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## Gender Issues When Working with Men with Depression: A Novice Counsellor's Perspective La problématique homme-femme dans le cadre du travail auprès d'hommes dépressifs : point de vue du conseiller novice

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Sarah E. M. Larson\*  
Murray S. C. Anderson\*  
*Athabasca University*

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### ABSTRACT

Gender is an important cultural consideration for any counsellor, seasoned or novice. There is evidence to support the view that counsellors do not receive adequate training regarding gender issues and are ill-equipped to work with men and the unique issues that men face within North American culture. Depression is one of the most widespread mental health conditions worldwide, and cultural gender norms impact the symptoms of depression. It is important for novice counsellors to consider cultural influences on gender norms when working with male clients with depression. The purpose of this article is to outline the uniqueness of male depression, to show the effects of cultural gender norms and identity on the experience and perception of depression within clients and counsellors, and to provide recommendations for treatment for novice counsellors working with men with depression.

### RÉSUMÉ

La question du genre est un facteur culturel important pour tout conseiller, chevronné ou novice. Tout semble confirmer que les conseillers ne reçoivent pas de formation adéquate sur la problématique homme-femme et sont donc mal préparés à travailler auprès des hommes et des enjeux uniques avec lesquels ceux-ci doivent composer dans la culture nord-américaine. La dépression est l'un des problèmes de santé mentale les plus répandus dans le monde; de plus, les normes qui définissent la problématique homme-femme ont une incidence sur les symptômes de la dépression. Il importe que, lorsqu'ils travaillent auprès de clients masculins souffrant de dépression, les conseillers novices puissent prendre en compte les influences qu'exerce la culture sur les normes liées au genre. L'article a donc pour but de souligner le caractère spécifique de la dépression masculine, de montrer les effets de l'identité et des normes culturelles liées au genre sur l'expérience et la perception de la dépression chez les clients et les conseillers, ainsi que de formuler des recommandations de traitement à l'intention des conseillers novices œuvrant auprès d'hommes dépressifs.

In North American culture, male gender issues are prevalent and complex. Because of this, an appreciation of the cultural experiences of others—in this case, the North American male—is integral to the counselling process (Collins, Arthur,

Brown, & Kennedy, 2015). In our experiences as counselling graduate students, we received ample cultural training to prepare us for working with populations such as the LGBTQ+ community as well as immigrants and refugees, while keeping an open and nonjudgemental mind, to address cultural assumptions different from our own. However, as we entered practice and encountered many male clients experiencing pressure because of gender socialization, we found ourselves turning to the literature to uncover more information regarding the challenges that these men faced. It was surprising to see a lack of research that addresses gender issues<sup>1</sup> when counselling men.

While gender issues are important cultural considerations for counsellors when working with both men and women, recent research has indicated that among counsellors there is less understanding of male than of female gender issues (Seidler, Rice, Oliffe, Fogarty, & Dhillon, 2017). Researchers have also suggested that it is not only novice therapists who are underprepared; experienced counsellors working within the North American healthcare systems also demonstrate inadequate preparation for dealing with the unique issues that arise when treating men, particularly considering the distinctive social gender norms that exist in North American culture (Harris et al., 2015; Waling, 2017). Seidler and colleagues (2017) called for “widespread gender-sensitive clinical training” (p. 1) to help teach mental health clinicians, including counsellors, the complex and multifaceted influences of masculine gender norms in Western culture.

The academic portion of counselling training programs often addresses practice-wide issues. For example, counselling courses with cultural components are a requirement for many counselling graduate programs across North America. However, research has shown that counselling students claim insufficient exposure to gender issues during their graduate counselling training (Cintron, 2010). Although this evidence is dated, a review of the literature did not reveal recent research that explores the quantity and quality of exposure to gender issues that graduate-level counselling psychology students experience.

Mahalik, Good, Tager, Levant, and Mackowiak (2012) found that only 25% of doctoral psychology programs in the United States included specific courses regarding men’s gender issues. Participants interviewed in this study claimed that biased practices and lack of training led to potentially harmful practices when working with men. While psychology doctoral programs are different from counselling master’s programs, there is an overlap in professional competence and course offerings. If poor integration of men’s issues exists in these doctoral programs, then it may also exist in counselling programs, particularly given that counselling master’s students have claimed insufficient exposure to gender issues (Cintron, 2010).

It is not uncommon that educational gaps exist within academic training, and these gaps are often filled in the practicum setting (Collins, Arthur, Brown, & Kennedy, 2013). However, when there are higher-level practice-wide issues (e.g., where senior clinicians may also be missing knowledge), then the novice counsellor finds it challenging to fill the education gaps and gain necessary skills. Because of

this, additional literature informing counsellors on the best practices for working with men (and women) impacted by social norms is necessary.

The purpose of this article is to explore the influence of North American cultural gender norms on client and counsellor understanding of male depression and to provide considerations for novice counsellors when treating men with symptoms of depression. When attempting conversations about gender socialization, counsellors and authors risk totalizing gender experiences and portraying generalized assumptions (Evans, 2013). Our goal with this article is not to homogenize a view of men and male depression because we acknowledge that not all men will internalize a negative interpretation of socialized male gender norms. We recognize the fluidity of gender, and that writing from a gender binary dichotomous perspective is not always useful.

