MUD HUTS, HAIRCUTS AND HIGH SCHOOL DROPOUTS:

THE 3RD ANNUAL MALE PSYCHOLOGY CONFERENCE, UNIVERSITY COLLEGE LONDON, JUNE 2016

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For decades, despite persistently high suicide rates and low academic achievement, there was little sign that psychology as a profession in the UK was paying any attention to the notion that men and boys were in any sort of crisis. However this example of what become known as *male gender blindness* (Seager et al, 2014) was challenged in December 2010, when *The Psychologist* journal published a letter from consultant clinical psychologist Martin Seager, proposing a Male Gender Section of the British Psychological Society (BPS) (Seager, 2010). This was a lightbulb moment for psychologists like me. 2011 saw the start of what is now the *Male Psychology Network*, and 2017 will see the inception of the Male Psychology Section of the BPS.

Meanwhile in the US and Australia, the first issue of *New Male Studies* (NMS) was being planned, which was published in 2012. *NMS* has an important place in academia, providing a platform for work that focuses – without apology - on the issues facing men and boys. NMS published a paper on the first Male Psychology Conference in 2014 (Seager et al, 2014), organized by Martin and I, a sign of the healthy international synergy culminating in the special issue you are now reading. Sadly today the importance of such material is often overlooked by more mainstream journals, who perhaps see this field as too controversial in recognising that men and boys are experiencing problems in a way not fully recognised by most psychologists. Given that *NMS* is a pioneer in academic publishing in this field, I consider it an honour to have been invited to be the editor for this special edition of the NMS. I hope that I have justified his decision in doing this, and I hope readers of the papers in this issue find the experience rewarding, informative, and enjoyable.

Before I introduce the content of this edition of *NMS*, let me express my sincere thanks to the editor, Professor Miles Groth, for giving us the opportunity of dedicating this special issue to material from the Male Psychology Conference (University College London, June 2016). Although none of the papers are are expensively-funded demonstrations of the latest technology – they are nonetheless important for being pioneering work in this new field of study. The material included gives a sense of the exciting and eclectic mix of topics that is male psychology today (view the full program of the conference here http://www.malepsychology.org.uk/male-psychology-conference/), and I hope you enjoy reading about the relevance of *mud huts, haircuts, high school dropouts* and other delights in this special issue.

Martin Seager, Dr Warren Farrell, Dr John A. Barry. *The male gender empathy gap: time for psychology to take action.* [Pages 6 – 16]

First up is a paper representing what could be seen as an underlying theme of the conference: psychologists need to wake up to male psychology and take the field seriously. This paper was written by myself (John Barry) and Martin Seager, the main organisers of the conference, along with a man who in many ways is the grandfather of male psychology, Dr Warren Farrell. Farrell has written seminal texts on this subject, such as *The Myth of Male Power* (1993), and has lived through times when being an advocate for men's issues has been more often greeted with apathy and antipathy than sympathy or empathy. At the Male Psychology Conference in June 2016, Farrell delivered his material (a workshop, a presentation and a keynote) with outstanding insight and professionalism. We were proud to have him at the conference, and are delighted that he could co-author a paper for the special issue.

This paper highlights how symptoms of depression in men are often different from those in women, and how this might contribute to less empathy for men. Solutions – for example, improving our understanding of masculinity - are suggested.

Prof. Gijsbert Stoet & JingJing Yang. *The boy-problem in education and a 10-point proposal to do something about it.* [Pages 17 – 35]

One of key questions facing male psychology is how we deal with the so-called boy crisis in education. Although this problem emerged in the late 1980s, psychology as a profession has done little to address it. In this paper, Professor Stoet demonstrates why he leads the field in the UK on this topic, as he uses his expert knowledge to clearly define the key points that need to be addressed in education. Policy makers and educationalists: take note of the suggestions in this paper.

Belinda Brown *From Boys to Men: The Place of the Provider Role in Male Development.* [Pages 36 – 57]

Keeping with the theme of the boy crisis, anthropologist Belinda Brown explores the ways in which the erosion of the role of *male provider* (i.e. breadwinner) in modern western culture has left a vacuum in which boys may struggle to find a satisfactory place in life. Brown assesses the evidence that the male provider role benefits the individual, the family and society. She takes fascinating examples from various cultures around the world which offer templates by which the journey from boyhood to manhood can be completed successfully. This anthropological perspective challenges us to step outside the constraints of our modern western mindset, take a fresh look at ourselves as human beings and the future we provide for our boys.

Tamika Roper & Dr John A. Barry. *Is having a haircut good for your mental health?* [Pages [58-75]

To many people, the link between haircuts and mental health is tenuous to say the least. However just as some haircuts are more attention-grabbing than functional, so the title of this paper is more for show than for information. Readers of this paper may perhaps be surprised to learn about a field already humming with interest in the idea that men talk more about their mental health to their barber than their family doctor. There already exist several community-based projects, and this paper represents a first academic venture into the field. We hope that this

paper helps academia and the NHS catch up with the idea the therapist's couch is not the only place where mental health issues are dealt with.

Dr John A. Barry & Tamika Roper. *The development and initial validation of the Wellbeing Benefits of Everyday Activities Scale (WBEAS) and the Hairstylist Visit Questionnaire (HVQ): a short report.* [Pages 76-87].

This paper might have been part of the previous one, but we decided that the psychometric focus would be unduly heavy going for many readers. We are sure however that a minority of readers will find this paper very useful indeed. For those who are looking for a questionnaire to assess the wellbeing benefits of visiting a hairstylist (HVQ), or any everyday activity (WBEAS), this paper could be very helpful. For example, people who are running activities - such as the increasingly popular *Men's Sheds* - that require a flexible way of measuring potential wellbeing benefits, the WBEAS could be ideal. It being Christmas time, we wish readers many happy assessments using these questionnaires.

Dr Kevin Wright & Prof. John McLeod. *Gender difference in the long-term outcome of brief therapy for employees.* [Pages 88-110].

Wright & McLeod have produced a paper that is important for three reasons. Firstly, it is the first demonstration of the effectiveness of brief therapy provided through an Employee Assistance Program (EAP). Secondly, the paper demonstrates that the treatment was more effective longitudinally for women than men. Thirdly, and most profoundly, it demonstrates that assessments of therapy can be completely meaningless unless you take the sex of the patients into account. There is a prevailing and somewhat unhelpful generalisation in psychology that the similarities between men and women are more important than the differences (e.g. Hyde, 2005). Wright & McLeod demonstrate the crucial importance of opening our eyes to gender differences. After all, if we refuse to recognize important gender differences, we are not only compromising the credibility of psychology as a science, but also compromising the efficacy of psychology as a therapy.

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"He was someone's little boy once"

THE MALE GENDER EMPATHY GAP: TIME FOR PSYCHOLOGY TO TAKE ACTION

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MALES: WHY CAN'T WE SYMPATHISE?

Gender is not just an equality issue, but a diversity issue. Although differences are celebrated in every other field, in the social sciences, gender differences are denied or played down. We aren't supposed to generalize about gender, because – in general – men and women are the same, supposedly. However as human beings, most people intuitively recognise that although men and women share many similarities, we are different in important ways. For example, as described by Barry (2016), when women are depressed they might well cry, comfort eat, talk about their feelings with friends, or with a counsellor. Moreover, women seem to know when they are depressed, and when they realise it they might seek help. When men are depressed they might sleep less, become irritable, abuse drink and drugs, play video games, use sex or pornography more, become aggressive or fight (Brownhill et al, 2005). Moreover, men don't seem so easily to realise when they are depressed, and might even refuse any help offered.

Whether we like it or not, there are different patterns and expectations relating to the expression of distress in males and females. This means that male distress is often overlooked, or seen simply as bad behavior so that male distress is, in effect, invisible. To shed light on male depression, Farrell (in Farrell & Gray (book in preparation)), outlines a 60-item *male depression/suicide inventory*. The following 10 questions (Table 1) are taken from this inventory to illustrate the gender-specific ways in which male despair is shaped, suppressed and enacted in ways that create a greater suicide risk.

TABLE 1. Sample items from male depression / suicide inventory (Farrell, in Farrell & Gray)

__ Do you feel that if you discuss your real fears you may lose the respect of that person?
__ Do you "live" to compete in a sport likely to create damage to your body (e.g., football, motorcycling; cliff, rock, or ice-climbing; hang gliding, ice hockey, x-games; highly competitive surfing, skate-boarding, or snowboarding; car racing, or rodeo)?
__ Do you have less contact with your children than you would like?
__ Do you feel quite hopeless about having a good relationship with your children while they are still young enough to benefit from you?
__ Are you unemployed for more than a year with family to support?
__ Do you feel that when you ask out pretty much any woman to whom you are really attracted that you'll more than likely be rejected?
__ Do you drink or use drugs more than you feel is healthy for you?
__ Do you root for a team with such devotion that when they lose the big one, you feel depressed and sometimes angry?
__ Do you wish you had a better relationship with your dad?
__ Do your parents have high expectations of you and you often feel you are disappointing them?

The items in this inventory show considerable overlap with the three main elements of the archetypal "male gender script" that has been described by Seager, Sullivan & Barry (2014a) as an evolutionary and universal pressure on men defining how they must live to be a successful male. This script consists of three main rules:

1. Be a fighter and a winner
2. Be a provider and a protector
3. Retain mastery and control over one's feelings

This means that people also don't instinctively sympathise with men who are depressed because men are expected from time immemorial to give protection, not receive it. Farrell and Gray (book in preparation) talk about this in terms of "social bribes". According to this proposition, social groups across the human species have survived more effectively because males have evolved collectively to protect them. The success of all societies historically has therefore been built upon the blood, sweat and tears of men, sacrificing their lives in wars to preserve the freedom of all and risking their lives to build the infrastructure of civilization. Working class men in particular have been expected by virtue of their gender to die in tunnels, on tall buildings, down mines and on the high seas, supplying the buildings, transport, food supplies and security that create the comfort of a civilized life for all. Across the ages, men have been "socially bribed" into behaving this way by the honour and social approval of their tribe or society. In this way men (and some women) have been afforded the status of heroes because of their strength or courage. At the same time, men (but not usually women) have equally been "shamed" to the extent that they do not conform to this pattern. There is no greater illustration of this than the white feathers that were handed out as a symbol of cowardice to men in the UK who would not fight for their country[1]. In our modern society, it may now be that the shame factor is growing greater for men as the opportunity to achieve heroic status is being reduced. It is for this reason that Farrell and Gray talk about the urgent need to help our boys in the future switch from 'heroic intelligence' to 'health intelligence' (see below). Equally, there is a need for all of us in society to tune in more to male emotional

[1] Ironically white feathers at the time of the First World war were handed out by Emeline Pankhurst and others in the Women's Suffragette movement, reinforcing the notion that women have also instinctively expected men, even those without the vote, to protect them.

language. Rather than simply expecting men to talk differently we need to be listening differently to them.

Men reflexively — perhaps instinctively — hide vulnerability even under changing social, economic and political circumstances that are arguably generating more distress. To reveal vulnerability or failure of any kind can be deeply shaming for a man. Because of such pressures we do not register male vulnerability and we all become less comfortable with the notion of males in need. This means that distressed men end up looking less like honourable victims and more like losers, criminals or even idiots. The only legitimate place for male suffering is in our art, drama, comedy, music and literature. So even when we do acknowledge publicly that men across the globe commit suicide at a much higher rate than women (nearly 4 times more in the UK), this still does not elicit our compassion. If anything, we switch off. In the same way we don't really acknowledge or care that men account for a massive 97% of deaths at work in the UK InsideMan (2015) and 86% of people sleeping rough in England (Department for Communities and Local Government , 2016). When it comes to gender equality we only really think of women as beings legitimate victims and as having any cause for complaint. In the UK we still have a minister for 'women and inequalities' as if the two issues were intrinsically linked. Ironically, therefore, what looks like a serious attempt to challenge gender prejudice towards women has the unintended consequence of reinforcing gender prejudice towards men.

THE EMPATHY GAP AND MALE GENDER BLINDNESS

So there are deep rooted reasons why people don't feel as much empathy for men as they do for women. Men have evolved to be disposable, being there to put their bodies on the line, to offer protection, not receive it. So a man in trouble evokes less sympathy than a woman or a child. This might help explain why men, when they are looking for sympathy from the judicial system, are six times more likely than a woman to get a conviction for an identical crime (Bradford, 2015). And rather than sympathise with men over a possible inequality, our immediate social perception is that men must be six times more troublesome or else six times less in need of protection from the prison system. Similarly, boys are more likely than girls to fail in school (Stoet & Geary, 2015), but rather than address this as a gender inequality, we are unsympathetic, often perceiving boys as

disruptive and lazy. When couples who have children break up, fathers are still much less likely to get custody of children (Cancian et al, 2014), but rather than rush to address this as another possible inequality we assume that fathers don't miss their children like mothers do, and that children need their mothers more than their fathers. The absent father is something that we have all been programmed to expect and tolerate. In fact we are tolerant of male suffering, or blind to it, in many other areas too, for example, violence by women against men is as widespread as violence by men against women (Straus, 2010) but violence against men attracts less attention.

TOXIC MASCULINITY AS BAD SCIENCE

For all these reasons it has not yet become common practice to investigate the troubles and obstacles facing men, but instead the male gender itself has come to be regarded as toxic or pathological. Images of "antisocial" behaviour amongst the most distressed and damaged males somehow take precedence over the kindness and protection afforded every single day by healthier and happier men of all ages, cultures and creeds across the world, reinforcing the notion that masculinity itself is somehow inherently damaging, toxic and antisocial. For example, the film *The Mask You Live In* gives examples of violent prisoners, or drunken frat-house parties to demonstrate how bad America's idea of masculinity supposedly is. In the UK when a young woman, India Chipchase, was tragically raped and murdered in January 2016 by a damaged man, her father made a moving and poignant impact statement that included the phrase "I will never walk India down the aisle" (MailOnline, 2016). When this story was covered in the media there were calls for boys at school to be given more education about rape and respecting girls. In other words, the rapist was being used as the model for the typical male, not the father. Given the relative rarity of rape and murder, this says more about our social attitudes to men than about men themselves.

The evidence is much clearer therefore that it is not masculinity that is the problem as much as our attitudes to it. It cannot be good science to pathologise half of the human race. The fact that we can even seriously entertain the hypothesis that half of our gender spectrum in the human species is faulty shows evidence as to where the real problem lies. Extreme or rigid masculinity, macho behaviour and damaged masculinity can clearly be

toxic but this is being confused with the archetypal, the typical and the masculine norm. Anything can become harmful or toxic if taken to extremes or excess, even something as apparently medicinal as aspirin. Many psychologists will recognize that adhering rigidly to ideals can lead to psychological problems, which is a central tenet of *rational emotive therapy* (Ellis, 1962). The male gender script can become toxic, but only when defined by rigid dichotomous thinking. For example, if a man thinks 'I *have* to be a winner', the pressure might lead to suicidality, but if he thinks more flexibly that 'I would really like to be a winner, but the fact that I am not winning 100% doesn't make me a total loser,' then the pressure to succeed is significantly less. Thus the traditional gender scripts are not inevitably toxic, and indeed the male gender script evolved not to harm but to protect the social group. Of course, it could never work to try to change the male gender itself in terms of its evolutionary foundations. However, it does make much better sense to try to encourage more flexible use of the male gender script and even to rework it for the benefit of all in a modern social context. One clear example of this is to say to boys and men "If you seek help you are *taking* control not losing it" and "If you seek help you are facing your problems and showing strength, not weakness". In other words, by going with the grain of the ancient rules of masculinity, boys and men can actually be helped to experience seeking help as a manly thing to do. This is far more likely to succeed as an approach than simply telling men and boys to "open up" and "be vulnerable" because this message, though well-intentioned, in effect goes *against* the grain of the masculinity script. It can even be heard as gender shaming in that it urges boys and men to be more like girls and women.

In exactly the same way, Farrell and Gray (book in preparation) advocate *reframing* the façade or mask of strength that men and boys are under to pressure to maintain as itself being true "weakness" so that facing and showing feelings of weakness is reframed as true "manning up". In this way Farrell and Gary are arguing for a position that maintains the gender integrity of boys and men but allows manliness to be redefined in a healthier way.

SEX & GENDER DIFFERENCES: THE DANGER OF DENIAL

In a *British Medical Journal* article called 'The fragile male', the many ways in which men are biologically more vulnerable than women are highlighted (Kraemer, 2000). The male foetus is at greater risk than the female of virtually all medical complications (e.g. cerebral palsy) and developmental disorders (e.g. autism). Perhaps it is the height of irony then for males unthinkingly to be expected to be the more resilient sex, showing that sex and gender differences operate from the moment of conception and in some unexpected ways the differences favour the female. Indeed research has found all sorts of sex and gender differences, but many people still feel it's somehow wrong to highlight them, and will only own up even to having noticed gender differences with a caveat like "I hate generalising, but…" (Russ et al 2015, p.74). Understanding all human differences is important, not simply for the sake of scientific knowledge (and common sense) but because some differences (e.g. having ovaries that produce oestrogen versus testes that produce testosterone) have massive implications. There is plenty of evidence that some gender differences are influenced by prenatal sex hormones (e.g. Nordenstrom et al, 2002) and emerge in early life. For example, before the age of one year old, in general girls play more with dolls than boys do (Todd et al, 2016) and have less aptitude for mental rotation tasks than boys do (Quinn & Liben, 2008; Moore & Johnson, 2008). These differences may have implications for life choices e.g. helping to explain why girls on average might make choices in life that are more people-orientated and less object-orientated. Of course, no differences are absolute but if we deny or turn a blind eye to genuine *average* sex and gender differences, this can only be harmful for all of us in understanding the human condition and effectively supporting the needs of men and women.

THE NEED FOR MALE PSYCHOLOGY

There are many issues facing men and boys – several are listed above - that would benefit from the attention of psychologists. As a profession that cares about human suffering, why are we not more alert to the signs all around us of the problems facing males, such as suicide? It seems quite likely that like the rest of society we are suffering from a type of blindness – male gender blindness (Seager et al, 2014b; Russ et al, 2015) – which makes it difficult for us to recognize the importance of this great elephant in the room of psychology. Similarly, we appear to be susceptible to the same collective 'empathy gap' as

the rest of society when it comes to men's issues. Simple psychological experiments can show hard evidence of significant differences in our attitudes to the male and female genders. For example, there are many vivid demonstrations in field experiments showing that members of the public immediately rush to help female victims of violence from a man, but turn a blind eye or even laugh when a man is the victim of the same level of force (e.g. ManKind Initiative, 2014 – see video link below). In social psychology, just about the only group identity that does not elicit in-group-favoritism is male identity (Rudman & Goodwin, 2004). As psychologists, it should be extremely interesting that we have such different responses to the two complementary halves of the human race. It is hard to imagine a more central concern for psychological science and investigation.

THE MALE PSYCHOLOGY NETWORK: SHOWING WHAT PSYCHOLOGISTS CAN DO

What the *Male Psychology Research Team* (MPRT)[2] and other researchers are doing is addressing these 'elephants in the room', for example, by investigating whether men would be more likely to engage in therapy if it were more tailored to men's needs. It turns out that the language we use in therapy might be important; Ellis et al (2013) found that young men are more likely to use an app that promotes 'mental fitness' rather than 'mental health', and their app encourages developing 'strengths' and 'self-mastery' and 'skills', so traditional notions of masculinity might be engaged in a positive way. Others are looking at ways that mental health might be helped beyond the therapist's couch e.g. Harper (2016) explores using community-level preventative mental health strategies rather than one-to-one therapy, and Jacobsen et al (2001) propose *behavioural activation therapy* which uses everyday activities to improve mental health.

It should be noted that studying male psychology doesn't mean ignoring female psychology - about a third of the *Male Psychology Network* are women, and most of our research involves male and female participants; in finding solutions to problems that predominantly face men and boys, we are likely to be also helping those women and girls who are facing the same problems. Because as human beings gender is an integral aspect of all our lives, findings about the preferences and needs of men are relevant to women

[2] MPRT - http://www.malepsychology.org.uk/

and vice-versa. However, the specific urgency regarding male psychology stems from the fact that some serious and life-threatening issues facing men and boys are being largely neglected by mainstream research and healthcare provision. The British Psychological Society (BPS) has had a Psychology of Women Section (POWS) since 1988; we hope that within the next 12 months we will have established a Male Psychology Section of the BPS. This will be the platform from which we can co-ordinate our efforts to improve the well-being of men and boys, through better research, teaching and clinical practice and we look forward to working together as men and women to achieve this goal.

CONCLUSION

The world is forever turning, and future generations of psychologists will look back in wonder at how concern for the wellbeing of men and boys has remained in the doldrums for so long. Our challenge to you as readers is to be among the first of a new generation of psychologists to take action, and to make men's issues – as part of the human condition - visible. Outside of psychology, there has been some increase in public support for men's issues in the UK, for example, a discussion of male suicide and *International Men's Day* in parliament in November 2015 and the inclusion of a man on the Women and Equalities Committee in parliament in December 2016. However psychology, as perhaps the most relevant discipline of all, should be leading the way, and yet to date remains strangely unmoved by issues facing men and boys. We hope that this article has helped to change that picture just a little more. The Male Psychology Conference this year (26th & 27th June, 2016) covered a range of topics but had two overarching themes: improving delivery of mental health interventions for men, and recognising the problems facing boys. Sometimes we need reminding that these two issues are linked e.g. when you pass a homeless man in the street, or see a man behaving badly, it's easy to forget that he was once somebody's little boy.

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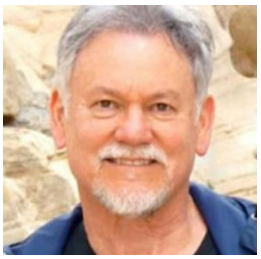
He has worked in the voluntary sector with St Mungo's, a London-based Charity for homeless people and also advised the Big Issue on mental health. He has been a branch consultant to the Central London Samaritans since 2006 and has recently been advising the National Samaritans. He has done regular mental health broadcasting with BBC Essex (2003-2007) and BBC Radio Five Live (from 2007-9) and made appearances on many other programmes including BBC Radio 4's "All in the Mind".

