, I know what it is. If I wish to explain it to him who asks, I do not know." Nietzsche followed in a tradition (neither exclusively Western nor Eastern) that thought of time as cyclic, not linear. Perhaps that is the sort of temporality implied by the notion of lived time.

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Women: Where Are the Good Men?
Tim Paten

Right now, all over the world, millions of women are searching for a "good man."[1] Even after decades of effort on the part of the women's liberation movement to empower women with the mantra, "I do not need a man," they continue on this seemingly endless quest.

The process to find a good man begins early by assuring little girls that they'll "meet a good partner one day". Indeed, they seem to intuitively understand that someone, someday, will take care of them for the rest of their lives. They are told, "When you're married, you'll be happy," as they bask in dreams of a fancy wedding and a life with a perfect soul mate. He'll be masculine, he'll work hard and he'll earn enough money to care for his woman and for her

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1   http://www.wikihow.com/Get-a-Good-Man

children. He will be strong, intelligent, healthy and courageous – all the while being by her side for protection and support.

For men however, it is a different story. We don't ask for much. We like our women to be attractive. We like them to enjoy sex, and we like them to provide us with companionship. What we don't want is for them to try to change us.

It is these dichotic extremes that lie at the root of the modern global gender liberation phenomenon.[2] A dichotomy where women are driving good men away.

Women and Society

The fact is that women and society at large have systematically stacked mountains of needs, obstacles and expectations in front of us men, challenging us to measure up to impossible standards of masculinity at every stage of our lives. Boys fend off schoolyard bullies, teenage males strut their stuff, and men feel compelled to protect females from even the slightest random belligerence. We are like cub scouts consigned to, among other things, helping little old ladies cross the street to earn our "real man" badge.

For the most part, women's, gender studies and society at large skirt around male suicide[3] and other related issues. But this must stop. It is time to zero in on who - and what - is corralling men into the destructive confines of hegemonic masculinity.

One obvious question is this: Where is the relentless demand for the "good man" coming from? In truth, this gender "policing" abomination is perpetrated by everyone, whether they are aware of it or not. It reflects a gynocentric society rife with the crumbling artifacts of institutionalized

2   http://www.avoiceformen.com/sexual-politics/m-g-t-o-w/mgtow-a-worldwide-boycott-of-marriage/

3   http://www.forbes.com/sites/alicegwalton/2012/09/24/the-gender-inequality-of-suicide-why-are-men-at-such-high-risk/#5c72f2f222f3

patriarchy. But that is not the whole story. Most of the time, those we love most - especially the women many of us spend our lives chasing - place this straightjacket of idealized masculinity on us. They are a favorite object of love and desire and in return, they expect stereotypical masculine perfection. Many hold dear those things that will elevate partners to "good man" status. Our girlfriends, wives and significant others wield this power over us like a sword, or they leave us with hurdle after hurdle to jump over.[4]

Relationships Between Men and Women

One day every young girl grows up and finds her true love, a good man, and an exclusive relationship ensues. The couple becomes entangled and sometimes will marry. Suddenly the man's responsibilities and demands skyrocket. Some men undoubtedly love the challenges of manhood and they experience a certain male pride when they assume responsibility for looking after a woman for the rest of her life. But for others, the burden of living up to an idealized version of manhood often leads to great stress and intense feelings of shame, anxiety, depression, and in extreme cases, suicide.[5] These marital burdens have created an escape phenomena for many men.

   Women often try to control their man by slapping, hitting, and throwing him out of their homes. Oddly, society and even many men seem to approve of this abuse. In fact, some of us do not seem to care if loving a woman is dangerous. It seems that for many females, the fear of male domination echoes incessantly inside their heads. To dodge male authority, women go on the offensive and begin subjugating and manipulating men to ensure that they won't be oppressed.

