


Counseling With Male Clients: The Case for Relational Resilience Approach

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Abstract

Although there is no lack of research on masculinity and help-seeking behavior, men continue to seek counseling less often than women. It is crucial we find effective therapeutic approaches to connect and meet men where they are, acknowledging the positive aspects of their masculinity while addressing their needs in the counseling setting. In this conceptual research article, we propose a new approach for counselors to utilize with men seeking counseling, the Relational Resilience Approach, which applies tenets of Relational-Cultural Theory, Positive Psychology, and Shame Resilience Theory.

Keywords

masculinity, connection, mutual empathy, strengths, shame, cultural humility, Relational-Cultural Theory, Positive Psychology, and Shame Resilience Theory

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The conversation about gender roles and masculinity has become a leading social issue. One such amplification of this discourse has been within the #MeToo movement (Waling, 2022), which went viral as a hashtag on social media in 2017 (me too, 2023). In an exploratory analysis, Waling (2022) suggested men are victims of masculinity, calling to action more research on and support for men's issues. Moreover, looking further back through history, cultural movements such as the Women's Movement from the 1960s to 1980s sparked a conversation about gender role conflict (GRC; O'Neil, 1981), a concept that has stood the test of time despite its dipping in and out of the mainstream discussion. Well into the second decade of the 21st century, wide-reaching organizations have begun to adopt and project stronger stances on gender norms, seemingly eradicating the standard binary and heteronormative biases that have strongly influenced Western Culture. For example, in 2019, Gillette, a subsidiary of the massive conglomerate Procter & Gamble, produced a controversial ad aiming to redefine their tagline "the best a man can get" as "the best

men can be" (Reed, 2019). The ad featured men actively replacing traditionally accepted behaviors of toxic masculinity with more caring and supportive behaviors of positive masculinity. These presentations of masculinity will be defined and further explored throughout this article.

Like Gillette, Nike launched its ad campaign "Play New" to help encourage broader and more accepting participation in athletics, with one of its ads explicitly addressing language akin to toxic masculinity in sports (afaqs! news bureau, 2021). These ad campaigns from influential companies like Gillette and Nike have provided fodder for the discourse of masculinity on a broad, social level. In counseling, similar shifts have occurred. Of note, researchers and practitioners are

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seeing significant limitations in treatment services for male clients (for the purposes of this article, when we are using the terms "male" or "men," we are referring to cis-gender males) (Seidler et al., 2017).

Over the past four decades, clinicians have observed that men present less often to counseling than women, yet research continues to fall short of addressing the issue (Liddon et al., 2018; Seidler et al., 2017, 2018; Winerman, 2005). In addition, researchers historically focused on negative aspects of masculinity and why men seek counseling, such as sexual violence, male dominance, and social differences between men and women (Winerman, 2005). This may lead to the perception that counseling will only focus on men's flaws or only be appropriate for a man's negative attributes or behaviors. While these studies are benign in practice, their thematic effect may widen the gap between men and counseling services. Similarly, it is more common for men to seek counseling primarily in times of crisis and only after significant coaxing from their loved ones (Seidler et al., 2016, 2017). Johnson et al. (2012) suggested that men lack a sense of trust in the overall therapeutic process. Men are universally deterred from engaging in meaningful and long-lasting therapeutic relationships (Seidler et al., 2017), indicating significant limitations in our health care systems, overarching cultural messaging, and foundational components of the counseling process.

Evans et al. (2013) noted that psychological research on men is seriously lacking. And although the population of men in 2023 marginally trails women by only 4 million, when comparing the two genders who seek out counseling services, "17.1% of women" substantially outnumber "9.9% of men" (Evans et al., 2013, p. 387; Duffin, 2022). Liddon et al. (2018) and Kung et al. (2003) suggested that men do not seek counseling for emotional disturbances, which is a common presenting issue for women. Men are more likely to present to counseling with a solution-focused agenda, whereas women are more inclined toward emotional exploration (Holloway et al., 2018; Liddon et al., 2018; Tamres et al., 2002). The conventional focus of counseling must be modified to meet men's specific mental health needs.

Men's Issues in Present Day

Researchers have begun to focus on addressing the effects of hegemonic masculinity on men's perception of counseling. Schermer and Holmes (2018) and Vandello and Bosson (2013) suggested that traditional masculine norms influence men to feel on guard rather than engaged in existential reflection. This implies that men may be conditioned to ignore their emotions.