However, the scope of this article is to provide recommendations to guide novice counsellors on how to treat men who are influenced by social gender constructs; thus, binary gender language is used throughout. We acknowledge that men with different ethnic and cultural identities may interpret and experience social gender norms differently, but we make use of generalized language to provide general recommendations for the novice counsellor. Together, we seek to address how the existing North American cultural discourse on gender impacts men and to demonstrate that this discussion is important for the novice counsellor to consider when contemplating a treatment plan for counselling men with symptoms of depression. In our exploration of this topic, a review of the literature, personal experiences as a novice (and a former novice) counsellor, plus conversations with other novice counsellors and senior colleagues inform this discussion. These initial conversations with colleagues confirmed our suspicions that information regarding the treatment of men with depression was lacking, particularly for novice counsellors.

#### IDENTITY

Philosophers and theologians have pondered the notion of identity for centuries. Derived from the Latin *idem*, meaning same, and *ipse*, meaning time, identity refers to similarity and sameness across time through interaction with the environment (Napier, 2010). As Jenkins (2004) wrote, identity is a reflexive act, akin to a process of *identification*; “identifying others or ourselves is a matter of meaning, and meaning always involves interaction: agreement and disagreement, convention and innovation, communication and negotiation” (p. 4). Ian Hacking, a Canadian philosopher, took this notion of identity a step further, suggesting that the term “identity” is a fluid and contestable state, adding, “people classified in a certain way tend to conform to or grow into the ways that they are described; but they also evolve in their own ways, so that the classifications and descriptions have to be constantly revised” (2006, p. 84).

In North America, what it means to have a masculine identity is continuously revised and eludes a singular conceptualization. Hegemonic masculinity is one

conceptualization of masculine identity (Ricciardelli, Clow, & White, 2010; Waling, 2017). It is a way of thinking that justifies the dominant position of men in popular culture. In today's culture, this type of masculinity looks like men competing for dominance, displaying an unwillingness (or inability) to admit vulnerabilities and a difficulty expressing emotions other than anger (Emslie, Ridge, Ziebland, & Hunt, 2006; Ricciardelli et al., 2010). Men who fit into the dominant group hold power over women and subordinate males. Masculinity theorists (Connell, 2005; Englar-Carlson & Kiselica, 2013; Wetherell & Edley, 1999) have suggested that counsellors need to consider how hegemonic masculinity may be the socially dominant or "ideal" form, though it is unattainable for most in our current society. Some North American males continually strive for this *ideal yet unattainable* level of masculinity, while others settle for an *idealized* version, what Connell (2005) referred to as subordinate, complacent, and marginal. In this way, masculinity is understood to be hierarchical, with men attaining various levels of satisfaction, or dissatisfaction, with these dominant and normative masculinities. From this perspective, there is no such thing as just one single kind of *universal* masculinity—instead a mix of male identities and *ways of being* men in North America.

Other theorists and practitioners have suggested hegemonic models of masculinity are not accurate for the North American male and need to further examine the influence of ethnicity, socioeconomic status, sexual orientation, social context, and education. From this platform, recent research initiatives (Fernández-Álvarez, 2014) have explored how institutional structures such as the healthcare system "hold up" and maintain the social construction of masculinity. One framework, the communication theory of identity (Crosby, 2012), is advanced on the basis that there are four frames of identity: (a) personal, (b) enacted, (c) relational, and (d) communal. From this lens, identity is an in-flux construct, a communicative process influenced by social, environmental, and institutional forces.

Individuals experience identity through interaction, influencing how they choose to enact or express their identity to the outside world. Therefore, responsible counsellors working with males need to appreciate not only how social and cultural forces influence men's identities, but also how the individual makes room for, contests, or "tries on" masculinities through various discourse(s). The social-construction and maintenance of North American male norms through institutional and dominant discourse will be further explored later in this article.

Mahalik et al. (2012) suggested that it is vital for counsellors to "develop self-awareness as a gendered person" (p. 594) and how this identity will contribute to the therapeutic relationship, particularly when working with men. These authors found that counsellor bias toward "normal" male behaviours and symptoms had the potential to diminish instead of enhance the benefit of counselling. Counsellors need to consider their own identity, and how it influences their practice as well as the identity construction and expression of their male clients.

## DEPRESSION

Mental health disorders account for 30% of the annual nonfatal disease burden worldwide; depression alone accounts for 10% of this burden (World Health Organization [WHO], 2016). The WHO (2016) suggested that the global cost of mental health disorders, including depression, is in the trillions of dollars annually. The definition of the term *depression* is inconsistent around the world (notwithstanding the definitions found in DSM-5 [APA, 2013] and ICD-11 [WHO, 2018]), and therapists and clients tend to have varied and not always clearly acknowledged assumptions regarding its meaning (Latalova, Kamaradova, & Prasko, 2014). In North American culture, the belief persists that depression is feminine and people who exhibit symptoms of depression have feminine traits (OliFFE, Kelly, Bottorff, Johnson, & Wong, 2017; Wong et al., 2012). Consequently, the stigma associated with the feminine nature of depression can make symptoms of depression more difficult for men to accept (OliFFE et al., 2017).