   They also try to hammer us into submission with their words. They'll say things like,

4   http://birth-by-silence.deviantart.com/journal/55-Ways-to-Treat-Your-Girl-like-a-Princess-229866273

5   http://www.telegraph.co.uk/men/thinking-man/11430096/Its-society-not-biology-that-is-making-men-more-suicidal.html

"He's a little boy who needs to grow up and act like a man." They make us feel guilty and shame us with ridicule. Another common refrain is, "If you were a real man, you'd…", along with other self-serving diatribes like, "If you love me you'd man-up, earn more and help me at home".

The woman's weapon of choice is a sharp tongue. While the things they say might smack of moral authority and loving concern, they often cut deeper than physical violence. The intent is to strike at our inherent male core. Many women are experts at inflicting pain through words alone while others rely on tactics like bickering and nagging to stoke our insecurity even more. This has the potential to force even the most independent and self-assured of us to cower—or worse. As an example of how critical this issue has become, a 2014 study found that verbal abuse was often a catalyst for husband suicides.[6]

Male Fear

Our worst fear is being seen as something other than male. We can be humiliated and devastated by any suggestion that, because of passivity or effeminacy, we might be like a woman. We live in perpetual anxiety about being considered weak, gay, unfit or "unmanly"; it is our Achilles' heel. When women demand that we be a "real man," our adrenaline spikes; when they shout, "Man-up!" we become agitated. When they undermine our masculinity, our pride is destroyed.

And yet, women are the ones who are often afraid. They are so frightened by our powerful maleness that they command us to submit. But many women don't seem to grasp the emasculating impact that their abuse can have. Lacking our biology, they cannot understand our emotions at their most primal level. They only see that we react and comply. They have no real understanding of the damage their reckless behavior can cause.

The Role of the Women's Movement

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6   http://www.dailymail.co.uk/health/article-2623873/You-really-nagged-death-Excessive-demands-partners-double-risk-dying-middle-age.html

We should not have to succumb to the shackles placed on us by the women's rights and social justice movements either. In theory, these hugely successful campaigns were intended to level the playing field between men and women. In reality however, many have been hijacked by extremists and then misinformed for nefarious purposes. While these hardline activists try to make their mission sound noble, their words often betray then, as evidenced by the popular media battle cries below:

> "R.E.S.P.E.C.T."…"I am woman"…"Hear me roar"…"Ladies first"…"This is a woman's world"…"Nobody can hold us down"…"She dominates all access"… "You don't own me"…"We run this mutha"… "If you like it, put a ring on it"… "Who runs the world? GIRLS!"

Over time, the drive for equality has been transformed into a crusade for female advantage and a strategy for imposing their worldview on men. Women have been given special rights and they've signed misguided legislation into law - legislation that benefits them at our male expense. Many of these so-called women's movements have devolved into full-fledged man-hating struggles for gender supremacy, inspiring a significant backlash.[7],[8]

The Role of Sex

Unfortunately, our biological imperatives make things complicated and difficult. Even when women's demands are entirely unreasonable, most of us will comply because we are motivated by powerful and instinctual urges, most notable of which is our male sex drive. It is still not clear why society views this as an acceptable form of coercion and something used for the purpose of

7   http://feminismisahatemovement.tumblr.com/

8   http://www.womenagainstmen.com/media/feminism-is-a-hate-group.html

harnessing masculinity's unruly nature.

Once our male sexual appetite is triggered, we kowtow into submission, potentially sacrificing our long-term health and financial wellbeing by clinging to the false belief that physical intimacy is our reward for being "good." We are not just compelled to 'save the women and children first'. In many respects, we have become "vagina beggars". Like lemmings, we follow a dangerous and potentially disastrous course. We have become imprisoned, and women hold the key.

Liberation and Discovering Happiness

As Bob Dylan once wrote, the times they are a-changin'. Years of submission to abusive treatment and acquiescing to unrealistic expectations have taken their toll, and many of us are starting to ask some very pointed questions. Do we deserve to be treated like workhorses? Are we supposed to sit back and become totally marginalized, similar to how males in certain matriarchal African villages were relegated by the female leadership to the lowest rungs of the social ladder?[9] Will we become nothing more than "manginas," capriciously and carelessly manipulated at the whims of our female overlords?

