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Engaging Men in Couples Counseling: Strategies for Overcoming Ambivalence and Inexpressiveness

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Greater attention in scholarly literature has recently been drawn to the unique mental health and clinical needs of men. This article summarizes the existing literature on engaging men in couples counseling. Specifically, strategies are presented to assist counselors to (a) address the help-seeking process for men, (b) assess the role of masculine socialization on presenting concerns and for the process of counseling, and (c) help counselors work with male discomfort with emotions. Clinical examples and vignettes are offered to highlight how these strategies can be applied in couples counseling.

Keywords: men; masculinity; couples counseling; gender; men in counseling; emotional inexpressiveness

RESEARCH-BASED STRATEGIES FOR ENGAGING MEN IN COUPLES COUNSELING

Contemporary men face diverse expectations in the pursuit of vocational, familial, and personal goals. Although men were once considered as the “good providers” (Bernard, 1981; Levant, 1995), recent cultural shifts in gender roles for men and women have contributed to changing expectations of how men should live their lives and have created modifications of and uncertainty about “what it means to be a man” (Smiler, 2004). Amid this uncertainty, many men experience gender-role strain trying to enact traditional masculine roles, which were developed in different social and cultural context, in modern contexts that require more flexible gender roles (Pleck, 1995; Silverstein, Auerbach, & Levant, 2002). In a time of changing gender roles for men, some men experience distress trying to navigate between traditional models of masculinity depicting emotional stoicism and interpersonal distance with more modern conceptualizations requiring relational skills and emotional availability (Levant, 1996; Pollack, 1998; Real, 2002).

Whereas some scholars and writers in the popular press have expressed concern about men in contemporary society,

empirical research has indicated numerous links between aspects of traditional masculinity ideologies and mental health such as self-destructive behaviors (Meth, 1990), problems with interpersonal intimacy (Fischer & Good, 1997; Sharpe & Heppner, 1991), greater depression and anxiety (Cournoyer & Mahalik, 1995; Good & Mintz, 1990; Sharpe & Heppner, 1991), abuse of substances (Blazina & Watkins, 1996), and problems with interpersonal violence (Franchina, Eisler, & Moore, 2001). (For further review of the relationship between masculinity ideology and mental health, please see Mahalik, Good, & Englar-Carlson, 2003.)

Deepening the concern about men are links between the endorsement of masculine ideology and negative attitudes toward psychological help seeking (Good & Wood, 1995; Komiya, Good, & Sherrod, 2000). The combination of greater mental health needs paired with lower help-seeking attitudes suggests that some men may be experiencing double jeopardy (Good & Wood, 1995). It is important to note that some positive psychological benefits may be associated with masculine ideologies, yet current research literature is consistent that men’s endorsement of certain masculine ideologies is associated with a range of presenting problems. Counselors should expect male clients to have presenting concerns associated with masculinity norms that have been internalized. Mahalik (1999) suggested that men in couples counseling may have their partner express that he is emotionally distant or unavailable and that members of a family may assert that he drinks too much, is angry all the time, or is absent from family life. As men struggle to construct their identity in parenting, intimate relationships, and friendships in and out of the workplace, it appears that many men could benefit from counseling.

In response to growing concern about men with increased mental health needs coupled with less willingness to seek mental health assistance, numerous programs have been

established to target and assist men. At the national level, The Real Men Real Depression campaign (National Institute of Mental Health, 2003) is the first large-scale initiative to inform the public about depression in men. The Yeshiva Fatherhood Research Project (Silverstein, Auerbach, Grieco, & Dunkel, 1999; Silverstein et al., 2002) is a qualitative research project assessing the diverse needs and experiences of fathers from many different U.S. subcultures. Although these campaigns look to raise awareness of the mental health needs of men, the direct work of working clinically is performed by counselors in couples and family counseling. For men to benefit from counseling, however, counselors need to be able to conceptualize men through a lens of masculine socialization rather than one of intrapsychic or interpersonal pathology (Silverstein et al., 2002). The goal of this article is to present a primer of men's issues in relation to couples counseling with the hope of assisting in the creation of more effective and tailored clinical services for men. Clinical assessments and interventions

