

# How much are therapists' views on patriarchy related to their approach to therapy for men? Preliminary findings from a survey

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In the past few years, guidelines have been published which encourage therapists to see masculinity in relation to power, privilege, and other constructs from 'patriarchy theory'. The brief notes presented here are based on findings from the first responses to a survey of therapists (psychotherapists, clinical psychologists etc) on how they view masculinity in their work. Based on the first 25 respondents who described their practice in detail, it was found that those who made efforts to practice in a male-friendly way (e.g., accommodating male-typical communications styles) compared to those who took a gender neutral approach to male clients, endorsed significantly less the view that patriarchy prevents women from having equal rights ( $t = -3.334, df = 23, p < .003$ , two-tailed). This finding is discussed in relation to the potential impact of therapists' views on gender and how they work with male clients.

**Keywords:** feminism; masculinity; patriarchy; therapy for men; training for therapists

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Recent guidelines for psychologists who practice as therapists with male clients make assumptions about gender, such as the notion that masculinity is just a social construct without any influence of biology, and that masculinity is problematic due to the influence of patriarchy (American Psychological Association, Boys and Men Guidelines Group, 2018; Johnstone et al., 2018). These guidelines raise a number of questions, for example: (1) To what extent is this view of masculinity supported by evidence in comparison to other theories? (2) To what extent do psychological therapists working with male clients subscribe to such views of masculinity? (3) To what extent is therapy that is influenced by these views safe and beneficial for male clients?

The first question has been extensively researched, though many of the findings are conspicuously absent from much of the discourse on masculinity (Liddon & Barry, 2021). The second and third questions have received much less attention. The third question is vital, yet remains largely overlooked. The aim of the present paper is to address the second question.

During October 2020, attitudes towards masculinity were surveyed in a snowball sample of therapists (clinical psychologists, psychotherapists, etc). The setting was online, and the questionnaire was designed for the present study. The survey followed ethical guidelines e.g., informed consent was sought. The preliminary results were interesting, so the decision was made to share these findings with readers of this special issue of the *Psychreg Journal of Psychology* (PJP), who will have a particular interest in male psychology.

Forty-four therapists have responded to the survey so far, 25 of whom met the inclusion criteria and had completed a sufficient amount of the survey for analysis of their approach to therapy with men. Of these 25, the characteristics of the therapists were: mean + SD age 56.4 + 11.6; 96% (24) Caucasian; 68% (17) male; 60% (15) in stable relationship; 88% (22) heterosexual; and 56% (14) based in the UK. The types of therapies were: psychotherapy 44% (11); clinical or counselling psychology 24% (6); counselling 24% (6); other psychological therapy 8% (2). They had an average of 13.9 years in practice (post-qualification), and the ratio of male to female clients was approximately 49:51.

Participants were asked, as per (Barry et al., 2020), how much therapists agreed with the following three statements: I am a feminist; Women should have equal opportunities to men; and Patriarchy prevents women from having equal rights to men; 28% (7) of participants moderately agreed or more than they were feminists; 100% moderately agreed or more that women should have equal opportunities to men; 32% (8) moderately agreed or more that patriarchy prevents women from having equal rights to men.

Like Mahalik et al. (2012) the therapists in the present study were asked to describe what, in their experience, good practice with men and bad practice with men. Twenty five therapists answered, and their suggestions grouped by content analysis as either consciously male-oriented (e.g., being aware of male-typical preferences for therapy such as being more solution-focused than feelings-focused;  $n = 12$ ), or gender neutral (e.g., treating male and female clients in the same way;  $n = 12$ ). The therapists who did gender neutral rather than overtly male practice significantly agreed more than the male-oriented therapists that patriarchy prevents women from having equal rights to men ( $t = -3.334$ ,  $df = 23$ ,  $p < .003$ , two-tailed). There were no significant differences based on therapy style in the answers to the questions on feminism or equal opportunities. This suggests that the therapists who think patriarchy holds women back are significantly less likely to use male-oriented approaches with male clients.

Our survey, which is one of the first of its kind, shows that in the vacuum of research and clear guidance on what therapeutic approaches actually work for men, the personal attitudes of therapists towards masculinity are likely to influence the style of intervention that men are currently being offered.

Although there is evidence from therapists (Liddon et al., 2019) and the general population (Liddon et al., 2017) that men have slightly different preferences for therapy than women do, the key questions are: (1) do the findings of the present study replicate in a larger sample, and (2) is a gender-neutral approach any different in terms of safety and efficacy than a male-orientated approach. Also, given that men seek help from psychological therapists less often than women do, will a male-orientated therapy appeal more to men and make them more inclined to seek help?

Future directions for research might include comparing the appeal of different styles of therapy to men and women, and the outcomes of these therapies. This will help ensure that future teaching and training of psychologists, counsellors and therapists can be based on a scientific foundation.

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