Mental Health & Prevention 31 (2023) 200287

Contents lists available at ScienceDirect

Mental Health & Prevention

journal homepage: www.elsevier.com/locate/mhp

# The challenges preventing men from seeking counselling or psychotherapy

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ARTICLE INFO

*Keywords:*
Men
Masculine socialisation
Depression
Suicide prevention
Psychotherapy
Scoping review
Barriers to treatment

ABSTRACT

*Objective:* Traditionally men have been reluctant to engage in counselling or psychotherapy at times of mental distress. Such reluctance may be partly explained through masculine socialisation and masculine hegemony theory. This scoping review aims to extract, review and summarize research recommendations to help researchers understand the main challenges preventing men when contemplating or seeking counselling or psychotherapy.

*Methods:* Six electronic databases (PsycINFO, PsycARTICLES, CINAHL, MEDLINE, SocINDEX and Google Scholar) were searched for articles published between 2002 and 2021. Of the 2,306 articles identified, 45 met the inclusion criteria. Forty articles used a qualitative methodology, whilst five studies employed mixed methods methodology.

*Results:* Analysis revealed three interconnected themes which contribute towards reluctance to engage with mental health services (a) masculine identity; (b) male behavioural norms; (c) psychological services and therapists.

*Conclusion:* We would recommend hegemonic men re-establish their links to male centric communities in order to counteract some of the barriers preventing access to psychological services. We envisage the establishment of local community-based networks of men who can share their lived experience, develop a language of help seeking and find new ways to experience their masculinity.

## 1. Introduction

According to a recent 2019 estimate by the World Health Organization (2021) the global age-standardised suicide rate was higher in males than females (12.6 of males per 100,000 people compared to 5.4 of females per 100,000 people). In the Americas male suicide rates are five times that of females; in Europe they are four times higher and in the Western Pacific region male suicide rates are twice that of females. For these reasons it is important men throughout the world continue to seek support from their mental health issues. Although the need for effective male mental health provision has been highlighted by researchers for decades (Good et al., 1989; Good & Wood, 1995; Horwitz, 1977; Pollack, 2005) men have traditionally been reluctant to seek counselling or psychotherapy for a number of reasons (Z.E. Seidler et al., 2016; Steinfeldt et al., 2009). Some researchers have noted that many men have difficulty forming effective relationships with therapists (Johnson et al., 2012; Seidler et al., 2021). Some men tend to feel ambivalence toward engaging with counselling or therapy (Good & Robertson, 2010; Yousaf, Popat et al., 2015) and seem to use their experiences or biases as reasons to avoid any future engagement with psychological services (Syzdek et al., 2016).

Speculation as to the reasons for such behaviour in men tend to form consensus around the notion of traditional masculine socialisation (Mahalik & Dagirmanjian, 2019; Matthews et al., 2021; Sagar-Ouriaghli et al., 2020). Masculine socialisation is a learned, ingrained and deeply personalised set of values, attitudes and behaviours which men adopt from other males within their family groups when growing up. Such males tend to favour aggression, stoicism, individuality and self-sufficiency as their normative patterns of behaviour (McGrane et al., 2020). Similarly, some researchers have identified culturally dominant male traits of masculinity characterised by emotional control and a lack of vulnerability they refer to as 'hegemonic masculinity' (Emslie et al., 2006). These behaviours impede therapy, a process that commonly relies on the ability for clients to access internal emotional content, become vulnerable and share thoughts and feelings with the therapist (Z.E. Seidler et al., 2016). For men with masculine socialisation traits the

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https://doi.org/10.1016/j.mhp.2023.200287
Received 27 March 2023; Received in revised form 2 June 2023; Accepted 5 June 2023
Available online 19 June 2023

act of engaging in therapy may induce personal and social shame and damage to their perceived standing within the community (Addis & Cohane, 2005).

Although some mental health providers lay the blame for a poor uptake of services with men and their masculine socialisation, (Affleck et al., 2018) there are several critics who reject this view. Researchers who challenge the masculine socialisation theory of lower mental health uptake, prefer to use a strength-based as opposed to a deficit-based model to explain men's help seeking (Kiselica & Englar-Carlson, 2010). Adopting a strength-based view, researchers have suggested it is not so much men's socialisation which is the problem, rather than the way men are accommodated within mental health services and in therapy (Möller-Leimkühler, 2002).

Researchers have highlighted the paucity of mental health promotion specifically targeting men and the heterogeneity of campaigns which do not differentiate men's mental health needs from those of women (Hoy, 2012; Morgan et al., 2022; White & Tod, 2022). Researchers also point to the relatively poor knowledge and training therapists receive in aspects of masculine socialisation (Seidler et al., 2019) citing the issues of conscious and unconscious biases toward men (Owen et al., 2009) and problems associated with the mismatch between male and female therapy including the unappealing clinical spaces in which therapy is traditionally offered (Judd et al., 2009; Z.E. Seidler et al., 2016). Along with this, one of the most obvious differences within counselling and psychotherapy is the number of female therapists compared to their male counterparts worldwide.