For millions of us, the answer to those questions is a resounding "no!" Good men around the world have decided to go their own way, and like us, they understand that there is nothing wrong with men or masculinity. They understand that they do not need to be schooled by women nor do they need to be enslaved to the family with little reward. A tsunami of male sovereignty is sweeping across our planet and we are grabbing the sword of opportunity to enlighten ourselves.

This growing movement of masculine awareness goes by many names - MGTOW, the Red Pill and Herbivore men. This new paradigm is helping us to understand our true selves, our

9   https://broadly.vice.com/en_us/video/the-land-of-no-men-inside-kenyas-women-only-village

unique assets and the techniques we can employ to end our toxic entanglements with women. We're learning how to liberate ourselves from a primitive and self-destructive social order. We're speaking out and helping to empower others to break free from the bonds of the biased relationship expectations of love, marriage and myopic monogamy – expectations that are enforced with female violence.

A New World

Gloria Steinman recently asked on *Real Time with Bill Maher*, "What's wrong with people using their talents and doing what they want?" As men, we want that liberation as well. For many of us, this is a new and exciting environment, and it's quickly changing for the better. It is a world where we can finally do what we want and work at the things that we love.

It doesn't matter whether we enjoy tinkering with automobiles, flying kites, dancing in a ballet, playing sports or prepping ourselves so that we may, by choice rather than compulsion, become[10] leaders, inventors and creators. We seek to express and enjoy our innermost interests and talents, rather than toil endlessly in the pursuit of a life of inequality and lopsided relationships. We are realizing our right to define who we are, and we are choosing our higher purpose.

As men, we are amazing; we have the qualities and drive to change the world. Only now, it is our own decision to make. No longer condemned to live a life dictated by women and their obsolete restrictions, we can shed the debilitating confines of social expectation and truly relish the fruits of our labors. It is time to unleash the full potential of men in our society. A life of freedom and happiness awaits us!

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Tim Patten has just released MGTOW, Building Wealth and Power. He also wrote WHY I CHEAT – 11 campfire stories for men's ears only. Both books are a celebration of masculinity and pay homage to the modern men's liberation movement. Patten previously published the novel about establishing gender equality in professional sports, Roller Babes: 1950s Women of Roller Derby.

Antibodies

Jan H. Andersen

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This series of digital images is inspired by the ancient hand paintings discovered in caves close to the Cantabrian Sea along the northern coast of Spain. The five images are a further contribution to New Male Studies by the Danish photographer Jan H. Andersen.

Keywords: males, Cantabrian Sea, digital photography

41,000 years ago our early ancestors made art in the caves at the shores of the Cantabrian Sea. They made what any child has done ever since when they get the chance: a statement of existence with the closest tool available, a print of their hand.

