TALKING THE TALK

A QUALITATIVE STUDY OF THE FACTORS THAT CONTRIBUTE TO A POSITIVE COUNSELLING EXPERIENCE FOR MEN

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ABSTRACT

The goal of this qualitative research project was to identify and examine the factors that contribute to a positive counselling experience for men. Drawing on the principles of narrative research, this project explored the stories of seven men who offered detailed descriptions of their counselling experiences and their opinions on how the process helped them. These results were analyzed thematically to identify common threads among the men's experiences. The stigma associated with asking for help for emotional or psychological problems had initially deterred most of the men from seeking counselling. Once they went to counselling, most of the men talked about how they were more comfortable sharing their thoughts with the counsellor than they were discussing or experiencing their feelings in the sessions. The participants discussed their perceptions of the counsellor's theoretical or practical approach and how it helped them address their issues. Some of the men expressed a desire to find tangible solutions to their problems through counselling. Most of them shared their need to establish a strong bond with the counsellor before making themselves vulnerable. Some pointed to the importance they placed on the credibility and competency of the counsellor and how that influenced their satisfaction with the counselling process. Recommendations for counsellors and counsellor educators with specific implications for research and counselling practice are discussed.

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When I decided to embark on a mid-life career change by undertaking a master's degree in counselling psychology, my friends, family and colleagues were surprised that I would choose to start over in a completely new field. But I was fortunate to have a group of people in my corner who encouraged me as I completed my course work part-time, took time away from my job to do a full-time counselling internship, and did the research and writing for this thesis.

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supervisor from the Faculty of Education. Their insights helped me in my growth as a counsellor and challenged me as I worked on this research project.

Mostly, I want to thank the men who were brave and generous enough to share their experiences of counselling with me. I hope their stories will give us as counsellors a sense of how we can better serve a group of clients that has not traditionally flocked to our doors. All of us will be happier and healthier if half the population is getting the help it needs.

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Chapter 1 - Introduction

Talking the talk: A qualitative study of the factors that contribute to a positive counselling experience for men

There is no better symbol in contemporary popular culture of the conflict that men experience over the need for counselling than Mafia kingpin Tony Soprano of the HBO television series "The Sopranos". For several years, viewers watched the burly macho man sit down with his female psychiatrist on a regular basis to explore his ongoing depression, the origins of his anxiety attacks, his ongoing response to the words and actions of his cruel, manipulative mother, his unresolved feelings about his violent father, and his guilt about his chronic infidelities. It's clear that therapy gave Soprano the forum he needed to explore his pain and seek insight and resolution. But he fought the process, and his progress, at every step, fearing that the very act of asking for help will make him appear weak and therefore vulnerable to his wife, his family, his colleagues and his enemies.

Tony Soprano led a fictional existence filled with more drama and chaos than most men encounter in their daily lives but he has much in common with his male peers when it comes to his experiences in counselling. Contemporary men are experiencing real emotional and psychological pain manifested as anxiety attacks, depression, addiction, suicidal thoughts, repressed emotion, violence, isolation, withdrawal, frustration, sadness, anger and an inability to be intimate with spouses, friends and family. And like Soprano, they are finding it difficult to ask for and accept the help they need.

Purpose of the study

The goal of this qualitative research project is to identify and explore the factors that contribute to a positive counselling experience for men. In particular, I am interested in hearing about men's personal experiences with counselling and their thoughts on why the process was helpful to them. Those factors could include the therapeutic relationship they had with their counsellors, the counsellors' theoretical approach and choice of interventions, and their own attitudes towards seeking help. In addition, I would like to learn more about how the counselling experience could be improved to meet their needs in future. Through personal interviews with men over the age of 19 years, I will use a series of open and closed questions to elicit detailed descriptions of their counselling experiences.

Rationale

Research conducted over the past 40 years has offered a clear picture of the clients who present for counselling. Men make up only a third of counselling clients (Good, Dell & Mintz, 1989) and are less likely than women to seek help for issues like depression, stress, and addictions (Addis & Mahalik, 2003). This reflects men's general attitudes about health care since men are also less likely than women to visit their physician to discuss their physical health.

However, men's reluctance to go for counselling should not be seen as an indicator of their superior mental health. Women are diagnosed with mental illness twice as often as men and are more likely to be hospitalized and treated with psychotropic drugs. But men are more likely to abuse alcohol and illicit drugs, and exhibit symptoms of antisocial personality disorder, paraphilia and combat-related post-traumatic stress disorder (Brooks, 2010). Another indication

of men's psychological distress is the high rate of completed suicide, which is four times that of women's (Cochran & Rabinowitz, 2003). Pollack (1998) suggests that when percentages for alcohol abuse, depression and antisocial personality disorder among men are combined with those for depression and anxiety for women, men and women seem to have similar rates of mental health concerns.

Clearly, contemporary men are experiencing a great deal of emotional and psychological pain but something is keeping them from seeking help. Up until the 1970s, literature about the unique psychological experiences of men or their specific needs in relation to counselling and mental health services was scarce. In the ensuing decades, the literature has become richer, thanks to researchers and counsellors who have been actively exploring the ways that cultural constructs of masculinity may affect men's psychological health and may keep them from seeking the counselling they need.

Brannon (1976), Pleck (1981), and O'Neil (1981) developed a variety of concepts to examine the way men experience emotions and deal with psychological problems because of the way they are socialized to adhere to rigid male gender roles. These researchers explored their ideas in theories about masculinity ideology, masculine gender role strain, and gender role conflict, respectively. Brannon identified four imperatives associated with masculinity that require men to act in rigidly-defined ways. They argue that men are encouraged to reject everything associated with femininity, focus exclusively on work, status, achievement and success, to be stoic and deny vulnerability and to be forceful and interpersonally aggressive. In his gender role strain paradigm, Pleck (1981) explored the idea that gender role norms are

inconsistent and often contradictory, noting that men are more harshly punished than women for failing to meet society's expectations of gendered behaviour. O'Neil (1981) took that concept a step further with the idea of Gender Role Conflict (GRC), arguing that rigid gender roles can restrict "the person's ability to actualize his/her *human potential*" (p. 62).

Stemming from those gender role issues is the idea that men's emotional expression is limited by their socialization, leaving them unable to recognize and articulate their feelings. Levant (1998) argues that men have been rendered incapable of truly recognizing their feelings and putting them into words because of the stresses placed on them by society's rigid gender roles. Shepard (2002) studied the connection between restricted emotionality and depression among college men. He asserts that his results support four other studies that show that restricted emotionality is the "strongest gender role conflict predictor of psychological distress for men in both clinical and non-clinical samples" (Shepard, 2002, p. 6).

These issues contribute to a general reluctance among men to admit that they need help and a strong resistance to seeking help, leaving them with mental health concerns that remain untreated and can worsen in severity. Men are often deterred from seeking help because of the social stigma associated with going for counselling (Rochlen & O'Brien, 2002; Vogel, Wade & Haake, 2006; Vogel, Wade & Hackler, 2007). As a result, some men develop their own ways to cope with emotional problems, including abusing alcohol and drugs, acting aggressively or engaging in sexual affairs (Brownhill, Wilhelm, Barclay & Schmied, 2005; Real, 1997; Pollack, 1998).

Some researchers (Fischer & Good, 1997; Good & Brooks, 2005; Rabinowitz & Cochran, 2002; Robertson & Fitzgerald, 1992) argue that no one should be surprised that men are resistant to counselling, preferring to cope on their own, often in unhealthy ways. They note that counsellors and psychologists do not acknowledge the unique needs of male clients, nor do they try different approaches to make the experience more comfortable and effective for men. Good and Brooks (2005) argue that it is understandable that men are reluctant to pursue counselling because counsellors are not adequately prepared to address their complex and sometimes contradictory needs.

> "(M)any counsellors and therapists don't fully understand men's experiences. Many don't see the connection between men's problematic behaviors and their psychic pain. Many don't feel adept at engaging reluctant men in treatment. Many don't understand how to customize traditional therapy modalities to serve men better." (Good and Brooks, 2005, p. 8)

Given that the existing research has identified some of the issues that make counselling unappealing to some men, the goal of this research project was to identify the factors that make the counselling experience a positive one for male clients. It is important to learn more about what happens when a man actually decides to present for counselling. What prompts him to seek help? Why is counselling successful for some men? Is it the counsellor's personal style, technique, or theoretical approach? Or, is it more a question of "goodness of fit", the intangible elements that allow a client to form a therapeutic bond with one counsellor and not another? If we knew more about men who gained some benefit from the experience of counselling, we

might be able to help other counsellors as they set out to work with male clients. By comparing the varied experiences of men in counselling, I hoped to identify recurring themes about men's experiences that could help inform counsellors in their approach to this population of clients and help cope with pain and distress and learn how to live more emotionally healthy lives.

Significance

Men are not getting the help they need from counselling because they are generally not taking advantage of the opportunity to get help. As a result, a major population is not having its basic mental health needs met, leaving men to cope on their own with varying degrees of success. If stress and mental health issues are not being treated in a timely way, it is likely that the symptoms will grow in severity and spill into all aspects of men's lives. Untreated stress, addictions and mental illness among men can have a dramatic impact on their families, partners, friends and colleagues, as those people struggle to understand the symptoms they are seeing and to deal with the negative effect those problems are having on their lives. Similarly, the entire community can be affected by one man's emotional or psychological problems if he turns to drug or alcohol abuse or violence as a way to cope with his pain, possibly leading him to commit impaired driving offences or physical assault.

Personal motivation

This topic captured my interest early in my studies in counselling psychology. Through a course on cultural issues in counselling, I started to recognize how every population in our community has its own unique counselling needs. It may seem like a contradiction to categorize men as a distinct population when it comes to mental health, given the influence that men have in

our society as a whole. But my research on the issue has given me great insight into the special considerations that affect men's mental health and their capacity to seek help.

My interest in the counselling needs of men was fuelled by my first experience as a counsellor during my internship at the University Counselling Centre at Memorial University of Newfoundland. I was not surprised to find that my client list was dominated by young women, given that women are more likely to present for counselling than men. But I was pleased to have the opportunity to work with a number of young men on an on-going basis throughout my internship. Most of the young men who came to see me were clearly uncomfortable with the concept of talking to another person about their emotions and mental health. For some, the fear seemed to persist past the first few sessions, even after we had established what appeared to be a good therapeutic relationship. However, they continued to come for sessions even though it was not easy for them, which suggested to me that the process was somehow helpful to them. Others were open, and even eager, to talk about how they were feeling and were clearly relieved to have the opportunity to express themselves and discuss their concerns. Those two radically different types of male clients fuelled my interest in the male experience of counselling and raised additional questions that would be valuable to explore in my research.

Research method in brief

I took a narrative approach to this research by conducting personal interviews with men that allow them to talk at length about their experiences in counselling. I reviewed and analyzed the narratives that resulted from these interviews in the hopes of identifying common themes that may have relevance for a broader population. Through this analysis, I gained a deeper

understanding of the men's experience in counselling and how the process helped them address their own emotional and psychological issues.

In order to recruit participants for my study, I circulated my "call for participants" by email to counsellors, social workers, and psychologists working in private practice, health care settings and community agencies in the St. John's area, asking that they post my information in their offices or share it directly with clients. I also distributed information through consumer groups such as the Canadian Mental Health Association (NL) and Consumers' Health Awareness Network Newfoundland And Labrador (CHANNAL) and publicized it through email lists. Seven men contacted me directly by phone or email after they had learned of my project and expressed their interest in taking part in my research.

Limitations

As with all qualitative research, the results of this study represent the unique experiences of the individual participants and may not be easily generalized to the broader population. As well, my pool of potential participants was limited to those I could reach by my various recruitment methods and may be skewed in favour of those who have a specific reason for wanting to discuss their counselling experience. Because the research project did not have a budget, I was not able to travel outside of the St. John's area and was limited to conducting personal interviews with people who lived in and around the city. While I did have the option of conducting telephone interviews with people who live some distance away from me, I was concerned that there may have been a difference in the nature of those interviews based on a person's level of comfort with talking to a stranger on the phone or in person. Despite those

limitations, I believe the insights gained from this research can be used to inform and educate counsellors about the potential needs of a particular population that they may serve in their counselling practice.

Chapter 2 – Literature review

The literature of the past few decades offers us a great deal of insight into the issues that influence men's psychological health and their willingness to seek help when they are faced with problems. In this chapter, I will explore the research that has been conducted about the impact of gender roles on men's mental health, men's experiences of mood disorders, addictions and suicide, male socialization and its impact on help-seeking behaviours, men's desire or ability to express emotion, and men's attitudes about counselling. I will also look at existing research on counselling strategies aimed at men and the issues that counsellors need to consider when seeing male clients.

The impact of gender roles

In the 1970s, the feminist movement encouraged women to move beyond restrictive gender roles established in earlier generations and to explore greater possibilities for the way they could live their lives. Psychologists began to question accepted definitions of masculinity and femininity and to investigate new ways of looking at gender. Up until then, masculine character traits were regarded as indicators of a person who was psychologically well-adjusted (Long, 1986; O'Herson & Orlofsky, 1990), as evidenced by traits like assertiveness, independence and self-esteem. But it was during this period that some researchers and counselling practitioners started to recognize that traditional gender roles that society prescribed for men seemed to negatively influence their mental health (Lisak, 2000; Thompson & Pleck, 1995).

Before that point, literature about the unique psychological experiences of men or their specific needs in relation to counselling and mental health services was scarce. But in the 1970s and 1980s, a number of key themes began to emerge in the literature. Several researchers focused on the conflict and stress that men experience because of the way they are socialized to adhere to male gender roles (Pleck, 1981; O'Neil 1981; Brannon, 1976), including the idea that men's emotional expression is limited by their socialization, leaving them unable to recognize and articulate their feelings. They found that the imposition of limiting gender roles contributed to a general reluctance among men to admit that they need help and a strong resistance to seeking help from mental health professionals. As a result, some men develop their own ways to cope with emotional problems, including abusing alcohol and drugs, acting aggressively, gambling or looking for sexual encounters.

In the past decade, the level of interest in this area has increased significantly and the emphasis is starting to shift on how psychologists and counsellors can address the unique needs of men in their practice. For some, that means changing the modes of counselling to suit men's needs while others suggest that we can help by trying to teach male clients new ways of experiencing their thoughts and feelings. New approaches could include coaching, modelling emotional expression or cognitive approaches that appeal to a client's thoughts rather than their feelings (Addis & Choane, 2005; Brooks, 2010; Cochran, 2005; Glicken, 2005; Johnson, 2001; Mahalik, Good, & Englar-Carlson, 2003; McKelley & Rochlen, 2007).

Men's experiences of mood disorders, addictions and suicide

A cursory look at the statistics would indicate that twice as many women experience

depression and mood disorders than men. Kessler, Chiu, Demler & Walters (2005) found that the lifetime prevalence of depression for American men was 13.2% and for women it was 22.5%. Canadian research has concluded that 7.9% to 12% of the adult population have experienced depression over the course of their lives (Stewart, Gucciardi & Grace, 2004), again with twice as many women experiencing depression as men.

But the statistics may not necessarily be an accurate reflection of the rate of depression among men. Women are diagnosed with depression more often than men but that may be partly because they are willing to talk about their distress with their health care professionals. Some research on depression indicates that the more frequent diagnosis for women can also be attributed to the fact that their symptoms are more consistent with the standard criteria for depression than those of men (Brownhill et al, 2005). The criteria for a major depressive episode established in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders – DSM-IV (American Psychological Association, 1994) include feelings of worthlessness and indecisiveness, altered patterns of sleep, eating, and physical energy, and a general loss of interest in life, including activities and relationships. The depressed mood must last at least two weeks.

Real (1997) argues that many men are suffering from what he calls "male covert depression." Men are more likely to internalize the painful emotions and self-medicate them with alcohol, drugs, violence or gambling. In order to treat such a depression, Real (1997) says men and their counsellors need to dissolve the defenses created by the addictive behaviour and reveal the pain that lies beneath. Pollack (1998) concurs, noting that men's symptoms of

irritability and anger form a mask that hides their other symptoms of depression like sadness and hopelessness. He suggests that screening and assessment tools for depression, including the DSM-IV, do not recognize the atypical signs of depression that are often exhibited by male patients, and leads to fewer men getting a diagnosis of depression and the appropriate treatment.