Admitting to or identifying an issue with their emotions poses an obstacle for men seeking counseling (Winerman, 2005). Men are more likely to pursue therapeutic services when an emotional issue affects something more tangible such as their work (Liddon et al., 2018; Russ et al., 2015) or a romantic relationship (Campaign Against Living Miserably, 2016; Liddon et al., 2018). It is imperative we identify precisely what prevents men from engaging in counseling services. Researchers are beginning this search with *other* non-binary genders despite the need for more of a focus on men's issues.

Research is leaning toward exploring and defining nonbinary genders and expressions of sexuality (Ho & Mussap, 2019; Lagos, 2018; Sugarman et al., 2018; White et al., 2018); but few reports have been written about men and masculinity, particularly from the counseling lens. As researchers progress in gender research, the field continues to lack information about why men seek counseling services at a slower rate than women (Evans et al., 2013). Researchers have theorized that the foundations of counseling were designed to target women, and we have yet to make the progress needed for men (Heath et al., 2017; Pollack & Levant, 1998). It is crucial that we find meaningful ways to connect with and effectively meet men's needs in counseling.

Issues in Counseling Practices for Men

More than a century ago, three influential leaders in psychoanalysis, Sigmund Freud, Erik Erikson, and Carl Jung, developed therapeutic psychodynamic techniques designed for upper-class White women (Pollack & Levant, 1998). No attention was given to men in counseling because they were not expected to need such services. Fast forward over half a century later, "the 1975 American Psychological Association (APA) Task Force on Sex Bias and Sex Role Stereotyping in Mental Health" claimed the mental health community did not acknowledge that women were different from men (Brooks, 2017, p. 317). Over 30 years later, in 2007, the APA developed guidelines for therapeutic practice with women and girls. Although clinicians were well-intentioned in creating protocols for females, we now understand the patriarchal structure had deleterious effects on men as well (Brooks, 2017). This became evident as men began pursuing therapy more and more but have exposed counseling philosophy skewed toward females.

Gender Role Conflict

Researchers are just beginning to explore differentiating factors between why women and men seek

counseling, what their expectations are, and how they prefer to resolve issues (Liddon et al., 2018). Heath et al. (2017) stated the very definition of masculinity does not match the therapeutic goals of counseling, which leads to men not seeking out psychotherapy services. Hoffman (2001) noted the concepts of masculinity and femininity are abstract. While the questions deepen about what defines masculinity and femininity, Western culture continually seeks labels, which have caused more of a rift than answers. O'Neil (1981) identified GRC to conceptualize these differences.

O'Neil (1981) defined gender roles as a collective belief in a society of how males and females may express themselves. Gender role issues arise when folks experience unfavorable cultural ramifications related to their gender identity (O'Neil, 2008). O'Neil (1981) inventoried 10 beliefs about GRC. Three of these assumptions are specifically important to this article. First, society's position on how both male and female genders are portrayed influence our acceptance of masculinity and femininity attributes. This can put a psychological strain on individuals and prevent them from becoming whom they are inherently meant to be. Second, unrelenting stereotypes for males and females in our culture yield a society burdened with GRC and inequality. These unyielding patterns place an enormous amount of stress on individuals. Finally, the counseling profession must be willing and ready to assist both male and female genders in working through the impacts of GRC (O'Neil, 1981). This is essential as GRC can lead men to the fear of femininity, which ultimately turns into what O'Neil (1981) referred to as "restrictive emotionality" (p. 206). Skovholt et al. (1978) described this as men not having the ability to reveal their emotions. The assumptions within GRC help us to define masculinity better.