This discovery in Spanish caves inspired me to do a series of photographs showing the human body being used as a painting tool. The resulting paintings would be imprints of the body – a human negative – made with different materials.
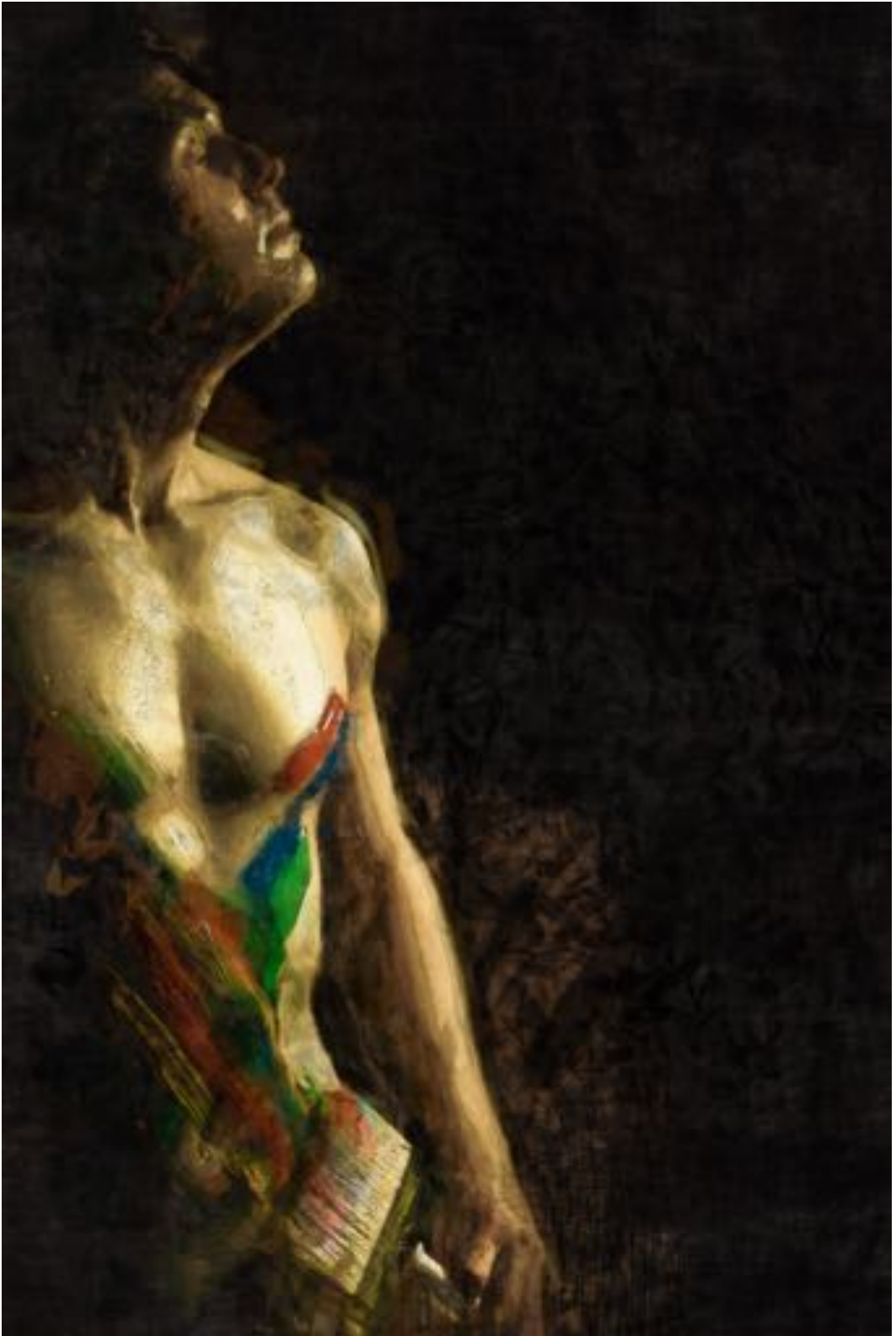
During the first experiments I realized that the paintings made with bodies were far less interesting than the bodies themselves in the artmaking process.

"Antibodies" is the resulting series of this exploration: digital paintings showing the human body as the subject and canvas while being a tool for making its own negative.

Jan H. Andersen is a Danish photographer, software developer, and author specializing in topics surrounding children and teenagers. With a degree in child care and with many years of experience working with troubled kids and families, he writes with passion about child psychology, boy issues and parenting. You can read more at his website www.jhandersen.com and reach him at jha@jhandersen.com.

Book Reviews

Jane Ward, Not Gay: Sex between Straight White Men, New York: New York University Press, 2015.