When the atypical symptoms of depression are considered, there is considerable evidence that men are suffering as much as women. Men are almost twice as likely as women to experience alcohol and drug abuse or dependence (Kessler et al., 2005). More recent studies (Chuick, Greenfeld, Greenberg, Shepard, Cochran, & Haley, 2009; Cochran & Rabinowitz, 2000; Kilmartin, 2005) seem to confirm what Real (1997) and Pollack (1998) were saying more than a decade ago. Brownhill et al (2005) found that women are more likely to cry, express emotion, ruminate over their mood, and express feelings of helplessness, which are typical symptoms of depression according to the major assessment tools.

> Men are, however, over-represented in risk-taking and antisocial behaviours such as aggression and violence-related deaths, deliberate self-harm and suicide, sexual encounters, gambling, drunk-driving, road rage and drug and alcohol abuse including binge drinking [21–32]. Of interest, in communities where alcohol and drug use and sociopathy are culturally prohibited [33] or where there is low use of alcohol and suicide as escape routes from depression [34], the disparity between men's and women's reporting of depressive symptoms narrows (Brownhill et al, 2005, p.921).

Kilmartin (2005) concurs, noting that "in some men, patterns of substance abuse and criminal behavior may reflect a dissociative and action-oriented approach to dealing with depressive symptoms" (p. 96). In its 2009 *Men and Depression Factsheet,* the National Alliance on Mental Illness in the United States reported similar findings about men's symptoms of depression, noting that depressed men are likely to hide feelings of sadness, become aggressive or irritable and self-medicate with alcohol or drugs (National Alliance on Mental Illness, 2009).

Chuick et al (2009) used a grounded theory approach to gather and analyze men's descriptions of their experience of depression. They found that while some of the men described symptoms that met the DSM-IV criteria for depression, they also experienced a variety of additional symptoms, including "alcohol or substance abuse, escalating interpersonal conflict, and anger management problems. Participants' experiences with these atypical symptoms were cyclical and escalating in nature, often representing ineffective strategies for coping with their depression" (p. 306). They recommend that counsellors evaluate male clients for atypical symptoms associated with men's attempts to hide depression, including drug and/or alcohol abuse, excessively frequent or intensely irritable mood, and changes in sexual behaviors including infidelity.

Cochran and Rabinowitz (2003) suggest that practitioners can start by assessing their male clients according to the DSM-IV but then they need to explore some of the atypical symptoms experienced by men.

> Psychologists who are sensitive to some of the idiosyncratic ways in which men express and manage depressed mood are likely to be more effective in identifying, assessing, and treating depression in men. Activities that psychologists might use to enhance their sensitivity in this domain include increased awareness of their own internalized gender role stereotypes and continued efforts to enhance understanding of the impact of cultural norms and practices on the shaping of men's experience and expression of depressed mood. In clinical practice with male clients, psychologists should consider using masculine-sensitive assessment strategies coupled with thoughtful use of proven and innovative psychotherapeutic strategies (Cochran and Rabinowitz, 2003, p. 138).

It is important to recognize that men are likely to exhibit one of the typical symptoms of depression much more often than women. Women may talk about suicide when they are depressed and make unsuccessful attempts to end their own lives but men are three to four times more likely to follow through and kill themselves than women (Cochran & Rabinowitz, 2003). Given the connection between depression and suicide, the high rate of suicide among men should be seen as a strong indicator of male depression.

Masculinity ideology and limiting gender roles

As the rates of depression, addiction and suicide among men illustrate, the rigid and limiting gender roles that are prescribed for men can have an adverse effect on their mental health (Good, Heppner, DeBord, & Fischer, 2004; O'Neil, 2008; Schaub & Williams, 2007). Researchers have proposed a number of concepts that try to create an understanding of how gender roles affected men's mental health and emotional well-being, notably masculinity

ideology (what it means to be a man and adhere to male gender roles) and masculine gender role conflict, strain and stress (the negative psychological effects of doing so).

In the Blueprint for Manhood model, Robert Brannon (1976) identified four imperatives associated with masculinity that require men to act in rigidly-defined ways. The first, described as "no sissy stuff", encourages men to reject everything associated with femininity and to never act in a feminine way. The second, "the big wheel", argues that wealth, power and status are the measure of a man. Therefore, a man should focus exclusively on work, achievement and success in order to assert his masculinity. The third imperative, "the sturdy oak", requires men to be stoic and deny vulnerability, to be the one that others can depend upon in a crisis. The last imperative, "give 'em hell", encourages men to take risks and be forceful and aggressive in their dealings with other people (Brannon, 1976).

Kahn (2009) concludes that no man could live up to all of these expectations but "the assumption is that all men compare themselves to, and attempt to achieve, these masculine benchmarks. Connecting this to the concept of hegemonic masculinity, one can see how this model provides specific requirements for idealized dominant masculinity that most men are unable to achieve" (Kahn, p. 57).

In "The Myth of Masculinity", Joseph Pleck (1981) proposed the "gender role strain paradigm" as a way of exploring the impact of masculinity on men's lives. His paradigm grew from his interpretation of the work of Turner (1970) and Komarovsky (1976), which looked at gender role strain as a sociological and social-psychological concept, and the analysis that

Hartley (1959) and Hacker (1957) did on the dynamics of masculinity. The gender role strain paradigm asserts that gender role norms are inconsistent and often contradictory, which makes it difficult for people to live up to the expectations created for them.

> "Gender roles entail standards, expectations, or norms that individual males fit or do not fit to varying degrees. Not conforming to these standards has negative consequences for self-esteem and other outcomes reflecting psychological well-being because of negative feedback as well as internalized negative self-judgments. (Pleck, 1995, p.13)

Pleck notes that a high proportion of people violate gender role norms but men are more harshly punished than women for failing to meet society's expectations. He saw male gender role strain as being strongly related to masculinity ideology, which involves "the individual's endorsement and internalization of cultural belief systems about masculinity and male gender, rooted in the structural relationships between the sexes" (Pleck, 1995, p. 19). Pleck also noted that meeting the demands of gender role standards can negatively impact men "because the behavior and characteristics these standards prescribe can be inherently dysfunctional in the sense of being associated with negative outcomes either for the male himself or for others" (p. 16-17).

James O'Neil (1981) considered Pleck's concept of gender role strain to be "a primary stimulus" for his concept of Gender Role Conflict (GRC), which "is defined as a psychological state in which socialized gender roles have negative consequences for the person or others. GRC occurs when rigid, sexist, or restrictive gender roles result in restriction, devaluation, or violation

of others or self" (O'Neil, Good & Holmes, 1995). The six theoretical patterns of GRC include restrictive emotionality, health care problems, obsession with achievement and success, restrictive sexual and affectionate behavior, socialized control, power, and competition issues, and homophobia.

Gender role conflict is defined by four psychological domains – cognitive (thinking about gender roles), affective (feelings about gender roles), unconscious (how people are affected by gender role dynamics that they are not aware of), or behavioral problems (actions and interactions influenced by gender roles). The conflict can be caused by gender role transitions (major life events like getting married or losing a father) or it can be experienced intra-personally by a man's negative thoughts and feelings related to rigid male gender roles. A man can express the gender role conflict towards others by devaluing or restricting another person for either following or rejecting masculinity ideology and he can experience it from others if someone exerts similarly negative pressure on him (O'Neil, 1990).

O'Neil and his colleagues developed the Gender Role Conflict Scale (O'Neil, Helm, Gable & Wrightsman, 1986) to measure the impact the GRC had on individual men. The tool uses a Likert scale to measure men's responses to 37 questions about Socialized Power and Control issues (e.g., "I worry about failing and how it affects my doing well as a man"), Restricted emotionality (e.g., "I have difficulty expressing my tender feelings"), Restrictive Affectionate Behavior Between Men (e.g., "Affection with other men makes me tense"), and Conflict Between Work and Family Relations (e.g., "My work or school often disrupts other parts of my life: home, health, or leisure") (O'Neil, 2008). Eisler and Skidmore (1987) developed

the Masculine Gender Role Stress Scale to help measure the impact of rigid gender roles on the psychological and physical well-being of men. They found that men are most stressed in situations that relate to their physical inadequacy, emotional inexpressiveness, subordination to women, intellectual inferiority, and performance failures involving work and sex.

Some studies have identified gender role conflict or strain as a significant contributing factor in male depression (Carpenter & Addis, 2000). In his study of men with depressive symptoms, Shepard (2002) notes that gender role conflict actually prevents men from admitting that they are depressed because they do not want to appear "unsuccessful, vulnerable, or feminine .... In other words, there may be a relationship between gender role conflict and the denying or camouflaging of depression" (p. 3).

Addis and Choane (2005) suggest that most of the research and theory about masculinity has come from a social learning perspective and has focused on measuring the relationship between traditional concepts of masculinity and men's experience of mental health problems and their attitudes toward seeking treatment. They see a clear need for research that explores the "psychological mechanisms (broadly defined) that mediate relations between adherence to traditional masculinity norms and poor mental health outcomes" (p. 638). Addis and Choane argue that counsellors and psychologists need to explore a social constructive approach to masculinity in which multiple definitions of masculinity can exist simultaneously and men have the freedom to define and construct their own realities.

Male socialization and help-seeking behavior

Substantial research exists that demonstrates the negative impact that traditional masculine gender socialization has on both the mental health of men and on their unwillingness to get help for psychological problems (Addis & Mahalik, 2003; Eisler, 1995; Good & Wood, 1995; O'Neil, Good, & Holmes, 1995; Möller-Leimkühler, 2002). Hayes and Mahalik (2000) found that:

> "(G)ender role conflict predicted psychological distress generally, and hostility, social discomfort, and obsessive-compulsiveness specifically. These findings are similar to studies of both clinical and nonclinical samples that reported gender role conflict to negatively predict psychological well-being. Thus, at a general level, gender role conflict seems to adversely affect the mental health of men who are and are not seeking psychological services" (p.122).

Blazina and Watkins (1996) studied college men's attitudes towards counselling based on their scores in the Gender Role Conflict Scale. They determined that men who scored high on the Success, Power and Competition variable were less open to entering counselling because they feared yielding power to a counsellor. Those who scored high on Restricted Emotionality were similarly reluctant to pursue counselling because it conflicts with the way they have been socialized to deal with emotions (p. 464).

Since 1989, at least 19 studies have explored the impact that Gender Role Conflict has on men's help-seeking attitudes and all but one study (Mendoza & Cummings, 2001) has found the

patterns of GRC to be significantly related to negative attitudes toward seeking psychological help.

Emotional expression

From an early age, men hear the warnings about expressing their emotions to others. "Big boys don't cry", they are admonished, which effectively tells them that overt displays of emotion are incongruent with the role of being a man. Real (2002) notes that the effects of gender role strain are obvious when we look at the demands that men in contemporary society face regarding their emotions.

> The pressure to be hard, logical, independent and stoic all too often sets men up to be emotionally distant, arrogant, numb to their own feelings and unconcerned about everyone else's, as well contemptuous of vulnerability and weakness. These aren't pathological aberrations; they're the defining characteristics of manhood in our culture. The very values and traits instilled in us as boys – whether we want them or not – ensure that we'll become lousy husbands (Real, 2002, p. 38).

The prevalence of emotionally repressed or inexpressive men has prompted researchers like Levant (1995) to conclude that many men suffer from a mild form of alexithymia - an inability to describe and discuss feelings. He argues that men have been rendered incapable of truly recognizing their feelings and putting them into words because of the stresses placed on them by society's rigid gender roles.

> As a result of this socialization ordeal, men are often genuinely unaware of their emotions. Lacking this emotional awareness, when asked to identify their feelings, they tend to rely on their cognition and try to logically deduce how they should feel. They cannot do what is so automatic for most women – simply sense inwardly, feel the feeling, and let the verbal description come to mind (Levant, 1995, p. 239).

Levant, Hall, Williams, & Hasan (2009) conducted a meta-analysis of the existing empirical studies done on alexithymia to explore gender differences in the experience of restricted emotional expression and confirm the existence of Normative Male Alexithymia (NMA). They concluded that the finding of "significantly higher levels of alexithymia in men is indeed consistent with the NMA hypothesis" (p. 198). However, they note that the existing literature does not explain why the difference between men and women exists and suggest that future research is necessary to explore the origins of restricted emotional expression.

In their research on masculine gender socialization and emotionality, Jakupcak, Salters, Gratz, & Roemer (2003) explored how masculinity influenced men's primary emotional response (emotional reactions brought on by a stimulus) and secondary emotional response (their learned reaction to primary emotions such as fear of feeling sad).

> Men vary in their primary emotional responses (in terms of affect intensity) in a pattern consistent with the continuum of masculinity. Men who endorse less traditional ideologies of masculinity may experience their primary emotions intensity (sic), whereas extremely traditionally masculine men serve as a social prototype by avoiding their

> emotions, thus they report lower affect intensity and thereby confirm cultural beliefs about men's emotional behaviours (Jakupcak et al, 2003, p. 118)

Fischer and Good (1997) did not find that traditional masculine gender roles render men incapable of identifying and describing their emotions. But they did conclude that the social pressure to detach from their emotions discourages men from being willing to disclose and express their feelings. They suggest that male therapists could model emotional expression as a way to help traditional men learn how to express themselves.

Wong and Rochlen (2005) suggest that male emotional inexpressiveness has "many possible causes, including a high threshold for emotional activation, lack of awareness of emotion, inability to identify feelings, negative evaluations of one's emotions, and perceived lack of social opportunity to express feelings" (p. 69). They also note that men may express their emotions through nonverbal means instead of by talking about how they feel, which may be perceived by others as being less emotional or unexpressive.

Cusack, Deane, Wilson & Ciarrochi (2006) explored the impact that restricted emotionality and alexithymia have on men's willingness to attend counselling, their receptiveness to the counselling process, their satisfaction with the experience, and their interest in going back for counselling at a later time. The participants noted that the therapeutic bond between the counsellor and client was a major contributing factor to their positive experiences with counselling.

> Contrary to expectations, perceptions of treatment helpfulness did not mediate the relationship between bond and future help-seeking intentions. It was concluded that, once in therapy, bond and perceptions of treatment helpfulness are more important to future help-seeking intentions than a man's difficulty or discomfort with emotional expression (Cusack et al 2006, p. 69).

Shepard (2002) noted a connection with restricted emotionality (described as a man's reluctance to cry or otherwise express feelings in a vulnerable way) and a pattern of depressive symptoms when he studied college men. He asserts that his results support four other studies that show that restricted emotionality is the "strongest gender role conflict predictor of psychological distress for men in both clinical and non-clinical samples" (p.6).

Attitudes about counselling

Counselling is generally regarded as an experience that requires a client to disclose and share his feelings with a stranger. Given that Western societies socialize men to rely on themselves instead of turning to others for help and are discouraged from expressing emotion freely or disclosing personal information to others, it makes sense that they are unlikely to seek out counselling. In fact, the differences between the way men are socialized to act and the way that people generally act in counselling are so great that many men find the idea of counselling foreign and intimidating (Robertson & Fitzgerald, 1992; Addis & Mahalik, 2003). Brooks (2010) describes the gulf that exists between men and therapy this way:

> Most unfortunately, the behavioral and emotional qualities of "ideal" psychotherapy clients are radically different than the qualities of "real men." ...(T)raditional masculine socialization teaches men to hide private experience, maintain control, maintain stoicism, present self as invincible, favor action over introspection, avoid relationship conflict, and sexualize intimate relationships. With this in mind, we can see how difficult it would be to create an environment that could possibly be any more uncomfortable for men's most preferred ways of being (p. 38).

Wisch, Mahalik, Hayes & McNutt (1995) found that men who scored high on gender role conflict preferred a cognitive-focused approach to counselling over an emotion-focused approach session, suggesting that men may be open to counselling if the approach was consistent with their way of expressing themselves.

The stigma associated with counselling has a negative impact on men and women's willingness to seek help for emotional or mental health concerns. People are so concerned about being labeled "mentally ill" or "crazy" that they would rather forgo getting help than be identified as someone in need of counselling. Vogel, Wade & Hackler (2007) suggest the stigma around counselling is even more powerful for a man.

> "Therefore, one reason men may seek counseling less often than women is that men may internalize public stigma more strongly than women. This may be because traditional gender roles lead society to consider counseling as something men are not supposed to need and therefore actually stigmatize men to a greater degree than women for seeking

> help (Martin et al., 1997). It may also be that traditional gender roles lead men to believe that if they seek counseling they are a failure, which would increase the negative effect of seeking help on their self-esteem (Vogel et al., 2006)" (p. 47).

In her study on men's experiences of counselling, Millar (2003) found that men's attitudes about going for counselling were influenced by societal attitudes towards counselling, which they saw as mostly negative. However, she noted that men's opinions of counselling began to change after they had some experience with the process. The men in her study noted that they were most anxious about going counselling when they knew little about the process.