Masculinity

Many conflicting labels depict how masculinity appears in our society. Invulnerability, toughness, aggressiveness, and competitiveness are all encouraged behaviors of men in America (Cameron, 1976; Hearn, 2007; Meth, 1990; Skovholt et al., 1978; Wall & Kristjanson, 2005; Winerman, 2005). These descriptors of masculinity can be perceived as positive and negative depending on the purpose and context they serve. Shifts are occurring in gender roles and definitions within our society's messaging. Englar-Carlson (2009) argued that hegemonic masculinity could no longer be seen as the societal norm for men as fluidity among genders appears more evident. Women's roles have been changing over the past several decades, narrowing the gap between

gender differences and negating traditional definitions of masculinity (Englar-Carlson, 2009). It would seem American culture has been more accepting of women's roles changing to develop more traditionally masculine qualities over the years. Conversely, society often has perceived feminine qualities in men as a display of defenselessness and fragility. Now it appears men are condemned and praised for expressing so-called feminine traits in our society (Boon, 2005). On one hand, society praises a man for staying home and taking care of his child, yet, on the other hand, this same man could be ridiculed for appearing too effeminate. Spurgeon (2013) posited that when men incorporate these societal conflicts, this creates cognitive dissonance, generating a negative impact on their masculinity and resulting in shame. Nathanson (1992) stated that shame is then manifested and projected onto the other. It is no wonder this contention ultimately has led to masculine GRC.

In the United States, masculine gender role socialization starts at a young age (Ben-Zeev et al., 2012; Gelman et al., 2004). The way parents communicate with their sons differs from how they speak with daughters, encouraging boys toward behaviors akin to boys only, whereas there is less emphasis on the feminine for girls (Gelman et al., 2004). According to Zosuls et al. (2009), gender is the first social identity children learn. Children are taught to associate this identity with social stereotypes (Ruble et al., 2004; Zosuls et al., 2009). These early messages of gender norms develop into the mindset of boys and men striving toward masculine-only features, thoughts, and actions and away from the feminine (Prentice & Carranza, 2002). Young boys express themselves through aggressive behaviors, and unless their parents or guardians step in to minimize the use of these actions, they may learn to use violence as a means of emotional expression later in life (APA, 2018; Broidy et al., 2003; Moffitt, 1993; Zigler et al., 1992).

In Western social structure, an effeminate-presenting man has been associated as lesser than (Bosson et al., 2005). According to Gebhard et al. (2019), there is a certain level of malaise among men when their "masculinity is challenged" (p. 1). However, it appears that our culture has started to make a shift to embrace individuals whose gender and sexual identity deviate from the mainstream hyper-masculinized male. This confrontation may lead to anxiety and fear, but ultimately shame may be the catalyst (Gebhard et al., 2019).

Traditional norms of masculinity are obstacles for men seeking out counseling services. Beel et al. (2017) noted that counseling is helpful for men and

incorporates discussing “strengths, vulnerabilities, and impacts of masculinity” on individuals (p. 600). Working from a strengths-based perspective disallows the focus on shame and the negative aspects of masculinity, leading to a more congruent therapeutic approach and positive, beneficial therapeutic alliance. We hypothesize a strengths-based approach utilizing Positive Psychology, Shame Resilience Theory (SRT), and Relational-Cultural Theory (RCT). Incorporating this approach, focusing on a reduction in shame, will assist men in reaching out for and staying engaged in therapeutic counseling services.

Recommendations and Suggestions for Men in Counseling

Until the 21st century, practitioners have been using existing counseling models for men that were not explicitly designed for them. Bedi and Richards (2011) noted that as of 2007, neither the APA nor the Canadian Psychological Association had specific instructions for working with males in a therapeutic setting, even though specific guidelines were in place for working with women. Evans et al. (2013) reported that academic research on men in counseling is seriously lacking. They asserted that as a profession, counselors understand that being informed about men's issues in counseling will assist everyone in our society. Despite the lack of research, there are several historical and contemporary articles addressing what approaches have been tried with men in counseling, including Positive Psychology, Cognitive Behavioral therapy (CBT), a Developmental Model, Adlerian Individual Psychology, and the Integrity Model, to name a few.

Late in the 20th century, Pieretti (1996) utilized an aspect of CBT, Loevinger's Theory of Ego Development, to assist men in discovering the context regarding what it means to be a man in Western American society. Applying this theory in counseling, a male client determines which stage of ego development they are in, which explains gender constructs (Pieretti, 1996). Once the stage is known, counselors can assist the client exactly where they are in terms of their psyche. Awareness of the ego stage allows the client to examine how comfortable they are in regard to expressing feelings, if they even can, or perhaps in what kind of situation or with whom they can (Pieretti, 1996).