Straight white males groping each other's genitals, fingering each other's assholes, being anally penetrated by other straight white males, forced oral sex, seeking physical connection through Craig's List ads with other straight white males and various other straight white male-to-male sexual connections are the guts of this book. The author Jane Ward relates many situations and traditions within the American straight white male culture that encourages and even honors such activities. Activities that are homosexual on the surface but are apparently reinforcements of straight white male heterosexuality, power and dominance.

The book "is based on the premise that homosexual contact is a ubiquitous feature of the culture of straight white men." "...That white-straight identified men manufacture opportunities for sexual contact with other men in a remarkably wide range of settings, and that these activities appear to thrive in hyper-heterosexual environments."

Ward also tries to show, "that white male privilege, rituals, anxieties, and delusions are central to the operation of homosexuality within straight white men's lives. In many cases, violence is a central part of the work of reframing homosexual sex as an act that men do to build on another's strength, thereby inoculating one another against what they imagine are the sincere expressions of gay selfhood."

Ward feels it is important to understand, as I do, the difference between sexual orientation, sexual identity and actual sexual behavior. She discusses these distinctions as well as other terms

and thoughts about modern day sexuality such as "heteroflexibility," sexual fluidity and the different attitudes towards sexual fluidity in the male and female populations, both gay and straight.

Ward delves into the debate of whether we are born "wired" one way or another but here as elsewhere she delves too much with too many references and other authors that we loose track of her main raison d'etre, sex between (shouldn't it be "among?") straight white males. She takes great pains in talking about what she is not going to discuss and why, such as Black males. The book is about straight white men, not Blacks, gay men or women, gay or straight, yet she goes to great pains to find time to discuss all these issues. Some of the discussions are helpful but much is not and again takes away from the topic.

The book is divided up into a first introductory chapter that is far too long and then five other chapters that point to the main topic, periodically discuss the main topic of the book and the specific chapter but again get off track with other authors' writings, philosophies, detailed definitions and excessive repetition of points she has made earlier, numbers of times.

Ward looks into man-to-man sex in the past in the second chapter titled, "Bars, Bikers and Bathrooms." However, each topic is merely a jumping board for her or others' philosophies and thoughts with little discussion of white males engaging other white males in these three venues. The third chapter is a thirty-five-page discussion, "Here's How You Know You're Not Gay." I thought that had been discussed in the extensive fifty page initial chapter. And what does this really have to do with straight white men engaging other straight white men in homo sex? Chapter 4 explores somewhat the film industry's dealing with straight white men having or considering having sex with other straight white men and the solicitation of sex by straight white men through Craig's List ads. Again, there is some useful information but little substance towards the focus of the book. I wish she had talked to the men behind the films and ads instead of totally relying on the comments of others.

Chapter five is a better chapter, which explores the realms of hazing in the US Military, US contractors abroad, fraternities and various websites that promote videos of such sexual activity among straight white men under different scenarios. Here we see that much of the man-to-man sex among straight white males stems from males in positions of power and authority inflicting rites and rituals on subordinate males in order to secure them into whatever community/fraternity of men in question. Ward is strong in pointing out, again far too many times than necessary, that large areas of the American straight white male culture use male-to-male sex and play to reinforce one's heterosexuality.

The final chapter, "Against Gay Love" is filler as far as I am concerned and has nothing to do with the book's purpose. It focuses on the author's life, a lesbian, and her thoughts on gay life, love, etc.

So, the bottom line of this book seems to be that sex among straight white males exists, is prevalent throughout many layers of American life and this straight white male sex with other straight white males exists to reinforce straight white male heterosexuality. Well, that may be true to some extent. After all it is a female writing this book and a gay female to boot and she has to rely completely on the accounts, the writings and thoughts of others for she is NOT a straight white male who has experienced or even witnessed any of the activity she writes about. That is not her fault, but it is probably why so much of the book deals with definitions, theories and thoughts of others, as there is nothing from within the author herself that can speak to the subject.

White males have dominated life and all its aspects since the dawn of Western Civilization.