Considerations for counsellors

In their book *Deepening Psychotherapy with Men*, Rabinowitz and Cochran (2002) suggest that counsellors need to conceptualize the difficulties that men present by examining the four psychological dimensions that are at play for most men. The first relates to men's ambivalence about dependence and intimacy in relationships. The second involves limited emotional expression, particularly when it comes to expressing sadness or grief. The third area relates to the impact that gender roles have on the development of a man's identity and the fourth looks at men's preference for "doing" instead of simply "being". Rabinowitz and Cochran describe these areas as:

> "... the signposts for both the therapist and client as they navigate the terrain encountered in the deepening process. The concept of a portal to the deepening process is based on the idea that most men do not readily or easily reveal their inner worlds or emotions to a

psychotherapist. This is not to be interpreted as an indication that no inner world exists, merely that gender-role related restrictions and prohibitions have accumulated that often render this inner world inaccessible" (p. 26).

Englar-Carlson, Stevens, and Scholz (2010) argue that counsellors and therapists need to be aware of the difficult experiences that men bring into the therapy session and re-live through the therapeutic process. They call on counsellors to offer male clients a supportive environment where they can "tell their stories and make sense of what is chaotic, distilling, and conflicting in their lives. For many men, safe spaces such as this are rarely found" (p. 243).

Cusack et al (2006) have found that men who have problems expressing emotion in a verbal way are not always resistant to counselling. They discovered that context is essential when it comes to men's willingness to talk about how they feel. "Men with emotional restrictions may perceive the therapeutic relationship as an interpersonal setting in which the expression of emotion is more acceptable" (p. 77). Some research indicates that men grow more flexible in their attitudes about counselling as they age. Berger, Levant, McMillan, Kelleher, and Sellers (2005) were surprised to find "that older men have more positive attitudes than younger men toward seeking professional psychological help. This finding is consistent with research within the gender role strain paradigm that has found less endorsement of traditional masculinity ideology among older men" (p.76).

Mahalik, Good and Englar-Carlson (2003) examined the various scripts that men follow when they present for counselling, which is often how they express their adherence to traditional

male gender roles. For example, a man who adheres to the "strong-and-silent" masculine script is likely to exhibit restricted emotionality and may have difficulty describing how he is feeling. A man who believes that success and achievement are essential to his masculine identity may present with the "winner" script. The "playboy" script is evident with men who have sexual relationships that are generally devoid of emotional connection.

> These findings highlight the need for clinicians to better understand masculine socialization, to make efforts to explore the linkages between masculine scripts and men's presenting problems in their work with men, and to anticipate men's possible ambivalence to seeking help by finding ways to make the therapeutic experience more comfortable and effective. Our suggestion to the field is that programs begin training psychologists to attend to the sociocultural context of men in the same way in which we have already recognized how the sociocultural context shapes the experience of persons of color and women" (Mahalik, Good and Englar-Carlson, 2003, p. 129).

Fischer and Good (1997) note that gender roles are changing which gives men some freedom to explore their emotions and find new ways of expressing themselves. They suggest that counsellors and therapists need to try approaches that encourage men to discuss and describe their feelings. If the effectiveness of many counselling approaches relies on a client's willingness to self-disclose and express their feelings in words, it is unlikely to help men who strictly adhere to traditional masculine roles. Therefore, Fischer and Good (1997) argue that:

> "(I)t may be important not just to 'change men', but also to change mental health services to better help men change. At minimum, one possibility for improving mental health services for men is providing some kind of pretherapy orientation, in which clients are prepared for the tasks of therapy (Fischer & Good, 1997, p.168).

Robertson and Fitzgerald (1992) propose a more radical re-thinking of the counselling process for men. They encouraged counsellors to regard their male clients as members of a unique cultural group and to address their counselling needs with the use of culturally-sensitive formats. They suggest that if counselling is presented to men in a more practical and concrete way (using terms such as classes, workshops, and seminars, instead of personal counselling) then more men may be open to taking advantage of those services. They assert that "counseling psychologists need to offer programs that emphasize self-help and problem-solving approaches, rather than offering solely counseling for deeper insight into self-development and personal emotions" (p. 245).

For men who have trouble verbalizing their feelings, Rabinowitz & Cochran (2002) suggest that counsellors combine a more active, structured form of therapy and experiential interventions with traditional psychotherapeutic strategies. "In fact, by focusing on the relational difficulty of the situation in therapy a man may unlock many of the factors that contribute to his psychological suffering" (p. 4). Glicken (2005) offers a variety of approaches that may appeal to some male clients. They include role plays, bibliotherapy, men's groups, humour as metaphor, therapeutic metaphors, use of stories and personal coaching. Wong and Rochlen (2005) call on psychologists and counsellors with a strong background in the science of emotion to develop

appropriate interventions to meet men's counselling needs. They encourage them to "adopt a balanced approach to addressing men's emotional expression and nonexpression that neither glorifies nor overpathologizes their emotional behavior" (Wong & Rochlen, 2005, p. 70). Similarly, Cochran (2005) encourages therapists to develop a greater understanding of how traditional masculine ideologies and gender role stereotypes have affected men and their emotional well-being.

> Difficulties with approaching treatment and with enacting the typical good patient role can be understood as a residual effect of masculine-gender role socialization. By using this aspect of understanding the male client's preferences and values, the assessing therapist will be more likely to meet the male client with a friendly and respectful presence and adapt assessment and treatment practices accordingly (Cochran, 2005, p. 653).

Summary

The literature of the last few decades has clearly established that many men are in crisis and are in dire need of gender-appropriate and effective counselling experiences. The evolving nature of men's psychology has many implications for the practice of counselling in the 21st century. Applying new approaches to their practice will sometimes be intimidating and frustrating for counselling professionals but the potential benefits are infinite. But as more men engage in counselling and learn how to cope more successfully with psychological issues, the practice will gradually become more acceptable to men themselves and to the broader community.

Chapter 3 – Methodology

The chapter offers an overview of the theoretical approach, including an exploration of the literature about narrative inquiry, a description of my sampling, data collection and data analysis process, and a discussion of ethical considerations related to this project.

A qualitative approach

The existing literature on men and counselling offers insight into men's reasons for not attending counselling and explores the elements of the counselling process that male clients found unhelpful or hindering (Good & Wood, 1995; Wisch, Mahalik, Hayes & Nutt, 1995; Blazina & Marks, 2001; Berger, Levant, McMillan, Kelleher, & Sellers, 2005; Vogel, Wade & Hackler, 2007). The goal of my research was to talk to men who have found counselling beneficial in order to learn how and why they found the therapeutic process helpful or effective. I wanted to look at the subject from the personal perspective of the men involved, in the hopes of gaining a rich understanding of their unique experiences. My goal was to hear their personal reflections on seeing a counsellor and to understand what their experience with counselling meant for them. It is unlikely that these rich details and reflections would be revealed through a survey or a questionnaire that asked for brief responses. Therefore, I decided to take a qualitative approach to this research.

Qualitative research distinguishes itself from quantitative approaches in its focus on words, subjectivity and discovery instead of numbers, objectivity and proof (Maykut & Morehouse, 1994). Instead of trying to come to a single, knowable truth about an issue, the

qualitative researcher is most interested in exploring new territory and seeking out a greater understanding of a particular issue. As McLeod suggests, the goal is not to achieve a definitive conclusion or answer about an issue but to grow in understanding and awareness of other people's experiences around the issue.

> The principal source of knowing in qualitative inquiry is the researcher's engagement in a search for meaning and truth in relation to the topic of inquiry. It is the struggle to know that generates new and useful insights. … To produce good work, qualitative researchers need to reflect on *how* they see and understand, to reflect on the process of knowing itself (McLeod, 2001, p. 54-55).

Qualitative research was a natural choice for me for several reasons. The principles are consistent with my sensibilities and values as an aspiring counsellor and the approach allows me to hear directly from the people who have experienced counselling, making them the experts about their own lives. In my previous career in journalism, I was drawn to interviews and feature stories that allowed me to explore issues in depth. By delving into an issue that I could not approach in a short news story, I tried to get people's unique perspectives on a particular phenomenon or experience and to develop a story that would add to the audience's understanding of the issue.

The art of the narrative

Given that this project relies primarily on the stories of the participants and their personal reflections on their unique experiences of counselling, I have decided to take a narrative

approach to the research. Narrative research is often conducted in the social sciences and humanities and its use is expanding to other subject areas, legitimizing personal storytelling as a way to gain knowledge about an issue or experience (Conle, 2000; Fraser, 2004). At the heart of a narrative research project is the story – a participant's account of an experience or series of events, told in a sequence that makes sense to the storyteller.

Connelly and Clandinin (1990), two early proponents of narrative inquiry in the field of education, assert that human beings use stories and the act of storytelling as a way to understand and give meaning to the way we experience our world.

> Narrative inquiry, the study of experience as story, then, is first and foremost a way of thinking about experience. Narrative inquiry as a methodology entails a view of the phenomenon. To use narrative inquiry methodology is to adopt a particular narrative view of experience as phenomena under study. (Connelly & Clandinin, 2006, p. 477).

The narrative approach gives voice to the participants and allows them to be heard by people who have an interest in their stories (the researcher and eventually, those who read the results of the research). Connelly & Clandinin (1990) point to the empowerment that the narrative approach affords research participants because of the emphasis that is placed on the participants' telling of their own stories. Riessman (2002) has explored the role of narrative in social work research, noting that focusing on personal narratives of research participants "opens discursive spaces for research subjects, representing them as agents acting in life worlds of moral complexity" (p.707).

Narrative research has much in common with narrative therapy, especially when it comes to the personal agency of the story teller. In their 1990 book, *Narrative Means to Therapeutic Ends,* White and Epston articulated much of the philosophy behind narrative therapy and explored the ways that storytelling empowers people.

> The narrative mode locates the person as protagonist or participant in his/her world. This is a world of interpretative acts, a world in which every retelling of a story is a new telling, a world in which persons participate with others in the "re-authoring", and thus in the shaping of their lives and relationships. … The narrative mode redefines the relationship between the observer and the subject. Both "observer" and "subject" are placed in the "scientific" story being performed, in which the observer has been accorded the role of the privileged author in its construction (White & Epston, 1990, p. 82).

Proponents of narrative therapy assert that individuals create meaning in their lives by the stories they tell about their experiences, which come to shape their reality and become what they believe to be "truth". In narrative therapy, the counsellor listens to the client's stories with respect, curiosity and an open mind, always looking for opportunities to explore alternatives to the dominant story, especially if that story is problem-saturated. In narrative research, the researcher listens to the way the participant tells his story, the content of his story, the themes that emerge in his story, and the way he makes sense of his experiences through the storytelling process.

Sampling

For this study, I employed purposeful sampling which allows me to select specific research participants who can add detailed information that can enhance our understanding of men's experiences in counselling.

> The logic and power of purposeful sampling lie in selecting *information-rich cases* for study in depth. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the inquiry, thus the term *purposeful* sampling. Studying information-rich cases yields insights and in-depth understanding rather than empirical generalizations (Patton, 2002, p. 230).

In particular, I used criterion sampling that allows me to select participants based on a list of specific characteristics. The participants in the study are at least 19 years old. They have gone to counselling for at least three sessions with a psychologist, counsellor, social worker, psychiatrist, mental health nurse, physician, chaplain, crisis counsellor or EAP provider. The participants have chosen to go for counselling on their own and were not mandated to do so by the courts, an employer, or a partner.

A qualitative researcher can reach the saturation point with as few as five and as many as 25 participants. For my study, I aimed to recruit six to eight participants for personal interviews and was eventually able to identify seven men who were willing to participate. Morrow (2005) argues that sufficient data – not the number of participants – should determine the selection of participants for a research project. Qualitative researchers can determine whether the data is

sufficient by examining the results for the redundancy of data and theoretical saturation.

> Redundancy occurs when, on importing new data into the analysis, no new findings of note are generated (Lincoln & Guba, 1985). True redundancy can never be achieved, of course, because of the uniqueness of each participant's experience; indeed, additional data always add richness and complexity to the analysis (Morrow, 2005). However, analytic categories or themes are theoretically saturated when they account for all of the data that have been gathered and illustrate the complexity of the phenomenon of interest (Strauss, 1987). When theoretical saturation has occurred, it may be reasonable to assume that redundancy has been achieved in a practical sense. (Morrow, 2007, p 217)

To find participants for this study, I distributed letters and flyers by email to counsellors and counselling providers and asked them to share the information with their male clients. They included members of the Canadian Counselling and Psychotherapy Association in Newfoundland and Labrador, the Association of Newfoundland Psychologists, the Newfoundland and Labrador Association of Social Workers, Memorial University - Faculty of Education (students and faculty in Counselling Psychology), Memorial University - Department of Psychology (graduate students), Memorial University - Counselling Centre, Emmanuel House, and the John Howard Society. I also distributed information to mental health consumers through groups like The Pottle Centre, Consumers' Health Awareness Network Newfoundland and Labrador (CHANNAL), and the Canadian Mental Health Association. Finally, I circulated my call for participants to personal and professional contacts through email.

Ethical considerations

The protocols for this research were reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy.

The call for participants (a recruitment letter, recruitment ad and letter to participants – see appendices A, B and C) clearly describes the research project and its goals. It specifies the criteria for participating in this research and provides two ways for potential participants to contact me. It states that all participants' privacy will be protected by the use of a pseudonym and general identifying characteristics (age, type of work, marital status). Participants were encouraged to contact me directly if they wanted to take part, thereby ensuring that no one other than the participant and I knew that he was participating.

I ensured that the participants clearly understood the parameters of the research project and the potential consequences of taking part in the process. In particular, I assured the participants that they did not need to discuss the content of their counselling sessions for the purposes of this research, especially if it was likely to impact their emotional well-being. Each participant read and signed an Informed Consent Form (Appendix D) that clearly describes the project and the participant's role in the project as well as a confidentiality statement (Appendix E) that explained the limits to confidentiality.

Data collection

I conducted personal interviews (60-90 minutes in length) with men who have received

counselling from a psychologist, counsellor, social worker, psychiatrist, physician, mental health nurse, crisis counsellor or EAP provider.

Using a series of open-ended and closed questions (Appendix F), I asked the men to provide a detailed description of their experience with the counselling process. Those questions explored their pre-existing attitudes towards counselling, their reasons for seeking help at that time, the gender, race and age of the counsellor, the counsellor's approach, the quality of the therapeutic relationship, and the ways that all of these factors impacted their experience. The personal interviews were recorded on audio tape and transcribed later for review and analysis.

Hearing the stories

When a narrative researcher begins a project, the story or narrative is at the heart of her work. Moen (2006) describes narrative research as "a frame of reference, a way of reflecting during the entire inquiry process, a research method, and a mode for representing the research study" (p.2). In that way, narrative research can be regarded both as a method, in which the researcher collects stories from the participants, analyzes the text of those stories, and writes a narrative that emerges from the analysis and interpretation phase of the project, and as an overarching philosophy that imbues the entire research experience.

When I spoke directly with each individual man about how counselling worked for him, I used open-ended questions to encourage him to share his perceptions, feelings, thoughts, and opinions about his counselling experience. Overcash (2003) considers the open-ended approach to interviewing a strength of narrative research, suggesting that concepts may come to light that

were not anticipated, therefore expanding the researcher's understanding of an issue or the scope of his or her research. I would agree, given that my first open-ended question prompted most participants to begin a storytelling process that started in the past and made its way to the present. For the most part, I did not need to ask many questions to keep the participant's narrative going. My questions were usually aimed at seeking clarity or getting more detail about a particular aspect of the counselling experience. But as much as possible, I wanted the participant to guide our discussion based on what was most important to him about his counselling experience. I recorded the interviews on audio tape to get an accurate record of how the participants told me their story. This also allowed me to focus on what they were saying instead of trying to record their comments by taking notes.

Analysis – finding the meaning in the story

Overcash (2003) argues that the researcher's analysis and interpretation of the participants' stories and the search for themes and other significant patterns is what distinguishes narrative research from journalism or creative writing. She asserts that "(n)arrative methods are a scientific tool to answer a research question capable of yielding data for analysis. Narrative is not simply storytelling - it is a process like any other research methodology" (Overcash, 2003, p. 180).