*Assessment Tools*

Novice counsellors should be aware of the various manuals and tools used to help assess, rate, and suggest treatment plans for depression. For example, *The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5; APA, 2013)<sup>2</sup> includes several depressive disorders with differing levels of severity and combinations of symptoms. These depressive disorders have in common feelings of sadness and hopelessness along with cognitive changes such as difficulty concentrating and a loss of interest in pleasurable activities (APA, 2013). It is clear from the literature that symptoms of depression can lead to significant impairment even in the absence of diagnosis (Kroenke, 2017; Lewinsohn, Solomon, Seeley, & Zeiss, 2000). This is valuable for novice counsellors to acknowledge, as symptoms, independent of diagnosis, may require careful treatment and counselling care similar to diagnosed disorders (Kroenke, 2017). Within this article, the term *symptoms of depression* refer both to the symptoms of depressive disorders listed in the DSM-5 and to atypical symptoms that clients may report.

Additionally, the novice counsellor should be aware of the many self-report measures that support the mental health categories set out in the DSM-5. While there are many tools available for screening purposes, the most common in North America are the Patient Health Questionnaire-9 (PHQ-9; Kroenke & Spitzer, 2002; Spitzer, Kroenke, & Williams, 1999); the Beck Depression Inventory-II (BDI-II; Beck, Steer, & Brown, 1996); the Zung Self-Rating Depression Scale (Zung, 1965); the Outcome Questionnaire-45 (Lambert, Lunnen, Umphress, Hansen, & Burlingame, 1994); and the D scale of the Minnesota Multiphasic Personality Inventory (MMPI; McKinley & Hathaway, 1944). Although these tools are important to all clinicians in screening for depression and other mental health concerns, they are fallible. For example, a recent study of the above screening tools (Serra, Spoto, Ghisi, & Vidotto, 2017) found that these tools may overestimate the symptoms of individuals, poorly account for all symptoms of depression,

and, most importantly, only provide a quantitative snapshot while overlooking the value of qualitative responses. Additionally, while these self-report measures may produce results according to gender, there is little if any discussion about why gender categories are important, particularly for the male client.

To improve the assessment of depression of men falling outside of the DSM-5, ICD-11, or the above-noted screeners, a few male-specific screeners for depression have been created. For example, the construction of the Gotland Male Depression Scale (GMDS; Zierau, Bille, Rutz, & Bech, 2002) was developed in Sweden and validated initially with a sample of men in treatment for substance abuse. The developers of the GMDS hoped to improve front-line detection rates by better accounting for external symptoms such as irritability, substance use, risk-taking, and aggression. However, since the GMDS has been translated and used in various countries, it has been the subject of frequent critique due to validity concerns, item-wording, and psychometric applicability (e.g., Rice, Aucote, Möller-Leimkühler, & Amminger, 2017).

Two other models, the Diamond Male Depression Scale (Diamond, 2004) and the Masculine Depression Scale (MDS; Magovcevic & Addis, 2008), were designed to improve the accountability of the male experience of depression. However, these screeners received similar criticism regarding how they (a) were normed on populations existing outside of North America; (b) still relied on traditional, rather than alternative, experiences of depression; and (c) reported similar rates of depression among samples of men and woman (Martin, Neighbours, & Griffith, 2013).

Although these tools may prove helpful to a general acknowledgement of depression, novice counsellors should take note of the limitations and consider their overall usefulness with male populations. While assessment tools are continually modified and honed, it is central not to diminish the importance of qualitative<sup>3</sup> interviews to reveal and understand the spectrum and specific symptoms that clients suffering from depression may be experiencing (Chuick et al., 2009; Connell, 2014), particularly considering the potential presence of alexithymia in men who suffer from depression (Fields & Cochran, 2011). Men who are unable to express their internal emotional experiences may be better helped to articulate their symptoms through a qualitative interview instead of a screening questionnaire (Rabinowitz, 2012). A combination of screening tools and interviewing will help counsellors determine the symptom profile of their clients.

### *Male vs. Female Depression*

Women are diagnosed with major depressive disorders and present with symptoms of depression twice as often as men (Ferrari et al., 2013; Salk, Hyde, & Abramson, 2017). A higher frequency of women with symptoms of depression does not indicate that the symptoms that men experience are less severe or less impacting than those of women. Statistics that reflect a higher incidence of depression in women may contribute to the assumption that depression and typical symptoms of depression are more feminine in nature (Ferrari et al., 2013). These

assumptions can diminish how counsellors interpret the severity or impairment that men experience when they present with symptoms of depression (Rabinowitz, 2012; Salk et al., 2017).

Some researchers have speculated that the higher incidence rate in women is because it is more culturally acceptable in many countries for women to report symptoms of depression than it is for men (Galioto & Crowther, 2013; Haroz et al., 2017). It is also possible that the symptoms of depression described in the DSM-5 favour the classic symptoms that are more likely reported by women (Cavanagh, Wilson, Kavanagh, & Caputi, 2017; Hirshbein, 2006). For example, a growing body of evidence in the past decade reflects that the symptoms of depression listed in the DSM-5 are more commonly expressed by women and the symptoms more common to men are not adequately captured by the DSM-5 (Chui et al., 2009; Martin et al., 2013). Symptoms such as anger, hostility, substance abuse, and risk-taking behaviours are not included in the DSM-5 but are reported more often by men than women with depression (Cavanagh, Wilson, Caputi, & Kavanagh, 2016; Genuchi & Valdez, 2015; Iwamoto & Corbin, 2014).