He currently works part-time for CGL, a drugs and alcohol charity. He is a mental health campaigner who works constantly to change attitudes to mental health and to bring psychological literacy to organisations and society as a whole. To this end in 2006 he formed a national advisory group on behalf of Patricia Hewitt when she was the Health Secretary. He is in various ways trying to raise awareness of the psychology of the male gender, particularly in relation to suicide and mental health generally. He is an adviser on mental health to the College of Medicine and has a particular interest in public mental health with an emphasis on attachment and empathy in organisations, local communities and across society as a whole.

He has recently become an advisor to the Self-Esteem team headed by Natasha Devon, until recently the government's mental health champion for young people. He is passionate about the mental well-being of our professional care workers in the NHS and has written and taught on the issue of how we can create psychologically-minded work environments that help staff give of their best and avoid burn-out, stress and sickness. He is a co-founder the Male Psychology Research Team, organizer of the male psychology conference, and was the original campaigner for a male psychology section of the British Psychological Society.



Dr Warren Farrell — has been training psychologists and helping professionals throughout the world on parenting, gender and couples' communication issues since the early 1970's. He has taught the psychology of gender roles and parenting at the California School of Professional Psychology, and at the School of Medicine at the University of California, San Diego. The American Psychological Association's official publication on gender, *Bridging Separate Gender Worlds*, published in 1999, recommends all three of Dr. Farrell's books that were published prior to 1999. He is the only scholar for whom they recommended three books.

He has been a resident lecturer at Yale, spoken at Harvard and Stanford, and taught in five different disciplines at Rutgers, Brooklyn College and Georgetown University. He was chosen by President Johnson as one of five young educators to be invited to the White House Conference on Education.

Dr. Farrell began his research on gender issues in the '60s. His first book, *The Liberated Man*, was published in 1974. It was from the women's perspective and the feminist perspective. By the '80s, he began noticing that men were feeling misrepresented, and his award-winning national best-seller, *Why Men Are The Way They Are*, was written to answer women's questions about men in a way that rings true for men. *The New York Post*calls it "the most important book ever written about love, sex, and intimacy."*The Financial Times* selected him as one of the world's top 100 Thought Leaders.

He has also taught in the Department of Women's Studies at San Diego State University, and was the only man to speak at California Governor Wilson's conferences on women and also his conference on fathers.

Warren's expertise benefits from engaging with the public via popular media. He has repeatedly appeared on Oprah, the Today Show, and made over 1000 TV and radio appearances worldwide, including BBC 2. He has been interviewed by Larry King, Charlie Rose, Peter Jennings and Barbara Walters, and featured repeatedly in *The New York Times, Forbes, The Wall Street Journal, Time*, and hundreds of papers worldwide.

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THE BOY-PROBLEM IN EDUCATION AND A 10-POINT PROPOSAL TO DO SOMETHING ABOUT IT

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This article starts with an overview of how boys and young adult men fall behind in education in many countries (i.e., the "boy-problem" or "boy-crisis"), with a focus on British education. Following the overview, we review a selection of possible causes and some documented academic opposition against approaches dealing with the boy-problem. We end with a proposal for a problem-focused 10-point plan to reduce the boy-problem. Our plan is "problem-focused" instead of "gender-focused"; that is, we focus on a set of problems from which boys suffer more than girls, but there is no reason why girls suffering from the same problems (e.g. excessive gaming) would not also benefit from the plan's implementation. We are optimistic that a solution of the boy-problem is possible, in particular because the proposed plan is affordable and straightforward, although it requires a major change in societal attitudes towards discipline and education.

INTRODUCTION

This article is about the educational gap between boys and girls and young male and female adults in education. Because formal education takes part mostly in childhood, 'the gap' refers primarily to the gap between boys and girls rather than a gap between men and women. The gap is therefore sometimes called the "boy-problem" (e.g. Hamilton & Jones, 2016) or the "boy crisis". Nonetheless, the gap continues in adulthood, in particular in regard to achievement and participation in higher education.

The boy-problem goes back at least three decades. Since the 1990s there has been an increased interest in the specific problems of boys in education. This increased interest has become known as "the boy turn" (Weaver-Hightower, 2003). The interest has resulted in a range of books for the general public, such as "Raising Cain" (Thompson & Lindon, 1999), "The war against boys" (Hoff Sommers, 2000), and "21st century boys" (Palmer, 2009). Fascinatingly, the authors of these books come from very different disci-

plines. Michael Thompson is an American clinical psychologist, Christina Hoff Sommers an American philosopher and social commentator, and Sue Palmer is a former British Head Teacher who has carried out much work advising the government. The popularity of these books and the diversity of authors writing about the boy-problem suggests that there is today a good awareness of the boy-problem across society.

The interest in the gap has not only resulted in journal articles and books, but also in governmental reports and interventions. Even so, the increased interest and interventions have not led to a solution. In fact, the gap continues to grow (e.g. Stoet & Geary, 2013), as will be discussed below.

This paper is divided into three parts. In part 1, we will show that the educational underachievement of boys is profound and starts before boys go to school. In part 2, we will argue that differences in maturation and brain development play an important role, that boys have vulnerabilities in their attentional systems, and that overexposure to games and screens very likely plays a role. In part 3, we will argue that we all should care about the boy-problem, because it will affect everybody, not just boys. We will also discuss some alternative views on the boy-problem, which some argue is more a "hysteria" and not as problematic as sometimes described. Finally, in part 4, we will argue that the boy-problem can likely be dealt with by dealing with the variety of problems from which boys suffer more than girls .

PART 1: THE CURRENT SITUATION

The most obvious question that needs to be answered first is what the exact problems boys suffer from are, and at what age these problems occur. We will quickly run through examples of the types of problem we see at each stage of education (please note that we do not have space to comprehensively review all of the problems and issues).

Pre-primary

Pre-primary education has different names in different countries and is typically not compulsory. It is a great opportunity for small children to playfully develop or strengthen a variety of skills and to learn to socialise. In England, the government sets expectations of what children should learn under the age of 5, that is, before they enter

compulsory primary school (this is a comparatively early age compared to when other nations start formal education).

The requirements for this age group in England, referred to officially as the "Early Years Foundation Stage", were introduced in 2008 and are controversial among child- and educational-practitioners (c.f., Richardson, 2013). The expectations include being able to write simple words and sentences, count to 20, do simple addition, etc. These are relatively high expectations compared to past expectations in England and compared to countries where reading and writing are formally introduced at age 6 (the majority of countries) or even age 7 (Finland and Estonia).

Many English children do not meet the expectations set out in the Early Years Foundation Stage, especially boys. For example, boys scored lower in 16 out of the 17 Early Learning Goal subject areas (technology was the only subject where they scored equally, Cotzias et al., 2013) than girls. Thus, at least in England which has a formal assessment procedure for pre-primary education, the boy-problem in education already starts before primary school when there are governmental expectations about reading, writing, and numeracy requirements.

Primary Education

Primary education is for children, roughly, for the ages from 5 (depending on country, see above) to 11 years old. Primary education is the same for all children – although there are separate schools for children with special needs. In England, boys have far more special educational needs than girls across all age groups (in 2016, 14.7% of boys compared to 8.2% of girls, Department for Education, 2016). In the USA, we see a similar gap (Oswald et al., 2003). We do not have data for all countries, and special education needs might be defined differently across cultures, but we suspect that this gender gap in the need for special education is an international phenomenon.

This larger number of boys in special need classes is not surprising if you know that at this age, boys are more likely than girls to suffer from attentional disorders, stuttering, and dyslexia (e.g. Halpern, 2012).

Secondary Education

In England, Wales, and Northern Ireland children will sit GCSE exams at age 16 and, optionally, A-level exams at age 17 or 18 (Stoet, 2015). These exam results for each school-subject are made publicly available for both genders.

In GCSE exams children should score between A* (highest) and C (lowest). For example, the 2015 dataset has 49 subject areas. Of these, only mathematics and English are compulsory subjects. In these data, we find that 8% of girls and 5.2% of boys get the highest grade, which is an A* grade, and 73% of girls get a score between A* and C compared to only 65% of boys. This is a considerable gap.

If we split the data up by subject, we find that in 46 out of 49 subject areas, more girls than boys get A* grades. There are only 3 subjects for which this is different in the UK: Mathematics and the categories "other sciences" and "other technology" (both have relatively small numbers of students).

If we look at the compulsory subject English, we see that 73% of girls get a grade between A* and C compared to only 58% of boys, again a big difference.

According to a recent research report by the Sutton Trust (2015), one of the concerning things with these exam data is that bright boys from poor backgrounds perform lower than expected based on their test-scores carried out at age 11. There is thus "something" that forms a barrier towards their success between the ages of 11 and 16.

Apart from exam data, we have many useful data from international educational surveys such as the Programme for International Student Assessment (PISA). PISA is a large and expensive international project in which around 70 countries participate and is one of the most influential educational surveys (OECD, 2003).

Every 3 years, thousands of children from each country sit a 2 hour test which measures their abilities in three domains: Text comprehension or Reading, Mathematics, and Science Literacy. The test is the same for all children, althought translated into different languages to ensure it is culturally neutral.

In 70% of countries, girls outperform boys (Stoet & Geary, 2015). This lead of girls, however, was not found in the UK or the US. In both of these countries the relative advantages for girls in reading and boys in mathematics cancel each other out, while boys and girls score similarly in science literacy. The difference between UK exam data and PISA data can possibly be explained by the fact that GCSE exams cover more subjects than PISA tests, and because GCSEs are more sensitive to homework, which boys do less of.

Tertiary Education

Tertiary education follows secondary education (e.g. university education). It is well known that there is a growing gender gap in university enrolment; every year, more females than males go to university. In 2015, UK girls were 35% more likely to enter university. This gap was twice as large as the gap in 2007 according to a report by the Universities and Colleges Admissions Service (The Guardian, 2016) and the gender gap in admissions in 2015 was the highest on record (Hillman & Robinson, 2016). Women now make up more than half the students in 2/3 of university courses.

It is most likely that the large and growing participation gap in tertiary education is a cumulative effect of years of gender gaps across the educational track.

PART 2: POSSIBLE CAUSES

As is the case with most performance gaps, the 'boy-problem' is related to multiple factors, both biological and socio-cultural. Being able to identify and effectively counteract the most influential of these factors will increase the likelihood of managing the boy-problem more effectively.

One of the direct and indisputable causes of boy's underperformance, in particular in secondary education, is that they do simply not spend as much time on their homework as girls (e.g. Hillman & Robinson, 2016). This raises the crucial questions of why boys are less inclined than girls to do their homework and why they are less motivated for learning and school in general.

One specific cause is video gaming. Of course, video gaming does not explain the early-stage differences which occur before the age that children play video games (e.g.

gaps in the Early Years Foundation Stage). Nevertheless, academic research shows that "pathological gaming" is almost entirely a male adolescent issue (e.g. Gentile, 2009; Gentile et al., 2011). For example, Lemmens et al. (2011) state that "In general, pathological involvement with video games seems mostly restricted to adolescent boys. In line with previous findings, the vast majority of adolescent girls showed neither signs of excessive nor pathological gaming" (p.45). Further, the authors state that these children's lives are disrupted by the displacement of other important activities, including learning and social contacts.

Another problem is that the games encourage a sedentary lifestyle (Tremblay, 2011). We know that it is good for children to be physically active and run around between sessions of homework (Janssen & LeBlanc, 2010). Further, the games are so easily available, typically on the same computer where our children need to do their homework, that it is easy to understand why children cannot withstand the temptation.

In the time before computers, homework could be considered boring, although there were just not so many immediately available alternative tempting activities, so that even boys with weaker self-control would more likely stick to the homework.

A second factor in boys underachievement is related to their speed of cognitive and emotional development (Barbarin & Soler, 1993). This affects different stages in childhood, both early on and in adolescence.

It is well accepted that boys develop language skills more slowly than girls. For example, we know that at 1 year old, the vocabulary of girls is larger than that of boys (Bouchard, Trudeau, Sutton, Boudreault, & Deneault, 2009). Even one-year old girls raised by low-educated mothers have a larger vocabulary than boys of highly educated mothers (Zambrana et al., 2012). This is astonishing because we know that parental education is one of the best predictors of children's success in school (Davis-Kean, 2005).

We also know that memory development of boys is different than that of girls. For example, it has been found that female adults can remember earlier childhood memories than men, and that they remember them in more details (Mullen, 1994). There are different explanations for this gender difference, but it is possible that early experiences are

processed and encoded differently by boys and girls. In this context, it is important to point out that teaching more cognitive skills than used to be case (e.g. see discussion above about Early Years Foundation Stage), such as reading and writing, in pre-primary education is controversial (Curtis, 2007). Encouragement of challenging children's abilities is not to say that children should be pushed beyond their age-matched ability level (Huitt & Hummel, 2013). Lilian Katz, an "early education" expert, said that teaching skills too early can be counterproductive: "It can be seriously damaging for children who see themselves as inept at reading too early" (Curtis, 2007).

This speed in maturation is not only an issue in early development. One important aspect of brain development is the "pruning" or removal of brain connections. This is part of normal development and leads to a more efficiently fine-tuned brain. It has now been shown that the pruning process starts earlier in girls (Lim et al., 2015), namely between the ages 10 to 12. In boys it starts between the ages 15 to 20 years old. That is a relatively big difference and can explain part of the growing gap between teenage boys and girls.

Finally, it should be mentioned that childrens' attention can be disrupted by lifestyle factors, such as lack of sleep. In this context, the high-caffeine drinks marketed at boys (Giese, 2015), and consumed more by boys (Lee, Mcenany & Weekes, 1999), may well play a role in concentration problems and sleep patterns (Calamaro, Yang, Ratcliffe, & Chasens, 2012).

OTHER CAUSES OFTEN MENTIONED

There are some other factors that are regularly mentioned, in particular the lack of male teachers and the lack of fathers. In essence, the idea is that boys need positive male role models in order to thrive (in fact, the same is often said about girls and female role models).

The challenge, though, is that the positive effect of men on boys, and in general the positive effect of same-sex role models is hard to prove (Carrington et al., 2008). Further, a study of 21 European countries found that boys do not benefit from male teachers in their reading and maths skills (Neugebauer et al., 2011). Last but not least, boys in Islamic

countries often fall behind girls (Stoet & Geary, 2013, 2015), despite often taught by male teachers.

We are not arguing that there are no positive effects of male teachers on boys. After all, if researchers do not find an effect, that does not mean it does not exist. It might just be hard to measure or the researchers have been focusing on the wrong aspects of education. It might be that a positive effect of male teachers is not simply through being a role model but by being a different kind of teacher. For example, hypothetically it might be the case that boys are more willing to accept the authority of a male than a female teacher. Further, it might be that male teachers have better ways of dealing with boys because they have been boys themselves. One example where we know that this male expertise can be helpful is by recognizing "rough and tumble play" or "rough-housing". This is a pretend-fighting more common among young boys than girls (Dipietro, 1981).

Given the sparse evidence, at least what we are aware of, we are not sure how policies aimed at getting more male teachers into schools can be justified. We really need more research on this topic.

Some researchers have argued that the absence of fathers is also a major issue (e.g. Flouri & Buchanan, 2002; Santrock, 1975), but as argued above, there is still little evidence that this affects boys more so than girls. While the absence of fathers is a real problem for boys, it is also a real problem for girls. Although this is a societal issue that needs to be addressed to improve children's welfare, it is probably not a major contributor to the gap between boys and girls, and hence does not fit in the list of issues that need to be addressed to reduce the educational gender gap.

PART 3: WHY WE SHOULD CARE AND WHY SOME DON'T CARE

The boy-problem or boy crisis has been in the news for quite some time. In this section, we would like to justify why society should tackle the problem. Further, we will also address alternative views on the importance of tackling the problem

We distinguish between two classes of reasons why people or institutions may care about the boy-problem, namely "idealistic-humanistic" reasons and "utilitarian" reasons.

Idealistic-humanistic reasons are based on the idea that it is simply unfair that one specific group underperforms. On the other hand, utilitarian reasons to tackle the boy-problem are partially based on the idea that education is good for the economy (e.g. OECD, 2013). Thus better educated boys will be in the interest of the common good. Furthermore, larger numbers of boys failing in school increases the likelihood of them becoming involved in delinquency (Shader, 2004). Finally, the lack of highly educated men causes a difficulty for women to find a partner with similar levels of education (Birger, 2015).

Altogether there are many reasons to care about underachieving boys. There are, however, alternative views. There are those who argue that there is not really a boy crisis and who call the concern for boys falling behind "hysteria about boys" (Mead, 2006). The argument is that both boys and girls have gained in terms of educational performance over time, but girls just more so than boys (Mead, 2006). Therefore, it is argued that boys do not really have a problem.

Another position is the one that views programmes to help boys as based on "anti-feminist", "homophobic", and "right wing" sentiments (Jóhannesson et al., 2009). For example Jóhannesson et al., 2009, write: *"The production of such global citizens is unlikely to occur when those who are the most privileged in a society are deemed to be victims, as with the way in which the boys' debate has developed and is developing in the countries considered in this article"* (p. 322). The fundamental idea behind this statement appears that because there are still more men than women in high-power positions, boys need not be helped or considered as victims.

Similarly, the National Union of Students in the UK criticized the Higher Education Policy Institute's report (Hillman & Robinson, 2016) which called the gender imbalance in university enrolment a national scandal. In response to this report, the NUS stated that the Higher Education Policy Institute had taken a complex issue and turned it into "a battle of the sexes". The underlying sentiment seems to be that as long as there are more males than females in top positions, there should be no institutional help for underachieving and underrepresented boys. We believe, however, that this view ignores the

problems of many boys. Further, this view ignores the fact that dealing with the boy-problem not only benefits boys, but is also beneficial to women and the common good.

Altogether, there is still a debate going on in society about the need to deal with the boy-problem. Arguments against dealing with the boy-problem range from a denial of the seriousness of the situation (e.g. Mead, 2006) to the idea that helping boys clashes with programmes to deal with women's issues (such as their underrepresentation at certain senior positions). We do not know how big the influence of the arguments against dealing with the boy-problemis, but given that there are so few initiatives dealing with the problem, we are concerned that these arguments are taken seriously. We believe, however, that the seriousness of the boy-problemwill continue to grow so much that the large majority of stakeholders will see the need for concrete actions. We expect this to happen within the next 10 years. Part 4: A 10-point plan to stop the growing gap

In Part 2 of this paper, we have highlighted three specific classes of problems: 1) boys mature at a different rate than girls; 2) boys are more vulnerable to attention disorders than girls; 3) boys spend more time playing video games.

Even though dealing with these issues will be particularly beneficial to boys, there are certainly also girls that suffer from these problems. For example, even though fewer girls than boys have attentional problems (Sobeh & Spijkers, 2013) or a gaming addiction (Gentile, 2009; Gentile et al., 2011), there is no reason why the girls that do have problems should not also benefit from the same programmes to help boys with these issues. None of our proposed interventions target only boys ; instead, it is the case that if we deal with these problems, more boys than girls will benefit, which will so reduce the gender achievement gap in education. In that sense, our proposed plan is a problem-focused and not a gender-focused approach.

Based on the three classes of identified problems, we would like to propose a 10-point plan to resolve the boy-problem. Arguably, this plan contains points that might not be politically possible to achieve. However, that is a separate problem, which we will discuss later.

1. Start primary school not before age 6
2. Start reading and writing not before the age of 6 (i.e. do not introduce it in pre-primary education)
3. A fixed school curriculum until age 16
4. More "direction" for school children in secondary education
5. Reduce caffeine intake
6. Ensure teenagers sleep sufficiently
7. Reduce video game playing
8. Reduce smart phone use
9. Reduce tablet computer use
10. No TV until age 2 and limited TV time for children over 2

Points 1-4 are about the way schooling is organized. Points 5 and 6 are about a healthy lifestyle, and points 7-10 are about 'screen time', referring to time spent with visual media. Next, we will discuss each of these three groups.

We need to change the way schooling is organized (points 1 to 4)

There is good evidence that boys develop more slowly than girls at various stages of childhood . Not only do boys develop language skills more slowly (Bornstein, et al., 2004; Eriksson, et al., 2012), they also clearly mature more slowly in the first half of their teenage years (Halpern, 2012). Both of these periods play an important role in modern education. The pre-primary period is important, especially with a tendency to start children earlier with hard cognitive tasks such as reading, writing, and numeracy problems. Before sending our children to pre-primary classes, we should at least ensure it is suitable for their ability level. Otherwise the danger of this is that when children encounter material when they are not ready for it, they suffer in different ways. It not only demotivates them, it also replaces other activities that are potentially more useful at that age (Elkind, 2001). For example, before the age of 6, children need to have sufficient opportunities to develop general executive (e.g. impulse control) and social skills (Diamond, Barnett, Thomas, & Munro, 2007; Elkind, 2001).

It should be noted that just starting later will not completely solve the boy-problem and boy's falling behind in language skills. For example, the gender gap in reading comprehension is relatively large in Finland where children start primary school at age 7

(Stoet & Geary, 2013). Further, we do not know exactly what the longer term effects of the English Early Years Foundation Stage programme are. Nevertheless, the criticism by experts of an early start with formal schooling, the demotivating factor of early failure and the lack of sufficient data on the longer-term effects of the Early Years Foundation Stages, suggests that the early start of formal education is problematic, in particular for boys.

A major problem of modern approaches to schooling in the early teenage years is related to giving children choices in selecting school subjects and more responsibility. Given that boys develop differently at this age, and are possibly more playful for a longer period, they are unable to handle the responsibility given (Halpern, 2012; Paton, 2014).

That said, not only boys may be disadvantaged by early choices and more responsibility for their own educational track record. Girls are likely to drop non-organic STEM (science, technology, engineering, mathematics) subjects based on stereotypical ideas around these subjects without any real experience of them (Blakemore & Robbins, 2012; Paton, 2014). A way to deal with this is to reduce or eliminate choices until a later age, for example age 16. Further, boys are more likely to benefit from more school discipline and external motivation (e.g. strict parenting) than girls, because boys are known to be less compliant and are more playful (Beaman, Wheldall, & Kemp, 2006).

