



Masculinity

and  
Counselling

Geoff Lamb

*I want to start by assuming that there are qualities with which more men than women identify, and vice versa. Individuals will develop and maintain a balance of these qualities which is unique. I am also assuming that some of these gendered qualities are rooted in biology, i.e. the shape of our bodies, balance of hormones etc, some are societal and some are the complex result of our up-bringing. It is certainly important for us, as psychotherapists and counsellors, to spend time thinking, as Reich did, about the complex interaction between biology, the family and society (Reich 1973 pp 186-188), particularly its consequences for us as individuals. However, this is not my focus here. I'm interested in looking at the role of what are **commonly** perceived to be masculine qualities in counselling and psychotherapy, regardless of the biological gender of the therapist, and how these qualities could be more positively valued.*

In years 1 and 3 of the Diploma in Counselling course I used to teach in Surrey, we looked at qualities which an ideal counsellor needs to possess or develop. When we brainstormed these qualities, most of the words generated were 'feminine' e.g. empathic, non-judgemental, containing etc. Adjectives such as aggressive, penetrative, competitive and incisive rarely featured. At first glance, this might make sense. After all, who would want an aggressive competitive counsellor or therapist? However, we need to look below the surface here.

The qualities I've referred to, which could be said to be masculine, have been devalued by the caring professions generally and the counselling/therapy culture in particular (See Gillon 2002), but are prized in 'male' occupations such as finance and industry. In either case, they have become stereotyped into fixed positions which are seen, in the caring culture, as wholly negative. A stereotypically competitive counsellor, for example, would be about as much use to a client as the Fast Show's 'Competitive Dad' is to his children.

'So, what is this masculinity then?', or perhaps we should ask, 'What are these 'masculine' qualities?' One way of answering this question, which is widely used, logical and at the same time problematic, is to look at how (most) men are and label *this* 'masculine' or 'masculinity'. In this way, it is possible to derive a series of defining characteristics which can be applied to, in this case, the field of counselling and psychotherapy. There may be some mileage in this, but it raises the following problems:-

Apart from being simplistic, this way of defining masculinity, i.e. *trait masculinity* (Bem 1974) assumes that how men *are* is how they want to be, or perhaps more importantly, all they *can* be as men. Assumptions are always misleading, whether they are made about men *or* women. This one is particularly misleading and superficial, but is frequently made about men. There is also an equation made between masculinity and power/superiority which lends support to the belief that, in order to develop (into better people?) men have to give up something they want, i.e. the power and superiority. I have to agree with Horrocks' (Horrocks 1994) view that the men he meets in his consulting room rarely *want* this kind of power and superiority even though they may find it impossible to imagine living without it. Like most defensive addictions, the one I'm talking about here is pernicious and difficult to give up.

Epidemiological evidence (Helgeson 1995) suggests that trait masculinity is also physically pathological, being almost identical to 'Type A Behaviour Pattern'. The type A behaviour pattern, which was identified by Freidman and Rosenman in 1974, is characterised by extreme competitiveness, exaggerated independence, ambition, aggression, hostility etc. and is associated,

amongst other things, with an increased possibility of heart attacks. This lends further credence to the argument that, since masculinity is unhealthy both physically and emotionally, the only way forward for men is to stop being the way they are and to become more like women. However, learning *from* women is very different from becoming like them, modelling ourselves on them perhaps. It is important to recognise how easily confused these two processes are and how this confusion can become a pressure in the field of psychotherapy and counselling (Gillon 2002).

Another, more fruitful possibility is to think of trait masculinity as an acquired defensive pattern. If it **is** defensive, then we have to conclude that men are not necessarily behaving in the way they would wish to when, for example, they find themselves cut off from and unable to articulate their feelings. Much has been written, by Bly and Horrocks (Bly 1990, Horrocks 1994), for example, about the origins of trait masculinity and in support of it being a defensive pattern rather than an inevitable consequence of being born with a penis and testicles. If we adopt this perspective, we are going to have to look elsewhere for a model of masculinity or perhaps more subtly at how men actually are.

Archetypal or symbolic masculinity might offer us a better way of deriving the masculine qualities which may or may not have an application in the world of counselling and psychotherapy. We can access this in two different ways, both of which draw on what Jung refers to as the *collective unconscious*. Firstly, there are the words and images which we might spontaneously use to describe men. Then there are the male archetypes

themselves such as the Warrior, the King, the Lover etc. (Moore and Gillette 1990). The second approach, although it has been criticised as 'shallow' (Rowan 2002), is useful in that it identifies both the negative (shadow) side of each archetype, which is equivalent to the defensive aspects of trait masculinity, and the more positive side, which might be useful.