Additionally, Caldirola et al. (2017) presented preliminary evidence suggesting that men and women differ in the way they experience the cognitive issues involved with symptoms of depression. They found that men and women with a major depressive disorder presented differently in their cognitive functioning, predominantly verbal memory, working memory, and psychomotor speed. Men may experience both atypical symptoms of depression as well as atypical presentations of the typical symptoms of depression listed in the DSM-5 (Caldirola et al., 2017; Cavanagh et al., 2016). Thus, depression in men can be misdiagnosed or completely missed. Consequently, when counselling men, it is essential for novice counsellors to recognize that men may downplay or ignore symptoms of depression, present with atypical symptoms, and demonstrate differences in depressed cognitive functioning more than do women.

#### GENDER IN COUNSELLING RESEARCH

Before discussing the role of North American cultural gender influences on male depression and recommendations for counselling men with symptoms of depression, it is important to explore the gender bias that exists within the current counselling literature. In a recent review, Bedi, Young, Davari, Springer, and Kane (2016) demonstrated that there is significantly more published counselling research on women than on men in the *Canadian Journal of Counselling Psychology* (CJCP). Bedi et al. found that much of the counselling knowledge published in CJCP was based on research samples predominantly made up of women. The authors concluded that this is a significant issue given that nearly half of all counselling clients are men. Furthermore, they found that when there were studies with male-only participant groups, researchers tended not to follow up on male-only studies to produce further research to substantiate and generalize research findings (Bedi et al., 2016).



Evans (2013) found similar results in her content analysis of two prominent American journals, *The Journal of Counseling & Development* and *Counselor Education and Supervision*: namely, that counselling research studies that focused specifically on men and male issues were scarce. Therefore, the novice counsellor will not find ample literature available when searching for recommendations and evidence-based support on how to treat men with symptoms of depression. This gender bias in the literature is concerning, considering the suggestion that some counsellors in training graduate with insufficient exposure to gender issues (Cintron, 2010; Iwamoto & Corbin, 2014; Rabinowitz & Cochran, 2007). Given the cultural assumptions regarding the femininity of mental health issues such as depression (Oliffe et al., 2017), the literature, within counselling publications mentioned here, appears to mirror the dominant gender-based ideology of North American culture: that women are more impacted by mental health than men.

It is important to note that the above literature analyses only provided a review of three North American counselling journals. There is the possibility that information regarding the treatment of men with symptoms of depression in counselling is available in other publications. There exist male-specific research journals, such as the APA journal *Psychology of Men & Depression*, which is represented throughout this current article. However, the gender bias that is described in the above three popular counselling journals demonstrates that while male-targeted research may exist, it is possible that, within general psychology research, gender bias may be present. Further exploration of the presence of gender bias within counselling research is necessary.

#### GENDER DIFFERENCES IN COUNSELLING TREATMENT

Despite the shortage of male-specific counselling research, some researchers have suggested that there are no differences between the treatment of men and women with symptoms of depression. It is important for counsellors to recognize that treatment for depression will vary when working with men and women, and there is research to support this hypothesis. The following is a review of two meta-analyses that explored gender differences in counselling treatments for depression. In their large-scale meta-analytic review, Cuijpers, Karyotaki, Reijnders, and Huibers (2018) suggested that psychotherapies for adult depression are beneficial for multiple target groups. These authors demonstrated that psychotherapy is valuable for women suffering from depression and, while they found no statistical differences between trials among groups of women and groups of mixed-gender participants, they were unable to definitively state whether counselling is also beneficial for men with symptoms of depression. Within this meta-analysis, target groups were mostly composed of women along with some mixed-gender groups, but no studies contained male-only research populations. This is problematic, as it is not appropriate to apply generalizations from women-only and mixed-participant populations to male clients because of the differences in gender symptom presentations.



In an earlier meta-analysis, Cuijpers et al. (2014) demonstrated no difference between outcomes in cognitive behaviour therapy and pharmacological antidepressant treatment for depression in men and women. However, two-thirds of the participants in this meta-analysis were women, and the imbalanced proportion of the sample being women could have influenced the effect size for gender differences. This meta-analysis only included studies that used the Hamilton Rating Scale for Depression-17-item (HAM-D-17) as a depression measure. The HAM-D-17 is a rating scale based on DSM criteria for depression (Hamilton, 1960), does not include measures for atypical symptoms that may be experienced more frequently by men, and thus may not adequately evaluate depression in men. Wide, Mok, McKenna, and Ogrodniczuk (2011) demonstrated that depression symptoms in men are not captured using traditional depression screening tools such as the HAM-D-17. Therefore, the claim made by Cuijpers et al. (2014) that cognitive behaviour therapy for depression is equally as beneficial for women as it is for men may be true only for men with symptoms of depression described in the DSM-5 and not those with the atypical symptoms men often experience.

Considering these meta-analyses, there is insufficient evidence to determine whether men and women respond differently to counselling treatment for depression, but it is possible that gender differences may play a role in the effects of different psychotherapies. There is not enough research that compares explicitly various treatment modalities and strategies for men and women with symptoms of depression. Because of the differences that men and women experience in symptoms of depression, it is vital for the novice counsellor to appreciate that choosing evidence-based treatments<sup>4</sup> based only on female research populations may not be adequate for men and their unique symptom presentations.

#### NORTH AMERICAN SOCIALLY CONSTRUCTED MALE NORMS

Within a patriarchal society like North America, men experience a heightened level of privilege, and with this privilege comes pressure to adopt male cultural norms (please see the section called *Gender-Role-Conflict and Masculine Capital* later in this article). Male privilege is the concept that men experience advantages within society precisely because of their sex. These advantages and a man's ability to access them are dependent upon how closely men align with the male gender norms within society (Way et al., 2014). In other words, men who adhere to socialized gender norms may experience heightened privilege compared to those who do not submit to these norms (Gilligan & Snider, 2017).