Healthy life style: We need to focus on good sleep and control caffeine intake (points 5 and 6)

There is no doubt that a healthy life style benefits learning, and there are numerous examples of positive policies aimed at reducing alcohol (e.g. World Health Organization, 2005) and tobacco in teenagers (e.g. Montana Office of Public Instruction, 2012), as well as campaigns to encourage sports and fruit intake (Sarafino, & Smith, 2014). For example, there have been many campaigns against drug use in adolescents, and various types of substance use has declined over the past decades due to campaigns (e.g. cigarettes, Chen et al, 2012; alcohol and drugs, Tobler, et al, 2000). We will not further address these issues, because they are already addressed elsewhere. There are, however, other unhealthy behaviours that do not get much attention.

Caffeine is the one psychoactive substance which has evaded people's attention (Calamaro, Mason & Ratcliffe, 2009). Caffeine is an addictive stimulant that affects cognitive functioning and attention, and which is associated with unpleasant withdrawal symptoms (Nehlig & Boyett, 2000). Caffeine, and caffeine withdrawal symptoms, directly interfere with concentration and sleep patterns (Calamaro, Yang, Ratcliffe, & Chasens, 2012).

Studies consistently find that caffeine consumption is greater among boys than girls (Lee, Mcenany & Weekes, 1999). It is mostly consumed through soft drinks, and boys consume these more than girls (Harnack, Stang, & Story, 1999). One type of the particularly popular and high-caffeine drinks are the so-called, energy drinks, which appear to be specifically marketed to boys (Giese, 2015). There is a huge variation in caffeine content, with cans of energy drink having around three times as much caffeine as a cup of black tea.

Although for children small amounts of caffeine is generally considered innocuous (Castellanos & Rapoport, 2002), high-caffeine energy drinks are considered problematic. Caffeine has been associated with depressive symptoms in children (Benko et al., 2011) as well as with aggression and conduct disorders (Kristjansson et al., 2013), and a range of physical problems (Nowak & Jasionowski, 2015). The main risks of caffeine in relation to the boy-problem, though, are related to sleep patterns and hyperactivity. Schwartz and colleagues (2015) not only confirmed that boys consume more caffeine than girls, but also found that caffeine increases the risk of hyperactivity and inattention by 14% for each additional caffeinated drink (for all children, but hyperactivity and inattention is generally a bigger problem for boys).

A solution to this problem might be to regulate the sale of high-caffeine drinks such that these are not available to those under the age of 18. Additionally an information campaign is necessary to inform parents and teachers about the risks of caffeine on sleep and hyperactivity.

We need to reduce screen time (points 7 to 10)

Another issue with attention is that today's children are 'glued to their screens' (Anderson, Gentile, & Buckley, 2007; Rideout, Foehr & Roberts, 2010). We live in a socie-

ty where children are put in front of a screen because it keeps them nice and quiet (Bentley, Turner, & Jago, 2016). It is understandable that parents do this, because they might think that it is harmless or possibly even educational (Bentley, Turner, & Jago, 2016). This is not the case for children under two years old, though; these children do not understand what is going on the screen (Anderson & Pempek, 2005). The UK currently has no recommendations for screen time limits, and the British Broadcasting Corporation (BBC) targets children under 2 years old with the CBees channel.

This stands in contrast to the recommendations of the American Pediatric Association which recommends children under 2 should not watch any TV (American Academy of Pediatrics, 1999). The problem for the American Pediatric Association is that almost nobody follows the advice – American children today spend around 7 hours in front of screens (Rideout, Foehr & Roberts, 2010).

We need parents, schools, and the government to work together on these issues. There needs to be a governmentally set "safe" limit on the maximum time a week a child can watch TV and play video games. Parents will feel supported, and schools have a national guideline to work with.

CAN THIS PLAN BE IMPLEMENTED?

None of our proposed interventions are particularly expensive. Our plan focuses on starting formal education a bit later than currently is the case, focuses on delaying subject choices until children are sufficiently mature to make them, and reducing access to activities that lead to disturbed attention and distraction. We believe that these interventions will benefit boys more so than girls, because boys suffer more from these problems.

The challenge for the implementation of this plan is that it requires more effective discipline over school children. For example, most parents know how hard it will be to take away or control a teenager's smart phone or video game (e.g. Sellgren, 2016). Therefore, we believe that there should be national guidelines on what children can do and what they cannot do. Such guidelines will enable parents and teachers to implement a more recognisable and enforceable set of rules.

We would like to point out that it is not simply "going back to the good old days in which there was more discipline". We are today faced with a unique set of temptations for children which were not available 30 years ago. In those times, parents did not need to discipline their children the way we propose, because there were no video consoles or social media to distract them (Anderson, Gentile, & Buckley, 2007, Van Dijck, 2013). The problem is that parenting and teaching has not caught up with the negative side of modern technology. In this context, it should be pointed out that it is not even clear whether the massive introduction of information technology in schools has improved children's achievement (OECD, 2015).

LIMITATIONS AND OUTLOOK

We like to conclude by pointing out that we have focused very much on the most obvious factors that distract or limit children's - in particularly boy's - ability to concentrate on their homework. Arguably, our proposal is limited in that it does not address all possible factors. It is likely that other more hidden factors play a role as well, such as gender differences in motivational factors (e.g. Dekkers et al, 2013). Further, some factors are possibly not well enough understood, such as the exact role of the father, or male teachers, on a boy's education. Given the size of the boy-problem, we recommend that policy makers take action immediately, such as the ones we recommend, that are likely to have a positive effect, but also continue to invest in further research on other factors which are currently not well enough understood to base policies on.

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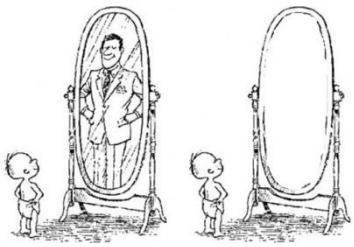

FROM BOYS TO MEN: THE PLACE OF THE PROVIDER ROLE IN MALE DEVELOPMENT

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This paper outlines a theory explaining why the provider role is important to boys in the development of their masculine identity. The family is a primary site for identity formation, and boys appear to be more badly affected by growing up in non-intact families than girls. Female identity is more marked by biological transitions (e.g. pregnancy), and gives mothers a more central role within the family than fathers. Thus the male role within the family – the provider role - needs to be socially and culturally constructed. Where the father is absent and the role is devalued, transition from boyhood to manhood is made difficult, and masculinity may be problematized as 'hegemonic', 'toxic', and 'hyper'. Solutions from traditional cultures are discussed.

Keywords: role model; masculinity; embodiment; provider role; anthropology

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INTRODUCTION

It is assumed in current academic thinking that the male provider role is a redundant concept, cast by 'the long shadow of hegemonic masculinity' (Doucet 2004, p.277), a relic used to shore up male domination which should no longer be relevant to us today. I would like to suggest that in fact the provider role has a key role to play for young men in the journey to adulthood by demonstrating to them that they are needed and have an essential place in the family. Families are the heart of a child's

world and having a key place in the family is particularly important to a young person because they have an acute (if unacknowledged) awareness of the centrality of the family, as they have been particularly dependent on it. A boy's assumption that he will enact the provider role acts as a spur to educational attainment and employment. Thus the provider role also gives boys a reason for engaging constructively with the world beyond the family. Further, by demonstrating to boys that their status as males is valuable and useful, the provider role concept and practice inhibits the adoption and development of more negative forms of masculinity.

The first part of the paper will identify the problem. Growing up in a single parent family appears to have a worse impact on boys than girls across a number of indicators. The lack of a male role model has been identified as accounting for male disadvantage in single parent families, without explaining how this mechanism works. It is not clear, for example, why the mother can't act as a role model, or why a role model can't be provided by the wider society.

The next part discusses the importance of the family as a context for modelling behaviour. Then, using 'Theories of embodiment', I show how the mother's biological role gives her a more central and secure position within the family than the father. This acts as a springboard to moral authority within family life. By contrast the position of the male is tenuous and marginal. Unlike the mother's position the father's role within the family is less immanent within the body and therefore his role needs to be socially and culturally constructed in order to be secure. To illustrate this, I turn to ethnographic examples from pre-industrial societies. I explore the way in which the male is culturally constructed to see if it is possible to identify key characteristics in the journey to manhood which we can apply to our own society.

THE IMPACT OF THE ABSENT FATHER

Research shows that the gap between boys and girls, along a range of dimensions, increases when the father is absent. Buchman and DiPrete (2006) show that the differences in college completion between boys and girls tends to be higher, to the disadvantage of boys, when the father is absent and less educated. Hallam et al. found that the effects of divorce differ significantly for girls and boys, with boys having lower educational attainment, worse labour market outcomes and being more likely to die early (Hallam, Frimmel & Winter-

Ebmer, 2016). The disparity in educational outcome is also confirmed by Jacob who found after controlling for a host of characteristics, growing up in a single parent family decreases the likelihood of college attendance by three percentage points for boys but does not have an effect on enrolment for girls (Jacob, 2002).

Bertrand and Pan (2013) try to explain the significant gap in externalizing behaviour which appears between boys and girls from single parent homes. Externalizing behaviours include a range of disruptive and acting out behaviours for example aggression and delinquent behaviour. They found that single mothers appear to be more emotionally distant from their sons and that this could account for a small but non-trivial share of boys' higher rate of behavioural problems. More significantly they found a gender difference in the level of attention a parent gave to the child and the way the child responded to that level of attention. For example where children received a lower level of attention this would have a worse effect on a boy than it would on a girl. However, this still leaves the difference between boys and girls only partially explained.

Mencarini et al. (2014) found that living in a single parent family has a more detrimental impact on boys than girls. Their research, conducted in Italy, found that boys living in a single parent family invest 19 minutes less per day in human capital accumulating activities (for example reading) and have a 9 percent higher probability of lower cognitive skills than girls. However, they find no differences between boys and girls in terms of inputs received from their mothers. They conclude that "It is still possible that maternal inputs are not the perfect substitute for lack of paternal input in the case of boys" (Mencarini et al. 2014, p.14).

Some of these papers suggest that boys' poorer outcomes are the result of the absence of a same sex role model as the vast majority of the single households are headed by women. However, beyond noting the absence of an analogous male role in these households there is a notable paucity of evidence or ideas about how this role modelling occurs. This question is thrown into relief in a paper by Cobb-Clark and Tekin (2011) which explores the relationship between delinquency and having a father figure available. They find that there is no relationship between the delinquent behaviour of adult girls and the presence or absence of a father figure. However, they find a strong relationship between delinquent behaviour and the presence or absence of a father figure among boys. This cannot be accounted for either by the

level of father involvement or by income levels. It is again suggested by Cobb-Clark and Tekin that the presence of a father has a protective effect for adolescents without spelling out how this protective effect occurs.

A meta-analysis has been carried out addressing whether fathers make a unique contribution in raising their children, and if so, identifying the areas in which their impact was felt (Jeynes, 2016). The meta-analysis included only studies which specifically examined the unique role of fathers compared to mothers and therefore did not include the studies, mentioned above, in which the fathers' role is implicit by its absence. The study found that mothers and fathers have a unique role, and that the fathers' impact was more likely to be on behavioural outcomes than academic outcomes directly. The role of fathers was slightly different for boys and girls but the evidence suggested that fathers were equally important to boys and girls. Therefore, this meta-analysis does not explain why the absence of fathers should be so significant for boys. This is a puzzle remaining to be solved.

THE IMPORTANCE OF A ROLE WITHIN THE FAMILY

The data presented above suggests that fathers have a significant positive impact on their sons. However, there is a dearth of suggestions as to why this occurs. A possible hypothesis is presented here.

The hypothesis assumes that the family is, in a sense, the centre of a child's universe and source of meaning. The school provides a secondary and alternative source of meaning. People and events will become important depending on the degree and way in which they impact on the family[1] .

If we accept that the family provides the source of meaning for a child it follows that parents become significant according to their role and importance in the family (Bronfenbrenner, 1986). The other activities which parents engage in, for example work outside the family, or construction of a family home or farming, or the building of social networks; all these things will become important to the extent that they impact upon the parent's family role. In this sense when a parent provides a role model, what they are actually modelling is a role within the family. What the parent does outside the house becomes important because of the impact it has on the family role.

[1] For a discussion of the role of the family in socialisation see Myers, 1996. See also Handel, 2011

For example, if a parent works long hours outside the home but their contribution towards the household and family is valued and recognised by the other parent (or by society at large), and they are clearly a participating member of the family, then the role that parent plays (in this case a provider) will be highly regarded and provide a model for the child. If on the other hand the parent is making a significant financial contribution but they are hardly ever available, and their financial contribution is not valued or recognised, then the parent is unlikely to be providing a role which the child will want to emulate[2].

A female child will have a template to follow which is not available to the boy. For example, the process of pregnancy and lactation and the gendered division of labour which follows from this means that children usually form their primary attachment with their mothers. This gives the mother a central and vital role within the family and by extension the daughter who shares an identity with her. The primacy of the female role is something which we easily lose sight of in contemporary society where more value is attached to the world of work. However, if we look at other societies or in other historical periods the centrality of the maternal role is thrown into relief. Margaret Mead puts it nicely:

> *"So the little girl learns that although the signs of her membership in her own sex are slight ...some day she will be pregnant, some day she will have a baby. And having a baby is, on the whole, one of the most exciting and conspicuous achievements, that can be presented to the eyes of small children in these simple worlds..." (Mead 1954, p.73).*

The place of the father in the family is more tenuous. Where the father takes over maternal caring he is likely to be regarded as a poorer substitute for the mother rather than an equal alternative; a permanent secondary role. The father's role therefore needs to be socially and culturally constructed as an equally valuable alternative to the maternal role. To the extent that this is done successfully both by the society and by the family, the boy will have a role model to follow and his position will be secure. To the extent that there is no role model to follow a boy will have no template or road map. In order to illustrate this I will use work from the sociology of 'embodiment'. I will then go on to show how the position of the male is created in preindustrial societies. Finally, I will consider what lessons can be learnt from these pre-industrial societies which we can apply to our own.

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[2] For a good discussion on the way in which having to spend too much time on providing activities can impact negatively on the provider role see: Bryan, D. M. (2013). To parent or provide? The effect of the provider role on low-income men's decisions about fatherhood and paternal engagement. *Fathering*, *11*(1), 71.

THE MARGINALITY OF THE EMBODIED MALE

Embodiment theory considers how many aspects of our cognition are a result of the way we are physically 'embodied' (Doucet,2009). For example, being an elderly or frail person could influence how safe we feel going out and therefore our experience of the world as a stressful or hospitable place. How we look, could influence how we are treated, which could in turn influence how we view the world in all kinds of formative ways. Similarly, being born in a male or female body will impact on the way which we experience the world with consequences which reverberate for our identity, motivation, our sense of ourselves and our relationships with other people. The impact of being born in a male or female body is thrown into relief if we look closely at the differences which men and women experience when they become parents. To illustrate this, I will turn to work which has been done on men's experiences of becoming fathers and early fatherhood.

Jan Draper's study analyses men's experiences of pregnancy, birth and early fatherhood. She shows how during pregnancy men often felt isolated and redundant and had difficulties engaging with the reality of pregnancy because their bodies and status were not transformed in the same way that the pregnant woman's was (Draper, 2003). Men's biological encounters are second hand. This peripheral position is maintained through the labour and early fatherhood because his transition to fatherhood is not marked out by biological processes in the same way. Draper explains how at the same time the contemporary man's pregnancy locates men in the unfamiliar private space of bodies and birth which he is encouraged to be part of but in which he feels alien and marginalised. This outsider status was experienced to varying degrees and Draper's study does not make clear when or indeed, if, it ends.

Doucet's research is based on interviews with over 200 fathers of whom over 100 were primary caregivers. She explores the role which the body plays in the early stages of motherhood and fatherhood in order to try to account for: "The outstanding stability in mothers' responsibility for children" (Doucet 2009, p.77). She describes one of her 'most surprising' findings as:

> *"...the overwhelming belief by fathers as well as mothers in a gender differentiated bond between mother and child, especially in the first months of parenting" (Doucet 2009, p.90).*

One of the fathers in her study explained how women are connected to their children in a very physical, primordial sense. As another explained:

> *"As a man I have to understand, and I think most men do. They really have to understand the child really has to bond with the mother first…because they carry it for nine months. And if they're breastfeeding, that' just biological. You can't really disrupt it. You don't want to disrupt it. You can't even though you feel a sense of abandonment or whatever. And you just have to accept it, really. And you just have to know that" (Doucet 2009, p.86).*

Doucet goes on to explain how the biological and social differences between women and men are hugely magnified during pregnancy, birth and postnatally and it is this phase of parenting that can entrench women and men into longstanding gender differences.

WOMEN IN CHARGE IN THE MORAL ECONOMY

The marked asymmetry in favour of women which surrounds processes of pregnancy, birth and lactation mean that mothers have the primary role determining the structure and function of the household realm and the family. The position of men is secondary, with men tending to respond to choices women make.

This can be seen from birth onwards. Draper, in describing men's individual transition towards fatherhood, suggests that "…men's individual journeys to fatherhood shape the structure of men's collective experience. So, in this way the individual shapes the collective and the collective shapes the individual" (Draper 2003, p.74). However, this collective is in the first instance female. It is females who determine whether fatherhood commitment should be expressed by attendance at birth or not, and it is females who set the prescriptions about what the father should and shouldn't do.

The primary bond which an infant has with his or her mother not only sets up the pattern of path dependency which is reflected in the gendered division of labour. Becoming a mother hugely elevates a woman's status. This was more readily recognised 50 or 60 years ago when it was assumed that mothers belonged 'on a pedestal', as this respondent from the East End of London explained:

> *"[using the Christian name] sounds like a distant relation, but "mum" puts a woman on a pedestal where she should be" (Young & Willmott 1990, p.50).*

A mother's influential position and moral authority is obscured by contemporary ideology which associates status with the public realm of prestigious and well paid jobs rather than with the family and home. Despite this, the moral authority which mothers have by virtue of their position within the family remains intact. It is reflected in the almost complete control which those who claim to be representing women's interests have to shape the agenda on policies around employment, childcare, parental leave, domestic violence, family law and so on.

This moral authority is reflected in the domestic realm. For while men, may praise the virtues of being stay at home dads it is ultimately women who determine how much they stay at home or go to work (Machel, 2016). Further, while women spend more time on housework, this is not because they are downtrodden. Rather, they are the equivalent of the responsible boss who is often the last to leave. Those in charge often spend longer at their work. This assumed dominance is reflected in women's treatment of men:

> *"Women are hypocrites…we would go crazy if men treated us in the workforce the way we typically treat them at home---if a guy in the workforce assumed he was more competent than you are, and told you what to do--- but that's the way most women treat men in the household" (Slaughter 2013).*

These sentiments are echoed by Lamb and Tamis-Lemonda:

> *"Mothers are gatekeepers when it comes to non-residential fathers' access to children, and they frequently constrain and define the roles and responsibilities of both residential and non-residential fathers. Mothers communicate their expectations of their partners by handing over their babies for diapering, instead of diapering the baby themselves. In other cases, mothers may use children as bait to get what they want (money, sexual interest) from their partners" (Lamb & Tamis-Lemonda 2004, p.13).*

THE FRAGILITY OF FATHERHOOD

Draper, in her study of men's experiences of pregnancy, wrote powerfully of men's feelings of vulnerability in relation to their role as fathers. This is an issue which is not acknowledged in Western society and therefore never properly resolved. This fragility lies at the heart of fatherhood precisely because of the absence of embodiment, of a strong biological anchor. As Rob Palkovitz points out: "*Fathers are only fathers because of relationships. There is*

no such thing as a father independent of relationships" (Palkovitz 2014, p.3). This is not the case for mothers, who become so through the act of giving birth.

This is perhaps explained most clearly by Geoff Dench, who acknowledges that fatherhood is a 'political fact' like motherhood but recognises that it is not of the same order.

> *"This is true logically, in that you cannot easily determine who a father is until you have identified the mother…it is also true at moral and legal levels, in that unless a mother renounces all ties with a child which is not feasible in many cultures, then fatherhood is mediated by motherhood, and hence by the nature of the relationship between a woman and her partner" (Dench 1996, p.81).*

The fragility of fatherhood is obscured by the anxiety surrounding 'patriarchy' witnessed in contemporary society. Patriarchy or 'rule of the father' is a system widely believed to have been created by men to dominate women (Purdy 2016). While it is true that men are more likely to hold public office in one form or another in every known society, there is no actual evidence that when it comes to how we live our lives that men are in charge. Despite this the myth of patriarchy persists and it is only in the closed family courts that the fragility of fatherhood is properly exposed.

It is this fragility of fatherhood which means that having a paternal template, a way in which boys can identify their role in the family and therefore in society, is so much more of an issue for boys.

THE LOST BOYS

The place of the father in the family is crucial for understanding the psychological development of boys. For both male and female children, the family is at the centre of their universe. It shapes their values, models their relationships, and what happens beyond the family only becomes relevant when its impact is felt here.

Girls, taking their cue from their mother, have a more secure position, although current social changes are likely to be felt even here. Boys, taking their cue from their fathers whose position as we have seen is more tenuous, will be more dependent on the social and cultural constructions of fatherhood. This is beyond the realm of easy measures like paternal engagement or emotional involvement. The role which the father plays within the family, its

level of importance and the degree which he is rewarded and valued for it, these will provide the boy with a map of his place within the world which he can choose to accept or reject.

Where the father is absent and does not play an obvious role within the family, the boy will have no compass with which he can orientate himself and his place in the world will be particularly problematic. However, there are other reasons why the path to manhood might seem very confusing or refuse to lead anywhere.