Although exact figures are difficult to gauge, it is estimated that of the 199,000 or more therapists in the United States 74% are female (Cross River Therapy, 2023). In Canada the figure rises to around 82% of psychotherapists and counselling psychotherapists who are female (Canadian Institute for Health Education, 2023), whilst in Australia it is believed that around 79.8% are qualified counsellors or psychotherapists (Bloch-Atefi et al., 2021). A similar ratio exists in the United Kingdom where according to the British Association of Counselling and Psychotherapy (BACP) 84% of their practicing members are female (Brown, 2023).

Service providers and not-for-profit organisations have begun to engage men through a variety of health promotion campaigns (Hammer & Vogel, 2010; Ogrodniczuk et al., 2018; Rochlen et al., 2005) with intentions of encouraging more men to attend therapeutic sessions thereby reducing or preventing mental health problems such as depression and suicide (Gough et al., 2021; Whiteford et al., 2013). These campaigns have had some measure of success indicating that men will seek help for their mental health issues if promotions are targeted appropriately and initiatives delivered at an economical price, at a convenient time (Seidler, Rice, Ogrodniczuk et al., 2018, 2018).

Researchers from several disciplines including nursing, social work, psychology, and psychiatry have explored the barriers preventing male help seeking and ways in which therapists may work with men to help accommodate their masculine identities (Seidler, Rice, Ogrodniczuk et al., 2018). The field is further diversified through research into treatment settings (individual and group therapy), mental health issues (depression and suicide), health promotion initiatives (advertising campaigns) and practitioner training (improving therapeutic awareness and practice).

Subsequently the field of men's mental health is diverse with various recommendations scattered within publications over several professional disciplines. Our aim is to extract, review, combine and summarize relevant articles in order to give readers understanding of the range of issues men face when they begin to consider accessing counselling or psychotherapy. A secondary aim of the paper is to provide health services and practitioners wishing to work with men in more effective ways a more nuanced narrative which explains help seeking from a male gender-informed perspective and raises awareness of the many psychological 'binds' men find themselves in when attempting to seek help for their mental distress.

## 2. Methods

A scoping review is a useful tool when the research field is broad and complex and has not been fully and comprehensively reviewed (Mays et al., 2005). A scoping review identifies a field of research based on a broad question (for instance the question in this study is: *What challenges prevent men seeking counselling or psychotherapy?*) and reports back on the state of that field (Levac et al., 2010). According to Arksey and O'Malley (2005) there are four general types of scoping studies; the rapid review; mapping the literature to determine the value of undertaking a full systematic review; a review that summarises and disseminates research findings and reviews that identify research gaps within the existing literature. This scoping review corresponds to the final type of scoping review and provides details of common and correlating themes over a range of studies which will help us identify gaps within the literature where less research on the challenges preventing men seeking counselling or psychotherapy has been conducted. Since the literature around men, help seeking and barriers to their engagement with psychological services and practice is very broad, a full systematic review was not practical.

Using Arksey and O'Malley's (2005) recommended framework for scoping reviews, five stages were followed in this review which are (1) identify the research question, (2) search and retrieve studies, (3) select studies, (4) extract and table the study data, (5) and collate and summarise the results. The methodology outlined below ensured the rigour required to carry out a competent scoping review.

### 2.1. Identifying the research question

For the purpose of this scoping review 'challenges' refers to any barriers men face whilst accessing or using talking therapies (Fall et al., 2017) including:

- the issues surrounding the attitudes, beliefs and interactions of the therapist;
- attitudes, beliefs or behaviour of men themselves;
- the issues surrounding promotion of psychological services to men;
- external factors men are under such as economic pressures and time constraints.

The scoping review aims to assist clinicians and service providers understand the complex, dynamic and interconnected nature of male help seeking and the psychological and sociological issues which have historically prevented some men from engaging with psychological service provision.

### 2.2. Identifying relevant studies

For this study, the authors adhered to Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (Moher et al., 2009) presented in Fig. 1. Empirical (qualitative interpretivist and mixed methods studies) and review or commentary articles were identified through six electronic databases which were searched in April 2022 (PsycINFO, PsycARTICLES, CINAHL, MEDLINE, SocINDEX and Google Scholar).

A search strategy was iteratively devised by GS and the university librarian prior to the research team identifying titles. The following search terms were implemented by the researcher team to identify relevant articles within the initial scoping exercise: male* OR men; "mental health" OR wellbeing OR "mental illness"; psychotherapy OR counsel* OR "mental health services" OR "support services"; "help seeking" OR "seek* help" OR "treatment seeking"; barriers OR obstacles OR challenges OR difficulties OR issues OR problems; stigma: NOT women OR female OR woman OR females.