Although men experience male privilege within North American culture, they also have significant mental health needs that pose unique challenges to counsellors (Englar-Carlson & Kiselica, 2013; Evans, 2013). Men are socialized to suppress the verbal expression of their emotions (Way et al., 2014), become emotionally and physically autonomous, demonstrate negative emotions in physical ways, or avoid displaying feminine qualities, as fear of possessing female characteristics exists among males in North American culture (O'Neil, 2008). Some of the cultural

pressures that men experience in North America include pressures to succeed in academics and sports, to withhold emotions, and to be strong and powerful both physically and mentally (Evans, 2013). These social pressures may result in a heavy burden for men as they decipher how to uphold socialized gender norms while maintaining positive personal views of self (Englar-Carlson & Kiselica, 2013; O'Neil, 2008).

Cultural pressures to conform to gender norms are strong, and while some men do not conform, men experience pressure in various ways (Manago, 2013; Way et al., 2014). It is important to note that while many men continue to experience cultural pressures, there does appear to be a cultural shift occurring in North America (Inglehart, 2018). The LGBTQ movement, feminist rights, and transgender rights may all be informing and impacting the social norms surrounding masculinity. However, cultural norms for men continue to persist, and the impact of these pressures is an important consideration for novice counsellors working with men because the ongoing privilege men experience can significantly influence the way men experience mental health. It is beneficial for novice counsellors to address the pressures that men experience to conform to socially constructed male norms and the influences these norms can have on the presentation of depression in men.

### *Societal Pressures and Male Depression*

Researchers have suggested that socialization begins within childhood and that very often young boys resist the social gender norms presented to them (Way et al., 2014). However, as boys grow and become adolescents, the pressures from parents, school, and society at large become stronger and more difficult to resist. Way and colleagues (2014) found that this resistance begins to dramatically decrease around the age of 16 when boys begin to adopt<sup>5</sup> the socially constructed and accepted male role of independence, autonomy, and emotional disconnection. The authors suggested an association between adherence to masculine gendered roles and decreased mental health, including increased symptoms of depression. Conversely, resistance to masculine social norms was positively associated with better psychological adjustment and higher self-esteem. Conclusions from this study noted that male resistance to social gender norms resulted in better psychological health and a lower risk of developing symptoms of depression.

Others have suggested that men who resist culturally accepted male norms may experience social ostracization and shame (Manago, 2013; Schermer, 2013). Reilly, Rochlen, and Awad (2013) showed that men who experienced high levels of shame had less self-compassion and lower self-esteem regardless of how much these men adhered to or resisted male social norms. Based on this evidence, it is possible to infer that shame has a negative influence on a man's view of self and a negative view of self can result in symptoms of depression irrespective of conformity to gender norms. Shame may be a result of resisting the dominant cultural discourse on male behaviour and experiencing shame from others, or shame may result from adhering to dominant discourse and then experiencing internal conflict (O'Neil, 2008; Reilly et al., 2013). Therefore, because the pressure to conform to male

social norms is strong and sometimes accompanied by shame, novice counsellors would benefit from being aware that men may face a complicated balance between resisting and adhering to male cultural norms.

### *Gender-Role-Conflict and Masculine Capital*

Men may feel pressure to either conform to or deviate from cultural norms. However, this is rarely a dichotomous experience (O'Neil, 2008). Men may find that they fit the cultural model of masculinity in some ways but digress in others. To protect themselves from the potential shame of not conforming to cultural norms, men who deviate from cultural norms may present to the external world an alternative version of themselves that fits with the cultural expectations of men (O'Neil, 2008). This alternative version of self may not match or express the important internal values the man possesses and therefore could lead to the incongruence of the internal and external expressions of self, called a *gender-role-conflict* (O'Neil, 2008). Gender-role-conflict refers to the discrepancy between what a man *thinks* society demands he should do versus what he internally believes he *wants* to do. This incongruence between the internal and external self is associated with symptoms of depression (Englar-Carlson, 2006). Due to the negative perspective of getting psychological help for these symptoms, men experiencing gender-role-conflict may not pursue counselling treatment (Adams & Ægisdóttir, 2015).

Gender-role-conflict may also lead men to become focused on amassing "masculine capital" (de Visser & McDonnell, 2013, p. 6). *Masculine capital* refers to the way that some men may attempt to overcompensate for the presence of stereotypically non-masculine characteristics to prove their masculinity to others and themselves. Within the counselling setting, the failure of a novice counsellor to question socially constructed gender norms with male clients may inadvertently reinforce gender stereotypes (de Visser & McDonnell, 2013). This failure may lead clients to assume the counsellor considers social male gender norms to be healthy and appropriate (Hayes & Mahalik, 2000). Assumptions like this could strengthen the gender-role-conflict that male clients experience and encourage overcompensation or pursuit of masculine capital. Therefore, it is important for novice counsellors to consider clients' beliefs about socialized gender norms as well as how the counsellor's assumptions about gender norms might influence the therapeutic process.