Firstly, the traditional provider role is very much up for grabs. Christiansen and Palkovitz describe it thus:

> *"Providing has always been more than a paycheck, it is a complex, multidimensional role that manifests a father's emotional and psychological connection to his children through meeting their needs…Economic providing requires an element of sacrifice because resources invested in others are not available to the self" (Christiansen & Palkovitz 2001, p.91).*

However, providing has increasingly come to be seen in a negative light as something which facilitates male privilege and female dependency and which takes the father's attention and time away from the family, rendering the family subordinate. These negative associations have been worsened by a fall in the real wages of less educated men (Autor & Wasserman, 2013). This has made it incredibly difficult for those men who are expected to provide for their families to do so (Bryan, 2013).

As policy makers have viewed it as increasingly desirable for women to enter the workplace, the role of the father has become focussed on the extent to which he is helping to reduce the child-rearing burden of the mother (Pleck & Masciadrelli, 2004). As a result, the father's role has become increasingly modelled on the mothers' nurturing role. As this is a fairly recent development the social consequences are not yet known.

Another trap in the path to manhood is the current tendency to conflate maleness or masculinity with 'hegemonic', 'toxic' or 'hyper' masculinity with all the negative associations which these words connote. The expression 'hegemonic masculinity' is used to describe everyday processes and practices through which men are believed to maintain dominant social roles over women (Connell, 2005). That it is a commonly accepted trope in contemporary

narrative about males is reflected in the following usage in a mainstream British online newspaper:

> *"Toxic masculinity enforces the idea that being a "man" means not just being strong, but showing that strength through violence and fear. It means always being the one in control, having power and dominance over others at all times, by any means. …We need to acknowledge that hateful, toxic masculinity is bred among us in the everyday. We need to start pulling apart and dismantling its roots in male entitlement and structures that promote masculine supremacy" (Stephenson, 2016).*

The same article tells us *"it's not Muslims or people with mental health problems who are most likely to kill you in a terrorist attack – it's men".*

However, the boys who are less likely to engage in troublesome behaviour are those who grow up with their fathers present in their households. The evidence suggests that after controlling for adolescents' self-esteem, family income and three dimensions of family functioning, 'father present' boys had higher levels of 'current masculinity' than father-absent boys. The father-absent boys perceived themselves to be lower in masculinity, but wanted to be as masculine as the father-present boys wanted to be (Mandara et al., 2005).

As father absent boys are the ones most likely to engage in the negative behaviour associated with 'toxic masculinity', this suggests that it is not masculinity which causes the bad behaviour but its absence. Where boys are more feminine and perceive themselves to be so they are more likely to behave badly. This suggests that the surest route away from toxic masculinity would be to encourage boys to develop their masculinity and enable them to find ways of being men. However, this is exactly what the current obsession with toxic masculinity prevents. Those who 'call out' toxic masculinity are inadvertently the creators of it.

The result is that those boys who grow up without a father in the family not only have no one to model manhood to them within the home; they have a lack of legitimate role model within the public sphere.

The final section of this paper will explore the creation of manhood in pre-industrial societies and identify what we can learn from these cultures to apply to our own.

THREE STAGES IN THE CREATION OF MEN

Three defining characteristics have been identified from an examination of male initiation processes in pre-industrial societies which, I suggest, are essential - in some form - to a secure sense of being a man. These characteristics are i) separation from the feminine, ii) all aspects of initiation are carried out by men, iii) the appropriation or imitation of female reproductive processes through the provider role.

Separation from the feminine

The first stage involves separation from and denial of all that is feminine. Such an approach is frequently interpreted in our own culture as a hostility to all that is feminine but to do so is to not understand its source. Young men need to prove that they are not feminine not primarily because they view femininity as bad but rather because they have been utterly dependent on it. This is explained by Robert Stoller:

> *"...the whole process of becoming masculine is at risk in the little boy from the date of his birth on; his still-to-be-created masculinity is endangered by the primary profound, primeval oneness with the mother, a blissful experience that survives, buried but active in the core of one's identify, as a focus that, throughout life, can attract one to regress back to that primitive oneness, that is the threat lying latent in masculinity. I suggest the need to fight it off energizes some of what we are familiar with when we call a piece of behaviour masculine" (Stoller 1975, p.294).*

Secondly I would suggest that they avoid the feminine arena because they are brutally disadvantaged by their own lack of overt reproductive power; men simply cannot compete.

There are various way in which separation from the feminine is achieved in simple societies. Ian Hogbin, in his aptly named ethnography "The Island of Menstruating Men", describes how the underlying theme of the male cult amongst the Melanesian Wogeo is the physical and social gulf between men and women. An essential part of the ritual involves the scarification of the tongue – this serves the dual purpose of not only bleeding the boys thus prefiguring their subsequent 'menstruation' through the penis, but by doing it through the tongue it cleanses them of the feminine pollution which they would have imbibed in their mother's milk (Hogbin, 1996).

One way of ensuring that one is protected from the feminine is through secrecy. For example, central to the Wogeo initiation is learning to play the flute and it is essential that the flutes are kept a secret from the women, who when they hear them are supposed to believe that they are some strange monster which will eat their sons. Variations on this theme are repeated in a number of unrelated cultures.

Amongst the Baruya of Papua New Guinea the boys are taken away from their mothers at around the age of 10 when a man comes to fetch the boy and lock him up with other boys of his age. They are gradually separated from all that is feminine by donning male garb and insignia in stages and they remain in the Men's House until the age of 20 or 21 when they get married. Again a crucial part of this separation from the feminine involves secrecy, as the author Maurice Godelier explains:

> *"The Baruya did not tell me everything and I promised not to divulge all that they told me. What I have withheld, the reader will have guessed, relates to the men's efforts, strenuously hidden from the women, to produce great men without women's intervention" (Godelier 1986, p.xiii)*

Only men make men

There is an absolutely key feature running through the full gamut of rituals across a whole range of societies. Only men are involved. Women occasionally play bit parts – the provision of food in early stages of Wogeo ceremonial, throwing hay bales to help the men making then Men's House 'womb', or providing an admiring audience for the newly initiated men in their finery, but that is about it. This exclusion of women is vital, absolutely essential, because if boys see that it is only men who can actually help to bring about their manhood the boys see that men have their own, powerful, reproductive potential. This acts as a counter to, and maybe even trumps women's original generative power. As Margaret Mead explains;

> *"Women it is true, make human beings. But only men can make men" (Mead 1954, p.84).*

Keeping women out resolves some of the deepest tensions in an already fragile male identity [3].

[3] For a good discussion of this see: Metcalf, A., & Humphries, M. (Eds.). (1985). *The sexuality of men*. Pluto Pr.

It also appears to be the case that very often the men involved are not immediate family relatives. In this way a new kinship is established which transcends family kinship along biological lines. For example, amongst the Baruya, once they are living in the men's house the initiate's father will no longer strike him unless it is something extremely serious; his punishments will be inflicted by third and fourth stage initiates who live in the men's house and act as representatives of the entire male body when dealing with the younger boys (Godelier, 1986).

The imitation of female reproductive process

A consistent feature emerging across a number of these societies is the way in which male initiation is so clearly imitating female reproduction. Amongst the Wogeo the entire construction of ritual and symbolism, the cultural context, is structured so that the processes of reproduction can be shared by men. For the Wogeo sleeping in the clubhouse is at the heart of the ritual; boys go in uninitiated, and come out as men after lots of feeding and rituals. Amongst the Baruya the men's house is even called a womb (Hogbin, 1996; Godelier, 1986).

Many rituals are involved in magically growing the boy. They are given lots of unpleasant things to eat and drink which will ensure lofty stature and freedom for skin disease. It is said that by the end of all the initiations they will have consumed some portion of every useful tree creeper or plant found on the Island – in this way the milk provided by women is somehow outdone by the nature harnessed by men. The symbolism of this is strengthened by the mythology where the tribal hero Nat Egare survived underground in his dead mother's body by eating the roots of the plants and trees (Hogbin, 1996).

While all the initiation processes are accompanied by severe restrictions and discomforts for the boys, those doing the initiating endure privations which are even worse. The result is that the men refer constantly to enduring such pain, hunger and thirst that they expect in the years to come the boys will make a fitting repayment with offers of daily assistance. In this way we can see how the rituals mimic the child's obligation to his or her mother (Hogbin, 1996).

Another interesting feature is a ritual process which involves drinking a cleansing water with one of the other boys. The unrelated boy then becomes a blood brother and their relationship is now closer than that of real siblings. They can refuse each other nothing. In this

way the male initiation acts to create a new form of kinship which maybe outdoes the one of which women appear to be in charge (Hogbin, 1996).

Among the Baruya various founding myths show how male initiation is all about the appropriation of female reproductive power. For example, according to one myth, in the beginning women were superior to men, but one man violated the fundamental taboo of penetrating the menstrual hut and touching objects polluted with menstrual blood. In this way he captured female power and brought it back to the men, who now use it to turn little boys into men (Godelier, 1986).

A key aspect of imitating women's reproductive process is provisioning. After years in the men's house, having gone through various levels of ritual and reached the final and most important stage, the master of the ceremony explains that their elder will be finding wives for them, and once married they will have to clear the forest and lay out gardens and feed their family. They are told that they will be expected to fulfil all their responsibilities toward their wives, children and all their extended family (Godelier, 1986). Amongst the Wogeo the link between male providing and male reproduction is also made. The scarification of the tongue, mentioned earlier, take place once the boys are becoming economically useful (Hogbin, 1996).

Amongst the Aka of the African Congo the training of young boys in the men's secret society is combined with learning to hunt. In this way the provider role is subsumed into and becomes part of the rituals which facilitate social reproduction, and here we get to the crux of what the provider role is all about (Hewlett, 1993). Far from being a way of gaining status, power and domination, by becoming a provider a man is symbolically and practically finding himself a place in the processes of reproduction so that he too can share in woman's reproductive role. So as Dench (1998, p.20) observes, providing is in fact a way in which men can become more like women. It is not about accumulating status and power among men.

NON-WESTERN SOCIETIES PROVIDING A MAP TO MANHOOD

There are a number of features of the coming of manhood in pre-industrial societies which I think could provide pointers for how we could improve life in the West

Firstly, the fact that only men are involved is something we could learn from. Recognising the central role of men in making men is crucial to understanding gang behaviour. In a society which frowns strongly on male only institutions or environments, boys

coming together in gangs to engage in male only activity represents a process whereby boys can, in the absence of more constructive initiations, simultaneously both create and become men. Were more male-only institutional frameworks encouraged where older men could guide and model behaviours for younger men, some of the primary drivers of gang behaviour could be undermined. It is conceivable that schools could play a role in this.

Unfortunately, the tendency in contemporary society is to reduce the number of male-only spaces. Women are increasingly entering the military and there is a new drive to model sports such as rugby in a way which would make it more acceptable to women. Even the Scouts is no longer allowed to include boys only.

The encouragement of male-only environments, where older men model behaviours to younger men, could, by encouraging the development of masculinity, reduce the need to reject the feminine, which can in our own society sometimes take a destructive form. Hewlett, who has studied the Aka pygmy hunter gatherers in central Africa, explains that;

> *"When fathers are not around very much young men usually have not been exposed to a clear sense of masculinity. Consequently, their identities develop in opposition to those things that are feminine, which in turn they tend to devalue and criticise" (Hewlett 2000, p.64).*

By depriving boys of all-male environments the development of their masculinity may be discouraged and aberrant forms of masculinity such as "toxic masculinity" may emerge. Hewlett suggests that where men are involved in childcare, as among the Aka this can encourage an intimate knowledge of masculinity which means that boys are less likely to devalue the feminine. Of course this can only happen if the father has a strong, clear sense of masculine identity in the first place, which may be more likely among the Aka where male initiations are in place.

Another notable difference between the societies examined here and our own Western society, is that it is becoming a *man,* rather than becoming a *father,* which is culturally elaborated. Central to becoming a man is learning to nurture and care for others but this sequentially precedes becoming a father. By contrast in our own society being male is regarded as something of a problem and there are almost no sources of identity which are only

available to men. In fact fatherhood remains one identity, which is only available to men, although even then it is increasingly modelled on the maternal role.

Consequently becoming a father becomes a route to manhood rather than being preceded by manhood. This reversal of timing may have many deleterious consequences. Firstly, it leaves some of the crucial issues of masculinity unresolved in that becoming a father requires a woman, and therefore the sense of independence and separation is not properly achieved. In the terms of the primitive societies investigated here I suspect it would represent a somewhat aberrant form of manhood. More significantly, it encourages men to become fathers before they have learnt how to care for and provide for others. Finally a key feature in these societies is a conceptualisation of the provider role, and therefore of masculinity, as a way of nurturing and caring for others. Crucial to this is having a sense of personal responsibility for others, whether these are your own wife and children, your sister's children, or children that your wife gives birth to. Dench explains the importance of this:

> *"A useful occupation by itself can give that sense of value to the most scarce and skilled workers. But for most men this has to come in the same sort of way that it has traditionally come to mothers, that is through having others personally dependent on them. However they may actually earn their bread, the social value of their labour lies in the channelling of it to those others who are reliant on them....this sense of the personal nature of responsibility is something which women may easily leave out of the account because they take it so much for granted in their own lives" (Dench, 1996, p.20).*

Warren Farrell also identifies the feminine aspect of the provider role:

> *"Just as women provide a womb to create the children, men provide a financial womb to support the children" (Farrell 1993, p.106).*

In this way the provider role enables men to have - and boys to feel that they will have - a vital, unique and valued role within that most important social institution, the family. It teaches boys that masculine identity is developed by caring for others.

The provider role is a way of making the world of work and public achievement relevant to men and boys because it provides a motivation for education and earning because these provide the route to playing an essential role in the home. Evidence suggests that

married men are more likely to work and work harder than unmarried men[4]. By the same token I would suggest that boys who have a clear concept of the provider role are more likely to strive in school.

DISCUSSION

The first part of this essay defined the problem. This was that boys from single mother families consistently fared worse on a range of indicators than boys from intact families. The explanation offered by researchers on the subject was that boys lacked a male role model.

Lack of a male role model provides a common-sense explanation. However there is little theoretical elaboration about how having a male role model works to improve the well-being of boys. This is the gap I have tried to fill here.

What I have suggested is that to be able to model a role to a male child, the man needs in the first instance to have a valued role within the child's family. Men from the public realm of work and celebrity are too distant and inaccessible to provide meaningful role models while growing up. I hypothesize that what is more important is how the child perceives the man's role within the family.

I then go on to demonstrate that a girl's transition to adulthood is less problematic than a male's because a female has the reproductive markers, particularly of pregnancy, birth and lactation, which mean her role is more embedded. The male role by contrast is much less obvious. This could be why in so many societies and cultures the transition to manhood has been culturally elaborated to include various forms of ritual and initiation to a greater degree than the female role. I suggest that this cultural elaboration frequently includes the development of the provider role. The provider role can take a variety of forms, including material, physical, protective or spiritual provisioning. It is beyond the scope of this paper to explore the forms provisioning could take but the concept provides a useful analytical tool which could be applied to future anthropological research.

Within our own culture the provider role is particularly useful, because as well as showing boys that they have a place within the family it also makes the world or work and

[4] See https://www.washingtonpost.com/news/inspired-life/wp/2015/04/02/dont-be-a-bachelor-why-married-men-work-harder-and-smarter-and-make-more-money/ Dench, G. (2011). *What Women Want: Evidence from British Social Attitudes*. Transaction Publishers. and also http://www.aei.org/publication/for-richer-for-poorer-how-family-structures-economic-success-in-america/

study relevant because these become the means which enable them to play a role within the family. Therefore, the provider role has a unique bridging function.

As the male role is culturally constructed rather than immanent within the body, a boy growing up without a father could be more disadvantaged than a girl growing up without a mother. It may be this aspect of cultural construction which makes the male role, and therefore males more vulnerable in times of social upheaval as reflected in increases in the male suicide rate. This is usually interpreted as being a result of the loss of a particular form of masculine identity, usually constructed as 'hegemonic'. However I would suggest the distress suffered is the result simply of the loss of a male constructed role (Möller-Leimkühler, 2003). If alternative sources of identity and role are available at times of social upheaval, male distress would be less likely to occur.

Key aspects of the way in which the male role can be culturally constructed have been identified through an exploration of male initiation in pre-industrial societies. These societies differ considerably from our own, but a number of characteristics can be identified which appear to be applicable to our own. These include separating from the feminine, the importance of only involving men in processes of male ritual, and finally the centrality of the provider role in the expression of manhood. While provision can take a variety of forms ultimately it becomes an extension and development of the female reproductive role.

The above theory can be tested through research. For example, the extent to which the father performs a provider role could be quantified. We could then examine whether this correlated with the son's own expectations, at some point in the future, of having a provider role himself[5]. An intervening variable could be perceptions of the father's role by other members of the family and society at large. We could then explore whether there was a relationship between expected provider role and academic achievement as a whole.

CONCLUSION

The male role has become significantly problematized in contemporary society. The male role is seen as disadvantaging women, both within the family and beyond it, along a number of dimensions. This presents particular problems for boys growing up without a father

[5] www.academia.edu/28911223/Outline_of_Men_for_Tomorrow_paper_on_boys_academic_achievement_work_in_progress_.docx

as they have no positive role model to aspire to either within the family or beyond it. Some mechanisms have been suggested for dealing with this, including the development of male-only spaces and the role of older men in identifying and valorising activities for younger men. However most important is the provider role which provides a positive expression of masculinity by teaching men to care for others. It also provides a way in which males can indirectly share in the female reproductive role.

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At the Barber's by Ruskin Spear, 1947. Oil on canvas

IS HAVING A HAIRCUT GOOD FOR YOUR MENTAL HEALTH?

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Background: *In general, men seek psychological help less than women do, and black men are less likely to seek psychological help than white men. It could be that men find wellbeing benefits in other activities. Barbershops have a reputation amongst the black community as enjoyable places to socialize and bond, therefore the aim of this study was to find out whether black men get wellbeing benefits from going to the barbershop.*

Methods: *Cross-sectional online survey; 149 white and 53 black participants completed the questionnaires.*

Results: *Analysis revealed that, controlling for age, black men socialised and talked at the hairstylist significantly more than white men or black or white women (p <.01).*

Conclusions: *These are the first empirical findings that black men might find wellbeing benefits from a visit to the barber. Implications for health promotion are discussed.*

Keywords: gender; ethnicity; therapy; help-seeking; barber

INTRODUCTION

Although men are at almost four times higher risk of committing suicide than women (19 vs 5.1 per 100 000; Office of National Statistics, 2015), men tend to seek help for physical and emotional problems less than women do (Addis & Mahalik, 2003). This gender difference in help-seeking might be related to men's preferred ways of coping with problems, with men generally being less likely than women to want to discuss problems with a therapist or seek emotional support (Tamres et al., 2002). Indeed, there appears to be a range of ways in which men and women communicate differently in therapy, and seek help differently (Russ et al., 2015; Lemkey et al., 2016). Findings such as these have led to discussions of whether compared to women, men might be more likely to seek relief for mental health problems outside of the mental health system (Kingerlee et al., 2014).

Social interactions may have psychological benefits, such as feeling a sense of social belonging (Baumeister et al., 1995) and cognitive gains (Ybarra et al., 2008). People who are negative about psychotherapy may prefer alternative treatment options such as talking to friends (van Schaik et al., 2004), and indeed social support can benefit those who have mental health issues (Tew et al., 2001). Thus it could be that even simple socialising and talking may improve mental health or a sense of wellbeing.

ETHNICITY AND MENTAL HEALTH

Besides gender differences, there are also ethnic differences in mental health and seeking help for psychological problems. Hoskins (2008) states that compared to white men, BME (Black and Minority Ethnic) men are more likely to suffer from mental health problems, are more likely to be 'sectioned' (i.e. compulsory admission to a psychiatric hospital), and are at a higher risk of suicide. Black men are also less likely to seek help than white men (Hoskins, 2008; Powell & Barry, 2014). Barriers such as family privacy, lack of knowledge about treatments, denial of their mental ill health and stigma, may contribute to this (Ayalon & Alvidrez, 2007). So where do men, especially those from ethnic minorities, go to in order to relieve mental health issues?

THE HAIRSTYLIST AS THERAPIST

According to Boyd (2011), barbers are a trusted and respected information source which allows individuals to be themselves. Shabazz (2016) suggests that not only should a barber be a good conversationalist, but that the customer should leave with an uplifted spirit, happy,

"satisfied and feeling good about themselves" (Shabazz 2016, p.310). Indeed, a black female inner city hairdresser in the US realised that her local area lacked any interpersonal helping facilities, so she set up appointments with customers strictly for them to be able to discuss their personal problems with her (Cowen et al., 1979). Collins & Pancoast (1976) referred to this role as being a 'natural neighbor', and Weisenfeld & Weis (1979) suggest that "hairdressers are a potentially valuable source of natural caregivers" (Weisenfeld & Weis 1979, p.786).

Women's haircare settings are recognised as a key influence on health and well-being (Mullen et al., 1995; Poland et al., 2000). According to one researcher: "hairdressers are, without question, frequently and seriously cast in the role of interpersonal helpers... The personal problems they hear about are nearly as diverse as those handled by mental health professionals" (Cowen et al., 1979, p.646). Some studies imply that hairstylists have potential as gatekeepers, linking formal mental health programs to the community. For example, Anderson et al. (2009) found that hairstylists reported themselves as being reasonably able to identify, in their older customers, symptoms of depression, dementia and self-neglect. The 40 hairstylists recruited typically were white, female, middle-aged, and fairly well-educated. Some stylists said they would be interested in receiving formal training in mental health. Milne & Mullin (1987) gave a one-day training in counselling skills to eight apprentice hairdressers. Compared to a control group (apprentices who got no training), the counselling skills group were better at giving social support to customers.

BARBERSHOPS AS PEER GROUP SUPPORT

Apart from the role of quasi therapy centre, the barbershop can also be a place for customers to talk and ventilate feelings (Mills, 2005). Barbershops have a reputation amongst the black community as enjoyable places to socialize and bond. This reputation is depicted in popular culture, for example, the book *'Cuttin' Up'* (Marberry, 2005) shows how the social interactions among black men can be therapeutic for both the barber and the customer. Indeed, barbershops have become known to health researchers as places where black men can successfully be recruited to studies (Bragg, 2011; Shabazz, 2016).