Manual searching of reference lists from articles of interest was undertaken as a supplementary process by WD.

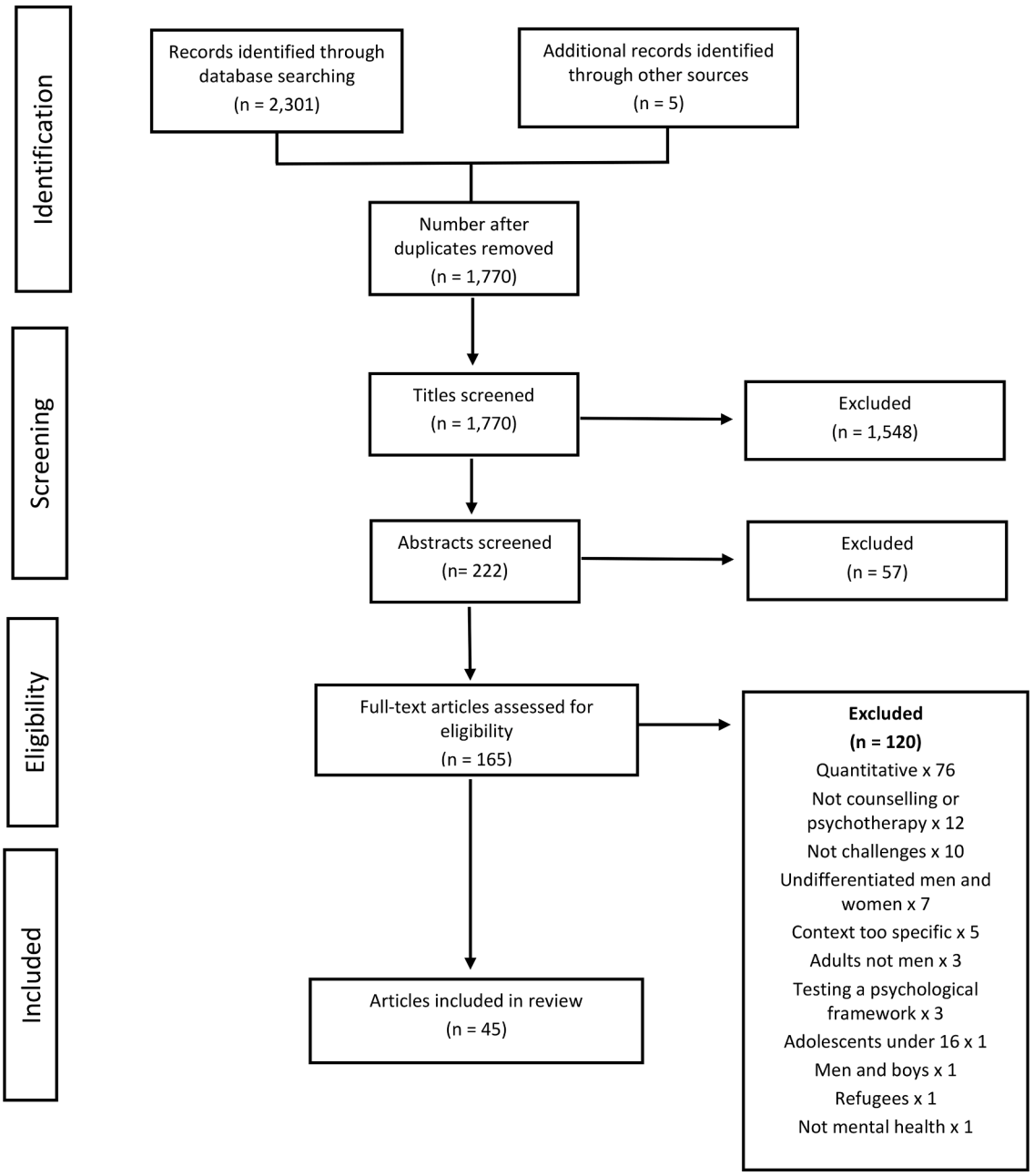


**Fig. 1.** PRISMA Flow Diagram.

### 2.3. Study selection

Initial results of the search were merged, and duplicates removed. Three researchers AC, GS and AW independently screened the titles and abstracts and excluded articles based on the following stipulated criteria (a) articles published from 2002 to 2021; (b) samples with solely male or well-delineated male and female gender samples; (c) men and young men from 16 years old and over; (d) articles which had undergone a peer review process; (e) articles written in English; (f) samples from English speaking administrations in the USA, Canada, UK and Australia; (g) qualitative and mixed methods studies. The next stage involved the examination of full texts to assess their eligibility; this was carried out by five researchers, GS, AC, WD, EA and AW. The data contained in Table 1 was extracted from the final articles by one reviewer HM and checked for accuracy by another reviewer GS. This extracted data included author, year, location of study, design, ages, mental health issues, theoretical constructs and suggested challenges to counselling and therapy.