According to Creswell (1998), one way to distinguish between different approaches to narrative research is to look at the ways that the researchers analyze the material they glean from their participants. One option is "analysis of narratives" in which the researcher describes themes that emerge across a number of stories, while the other is "narrative analysis" in which

the researcher collects descriptions of events and uses that content to write a story (Creswell, 1998). They note that we can also explore the different approaches by examining the various forms of narrative that can be identified in narrative research, including a biographical study, an autobiography, a life history or an oral history. Riessman (2005) notes that thematic analysis is helpful when a researcher is looking at a number of individual cases and trying to identify common threads.

> Emphasis is on the content of a text, "what" is said more than "how" it is said, the "told" rather than the "telling". A (unacknowledged) philosophy of language underpins the approach: language is a direct and unambiguous route to meaning. As grounded theorists do, investigators collect many stories and inductively create conceptual groupings from the data. A typology of narratives organized by theme is the typical representational strategy, with case studies or vignettes providing illustration. (Riessman, 2005, p.2)

Given that my interest lies in gaining insight and understanding of the participant's experiences, I decided to conduct a thematic analysis of the narratives to identify recurring and unique issues that the men raised in their interviews.

Identifying themes

Braun and Clark (2006) note that while many researchers employ thematic analysis, they may define the concept differently. They suggest that "(a) theme captures something important about the data in relation to the research question and represents some kind of patterned response or meaning within the dataset" (p.82). Floersch, Longhofer, Kranke & Townsend (2010) argue

that it can also be difficult to define what constitutes a pattern and to determine how a pattern can be identified. For example, researchers can compare one section of a narrative to a section from another narrative and sort the results into categories to identify patterns or they can compare newly-identified themes with existing research and literature to determine the relevance. They conclude that a theme's importance should not be determined by the frequency with which it arises but by its "substantive significance", referring to the consistency of themes across and within study participants (Floersch et al., 2010).

Once I finished my interviews with the seven participants, I transcribed the recorded sections of the interviews in which the participants explored and explained the beneficial elements of the therapeutic process, allowing me to carefully review the content of their stories on paper. I studied the text of each interview for common or shared experiences of counselling and tried to identify the themes and clusters of themes that emerged. These common themes may be helpful in identifying counselling approaches and philosophies that may be successful in engaging male clients in the process of therapy. But I also looked for anomalies or unique experiences among the participants that may broaden the discussion of men's counselling needs and suggest other areas of investigation and exploration.

Owen (1984) suggests that one approach to narrative analysis is to identify themes in one or more narratives based on recurrence, repetition, and forcefulness. Recurrence refers to the same concept coming up at various points in the narrative but expressed in different words or phrases. Repetition happens when the same idea is repeatedly expressed using the same language, while forcefulness refers to the emphasis that the storyteller places on a particular idea

or opinion. As I reviewed the narratives, I found that those three criteria were helpful in identifying issues that warranted examination and exploration.

Summary

In order to garner rich, descriptive data from the participants, I decided to take a narrative approach to the research, allowing the men to share their stories in a way that was meaningful to them. After receiving approval from the Interdisciplinary Committee on Ethics in Human Research at Memorial University, I publicized my research and called for participants through email messages and letters to counsellors, educators and mental health organizations. Through this process, I identified seven men who were willing to take part in my research project. After conducting personal interviews with each of the men, I studied the content of their narratives for common or shared experiences of counselling to identify the themes and clusters of themes that emerged.

Chapter 4 – Results and analysis

In this chapter, I have presented the results of my research in three sections, starting with descriptions of the participants in this project in the first section. In the second section, I have included excerpts of the interviews I conducted with the participants in which they discuss the significant elements of their counselling experience. I have chosen to quote the participants at length to give their personal narratives a substantial presence in this report and to emphasize their thoughts, feelings, descriptions and opinions. In the last section, I present a thematic analysis of the stories by exploring the content of each narrative in search of the themes that emerged repeatedly, noting any observations and reflections that were unique to particular participants. The summary and conclusions, including recommendations for research and counselling practice, are presented in Chapter 5.

The participants in the research

Seven (7) men who responded to my call for participants and were willing to take part in this research project were interviewed about their experiences in counselling. The participants ranged in age from 30 to 61 and included married (2), divorced (1), and single (3) heterosexual men and one who identified himself as a gay man (1). All participants were Caucasian and came from middle-class socioeconomic backgrounds.

Each man contacted me by email or telephone after receiving my call for participants. I outlined the parameters of the study and the criteria to all the participants. Criteria included: participants had to be 19 years of age or older, have attended at least three counselling sessions

and went to counselling by choice. Once I confirmed they met the criteria for participation, we arranged a time and place to conduct a personal interview. In two cases, the interview was conducted by telephone to accommodate scheduling issues. After I reviewed the consent and confidentiality forms with each participant, we both signed them as required. I started the interviews by asking about their pre-existing attitudes towards counselling and then explored the ways that the counsellor's approach and the quality of the therapeutic relationship impacted their experience. Each interview took 60-90 minutes and was recorded on audio tape.

Participant 1 – Gerry

As a child and adolescent, Gerry, a 48-year-old researcher, experienced serious incidents of bullying by his peers which left him with unresolved feelings of anger and helplessness. In his 30s, he felt that the anger could turn to violence if it continued unchecked so he sought help from a female counsellor in the city. After about six months of working together, she referred him to a residential treatment centre in another province because she felt he needed more intensive counselling. He was eventually diagnosed with post-traumatic stress disorder. At the Centre, he took part in individual and group counselling and had access to a great deal of hands-on active care from nurses, social workers, psychologists, psychiatrists, and art therapists. After leaving the residential program, he met with one counsellor on a regular basis for several years.

Participant 2 – Duane

Duane is a 35-year-old educator who is married and has two young children. He first presented for counselling earlier this year because he was struggling with panic and anxiety attacks that were disrupting his daily life. He found that he was worrying excessively about his

own health and about the health and safety of his loved ones. Duane had not considered going for counselling before because he felt he had enough emotional support from his family. He also felt taking the step to seek help would be a sign that he was mentally ill. But he finally decided a professional's perspective might be helpful and went to see a local psychologist.

Participant 3 – Mike

Mike is a married father (and grandfather) who is semi-retired at age 61. He first sought counselling in his mid-20s because he feared his drinking was out of control and causing problems in his relationships. At the time, he worked with two psychiatrists and had some experience with 12-step groups. But later in life, he felt he still had unresolved issues that were limiting his personal growth. He sought counselling again to explore the impact that sexual abuse he had experienced as a child was having on his mental health in adulthood.

Participant 4 – Carl

Carl, a 30-year-old graduate student, has seen a number of psychiatrists, psychologists and counsellors since he first began exhibiting symptoms of depression and self-harming behaviour as a teenager. He was treated for depression with anti-depressants and regular counselling and also had some addictions counselling. His most helpful counselling experience was with a psychologist who he saw regularly for several years.

Participant 5 – Jack

Jack, an actor in his mid-thirties, first experienced depression in his late teens and was admitted to a hospital for psychiatric treatment when he experienced a mental health crisis. He

received all of his counselling from psychiatrists and psychologists in the hospital system, both as an in-patient and as an out-patient.

Participant 6 – Peter

Peter, a 40-year-old aspiring musician, has struggled with depression and manic episodes (Bi-polar I) since his teens and sought treatment from a residential program. His symptoms were managed with a drug regime and regular counselling. In his 20s, Peter started to have memories of childhood abuse, which prompted him to begin two years of regular counselling with a social worker who specialized in working with survivors of abuse.

Participant 7 – John

John, a 44-year-old divorced father of two, had his first experience with counselling when he and his ex-wife went to see a social worker for help with problems in her family and their marriage. John later saw that counsellor for individual counselling because he wanted to address some issues related to his family of origin, including his own conflicted feelings about his adoption. That experience was mostly negative but he followed up with a psychiatrist later who offered him the support and information he was seeking.

The men's stories of how counselling helped

When I asked the men why they chose to seek counselling when they did, I assured them that they did not need to share any details of their presenting problems if this created discomfort for them. I was surprised every participant willingly discussed the concerns that brought them to counselling and were very candid and open about their problems. All of the men were dealing

with serious issues, including childhood abuse, addictions, self-harming behaviour, mood disorders (depression, anxiety and bi-polar disorder) and post-traumatic stress.

Gerry's story

After his experiences with a residential counselling program, Gerry decided to seek individual counselling and worked for a year with a female counsellor in Toronto, a relationship he has maintained since returning to St. John's a number of years ago. As a result of the abuse he experienced as a child and adolescent, Gerry says it was as if he was frozen in time.

> *In some ways, I'm like a 15 or 16-year old kid who doesn't want to grow up. You ever see the cartoon strip "Calvin and Hobbes"? I'm sort of like Calvin – I don't want to be part of the real world. Well, you have to. ... You know it's all about maturing and it's a lot of work. If I don't watch myself like a hawk, I'll just turn into Calvin and go off in the woods and do something other than what I'm supposed to be doing. If you don't have healthy parents and normal, supportive relationships with friends, you don't emotionally mature. It's as simple as that. You get caught in time. That's when I recognized that I was totally trapped. I was powerless to change things. I needed help.*

Even after the extensive counselling he received in the residential treatment centre, Gerry found that he was still ruminating about the past and getting stuck in a victim mentality but his personal counsellor helped him change those patterns.

I guess what I would say with respect to her and our relationship is that I've grown and covered a lot more ground and I've moved forward in my life, you know, kind of emotionally maturing and becoming a responsible adult, more so through her than with anything else. She pushes me very hard and you either follow her program or she won't work with you. She really forces you to stand up to the plate and say "okay, this happened to you. You've told the story. Now it's time to move on and grow up."

Counselling has given Gerry a variety of options to deal with his thoughts and feelings. He felt that cognitive approaches have been very helpful in his awareness of negative inner dialogue and destructive behaviour patterns. When he is dealing with feelings of fear and anxiety, he takes a different approach and tries to parent and reassure the child within him who had been abused long ago. Another key element of his mental health care plan is regular physical activity, which he has found to be essential to maintaining balance in his life. But he says counselling has been key to his recovery.

It's allowed me to understand what responsibility is and given me the tools to move forward with my life from the trauma as opposed to being stuck, like so many people I know who are in the victim triangle. It really takes extraordinary support from other people to help you grow up beyond the effects of your trauma. I've had the good fortune and common sense to stick with this one therapist and listen to what she has to say.

Duane's story

Duane was experiencing anxiety and having compulsive thoughts about the possibility of

injury to his loved ones. Then he started to worry that his own recurring stomach troubles were the sign of a serious illness like cancer. He saw his family doctor who prescribed anti-anxiety medication. By the time he went to his first appointment with the counsellor, he was no longer in crisis and his anxiety attacks seemed to be under control. But Duane was still interested in what counselling might offer him. He saw a psychologist, an older man who had been practicing for many years with a good reputation.

> *I wanted to see evidence of professionalism. I wanted him to show me that he wasn't afraid to be professional and an expert. I don't know if that will work for everybody but for me it worked. The experience was reassuring. I was going in with some healthy skepticism but he seemed to know what he was doing. That was important. I didn't want a Dr. Phil. I didn't want something touchy-feely. He seemed very, very common-sensical – a good balance of talking and letting me talk.*

He also liked the fact that the psychologist gave him homework to complete between sessions and reviewed the results, which sometimes opened up new areas of discussion in subsequent sessions. He appealed to Duane's intellect and challenged him to look at how his thoughts influenced his feelings.

> *I suppose some might accuse him of going on too much himself. He never lectured me per se but he wanted to say his piece and I respond to that. I do thrive with books and the prof at the front of the room. I'm a very traditional learner and that helped. He was a good match for me. He seemed to have a grip on where I was coming from.*

Despite his interest in a professional approach and an aversion to being nurtured, Duane still wanted to make some kind of a connection with the counsellor and feel comfortable with him. The psychologist put him at ease by assuring him that he is "a normal guy with normal concerns", which made him feel that his problems were not unusual or insurmountable. But Duane realized that the professional nature of the relationship was actually what made it easier for him to open up.

> *I don't mind talking about things with a stranger if they have the appropriate props around that suggest professionalism. I guess, he seemed like a doctor and that reinforces it. It didn't seem like I was talking to a bar keep or a buddy. I would find that off-putting.*

But Duane found there was still a limit to how open he could be with a counsellor.

> *I could talk about the feelings which I guess is not the same as opening up emotionally. I could describe the feelings in a detached way but I can't reproduce what it's like to have racing thoughts of impending doom and I didn't want to, really. ... In the actual course of our meeting together, he never asked questions that would ... it didn't seem appropriate to get emotional in there. I didn't feel emotional. I felt very clinical about it because I was looking back on those feelings that caused me concern rather than experiencing them. I am not likely to break down in tears or express sadness.*

In the end, Duane felt that counselling gave him tools for dealing with his irrational thoughts and the anxiety they create for him.

Mike's story

Mike grew up in poverty, surrounded by violence, abuse and alcoholism and as a young man he began to mask his own pain by drinking. He had the impression that only very troubled people went for counselling and that only well-off people could afford to access it. But he sought help when an impaired driving charge showed him that his drinking was out of control. His family doctor suggested psychiatric help. Mike saw an older male psychiatrist, who was well-established and gave the impression that he had all the answers. Mike looked up to the psychiatrist and valued his opinion but he found there was little talking during their appointments. He was given Valium to help him stop drinking, which Mike described as simply putting ointment on a burn but not finding out what caused the burn in the first place. After a few years of stopping in to renew prescriptions and have a brief chat, Mike gradually drifted away, by missing appointments and eventually not going back at all. They never explored why he was drinking.

Going to Alcoholics Anonymous was a more positive experience for Mike because of the freedom he had to talk about his experiences and hear what other people had been through. For Mike, talking about his problems was better than any pill. But even after many years of sobriety, Mike felt that he was still searching for answers and wanted to get closer to the source of his pain.

If you're feeling wrong, or there's something wrong and you don't know what it is, I've always been of the philosophy... well, I'll compare it to my car – if my car breaks down, I could probably push it out of the traffic, out of the road. If six people push with me, I'm going to get it there a lot easier. Well, counselling was the six people.

Mike saw a number of counsellors in an effort to move past the troubles he experienced in childhood, especially living with poverty, alcoholism and abuse at the hands of a Catholic priest. But he had varying results with counselling and found that he didn't always do well with the male counsellors, noting that there was a barrier between them that limited communication and trust. That was the reason he opted for a female counsellor when it came time to explore the abuse in his past.

She made a lot of progress where there hadn't been before. It was more along the lines of "let's talk about your first girlfriend, let's talk about your days as an altar boy, let's talk about your days in poverty." She went there. She encouraged me to talk about it. She was non-traditional in terms of using things like meditation... and also a different approach ...a softer, kinder, no-barrier-here approach.

Mike became uneasy when he explored his past and the feelings he still carried about his childhood experiences but he trusted his counsellor and was willing to go with it.

Well, I almost cried. I don't think I've ever cried in my life, except maybe when I was a child. So for me to go down that road would have been huge. She went right into some pretty deep stuff, and the music was playing and the wind chimes were going and the blinds were drawn. It was like – we're going to talk, we're going to relax and talk. It was a non-threatening environment.

Their progress was only limited by the fact that Mike's Employee Assistance Program coverage ran out, and they could not continue their sessions. She referred him to another counsellor who was publicly funded but Mike has not been back for counselling since. He wonders if he might be avoiding it because that experience brought him the closest he had ever been to dealing with the painful issues. If he does try counselling again, Mike says he will go to a female counsellor because his last experience was the most helpful and helped him gain the greatest insight into his problems.

Carl's story

Carl's first experiences in counselling were not ideal. He saw a psychiatrist at age 17 after he was brought to the emergency room for self-harming behavior – he had inflicted dozens of cuts with a blade. He was embarrassed and ashamed to be there and was definitely not open to talking about what provoked this incident. The psychiatrist told Carl he was being selfish. "I felt like I wasn't even a person," says Carl, reflecting back on that experience now.

Carl had a better rapport with the next psychiatrist and they would spend at least 15 minutes talking when he came in to renew his prescriptions for antidepressants. He saw that

doctor regularly up until about two years ago. But the drugs were not solving the problem for him. Carl found that he really wanted to talk to somebody. After several unsuccessful attempts to find the right counsellor, he was sent to a psychologist who worked out of a city hospital. Carl, who in his mid-twenties at this point, saw a difference as soon as he walked into the psychologist's office.

> *He was sat down with his desk at the wall and I would sit right here next to him. I believe he pointed it out... this is because we're working together. It's not: I am trying to fix you. It's: you and I are going to collaborate on a problem.*

Carl met with that psychologist weekly for about an hour, which gave him ample time to talk, something that had been lacking in other counselling situations. He felt he could be completely open with the psychologist about his self-harming activities, which had escalated from cutting to drug use.