Hoskins (2008) reports a community based-initiative by NHS Birmingham (UK) which promotes a new magazine called *Barbershop* locally, aimed at young BME men. This magazine is free in barbershops in Birmingham and focusses on how these men can get help with mental health issues. An aim of the magazine is to break down the barriers of seeking help, decreasing

stigma and to start conversations about mental health in the barbershop. The initiative invites people from the BME community to contribute to the production of the magazine. This has the added benefit of developing skills in those involved.

An ethnographic study by Shabazz (2016) explored the social interactions of African American men in a barbershop in an urban part of the Southeastern US. This study found that the barbershop is not just for haircare, but to socialise and discuss issues. Social interactions were related to male bonding, culture-specific history, and argumentation. Shabazz suggests that barbershops are a place where identity is shaped as young men are initiated into manhood and African American culture.

Alexander (2003) describes how men at barbershops in the US partake in banter ("trash talking"), and engage in conversations on a range of topics including church, family, death and politics. Such talk could range from fun to deeply meaningful, but were in themselves important aspects of culture and community.

Most of the research on the benefits of the barbershop has been conducted in the US. A recent UK initiative called *Barbertalk* in Devon encourages men to open up about their issues with mental health (Lions Barber Collective, 2016). This is a community-led project, set up by Tom Chapman, a local barber, after a close male friend of his had committed suicide. *Barbertalk* trains barbers to be able to recognise when their customers might be experiencing mental health problems, and to listen and offer basic advice on where to seek help. It is being replicated in the US and Holland.

Based on findings from previous research, the purpose of the present study was to see how much participants (a) say they benefit in terms of wellbeing when they visit their hairstylist, and (b) whether there are ethnic differences and gender differences in this experience.

MATERIALS AND METHODS

This study was a cross-sectional online survey analysed using Analysis of Covariance (ANCOVA) controlling for the effect of age.

Participants

Participants were recruited from various online sources, the websites of high street hairstylists and snowball sampling. The online sources included general websites (e.g.

Psychological Research on The Net and Male Psychology website) and hairstyling-orientated sites (e.g. http://barbershopsnearme.com). Invitation emails were sent out to the 430 UK high street hairstylists, which were found online. Other participants were recruited through social media (e.g. the Male Psychology Twitter and Facebook). Adverts were posted on online hairstylist groups found through searching Facebook with terms such as, 'barber', 'hairstylist', 'hairdresser'. Participant characteristics are described in Table 1. Participants were excluded if they were under 18 years old, did not give key information (gender, ethnicity), or did not complete the consent form.

Ethical approval

Ethical approval for this study was granted by the University College London (UCL) Research Ethics Committee, and participants gave their informed consent prior to participation. All procedures were conducted according to the Declaration of Helsinki (WMA Declaration of Helsinki, 2008).

In this paper, the term 'barber' is used to indicate a hairstylist for men, 'hairdresser' indicates hairstylist for women, and 'hairstylist' indicates barbers or hairdressers of any kind, e.g. who have male and female customers. Because mental health can be thought of as an umbrella term for emotional, psychological, and social wellbeing (Keyes, 2005) the terms 'mental health' - which can have negative connotations for young men (Ellis et al., 2013) - and 'wellbeing' are used somewhat interchangeably below.

Variables

Dependent variables

The primary dependent variables were the *Hairstylist Visit Questionnaire* (HVQ) and the Wellbeing Benefits of Everyday Activities Scale (WBEAS).

Independent variables

The independent variables (naturally occurring) were sex and ethnicity. The categories for ethnicity were: *white, mixed, Asian or Asian British, Black or Black British, Chinese*, or *Other ethnic group.* For the purposes of the present study, only the white and black participants are discussed; the other participants are included in Barry & Roper (2016) in regards to the development of the HVQ and WBEAS scales (see next section).

Measures

Hairstylist Visit Questionnaire (HVQ) (Barry & Roper, 2016).

The HVQ consists of nine items, such as *"I often talk to my barber/hairdresser about personal matters"*, with responses on a 6-point Likert scale from 1 = *Strongly disagree*, to 6 = *Strongly agree.* There are three domains (*Chat with the stylist, Not here for the hair,* and *Booking)*. The Cronbach's alpha for this questionnaire is 0.73.

Wellbeing Benefits of Everyday Activities Scale (WBEAS) (Barry & Roper, 2016)

The *WBEAS* is designed to be used flexibly to measure the wellbeing benefit of a wide range of everyday activities. It consists of 17 items and three domains (*Positive outlook, Socialise & Talk,* and *Enjoyable Distraction*). The items are phrased so that the first part of the item is fixed (e.g. *"I feel more optimistic when…"*) and the second part of the item can be adapted to a range of situations. In the present study, items included *"I feel more optimistic when I visit the barber/hairdresser"* and *"I feel a greater sense of community when I visit the barber/hairdresser".* Responses are on a 6-point Likert scale from 1 = *Strongly disagree*, to 6 = *Strongly agree.* The Cronbach's alpha for the questionnaire is 0.95.

Humour

Humour was measured with a single item: *"If you partake in any humour at the barber/hairdresser, how often does it make you feel good?"* This was asked as a way of differentiating between good humour (which was an item in the HVQ) and unpleasant humour.

Control variables

Socioeconomic class (SEC)

Socioeconomic class (SEC) was identified by free text descriptions of the occupational status of the main wage earner in the participant's home when the participant was aged 14. The responses were divided into three categories (managerial, intermediate, and manual) as described by the Office for National Statistics (Rose et al, 2005).

Positive state of mind

The Positive Mindset Index (PMI; Barry, Folkard & Ayliff, 2014). This scale consists of six items (happiness, confidence, being in control, emotional stability, motivation and optimism) on a 5-point Likert scale. This scale shows good internal reliability (Cronbach's alpha = 0.926).

Seager et al. (2014) found that the PMI shows concurrent validity (r = -.54) with Paykel et al. (1974) *Suicidal Ladder* measure of suicidality, thus arguably giving a proxy measure of mental health without having to ask potentially distressing questions about suicidality.

Procedure

Participants were recruited via various online resources, (described above), which displayed an invitation to participate. Participants read an information sheet and ticked a box to indicate their informed consent. They then filled in the online survey, which took about 10 minutes to complete.

Statistical analysis

Missing data were deleted pairwise, so that where a participant gave some information but had not given responses to all items, data for the responses they gave could be included in the analysis. Means and SDs and parametric tests were used where relevant assumptions were met e.g. the Levene's test of equality of error variances was passed for ANCOVA. Where parametric assumptions were not met, data were transformed to normality, or statistical corrections were made (e.g. 'equal variances not assumed' for independent t-tests), or nonparametric tests were used. Significance values were set at p <0.05, and all significance values were two-tailed. All statistical analyses were carried out using SPSS statistical software for Windows, Version 22 (Armonk, NY: IBM Corp).

RESULTS

Table 1 shows the demographic characteristics of the sample. The proportions of gender and ethnic group were significantly different to what would be expected by chance (χ^2 = 11.958, df = 2, p<.001) with the largest proportion being of white women. There was no significant difference in the socioeconomic backgrounds of the black and white participants (χ^2 = 5.106, df = 2, p<.078), nor between men and women (χ^2 = 1,453, df = 2, p<.484; not shown in table). The white group was significantly older than the black group (t = 2.772, df = 176, p<.01). There was no significant difference in the mean ± SD age of men (34.02 ± 12.07) and women (34.00 ± 12.81) (t = 0.009, df = 200, p<.993) (not shown in table).

Table 1. Description of the demographics of participants

		Ethnic Group		
		White (N=149)	Black (N=53)	χ^2
Sex	*Male*	33 (22%)	25 (47%)	11.958
	Female	116 (88%)	28 (53%)	
SEC[a]	*Managerial*	70 (56%)	13 (41%)	5.106
	Intermediate	35 (28%)	8 (25%)	
	Manual	21 (17%)	11 (34%)	
Age	*Mean (SD)*	35.09 (13.87)	30.94 (7.09)	2.772[b]

Notes:

* = p < 0.05; ** = p < 0.01; *** = p < 0.001 (2-tailed), SEC = Socioeconomic class

[a] 22% (44 of 202) of SEC responses were missing or uncategorisable, thus totals do not add up to Ns for each group as a whole

[b] Independent groups t-test with Levene's correction for 'equal variances not assumed'.

Table 2 shows the mean (SD) differences between the groups on the outcome measures. To further test for interactions between the levels of the independent variables, ANCOVAs controlling for age were performed (Tables 3, 4, 5).

Table 3 shows the group differences for *Chat with Hairstylist,* controlling for the effect of the age of the participant. There was no main effect of Sex or Ethnicity, but there was a significant interaction between the levels of the between-groups variables (p <.02), indicating that white men talked significantly less with their hairstylist than did white women or black participants. This interaction is shown in Fig 1.

Table 2. Means (SDs) for the participant groups for the outcome measures

	Black		White		
	Male (N=25)	Female (N=28)	Male (N=33)	Female (N=116)	Mean (N=202)
Chat with Hair stylist	3.66 (1.12)	3.40 (1.42)	2.84 (1.13)	3.60 (1.27)	3.45 (1.27)
*Not Here for the Hair**	2 (1 – 6)	1.67 (1 – 3.70)	1 (1 – 4)	1 (1 – 6)	1 (1 – 6)
*Booking**	3.5 (1 – 6)	3.5 (1 – 6)	2 (1 – 6)	5 (1 – 6)	4.08 (1.67)
Socialise and Talk	3.40 (1.21)	2.78 (1.16)	2.18 (1.09)	2.78 (1.24)	2.75 (1.24)
Enjoyable Distraction	4.00 (1.19)	3.58 (1.30)	3.38 (1.38)	3.81 (1.38)	3.73 (1.35)
Positive Outlook	3.26 (1.47)	3.03 (1.08)	3.01 (1.46)	3.12 (1.29)	3.11 (1.31)
Humour	3.38 (1.50)	3.18 (1.52)	2.66 (1.89)	3.12 (1.50)	3.09 (1.54)
Positive Mindset Index	3.32 (0.68)	3.51 (0.78)	3.46 (0.76)	3.41 (0.68)	3.42 (0.70)

* Median and range

Table 3. The 2 (Sex) x 2 (Ethnicity) between-groups ANCOVA assessing the degree to which participants engaged in *Chat with Hairstylist,* controlling for the effect the age of the participant.

Source	*df*	*F*	*η*	*p*
Sex (S)	1	1.35	0.01	0.25
Ethnicity (E)	1	2.06	0.01	0.16
S x E	1	5.73	0.03	0.02*
Ss within-group error	197			

Note: Ss = subjects,*$p < 0.05$.

The distribution of the variable *Not Here for the Hair* was very positively skewed because most participants (61%) said their primary reason for visiting the hairstylist was for their hair. However, the other 39% indicated that they had, to some degree, other reasons for visiting the hairstylist. Because the skewed distribution could not be statistically transformed to normality, the data were analysed using nonparametric Mann-Whitney *U* tests. These found that men were borderline significantly more likely to be there for reasons other than hair (U = 3619.50, N_1 = 58, N_2 = 144, p <.074, 2-tailed), and that black participants were significantly more likely than white participants to be there for reasons other than hair (U = 2450.50, N_1 = 149, N_2 = 53, p<.000001, 2-tailed). Although a statistical interaction could not be assessed using this test, the medians (Table 2) indicate that black men were the most likely to be at the hairstylist for reasons other than hair.

The distribution of the variable *Booking* was positively skewed in white males (indicating they were less likely to book appointments in advance) and negatively skewed in white females. Having opposite skews in the groups makes between-groups comparison (and statistical transformations) difficult, so the data were analysed using nonparametric Mann-Whitney *U* tests. These found that men were significantly less likely to book appointments than women (U = 2356.50, N_1 = 58, N_2 = 144, p <.000001, 2-tailed), and that white participants were significantly more likely than black participants to book in advance (U = 2819.00, N_1 = 149, N_2 = 53, p<.002, 2-tailed). However, the medians (Table 2) show that the real difference was only between white men and white women, with white men were much less likely to book appointments than white women.

Table 4 shows the group differences for *Socialise and Talk,* controlling for the effect the age of the participant. There was a main effect of Ethnicity but not Sex, and there was a significant interaction between the levels of the Sex and Ethnicity (p <.01), indicating that

black men socialised and talked significantly more than any other group. This interaction is shown in Fig 1.

Table 4. The 2 (Sex) x 2 (Ethnicity) between-groups ANCOVA assessing the degree to which participants engaged in Socialise and Talk, controlling for the effect the age of the participant.

Source	*df*	*F*	*η*	*p*
Sex (S)	1	0.00	0.00	0.97
Ethnicity (E)	1	7.56	0.01	0.01**
S x E	1	7.71	0.04	0.01**
Ss within-group error	172			

Note: Ss = subjects, *p < 0.05; **p < 0.01

Table 5 shows the group differences for *Enjoyable Distraction,* controlling for the effect the age of the participant. There was no main effect of Sex or Ethnicity, and although there was a borderline significant interaction between Sex and Ethnicity (p <.08) - indicating that black men enjoyed the hairstylist more than any other group - this statistical interaction was not significant.

There was no significant effect of Sex or Ethnicity, nor an interaction, for the *Positive Outlook* variable (all p values ns), the Positive Mindset Index (all p values ns), nor the *Humour* item (all p values ns).

Figure 1. Line graph showing the interaction between the levels of the variables Sex (male, female) and Ethnicity (black, white).

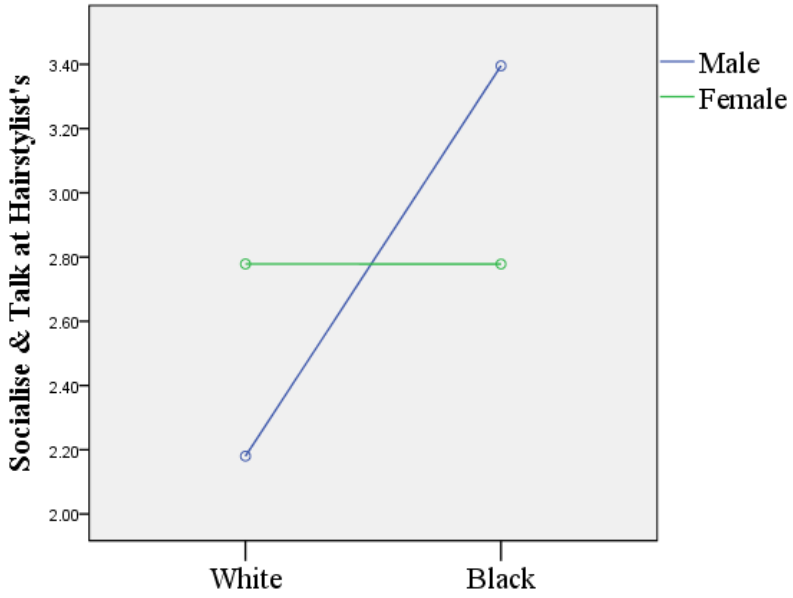

Table 5. The 2 (Sex) x 2 (Ethnicity) between-groups ANCOVA assessing the degree to which participants engaged in Enjoyable Distraction, controlling for the effect the age of the participant.

Source	df	*F*	*η*	*p*
Sex (S)	**1**	**0.00**	**0.00**	**0.98**
Ethnicity (E)	**1**	**0.54**	**0.00**	**0.46**
S x E	**1**	**3.07**	**0.02**	**0.08**
Ss within-group error	**172**			

Note: *p < 0.05, Ss = subjects

DISCUSSION

The purpose of this study was to see how much (a) customers at barbers and hairdressers report benefits related to improved wellbeing when they visit and (b) whether there are differences according to sex and ethnicity. In this study we surveyed the opinions of 202 adults and found some interesting differences in opinions and wellbeing related to sex and ethnicity.

In contrast to findings of wellbeing benefits for women at hairdressers (Mullen et al., 1995; Poland et al., 2000), the present study found no significant effects of *Positive Outlook, Humour, or Positive Mindset Index (PMI).* The PMI scores indicate that although black males scored the lowest (indicating a less positive mindset), the means for each group were within the normal range for mental positivity.

Black participants were significantly more likely than white participants to be at the hairstylist for reasons other than hair, and Figure 1 suggests that for black men an ulterior motive is socializing and talking. The socializing and talking variable should be interesting to health professionals, because the two items with regarding talk are about "my health" and "personal issues" (see Barry & Roper, 2016). Thus, the talk is not just entertaining banter, but potentially more therapeutic. Because there is evidence that there are mental health benefits of simple socializing (Baumeister et al., 1995; Tew et al., 2001; van Schaik et al., 2004), even the everyday socialising and talking reported by black men in this study may have mental health benefits.

Ethnicity and mental health

Even though black men were the main focus of this paper, the white males were the group that stood out for some variables. Previous research suggests that men generally are less likely than women to want to discuss problems (Tamres et al., 2002), but the present study

found that this was true of white men but not of black men. Similarly, previous research has found that men and women communicate differently in therapy, and seek help differently (Russ et al., 2015; Lemkey et al., 2016), and that black men were less likely to seek help for mental health issues (Hoskins, 2008; Powell & Barry, 2014), but the present study shows that white men talk less in the barbershop than black men (or women of either ethnicity). It could be interpreted that black men prefer to talk about their personal issues at the barber shop rather than a formal mental health setting.

Barbershops as peer group support

Mills (2005) suggested that the barbershop can be a place for customers to talk and ventilate feelings, Shabazz (2016) stated that barbershops are a place for discussions and male bonding, and Alexander (2003) found that men in the barbershop partake in banter. In support of these suggestions, the present study found that black men socialised and talked significantly more than any other group. For example, one black male said that there is "Good music and camaraderie" at the barbershop, and another black male said he "Love[s] sports talk". However, in contrast, a white male said: "Visiting the barber is a function to me - another chore that needs to get done" and another white male stated: "Since I am a male, most barbers assume that I have an interest in professional sports. I just let them drone on about whatever team has invaded their consciousness." This indicates that there may be a difference between how black males and white males interpret the social potential of the barbershop.

So it seems that compared to white men, the black men enjoyed socialising in the barbershop. However, in this study there was one exception: one black male participant said: "A black barbershop can be seen as a hostile environment, where you are subjected to conforming in a way that is considered the norm. A very macho / testosterone driven environment where difference isn't exactly accepted, more frowned upon". Future research should investigate individual differences in what makes a visit to the hairstylist pleasant for one person and not for another. These differences might shed light on the factors that facilitate rapport building and an enduring relationship between barber and customer.

The hairstylist as therapist

Cowen et al. (1979) described how a black female hairdresser in the US set up appointments with customers solely for them to be able to discuss their personal problems with her. In the current study the only real difference in *Booking* was that white men were

much less likely to book appointments than white women. Future studies should assess the degree to which customers who do not book in advance are more likely to be in acute distress and eagerly seeking someone to talk to.

Cowen et al (1979) stated that hairdressers often find themselves dealing with similar issues to mental health professionals. The present study doesn't provide strong evidence for this, neither in the statistics nor in the free text responses. However, the present study found that black men socialised and talked significantly more than any other group, which offers potential for the barber as community gatekeeper to mental health services, somewhat like *Barbertalk* (Lions Barber Collective, 2016),a community-led project training barbers to recognize mental health problems in customers, and offering a basic triage service. In support of this, a white female participant in our study reported, *"The hairdresser I go to is deeply involved in the community and trains vulnerable members of the community! (Mainly domestic abuse survivors). They also offer free therapy and support to those who need it*". This finding echoes the term "natural helpers" coined by Collins and Pancoast (1979) or natural caregivers (Weisenfeld & Weis, 1979).

These findings have implications for how mental health outreach might need to be sensitive to ethnicity as well as gender. Kingerlee et al. (2014) suggested that men might be more likely to seek relief for mental health problems outside of the mental health system, and in support of this suggestion, the present study found that black men socialised and talked significantly more in the hairstylist's than any other group. They also enjoyed the hairstylist more than any other group. The current study also found that men were borderline significantly more likely to be at the barbershop for reasons other than hair, and black participants were significantly more likely than white participants to be there for reasons other than hair. It could be then, that black man in particular use the social setting of the barbershop instead of the mental health system, to enhance their wellbeing. Boyd (2011) stated that barbers are a trusted and respected information source which allows individuals to be themselves. A trustworthy barber might well become a trusted gatekeeper to professional mental health resources, should a customer need them.

WEAKNESSES OF THE STUDY

Although we found that black men socialised and chatted more, this is not strong evidence of mental health benefits, partly because the measures used are not validated as

mental health measures, and also we did not measure differences in wellbeing before and after a visit to the hairstylist. On the other hand, we do have self-reported evidence of an increase in activities (socialising and talking) that previous research has linked to mental health, and some weaker evidence (statistically nonsignificant) that black men found the barbershop an 'enjoyable distraction'. Also we can see from the free text responses that the majority of black men enjoyed their visit to the barber.

In the present study, the proportions of gender and ethnic group were significantly different to what would be expected by chance, with the largest proportion being of white women. The sex difference is not surprising though, because it is known that women tend to participate in surveys more than men do e.g. in an online survey of academic staff, 36% of women answered compared to 24% of men (Smith, 2008). Also given that about 3% of the UK population is black (ONS, 2013) we would expect a smaller proportion of our participants to be black, despite the fact that our purposive sampling of specific websites would have increased the proportion of black participants. Thus the relatively large number of black participants in the present study does not support Huang & Coker's (2010) finding in an African-American sample that a lack of understanding of research studies and informed consent, and concerns around racism, might dissuade black participants from participation.

Future research should also aim to discover if there are any differences between Black Caribbean males and Black African males in regards to socialising and talking in the barbershop. Future research should investigate if ethnic similarities between barber and customer have a role to play in socialisation and talk because they are culturally more connected by life experiences, for example, language, migration and upbringing. Such a study might use a qualitative design in which participants are interviewed in order to get a deeper level of information than is generally possible with a survey.