Earlier in the same decade, Kelly and Hall (1994) reported the developmental approach to counseling men posits that men lack the ability to exhibit skills because they have not been appropriately taught this competence, not because something in them is

fundamentally flawed. The developmental model perceives men as having strengths and skills. This model teaches males how to cope with difficulty (Kelly & Hall, 1994). Kelly and Hall (1994) suggested that it is the responsibility of the counseling field to determine better ways to reach men therapeutically. They suggest the use of critical thinking as a means to work with men more effectively. We see this as a valid insight but critical thinking and the developmental model alone cannot be used to reach and treat men in counseling. The approach must be more robust.

Adlerian Individual Psychology is thought to be a better fit for male clients as it addresses male gender role socialization (McKelly, 2007; Nelson, 1991). In the early 20th century, Adler asserted that men were bound by a social expectation to exude a degree of superiority over women (McKelly, 2007). This included a key element: Men who sought help were seen as weak. Early Adlerian theorists shifted the focus of men's resistance to counseling away from biological underpinnings, a concept first introduced by Freud (McKelly, 2007), and toward sociocultural factors (Scharf, 2000). McKelly (2007) identified Adlerian therapy as being able to assist men in therapy by addressing these five traditionally held male attributes: Focusing on performance and goals, limiting emotional expression, valuing autonomy, utilizing a problem and solution-focused mindset, and limiting close personal connections with other men. Adler's focus provides a shift away from perceiving these attributes as weaknesses. While Individual Psychology supports men's nature as humans to behave and think with a purpose (Manaster & Corsini, 1982). It provides an introspective alternative for men to begin to identify the strength in what they once perceived as weaknesses.

The Integrity Model, which addresses men's needs as existential in nature is based on Mowrer's “community-based” group work from the 1960s (Nahon & Lander, 2014, p. 198). Nahon and Lander (2014) hypothesized the Integrity Model works well for men as it rejects the negative assumptions that men lack the ability to experience and express their emotions. Nahon and Lander (2014) noted this therapeutic approach encourages “men's innate sense of wisdom, morality, relationality, and integrity” (p. 198). In addition, they identified counselors' collective bias favor toward men who are more help-seeking in nature. When a man exhibits fewer characteristics such as emotional depth, openness to communicate, and a motivation to change, this creates a natural tension felt both by the therapist and the client. Therefore, it is the responsibility of the therapist to identify different ways to reach men and diminish this bias.

From the literature review, it is clear that few researchers have addressed the needs of men in counseling. While Kelly and Hall (1994), McKelly (2007), Pieretti (1996), and Nahon and Lander (2014) did suggest certain techniques, there continues to be a lack of direction specific to men's needs in counseling and how this can be addressed. In this section, we aim to build on the existing literature by suggesting a new and heterogeneous approach for clinicians to take when working with men. This approach incorporates RCT, Positive Psychology, and SRT. We provide a fictitious case example to demonstrate how our approach could be applied.

A New Approach

We propose a new approach, the Relational Resilience Approach (RRA), which incorporates aspects of the following three theories to work with men in counseling: RCT, Positive Psychology, and SRT. Each of these theories can positively contribute to the challenges that males present when in counseling, which differs from traditional approaches as described in the literature review. In addition, the three theories that contribute to aspects of RRA are grounded in a strengths-based orientation which may be more appealing to men seeking help. It is important to note that this new approach is not meant to stereotype men or their problems. We aim to utilize these three approaches to appeal to men's intrinsic and extrinsic motivations in an effort to find a better way to relate while addressing their needs therapeutically. To achieve this optimal outcome, RRA is a responsive approach without a prescribed format for incorporating RCT, Positive Psychology, and SRT into counseling sessions. Counselors are encouraged to weave the theories together to suit each client best.

Applying RCT

In a groundbreaking shift from traditional psychology's emphasis on humans developing individually, RCT posits that humans develop relationships in connection with others (Jordan & Hartling, 2008; Miller, 2012). The idea of an optimally functioning, rugged individual able to navigate solo in the world is no longer the only notion of development. An alternative view of human development emerging in relationships is offered (Jordan, 2017, 2018). The view is particularly relevant to working with males in counseling, as the shift from reinforcing their need to stand alone can be addressed relationally within the counseling situation.

As a modern and popular modality, RCT can be used in counseling as a stand-alone theory yet for the purposes of the RRA approach, elements of RCT are used in concert with Positive Psychology and SRT, combining in ways to address the needs of males in counseling. Tenets of RCT used in RRA include connectedness and disconnectedness, addressing power dynamics, mutual empathy, and mutual empowerment.