> *I really felt he had an unconditional positive regard for me. He wouldn't be like: oh, you shouldn't have done that. He'd say: well how can we fix this in the future? I could tell him anything. I felt completely comfortable to disclose. ... There were a lot of times that I was anxious or sad, but I felt okay to be there. I knew that he knew. But he wouldn't really address that because it would almost give it power. It was really irrelevant. It was "what are we going to do about it?"*

The psychologist helped Carl accept the problems and mistakes of the past and work toward future goals.

> *You can't change anything about the past. All you can do is modify the future. That was our mantra. It allowed me to accept my past behaviours. I would focus on it – I'd say oh my God, I'm such a terrible person. I can't believe I did this. That gave me permission to say: that's okay. I can't do anything about it. All I can do is modify my trajectory now. I've said it to people before that he saved my life. But he wouldn't appreciate me saying that. He gave me the tools to save my own life. ... Since then, I feel great. I have the tools that I carry around with me in my back pocket. Because he accepted me, I could learn to accept me. Until I could do that, I couldn't work on it.*

Jack's story

Jack grew up with medical professionals in the family and had some awareness of mental illness, but it did not make it any easier for him to ask for help when he needed it. He still believed that the only people who sought counselling were seriously mentally ill. After graduating from university, he found himself back in his small hometown, without a career path in sight, which left him feeling trapped and helpless. He was single at the time and lacked the emotional support of a partner. Jack says he began to withdraw from family and friends, becoming increasingly isolated and despondent. He waited until he was in crisis before he spoke up and asked for help.

It was ingrained in me. I shouldn't talk about emotions. If you say you're sad, people will say what are you? Some kind of sook? Here, have a beer and forget it. My father never said that but he was an example. He never spoke of his emotions.

He finally went to his parents for help and by the time the family had made the drive into the city to bring him to the hospital, Jack said he had decided that he needed to be honest and tell the professionals exactly how he was feeling. He spent four weeks in the psychiatric unit and had a chance to meet with the psychiatrist regularly.

I felt he was good at his profession. That's like a first impression. He made a connection with me. He wasn't talking down to me and he was asking pertinent questions. We talked about the important things. We talked about the issues. He noticed it was my first time experiencing such a thing and even though he was older, he was very easy to speak to, easy to talk to. He said there's a thing called depression, just like there's a thing called diabetes. ... He didn't say it but this was the feeling I got - that this is not the end of the world. This happens to lots of people. I felt I could share with him. I told him my story. And he was a good listener.

Jack returned to the hospital several other times when he reached a crisis point and could not cope on his own. During one of those stays, he met a young male psychologist who treated him as an equal.

Basically, we had a pretty good rapport. We had a good chat. With the psychologist, I'd go in and he was like so... let's have a rap session. He was not rushed. He'd say: What's on your mind now? What's going on? Body language was important too. He was sitting in a chair there and there was nothing there between us. His desk was ... there and he came over and sat down and two of us were side by side... that was good.

Since then, he has tried to stay healthy, become aware of what triggers depression and anxiety for him, and plan for times when he does start to feel badly.

Peter's story

In the early 1990s, Peter had been hospitalized and diagnosed with bi-polar disorder (I). After he left hospital, he moved to a residential facility where he took part in group therapy and had a weekly session with a counsellor on his own. The counsellor was helpful and made him think, but Peter did not trust her or connect with her.

I switched counsellors later and I found her to be excellent. She was a social worker and she was just awesome. ... I just thought that she cared about me. I just thought that she was concerned. Yeah, that was the big thing. I just thought that she was concerned with what I was saying. And a number of years later, I remembered a lot of traumatic things that happened to me in my life and abuse and I went back to see her and you know, she helped me make some connections that were really powerful; that really helped me in my recovery from that.

When he first started to have memories of abuse, Peter looked for a counsellor who had some expertise with survivors of abuse because he did not want to deal with an inexperienced or insensitive counsellor at such a vulnerable time. He says he was lucky to have found the right person.

> *She saved my life. I was a disaster. I was just a total disaster. She helped me put my abuse into context, you know. I was having all these flashbacks, I was having all these emotions, and I didn't know how to deal with them. I wasn't feeling safe, I felt like I was raw, just completely vulnerable all the time. I didn't know what was coming at me. I didn't know what memories were going to happen. She helped me make myself safe, make my life safe. I almost completely fell apart and I could have lost my job and everything. It was so bad. I don't know what came over me but I went to see her and I managed to develop some coping mechanisms. She helped me figure out how to not think about it – that's one thing - how to put it aside, how to make myself safe. We did a lot of inner child work and that was really important and how to make that part of myself safe. And ah, how to feel safe in situations where I was working and had to be an adult. I had to check in with myself. I was a disaster. If I was on my own, I might not have survived.*

His earlier experiences with counselling helped Peter make connections between the abuse he experienced and how he felt as an adult and made him willing to explore the past abuse.

> *I think on some level, I was shut down. There were certain things that were shut down emotionally and counselling really cracked me right open. I'm like I'm more whole now*

than I used to be. Then I had to become comfortable with it and be able to face it. Then you have to forget. There's no point. I think some people get stuck and they can't move forward, everything is about protecting themselves.

Peter found that an important part of building trust between him and a counsellor is when the counsellor is willing to share a little of herself. This self-disclosure from the counsellor showed Peter that she cares about him as a person.

I need some disclosure from a counsellor: I don't need to know every little detail of your life but I need to know you're a real person. I also need to know what a counsellor is in it for. Do they want to figure me out like a puzzle or do they care about me and how I am doing?

John's story

John saw two different counsellors and had very different experiences. John and his wife saw a social worker about problems in their marriage and their family, but John found him arrogant and dismissive in approach. John raised concerns about his own adoption and how the birth of his son had triggered some unresolved feelings about that experience. But the social worker assured him that he'd never seen a client who had problems because they were adopted.

He made assumptions and jumped to conclusions and made guarantees that I knew he couldn't make. It really made me not trust him.

John saw him for several sessions alone and the social worker informed him that he had observed him during the sessions with his wife, and had determined that John met the criteria for bi-polar disorder. Alarmed and confused by this assessment, John decided to see a psychiatrist to learn more.

> *I wanted to feel concern, that the counsellor cared about me, but I also wanted to see evidence of competence. I needed to trust the person's opinion.*

The psychiatrist had an open manner and that made him feel comfortable and willing to talk about how he was feeling. The psychiatrist suggested that John was dealing with some anxiety and depression related to his adoption, the birth of his son and the problems in his marriage. But he did not immediately jump to a diagnosis.

> *I was a bit relieved because there's a real stigma in society about bi-polar. There was relief but always a bit of paranoia that the other guy could still be right. The psychiatrist said he didn't like labels but there was probably some anxiety, some social anxiety. I guess with the psychiatrist, because of his training, I guess I just trusted him a lot more. The way he analyzed it and came to conclusions made sense to me. I guess the accuracy of it and how it made sense to me ...the way he explained it all.*

As he was going through the separation from his wife, John would speak to the psychiatrist about how he was feeling.

He said to me there's something you have to figure out – did the depression cause the split in the marriage, or did the split in the marriage cause the depression? And he was right. At the time he said, I think you're preparing to leave your wife and the guilt about the kids and everything else, you're getting depressed over it. That was exactly what was going on.

John tried some antidepressants and anti-anxiety medications and found they offered him limited relief from the symptoms of anxiety. The anxiety seemed to disappear once the situations that caused anxiety had been resolved. Despite his inconsistent experiences with counselling, John sees the value in talking about his problems and found that counselling was a valuable learning experience.

The themes that emerged

Based on my review of the literature of the last few decades, I had some insight into the elements that made counselling a positive experience for men, which were validated in my interviews with the seven participants in my research project. But given that the strength of the narrative approach lies in its exploration of the unique experiences of individuals, it is not surprising that each story can offer new insight into an issue or area of concern. Everyone tells their story differently and defines their reality through the story they tell. Hence, each participant brought to light or reinforced issues that may not have been obvious to me.

Connelly & Clandinin (1990), two of the early proponents of narrative inquiry, suggest that the narrative approach empowers research participants by putting the emphasis on their telling of their own stories. They note that "the practitioner, who has long been silenced in the

research relationship, is given the time and space to tell her or his story so that it too gains the authority and validity that the research story has long had" (p. 4). The power of the narrative became evident to me as I watched and listened to the men telling their own stories of seeking help and learning to help themselves. As they spoke, they became the experts about their own lives, weaving compelling stories about their experiences with stress, abuse, addictions and mental illness and their unique experience of counselling. In some cases, the participants had thought about the process of counselling and its impact on their lives in great detail before they sat down with me to discuss it. For others, the story seemed to take shape as they told it, presenting them with moments of revelation or significance that they themselves had not considered before. By starting with the question "What were your ideas about counselling before you had ever taken part in it?", I was offering them the option to go back in time and start their story there. Some of the participants did so and started with their earliest ideas and attitudes about counselling but others moved almost immediately to their own individual experience with a counsellor (or multiple counsellors), coming back to their preconceived notions of the process later in the narrative. In the telling of their stories, the most meaningful parts of their unique counselling experiences quickly emerged.

In analyzing the content of their stories, a number of themes emerged across the seven narratives that highlighted some of the concerns that the participants shared about their counselling experiences. A number of participants identified similar types of positive experiences, and in several instances, even used the same language to describe those experiences.

Most of the participants discussed the impact that social stigma against counselling had

on their willingness to seek help and how their counsellors helped reduce the stigma. Some of the men had a distinct preference for talking about their thoughts instead of their feelings and found that their counsellors accommodated the desire to work on thoughts and behaviours instead of delving too quickly or deeply into emotional territory. Some participants talked about their desire to find tangible solutions to their problems through the counselling process. Most of the men spoke of their need to establish a strong bond with the counsellor before making themselves vulnerable to a stranger by talking about the intimate details of their lives. Some of the participants placed a high value on the credibility, competency and professionalism of the counsellor. Most of the clients described their counsellor's theoretical orientations and approaches – either implicitly or explicitly. The narratives also revealed some unique experiences outcomes of the research – for example, the client who preferred his therapist's tough-love approach. The participants were also eloquent in their description of the negative or unhelpful approaches that counsellors took and how those approaches affected the client's overall experience.

In the following sections, I will explore each of the thematic areas, substantiated with citations from the men's narratives, and relate their stories to the existing literature.

Normalizing the experience reduces stigma

The stigma associated with seeking counselling is great for most people but men indicate that they feel that the stigma is stronger for them (Barney, Griffiths, Jorm, & Christensen, 2006; Ben-Porath, 2002; Corrigan, 2004; Crisp, Gelder, Rix, Meltzer, & Rowlands, 2000; Holmes & River, 1998; Millar, 2003; Osherson & Krugman, 1990; Sibicky & Dovidio, 1986; Vogel et al,

2007). In our interviews, most of the men indicated that they felt there was a definite stigma against going for counselling because it suggested emotional instability or mental illness. Most of them also felt they had been socialized to withhold their feelings and not talk about their problems for fear of seeming unmanly. As a result, going for counselling seemed to be a poor fit with their expectations of what it is to be man. There was one exception. The youngest man in the group (Carl, aged 30) noted that he did not feel constrained by gender roles and that he was comfortable discussing his feelings and seeking help when needed. He noted that he was raised by a mother who did not give much weight to gender role stereotypes and suggested that may be part of the reason that he did not feel pressure to act in a traditionally masculine way.

This group of men is unique because they actually sought help for their emotional and mental health concerns but were deterred by negative societal attitudes about counselling. Most of the participants pointed to the stigma as a roadblock to getting the help they needed, causing delays in getting treatment and prolonging their own distress. Once they had some experience with counselling and understood what was involved, they found themselves more likely to go for counselling again.

Almost all of the men mentioned that seeking counselling implies that a person has a serious mental illness. Carl noted that before he had ever gone for counselling, he had the impression that it "was for crazy people... not for me". Duane believed counselling was only for the mentally ill while he simply saw himself as "a bit moody and anxious". Mike's early exposure to the concept of counselling was limited to what he saw in television or movies and he was left with the impression that only very troubled people went for counselling and that only

well-off people could afford to access it.

The participants also felt that it was particularly difficult for them to seek help because it indicated weakness and an inability to take care of themselves, which was incompatible with their socialization as men, a sentiment that is well-documented in the literature (Addis & Mahalik, 2003; Vogel et al, 2006). John said that there is a still a strong stigma against men going for counselling – "it may have been worse in the past but it is still here in 2010". Jack put off going for help until he was in a crisis because he felt it would be a sign of weakness to admit he was feeling badly and could not take care of it himself, by "pulling himself up by his bootstraps". Gerry grew up in a world that saw "women as weak and where men aren't allowed to have problems", which gave him the sense that counselling might be acceptable for women but definitely not for men.

Peter was an exception in that he felt that the 1990s was actually a time when counselling was seen in a more positive light and he had no concerns about seeking help. However, that may have been mediated by the fact that Peter was hospitalized during that time and diagnosed with bi-polar I disorder, giving him a much more intimate connection with the mental health system than the other men and perhaps a greater awareness of the relevance and efficacy of counselling.

For some of the participants, the counsellors played a pivotal role in reducing the impact of the stigma against seeking help by normalizing the experience for them and putting their concerns in context. Duane found that his psychologist made the effort to put him at ease by assuring him that he is "a normal guy with normal concerns", helping him see that his problems

were not unusual or insurmountable.

When Jack was hospitalized during his first mental health crisis, he saw an older psychiatrist who took time to explain the concept of depression and make it less intimidating, saying "there's this thing called depression, just like there's a thing called diabetes. ... He didn't say it but this was the feeling I got - that this is not the end of the world. This happens to lots of people". Given that Jack had delayed seeking help because he feared disapproval for appearing to be weak, the psychiatrist's nonjudgemental and matter-of-fact approach helped reduce Jack's embarrassment and discomfort.

John went to a psychiatrist for advice after another counsellor determined he met the criteria for bi-polar disorder, a label that John found stigmatizing and intimidating. The psychiatrist listened while John talked about the breakdown of his marriage and the mixed feelings John had about his own adoption, which seemed to be exacerbated by the birth of his first child. Instead of making a diagnosis of mental illness, the psychiatrist suggested that John might actually be reacting to these significant developments in his life and trying to deal with major changes. John says the psychiatrist's approach helped him feel less stigmatized and enabled him to address his concerns.

Describing the counsellor's approach

Some of the participants had a very clear sense of their counsellors' approach and could even identify the theory or philosophy behind the interventions that the counsellors used in their sessions. Others may not have been able to identify a theory by name (eg. Cognitive Behavioural

Therapy or Gestalt therapy) but they were able to describe the process the counsellors used, which helped me gain insight into the way the counsellors approached therapy and their clients. The counsellors who were most effective in helping their clients seemed to be skilled at identifying the approach most congruent with the client's personality and problem-solving style.

In his efforts to recover from the trauma he endured as a child and adolescent, Gerry spent a lot of his time and energy in the past, examining and re-examining painful experiences and looking for links between the trauma and his problems as an adult. He describes himself as being "stuck in the victim triangle", unable to free himself of the struggles of the past or make the changes he wanted to see in his life. But his long-time counsellor, who he credits with helping him to make real progress in his life, discouraged Gerry from lingering in the past and re-living the negative experiences that caused him so much emotional pain. She addressed that situation forcefully by challenging Gerry to take responsibility for himself: "My therapist kicked me in the ass and held me accountable". While Gerry did not describe her as a Gestalt therapist, her approach certainly has many of the hallmarks of that counselling theory. For example, she challenged Gerry to stay focused in the "now" and harness the power of the present instead of ruminating about his past (Houston, 2003). She also supported Gerry in his efforts to move past his "impasse" or state of "being stuck" by encouraging him to accept all aspects of himself and learn to face and accept his frustrations (Corey, 2005, p. 197). We could also interpret her approach as reality therapy, given the emphasis she placed on the client's choice and responsibility and her insistence on keeping the therapeutic process rooted in the present.