#### BARRIERS TO COUNSELLING CARE FOR MEN

Due to societal norms, men may experience barriers to accessing counselling care. Men may view counselling as a feminine activity and therefore avoid it (Adams & Ægisdóttir, 2015; Hayes & Mahalik, 2000). Because depression is often regarded as a female illness and counselling is often seen as a feminine activity, seeking therapy for depression might be seen as a two-fold feminine experience (Olliffe et al., 2017). This may make admitting to symptoms of depression and

seeking counselling for these symptoms a struggle for men with a fear of possessing feminine characteristics (OliFFE et al., 2017).

### *Avoidance of Symptoms of Depression*

Commonly, masculinized men, or those who adhere to traditional gender roles, often seek to avoid femininity, which leads to a fragile identity (Real, 1995). As proposed in the above sections, symptoms of depression are, at times, perceived by men to be typical of women. For some men, seeking counselling care for symptoms of depression may feel like an admission of possessing feminine traits, a challenging barrier for men who adhere to socially constructed male norms (Richards & Bedi, 2015). Fear of shame and ostracization may lead men to mask symptoms of depression or act out their symptoms in what they perceive as socially acceptable ways (Johnson, OliFFE, Kelly, Galdas, & Ogrodniczuk, 2012). Therefore, men may seek counselling for issues unrelated to depression despite the presence of severe symptoms (Mahalik, Talmadge, Locke, & Scott, 2005). Exploring gender norms and challenging socially accepted norms may be ways for the novice counsellor to identify the distressing symptoms of depression that men may experience but have difficulty recognizing. The novice counsellor might provide alternative ways of viewing depression if it becomes evident that a male client ascribes symptoms of depression to weakness. This type of reframing might offer male clients a new perspective and acceptance of their symptoms that could lead to increased self-compassion and fewer symptoms of depression (Reilly et al., 2013).

### *Avoidance of Counselling Treatment*

The public perception and subsequent media portrayal of depression as something required by needy people results in significant stigma attached to depression and counselling (Maier, Gentile, Vogel, & Kaplan, 2014; Rabinowitz, 2012). Counselling is often seen as a predominantly feminine experience and may threaten some men's personal view of masculinity (OliFFE et al., 2017). Men may experience a conflict between their desperation to seek help and their cultural draw towards emotional autonomy which can lead to a desire to simultaneously seek and reject counselling help (OliFFE et al., 2010). Moreover, receiving effective therapy often requires the skill of being able to express how one feels verbally.

Because verbal expression of emotions is often seen as a feminine trait (May, 2017), it is something that men in North American culture might avoid because of the pressure to adhere to male social norms. The social pressures for men to become emotionally autonomous may not allow for opportunities for some men to become comfortable in expressing or able to adequately express all emotions, especially more tender emotions like sadness or vulnerability (Englar-Carlson, 2006). Occasionally, boys and men are shamed for being too emotionally expressive (Way et al., 2014). Therefore, a barrier for men when deciding whether to access and complete counselling may be that they fear they will be required to express and experience all their emotions, for which they might feel ill-equipped. Recognizing the internal battle men might have when accessing counselling will

allow the novice therapist to honour the challenges male clients experience before beginning therapy.

#### PRACTICE RECOMMENDATIONS FOR NOVICE COUNSELLORS

Throughout this article, we suggested that men and women might experience depression differently, and that North American gender norms influence male depression. How these concepts guide counselling practice, however, is unclear. Bedi and colleagues (2016) stated that there is insufficient research and information on men and male issues, and that the counselling literature misses this group and their unique needs. Therefore, it is vital that novice counsellors choose therapeutic techniques that will support and maintain the masculine identities that their male clients possess and hope to preserve.

#### *Male-Specific Counselling Considerations*

Researchers such as Westwood and Black (2012) suggested that men in therapy respond positively to directive psychotherapy, micro-skills training, and practical advice. Furthermore, men in counselling who adhere to social gender norms expect to receive more expert advice from counsellors and place less weight on the level of their commitment required for therapeutic success (Rabinowitz & Cochran, 2007). Popular counselling training that teaches novice counsellors to allow the client to lead and that the client is always the expert (e.g., Bohart & Tallman, 2010) do not fit with these descriptions of what men might look for in the counselling setting.<sup>6</sup> This “leading from behind” type of therapy is nondirective and could create further conflict or frustration in the therapeutic relationship with men (Swift & Greenberg, 2012). However, this technique may not be congruent with the theoretical perspective of all novice therapists.

Creating a collaborative atmosphere where the counsellor can provide directive psychoeducation, but also requests the client to give critique or feedback, would better integrate these directive techniques with a person-centred theoretical approach. A potential risk of directive therapy techniques is that they may result in clients who are not able to take responsibility for treatment or outcomes. Therefore, it may be useful for novice counsellors to be explicit about the role of the client in the therapeutic process and to emphasize the importance of client participation regardless of how directive the particular form of counselling.

Lomas, Cartwright, Edginton, and Ridge (2013) found that while men in their study often struggled with emotional suppression, many participants tried meditation to help encounter and explore their internal emotional experiences. Though participants in that study were not always able to verbalize emotional distress, they found significant relief using meditation techniques. Lomas et al. provide a specific technique easily taught to male clients that they could practice at home, and that can provide a reprieve from symptoms. When working with men who require directive therapy with straightforward homework tasks, meditation or mindfulness is an excellent tool for the novice therapist.