relevant to men in counseling will be reviewed to assist counselors in creating male-friendly counseling settings. An implicit assumption made in this article is that the empowerment of men beyond narrow and restrictive gender role definitions creates more adaptive and meaningful relationships for men and allows men the potential to experience the full range of emotions and behaviors. Furthermore, the use of heterosexual examples and vignettes is not meant to imply that masculinity is not salient in same-sex relationships; indeed, gay men internalize many of the same gender role norms. There are specific concerns related to gay partnerships associated with the marginalization of gay men; however, the amount of attention needed to address this concern is outside the focus of this article. (For a more detailed review of same-sex issues, please see Green & Mitchell, 2002.)

Understanding Masculine Socialization

The process of understanding men begins by being knowledgeable about masculine socialization. This requires knowledge and appreciation of the full range of "masculinities" that are influenced by cultural, racial, political, historical, and economic contexts. Mahalik et al. (2003) noted that given the vast research about men's socialization, counselors who develop awareness of how socialization experiences may constrain men's lives and affect their well-being are likely to be more effective in working clinically with men.

“. . . it is hoped that the examples and vignettes provide a concrete view of how masculinity appears in couples counseling and how counselors can become more male sensitive and aware in their work.”

One of the central premises of the social constructive perspective on gender is that there is no invariant masculinity (in the case of men) but, rather, that there are masculinities that vary according to the social and cultural context. Masculinity ideology develops as growing boys internalize cultural norms and expectations about gender-appropriate behavior (Thompson & Pleck, 1995). Within the United States and other Western countries, traditional masculinity can be viewed as the dominant (referred to as "hegemonic masculinity") form of masculinity and thus has been viewed as more powerful than others in determining what members of a culture take to be normative (e.g., White, middle-class, heterosexual definitions of masculinity in the United States). Connell (1990) defined hegemonic traditional masculinity as the "culturally idealized form of masculine character" (p. 83) that emphasizes "the connecting of masculinity to toughness and competitiveness," "the subordination of women," and "marginalization of gay men" (p. 94). Traditional masculinity serves to uphold patriarchal codes by

requiring that males adopt dominant and aggressive behaviors and functions in the public sphere (Levant, 1996).

Liu (2002) suggested that even though the literature on men and masculinity has grown, the understanding of masculinity among men of color has remained limited. In particular, it seems unclear how men of color navigate expectations of hegemonic masculinity. From a contextual perspective, the idea of masculinities reflects the intersection of masculinity with other culturally salient variables, such as race, ethnicity, social class, sexual orientation, ability, and age. From this intersection, new forms of masculinity are constantly being created. For many men and boys, learning what it means to be a man is difficult with competing notions of masculinity among cultural forms of masculinity and hegemonic masculinity.

There is considerable evidence that traditional gender role socialization for men in Western countries discourages feelings of sadness and vulnerability yet promotes aggression when anger is aroused (Lytton & Romney, 1991). One of the benchmarks in masculinity typologies, David and Brannon's (1976) "blueprint for manhood" outlined four components for men within the United States. These components suggested that men are socialized to be homophobic and avoidant of all things appearing feminine ("no sissy stuff"); to gain status and respect by being preoccupied with competition, achievement, and status ("the big wheel"); to appear invul-

nerable by emphasizing emotional stoicism, physical toughness, and not asking for assistance (“the sturdy oak”); and to seek violence and adventure (“give ‘em hell”). Masculine values and norms, learned during early socialization, are specifically based on rigid stereotypes and beliefs about men, masculinity, and femininity. For men to be accepted as adequately masculine, O’Neil (1982) posited that men must adhere to these norms.