### 2.4. Collating, summarizing and reporting the results

#### 2.4.1. Thematic analysis

Thematic analysis is a qualitative, interpretivist method developed by Braun and Clarke (2006) which helps researchers organise, classify and contextualise textual data. There are six stages to thematic analysis which begins with a familiarisation of the data. In this phase researchers read and re-read texts to become immersed and intimately familiar with the content. The second phase is known as coding and involves generating succinct labels (or codes) that identify important features within the data. After all of the relevant data are coded, researchers identify and group similar codes together in order to create larger themes. After these themes are developed researchers typically review, redefine and often re-order codes to make their themes more closely align to the research questions. All valid research studies iteratively review their themes to

ensure they can tell a succinct story of the data gathered and actually answer the main research question. Once themes have been reviewed and reordered, researchers carry out a detailed analysis of each theme to establish its scope and focus, determining how it contributes to the overall narrative. Finally, the themes are woven together in a convincing way to form an analytic narrative which uses extracts of a selection of codes to help explain each theme.

Synthesis was carried out using Microsoft Excel using iteration to identify themes which were recurrent between articles. It was important to establish trustworthiness in the data, so researchers (…) and (…) independently reviewed a random sample of 20% of the included articles and developed their own coding. There was around 70% coding agreement between the researchers after this step was taken. The two researchers then discussed their coding with a third researcher (…) in order to gain concordance on the coding of the remaining 80% of the papers. The reason for these steps was to add rigour to the process and minimize the subjectivity of interpretation by a single author. The coding represented common phrases between the articles around the subject of challenges preventing men seeking counselling or psychotherapy. Articles from reference lists were also coded in the same manner. The codes generated were iteratively grouped into relevant areas as descriptive themes, based on the focus of the article in question (such as challenges depressed men find with counselling or therapy). It must be noted there was a large overlap with many themes which tended to map to multiple codes. This was due to the interconnected nature of male help seeking, notions of masculinity and identity and the interrelated nature of sociological and psychological barriers to therapy. The final step after coding involved the authors coming together to agree between themselves the names and content of their final themes.

## 3. Results

The article search resulted in 2301 references with a further five articles sourced through a process of manual searching reference lists from identified studies. Of these studies 165 potentially relevant articles were found. After a review of the full text of these articles, 45 eligible articles remained (see Table 1). Fig. 1 shows the flow diagram for the selection and exclusion process of included articles.

### 3.1. Article characteristics

The articles included in this study were peer reviewed and explored in some ways the challenges preventing men from seeking counselling or psychotherapy. Methodologies within the review included qualitative and mixed methods research, single item case studies, systematic reviews and meta-analyses. The full characteristics of the articles are detailed in Table 1. This section provides an overview of the information.

#### 3.1.1. Year and location of studies

All included articles were published between 2002 and 2021, the majority were conducted in either North America ($n = 14$, 31%) or the UK ($n = 12$, 27%), with most articles being published in 2018 ($n = 11$, 24%).

#### 3.1.2. Article type

Forty articles (89%) used a qualitative methodology, whilst five studies (11%) employed a mixed methods methodology. Seventeen (38%) articles were without original data and can be described as commentary, analysis or review.

#### 3.1.3. Sample and participant characteristics

The empirical studies reported data on 1443 participants (sample size between 1 and 604) whilst the systematic review studies reported data across 32,137 participants. Three studies (Ewert,2021; Hoy, 2012; Keohane & Richardson, 2018) used both male and females in their sample. Participants ages ranged from 16 to 92 years old.

#### 3.1.4. Mental health issues reported

Twenty-one articles (47%) focused on depression, sixteen (35%) on suicide or attempted suicide. Four articles (9%) reported on various mental health conditions affecting men, three articles (7%) reported on Post Traumatic Stress Disorder (PTSD) and one article (2%) focused on self-harm.

#### 3.1.5. Theoretical constructs applied

Researchers employed a range of theoretical constructs to help describe the men in their studies. These constructs included Masculinity (13 instances), hegemonic masculinity (9 instances), masculine socialisation (8 instances), gender & gender roles (7 instances), sociological theory (6 instances), hyper-masculinity (3 instances), culture (2 instances) and social learning theory (2 instances).

#### 3.1.6. Suggested challenges to counselling or therapy

Authors highlighted a range of issues which would represent a challenge to men seeking counselling or therapy which included the following often overlapping themes. Masculine norms ($n = 21$, 47%), differences between men and women ($n = 6$, 14%), dysfunctional coping strategies ($n = 6$, 14%), poor client or practitioner knowledge of male mental health ($n = 7$, 16%) and sociocultural factors ($n = 4$, 9%).