Interactions in life involve connections and disconnections, and RCT focuses on this as critical to understanding how people develop (Jordan, 2017). Disconnections are unavoidable; life presents ample opportunities to be hurt and disconnected. Problematically, disconnection can lead to silence, shame, and isolation (Jordan, 2017), all presenting issues in counseling relevant to males. There is the potential to be connected as most clients in counseling hope for more connection. There is an opportunity to address males in counseling from a strengths-based place using RCT elements to connect the idea of surviving disconnection with resilience. Surviving in a world where disconnections happen takes resilience (Jordan, 2018), a positive and critical attribute that can be recognized in the male client.

Reinforcing men's resilience and honoring men's universal and individual experiences (Kahn, 2010) is the first step in creating a power-sharing relationship. Critical is the realistic understanding that there are power differences in play between a counselor and client based on the counseling structure, and not least of all, that the counselor is revealing less than the client and is less vulnerable in the relationship (Miller, 2008). In addition, some privileges exist in varying degrees between counselor and client rooted in class, racial group, gender, and ability, to name just a few of the many other positions that contribute to having more or less power. To address power, RCT mitigates the power difference with a realistic approach. The approach does not proclaim an idealistic egalitarian relationship but is rooted in sharing power. The counselor and the client will each contribute knowledge and understanding to the relationship (Jordan, 2017). Crucial for male clients in counseling may be the affirmation that their knowledge and understanding matter. The counselor will provide what Jordan (2018) calls "radical respect," respecting that the client has survived disconnection and hurt as all people have and is endeavoring in counseling to address challenges (p. 43). Valuing the male's knowledge, resilience, and respect for their ability to navigate life shapes a relationship that is connected.

As previously mentioned, many men have a difficult time expressing their emotions. Western society

expects boys at a young age to be independent, which disallows them the time or ability to relate and empathize with others (Kindlon & Thompson, 1999). RCT founder Jordan (2018) notes that men have been deprived of the opportunity to have their relational needs met. This expectation of being independent ultimately leads to disconnection. According to Banks (2011, 2016), a connection is neurologically innate in humans. Jordan (2018) posits that humans require mutuality in relationships throughout their lives. Unfortunately, Western society places the individual at the center, and boys and men are encouraged to be competitive, denying opportunities for mutuality and connection (Jordan, 2018).

Addressing the male experience, the counselor will evaluate how the demands of the male figure in our culture (i.e., the pressure of being successful and providing for their family, being the tough one, the responsible one, and protecting others) may lead the client to feel disconnected, inadequate, and ashamed. The counselor will help the client become aware of themselves in this context, allowing space for the male client to find his voice. One way to approach this is to lean into the client's pain, which fits a relational stance identified in RCT. Leaning in is applying gentle curiosity while offering connection and compassion. Leaning in with the client will not only allow him to see his pain for what it is, but it will allow him to sense his emotions, possibly for the first time. The client must first acknowledge what is happening before he can put a voice to his experiences. Leaning in will provide the therapist with a variegated glimpse into the client's life, one in which the therapist will have an expanded view for increased empathy.

The therapist will accept what our society implies for the traditional male role that dictates how men respond and act in certain situations. RCT practitioners understand that the context of the male experience in our society must be recognized as part of the problem (Jordan, 2018). This acknowledgment allows the therapist to disregard their client's behavior as pathological. It provides a realistic explanation of how men have come to exist as individuals and as part of the masculine group in our society. Focusing on a foundation that brings the client into an environment emphasizing connection over separateness will allow the male client to feel more comfortable opening up honestly and authentically. With a trustworthy therapeutic relationship, the male client will feel comfortable, free to be honest, and open to expressing his feelings.

To illustrate the use of RCT, two fictitious clients can help: Rick and Seth. Rick identifies as a Hispanic and White 37-year-old client living at home with his

single mother and younger 20-something brother. Rick works at a corporate hardware store and likes his work; he is good at it and gets along with his coworkers. Rick acknowledges that the job does not provide a gainful income, so living with his mother in her house is advantageous. Rick feels low, down, and ashamed for living at home, yet the feelings are described as externally motivated; others comment on this living situation, wondering when Rick will move out. Rick likes living with his mother and brother. Rick describes his mother as a good conversationalist, kind, and always willing to help Rick envision his future goals. Rick notes that his younger brother provides him a video gaming partner and friend.