White males have been sexual with each other since the dawn of time under many different cultures and circumstances. It is nothing new under this sun. We Americans have a passion for labeling things, which Ward addresses very well in one chapter, and because of this labeling we have compartmentalized sexual life/activity in the modern USA. In the past when men were together or in various circumstances sex has occurred. As white males have dominated all aspects of life, until the last decades of the 20th Century, they have inflicted on others, including subordinate/younger white males, their agenda and desires, which have included rituals and rites involving sexual activity.

I am a white male who grew up in privilege and witnessed in my all white, male prep school the sanctioned privilege of Seniors to pick out weaker underclassmen not liked for numerous reasons, strip them to their underwear and smear their bodies with food, sauces, etc. and then run their pants up the flag pole which stood in the middle of the Senior campus. Ward describes this same ritual in the military, the Navy in particular, though the males were stripped naked and their bodies, in addition to being fouled with foodstuffs and excrement, were invaded both orally and anally with various objects including other men's cocks.

Men in power, and white males have been in power for ages, use all that is at hand to dominate, control and penetrate all that they have power over which includes playmates, school mates, fraternity brothers, fellow military comrades, gang members, fraternal organization members, fellow prisoners, spouses, employees and anyone else over which white males have dominance. It is the way of the world. It may not be right, fair, proper, in good taste, etc. but it exists and will continue to do so as long as males have any authority. I am sure if we looked at other areas of the world, the males may not be white but if they are in control, the same rites and rituals would be found.

Sexuality is the primal force, after breath, since the creation of life. Homo Sapien males are first and foremost sexual beings and almost anything they do or think has a sexual component, so it is not surprising so much sexual activity is present in male life and specifically straight white male life.

In summary, this book has a very catchy title, a very intriguing topic and some very good information but in total it needs to be re-written. I am surprised the editor was not stricter in aspects of the book specifically it's rambling, repetitiveness and organization. It is a good read if you are adept at wading through lots of stuff to get to the gems that are there and strewn throughout.

Richard A. Gourley

Book Reviews

Jane Ward, Not Gay: Sex between Straight White Men, New York: New York University Press, 2015.

Jane Ward's Not Gay: Sex Between Straight White Men aims to demonstrate the thesis that straight men who have sex with men are acting on homosexual desires and, further, that homosexual desire lies at the core of what she calls "heteromasculinity." To accomplish this, Ward sets forth a number of examples of ostensibly homosexual acts between otherwise straight men. These range from institutionalized homosexual practices, such as hazing rituals, to individually pursued sexual relations, exemplified in a collection of personal ads garnered from craigslist.org.

Though this thesis may be said to be the central focus of the book, Ward sets her sights beyond this singular aim. In addition to her "effort to catalogue a broad and diverse range of accounts of straight white men's sex with men" (p. 8) Ward is also striving to bring to light the cultural foundations of the relationship between straightness and queerness. Further, Ward has yet another, more vital goal in mind: "... to redirect our attention away from soothing tales of sociobiology toward the more complex, intersectional, and culturally embedded human strivings for straight and queer ways of life" (p. 50).

While Ward does indeed provide a fairly varied array of accounts of straight guys having or seeking sex with men, the success of her other efforts is quite debatable. This qualification is necessitated by a number of very salient and potentially fatal problems with Ward's demonstration. For the sake of brevity, I will highlight only two of these issues: clarity and consistency.

First, the clarity of the book is compromised by a lack of forthrightness regarding key terms and

counterintuitive methodological commitments. The former is evidenced from the beginning of the text, which opens with a personal anecdote about how the author became interested in the topic of sex between straight men and an example of the latter. Ward then jumps into her past self's interpretation of the example, which is immediately followed by her present interpretation of the same, all without any clarification of the terms used in these interpretations, despite their usage in senses beyond those of common parlance.