### 3.2. Thematic analysis findings

Thematic analysis of the 45 articles surfaced three distinct but interconnected themes. Each theme explored the challenges facing men when considering or when engaging in counselling or psychotherapy. The interrelated themes highlighted the problems of masculine identity, male attitudes and behaviours and issues around psychological services and therapists. The three themes are described below and summarised in Table 2.

### 3.3. Masculine identity

The theme of Masculine Identity explored how men's image of themselves created barriers to help seeking in times of mental distress. This theme also explores the fear men have to help seek and the way in which help seeking undermines relationship building.

Twenty articles described how the activity of help seeking challenges masculine identity. Many men believe in relying on their own resilience to protect them from mental illness, other men rely on their stoicism, whilst some men resort to isolating from friends and family or distract themselves with a range of self-destructive behaviours. Men who realise the need to ask for help will often report a reluctance to do so until their symptoms become acute (Bilsker et al., 2018; Cleary, 2017; Ellis et al., 2013; Ewert, 2021; Hoy, 2012; Johnson et al., 2012; Lorber & Garcia, 2010; Mahalik et al., 2003; Mckenzie et al., 2016; Möller-Leimkühler, 2002; O'Brien et al., 2005; Oliffe et al., 2012, 2020; Rice et al., 2018; Rochlen et al., 2010; Z.E. Seidler et al., 2016; Seidler, Rice, River et al., 2018; D. T. Smith et al., 2018; J. A. Smith et al., 2006; Tang et al., 2014).

Twelve articles reported how men's efforts to seek help triggered feelings of fear and shame. Many men described the shame in admitting they were struggling with their mental health and were often fearful of how such revelations would impact on their standing with other men (Bird et al., 2019; Cramer et al., 2014; Ewert, 2021; Hoy, 2012; Johnson et al., 2012; Keohane & Richardson, 2018; Mahalik et al., 2003; Mckenzie et al., 2016; Oliffe et al., 2020; Z.E. Seidler et al., 2016; D. T. Smith et al., 2018; Yousaf, Grunfeld et al., 2015).

Nine articles described how help seeking was curtailed in men holding hegemonic masculine identities. Hegemonic identities are defined by Smith et al. (2022) as the requirement for men to show strength, dominance and be interpersonally unemotional. This was particularly evident in groups such as servicemen, veterans, men in

**Table 2**
Key Themes from Thematic Analysis.

| | |
|---|---|
| Masculinity & Identity | **The activity of help seeking conflicts with masculine behaviour-** 1, 7, 4, 11, 16, 17, 19, 22, 25, 26, 27, 28, 30, 31, 34, 37, 38, 39, 40, 42.<br>**Masculinity creates fear, stigma and shame in men-** 5, 8, 13, 16, 18, 22, 25, 28, 30, 37, 39, 45.<br>**The public and social stigma regarding seeking help with mental health issues-** 1, 4, 5, 9, 14, 15, 16, 20,21, 22, 23, 25, 27, 35, 42<br>**Fear of isolation and withdrawal from society adds to the challenge of help seeking-** 1, 8, 14, 21, 24, 36, 43.<br>**Masculine identity is a barrier to help seeking-** 18, 19, 21, 22, 24, 25, 26, 27, 36.<br>**Men who struggle with psychological connection to others are challenged in seeking or continuing counselling or psychotherapy-** 4, 17, 19, 34, 38, 40, 42. |
| **Male Attitude & Behaviours** | **Unhelpful attitudes as a result of masculine socialisation-** 9, 12, 21, 23, 34, 35,<br>**Self-reliance results in lower mental health help seeking-** 4, 8, 25, 26.<br>**Men have poor mental health literacy which creates barriers to seeking help-** 3, 6, 7, 14, 16, 20, 25, 28, 31, 34, 35, 36, 37, 44, 45.<br>**Help seeking is seen as a feminine activity-** 16, 21, 27, 30, 31, 35, 37, 42.<br>**Men adopt masculine behaviours to masque authentic emotion-** 6, 16, 19, 25, 27, 40.<br>**Men adopt dysfunctional coping strategies such as using alcohol or drugs to self-medicate-** 4, 6, 7, 14, 16, 19, 20, 25, 32, 34, 37, 40. |
| **Psychological Services & Therapists** | **Lack of specific health promotion, coverage and provision of male mental health-** 2, 4, 7, 13, 14, 17, 18, 20, 24, 29, 30, 32, 33, 38, 39.<br>**Men are less likely to seek help from friends, family or mental health services-** 1, 17, 18, 20, 25, 28, 34, 36, 40, 44.<br>**The economic barriers to help seeking-** 1, 10, 24, 35, 42.<br>**Lack of trust in the medical model of healthcare-** 15, 16, 20, 34, 36.<br>**Fear or reluctance to engage in counselling or therapy-** 7, 20, 25, 33, 35.<br>**Men's lower utilization of healthcare services-** 2, 4, 7, 22, 32, 38.<br>**Health professionals' poor attitudes to masculine help seeking- 2,** 3, 14, 15, 22, 30, 35, 38, 45.<br>**Mental health services seen as 'feminized'-** 2, 3, 35.<br>**Poor mental health service awareness-** 6, 11, 17, 25, 31, 35.<br>**Health care professional training needs around men and men's mental health-** 3, 4, 22, 38, 39. |