Several components can build a strengths-based and mutually understanding position using RCT to set the stage for such a session. A counselor can learn about Rick's situation by drawing on a relational background instead of pathologizing this family situation. Seeing that Rick is connected with his mother and brother can be a resource, not a deficit, which is growth-promoting. This is done in a way that does not diminish that the counselor understands societal pressures, as being questioned about living at home is an understandable experience. At this point, it may help to lean into the feelings Rick is alluding to that he is ashamed of living at home and likes living with his mother. In addition, the counselor's stance creates a connected relationship between them and Rick by not immediately trying to problem-solve this situation or by judging it in a stereotypical way suggesting a 37-year-old man should not be living at home with his mother. In the next paragraph, we provide our second fictitious example, Seth.

Seth identifies as a 60-year-old Caucasian male client who lives alone. Seth reports he learned from adults during his adolescence that he did not need a marital partner, as being in a long-term relationship would confine him; he rarely dated and never married. In retrospect, Seth states he regrets that decision. Seth has numerous acquaintances but few friends he feels truly close to, making him very lonely. Seth has been self-employed most of his career for several reasons; he values his independence and experiences difficulty working with others because of his low self-confidence, anxiety, and depression. Like other men in Western society, Seth was taught to be competitive. Seth feels shame due to continuously falling short of reaching his financial and career expectations, especially when comparing himself to friends he considers more successful.

As with Rick, the counselor will assist Seth with a strengths-based approach. Building a connection with

Seth is crucial through leaning into his pain and disconnection. With compassionate inquiry and non-judgment, the counselor is curious about Seth's life. Through curiosity and compassion, the counselor identifies Seth's resilience in his career as self-employed, which is a considerable strength. Seth begins to sense and verbalize his grief, shame, and disappointment. This process allows Seth to feel connected with the counselor and not alone. A further connection can be gained through the counselor sharing power in the relationship. The counselor affirms Seth's knowledge and understanding while demonstrating radical respect for his life choices and the incredible resilience displayed to reach his present place in the world. Another crucial component of the counselor's position is cultural humility.

Befitting RCT is utilizing skills of cultural humility and broaching (Jones & Branco, 2021), which are essential to counseling work with males. Cultural humility is operationalized by counselors through their commitment to compassionate self-awareness and inquiry, including the ability to maintain an interpersonal stance that is other-oriented in relation to aspects of their client's cultural identity (Watkins et al., 2019, as cited in Jones & Branco, 2021; Worthington et al., 2017, as cited in Jones & Branco, 2021). Broaching from a culturally humble perspective increases the counselor's understanding of the client's culture and perspective, demonstrates respect, and improves rapport (Hook et al., 2013; Jones & Branco, 2021, as cited in Jones & Branco, 2021), all necessary to increase the involvement of male clients.

The idea of empathy has been touched on but the specific RCT principle of mutual empathy is critical to RRA. In the therapeutic relationship, mutual empathy employs openness to learning new ways of being through the ebb and flow of counselor and client impacting and understanding the other. It is the opportunity for a counselor and client from different perspectives to meet in the middle, ultimately through respecting and honoring each other. One of the many benefits of this type of empathic connection is that it builds trust, which tends to be an essential element of a client's ability to make positive changes (Jordan, 2018). As previously mentioned, the development of men in our society and the cultural pressure for men to be strong and independent disconnects them from themselves and others, including counselors. This is precisely why mutual empathy is essential in working with male clients because it fosters authentic connection (Jordan, 2018).

Another benefit of mutual empathy is mutual empowerment (Hartling & Miller, 2004; Miller &

Stiver, 1997; Surrey, 1987). Like mutual empathy, mutual empowerment ebbs and flows in both directions allowing each person to shape and influence the relationship. This allows the therapist to speak and treat the client from the standpoint of power equanimity compared to having power over the client. This will assist him in feeling a part of the larger whole. This can be a difficult shift, particularly if the counselor is female-identified. We have experienced a teacher-student-esque dynamic emerge between counselor and client, respectively. This creates a power differential that puts the onus on the counselor rather than the client to complete the bulk of the work. Mutual empowerment allows the client to feel comfortable and confident in understanding his emotions which can be established through reflective statements and observations, utilizing immediacy, validation, and consistent encouragement to explore the unique meaning and value of his emotional experience. Once established, the client can begin to explore facets of connection and community they may be less familiar with. Ultimately, this will lead to the client opening up with vulnerability and will allow connection not only in the therapeutic relationship but in the community with family and friends.