### *Postmodern Therapies*

Postmodern approaches like narrative therapy (NT) offer several techniques for exploring and identifying how cultural norms have influenced the client and how they might have led to symptoms of depression (Schermer, 2013). Therapists using NT techniques<sup>7</sup> collaborate in identifying problematic, dominant narratives with their clients, and explore alternative, preferred stories that may serve them better (McAdams & McLean, 2013). These dominant stories are often composed of “socially constructed” truths (Gergen, 2011, p. 111), such as the gendered norms of North American culture that many men are socialized to accept. For novice counsellors, working with male clients to deconstruct how dominant cultural stories have influenced symptoms of depression is an imperative step in helping these clients identify, understand, and acknowledge their symptoms (Schermer, 2013). Once the dominant discourse is understood, then the therapist can help the individual, through conversation, “find alternative discourse resources that assist them in gaining power to resist these parasitic voices” (Schermer, 2013, p. 275).

Some men are uncomfortable in the traditional male role of emotional detachment and physical and mental autonomy. However, these men may have difficulty knowing how to challenge this role without feeling shamed or less male (Reilly et al., 2013). For example, Schermer (2013) suggested that upholding these dominant cultural stories of male gender may be less intimidating than it would be to confront them. The NT deconstruction process may be a gentle way for these men to begin to safely challenge the cultural norms that have negatively influenced them and led to symptoms of depression. Making use of these techniques is a way for novice therapists to begin to explore and unveil how social gender norms influence male clients and their experience of symptoms of depression.

### *Collaborative Approaches*

It is also important to recognize that not all men will experience internal discomfort with the adoption of societal gender norms. Instead, it is important for novice counsellors to remember that these men may be looking for a therapist to provide directive therapy or expert advice (Richards & Bedi, 2015; Westwood & Black, 2012). Because men with higher levels of accepted gendered norms may have a lower expectation regarding the personal commitment required for successful outcomes in counselling (Schaub & Williams, 2007), it is important to provide directive therapy for these men.

Seidler, Rice, River, Oliffe, and Dhillon (2018) discussed the importance of action-focused and collaborative approaches when working with men. These approaches are useful because they increase the active engagement of men and are particularly helpful for socially masculinized men who place little value on personal involvement with counselling (see Schaub & Williams, 2007). In a study by Seidler et al. (2018) exploring collaborative counselling approaches for men, one participant claimed that “I loved it, I knew exactly what was going on ... and that made me more inclined to continue going to therapy” (p. 7). Using transpar-

ency to engage men, collaborating on language, and employing action-oriented techniques where men have obvious and achievable homework between sessions may help men remain focused, see the purpose of therapy, and feel as though they are responsible for change.

### *Group and Online Therapy*

Novice counsellors would be wise to consider the value of groups and web-based services for their male clients experiencing symptoms of depression. Social support and behavioural activation are often the first line of defence for counselling with any cultural group (Hubble, Duncan, Miller, & Wampold, 2010). Researchers have demonstrated the importance of interpersonal relationships to support men experiencing symptoms of depression (Wide et al., 2011). Working with men in the counselling setting to identify social support, develop supportive interpersonal relationships, and maintain these supports will be beneficial counselling strategies for the novice counsellor. One way to help men develop social support groups is to provide specific therapy groups aimed at treating depression (Cramer, Horwood, Payne, & Araya, 2014). Group therapy offers men the opportunity to meet other men who are experiencing similar symptoms, which can help to normalize the process and further challenge their internalized beliefs surrounding socialized gender norms (Olliffe & Phillips, 2008).

Online groups allow a sense of anonymity while still encouraging the development of social support and normalization of symptoms. Olliffe & Phillips (2008) suggested that online services require a level of self-direction that empowers men to take ownership within the therapeutic process, allowing them to recognize the importance of their involvement. Making use of these techniques encourages the development of interpersonal relationships for male clients as well as empowers men to take more responsibility for the counselling process.

### FUTURE RESEARCH

Research is necessary to determine the present experience of counselling students and their level of awareness of gender issues and subsequent preparedness for working with clients influenced by gender socialization. This is important because, as discussed throughout this article, there are clear differences not only in how men and women experience depression but also in the effective treatment of their symptoms. Ensuring that graduate students and counselling trainees receive adequate exposure and training around gender issues is a valuable next step for future research.

Further research is also necessary to explore the most beneficial therapeutic techniques and strategies to help men suffering from symptoms of depression. While there is a growing body of literature that provides information on evidence-based treatment for men with symptoms of depression, further research exploring which unique techniques or approaches are most beneficial for men is needed. Along similar lines, further research investigating the presence of gender bias



within counselling research would help identify if current counselling practices are beneficial to men, women, and other individuals along the gender spectrum.

The counselling field would benefit from further research exploring the diagnostic tools used for depression and understanding which ones might be more applicable for men and male depression. Developing gender-specific diagnostic tools would be beneficial, considering the suggestion that men are more likely to experience atypical symptoms of depression that are often missed using DSM-based tools. Because research protocols often require standardized assessment or diagnostic measures, developing a measure that is more inclusive of non-DSM-type symptoms of depression would allow researchers to include various types of depression.

#### CONCLUSION

Awareness of how North American cultural gender norms inform the view of self and symptoms of depression is an important consideration for novice counsellors when preparing to work with men presenting with symptoms of depression. Men with symptoms of depression may respond better to treatments that are more directive in nature, where they may feel there is a specific program to adhere to and clear directions to follow. However, deconstructing the internalization of gender norms may also help men in elucidating one of the potential root causes regarding depression symptoms. The use of transparency throughout the therapy process is also important when working with men; thus, novice therapists would benefit from being transparent about the direction of therapy, the level of involvement required for positive outcomes, and the importance of challenging social norms (Englar-Carlson & Kiselica, 2013). Action-oriented techniques and the use of language that attends to masculine norms would also be of use to novice counsellors.