CONCLUSIONS

So is having a haircut good for your mental health? According to the self-report of the participants in this study, there are some indicators that this is so, though this was not true for all demographics or on all variables measured. However, this study is the first to find empirical evidence that black men talk and socialise at the barber more than other people, and as such lends support to the qualitative studies and community based projects that base health promotion campaigns aimed at enhancing the mental health of black men in the barbershop.

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Tamika Roper – completed her Undergraduate Psychology degree at The Open University in 2015. She completes her Clinical Psychology Masters at Royal Holloway in 2017, where she wishes to go on to pursue a Clinical Doctorate. Her research focus is improving mental health in BME men where she is keen to get men from these backgrounds talking and engaging more. She believes that there is a need to facilitate new and contemporary ways to get help to those who may not have access to mental health services.

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Since 2010, John has published around 50 papers in various peer-reviewed journals, including in international-standard journals in gynaecology, cardiology and ophthalmology. Prompted by the considerable suicide rates among men and the establishment's inertia in dealing with men's mental health problems, in 2011 John helped initiate a research programme investigating the mental health needs of men and boys; the

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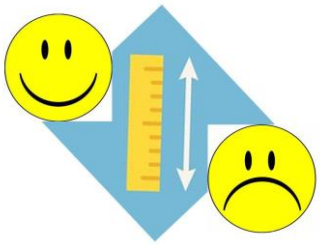

THE DEVELOPMENT AND INITIAL VALIDATION OF THE WELLBEING BENEFITS OF EVERYDAY ACTIVITIES SCALE (WBEAS) AND THE HAIRSTYLIST VISIT QUESTIONNAIRE (HVQ): A SHORT REPORT.

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Background: *In general, men seek psychological help less than women do. It could be that men find mental health benefits in other, more everyday, activities e.g. talking with their barber. This study aimed to develop questionnaires to measure the psychological benefits of (a) everyday activities of various kinds, and (b) visiting a hairstylist.*

Methods: *Cross-sectional online survey. 242 adults completed the questionnaires. Responses were analysed using standard questionnaire development methodology.*

Results: *The two questionnaires showed good psychometric properties in terms of good factor structure, internal reliability and construct validity.*

Conclusions: *The two new questionnaires have been successfully applied to an online sample (see Roper & Barry, 2016). The WBEAS may prove useful in the assessment of various everyday activities such as Men's Sheds.*

Keywords: questionnaire development; factor analysis; gender; ethnicity; barber

INTRODUCTION

Despite being more at risk of suicide than women (Office of National Statistics, 2015), men are less likely to seek psychological help than women do from psychologists (Addis & Mahalik, 2003).There is evidence that compared to women, men are less inclined to deal with stress by talkingabout their emotions (Tamres et al., 2002) and it has been suggested that men do not seek talking cures because they prefer to deal with emotional problems in more action-orientated ways (Kingerlee et al., 2014). For example, *Men's Sheds* may provide a kind of community mental health support through basic human interactions while engaging in activities such as making garden furniture (Wilkins, 2010). This notion is lent credence by the success of *behavioural activation* (Richards et al., 2016), a therapy which encourages people to engage in everyday activities that they enjoy rather than engaging in overtly therapeutic activities such as cognitive restructuring (Jacobsen et al., 2001). However, the evidence to date for the psychological / wellbeing benefits for Men's Sheds is uncertain because assessments of Shed projects have usually been measured using subjective and non-validated measures (Milligan et al., 2013).

The purpose of this study was to validate two questionnaires: one for assessing the mental health benefits of engaging in various everyday activities, and another for assessing the mental health benefits of visiting the hairstylist.

METHOD

Ethical approval for this study was granted by the University College London Research Ethics Committee, and participants gave their informed consent prior to participation. All procedures were conducted according to the Declaration of Helsinki (WMA Declaration of Helsinki, 2008).

This paper describes firstly the development of the questionnaires and secondly the initial validation of the questionnaires. The term 'barber' is used to indicate a hairstylist for men, 'hairdresser' indicates hairstylist for women, and 'hairstylist' indicates barbers or hairdressers of any kind e.g. who have male and female customers.

PHASE 1: DEVELOPMENT

Development of the Questionnaires

Items for the two questionnaires were developed through discussion between TR (a Mixed White and Black Caribbean female psychology graduate) and JB (a White male chartered psychologist). In discussions of the types of experiences that would be salient to people visiting a hairstylist, two main themes emerged: specific issues related to visiting a hairstylist, and general issues that might be applied to most situations. These various experiences were listed and then phrased into the form of questions, with appropriate Likert scales added. Through this process, items that formed the basis of two questionnaires were derived: the *Wellbeing Benefits of Everyday Activities Scale (WBEAS)* with 30 items, and the *Hairstylist Visit Questionnaire (HVQ)* with 11 items. Six-point Likert scales were used, with lower scores indicating less agreement with the item e.g. *Strongly Disagree (score = 1), Disagree, Somewhat Disagree, Somewhat Agree, Agree, Strongly Agree (score = 6).*

An exploratory factor analysis of each of the two questionnaires (*WBEAS and HVQ*) was conducted to examine their factor structure. In each case the factor analysis used Varimax rotation and Kaiser normalization, with extraction by maximum likelihood estimation. Missing values were deleted pairwise. Extraction and retention of factors was based on visual examination of the scree plot (Cattell, 1966) and eigenvalues of > 1.0 were retained (Kaiser, 1960). The threshold for the Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy was 0.6, as suggested by Tabachnick & Fidell (2001). The minimum number of participants for factor analysis is 5 participants per item (Nunnally & Bernstein, 1994), thus for 12 to 30 items the sample sizes (N = 216 for *WBEAS and* N = 242 for *HVQ*) provided adequate statistical power. To measure the internal reliability of the questionnaires the Cronbach's α coefficients were assessed (Cronbach, 1951), with the threshold for acceptability at 0.7 (Nunnally & Bernstein, 1994). A factor loading threshold of 0.60 was applied to enhance the strength of factors, so only items of this strength were retained, unless crossloaded with another factor at a strength of .45 or more.

PHASE 2: INITIAL VALIDATION

Initial Validation of Questionnaires

For the initial validation of the questionnaires, participants were recruited from various online sources and the websites of high street hairstylists. The online sources included general websites (e.g. *Psychological Research on The Net),* sites focused on men (e.g. Men's Health Forum) in order to ensure sufficient numbers of male participants, and hairstyling-orientated sites (e.g. http://barbershopsnearme.com). Invitation emails were sent out to 430 UK high street hairstylists and online hairstylist groups, which were found online with search terms such as, 'barber', 'hairstylist' and 'hairdresser'. Other participants were recruited through social media (e.g. the *Male Psychology Network's* Twitter™ and Facebook™ pages).

Of the 304 who started the questionnaire, 216 completed all of it (a completion rate of 71%) and 242 completed most of it (a completion rate of 80%). Questionnaires were considered acceptable for inclusion if at least the first section, which included the *HVQ* questions, was completed.

Participants

The mean (SD) age of participants was 32.73 (12.32), ranging from 18 to 72. Regarding ethnicity, 149 (62%) of the group were white, 53 (22%) were black, 13 (5%) were Asian, and the remaining 27 (11%) were of other or mixed ethnicity. The socioeconomic background of the sample was mostly managerial (101, or 42%), with 36 (15%) manual and 52 (21%) intermediate. 53 (22%) participants did not give sufficient information for their socioeconomic background to be assessed.

Initial Validation Analysis

As a first step in validating the two questionnaires, the construct validity of the questionnaire was tested by assessing differences in scores between groups known to be different in relevant ways. In the present study we decided *post hoc* to compare the *WBEAS* and *HVQ* scores of those who expressed, in free text responses, that they felt positively about visiting the hairstylist compared to those who expressed a negative view. These two groups were compared using independent groups t-tests. All statistical analyses were carried out using SPSS statistical software for Windows, Version 22 (Armonk, NY: IBM Corp).

Missing data were deleted pairwise, so if a participant completed most but not all of the questionnaire, their answers were still included in the analysis.

RESULTS

Development of Final Questionnaires

Development of the WBEAS

The WBEAS consisted of 30 items. The stimulus question was *"Please say how much you agree with the following statements",* with responses on a 6-point Likert scale from 1 = *Strongly disagree*, to 6 = *Strongly agree*. The items are shown in Table 1.

Factor structure of the WBEAS

After incomplete responses to the WBEAS items were eliminated, there were 215 participants in this analysis. The principal components extraction resolved in nine iterations and the scree plot (Fig 1) shows that three factors were found. Together, these accounted for 68.30% of the variance in scoring after extraction. The observed KMO of 0.955 indicated sound underlying factors. Bartlett's Test of Sphericity was significant (χ^2= 6858.329; *df* = 435; *P* <.01^{-250}) indicating good factorability of the correlation matrix. 17 of the 30 variables had factor loadings of over .6 that were not also crossloaded, and thus were retained (Table 1). The Cronbach's α reliability coefficient for all 17 items together was 0.95.

Figure 1. Scree plot of the initial items of the Wellbeing Benefits of Everyday Activities Scale (WBEAS)

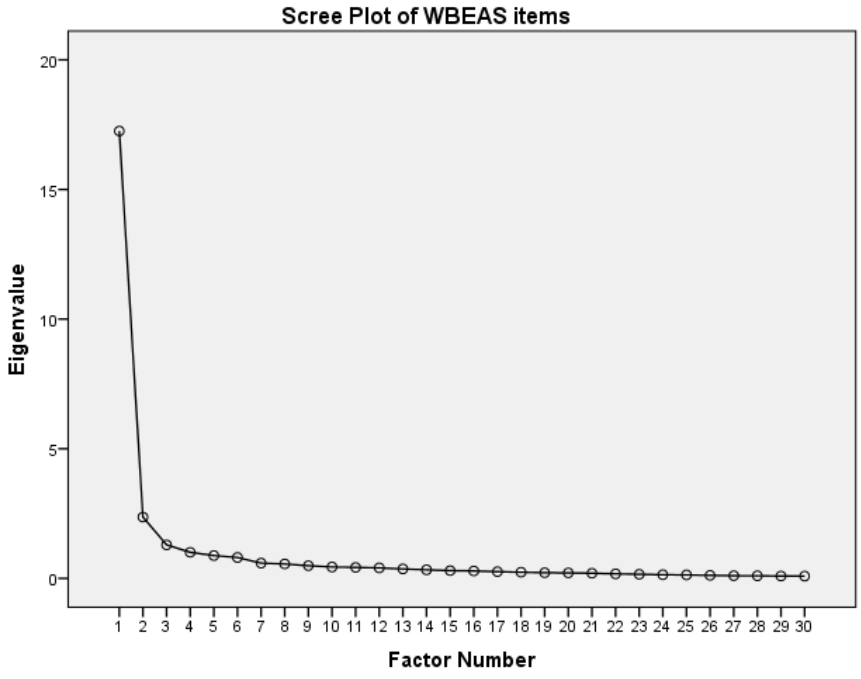

Table 1. The items of the Wellbeing Benefits of Everyday Activities Scale (WBEAS) and their factor loadings. The type of everyday activity in this study was visiting a hairstylist.

Subscale	Item	Factor Loading
Positive outlook	I feel more optimistic when I visit the barber/hairdresser	0.828
	I feel more stable when I visit the barber/hairdresser	0.807
	I feel more motivated when I visit the barber/hairdresser	0.795
	I feel more in control when I visit the barber/hairdresser	0.726
	I feel more clear-minded when I visit the barber/hairdresser	0.707
	I feel better when I visit the barber/hairdresser	0.600*
	I feel more positive when I visit the barber/hairdresser	0.590
	I feel physically better when I visit the barber/hairdresser	0.589
	I feel a sense of purpose when I visit the barber/hairdresser	0.577
	I feel increased wellbeing when I visit the barber/hairdresser	0.551
	I feel a sense of accomplishment when I visit the barber/hairdresser	0.538
Socialise & talk	I feel a greater sense of community when I visit the barber/hairdresser	0.808
	I would miss the social connection if I didn't regularly visit the barber/hairdresser	0.774
	I feel more connected with other people when I visit the barber/hairdresser	0.763
	I can *discuss my health* when I visit the barber/hairdresser	0.720
	Visiting the barber/hairdresser is a good place to meet other people	0.664
	I feel included when I visit the barber/hairdresser	0.657
	I feel a sense of social engagement when I visit the barber/hairdresser	0.656
	I enjoy the social aspect of visiting the barber/hairdresser	0.645
	I can *discuss personal issues* more at the barber/hairdresser than at other places	0.644
	I like to spend time at the barber/hairdresser	0.600*
	I feel more accepted when I visit the barber/hairdresser	0.569
	I feel like I am valued when I visit the barber/hairdresser	0.500
Enjoyable distraction	I enjoy it when I visit the barber/hairdresser	0.765
	I feel more happy when I visit the barber/hairdresser	0.681
	Visiting the barber/hairdresser helps take my mind off things	0.600
	I feel more relaxed when I visit the barber/hairdresser	0.590*
	I feel more confident when I visit the barber/hairdresser	0.581
	My self-image improves when I visit the barber/hairdresser	0.547
	My self-esteem improves when I visit the barber/hairdresser	0.513

***** Removed due to crossloading

Development of the HVQ

The HVQ consisted of 11 items. The stimulus question was *"Please say how much you agree with the following statements"* with responses on a 6-point Likert scale from 1 = *Strongly disagree*, to 6 = *Strongly agree*. The items are shown in Table 2.

Factor structure of the HVQ

After incomplete responses on the NVQ were eliminated, there were 242 participants in this analysis. The maximum likelihood estimation resolved in five iterations. The scree plot (Fig 2) shows that three factors were found. Together, these accounted for 60.96% of the variance in scoring after extraction. The observed KMO of 0.794 indicated sound underlying factors. Bartlett's Test of Sphericity was significant (χ^2 = 1308.813; *df* = 55; *P* <.01^{-236}) indicating good factorability of the correlation matrix. The factor loadings are shown in Table 2. Nine of the 11 variables had factor loadings of over .6 that were not also crossloaded, and thus were retained (Table 3). The Cronbach's α reliability coefficient for all 9 items together was 0.73. The 'booking' subscale was not used further in the analysis below.

Figure 2. Scree plot of the initial items of the Hairstylist Visit Questionnaire (HVQ)

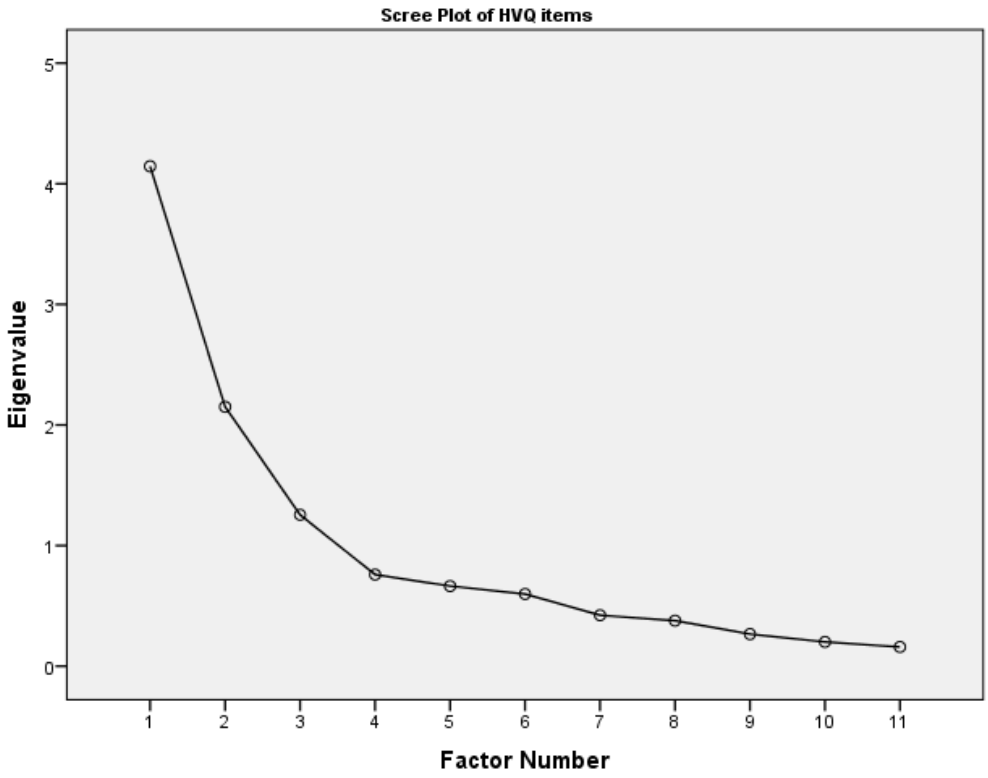

Table 2. The items of the Hairstylist Visit Questionnaire (HVQ) and their factor loadings

Subscale	Item	Factor loading
Chat with stylist	I often talk to my barber/hairdresser about personal matters	0.822
	I often talk to my barber/hairdresser about general matters	0.757
	I often find that I am able to 'get things off my chest' when I visit the barber/hairdresser	0.752
	There is often humour in the barbershop/hairdresser	0.597
	I visit the barber/hairdresser often	0.530
Not here for the hair	I often go to the barber/hairdresser just because I have a problem and I want to speak to my barber/hairdresser about it	0.944
	I often go to the barber/hairdresser with the intention of not getting a haircut/hairdo/shave	0.841
	I often partake in other activities (i.e. reading books/magazines, watching TV, listening to music, talking etc.) at the barber/hairdresser without getting a haircut/hairdo/shave	0.675
	I often use other community based places (e.g. pubs, bars, Church etc.) to speak to people specifically when I have a problem I want to talk about	0.475
Booking	I walk in to the barbershop/hairdresser without booking an appointment	-0.986
	I book my appointments in advance	0.620

The above analyses resulted in final *WBEAS* and *HVQ* questionnaires containing 17 and 8 includable items, respectively. Table 3 shows the mean scores for the subscales. Tables 4 and 5 show the final questionnaires, and give instructions for their delivery and scoring.

Table 3. Descriptive statistics for the participant groups for the outcome measures.

		Black		White		
Scale	**Subscale**	**Male (N=25)**	**Female (N=28)**	**Male (N=33)**	**Female (N=116)**	**Mean**
HVQ	*Chat with hairstylist*	3.66 (1.12)	3.40 (1.42)	2.84 (1.13)	3.60 (1.27)	3.45 (1.27)
WBEAS	*Socialise and talk*	3.40 (1.21)	2.78 (1.16)	2.18 (1.09)	2.78 (1.24)	2.75 (1.24)
WBEAS	*Enjoyable distraction*	4.00 (1.19)	3.58 (1.30)	3.38 (1.38)	3.81 (1.38)	3.73 (1.35)
HVQ	*Not here for the hair**	2.00 (1 – 6)	1.67 (1 – 3.7)	1.00 (1 – 4)	1.00(1 – 6)	1.00 (1 – 6)
WBEAS	*Positive outlook*	3.26 (1.47)	3.03 (1.08)	3.01 (1.46)	3.12 (1.29)	3.11 (1.31)
HVQ	*Booking*	3.50 (1 – 6)	3.50 (1 – 6)	2.00 (1 – 6)	5.00 (1 – 6)	4.08 (1.67)
(Single item)	*Humour*	3.38 (1.50)	3.18 (1.52)	2.66 (1.89)	3.12 (1.50)	3.09 (1.54)

* Median and range

Table 4. The items for the final Wellbeing Benefits of Everyday Activities Scale (WBEAS), with instructions for participants and scoring instructions.

Subscale	Item
Positive outlook	I feel more optimistic when I [insert description of activity]
	I feel more stable when I [insert description of activity]
	I feel more motivated when I [insert description of activity]
	I feel more in control when I [insert description of activity]
	I feel more clear-minded when I [insert description of activity]
Socialise & talk	I feel a greater sense of community when I [insert description of activity]
	I would miss the social connection if I didn't regularly [insert description of activity]
	I feel more connected with other people when I [insert description of activity]
	I can discuss my health when I [insert description of activity]
	[Insert description of activity] is a good place to meet other people
	I feel included when I [insert description of activity]
	I feel a sense of social engagement when I [insert description of activity]
	I enjoy the social aspect of [insert description of activity]
	I can discuss personal issues more at [insert description of activity] than at other places
Enjoyable distraction	I enjoy it when I [insert description of activity]
	I feel more happy when I [insert description of activity]
	[Insert description of activity] helps take my mind off things

Note: This scale is designed to be adapted to different activities by altering the part of each item that is shown in square brackets. For example, instead of "when I visit the barber/hairdresser" (as in Table 1), the item might state "when I play football" or "when I talk with my friends". The stimulus question for participants is: "Please say how much you agree with the following statements. Please choose one answer": [The response scale is:] *Strongly Disagree [score = 1]; Disagree [score = 2]; Somewhat Disagree [score = 3]; Somewhat Agree [score = 4]; Agree [score = 5]; Strongly Agree [score = 6].* [Scoring instructions: calculate the mean score for each subscale.].

Initial validation of the WBEAS and HVQ questionnaires

The construct validity of a questionnaire can be tested by assessing differences in the outcome between two groups known to be different in a relevant way (the 'known groups' method). In the present study we decided *post hoc* to compare, using independent groups t-tests, the *WBEAS* and *HVQ* scores of those who expressed in free text that they felt positively about visiting the hairstylist (N = 33) to those who expressed a negative view (N = 23). We found that for all five subscales, the scores were significantly lower (indicating lower satisfaction) in the group who didn't like visiting the hairstylist at a minimum of $p<.005$.

Table 5. The items for the final Hairstylist Visit Questionnaire (HVQ), with instructions for participants and scoring instructions.

Subscale	Item
Chat with stylist	I often talk to my barber/hairdresser about personal matters
	I often talk to my barber/hairdresser about general matters
	I often find that I am able to 'get things off my chest' when I visit the barber/hairdresser
Not Here for the Hair	I often go to the barber/hairdresser just because I have a problem and I want to speak to my barber/hairdresser about it
	I often go to the barber/hairdresser with the intention of not getting a haircut/hairdo/shave
	I often partake in other activities (i.e. reading books/magazines, watching TV, listening to music, talking etc.) at the barber/hairdresser without getting a haircut/hairdo/shave
Booking	I walk in to the barbershop/hairdresser without booking an appointment
	I book my appointments in advance

Note: The stimulus question for participants is: "Please say how much you agree with the following statements. Please choose one answer": [The response scale is:] *Strongly Disagree [score = 1]; Disagree [score = 2]; Somewhat Disagree [score = 3]; Somewhat Agree [score = 4]; Agree [score = 5]; Strongly Agree [score = 6].* [Scoring instructions: calculate the mean score for each subscale.].