Addressing the Help-Seeking Process

Many of the tasks associated with help seeking, such as relying on others, admitting that one needs help, or recognizing and labeling an emotional problem, are at odds with the masculine socialization process. Researchers (Mahalik et al., 2003) identified that the lack of fit between conceptualizations of masculinity and the popular perception of counseling and mental health services is a likely reason for the lack of mental health utilization by men. Betz and Fitzgerald (1993) noted that “the requirements of the male role appear antithetical to the requirements of a ‘good client,’ i.e., psychological mindedness, willingness to self-disclose, and a capacity for emotional intimacy” (pp. 358-359). As Scher (1990) stated,

the man who comes into the consulting room is usually there because he believes there is no alternative. Very few men come for therapy because they subscribe to its life-enhancing qualities. Even if they did, they would likely not see it as something for them anyway. Men are in therapy because something, internal or external, has driven them to it. (p. 323)

Kushner and Sher (1991) considered the decision to seek psychological help to be motivated in part by a conflict between approach tendencies (e.g., mental distress, transition in life, pressures from others) and avoidance tendencies (e.g., fear of stigma, cost, time commitments, access to services). From this perspective, although men experience mental distress, they may also experience specific treatment fears around image concerns (i.e., fears of being judged negatively by oneself or others for seeking treatment; Deane & Chamberlain, 1994; Komiya et al., 2000) and coercion concerns (i.e., fears about being pushed to think, do, or say things related to their problems in a new way).

Furthermore, men may perceive a gender-specific stigma associated with breaching the dictates of traditional masculinity. In this case, the stigma of not living up to a masculine image likely interferes with asking for psychological help, particularly when it is around a salient (i.e., egocentric) masculine ideology (Addis & Mahalik, 2003). Men who obey the sturdy oak dictate follow the injunction that men should never show weakness and should endure difficulties without relying on others for help; therefore, going to counseling is admitting that a man is not sturdy but rather shaky (Mahalik, 1999). Coercion addresses the fear of being pushed to think, do, or say things against one’s will (Kushner & Sher, 1989). Men are taught to be tough, self-sufficient, and invulnerable to protect

themselves from those who would take advantage of them and their weaknesses. Yet in the popular perception of counseling, clients are expected to present their concerns, share feelings, expose vulnerability, and ask for assistance. When men imagine being clients and being in a vulnerable position, they may fear being taken advantage of and coerced to behave and think differently. Simply put, some men may hold the belief that counseling is a feminizing process that threatens their masculine identity. This belief would be relevant in individual as well as family counseling, but it is a particular concern in couples therapy, in which the male client may be highly vigilant for signs that the counselor will side with the female partner against him. Regardless of sex, people may enter therapy fearing that the counselor will take the side of the other partner; for the male client, however, this worry may be a heightened issue because of his concern that the counselor endorses feminine-associated behaviors over masculine ones and therefore will ally with the female partner.

To protect himself from being ganged up on, the male client may present in the initial session by asserting masculine behaviors and demonstrating detachment from the counseling process. A scene in the motion picture *When a Man Loves a Woman* (Mandoki, 1994) provides an effective illustration of these phenomena. Agreeing to participate in couples counseling as part of his wife’s recovery from alcoholism, the husband shows up for the first session in a baseball jacket and cap (not his typical fashion style) and sits at the end of the couch with a face that says “I want to be anywhere but here.” Although the female counselor uses traditional, conservative interventions, she inadvertently reinforces the husband’s fear of a “collusion of the feminine” by (a) sitting just a little closer to the wife’s side of the couch and (b) using a “how does that feel?” question early in the session. Picking up on these cues, the wife feels emboldened to attack her husband, who protects himself by becoming increasingly sarcastic to the counselor and defensive toward his wife.

Addressing Ambivalence About Help Seeking

Given the concerns about seeking psychological help that some men may have, counselors need to actively consider the process of help seeking as a salient clinical variable to address at the onset of counseling. Understanding and anticipating how masculinity issues interact with experiences of seeking help may lead to initial counseling experiences that respect the experiences of men while exploring what may be unrealistic fears and expectations. Counselors can expect men to have some concerns about psychological help seeking and the process of counseling. They can anticipate that men may fear being stigmatized for being in counseling, fear being coerced or changed against their will by the counselor, fear not being understood by the counselor, and have confusion about how counseling actually works. It may be best to acknowledge these concerns up front with clients to show awareness of these fears and to reflect the normality of being ambivalent