Although research describing women and the unique issues women face is valid and important, the mental health issues men face in North American culture are of equal validity and importance (Evans, 2013). There are many threads of identity in North American culture, and social male gender norms are only one. The purpose of this article was to focus on the importance of male cultural identity and the way in which it influences depression, particularly through the lens of a novice counsellor working with men who are experiencing symptoms of depression. This by no means diminishes the concerns and struggles of other cultural identities, but simply highlights the experiences of men within North American culture. Maintaining awareness and attending to all cultural issues is of utmost importance for novice counsellors.

#### Notes

\* Both authors contributed equally to this article.

1 This study captures many but not all of the discourses that are relevant to the situation under evaluation. For example, recent investigations suggest that individuals who identify as gay, bisexual, and transgender men differ from cisgender populations in as many as 12 mental health

conditions (Oswalt and Lederer, 2017) and experience of stigma (Pachankis, Sullivan, Feinstein, & Newcomb, 2018). Also, the connections of socioeconomic status, education level, and gender identity (e.g., Johnson, Richeson, & Finkel, 2011) are worthy of further explication. An anti-capitalist or anti-oppression discourse found throughout the social justice literature (highlighting issues of racism, sexism, and privilege, among others) would also be suitable. Additionally, this article does not account for male identity and depression from a culturally explicit perspective (Villatoro, Mays, Ponce, & Aneshensel, 2018) or through a lens of intersectionality (Keith, 2017), which are unfortunately beyond the scope of the research. Accounting for these other discursive spaces could further assist in conceptualizing and promoting a broader understanding of maleness, identity, and depression.

- 2 The DSM-5 is not the only diagnostic tool used to identify depression. The *International Statistical Classification of Diseases and Related Health Problems* (ICD-11; World Health Organization, 2018) is an internationally used diagnostic assessment, and although it is potentially more sensitive to mild depression, recent research questions whether the ICD-11 captures male symptoms of depression more accurately than the DSM-5 (Clark, Cuthbert, Lewis-Fernandez, Narrow, & Reid, 2017). While the differences between the DSM-5 and ICD-11 concerning male depression is important, with the focus being on the experience of North American males, the focus resides on the DSM-5 and the reach of the ICD-11 falls outside the scope of this article.
- 3 Many theorists suggest that tenets of masculinity cannot be accurately described in research that does not include qualitative interviews (e.g., Chuick et al., 2009). The most conspicuous form of gender meaning-making is the explicit use of language to connect aspects of one's life experiences with gender. Wong et al. (2012) suggested that this process, referred to as "genderization," can take place at the intellectual or experiential level. This distinction is essential because their subjective masculinity stress scale (SMSS) focuses on the stress associated with subjective gender experiences rather than subjective gender definitions. In this way, subjective gender experiences are idiosyncratic and diverse, and such experiences include personal values, perceived discrimination, and aspirations.
- 4 Here the work of Gary Brooks (2011), *Beyond the Crisis of Masculinity: A Trans-theoretical Model*, is of contemporary importance for the new counsellor. Brooks covers how therapy can be tailored to fit current male roles and socialization while promoting the use of various therapeutic modalities in conjunction with Prochaska's stages-of-change continuum.
- 5 Similarly, Goffman's (1959) dramaturgical model of the presentation of self uses a dramaturgical metaphor to deliberate identity and social roles. Here, individuals have some influence over what roles they choose to enact, but face limitations from personal, institutional, and/or political forces that limit the roles they can perform.
- 6 While this article focuses on the experience of depression in men who present for therapy, a review of relevant material that offers a broader account of male presenting concerns is recommended. For example, the work of David Wexler, such as *Men in Therapy* (2009), details various treatment approaches tailored for men who are skeptical of traditional therapy.
- 7 From a social constructionist perspective, collaborating with clients is one way for counsellors to make their practices transparent, accountable, and contestable. In this way, constructionist counsellors engage clients to use everyday language when co-constructing problems and solutions, eschewing therapeutic dialogue tied to their "expert knowledge" (Sutherland & Strong, 2011, p. 257). Here, counsellors reflexively attend to how clients take up (or not) their concepts, highlighting how clients negotiate and influence the counselling interaction.

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*About the Authors*

Sarah E. M. Larson is a graduate of Athabasca University with a master's degree in counselling psychology. She runs a small private counselling practice on the west coast of Sweden where her clients are primarily expatriates, immigrants, and refugees. Sarah's primary interests are the effects of identity on mental wellness, particularly gender, cultural, social, and familial identity structures.

Murray S. C. Anderson is an instructor in the Graduate Centre of Applied Psychology at Athabasca University. He also works through Island Health in Victoria, BC, providing outreach services to people dealing with mental health and addiction issues including clutter and hoarding concerns. He maintains a small private practice working with couples, and his research interests include stigma, social justice, and identity work.

Address correspondence to Murray Anderson, 2492 McNeill Avenue, Victoria, British Columbia, Canada, V8S 2Z4. Email: [murray.anderson@gmail.com](mailto:murray.anderson@gmail.com)