As a man who enjoys intellectual pursuits and spends his days educating others, Duane

found that he was immediately drawn to his psychologist's cognitive behavioural approach to counselling. He liked the fact that the psychologist took on the role of "expert" and focused on how Duane's thoughts contributed to his feelings of panic and anxiety. The psychologist used some standard CBT interventions such as encouraging Duane to identify and then refute irrational thoughts (for example, his worries about his own health and safety and that of his family). He also assigned Duane "homework" which they would review in the next session, another CBT technique. The psychologist encouraged Duane to "shout down the anxiety" by naming his anxious thoughts and then confronting the thought by shouting at it and demanding that it go away. While Duane was not interested in re-experiencing the feelings of anxiety, the psychologist suggested he summon up those feelings occasionally as a way to challenge himself to "shout it down". This approach is similar to the behavioural technique of "flooding", in which the client imagines the situations that provoke anxiety as a way of desensitizing himself to that troubling thoughts. It could also be seen as a role-playing or psychodrama exercise that is often used in Gestalt therapy to help clients externalize a feeling and confront it.

Carl found that his relationship with his psychologist was effective because of the nonjudgemental and egalitarian way the man approached him. They sat side by side in his office, working together to explore Carl's concerns and to collaborate on new ways to address them. While they discussed Carl's past behaviours (notably, drug abuse and self-harming), they did not fixate on those problems. The psychologist seemed to come from a Gestalt or Reality therapy perspective in his efforts to encourage Carl to accept the past for what it is and find new ways to deal with challenges in the future. The experience was also imbued with a Rogerian/Person-centred philosophy in that the psychologist did not present himself as an expert who fixes problems but as an accepting, nonjudgemental partner in the counselling journey. This

was evident in the way he used the office space to create a collaborative environment that suggested he and Carl were working together.

Mike's early experiences in counselling were discouraging because he never found what he was really looking for – a safe place to talk about the pain he had experienced as a child. But with his last counsellor, Mike found someone who finally gave him permission to explore the difficult memories he had of his childhood, a life of poverty that was marked by violent outbursts from his alcoholic father and incidents of abuse by a Catholic priest. The social worker was open to new approaches and used music, relaxation techniques and mediation to help Mike relax and feel safe and comfortable as he explored painful memories. She seemed to come from a Rogerian/Person-centred approach to counselling, offering what Rogers called "a warm and permissive atmosphere in which the individual is free to bring out any attitudes and feelings which he may have" (Rogers, 1946). She relied on the strength of the therapeutic relationship she developed with Mike (based on the empathy, genuineness and unconditional positive regard she offered him) to give him a safe place to open up, express the feelings and feel supported as he tried to move past the impact of his traumatic childhood.

Jack's best experiences in counselling were with an older male psychiatrist and a younger male psychologist. The men came from different backgrounds and training but shared some key attitudes towards their clients, notably their efforts to establish a rapport with Jack and help him feel the he was being heard and his concerns were being acknowledged. They both took a Rogerian/Person-Centred stance with Jack, offering him empathy and genuine concern. But they also applied CBT techniques by encouraging Jack to explore the negative and distorted thoughts

that contributed to his persistent feelings of doom and hopelessness and challenge the validity of those ideas.

For Peter, feeling safe and cared for was the essential element in a counselling experience and he was fortunate to find that with at least two of his counsellors. Techniques or interventions would be meaningless and ineffectual for Peter unless he felt a strong bond with the counsellor. With one counsellor, Peter was able to identify patterns in his emotions and behaviour as an adult and make connections between these and his childhood experience of abuse. Once he met the counsellor who specialized in survivors of abuse, Peter was able to try specific approaches to feeling safe and distancing himself from the painful memories of his traumatic experiences. She operated on the premise that the client could not heal or grow unless his basic needs for safety and security were met. She used guided imagery with Peter to help him create a safe zone where he could not be touched by the pain of the abuse. While they needed to discuss the past and the impact it had on him, the counsellor seemed more focused on helping Peter live in the present (a key element in both Gestalt and Reality therapy) and work towards a future where he would be free of the constraints created by the abuse and where he could grow and thrive.

For John, the quality of a therapeutic relationship was essential. After a negative experience with a social worker who was confrontational and made too many assumptions and unrealistic guarantees, John was looking for someone he could trust on both a personal and professional level. His psychiatrist offered him a chance to be heard and to air his fears and anxieties. He also normalized the experience for John and presented information about mental illness to him in a way that made sense (Geldard & Geldard, 2005). He also challenged John to look closely at what was going on his life and determine what might be causing his feelings of

anxiety.

Choosing thoughts over feelings

As the literature suggests, many men are more comfortable sharing their thoughts and describing their actions than they are in expressing their feelings (Fisher & Good, 1997; Jacupcak et al 2003; Levant, 1995; Wisch et al, 1995; Wong & Rochlen, 2005). Therefore, I was not surprised to see that the men who took part in the study tended to focus on their thoughts instead of feelings in the counselling sessions. While there was a great value placed on the opportunity to "be heard" or to "get things off their chests", the men were more likely to talk about what was not working in their lives and how to make tangible changes than they were to explore their emotional responses to situations.

In a study on how men and women respond to supportive counselling or interpretive counselling, Ogrodniczuk (2006) suggests that men prefer a therapeutic approach that allows them to have "some emotional distance and sense of independence. Such a relationship tends to be more characteristic of interpretive (expressive) forms of therapy" (p. 455-456). However, he notes that many men actually benefit from interventions that encourage them to express and explore emotional territory.

Duane says he found that the atmosphere in the therapy session did not lend itself to expressions of emotion. He found he could discuss and describe the way he had felt in specific situations in the past, but he did not actually express those feelings when he was with his counsellor.

It didn't seem appropriate to get emotional in there. I didn't feel emotional. I felt very clinical about it because I was looking back on those feelings that caused me concern rather than experiencing them. I am not likely to break down in tears or express sadness.

During his time in a residential treatment centre, Gerry had regular opportunities to explore his feelings and many outlets for his pain and anger. He described the experience "like having a scab torn off." Gerry found that he would cry when he was alone, which he saw as cathartic and cleansing. But he says there came a point when it no longer felt good to talk about how he felt or to express his feelings in counselling. In his work with his individual counsellor, Gerry wanted to gain a better understanding of the emotions that were prompting him to behave in unhealthy ways, in the hopes of findng alternative ways to respond to emotional triggers.

Mike credited his last counsellor, a female social worker, with helping him make the most significant progress in dealing with the abuse and poverty of his childhood. He applauded her for encouraging him to explore how he felt about those experiences. Mike says the therapeutic process gave him room to tell his painful story and he found it easier to share his feelings with his counsellor than with other people. He says that helped him to feel better, even though he was limited in the ways he would express his emotions or fully experience them in a therapy session. He noted that he "almost cried" in the sessions but he never actually expressed his emotions in such an open way.

In his first experience in counselling, John found that he was not open to sharing his feelings during his sessions. He said that the social worker seemed to take this as a challenge,

promising John that he would get him to cry before their time in therapy was done. At one point, the counsellor came and sat beside John, urging him to let down his defenses and open up by crying. While that experience was not generally a positive one, John acknowledged that the man offered him some insight into his resistance to crying or otherwise expressing his emotions by delving into the relationship John had with his father when he was a child.

> *When my father was drinking, he would get all lovey dovey with me and start to cry. I didn't like it. You couldn't let yourself cry. I saw it as a sign of weakness.*

Jack expressed a similar resistance to crying or sharing his feelings openly based on what he saw of his father's way of dealing with his emotions. But in Jack's case, he did not feel comfortable with expressing himself emotionally because his father had never been that way and "never spoke of his emotions".

Solving problems

The men in this group went into counselling with a goal of finding solutions to their problems, which is consistent with the literature that suggests that men are usually focused on problem solving (Brems, 1989; Schut, Stroebe, van den Bout, & de Keijser, 1997) and feel confident that they can address problems effectively. A consistent theme in their narratives was the focus on taking action and moving forward with their lives, instead of ruminating or discussing their feelings.

Gerry first decided to go for counselling because of his growing inability to cope with his

feelings of anger and resentment related to his childhood experiences of abuse and bullying. He felt trapped by these emotions and powerless to make changes in his life. Gerry sought help from a counsellor and found that the process helped him deal with his past.

> *It's allowed me to understand what responsibility is and given me the tools to move forward with my life from the trauma as opposed to being stuck, like so many people I know who are in the victim triangle.*

Mike originally sought counselling as a young man to address what he perceived as a drinking problem. But years later, he returned to counselling to gain greater insight into the reasons for his alcohol abuse and the vague feelings he had that something was not right in his life. Talking with his counsellor helped him explore what was troubling him and eventually helped him get to underlying issues that he believes contributed to his drinking – memories of childhood abuse and trauma.

Duane went to a counsellor looking for ways to address the feelings of anxiety he had been experiencing and treating with medication. The psychologist he saw suggested they "get to the root" of the problem by exploring the thoughts that led to Duane's anxiety. Once they identified the source of the anxiety, Duane says the psychologist offered him concrete and specific strategies to address those feelings.

> *He saw where I was and came up with reasonable ways to deal with it. He showed me how to train my thinking, how to change the way I thought about things. That was a*

revelation to me.

Carl's experiences with counselling had been inconsistent until he met the psychologist who made a major impact on the way he handled his problems. The man's collaborative approach helped Carl feel like he was an active participant in the process of finding solutions. Carl says he had trouble regulating his emotional response to difficult situations and that would often lead to self-harming behaviours like cutting and drug abuse. But the psychologist helped him develop new responses to familiar feelings. He described those new approaches as "tools that I carry around with me in my back pocket", a metaphor that a number of the men used to describe the techniques and skills they learned through counselling.

Peter wanted to find a way to cope with his past trauma and control the emotional impact it had on his life in the present. He worked with a counsellor who had extensive experience with survivors of abuse and was able to learn specific techniques for containing the painful memories and keeping himself safe emotionally. Jack came away from his experiences in counselling with a sense that that he knew how to take care of himself. He is now able to identify the situations that might trigger symptoms of depression or anxiety and utilizes meditation and cognitive techniques to manage his mood.

Competency and credentials

A number of the participants wanted an assurance that the counsellor they had chosen was competent and legitimate. This competency entailed appropriate education, experience and skills to help them address their problems, a preference that is reflected in the literature on client

expectations of counselling (Hoyt, 1996).

Duane felt strongly about this, noting that he "wanted to see evidence of professionalism. I wanted him to show me that he wasn't afraid to be professional and an expert". Carl had some experience with psychiatrists and psychologists before he was referred to see a nurse who had set up a private counselling practice. He felt she was offering him cognitive therapy out of a book by simply going through steps and techniques without a full understanding of the theory and practice behind the cognitive approach. In the end, Carl said he did not have confidence in her ability to help him.

When Peter was ready to address his experience of childhood abuse in therapy, he would only trust a respected specialist who had an established track record in working with survivors of abuse. He recognized that his counselling needs were unique and would not be met effectively by a counsellor with little or no expertise in the area of abuse and trauma. Jack's first impression of his psychiatrist was that the man "was good at his profession". Because he had confidence that his psychiatrist knew what he was doing, Jack felt comfortable with the therapeutic process and was willing to trust the psychiatrist's insights.

Quality of the therapeutic relationship

The emphasis on counsellor competency, the preference for discussing thoughts over feelings and the focus on problem-solving may leave the impression that the men in this study approached counselling in an emotionally-detached or business-like way. But all of the men made it clear that the quality of their relationship with their counsellor was strongly related to the

success of the experience for them, an assertion that has been made by participants in previous research on men and therapy (Good & Mintz, 2005; Good, Thomson & Brathwaite, 2005; Johnson, 2001; Scher, 2001).

For several of the men, the counselling experience offered them an opportunity to be heard, to share what was happening in their lives with an interested audience. For Jack, Mike and Carl, finally having a voice, and having someone really listen to what was happening in their lives was a huge relief. Carl noted that his psychologist offered him a safe place where there was unconditional acceptance and no evidence of judgement. Mike found that his counsellor's nurturing approach made him feel safe enough to express himself emotionally and share the painful details of his childhood trauma. Given that many men find it difficult to ask for help or share their feelings, it is important that they feel that their counsellor is giving them his or her full attention and an open mind when they finally present for counselling.

Several participants noted how important it was to be treated like an equal by the counsellor, instead of talked down to by an "expert" who had all the answers. Gender was a factor for some participants – several felt more comfortable talking to a woman because it allowed them to be more free with their feelings. Others appreciated the directness of a male counselor. For all, the therapeutic bond was key – they needed to trust the counsellor and feel their genuine concern before they could be vulnerable to someone. This point is evident in the literature, as Brooks (2010) contends:

Because many men enter therapy only after a period of resistance, when they finally

> relent, they do so expecting to be poorly understood and to be criticized for their failings. As a result, a therapist who transmits positive regard will provide welcome relief from the male client's pretherapy anxieties and will allow a male client to feel valued. The therapist who appreciates his client's worldview will have a major advantage in establishing the empathetic connection necessary for an effective therapeutic alliance (Brooks, 2010, p. 81-82).

For participants who were dealing with serious emotional issues that threatened their personal health and safety (exhibited through self-harm and suicidal thoughts), their counsellors offered them a tangible lifeline that helped them stay safe during a very challenging time in their lives. This urgency is reflected in the language they used to describe their experiences with those counsellors. Two participants, Peter and Carl, explained that their counsellors "saved" their lives through their interventions. This type of language points to the profound impact that a counsellor can have on a client in crisis. By offering them a safe place to share their painful experiences and emotions, the counsellors were able to help both men survive a vulnerable period and move forward with their healing process.

Negative elements of the counselling process

While this research dealt specifically with the factors that contributed to a positive or helpful counselling experience, I fully expected that the men would also share their frustrations or dissatisfaction with the process. This group of participants was adept at identifying the ways that a counsellor was effective as well as offering examples of how their counsellor (or another counsellor) could have been more helpful, validating the findings of previous research (Paulson,

Everall & Stuart, 2001). In some ways, the rich descriptions of how counsellors had failed to meet their needs in some profound ways were just as powerful as their discussion of what helped them.

When Carl was admitted to hospital as a teenager for harming himself, he was treated by a psychiatrist who told him was "being selfish" by cutting himself. Given that he already felt embarrassed and ashamed because of what he had done, Carl says the doctor's comments made him less willing to open up and talk about what was happening. He says of that experience: "I didn't even feel like I was a person to him."

The first time Mike sought help with dealing with the aftermath of his childhood abuse by a priest, he worked with a social worker who waited until his fourth session to reveal that she had a significant conflict of interest that precluded her from counselling him. Mike says he felt betrayed because he had started to build a trusting relationship with her and began sharing painful stories from his past when she suddenly informed him that she could not work with him.

One of Peter's counsellors helped him think clearly about the issues that he was dealing with and offered him some useful insights. But he did not feel he could trust her and that kept him from bonding with her and doing further work. John's first experience with a counsellor could have been his last because of what he perceived as the social worker's "arrogance and almost aggressive approach". He felt that the counsellor was quick to make assumptions about John's life and to dismiss John's perceptions of what was happening. John says the man also made unrealistic guarantees about his work, asserting that "if I'm wrong about this, I'll go and

work at Dominion (a supermarket)".

Summary

Through their interviews, the seven participants in this research project offered detailed descriptions of their counselling experiences and the ways that the counsellors helped them address their problems effectively. Gerry noted that one counsellor was instrumental in his emotional growth because she encouraged him to find ways to move past painful experiences instead of being mired in the role of victim. Duane found that his psychologist offered professionalism, expertise and practical strategies for dealing with anxiety which he found reassuring and helpful. Mike's early experiences with counselling did not address the impact that childhood abuse and addiction had on his life but he benefitted greatly from working with a female social worker who helped him explore difficult memories and painful emotions. Carl had numerous negative experiences in counselling before he met the psychologist who was collaborative and nonjudgmental in his efforts to help Carl deal with self-harming behaviours. Jack's best experiences with counselling came from professionals who demonstrated a balance of compassion and competency in their approach to their clients. Peter found that the quality of the therapeutic relationship was an important factor in a successful counselling experience for him, noting that a counsellor's willingness to share something of herself and express genuine concern helped develop a trusting relationship. John's first experience in counselling almost kept him from trying it again but he eventually found a psychiatrist who displayed a combination of expertise and warmth and offered him insight and compassion.

Most of the participants expressed a preference for talking about their thoughts instead of

exploring their feelings but several were willing to delve into emotional territory with the support of their counsellor. The group noted that the stigma associated with counselling and mental illness initially deterred them from seeking help but they found that the counsellor's positive attitude helped normalize the experience for them. Most of the men were able to identify the particular interventions employed by their counsellor that were helpful and some could even describe them in terms of a counselling theory or approach (for example: cognitive behavioural therapy or inner child work). The participants expressed a desire to clearly define their problems in therapy and then identify ways to solve them instead of simply talking about the problems and what they thought or how they felt about them.