about counseling. One recommendation is to examine how the couple found their way into counseling and ask from the onset if there are any initial questions about what takes place in counseling. For example, ask the male client his thoughts about being in couples counseling. Furthermore, discuss what treatment will entail for the couple while giving the male client a chance to be involved in the process, thus modeling an egalitarian relationship between the couple and between the couple and the counselor as opposed to putting the male client in a "one down" position from the onset. Mahalik et al. (2003) recommended that counselors first work to identify the expectations that male clients may have about the counseling process and either correct those that are erroneous or change the structure of counseling to be more congruent for a given male client. For example, if a man expressed the concern that he will be forced or made to change his behavior, the counselor can explain the collaborative nature of the working alliance and how the couple will ultimately set counseling goals. To limit the male client's fear that counseling will be unbalanced against him, the counselor can bring these fears out in the open and discuss them and be extra careful in initial sessions about not appearing to take sides or subtly praise the female client (e.g., with nonverbal smiles or head nodding) when she expresses emotions or engages in relationship speak. Later in treatment, when the male client feels safe about not being ganged up on, the counselor can be supportive to both partners when they engage in intimacy-enhancing behaviors and language.

Case Example: Uncovering the Counseling Expectations of Joseph

Joseph (age 37) and Marie (age 38) came to couples counseling because Marie was fed up with Joseph's being both physically and emotionally absent for much of their 6-year marriage. It was tax time, Joseph was an accountant, and his long hours at the office had provoked a marital crisis, manifested in arguments in which Marie would demand Joseph to pay her more attention and Joseph would retreat to his home computer. Marie was the first to speak about her concerns and her desire to be in couples counseling. She noted that Joseph did not want to come to counseling and that it took an ultimatum to get him to agree. As she spoke, it appeared to the male counselor that Joseph was uncomfortable physically (shifting in his chair) and emotionally (he looked somewhat anxious as Marie spoke about their relationship problems and made dismissive expressions in response to Marie's categorization of why they were in counseling). The counselor thought,

Before we go any further in this session, I need to build a bridge with Joseph. He is in counseling under protest and does not want to be here. I need to understand what coming to counseling might mean for Joseph and what his impressions of what happens in counseling are.

The counselor asked,

I sense that Marie was the driving force that brought both of you here. It has been my experience that most couples are not pleased to be in counseling, but for many men, it seems especially challenging, as if being in counseling is a reflection of a personal failure as a man. Joseph, I am wondering about some of your thoughts about being in counseling, in particular I wonder about your expectations of what you thought would happen in counseling.

Joseph responded,

I just don't see this as helping us. I'm a believer that people can solve their own problems. My impression of counseling is that we'll be talking about 'feelings,' and I don't think that will get us anywhere. Anyway, Marie just doesn't get it that I am who I am. I'm frankly not interested in being changed by Marie or by you. Don't get me wrong. I do want our relationship to improve, but I don't see why Marie and I can't just sit down at the kitchen table and work this out ourselves.

The counselor posited, "Joseph does not see this as a place for him, instead he feels threatened and convinced that I will side with Marie." The counselor reflected to Joseph,

I hear some concern that you will not be heard or that I might value Marie's ideas or perceptions over yours. Also, it seems that you have an expectation that I might try to force you to see things in a different way.

Joseph seemed to express a little relief; he leaned forward and then replied, "Yeah, that is what I think." The counselor replied,

Okay, I'm guessing there's some way you could get some benefit from speaking with me, but let's figure that out together. We could start by talking more about some of the expectations that you might have about being in counseling and what could be helpful for you.

Addressing and Assessing Masculine Socialization in Counseling

One of the early assessments made in counseling can address a male client's traditionality and rigidity of masculine role beliefs. From the first point of contact, counselors can note and observe whether male clients seem highly competitive and success oriented, appear reluctant to admit any psychological distress, and appear to gauge their level of emotionality (e.g., monitor the use of the words *think* and *feel* and determine if clients are actually matching thoughts with thinking and affect with feeling). For example, in couples counseling, the big wheel can emerge in the wife's complaints about the husband's unavailability because of being at work so long, it can be seen in the pressure the husband puts on his kids to compete and succeed, and it can emerge in the husband's complaints about not being appreciated by the wife or family for how hard he works and how stressed he is by his

efforts to succeed. Reluctance to admit psychological distress is often apparent in the male partner's telling the counselor there is no real reason to be in counseling and he is coming to please his partner. Level of emotionality can be assessed by the counselor's asking the male for reactions to his partner's words and checking for whether he responds with thinking or feeling terms. Using statements such as "Do you have a reaction to what she just said?" or "Would you like to comment?" invites the male client to reveal whether he is comfortable with feeling language.