Note: the numbers next to the theme corresponds to the article numbers on Table 1.

prison and young people who need to create hegemonic masculine identities for socio-cultural reasons (Keohane & Richardson, 2018; Lorber & Garcia, 2010; Mahalik et al., 2003; Mahalik & Dagirmanjian, 2019; McGrane et al., 2020; Mckenzie et al., 2016; Möller-Leimkühler, 2002; O'Brien et al., 2005; Scholz et al., 2017).

Seven articles described how men who find difficulty in making relationships faced challenges when seeking or continuing to engage with counselling or psychotherapy. Some men perceived they were being coerced into therapy and forced to self-disclose, become vulnerable or to verbally express their emotions (Bilsker et al., 2018; Johnson et al., 2012; Lorber & Garcia, 2010; Rochlen et al., 2010; Seidler, Rice, River et al., 2018; D. T. Smith et al., 2018; Tang et al., 2014).

### 3.4. Male attitude & behaviours

The theme of Male Attitudes & Behaviours describes the way men regard themselves in relation to their help seeking efforts and the lack of understanding many men have when attempting to cope with their mental distress.

Within this interconnected theme, six articles suggest that unhelpful male attitudes are a result of masculine socialisation. The outcome of male socialisation has been noted previously but an additional consideration is the way men in psychological distress feel about their role within the family. Such men regard themselves as a burden to their family and often feel that those close to them would be better off if they were not around (Danforth & Wester, 2014; Emslie et al., 2006; Mahalik & Dagirmanjian, 2019; Matthews et al., 2021; Rochlen et al., 2010; Sagar-Ouriaghli et al., 2020).

Fifteen articles reflected on men's poor mental health literacy and how this creates challenges to seeking help. Mental health literacy is the skill of being able to identify physical feelings and emotions and the ability to express these emotions in safe, appropriate ways (Mckenzie et al., 2016). Many men are unaware of their internal emotional response system and prefer to avoid emotional pain through distraction activities. Masculine socialisation tends to treat emotional distress as embarrassing, frightening or as an indicator that men are somehow sliding into mental illness which they are unable to emerge from unscathed (Beel et al., 2018; Campbell & Allen, 2019; Cleary, 2017; Grace et al., 2018; Hoy, 2012; Lynch et al., 2018; Mckenzie et al., 2016; Oliffe et al., 2020; Rice et al., 2018; Rochlen et al., 2010; Sagar-Ouriaghli et al., 2020; Scholz et al., 2017; Z.E. Seidler et al., 2016; Ward & Besson, 2013; Yousaf, Grunfeld et al., 2015).

Along with these studies, eight articles discussed the attitude that help seeking should be left unspoken as it was viewed as a feminine activity and a weakness by other men. One of the biggest fears for hegemonic men was the notion that by receiving help for their mental health, they would be regarded by their peers as a metaphorical 'woman' (Hoy, 2012; Mahalik & Dagirmanjian, 2019; O'Brien et al., 2005; Oliffe et al., 2012; Rice et al., 2018; Sagar-Ouriaghli et al., 2020; Z.E. Seidler et al., 2016; Tang et al., 2014).

Twelve articles explored how the reluctance of men to engage in help seeking led them to adopt dysfunctional coping strategies. Common to the literature was the notion of 'masking' emotions such as depression through the use of alcohol and a range of illegal substances which helped men to 'keep up the appearance' of a masculine identity of strength and stoicism. Other common masking strategies were distraction into the fantasy world of video gaming, where men could stay for hours at a time, and engagement in risky behaviour, such as illicit sexual liaisons or the use of pornography (Bilsker et al., 2018; Campbell & Allen, 2019; Cleary, 2017; Grace et al., 2018; Hoy, 2012; Lorber & Garcia, 2010; Lynch et al., 2018; Mckenzie et al., 2016; Ridge et al., 2011; Rochlen et al., 2010; Z.E. Seidler et al., 2016; D. T. Smith et al., 2018).

### 3.5. Psychological services & therapists

The theme of Psychological Services & Therapists highlights the paucity of support worldwide for hegemonic and masculine socialised men. This section charts issues in relation to health promotion, economic barriers, the medicalisation of support available and the perceived feminisation of counselling and therapy.