Applying Positive Psychology

Positive Psychology and RCT are both theoretical models that offer a hopeful outlook for the client (Jordan, 2018; Park & Chen, 2016). In addition, they both provide a therapeutic lens that offers a perspective that recognizes the strengths and the importance of the client's culture (Hammer & Good, 2010; Jordan, 2018). Utilizing Positive Psychology, the counselor will accentuate the positive masculine attributes. Hammer and Good (2010) discuss how past views of women in our society as psychologically abnormal are only reinforced by women's negative attributes (Young-Eisendrath & Wiedemann, 1990). To do the same with men would be unconscionable and limit the ability to see the strengths in male masculinity (Hammer & Good, 2010).

When drawing on strengths, the goal is not to take away the essence of their masculinity, as this is a part of the client's identity. Accentuating the client's strengths of masculinity can assist in decreasing feelings of shame or helplessness the male client may be experiencing. To do this, the counselor will work with the client to establish a list of their positive traits. This may include working with the client to reassess their negatively perceived masculine traits in an affirmative, strengths-based light. For example, a male client may

be experiencing difficulty at home because he is a workaholic. At first glance, this may be perceived to be a negative trait. Yet according to Hammer and Good (2010) and various other scholars, there are many positive aspects of masculinity (Barwick, 2004; Cochran, 2005; Hershenson et al., 1989; Kelly & Hall, 1992; Kiselica et al., 2008; Levant, 1995, 1996, 1997; O'Neil, 2008; Oren et al., 2009; Smiler, 2004; Wester & Lyubelsky, 2005; Wong & Rochlen, 2008). Helping the client reframe aspects of his masculinity as important strengths that benefit his family and others can help him feel a sense of personal accomplishment and a connection to those he loves and cares for. Allowing this to happen will normalize the client's view of himself, enhance his self-respect, and decrease negative feelings or shame he may be internalizing.

The counselor will tend not only to the client's cultural values but their own personal beliefs as well. Perception of strength and weakness varies from person to person (Constantine & Sue, 2006; Hammer & Good, 2010; Seligman & Csikszentmihalyi, 2000). The counselor will be culturally competent regarding male gender issues in Western culture. The counselor will be aware of their own cultural values and biases toward males in society. Should they identify barriers to their ability to empathize with their male clients based on biases, it is their ethical responsibility to consult and potentially seek their own counseling. For a counselor to proceed without self-reflection and awareness of their own values and biases of their "client's conceptualization of masculinity" would be unethical and multiculturally incompetent. (Hammer & Good, 2010, p. 304; Liu, 2005). When working in session, the counselor will ask the client for a contextual description of their worldview. These aspects of the client's culture inform the client's personal feelings of shame, giving insight into areas for healing to occur.

The counselor will use language that acknowledges the client's cultural background and points them in a positive, goal-oriented direction. This does not imply that the counselor should ignore or gloss over their client's perceived weaknesses or sufferings but this is an opportunity for a compassionate and collaborative conversation about how the client may improve his well-being utilizing benchmarks of strengths.

Applying SRT

Positive Psychology and SRT strive to place the client's strengths at the forefront of the counseling experience as this gives the client personal power. Both theoretical perspectives aim to limit client isolation as

much as possible. Brown's (2005) research on women and shame resulted in the SRT that proposed a rationale for why shame occurs and a theoretical basis for shame's very existence. Many men in society feel shame for implied masculine characteristics which leads to them not feeling recognized in society, much less welcomed in counseling. Brown (2005) asserted that members who fit within the SRT experience three fundamental burdens: feeling "trapped," being "powerless," and feeling "isolated" (p. 45). Although Brown's (2005) shame research focused on women, we speculate much of this theory can work equally as well for men.