Having an understanding of masculine socialization provides counselors with a keen insight into the inner lives of most male clients. When the influence of masculine socialization is examined and explored in the open between the client and the counselor, a potential bridge can be built that links a man's lifelong experience with his presenting problem. Talking about masculine socialization experiences in the open is a rare event for most men. Masculine socialization is often experienced in silence and not overtly explored or examined, particularly between two men. Some male clients may look to see if the counselor will take the first risk and break the silence about socialization. If the counselor is male, talking about male socialization may be an opportunity to model openness and appropriate self-disclosure. A male counselor may first disclose some of his own male socialization experiences in an effort to make a connection. This disclosure can show that the counselor is willing to work cooperatively rather than giving all responsibility to the male client to reveal and disclose.

In couples counseling, within the process of understanding masculine socialization, it can be important to ask a female partner to describe her own socialization experiences not only for the sake of balance but also because it can encourage the man to talk about his own experiences. This discussion can point out how men and women learn to think, feel, and behave in different ways. Finally, this can be a chance for a man to talk about his socialization experiences and an opportunity for a woman to listen empathically to her partner and get a greater appreciation of how he became restrictive in his adherence to gender roles. This can also reduce the wife's tendency to personalize his behavior, shifting to a perspective where she sees his behavior as learned.

Counselors can invite clients to examine their socialization experiences by linking content or process that comes up in counseling (e.g., emotional stoicism or having a man talk about sacrificing or forgoing his needs for another's) with dictates or messages of masculine socialization (e.g., men are supposed to be tough and support others, or I learned that boys don't cry) with specific examples from the past (e.g., What are some experiences you remember that taught you to think and be this way?). Such questions help a man gain insight to why he may be experiencing current stressors and often provide an opportunity to examine the restrictive nature of masculine socialization (e.g., gender role conflicts).

Case Example: Helping Joseph Identify His Gender Role Conflicts

In the second session, Joseph, dressed in the suit and tie he wore to his job, frequently looked down on the floor, only occasionally lifting his head to warily listen to Marie's complaints. His only reply to Marie's comments about his unavailability was "I don't hear you complain about the money I bring home, the money that pays for our kids' braces and summer camp and the vacation you and I took last year in Hawaii." The counselor quickly formulated two hypotheses:

Joseph may be driving himself hard in his job, a possible source of pride and affirmation of his masculinity but a pride that comes at a cost. I need to make sure I validate the importance of his work to him while also finding a way to explore the cost to Joseph and Marie. Also, I need to consider the possibility that Joseph's efforts to succeed are leaving him at least mildly depressed, which would increase his emotional unavailability.

Responding to his first hypothesis, the counselor asked Joseph to say more about his work as an accountant, attending to Joseph's explanation with genuine curiosity. This prizing of Joseph's work life implicitly reassured him that the counselor recognized that the world of work was a critical component of his life and not somehow less important than his relationship life. Joseph grew more focused and alive in the session as the counselor used interventions such as "It must be a good feeling at the end of the day to tell a client you can save them some tax liability," and "You really have to work hard, but it's important to you to know you are taking care of your family." Having made the connection between Joseph's valuing of the male role as provider and the fact that he puts in long hours to fulfill this role, the counselor was now in a position to open up discussion on the negative side of working so hard.

Marie interrupted by saying she'd prefer Joseph spent more time at home and made less money, but the counselor asked Marie to hold off on this important thought while the focus remained on Joseph. At this point, the counselor said, "I wonder, Joseph, if sometimes you wished you didn't have to work quite so hard. That's got to be a lot of pressure and take away from time at home." Now, the exploration of the conflict between his work life and family life could get underway.