Fifteen articles reported issues around men's health promotion. Men described a lack of specific male targeted health promotion initiatives along with poor coverage of initiatives and lack of provision of male specific therapy. Men regarded health promotion initiatives as a direct threat to their masculine identities and suggested responding to such initiatives as an indication of psychological weakness. Promotional messages seemed to be another problematic area for men. Messages promoting suicide prevention for instance, missed pointing out underlying causes such as depression, sleeplessness or sadness but assumed men would only seek help when they had suicidal urges (Affleck et al., 2018; Bilsker et al., 2018; Cleary, 2017; Ewert, 2021; Grace et al., 2018; Johnson et al., 2012; Keohane & Richardson, 2018; Lynch et al., 2018; McGrane et al., 2020; Oliffe et al., 2011, 2012; Ridge et al., 2011; River,

2018; Seidler, Rice, Oliffe et al., 2018; J. A. Smith et al., 2006).

Five articles described the economic barriers to help seeking especially for vulnerable men who were unemployed or in personal debt. Many men equate the financial cost of therapy with the potential loss of masculinity, social stigma and loss of standing with friends and family (Addis & Mahalik, 2003; Donne et al., 2018; McGrane et al., 2020; Sagar-Ouriaghli et al., 2020; Tang et al., 2014).

Five articles discussed how men seemed to have little trust in the medical model of healthcare as they considered their problems as often highly complex and interlinked (Howerton et al., 2007; Hoy, 2012; Lynch et al., 2018; Rochlen et al., 2010; Scholz et al., 2017). Five studies reported men being fearful or reluctant to engage in counselling or psychotherapy. Some men regarded attending therapy as divisive as this was seen to lead to a loss of masculine identity and feelings of depersonalisation. Other men were sceptical of the benefits of therapy especially when it involved introspection, self-disclosure or talking about emotions (Cleary, 2017; Lynch et al., 2018; Mckenzie et al., 2016; River, 2018; Sagar-Ouriaghli et al., 2020).

Six studies reported men's lower utilization of healthcare services as linked to the problems of masculine socialisation and identity. Men tended to under report their mental distress, often due to their lower awareness of emotions and lack of regard for mental health services (Affleck et al., 2018; Bilsker et al., 2018; Cleary, 2017; Emslie et al., 2006; Mahalik et al., 2003; Seidler, Rice, River et al., 2018).

Nine studies discussed health professionals' generally poor attitude- either implicitly or explicitly- to masculine help seeking. Studies recommend healthcare professionals learn about masculine socialisation and male behavioural norms which prevent men from engaging with traditional therapy (Affleck et al., 2018; Beel et al., 2018; Grace et al., 2018; Howerton et al., 2007; Mahalik et al., 2003; Oliffe et al., 2012; Sagar-Ouriaghli et al., 2020; Seidler, Rice, River et al., 2018; Yousaf, Grunfeld et al., 2015).

Three articles reported mental health services to be regarded as 'feminized' in part due to the predominance of female therapists, but also due to key aspects of therapy including talking about mental health issues, self-disclosure, becoming vulnerable, problem solving with another and the expression of emotions (Affleck et al., 2018; Beel et al., 2018; Sagar-Ouriaghli et al., 2020).

Five articles discussed the training needs of healthcare professionals in regard to men's mental health and the need to redesign therapy to cater specifically for men. Some writers state that traditional therapeutic practice discouraged men to engage with services as this challenges their notions of masculinity and increases their anxiety (Beel et al., 2018; Bilsker et al., 2018; Mahalik et al., 2003; Seidler, Rice, River et al., 2018; D. T. Smith et al., 2018).

## 4. Discussion

This scoping review has summarised both qualitative and mixed methods studies in order to explore a gap within the mental health literature by asking the question '*What challenges prevent men seeking counselling or psychotherapy?'* The question is useful as there is still a long way to go before men achieve parity with women in terms of their engagement with psychological services (Affleck et al., 2018).

In line with many research studies, this review has highlighted how a proportion of men with socialised and hegemonic masculine traits find difficulty in engaging with counselling and psychotherapy (Z.E. Seidler et al., 2016). Hegemonic men tend to view help seeking as a weakness and a threat to their masculinity, preferring stoicism and self-reliance (Morgan et al., 2022). This review has further outlined how these men tend to manage their mental health problems through introversion, masking their feelings and avoiding their mental health issues until they become chronic (Möller-Leimkühler, 2002). This state of affairs coupled with a real fear of disclosing their struggles to friends and family leads to the situation where men are only seen by mental health professionals when their psychological wellbeing has severely deteriorated (Oliffe et al., 2012).

There are a number of studies that have attempted to address the problems hegemonic men experience due to their social masculinisation. In a recent paper, di Bianca and Mahalik (2022) discussed how hegemonic identities often lead to a range of health problems due to men's unrealistic beliefs around their male identity and their tendency to become self-reliant in times of mental distress, proposing that more normative feelings of intimacy, connection and mutuality may be unavailable to such men.