Chapter 5 – Conclusions and Recommendations

The goal of this research project was to gain insight into what makes counselling a positive or helpful experience for men. Much has been written about the reasons that men resist counselling (Mansfield, Addis, & Courtenay, 2005) and the ways that traditional approaches to counselling and psychotherapy are at odds with men's concepts of acceptable masculine behaviour (Pederson & Vogel, 2007). As a result, we have a good understanding of men's negative experiences with counselling but we do not know enough about the positive aspects of men's exposure to counsellors and the therapeutic process (Wisch, Mahalik, Hayes, & Nutt, 1995; Robertson & Fitzgerald, 1992).

The research project

To learn more about a group of individual men's experiences of counselling, I wanted to gather rich, detailed stories that explored the ways that they made sense of their experiences of help-seeking and counselling. To that end, I decided on a qualitative approach to the research because, as Polkinghorne asserts, qualitative methods are designed to help us explore the unique elements of human experience. "Experience has a vertical depth, and methods of data-gathering, such as short-answer questionnaires with Likert scales that only gather surface information, are inadequate to capture the richness and fullness of an experience" (Polkinghorne, 2005, p. 138). Specifically, I chose to do narrative research because it allowed the participants to drive the process through the power of their stories.

I was very fortunate to recruit participants who were willing to be open and honest about

their experiences of emotional distress, addictions, mental illness and relationship breakdown and their subsequent efforts to seek counseling. These men were insightful and eloquent in their discussion of the factors that made the counselling experience beneficial to them. In our interviews, I encouraged them to describe their experiences in counselling, noting that I was particularly interested in the process (how the counselling sessions worked for them). I assured them that they did not need to discuss the actual content of their sessions if they were not comfortable doing so but each of them was forthcoming about what they discussed in counselling as well as how the process worked.

As I reviewed the content of their narratives, I was able to identify a number of themes that emerged across the stories. The stigma associated with seeking help for emotional or psychological problems discouraged most of the men from going for counselling. Most of the participants indicated that going for counselling suggested that they were emotionally unstable or mentally ill, which made them feel uncomfortable about taking part in the process. They also noted they had been socialized to withhold their feelings and not talk about their problems for fear of seeming unmanly. As a result, they felt that going for counselling seemed to be a poor fit with their expectations of what it is to be man. Once they received counselling, most of the men talked about how they were more comfortable sharing their thoughts than they were in discussing or experiencing their feelings in the counselling seesions. Most of them found it difficult or impossible to express painful emotions through crying or other overt demonstrations of their feelings and they resisted when a counsellor tried to encourage them to re-live or conjure up specific emotions or memories of painful times in the therapy room.

The participants discussed their perceptions of the counsellor's theoretical or practical approach to counselling and how it helped them address their issues. Some could even identify the theory or philosophy behind the interventions that the counsellors used in their sessions (eg. Cognitive Behavioural Therapy or Gestalt therapy). Others may not have been able to identify a theory by name but they were able to describe the process the counsellors used, which helped me gain insight into the way the counsellors approached therapy and their clients. The counsellors who were most effective in helping their clients seemed to have found an approach (either by design or by chance) that was most congruent with the client's personality and problem-solving style. Some of them expressed a desire to find tangible solutions to their problems through counselling. They shared their need to establish a strong bond with the counsellor before making themselves vulnerable. Some of them pointed to the importance they placed on the credibility and competency of the counsellor and how that influenced their satisfaction with the counselling process.

Limitations

The major limitation of this research is the homogeneous nature of the sample. The men who responded to my call for participants were generally middle-class and university-educated. They were able to access counselling by paying for the service (with or without insurance coverage), taking part in the Employee Assistance Program in their workplace or getting access to government-funded treatment through hospitals and community agencies. The men were white and mostly heterosexual (one identified as a gay man). They ranged in age from 30 to 61 years, with five of the seven ranging between age 35 and 48 years. All of the men lived in St. John's, Newfoundland, an urban centre, where mental health services were more readily available than

in a rural area. Living in a city also afforded them a level of privacy and anonymity difficult to achieve in smaller communities.

Most of the men had sought counselling because of serious concerns including depression, anxiety, trauma, abuse, anxiety, addiction, self-harming behaviours and personality disorders. The severity of those presenting concerns and the dramatic impact that those experiences had on the men's lives may have influenced the positive way they saw counselling to a greater degree than other counselling clients presenting with less serious concerns. That may be especially true for several of the men who saw counselling as an experience that helped them stay safe (and alive) when they were in the midst of crisis.

Recommendations for counselling practice

The results of this research have clear implications for counsellors and therapists in their practice because it offers counselling professionals a rare opportunity to hear directly from clients about how the process worked for them. Some common themes emerged among their narratives of counselling but each of the men who took part in this research had their own specific concerns about the counselling process and their own unique counselling needs. Their insights may help counsellors look at their male clients in new ways and consider the implications that a client's gender has on his or her experiences of seeking counselling services.

Normalizing the experience

Despite social changes in the last few decades, there still exists a great deal of stigma against seeking help for emotional problems, mental health issues, relationship challenges and

psychological concerns (Corrigan, 2004). Since stigma can prevent people from getting the help they need, it is important for counsellors to take great care to normalize the experience of needing help and coming for counselling (Vogel, Wade & Hackler, 2007). As several of the participants in this study noted, the counsellor's attitude and approach had a significant impact on their feelings about counselling and went a long way towards helping them feel that counselling was an appropriate way to deal with emotional and personal problems. It is important that this happens early in the process as a key part of establishing the therapeutic relationship with the client (Brooks, 2010). If a counsellor can help reduce the discomfort that a man may feel about seeking help, he may be more open to the counselling experience and more willing to take part in the therapeutic process.

Determining the best approach

Most counsellors are already aware that a formulaic approach to counselling is unlikely to be effective with most clients. But given men's reluctance to seek counselling, it seems particularly important to tailor the counselling process to their unique needs in order to make the experience a positive one for male clients (Mahalik, Good, & Englar-Carlson, 2003). It is essential that counsellors take the time to find out about their male client's preferences at the start of the process, which will help them as they form a solid therapeutic relationship and develop their counselling partnership. Specifically, counsellors need to learn all that they can about the man's expectations and hopes for therapy and clarify their own approach to the process and how it might benefit this client. Counsellors must avoid making assumptions about men who present for counselling. While many prefer a cognitive or solution-focused approach that appeals to their interest in thinking about issues and problem-solving (Levant & Fischer, 1998; Wisch, Mahalik,

Hayes & Nutt, 1995), there are some male clients who are willing and actually prefer to explore emotional territory (Komiya, Good, & Sherrod, 2000). In a study on how men and women respond to supportive counselling or interpretive counselling, Ogrodniczuk (2006) suggests that men prefer a therapeutic approach that allows them to have "some emotional distance and sense of independence. Such a relationship tends to be more characteristic of interpretive (expressive) forms of therapy" (Ogrodniczuk, 2006, p. 455-456). However, he notes that many men actually benefit from interventions that encourage them to express and explore emotional territory.

A counsellor cannot know if the client is open to different approaches if she or he does not fully discuss the process and the goals of counselling with each client. Therefore, as Good and Mintz (2005) suggest, counsellors need a solid background in diverse theoretical approaches to counselling and have practical experience applying those approaches if they are to offer male clients counselling services that are appropriate and effective.

> Men enter therapy, with male and female therapists, alone or as part of a family, for a wide range of reasons and under a wide range of situations. No one technique or school of therapy will work for all men, with all therapists, and for all problems. Thus, integrative psychotherapy integration (sic) coupled with the knowledge of the new psychology of men is likely to be a very effective way to approach work with male clients (Good and Mintz, 2005, p 261-262).

Brooks (2010) concurs, noting that counsellors and therapists:

> "...must radically alter and broadly expand the conventional ways we think about therapy if there is a hope of making it appealing to men. Therapists must develop a comprehensive and integrated model of psychotherapeutic intervention with men and boys that will alter its image, available formats, internal structure and processes, acceptable content, objectives, pacing, delivery sites, and breadth of relational styles" (Brooks, 2010, p.45).

Emphasizing assessment

Earlier research has clearly identified assessment as an important component of the counselling process with men (Cochrane, 2005). Male clients do not always present for counselling with symptoms or concerns that are consistent with criteria in the DSM or other assessment tools. As well, they may be limited by male gender role socialization in their ability or willingness to express their concerns in an emotional way, which may give the counsellor an inaccurate idea of how the man is coping emotionally (Levant, 1998). Therefore, counselling professionals need to be open to different approaches to assessing their male clients in an effort to get a full picture of their concerns and their psychological needs, including tools which assess the impact on male gender roles on their mental health (Mahalik, Talmudge, Locke, & Scott, 2005). In this study, at least one of the men was skeptical of a counsellor who jumped too quickly to make a diagnosis, while others found that receiving a diagnosis eased their minds because it offered an explanation for what was happening to them and gave them hope that there was a solution to the problems they were experiencing. Clearly, assessment and diagnosis can be

very helpful for both the practitioner and the client but it is important for the counsellor to be flexible and use a variety of tools to get to the root of the male client's concerns.

Developing the relationship

The quality of the therapeutic relationship was an overarching theme in the narratives of these participants and confirmed what has already been documented in the literature on men's counselling experiences (Good, Thomson & Braithwaite, 2005; Johnson, 2001; Scher, 2001). This theme highlights the power of the counsellor to influence the success and effectiveness of the counselling process simply in the way that he or she interacts with the client in the early days of their partnership. Brooks (2010) notes that it is essential for therapists working with male clients to do what they can to connect with the clients early in the therapeutic relationship.

> "This process is facilitated by a male-specific assessment process and through efforts to evaluate and enhance the male client's motivation. Even more crucial, though, is that the first session must generate a deep empathic connection and therapeutic alliance. Those therapists who can monitor any personal reactivity, can recognize the most positive aspects of a male client's behavior, and can convey compassion and sensitivity to his struggles will be those most likely to establish this therapeutic alliance" (p. 84).

As several participants in this project explained, the counsellor sets the tone for the counselling experience in the way that he or she presents him or herself to the client in the first session. The men commented on how they were intimidated or angered by an arrogant or

dismissive therapist and how an egalitarian and non-judgemental counsellor quickly made them feel welcome and at ease with the experience.

Preparing new counsellors

The research of the past 30 years (Addis & Choane, 2005; Cochran & Rabinowitz, 2003; Groeschel, Wester & Sedivy, 2010; Levant, 1998; Mahalik, 1999; O'Brien, Hunt & Hart, 2005; O'Neil, 1981; Pleck, 1981;) has identified a number of unique considerations regarding counselling men. A dominant theme in the research relates to the impact of gender role conflict on men's mental health and their willingness to seek help from counsellors when it was needed (Mahalik, 1999a). After the first wave of research and writing in this area, the topic has been explored from various perspectives in the following decades. Much has been written about emotional inexpressiveness among men, which Levant (1998) asserts is so common as to warrant the description "Normative Male Alexithymia". More recently, counsellors have begun to explore the unique challenges associated with assessment issues (Cochran, 2005). However, issues related to counselling men are not often reflected in the curriculum of counselling education programs. There may be some reference to men as a unique counselling population in the context of a multicultural counselling course. In fact, some have argued counsellors need to recognize that male clients are "socialized in a specific culture, with values, norms, customs, and expectations, to which men must adhere" (Liu, 2005). But most counselling students are unlikely to be exposed to the research on the counselling needs of men unless they deliberately seek out this information. It would be beneficial for counselling educators to consider the implications of gender as they approach their courses and their students and look for appropriate ways to explore how the gender of the client impacts every aspect of the counselling experience. Counselling

students need to have opportunities to expand their theorectical and clinical experiences to include an exploration of the impact that gender may have of their clients' mental health, their willingness to seek help and their comfort with the therapeutic process.

Recommendations for future research

While this project offered some insight into men's experiences of counselling, it also opened up numerous possibilities for further research in this area. As noted in the limitations section, this research involved a group of men that was homogeneous in its make-up. The majority of the participants were white, heterosexual, middle-class, university-educated men who ranged in age from 30 to 48 years and lived in an urban centre. Future research can broaden the focus to include men from a variety of backgrounds.

Socio-economic issues

The men in my study were middle-class men with post-secondary education which clearly had an impact on their worldview and their perceptions of mental health and counselling. Men who live in poverty may hold different attitudes about counselling. Because of their economic and/or employment status, they may be unable to get access to free counselling services through an Employee Assistance Program at work or through private sessions that require payment from the client. As a result, they may have limited opportunities for access and little choice in the type of counselling services they receive. That, of course, assumes that they would be aware of the existence of counselling services at all and have an interest in taking part in counselling. All of these elements would make for an interesting research project that could glean valuable information about a population that is likely to be doubly marginalized when it

comes to seeking and getting access to counselling services.

Looking at generational differences

The participants in this group were from a fairly narrow age range which immediately raises a question for researchers about how younger and older men experience counselling. Some research indicates that men become more open to the concept as they age (Berger et al, 2005). Much of the research about young men is directly related to their experience of gender role conflict and how that impacts their attitudes about counselling (Steinfeldt, Steinfeldt, England, & Speight, 2009; Blazina & Watkins, 1996). Research that explores the actual experiences of young men in therapy (during their late teens and 20s) could offer us a great deal of insight into the ways a younger generation of men use counselling services to deal with emotional and psychological issues.

Sexual orientation

A man's sexual orientation is another factor that may influence his experience of psychological distress, his willingness to seek help and his level of satisfaction with the counselling process. Some research (Haldeman, 2005) suggests that gay men are more open to the concept of counselling because they have experience living "outside the mainstream" and are less likely to be pressured by social expectations. "As a result, gay and bisexual men feel freer to express their emotions, if they wish, and be more forgiving of themselves for failing to live up to socially reinforced gender expectations" (p. 380). But other researchers argue that gay men are just as likely to struggle with the demands placed on them by traditional male gender roles as their heterosexual counterparts and experience similar levels of distress as a result. In addition,

gay men must also face challenges that are unique to them, including "being at odds with society's prescribed view, social condemnation, increased isolation, diminished support, and acceptance" (Simonsen, Blazina & Watkins, 2000). Therefore, it would be interesting to explore the counselling experiences of gay men to find out how they differ from the mostly heterosexual men interviewed for this research and what experiences they had in common.

The impact of culture

Men's experiences in counselling and the issues that bring them to seek help may vary dramatically depending on their unique cultures (McCarthy & Holliday, 2004). Their culture may be defined by their race or ethnicity, their religion, or their geographic origins and it may impact their experience of mental illness, addictions, family and relationship struggles, stress, career development and a myriad of other issues, including their attitudes about seeking help for their problems. Research from the last decade (Liu, 2005) indicates that Latino, Asian and African-American men have unique concerns that contribute to their emotional problems and the way they are likely to address those concerns. But little has been written about the counselling needs and experiences of Aboriginal men. Therefore, any research that further explores the connections between gender and culture as they relate to mental health and counselling would be a much-needed addition to the literature.

Exploring the approaches

Another major area of potential research on men's experiences of counselling is related to the actual practice of counselling and the specific approaches and interventions applied by counsellors. In their narratives, the participants were able to clearly identify the interventions that

they found helpful. For example, one talked about how the counsellor taught him to look at his anxiety as a separate entity and to go so far as to give it a name, allowing the client to personify the emotion and shout at the anxiety in an effort to defeat it. Another described how his therapist used guided imagery to teach him how to keep himself safe emotionally when faced with memories of childhood abuse. A third explained how his therapist helped him break the pattern of reflection and rumination that he felt was keeping his trapped in the traumatic experiences by focussing on the present and the future.

Hearing the men's thoughts on how particular interventions helped them opens up a broad area of research opportunities on the question of which therapeutic approaches are most effective with men. Future research could focus on how men respond to particular approaches to therapy to determine which are most effective. This could take the form of a study that compares the efficacy and satisfaction levels associated with an intervention that is considered "male-friendly" (solution-focussed or cognitive) with an approach that is seen as more "female-friendly" (an experiential approach that encourages the client to relive emotional moments with the therapist). Another area worthy of consideration is an exploration of the benefits of individual counselling versus group counselling. Most of the men in this study took part exclusively in individual counselling and did not have any experience working in a group setting with a counsellor and other clients. Some research (Ogrodniczuk, Piper & Joyce, 2004) indicates that men prefer individual to group counselling because they are not comfortable sharing their emotions and personal stories with strangers. But the literature also has numerous references to the benefits of group therapy for men (Babcock & Steiner, 1999; McRoberts, Burlingame & Hoag, 1998). Rabinowitz (2005) argues that "a well-functioning men's group nurtures

interpersonal trust, facilitates psychological awareness, encourages risk, and provides safe containment of strong emotions for its members" (p. 275).