When men have the insight and awareness to explore masculine socialization and feel safe and secure enough in counselors to question past experiences, male clients can begin to consider becoming less restrictive in their gender roles to allow unfettered expression of some thoughts, feelings, and behavior.

Addressing Men's Discomfort With Emotions

In couples counseling, it is almost axiomatic that the therapist facilitate the honest expression of clients' vulnerable emotions: Marital therapy textbooks teach counselors to

instruct clients on the use of "I feel . . ." statements (e.g., Weeks & Treat, 2001), and several current theoretical approaches emphasize helping clients express the more tender emotions that underlie anger or withdrawal (e.g., Donovan, 1999; Johnson, 1999; Wile, 1999). These approaches are supported by empirical research linking restrictive emotionality with reduced marital satisfaction (Campbell & Snow, 1992). Whether and how much negative affective expression should be facilitated by the counselor is perhaps a more contentious issue. Gottman, Coan, Carrère, and Swanson (1998), for example, suggested that it is not anger which threatens marital satisfaction but the amount of negative affects (both verbal and nonverbal) expressed in a relationship relative to the amount of positive affects, with a higher ratio of positive to negative critical to strengthening the bond.

The particular challenge for the couples therapist is how to facilitate emotional expressiveness and, in particular, the expression of the vulnerable affects (fear, sadness, helplessness, etc.) with emotionally restricted men. Restrictive emotionality is beginning to be understood as a complex phenomenon, influenced by intrapsychic, socialization, and contextual factors. Wong and Rochlen (2005) summarized that men may unconsciously repress emotions, experience them but have difficulty labeling the feeling experience, withhold them because of internalized associations between vulnerable emotions and weakness, or consciously withhold them because of appraisal of the social context as being unsafe for expression. Thus, addressing restrictive emotionality in treatment needs to begin with an assessment of why the male client is inexpressive.

As noted by Wong and Rochlen (2005), one possibility is that the male client is unable to identify and label emotional experiences and that the client may virtually not be conscious of his feelings, and even if dimly aware, is unable to connect the appropriate words to his inner experience. The inability to identify and verbalize feelings has been described as *alexithymia* and was originally used to describe hospitalized mentally ill patients whose emotional capacity was markedly restricted and expressed emotions somatically rather than verbally (Sifneos, 1973). Levant (1995), however, has suggested that many psychologically healthy men experience a normative alexithymia. Because male children may get little practice talking about feelings (and may even be actively discouraged from expressing vulnerable ones), they may fail to develop the capacity to recognize and articulate the emotions they may be experiencing. This normative alexithymia stemming from male socialization would also explain some men's difficulty identifying more subtle negative affective states, such as sadness or disappointment. It must be stressed that the normative alexithymia construct does not imply that men are innately less emotional than women, but for a variety of reasons, some men struggle with the identification and labeling process that is essential if one is to accurately report one's feelings to family members. Empirical research on the preva-

lence of alexithymia with normal populations is limited, but one study of college-age males did find that 14% to 19% of the participants scored within the alexithymic range (Taylor, Bagby, & Parker, 1991).

This construct has important implications for how the counselor works with the male client in couples counseling. In his original work with this condition, Sifneos (1973) found that insight-oriented interventions and others designed to help male clients talk about their feelings were futile when the clients were alexithymic. Levant (1995) has suggested an alternative approach: If the counselor regards the male client as potentially alexithymic, interventions will focus on teaching the client to become aware of his feelings and how to express feelings through words. Moreover, the counselor can help the female partner recognize that her male partner truly struggles when she presses him to be more emotionally open; this awareness can lead to less frustration for the female client and a more empathic (and therefore more intimate) connection to her partner. Second, the counselor can create assignments in which the female partner practices reflecting her male partner's emotions, thus extending the learning experience initiated in treatment.

In assessing whether the male client is denying or being hesitant about displaying feelings versus being unable to identify and verbalize feelings, the counselor can gently ask a feeling-oriented question early in treatment and take the client at his word if he says "I don't know." Interpreting this response as accurate rather than as a form of resistance may prevent the counselor from further alienating the client with challenging interventions designed to elicit communication of emotion. Second, as part of the intake, information should be gathered regarding the client's physical health, including minor complaints in addition to serious illness. Somatic complaints, such as chronic gastrointestinal distress or headaches, can be indicators of alexithymia. Finally, because there is some evidence that depression may be linked with alexithymia (Shepard, 1994), it is advisable to avoid pushing for feelings with the depressed client, thereby limiting the risk of exacerbating the depression by increasing feelings of inadequacy.