Often, shame in men is expressed by appearing detached and contentious (Osherson & Krugman, 1990). As previously mentioned, men are expected to be independent at a young age in Western society. This forces males to feel isolated and cornered in a culture that technically portrays a world that is supposed to be all theirs. They may continue to feel disconnected, lonely, or as if their power is being threatened or stripped. Brown (2005) reported that clients often feel shame when they are isolated and vulnerable. To mitigate this, the counselor will converse with the client, educating and acknowledging the shame that perpetuates males in our culture. Shame does not survive once recognition and verbalization occur. During this process, the counselor will sit alongside the client instead of sitting across from him in an authoritarian stance. Research reports that competent counselors recognize how gender socialization affects males and how this can present in sessions (Mahalik et al., 2012). Responding to males may include a process more parallel in nature, which is a different power dynamic that can be effectively used. At this point, the counselor will recognize the true essence of the client without the shadow of shame, masking the client's true self. During this process, the counselor is not isolating the client as they are sitting alongside him.

These three theories fit together nicely as they are intertwined through connection, speaking one's truth, empowerment, and vulnerability. They all speak to illuminating a person's inner strength and acceptance of the client's own humanity. A connection cannot be achieved without vulnerability, and one cannot find their voice without empowerment and support from others. Interlaced between RCT and SRT are the courageous attributes found through utilizing Positive Psychology which ultimately decreases the client's shame. RRA is a dynamic approach that will succeed in addressing the stigmas of masculinity and shed new light on men's ability to show up to and invest in the therapeutic process.

Fictitious Case Study

Jesse is a 43-year-old man from Olathe, Kansas. He has two teenage kids (a son and a daughter) who live with their mom, Alexa, in Boise, Idaho. Jesse and Alexa have been divorced for 10 years and since then both have remarried. During the time of their divorce, Jesse had been struggling with alcohol abuse. He considered himself an alcoholic at the time, quit drinking cold turkey after the divorce, and reports food has replaced alcohol as his “vice.” Jesse and his new wife, Abby, live with Abby’s two sons and their shared daughter. Per Jesse and Alexa’s custody agreement, Jesse sees his other kids every other holiday and when they visit him over their summer break. He is an IT Director for a national health care system and reports “always being stressed” at work, working long hours, and dealing with an “asshole boss.” Jesse began to exhibit heart palpitations and shortness of breath and went to the emergency room. He was admitted to the hospital for testing and stabilization. During his hospital stay, a male social worker visited him and suggested he start seeing a counselor to help him manage his stress. Jesse reluctantly agrees to this suggestion. Jesse has never been to see a counselor and admits that he avoids mental health providers in part because his ex-wife’s new husband is a counselor.

Jesse begins working with his female counselor, Mary, who utilizes the RRA approach with Jesse. First, Mary states her purpose for and intentions while working with Jesse. She indicates that she sees the counseling relationship as a collaboration between two people with knowledge and understanding. Mary utilizes cultural humility and broaching, working to understand Jesse’s point of view as a cis-gendered man in Western culture and the influence societal and cultural norms have had on how he perceives himself and others. Mary identifies Jesse’s strengths and works to help him use his strengths to address his frustrations about work, his relationships, and feelings of shame about his past. She notices that Jesse tends toward self-deprecating humor. She compliments his sense of humor while noting that he leans on self-flagellation as a means of indirectly expressing his feelings of shame. She allows Jesse an opportunity to disagree, but instead he agrees. The two use this offer of vulnerability to work through years of untouched feelings of shame, isolation, and powerlessness (despite the many cultural and societal messages of “power” he indicates he has received throughout his life). Jesse begins to show marked improvement in his demeanor and communication skills. He reports improvements in his relationships at home and at work and notes a

renewed sense of ownership over his life, a feeling he has not had in many years.

Conclusion

Even with a wealth of research on the needs of men in counseling, the field continues to search for different approaches to strengthen their success rate. Despite the gap in research, it has long been clear that traditional masculine norms and standard theoretical counseling practices do not necessarily align well. Yet, practitioners continue to use existing counseling models for men not designed explicitly for them. We believe RRA, a strength-based approach grounded in aspects from RCT, Positive Psychology, and SRT, could be an effective modality to use in working with men. Drawing from these established perspectives, RRA will focus on developing a collaborative relationship between counselor and client; broaching the client’s story with cultural humility; accentuating positive aspects of masculinity; and exploring how shame may affect the client’s perspective of self and the world. Through this approach, we can validate the client’s experience as a human and help him let go of some of the more toxic messages he has internalized about what it means to be a man in this society.



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