Specifically, Ward analyzes the phenomenon in question by means of terms that are likely unfamiliar to both laypeople and scholars working in fields other than her own and, in addition, uses conventional terms in unconventional senses. For example, the adjective "white" is closely related to and nearly synonymous with the word "productive" (p. 4) in contrast to its more common use as a descriptor of physical appearance.

Another issue regarding terminology is that Ward never defines "sex" or "sexuality," despite the fact that the book is ostensibly about these topics. While Ward does offer a "Note on Key Terms" 37 pages into the book, she does not define therein "sex" or "sexuality," but merely notes that she "… used the term 'sex' to describe behaviors that participants themselves understand as something else, something nonsexual." The justification she offers for this usage is only that she does not trust straight men to lead her to "heteroerotic homosexuality" (p. 38). This is not very informative, as the latter is not only among the phenomena under investigation, but also a potentially oxymoronic term that is liable to confuse readers if left unclarified.

Of course, the book does not set out in search of the foundations of sexuality, so there is no problem in the lack of a detailed analysis of such. However, sexuality is not even defined by supposition for the purposes of the book. That is, Ward leaves us with neither a demonstrated nor a hypothetical definition, explanation, or description of sexuality as such. Rather, the reader is left to conjecture about her meaning based on context clues.

This curious omission may be due to the fact that this book is not, at its core, about sex at all. At bottom, it is about culture and behavior, but not sexuality in vivo or sexual experience. Rather, it is about sexuality insofar as it is culturally implicated in behavior. Ward provides few accounts of actual men's sexual experiences, leaving it unclear how these relate to or inform sexual behavior. Accordingly, readers should not expect a peek into the psychology and perspectives of straight white men who engage in homosexual acts.

This particular terminological deficiency dovetails into a methodological anomaly. The absence of any concrete or even hypothetical (e.g. by thought experiment) investigation of the experience of straight white men leaves out a key perspective: that of the individuals whose behavior is being explained and examined. This reveals one of Ward's more tenuous biases: the confinement of the subject matter to the sociocultural sphere. Admittedly, psychology, biology, and history are not included among the methods that Ward claims are necessary to investigate the matter at hand (p. 8).

The second set of problems encompasses the eclipsing inconsistencies of Ward's demonstration and may be exemplified by two cases. In one example, her premises obscure a core argument for her thesis, while in another she seems to switch between two opposing positions at the very end of the book.

The first case starts with Ward's postulate that all men, whether gay or straight, have homosexual desires and engage in activities at the behest of these impulses. However, she says, these desires are not in any way rooted in biology. Rather, men choose their sexual investments and behaviors, though these choices are made upon the basis of partially homosexual bedrock. In

support of this position, Ward asserts that "... even men's repulsion with a sex object... [does] not preclude men's desire or erotic engagement" (p. 18).

This suggests that despite a man's agency and conscious efforts to avoid certain acts with other men, he is nevertheless driven by homosexual desires. Nevertheless, such men are in fact straight, because "... heterosexuality is defined by investment in heterosexuality" (p. 116). At the same time, Ward holds that "straight white men's sex practices... are shaped by the culture in which they are situated... [a] culture of white heterosexuality" (p. 150).

Such a line of thought is confusing because homosexual desire is essential to heterosexuality, which is both formed and prescribed by culture, but, as lacking any biological foundation and persisting despite "investments" to the contrary, it would appear that homosexual desire is itself rooted in the imperative of culture at the same time that the very same culture proscribes it. Does culture push men toward homosexual desires or does it push them away from them? Yet, she also says that "... what counts as heterosexual versus queerness should be the cultural and relational investments of the participants" (p. 134).

To summarize, investments are what determine that a person is heterosexual and all men have homosexual desires. Moreover, whether or not a man is heterosexual is not a matter of biology, while culture shapes heterosexual practices. Accordingly, it appears that a man's engagement in any given sex act is shaped by culture, but the sexual valence of such acts is due to "investments." It is thus unclear whether these investments are the result of culture or some other factor(s).