The majority of male clients may not be alexithymic but instead may be unwilling to express vulnerable feelings because of internalized gender role prohibitions and/or fear of exposing their discomfort with the language of emotion. Bergman (1995) termed this latter phenomenon *relational dread*, at its worst, a paralysis a man can feel when a failure to demonstrate competence in relating to his partner seems imminent. The male client may become flooded with negative thoughts about his inability to produce the feeling words his female partner may be asking of him. He may also experience feelings of shame associated with his incompetence. The result can be an "I don't know what I'm feeling" kind of response, which provokes frustration in his female partner, creating additional distance in the relationship. An assump-

tion by the therapist that the male client may be avoiding feelings for defensive reasons may induce the therapist to use confrontation, interpretation, or other counselor interventions designed to unblock resistance to expressing denied emotions. Any of these interventions may not only be ineffective in facilitating feeling expression but may also serve to increase, rather than reduce, the male client's relational dread.

The counselor who is sensitive to the male client's reluctance regarding emotional display and possible relational dread can use one or more of the following interventions: validate the experience as meaningful, thereby letting him know that he is not seen as a failure at relating (e.g., "You're feeling a kind of blankness right now, is that it?"); empathize with the male client's dilemma (e.g., "It's got to be difficult to talk about feelings in the company of women who have years of experience talking this way with their girlfriends, not to mention in front of me, a therapist who is trained in discussing feelings"); use self-disclosure (if the counselor is male) to teach both partners how the male client was socialized to restrict his feelings; reframe the male client's struggle as an effort to connect with his female partner (e.g., "You're wanting to feel connected to your wife right now but it's just hard to find the right words"). This last intervention also serves to reassure the female partner that the male client has not deliberately withdrawn from her. Finally, use the client's nonverbal cues or even make intuitive hunches if insufficient cues are present to express feeling language on behalf of the male to the female partner (e.g., "I'm going to speak as though I am George right now, OK? Here goes. . . Sarah, I'm having a hard time saying what I feel because you can express your feelings so much better than I can, but what I'm trying to say is that I'm scared you won't support me if I try this career change"). Wile (1999) first described this translation strategy, terming it "functioning as each partner's screenwriter" (p. 208). The technique accomplishes several goals: It facilitates the male client's awareness of his feelings; it can lead to the male client's internalization of the therapist's voice, enhancing the client's own ability to articulate tender emotions; and the female partner can respond empathically to the male client's feelings, allowing the man to experience her compassion rather than her criticism or frustration.

The one emotion that men are socialized to experience as acceptable is anger. Although boys may be scolded by teachers and parents for expressing angry emotions, they are not shamed as being sissies. Boys may be excused for angry behavior on the basis of the "boys will be boys" theory but humiliated for displays of more vulnerable emotions. Eventually, anger may become a funnel emotion; that is, feelings like grief, fear, shame, and sadness may all be converted to and expressed as anger (Shepard, 2005). Although it is certainly appropriate for couples counselors to firmly contain male anger in a session, reframing displays of anger as ways of

expressing more tender emotions can be a powerful intervention, at once reducing defensiveness on the part of the female partner and also teaching the male client how to recognize his authentic inner states.

Case Example: Facilitating an Emotional Connection Between Joseph and Marie

In the fourth session, Marie spoke about her frustration with feeling disconnected from Joseph: "I want to feel closer to Joseph, but it's hard when I don't know what he's feeling." Joseph jumped in with an angry tone:

That's unfair. You wanted me to cuddle more with you, and I did. You wanted me to be more romantic, and so I agreed to go out to dinner every Friday night. Marie, sometimes I think you want me to be your girlfriend, but I can't be.