DISCUSSION

In this study we describe the development of two new questionnaires, one for making general assessments of the psychological benefits of engaging in everyday activities and another for assessing opinions about visiting a hairstylist. Both scales show good construct validity. This paper also describes norms by which other studies may compare their findings (see Table 3).

Future researchers are invited to revalidate the measures – testing for concurrent validity with a validated measure relevant to the activity - and to test the replicability of our findings. Our scales are freely available for research, service evaluation, and similar activities. The *WBEAS* can be adapted to fit a wide variety of contexts and populations, and is simple enough to be used by a variety of researchers (students, psychologists, charity workers, market researchers etc.). The questionnaires have already been used in a survey of the benefits of an everyday activity, which found that black men socialise and talk while at the hairstylist's significantly more than white men or black or white women (Roper & Barry, 2016).

A weakness of this study was that it did not test for concurrent validity i.e. how much the new questionnaires were in agreement with existing validated measures measuring similar constructs. However, this was not possible because no validated scale regarding wellbeing

benefits of visiting the hairstylist existed before the present study.

CONCLUSIONS

The scales validated in this study are potentially useful for other studies. The *WBEAS* can be adapted to assess the wellbeing impact of a wide variety of experiences which are not overtly related to therapy. Given that - at present – men appear to be relatively reluctant to seek help from mental health professionals, the *WBEAS* might be especially useful in exploring the wellbeing benefits of modalities other than traditional talking therapies which might have benefits for men's psychological health.

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GENDER DIFFERENCE IN THE LONG-TERM OUTCOME OF BRIEF THERAPY FOR EMPLOYEES

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Few studies have assessed the effectiveness brief therapy as offered by Employee Assistance Programmes (EAPs) in the U.K. The present longitudinal study firstly identified normative coping strategy scores in a sample of 2300 participants, and then examined gender differences in the changes in coping strategies in 305 participants in brief therapy, from pre- to post-treatment, and at 6-months follow-up. There was a sex difference in the mean scores for clinically significant and reliable change, with men showing improvements in the short term (pre- to post-treatment), but women showing improvements in the long term (at 6-months follow-up). This study demonstrates the importance, for therapists and researchers, of recognising sex differences in psychological outcomes.

Keywords: workplace stress; therapy; sex difference; gender difference; Employee Assistance Programme (EAP).

INTRODUCTION

The development of EAPs, it has been argued, has passed through three distinct phases: occupational alcoholism programmes (1939-1962); broad-brush employee assistance programmes

(1962-present) and occupational health promotion (1980s to present) (DeGroot & Kiker, 2003). Part of the development was also as a result of the various research studies that indicated that EAPs could save companies money while promoting the health of employees (Brody, 1988, Csiernik, 2004). In Europe a number of factors prompted the rapid growth of EAPs, probably the most important of these has been the growing tendency from health and safety regulators and courts to recognise that the employer has a duty of care in relation to the workforce (Csciernik, 2005) (e.g. the Walker Case Walker v Northumberland County Council, 1995) and therefore to hold the employers responsible for the mental as well as physical health of their employees; the potential financial benefits (such as reductions in costs and insurance premiums) for the employers, and the advantage of EAP provision in employee compensation claim cases (Hoskinson & Reddy, 1993). This growth is illustrated by the fact that by 2006 more than 1000 organisations in the UK made use of EAPs covering more than two million employees (around 10% of the UK working employee population) (EAP Assocation, 2006).

EAPs provide a package of services including free legal, financial and careers advice. However, the focus here is on the counselling part of such packages. The goal of an EAP is to facilitate the resolution of a client's problems via brief therapy. McLeod (1993) describes the emergence of brief therapy as arising from social needs and client demands for shorter, problem-focused therapies. Given that most purchasers of mental health services (including individual clients as well managers of mental health services) have constraints of time and/or money, time-limited therapy is now the treatment of choice, and is becoming a quickly expanding option in mental health provision. The model of brief therapy as used by EAPs is 3-8 sessions irrespective of the type of therapy used.

This study was carried out as it was seen that there were a number of gaps in EAP evaluation. As Cayer and Perry (1988) pointed out, most research focused on private sector EAPs and was primarily descriptive or promotional without much rigor in evaluation methodology or design. In the public sector, there was even less written on EAPs, and almost no evaluation materials were available. In addition, Klarreich et al. (1985) also criticised the field for its lack of independent objective research, with almost all EAP research taking place within EAP provision, with the exception of the Kent study (Worrall, 1999). Many studies show significant satisfaction with respect to perceived benefit from EAP e.g. improved work performance or having helped

them with their concerns and whether subjects would recommend it to others (e.g. McClellan, 1989; Park, 1992). Furthermore, benefits were mainly described in testimonials or in cost-benefit terms, with individual measures mainly focusing on client satisfaction until more recently when the use of C.O.R.E. (Clinical Outcomes Routine Evaluation) has become more established and is widely used within the NHS and by a number of EAP providers as a way to quantify the change process. However, the more important question with respect to workplace counselling is not so much whether it is found to be helpful, but with what and whom does it does it work best.

This study sought to independently evaluate an EAP service using various tools to measure objectively the process of change. There are many ways to measure the effectiveness of an EAP and though the overall study focussed on a variety of measures, this report will focus on the changes in coping strategies. From a therapist point of view, it is of interest to know how effective EAP therapy services may be in producing psychological change by seeking improvements in coping strategies. Some studies have shown that work-related counselling can have a positive impact on psychological symptoms (Firth & Shapiro, 1986; Harris et al, 2002; Selvik et al, 2004, Gardner et al, 2005). Much of the work involved in brief therapy, particularly that which is offered within EAPs, concentrates on helping clients look at ways they think about a particular situation or problem and getting them to try to perceive it differently via Cognitive Behaviour Therapy (CBT) and/or to take more appropriate actions to resolve the problem/problems (solution/problem focussed therapy – de Shazer, 1985; de Shazer et al, 1986). The focus of such therapy frequently involves helping clients look at and change their coping strategies for dealing with stress, yet there seems to have been little interest in examining the clients' changes in coping strategies within the research around EAPs. The reasons may lie in the difficulties in finding useful tools with which to examine this, and this in turn may be because it has been difficult to date to find agreement with respect to defining the concept of coping. Lazarus (1991) defined coping as, 'cognitive and behavioural efforts to manage specific external or internal demands (and conflicts between them) that are appraised as taxing or exceeding the resources of a person'. However Lazarus noted that it was somewhat difficult to distinguish between cognitive appraisal of a situation and coping, as he observed, 'coping refers to what a person thinks or does to try to manage an emotional encounter and appraisal is an evaluation of what might be thought or done in that encounter.' His view is in support of his perception that coping relates to transactional phenomenological stress theory, i.e. a person's experience of stress is not necessarily in the

situation itself but in their perceptions and processing of that situation. Thus, a situation may be stressful for one person but manageable or enjoyable to another (e.g. riding a roller-coaster!). All the scales and measures suffered from trying to resolve the complexity of coping with respect to: dispositional versus situational complexity in coping assessment; real-life versus hypothetical scenarios design methods; multi-dimensionality versus hierarchy modelling and social versus non-social constructs of the concept of coping (Klauer et al, 1989; Filipp et al, 1993).

Notwithstanding these problems, an EAP therapist, more often than not, will focus on facilitating change in the client's coping strategies for dealing with their stresses, because, for example, it has been found that problem solving coping strategies are a significant negative predictor of both anxiety and depression (Sprangenberg & Campbell, 1999). Subjects with deficient social networks were found likely to experience events more stressfully than those with high social support networks, (Maynard, 1986; Van Dierendonck et al, 1998). Thus it can be seen that the examination of coping strategies is important in researching the effectiveness of the brief therapy within EAPs but it is hard to find a tool that meets all the requirements of research and has empirical and face validity. The scale measuring coping strategies used in this study was taken from a large study on stress amongst health workers and was derive from the basic structure as formulated by Lazarus & Folkman (1984). This scale formulated six factors (rational actions; palliative response; social support; depressive, emotive and passive responses) as derived from factor analysis, but it focused on responses as opposed to appraisal in order to measure the change process (Hammond et al, 1992). Though this tool will have limitation, the reasons for those limitation can be seen both in the difficulties in defining such a multidimensional concept as coping, and therefore in designing a tool with which to measure such a concept, and also in the difficulties that the definition and design make in the methodology or application of such designs within research.

Many studies have produced useful information or findings but many if not all have some methodological problems that make the conclusions rather less than clear cut or make for certain difficulties in using the measure. This is especially true for any studies that are in a naturalistic setting as the ability to control all variables is somewhat limited. On the other hand if all variables were completely controlled other than that which was being tested then the findings would tend to be of little use to the practitioner in the field who may work in an integrative way with clients

who have multiple problems. Thus in any piece of research there has to be a trade off between scientific rigour and making it relevant to the practitioner in the field (e.g. must have a degree of realism). It is, for the most part, difficult to be scientifically rigorous and to reflect the conditions of everyday working practice. Further there are a number of other difficulties that generally present themselves when trying to provide research into EAP effectiveness. Firstly there is the fear of the providers showing effectiveness when in competition with each other; or union reactions if staff is seen to be stressed. Researchers, therefore, often use satisfaction studies to avoid any critical research which might require access to clients. In reality the client satisfaction studies make only a very minor contribution to the evidence for effectiveness as they say very little with respect to what the therapy has been effective in changing, i.e. they bear little or no relationship to whether it helped to change anything (McLeod, 2001 & 2007, Reynolds, 1997). Often the research into EAPs is seen as being too brief, with no longitudinal collection of data (Giga et al, 2003) and rarely employs control groups. Arthur (2000) concluded that studies into the effectiveness of EAPs fail to deliver in relation to organizational outcomes because they are 'superficial' and do not reflect the complex, interactive nature of work stress.

Also much of the research into the effectiveness of EAP counselling has the difficulty that ethically or practically; control groups cannot easily be created and then be measured. In this study a form of control was set up by carrying out a large stress audit via a "Well-being" questionnaire and which randomly sampled the total work force and the result would provide a baseline or norm against which the sample of clients who sought counselling could be compared. Strictly speaking the 'Well-being' study was not a control group as they were not necessarily a group that matched those who were seeking help. What this study set out to look at was how effective the counselling work was in changing coping strategies to such a point where the counselling subjects' mean scores were no longer significantly different from that of the normative baseline population. There lies here an assumption of health within the normative population, but given that population defined the baseline, no value judgements as to what constituted health was involved, all that was to be examined was how much after therapy and at the six month follow-up period had the counselling client group moved their scores for the measures towards those of the norm created by the 'Well-being' study.

Thus, as with most research studies in the effectiveness of brief therapy via an EAP, this research had its methodological short-comings or limitations as its aim was to explore issues that would be directly relevant to the practitioner on the ground, thus is was a naturalist study. However, it was felt valid to accept those limitations in order that the research outcomes might be more informative to the practitioner in the field within the realities of the problems presented, etc., in workplace counselling or even to the practitioners in other settings where brief therapy is the required model of work e.g. in primary care. The studies that were seen as most helpful to this research were those of Cooper & Sadri, (1991), Alker, (2000) and Worrall, (1999) as they used tools that were similar to those used in this study.

In summary Employee Assistance Programmes (EAPs) in the UK have developed to the point where they now focus on occupational health promotion and broad-brush employee assistance programmes. The main focus of this report on the study was an examination of the effectiveness of the brief therapy in an EAP particularly with reference to gender differences in changes of coping strategies.

METHODOLOGY AND METHOD

Design

This study used a repeated measures design, meaning that the same questionnaires were used at each stage of the research with the same participants and response differences across time were examined. The core focus of the study was to look at the effectiveness of the therapy being offered to those subjects who came for counselling from the Education and Social Services departments of a large local authority. The baseline response norm was formulated from the responses from a random sample of the whole of the organisation's work force. The random sampling was achieved using random sampling tables and employee numbers. The counsellors who offered the service was a group of twenty-three therapists who were registered affiliates with the company who provided the service. There was no control with respect to their therapeutic orientation. The criteria used for their recruitment was that they were required to hold a recognised accreditation qualification and that they were comfortable working within a brief therapy model. Once the study had been designed, the organisation took on the role of randomly circulating the questionnaires for the 'Well-being' part of the study. There was no selection of the counselling subjects for this study; all who agreed to participate were accepted as subjects. If the

subjects agreed with the telephone counsellor with whom they had their first contact that they did not mind participating in the study they were then told they would be sent a pre-treatment questionnaire to fill out prior to seeing their therapist and they were asked to hand those questionnaires to the therapist when they first met. The researcher was a chartered counselling psychologist in the employ of the provider so was given free access to the company's data and records but was not employed at the head office and was not a provider of the counselling that was offered to the employees of the county council involved. Ethical approval was given by the University of Keele and the University of Abertay, Dundee. All participants gave their informed consent.

Questionnaire structure

Different versions of the questionnaire were used at the different stages of the research. Four stages were planned in the research in which questionnaires were used: the 'Well-being'/baseline normative measurement stage (stage 1); client assessment stage (pre-treatment, i.e. just prior to counselling – stage 2); post-treatment stage (stage 3: immediately after counselling) and follow-up stage (stage 4: 6 months after closure). The questionnaire first asked demographic questions, such as age, sex, occupation, marital, etc. The respondents were then asked to respond to five scaled questionnaires, only one of which will be examine here, that of the Coping Strategies measures. The coping strategy scales looked at the ways in which the subjects responded to their stress. This measure was taken from a large study on stress amongst health workers (Hammond et al, 1992). The coping strategy questionnaire consisted of 37 items where respondents were asked to score themselves on a 5 point scale where 1 = Not all like me to 5 = Very much like me; asking them to respond for each item to the question: 'When I am under a lot of stress I…'. The original coping model scale of 37 items was devised by Lazarus & Folkman (1984), it suggested a variety of coping strategies/styles: Rational actions (6 items) (this reflected a style that involved coping with stress by adopting a strategy of rational actions to solve the problem and which may be considered a healthy process); Palliative actions (5 items) (this option may be less healthy since it does not involve a direct attempt to approach the source of the stress and may involve displacement activities like taking up a hobby); Social support (10 items) (this is possibly a more healthy strategy and may include such actions as involving fellow workers in the problem or talking things over with a friend); Depressive response (6 items) (in this case the problem becomes internalised or 'bottled up' and the individual develops a feeling of

powerlessness or not feeling in control); Emotive response (4 items) (suppression of emotion or excessive emotional expression is associated with psychological or physical illness/problems (Grossarth-Maticek et al, 1985, Smith & Pope, 1991), not to mention the effect that this might have on peers at work or family or spouses); Passive response (6 items) (this is an unhealthy strategy as the individual simply accepts the stressful situation and lets things happen without attempting any intervention e.g. taking to drink hoping the problem will go away). All items in each factor were tested and were shown to have good internal reliability.

Procedure

The questionnaires were distributed as follows: *Stage 1* (July 1996), the 'Well-being' questionnaire was distributed prior to the main study to a random sample of the work force of the organisation; *Stage 2*, pre-treatment questionnaire, this stage focussed on the clients from the organisation who had purchased the service who were requesting counselling via the call centre of the EAP provider and at that point they were asked if they would agree to participating in the research. The majority of the clients during the research period agreed to participate in the research. It could have been possible for the counselling clients to have participated in the original 'Well-Being' study but the number would have been small given that the number of clients requesting counselling represented less than 2% of the total number that was randomly sampled in the 'Well-Being' study. The clients were sent this questionnaire prior to treatment by the EAP provider company's HQ Office/Call-centre; *Stage 3*, post-treatment questionnaire, this questionnaire was either given to the clients by their counsellor when they finished seeing them, or if the clients did not return for their final session, the questionnaire was sent to their homes from the provider's HQ office when the counsellors had sent in the closed case papers; *Stage 4*: follow-up questionnaire, this questionnaire was sent out by the provider's HQ office to all clients 6 months after their case notes had been sent in as being officially closed. All the questionnaires were distributed with letters of explanation and which emphasised the anonymity of the data. These letters were sent out from the EAP provider HQ office.

Statistics

Questionnaire data were analysed using repeated measures t-tests and Pearson's correlations. Significance values were two-tailed. SPSS Version 12 (IBM) was used.

RESULTS

The issue focussed on in this report of the study was whether there were gender differences in the effectiveness of the therapy to produce change in the coping strategies used by the clients. The first table presents each of the variables within the coping strategies showing the mean scores for that variable for the group as a whole and for each of the genders separately. The second table indicates whether there has been significant change at the various stages and the level of that significance again for the group as a whole and for each gender separately. The baseline norms were based on the findings analysed from the 2291 completed 'Well-being' questionnaires received back from the total of 5295 which was a random sample of the 17,614 total work force of organisation being studied. This represented a mean return rate of 43% with no department response falling below 27%. With respect to the counselling sample, 241 (79%) of total responding counselling clients sent in pre-counselling questionnaires, 58% of those filled out a post-treatment questionnaire and 29% filled out the follow-up questionnaire. In stage 1, 36.2% of the respondents were male and in stage 2 the proportion was 27% so was fairly representative though the males were slightly unrepresented. The response rates for stage 3 and 4 did raise the question whether there were any characteristic differences in the pre-treatment mean scores between those who filled out all the questionnaires or at least one of the post-treatment or follow-up questionnaires and those who only filled out the pre-treatment questionnaire. There were no significant differences in the pre-treatment means for either group, whether treated as all the subjects together or the genders separately (for demographics of responses at stages 1 & 2 see tables 1-4 below).

The baseline scores of coping strategies was of particular interest as it will be against this data that changes within the counselling group were matched. This was because the baseline acted as the normative measure for the counselling group in order to examine for clinically significant change i.e. to examine whether the mean for a particular strategy moved during the process of treatment such that it was no longer significantly different from the baseline norm or whether it remained significantly different. If the latter was the case then the change was not clinically significant if the treatment starting point was significantly different from the norm. In this study the baseline acted as the norm where as in other studies the norm would be taken from studies of completely different populations, thus as the counselling group was coming from the same population as those measured in the 'Well-Being' study which produced the baseline norm

then the norm produced had greater validity. In the baseline sample the males produced significantly higher means than the females for 'Rational actions' and 'Passive response' ($p<0.05$ for both) and the females produced significantly higher means than the males for all the other coping strategies ($p<0.001$ for all). Within the counselling sample, the males came with significantly higher means than the females for 'Rational action' and the females came with a significantly higher mean for the use of 'Social support' ($p<0.001$).

Both the males and females came, as might be expected, with considerably higher levels for 'Depressive' response than the baseline population. The females came to counselling with much higher levels for 'Emotive' response and the males with a significantly higher mean for 'Passive' response than the baseline norm. The male & females who came for counselling had means for use of 'Social support' as a coping strategy which were significantly higher than the baseline mean, and the counselling continued to improve on this response for both genders throughout stage 3 & 4. Thus the mean was not only higher than the baseline norm but continued to be significantly higher than the norm for both genders through post-treatment and up to the follow-up stage.

Further it was observed that for the variables Depressive, Emotive & Passive responses the mean for the males had improved to stage 3 but had fallen back again by stage 4 suggesting that the males had trouble holding onto the benefits they had gained from the therapy whereas the females generally continued to improve from stages 3 to stage 4. The exception for the males was for Rational action and the use of Social support where they were able to hold onto or even improve on their post-treatment means by the follow-up stage (see Tables 5 and illustrated in Figures 1-3 below).

Table 1: Number of returned questionnaires in Stage 1 x gender

Gender	Frequency	Percent
Male	829	36.2
Female	1461	63.8
Missing Values	1	0.0
Total	**2291**	**100**

Table 1 shows that nearly 2/3 of the respondents were female.

Table 2: Professional status of respondents in Stage 1 x gender

	Professional	Non-professional	Total
Male	329 (41%) (37%)	477 (59%) (35%)	806 (36%)
Female	551 (38%) (63%)	887 (62%) (65%)	1438 (64%)
Total	880 (39%)	1364 (61%)	2244

Table 2 shows that the proportions of professionals to non-professionals in the sample in each of the genders and overall were fairly similar and the proportion of males to females in each of the professional status groups were also fairly similar. The surprise was perhaps that nearly 2/3 of the respondents were female in both of the professional status groups.

Table 3: Age sub-grouping of sample in Stage 1

Age Group	Male Frequency	Valid Male Percent	Female Frequency	Valid Female Percent	'Well-being' Frequency	Valid 'Well-being' Percent
16 - 18	3	.4	2	0.1	5	0.2
19 - 25	58	7.1	88	6.1	146	6.4
26 - 35	179	21.9	242	16.8	421	18.4
36 - 45	247	30.2	477	33.2	724	31.6
46 - 55	263	32.2	491	34.1	754	32.9
56 - 64	65	8.0	135	9.4	200	8.7
65 +	2	0.2	3	0.2	5	0.2

Table 3 shows that the majority of the respondents fell in the 36 – 55 age bracket both for the men and for the women.

Table 4: Age grouping of sample in Stage 1

	Age Groupings		
	16-35	**36-64+**	**Total**
Male	240 (29%) (42%)	577 (71%) (34%)	817 (36%)
Female	332 (23%) (58%)	1106 (77%) (66%)	1438 (64%)
Total	**572 (25%)**	**1683 (75%)**	**2255**

Table 4 shows that a fairly similar proportion of males to females were represented in each age group. In the younger age group a higher proportion of males responded than in the older age group and within the overall sample.