The usual approach, both of the 'new man' and the counselling culture, is to suppress or deny the masculine rather than have it expressed in its negative, defensive form. This is understandable because in this negative form, or shadow archetype, masculinity really is oppressive, exploitative and potentially destructive. However, to give it up altogether as some men attempt, impossibly, to do is to throw away something valuable. The defensive form is not inevitable. What we need to do is to transform that negative version of masculinity into something more positive, which is usually a case of taking away its defensive attributes.

I want to take one example here, whilst at the same time recognising that the same process could be applied to any of the masculine qualities or archetypes which may, in their negative forms, be considered less than useful in the counselling context. Let's look at aggression or warrior energy. I could use my aggression in a therapy session to dominate, intimidate and control my client, but why might I want to do this? I might feel threatened by my client either in the countertransference or because of some deep insecurity of my own and using my aggression in this negative way might give me the illusion of security. Hopefully, my supervisor

would identify a useful piece of counter-transference in my impulse to use my aggression defensively and some important learning would emerge for both myself and my client.

But aggression is about more than anger and dominance. It is sometimes important to move towards the client; to act rather than react; to initiate rather than respond. It is also important to meet the client head-on at times, to be there for them to come up against and, above all to challenge them. All of these interventions require aggression and all of them contribute to the client's sense of security. However, when used non-defensively, they make the therapist feel vulnerable and the important thing, in this instance, is to take a step forwards even though you may be feeling vulnerable, or perhaps *because* you're feeling vulnerable. In doing this you are being the archetypal warrior and, in my view, truly masculine (whether you are biologically male or female).

What we've done here is to transform the defensive aspects of masculine aggression, which are essentially designed to keep the other person at bay and to avoid intimacy, into something which is not only life-giving and essential to a therapeutic relationship, but also *creates* intimacy. This, in my example can take the form of listening to, but not enacting, the defensive impulse and processing it later in the safety of a supervision session. It can also be a question of taking the defensiveness out of a masculine quality by recognising and allowing its vulnerable aspect to be part of the relationship.

I have illustrated the principle that masculine qualities can, if purified from their defensive components, breathe life into the counselling/

psychotherapeutic relationship. In a recent workshop, I invited the participants of a mixed group to experiment with incorporating aspects of one of the masculine archetypes into their normal counselling style. The feedback was different for both sexes. The women seemed to find it unfamiliar, but were excited by the potential of the idea whereas the men found it liberating to use aspects of themselves which they had previously regarded as unacceptable in the helping context.

It is common, or archetypal, for men to have fragile egos and it requires bravery of an uncommon sort for them to shed the armour of trait, or defensive, masculinity which usually protects this fragile ego with which

they are constantly pre-occupied. Consequently, for the male therapist to access the more positive and, I would argue, more vulnerable aspects of their masculinity will be a challenge. Women therapists may find it difficult to access their masculine qualities, partly because of the combination of biology, society and the family I referred to earlier, but partly, too, because the caring culture, in wanting to protect itself from the negative aspects of masculinity, simply does not demand this of them. My proposal is that we rehabilitate some of the commonly perceived masculine qualities in the way I have illustrated and explore ways of integrating them into a more vibrant therapeutic style for both sexes.

## References

- Bem, S.L. (1974) 'The measurement of psychological androgyny'. *Journal of Counselling and Clinical Psychology* 42 155-162
- Bly, R., (1990) *Iron John* Element Books Shaftsbury Dorset
- Gillon, E., (2002) Counselling training and social exclusion. *Counselling and Psychotherapy Journal* vol. 13 no 3
- Helgeson, V.S., (1995) *Masculinity, Men's Roles and Coronary Heart Disease* in Sabo, D., & Gordon, D.F., (Eds) *Men's Health and Illness* Sage Publications Inc: New York
- Horrocks, R., (1994) *Masculinity in Crisis* Macmillan: London
- Moore, R., & Gillette, D., (1990) *King, Warrior, Magician, Lover* HarperCollins San Francisco
- Reich, J. (1973) *The Function of the Orgasm* Noonday Press, New York
- Rowan, J., (1997) *Healing the Male Psyche* Routledge London
- Rowan, J., (2002) Personal Communication

**Geoff Lamb** is an experienced psychotherapist and trainer who has been running men's groups since the 1990's. He is currently Director of Inter-Psyche, which, as far as he knows, is the UK's only NHS based counselling training organisation.