Ward's reasoning in this vein is further convoluted by her simultaneous commitment to the claim that men are compelled to be heterosexual by "heteronormative" culture and the assertion that homosexual desire and activity lie at the heart of heterosexuality. This leads to the implication that heteronormative culture compels men to behave in homosexual ways in order to be heterosexual. Thus, only thing that would appear to differentiate between homosexual men and heterosexual men are their "cultural and relational investments."

This demonstration is not only difficult to follow, but leads to some conclusions that the average reader may find difficult to reconcile. For instance, Ward says that the heterosexual investments of men engaging in sex with other men are themselves realized by narratives that define homosexual behaviors as heterosexual (cf. Ch. 3, pp. 114-118). Without these narratives and their corresponding investments, men cannot be heterosexual. Moreover, Ward claims, such heterosexual narratives are the privilege of white men. Accordingly, it would seem that black men who engage in homosexual behaviors cannot but be homosexual, since they are culturally and systematically barred access to white male narratives, which are the route to heterosexuality.

Though this line of reasoning may appear sensible at first glance, it does harbor a confusing inconsistency which may be illustrated by a hypothetical situation. Consider the case of an African-American man who engages in homosexual sex, yet remains invested in heterosexuality. According to Ward, it is this that investment defines him as heterosexual. However, since this man is not white, he does not have access to the heterosexual narratives available to white men, which Ward claims are also necessary to establish heterosexuality in the midst of homosexual behaviors. Unless "investment" is synonymous with "narrative," we are left with a black man who is at once both heterosexual and homosexual, without the possibility of any determination being made due either to his biological makeup or sexual behaviors.

A second example of inconsistency is Ward's vacillating position on the importance of circumstances in the determination of the valence of sexual behavior. In one place, Ward criticizes perspectives that "focus on the circumstances," for such approaches presume a "... conflict between

homosexual behavior and heterosexual selfhood...." (p. 118). Yet, at the end of the book, Ward appears to take a contrary position when, after noting that most of her students agree that circumstances are meaningful when determining whether an act is homosexual or heterosexual, she takes this collegial concord a step further and says that "in fact, [circumstances] are everything" (p. 196).

One might suspect that this could be meant in a way that doesn't bear directly on Ward's prior claim that a "narrow and near exclusive" emphasis on circumstances is problematic due to its obfuscation of "... straight men's agentic, subjectifying pursuit of hetero-masculinity" (p. 118). However, Ward definitively states that "... the line between a gay constitution and a straight one has always been... deeply bound by the circumstances in which homosexual sex practices occur" (p. 196).

In sum, Ward claims that men's heterosexuality is at once inextricably tied to circumstances and yet definitively determined by subjective agency. While this, taken by itself is a rather moderate claim – most situations of human activity involve the influence of both circumstance and agency – Ward places confusing and inconsistent emphasis on each factor at different points in her presentation. In some places, it seems that agency and "investment" ultimately determine whether a man is gay or straight, while in others it is particular circumstances which are the deciding factors in making this determination.

It is also worth noting, in passing, that Ward makes a number of sweeping claims that some may find presumptuous and frustrating. If you are a man, be prepared to be told the meaning and motive of your sexuality - whether you consider yourself gay, straight, or otherwise. If you are a straight woman, be prepared to be called violent, misogynistic, and boring – or else resign yourself to the fact that you are not straight, if "straight" means "heterosexual."

On the whole, Not Gay: Sex Between Straight White Men is a challenging and intellectually scattered book whose periodic insights are obscured by conspicuous and avowed ideological commitments and political aspirations. Many of the book's weak points could be significantly strengthened by taking a broader perspective informed by a greater range of disciplines and approaches as well as the abandonment of political projects in favor of a thoroughgoing analysis of the phenomena in question, including the addition of a deeper investigation of the experiences of those whose sexuality is in question.

Jon Badiali