Table 5: Means x gender at all stages for changes in Coping Strategies

		All			Males			Females		
Coping Strategy	**Stage**	**mean**	**N**	**sd**	**mean**	**N**	**sd**	**mean**	**N**	**sd**
Rational actions	1	2.85	2258	0.75	2.89	821	0.72	2.82	1436	0.76
	2	2.56	233	0.71	2.71	62	0.68	2.51	171	0.72
	3	2.75	164	0.70	2.80	36	0.67	2.76	112	0.72
	4	2.81	68	0.59	2.83	16	0.43	2.86	46	0.64
Palliative response	1	2.82	2254	0.82	2.66	821	0.82	2.91	1432	0.80
	2	2.73	234	0.76	2.67	62	0.69	2.75	172	0.78
	3	2.87	155	0.77	2.87	36	0.58	2.87	113	0.83
	4	2.73	68	0.70	2.75	16	0.42	2.75	46	0.75
Social support	1	2.25	2257	0.64	2.12	819	0.64	2.33	1437	0.64
	2	2.57	234	0.67	2.29	62	0.64	2.66	172	0.65
	3	2.76	154	0.64	2.81	36	0.74	2.77	112	0.62
	4	2.75	68	0.64	2.73	16	0.70	2.81	46	0.59
Depressive response	1	2.61	2256	0.91	2.51	822	0.87	2.66	1433	0.92
	2	3.29	234	0.79	3.34	62	0.79	3.28	172	0.78
	3	2.98	154	0.86	2.82	36	0.90	3.03	112	0.85
	4	2.74	68	0.81	2.98	16	0.93	2.65	46	0.78
Emotive response	1	2.13	2247	0.82	1.92	819	0.71	2.26	1427	0.86
	2	2.64	233	0.81	2.19	62	0.86	2.81	171	0.78
	3	2.30	154	0.74	2.13	36	0.63	2.38	112	0.76
	4	2.28	68	0.87	2.23	16	0.86	2.32	46	0.87
Passive response	1	2.20	2252	0.58	2.25	821	0.59	2.17	1430	0.57
	2	2.35	233	0.64	2.57	62	0.65	2.28	172	0.62
	3	2.29	154	0.59	2.40	36	0.91	2.26	112	0.59
	4	2.19	68	0.63	2.47	16	0.69	2.08	46	0.57

Table 5 shows that for the first three coping strategies i.e. Rational actions; Palliative response & Social support, the higher the figure in the mean column the more that group of subjects are using the positive coping strategies. The higher means for the last three coping strategies indicates a greater use of the negative coping strategies of Depressive, Emotive & Passive responses.)

Figure 1: Coping Strategies – Females

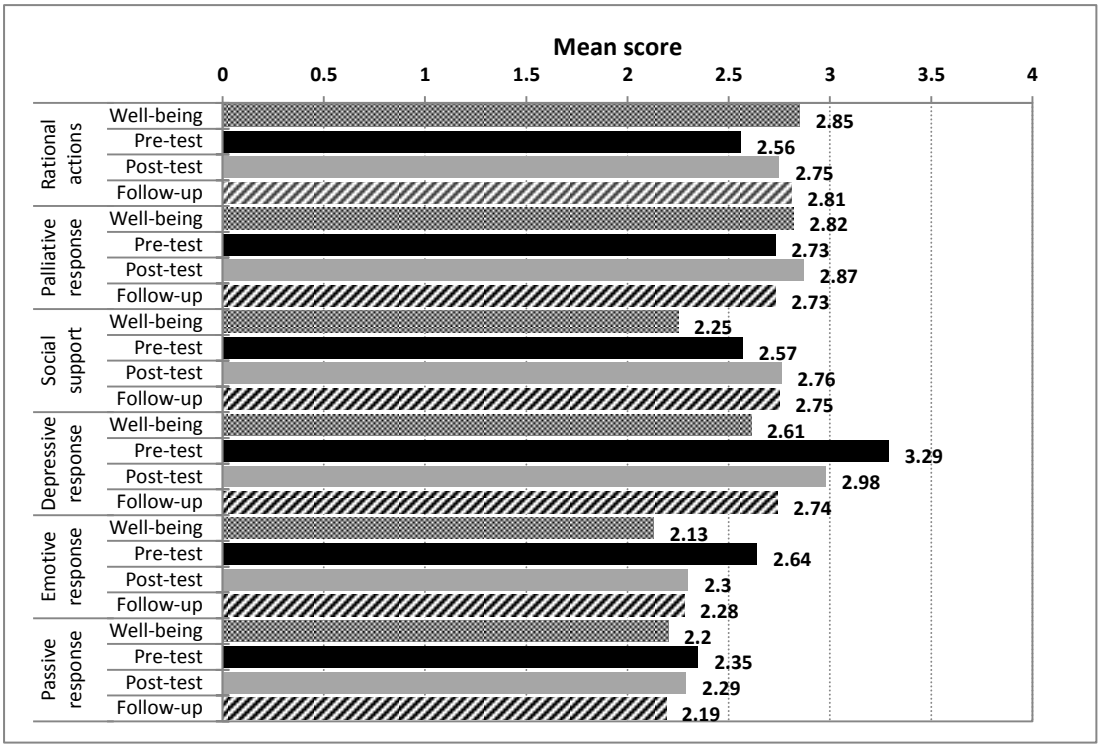


Figure 2: Coping Strategies - Males

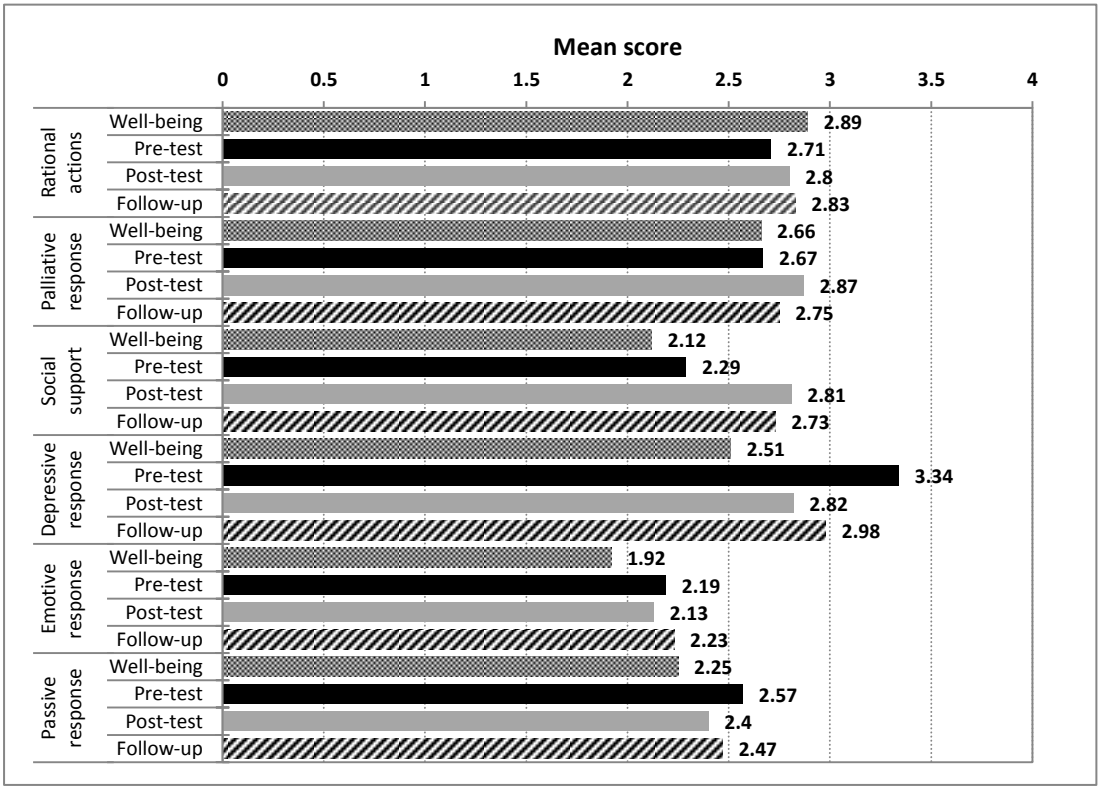
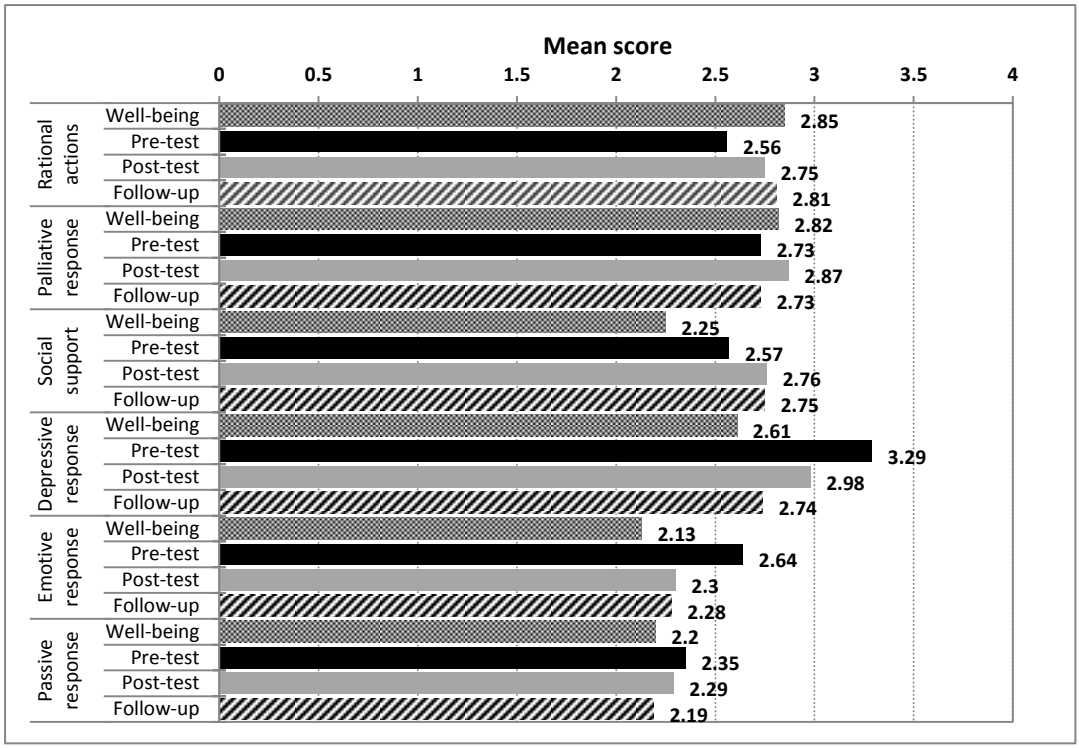


Figure 3: Coping Strategies – All Subjects



DISCUSSION

This study produced a variety of interesting outcomes. The core investigation, reported here was concerned with whether the brief therapy as offered by an E.A.P. was effective in producing change. The measurements presented here examined six forms of coping strategies with which to manage work stress. However, as the data was examined it became clear that gender was a significant variable with respect to the results. This was not the aim of the study but demographic data was taken with the thought that there may be differences in responses.

Looking at how males and females reacted under stress, from the baseline normative sample, overall it was seen that there were significant differences between the genders in their likelihood of responding using the various coping strategies. Etzion & Pines (1981) noted that women tended to seek help and social support more effectively than men. In this study, the males were significantly more likely to respond to stress using 'Rational action' or 'Passive' responses whereas the females respondents would cope with stress more than the males using 'Palliative' response, 'Social support', 'Depressive & Emotive' response. This last would support the idea that women report more symptoms of emotional distress and depression than men (Rosenfield, 1980; Haynes & Feinleth, 1980; Aneshenel et al, 1981; Cleary & Mechanic, 1983; Gove, 1979; Cooper &

Davidson, 1982; Karasek et al, 1981; Levenson et al, 1983); and used social supports significantly more than the males (Etzion & Pines, 1981). The 'Passive' response that the males were more likely to use, is to increase their consumption of alcohol as their stress goes up. Johnson (1982) noted that men have higher rates of problem drinking. Jick & Mitz (1985) suggested that there were clear differences between the genders in styles of coping and this study shows that for some coping strategies these differences were significant. This pattern of responses was echoed in those coming for counselling, though those coming for counselling differed from the baseline sample population in some very clear ways. In the counselling sample, both genders came to counselling with significantly lower levels for 'Rational actions' than the baseline sample. As with the baseline sample, the males came with a significantly higher mean for 'Rational action' than the females, at the pre-treatment stage. This suggests that for both the baseline and counselling samples the males were more likely to take positive actions to deal with their stress than the females. Lazarus (1966) has argued that the person usual employs both task and emotional focused coping strategies. The former attempts to form an action directly targeted towards dealing with the source of stress: adaptation of the environment, while the latter attempts to attenuate the emotional experience associated with that stress (Lazarus, 1966; Lazarus and Folkman, 1984). These results suggest that the males in both samples employed more task focused strategies for dealing with their stress.

Males and females were said by some to differ very little in the way they appraise potentially stressful events (Folkman & Lazarus, 1980; Karasek et al, 1981); but men were said to more often possess better psychological attributes or employ more effective methods of responding for controlling stress. However, after counselling the gender differences disappeared. The males came with a mean level for the coping strategy of 'Rational actions' that was only just significantly different from the baseline norm and thus they showed no significant improvement, overall. The change for the females was such that their mean for this coping strategy was no-longer significantly different from the males or the norm at both the post-treatment and follow-up stages. Thus the proposition can perhaps be challenge here, that men possess better psychological attributes or employ more effective methods of responding for controlling stress and that women were said to be socialized in a way that equips them less adequately for effective coping (Folkman & Lazarus, 1980; Karasek et al, 1981). It may be that the females are socialised in a non-rational action responses to dealing with stress, but were certainly able to significantly change, as a result

of the counselling, such that there were no-longer gender differences. So maybe the suggested socialisation was not so well engrained as previously proposed in that change was promoted for the females for the coping strategy of 'Rational actions', by the counselling process, and the change was at least maintained or improved on by the females up to the six month follow-up stage unlike the males who has lost much of their gains by the follow-up stage in many of the coping strategies.

The changes for the females suggest that, irrespective of earlier findings concerning gender differences in styles of coping, that at least the females, can be trained to develop healthier coping strategies by, for example, learning time, stress and anger management, assertiveness training and developing better work/life balance. Murphy (1989) reinforced this saying that learning to manage stress was more effective where it was seen as part of health promotion, i.e. learning improvements in coping strategies, rather than specific stress reduction methods.

There were certain interesting issues involving the coping strategy of 'Social support'. Use of social support is seen as a positive coping strategy allowing for a deflection of focus from the working environment to the development of better work/life balance, by way of interacting with different groups of people who reflect for the individual a greater variety of his/her self-value or self-worth than one that is only focussed on their worth and value at work. Etzion & Pines (1981) and others have suggested that women tended to seek help and social support more effectively than men (Pearlin & Schooler, 1978; Rosenfield, 1980; Rees & Cooper, 1990; Etzion & Pines, 1981; Jick & Miz, 1985). From the author's own experiences in the counselling setting it would seem to be apparent that females tend to be better at building and maintaining good life balance than the males. This was certainly the case in the findings from the baseline sample in that the females scored a significantly higher mean for the coping strategy of 'Social support' than the males. However, while the females in both the baseline and the counselling samples had significantly higher means for the use of 'Social support' than the males; both genders came at the pre-treatment stage with significantly higher means for this coping strategy than the baseline mean and though improvements were seen through the different stages of the study, the subjects mean response level (irrespective of gender) stayed significantly higher than the baseline mean. This finding was somewhat surprising as it seems to indicate that for this coping strategy that those coming for counselling, both the males and females, scored significantly higher means than the

baseline sample and hence were healthier in their use of this response than the normative population. Though the females who came for counselling had a mean score for 'Social support' which was significantly higher than the males at the pre-treatment stage, by the post-treatment and follow-up stage there was no-longer a significant difference between the genders. This would suggest that at least for this coping strategy, unlike most of the other variables, the males were able to benefit from the counselling to improve on this strategy and to continue to improve up to the follow-up stage. Thus, whereas, for 'Rational actions' the females were able to learn to bring their means up to that of the males such that there was no longer any significant differences between the genders, the reverse was true for 'Social support' where it was the males who gain most and had developed the skill and were able to reach a point at both the post-treatment and the follow-up stages where their means were no-longer significantly different from the females. It can perhaps be said that the counselling produced little effective change with respect to this coping strategy for the females as they were already better skilled with using this strategy than the males. The question here was: why was it that those with higher 'Social support' levels than the norm would seek out counselling help? It could be suggested that counselling may be seen as an extension of their skills in using this strategy. This suggestion would tend to agree with research finding that brief therapy would tend to be successful where there is a history of successful social interactions (Burlinggame & Fuhriman, 1987; Steenbarger, 1992; Lambert et al, 1986).

Within the baseline sample it was seen that the females were significantly more likely to use 'Depressive' responses as a coping strategy, such as bottling up feelings, and feel powerless to effect change or take control of one's situation. This is supported by many other findings that showed females were significantly more likely to cope with stress using depressive responses than males (Rosenfield, 1980; Haynes & Feinleth, 1980; Aneshesel et al, 1981; Cleary & Mechanic, 1983; Gove, 1979; Cooper & Davidson, 1982, Karasek et al, 1981; Levenson et al; 1983; Pearlin & Schooler, 1978; Etzion & Pines, 1981). However, this was not the case for the males in this counselling sample, for although the males came with higher levels for 'Depressive' response than the females the difference was not significant, and the differences were not significant at any of the stages of the study. Yet in other studies females were seen as having significantly poorer mental health than males (Kessler & McRae, 1981; Weinstein & Zappert, 1980). It could be that in the counselling subjects there may not be differences between the genders in depression or mental health, but there may be in the general population, or as found here, in the baseline sample. However, like

many of the other variables, there was a mean improvement for the males to post-treatment for 'Depressive' response but this was apparently lost by follow-up, whereas the females continued to improve to follow-up. This may be because, as suggested by others, males tend to use coping strategies which may be only effective in the short-term (looking for the quick fix – solution focussed (Jick & Miz, 1985}), and in fact this strategy, it has been suggested by Jick & Miz, may be the cause of them being more prone to serious illness. This certainly underlines the contention that gender is an important moderator with respect to coping responses to stress (Beehr & Schuler, 1980), but does not support the view that males possess better psychological attributes as suggested by Folkman & Lazarus (1980) and Karasek et al (1981).

In the baseline sample the females were more likely to use 'Emotive' response than the males, for example, shouting at colleagues, spouse or family when upset and stressed. This was also the case at the pre-treatment and post-treatment stages, but at the follow-up stage there was no significant difference between the genders. The females started at a higher mean level for this response and while the males were also able to reduce their levels of responding with this coping strategy, the females benefit most from the counselling in reducing their mean level to that of the baseline population and to maintain and improve on that by the follow-up period. These findings would tend to show, with counselling, that the females had a capacity for significant change in their coping strategies both after counselling and to maintain or improve on that change at least up to six months later, e.g. with 'Rational actions', 'Depressive & Emotive' responses. It is difficult to compare these findings to those of previous research because so little has been done on gender differences in coping strategies and change.

The opposite effect was found for the coping strategy of 'Passive' response, an example of which may be to have a drink and hope the problems will go away. The opposite effect was that, in both sample groups (the baseline & counselling samples), the males were significantly more likely than the females to cope using this response. This would suggest that males' coping strategies also include non-focussed or non-constructive coping methods to deal with stress. Johnson (1982) noted that it was indeed an observation that males have higher rates of problem drinking. Unfortunately while the males did improve with respect to 'Passive' response coping strategy at the post-treatment stage, but this was hard to sustain through to the follow-up stage. Thus the

counselling process was not particularly successful in promoting change at least to the follow-up stage, especially for the males for the coping strategy of 'Passive' response.

A possible criticism of the study was the issue of attrition. Kazdin (1994) indicated that anything up to 50% of the clients who begin treatment may drop out. Thus, the level of attrition in this study was within the expected range. Also this study found, as with a previous similar study (Worrall, 1999), that there were no significant differences in the pre-treatment means between the responders and the non-responders at stages 3 or 4. Further, when the gender proportions of respondents were examined it was seen that the proportion of males who came for counselling was fairly equivalent to the proportion of males who responded to the baseline questionnaire (stage 1) and to the proportion of each gender in the organisation as a whole. Thus this would tend to concur with those who found no gender differences with respect to utilization rates for EAP provided counselling services (Gerstein et al, 1993; Milne et al, 1994; West & Reynolds, 1995). Many studies grouped subjects altogether as it was considered that the samples were often statistically unsuitable to investigate sex differences (Kiev & Kohn, 1979; Jick & Miz, 1985). Yet gender was seen as affecting how people experienced stress and the coping strategies used to deal with those stresses (Beehr & Schuler, 1980; Ivancevich & Matteson, 1980). Others suggest that men and women differ very little in their appraisal of stressful events (Folkman & Lazarus, 1980; Karasek et al, 1981). This study does not appear to agree with this view. These differences were seen in the baseline 'Well-being' study. It would seem many studies on the effectiveness of therapy seem to have ignored the issue of gender differences (Bunce, 1997).

CONCLUSION

This study highlights some important issues, firstly the importance of examining the gender differences within counselling data and that follow-up studies can produce very differing results. However, the gender differences also raised the issue that males and females clearly not only react to stresses differently but also respond to counselling differently. Thus, these results would seem to suggest that the 'one size fits all' concept of therapy might not be appropriate, and that males may need to receive a different form of counselling that meets their needs, such that they might be able to sustain improvements over longer periods. It is thus suggested that there needs to be some work that looks into whether different methods of working or different focus models of therapy work better with males as compared with females. It is seen that the idea that different

models of working may be needed for different groups of subjects such as males and females has major implications not only on how data is collected but also on the work of counselling/clinical psychologists and counsellors generally in EAP work and also in other settings where brief therapy is the model expected to be used such as in primary care. This study also suggests that using an organisational baseline norm may facilitate the use of more naturalistic studies into the effectiveness of the therapy being offered but it is seen as important to ensure that at least the data for different groups, such as males and females, are analysed separately and longitudinally. Nevertheless overall the findings indicated that the model of brief therapy as used by this EAP was effective in promoting change.

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