The counselor thought,

I could validate Joseph's point and say something about men being different from women, but that would reinforce the notion that Joseph is incapable of expressing the softer emotions that Marie is yearning to hear. The issue is not his incapacity to express feelings, but his difficulty in doing so and consequent reluctance to try.

The counselor chose self-disclosure as his intervention:

I remember being taught by my friends, brother, and father to keep my emotions hidden. If I had a tear in my eye, I acted like I had dirt in my eyes and I learned that it was better to keep to myself and not ask for help from others. It was clear to me that emotion was often experienced as weakness or failure in the eyes of other boys and men. Many men I work with can relate to my experience. I am wondering, Joseph, if you were taught a similar thing? Can you remember how you learned this?

Joseph shrugged, "Yeah, sure, probably." Marie jumped in, with a softness in her voice that the counselor hadn't heard before:

What do you mean, Joseph? When we were going out, you told me the worst experience of your life was when you realized you weren't good enough to make the tennis team and your father called you a quitter, and you wanted to cry but knew it would only make things worse. You should have seen your face when you told me that story. I could see you still wanted to cry about it. That was the part of you that I fell in love with. That's the Joseph I want in my life. What happened to that part of you?

Joseph seemed shocked: "That's the part you loved? That's the part I hated about myself." The counselor empathized: "I can understand how you would hate that part. It's what we all learned to do." Marie observed a slight expression of sadness in Joseph's face and responded, "Joseph, you're kind of sad right now, aren't you?" Joseph retreated, "I don't know what I feel. Don't pressure me, Marie." Marie turned to the therapist in frustration, "See! See! This is what I mean.

Every time we're about to get close, he pulls away." The counselor thought,

I could see the sadness as well, but if I confronted Joseph with that, he will see me as allying with Marie and pull away from both of us. I need to reframe Joseph's comment so Marie understands Joseph is not disconnecting from her.

The counselor said, "Joseph, I'm going to speak for you right now and talk to Marie. Tell me if I get what you are saying correctly." The counselor turned toward Marie,

Marie, I want to feel closer to you, but when you pressure me to express feelings, I need to back off. It makes it harder for me to figure out what I really am feeling—I need a little time to do that—and I want to make sure what I do say is honest. Joseph, did I get that right?

Joseph replied, "Yes, that's it exactly." The counselor could see Marie relax: "I'm sorry, Joseph, if I've been pressuring you." Joseph replied, "Well, I'm sorry too that I can't always give you what you want." The counselor asked, "Marie, is what is happening right now the closeness you are looking for?" Marie's eyes lit up: "Yes!" The counselor thought, "Now I can ask Joseph a feeling question. He's not in relational dread, and he's experiencing real closeness." The counselor asked, "Joseph, how are you feeling about this?" Joseph replied, "This feels good. I like this." The counselor now could say, "This is what both of you are looking for, and I'm glad for both of you that you could experience it here."

CONCLUSION

One of the less discussed aspects of masculine socialization within the psychological literature concerns the positive aspects of male socialization. The majority of research on men and masculinity has examined problems in living and collateral damage inflicted by men on others. Although this research is striking in terms of the impact of masculinity and its contribution to pain, grief, and suffering, it must be remembered that many men function well in society and contribute to the welfare of others. Levant (1996) noted many positive attributions of traditional masculinity, such as providing to others, showing courage and bravery in the eye of danger, showing a willingness to carry others' burdens, and expressing love by doing things rather than direct emotional or intimate expression. Although some of these qualities, when taken to extreme, can create problems for men, these attributions as a whole highlight how men have been taught to contribute to others. Counselors can tap into these positive qualities and harness them as an adjunct to couples counseling and at times as vehicles to promote change in men.

The growing awareness within the helping professions that men have unique psychological needs invariably requires counselors to be knowledgeable about treating men. Although this article has been a brief overview of masculinity-related constructs and processes, it is hoped that

the examples and vignettes provide a concrete view of how masculinity appears in couples counseling and how counselors can become more male sensitive and aware in their work. Counselors who are able to see the masculinity influence in their clients and work in male-sensitive ways can create counseling settings that are inviting to men and potentially more effective. By anticipating some of the contextual dynamics men bring into counseling, it is hoped that counselors can help couples in meeting their counseling goals.

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