Conclusion

The literature of the last few decades has clearly established that many men are in crisis and are in dire need of effective gender-appropriate counselling experiences. The men who took part in this research were all dealing with significant concerns when they presented for counselling, and for the most part found that the counselling experience helped them find healthy ways to cope their problems and lead more satisfying lives.

The results of this research project indicates that individual counsellors can have a significant impact on their male clients' satisfaction with the counselling process based on the way they approach men and their counselling needs. The men identified the stigma against going for counselling as a major reason for not seeking help in the past and some of them noted how their counsellors' attitudes and interventions made them feel less stigmatized and more comfortable with the therapeutic experience. All of them were able to identify when a counsellor applied a theoretical or practical approach to counselling that was a good fit with their needs, helped them deal with their particular concerns, and gave them skills to cope with their problems outside the counselling session. Most of them stated a preference for talking about their thoughts instead of their feelings and their desire to find tangible solutions to their problems through counselling. Some of them placed a great importance on the credibility and competency of the counsellor and wanted to know that the counsellor was bringing a certain expertise to the counselling experience. But all of them spoke of their need to establish a strong bond with the

counsellor before they could open themselves to the counselling experience.

The evolving nature of men's psychology has many implications for the practice of counselling in the twenty-first century. Counsellors need to think of their practice from a multicultural perspective and regard men as another unique client population with their own specific goals and needs. Applying new approaches to their practice will sometimes be intimidating and frustrating for counselling professionals but the potential benefits are infinite, as Good and Brooks (2005) argue:

> It is our conviction that when boys' and men's experiences are better understood, therapeutic bonds will be far easier to establish. Therapists will be far more empathetic and compassionate toward men. Men will be far more eager to use psychotherapy. We believe ardently in the need to improve the relationship between men and the therapy community (p. 9).

As more men engage in counselling and learn how to cope more successfully with psychological issues, the practice will gradually become more acceptable to men themselves and to the broader community. We can only hope that as men's participation in the therapeutic process grows, so does their ability to identify concerns and make the changes they want to see in themselves and their lives. These changes may allow them to cope more effectively with stress, work concerns, relationship issues, addiction and mental illness, and the quality of their relationships with partners, spouses, friends, family and colleagues, and have a dramatic impact on their overall satisfaction with their lives.

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Appendix A – Letter to counsellors and agencies

MEMORIAL UNIVERSITY

Faculty of Education

Graduate Programmes
St. John's, NL Canada A1B 3X8
Tel: 709 737 8553 Fax: 709 737 4379 www.mun.ca

Dear _____,

I am a graduate student in Counselling Psychology in Memorial University's Faculty of Education. This spring and summer, I am completing a qualitative research study on the factors that make counselling a positive or helpful experience for men.

Through personal interviews, I hope to gather the stories of men who have had some experience as a client of counselling and can share their thoughts and feelings on how the process helped them.

I hope to explore their pre-existing attitudes towards counselling, their reasons for seeking help, the counsellor's approach, the quality of the therapeutic relationship, and the ways that all of these factors impacted their experience. The personal interviews will be recorded on audio tape and transcribed later for review and analysis.

The participants for this study should:

1. Be men over the age of 19
2. Have attended at least three sessions with a psychologist, counsellor, social worker, psychiatrist, mental health nurse, physician, chaplain, crisis counsellor or EAP provider.
3. Have chosen to go for counselling

The results of the study will be confidential and those interviewed will only be identified by a pseudonym and some basic demographical details (age, education or occupation).

If any of your male clients meet these criteria, please let them know they are eligible to take part in this study and provide them with a copy of the enclosed recruitment advertisement. They can contact me via email: beth@mun.ca or leave me a message on my private voice mail: 709-690-5284. Participation in the study is voluntary and the participants are free to withdraw from the process at any time.

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant), you may contact the Chairperson of the ICEHR at icehr@mun.ca or by telephone at 737-2861.

Please feel free to contact me if you have any questions or concerns. My supervisor for this project is Dr. Mildred Cahill in the Faculty of Education at Memorial. You may contact her at 737-6980 or by email at mcahill@mun.ca.

Thanks in advance for your interest in this project and for any help you can offer in spreading the word to potential participants.

Sincerely,

Beth Ryan

Appendix B – Ad to recruit participants

MEMORIAL UNIVERSITY

Faculty of Education

Graduate Programmes
St. John's, NL Canada A1B 3X8
Tel: 709 737 8553 Fax: 709 737 4379 www.mun.ca

May 13, 2010

Study on men and counselling

My name is Beth Ryan. I am a master's student in the Faculty of Education at Memorial University. As part of my studies in Counselling Psychology, I am completing a study on the factors that make counselling a positive or helpful experience for men.

Through personal interviews, I hope to gather the stories of men who have had some experience as a client of counselling and who are willing to share their thoughts and feelings on how the process helped them.

I would like to speak with men who:

- are over the **age of 19**
- have attended **at least three sessions** with a psychologist, counsellor, social worker, psychiatrist, mental health nurse, physician, chaplain, crisis counsellor or Employee Assistance Program counsellor.
- **have chosen to go for counselling**

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant), you may contact the Chairperson of the ICEHR at icehr@mun.ca or by telephone at 737-2861.

The results of the study will be **confidential** and those interviewed will be identified by a pseudonym. The interview should take approximately **one – two hours** and will be conducted at a time and location that is convenient for the researcher and participant.

If you are interested in taking part in this study, you can contact me by e-mail at beth@mun.ca or leave a message on my private voice mail at 709-690-5284.

Appendix C - Letter to participants

MEMORIAL UNIVERSITY

Faculty of Education

Graduate Programmes
St. John's, NL Canada A1B 3X8
Tel: 709 737 8553 Fax: 709 737 4379 www.mun.ca

Dear participant,

Thank you for your interest in taking part in my study about the factors that make counselling a positive experience for men.

My goal is to conduct personal interviews with men who have had some experience as a client of counselling and can share their thoughts and feelings on how the process helped them.

The interviews will be recorded on audio tape and transcribed later for review and analysis. All material related to this study will be safely stored until it is destroyed five years after the project is completed. The results of the study will be confidential and those interviewed will only be identified by a pseudonym.

I am interested in interviewing men who:

- Are over the age of 19
- Have attended at least three sessions with a psychologist, counsellor, social worker, psychiatrist, mental health nurse, physician, chaplain, crisis counsellor or EAP provider.
- Have chosen to go for counselling and were not mandated to do so by a partner, employer or the courts.

I would like to hear about your pre-existing attitudes towards counselling, your reasons for seeking help, the approach your counsellor took in your sessions, the quality of the therapeutic relationship, and the ways that all of these factors impacted your experience.

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant), *you may contact the Chairperson of the ICEHR at* icehr@mun.ca *or by telephone at 737-2861.*

Choosing to be interviewed for this study offers you an opportunity to discuss your experiences of counselling and offer your advice and opinion about how the counselling process works for men and how it could be more effective. This research may be useful for professional counsellors who hope to improve practice and for counsellor educators who are training a new generation of counsellors.

It is unlikely that taking part in this study will cause you any harm. The interviews will focus on how

the counselling sessions worked for you instead of what was actually discussed. However, in the event that the interview process raises concerns for you, I will be available to discuss those concerns with you and refer you to appropriate resources as needed.

If you would like to be interviewed for this study, please reply to me through email: beth@mun.ca or leave me a message on my private voice mail: 709-690-5284.

Participation in the study is voluntary and you are free to withdraw from the process at any time.

Please feel free to contact me if you have any questions or concerns. My supervisor for this project is Dr. Mildred Cahill in the Faculty of Education at Memorial. You may contact her at 737-6980 or by email at mcahill@mun.ca.

Thank you for considering this project. I look forward to speaking with you at your convenience.

Sincerely,

Beth Ryan

Appendix D
Consent to Take Part in Research

TITLE: A qualitative study of the factors that make counselling a positive experience for men

INVESTIGATOR(S): Beth Ryan, Masters of Education candidate, Faculty of Education, Memorial University of Newfoundland

You have been invited to take part in a research study. It is up to you to decide whether to be in the study or not. Before you decide, you need to understand what the study is for, what risks you might take and what benefits you might receive. This consent form explains the study.

The researcher will:

- **discuss the study with you**
- **answer your questions**
- **keep confidential any information which could identify you personally**
- **be available during the study to deal with problems and answer questions**

1. Introduction/Background:

Men go for counselling less often than women do, despite the fact that they are dealing with many of the same mental health issues as women. That means some men are not getting the help they need to deal with mental health issues, addictions, stress and other concerns.

It is important to understand the ways that counselling works most effectively for men and how counsellors can help this population cope with emotional pain and distress and learn how to live more emotionally healthy lives.

By exploring the experiences of men who have taken part in counselling, we can gain relevant information about the ways that counselling helped them or failed to meet their unique needs. This information can help counsellors gain a better understanding of the needs of male clients and develop more effective strategies for working with men in their counselling practice.

2. Purpose of study:

The goal of this research project is to identify and explore the factors that contribute to a positive counselling experience for men. By comparing the varied experiences of men in counselling, I hope to identify recurring themes that will help inform counsellors in their approach to this population of clients. This can be helpful to counsellors already in practice as well as educators who are training new counsellors.

3. Description of the study procedures and tests:

The researcher will determine if the potential participant meets the criteria for taking part in this study. The criteria would be:

- Male
- Adult - over the age of 19
- Attended at least three sessions with a psychologist, counsellor, social worker, psychiatrist, mental health nurse, physician, chaplain, crisis counsellor or EAP provider.
- *Chose to go for counselling and was not asked or required to do so by a spouse, the court, or an employer.*

4. Length of time:

You will be expected to meet with the researcher at least once at a mutually-convenient time and place. Each meeting should last 1-2 hours.

5. Possible risks and discomforts:

It is unlikely that taking part in this study will cause you any harm. The interviews will focus on how the counselling sessions worked for you instead of what was actually discussed. However, in the event that the interview process raises concerns for you, I will be available to discuss those concerns with you and refer you to appropriate resources as needed.

6. Benefits:

Choosing to be interviewed for this study offers you an opportunity to discuss your experiences of counselling and offer your advice and opinion about how the counselling process works for men and how it could be more effective. This research may be useful for professional counsellors who hope to improve practice and for counsellor educators who are training a new generation of counsellors.

7. Liability statement:

Signing this form gives us your consent to be in this study. It tells us that you understand the information about the research study. When you sign this form, you do not give up your legal rights. Researchers or agencies involved in this research study still have their legal and professional responsibilities.

8. What about my privacy and confidentiality?

Protecting your privacy is an important part of this study. Every effort to protect your privacy will be made. However it cannot be guaranteed. A client's confidentiality will be upheld unless a minor child is in danger, the client threatens to do harm to himself or another person, or the court requests information about the client through a subpoena.

When you sign this consent form, you give us permission to collect information from you for the purposes of this research and indicate that you understand the limits to confidentiality.

Access to records

Use of records

The researcher will collect and use only the information needed for this research study. This information will include your:

- **Name**
- **Contact information**
- **Date of birth**
- **Gender**
- **Information from study interviews and questionnaires**

Your name and contact information will be kept secure by the researcher in Newfoundland and Labrador. It will not be shared with others without your permission. Your name will not appear in any report or article published as a result of this study.

Information collected for this study will kept for five (5) years after which time it will be destroyed.

If you decide to withdraw from the study, you may decide whether your data will be retained for use by the research team or if it will be destroyed.

Information collected and used by the research team will be stored by Beth Ryan. She is the person responsible for keeping it secure.

Your access to records

You may ask the researcher to see the information that has been collected about you.

9. Questions:

If you have any questions about taking part in this study, you can meet with the investigator who is in charge of the study at this institution. That person is:

Dr. Mildred Cahill
Faculty of Education – Counselling Psychology
Memorial University of Newfoundland
709-737-6980
Email: mcahill@mun.ca

Or you can talk to someone who is not involved with the study at all, but can advise you on your rights as a participant in a research study. This person can be reached through the Interdisciplinary Committee on Ethics in Human Research (ICEHR) at 709-737-2861 or email: icehr@mun.ca.

After signing this consent you will be given a copy.

Signature Page

Study title: A qualitative study of the factors that make counselling a positive experience for men

Name of principal investigator: Beth Ryan

To be filled out and signed by the participant:	Please check as appropriate:
I have read the consent.	Yes { } No { }
I have had the opportunity to ask questions/to discuss this study.	Yes { } No { }
I have received satisfactory answers to all of my questions.	Yes { } No { }
I have received enough information about the study.	Yes { } No { }
I understand that I am free to withdraw from the study at any time and without having to give a reason.	Yes { } No { }
I understand that it is my choice to be in the study and that I may not benefit.	Yes { } No { }
I agree to be audio taped.	Yes { } No { }
I agree that the tape will be transcribed for review by the researcher.	Yes { } No { }
I agree to take part in this study.	Yes { } No { }

_____ _____

Signature of participant Date

_____ _____

Signature of researcher - Beth Ryan Date

<u>To be signed by the investigator or person obtaining consent</u>

I have explained this study to the best of my ability. I invited questions and gave answers. I believe that the participant fully understands what is involved in being in the study, any potential risks of the study and that he or she has freely chosen to be in the study.

_____ _____

Signature of researcher - Beth Ryan Date

Telephone number: _____

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant), you may contact the Chairperson of the ICEHR at icehr@mun.ca *or by telephone at 737-2861.*

Appendix E - Confidentiality statement

Protecting your privacy is an important part of this study. Every effort will be made to protect your privacy and keep your identity confidential.

The data gathered through interviews for this research project will be published and could be presented at conferences. *If you agree, I will include direct quotations from our interview in my report. However, you will be given a pseudonym, and all identifying information will be removed.* You will not be identified in the published report.

However, there are limits to confidentiality and in some situations, it cannot be guaranteed. Researchers and counsellors have a duty to inform participants and clients of those limits to confidentiality.

There are several situations in which a researcher cannot uphold the commitment to ensure confidentiality. They are:

- When a minor child is in danger
- When the client/participant threatens to do harm to himself or another person, or
- When the court requires information about the client/participant through a subpoena.

If any of those issues arise during our interview, I cannot guarantee that your confidentiality will be protected.

If you understand the limits to confidentiality as described above, please sign and date this form in the presence of the researcher.

Signature of participant	Date
Signature of researcher - Beth Ryan	Date

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant), you may contact the Chairperson of the ICEHR at icehr@mun.ca *or by telephone at 737-2861.*

Appendix F - Questions for participants

Before you went to counselling, what ideas did you have of how the process might work?

- *Where did you get those ideas? (Friends, family, media?)*
- *How did you feel about the prospect of going to counselling?*
- *Did someone encourage you or was it your idea?*

Can you tell me about your first experience with counselling?

- *Who did you see? (Counsellor, pastor, doctor, psychologist, psychiatrist, mental health nurse, social worker, crisis line counsellor)*
- *What made you decide to seek counselling at that time?*
- *What made you choose that particular person? (Referral, no other choice, crisis, EAP)*
- *What was the counsellor's gender? Age?*
- *What was the setting for your session? Hospital? Office? Community agency?*
- *Did you feel comfortable talking to your counsellor? Did it take time to become comfortable?*

What were some of the positive aspects of the counselling experience?

- *Being heard by a neutral party?*
- *Having the chance to share your feelings?*
- *Putting into words how you felt or thought about an issue?*
- *Getting suggestions on how to deal with issues?*

How did you find the experience of talking about emotions and feelings?

- *Liberating, a relief, relaxing?*
- *Intimidating, uncomfortable?*

What was it like to discuss your thoughts?

- *No different than discussing thoughts in other settings?*
- *More comfortable than discussing emotions?*

What did you like about the counsellor and his/her approach to your sessions?

- *Effectiveness, competence*
- *Therapeutic relationship*
- *Professionalism*
- *Optimism, positive attitude*
- *Trust*
- *Accessibility*
- *Respect for client values*

What specific techniques did the counsellor use? Were they helpful?

- *Relaxation exercises*
- *Homework - journal writing*
- *Role playing*
- *Anger management tools*
- *Ways to identify distorted thought patterns*

If you have seen more than one person for counselling, what were the differences in those experiences?

- *Personality*
- *Personal style*
- *Approach*
- *Gender*
- *Therapeutic bond*
- *Level of trust*

What made you (or would make you) decide to stop counselling? What role did the counsellor have in that decision?