Adopting a relational-cultural lens di Bianca & Mahalik critically analysed the social and interpersonal dynamics of masculine socialisation and explored how men can challenge their hegemony and develop more healthy behaviours through the act of connecting with other men. The authors contended that by employing a paradigm of behaviour which encourages male connectedness, hegemonic men can take the opportunity to explore ways to reclaim their masculinity by distancing themselves from dominating and aggressive impulses. Men within a community of connectedness can explore and develop more positive male values, modelled for them by other men who have already made positive changes to their own masculine identity (di Bianca & Mahalik, 2022). According to di Bianca & Mahalik, developing healthy masculinities requires men to explore meanings which are closed off from their usual identities, such as allowing themselves to feel a range of human emotions such as vulnerability and compassion whilst making interpersonal connections with others.

The work of challenging hegemonic thinking and creating connection with other men is useful within a group context, especially where there is therapeutic support. A therapeutic group, run by a mental health practitioner trained to work with men can allow the group to question and explore notions around 'being a real man' and assist participants to begin a journey of redefining their attitudes and behaviours with the help and support of the group process. An example of such a group project can be found in the 'Mentoring Men' (Mentoring Men, 2023) scheme which allows free exploration of masculinity and male feelings within a non-shaming environment. Facilitators using this model of groupwork create a humanistic, non-judgemental setting where men feel supported to share their thoughts around notions of intimate relationships, self-image and healthy masculinity (Adams & Frauenheim, 2020).

A further barrier preventing access to counselling and psychotherapy highlighted in this study is the reported failure of many health promotion campaigns to attract and engage with hegemonic men. One of the reasons for this may be that traditional health promotion campaigns do not seem to understand the dilemmas men experience (White & Tod, 2022). Traditional male targeted promotional messages tend to be viewed as being critical of masculine socialisation and tend to invalidate the underlying causes men consider are at the heart of their mental health problems (Hammer & Vogel, 2010).

In a paper challenging the barriers to male health promotion, Wilson (2022) proposed health promotion should be based on cultivating positive views of masculinity to hegemonic men. This may to be difficult, however as there seem to be few examples of translating this idea into tangible and widespread interventions within practice. One area Wilson regards positive health promotion could be cultivated is through promotions encouraging deeper interpersonal relationships with other men. This type of health promotion activity could be powerful for men who have traditionally struggled with isolationist methods of coping with depression. Although traditional patterns of male social support vary, the promotion of more connected behaviours between hegemonic men may help them cope at times of greater stress when faced with the breakdown of intimate relationships, for instance (McKenzie et al., 2018).

In a similar vein Rogers (2022) takes a critical approach to the cultural tenets which give rise to male hegemony and suggests that the promotion of healthy masculinities must begin by reframing masculinity not as a natural effect of being a man, but as a cultural phenomenon imploring some men to behave in hegemonic ways. Adopting this

approach men's health promotion may be transformed into a critical, challenging and organising effort which lays the responsibility for culture change at the feet of both individual men and broader society. This point of view has the capacity to transform the practitioners understanding of health promotion not as a discreet activity carried out by mental health professionals, but one which is adopted by groups of men in connection with one another. Rogers' ideas encourage the appearance of a grassroots drive for more utilitarian mental health promotion which is enacted between men for the development of both themselves and their peers (Rogers, 2022)

Our study also highlighted a barrier preventing help seeking based on the distrust many men have for the medical model of mental healthcare which they felt did not improve their own mental health. Criticisms were levelled at mental health professionals with poor attitudes towards socialised and hegemonic men and who offered therapy that threatened masculine ideals. Alongside these criticisms some men felt psychological services did not cater for them due to their perception that counselling and psychotherapy were 'feminized'. This perception is borne out of the fact that throughout the world most counselling and psychotherapy practitioners are women. In a study of counselling psychologists by Goodyear et. al. (2016) for instance, over 71% of Australian counselling psychotherapists were women; 72% of women practitioners came from the UK with 61% of counselling psychotherapy practitioners operating from the USA and Canada.

Finally, this research study found hegemonic men had poor mental health literacy and were often unable to describe their mental health problems or have any knowledge of where to find support for their mental health issues (Affleck et al., 2018; Howerton et al., 2007; Sagar-Ouriaghli et al., 2020).

Ashfield and Gouws (2019) commented on the negative view masculinity has within popular culture and therapy and concurred that traditional counselling and psychotherapy seem to be either gender neutral or feminised. The authors proposed more research needed be done in terms of the study of the male experience, men's emotional repertoires, male communications and male coping strategies. The authors go on to suggest that men can manage their own mental health through collaboration and connectedness of other men. Such men can also respond well to health promotions which are appropriately targeted to their specific gender, and which contain empathic messaging.

According to Ferguson (2023) men who tend to distrust and criticise mental health provision for some of the reasons stated above may have a valid point. In 2018 the American Psychological Association (APA) introduced practice guidelines for mental health professionals working with men and their families. The guidelines were widely adopted but were also criticised as they tended to undermine masculine identities and sought to impose progressive and feminist notions onto men. This state of affairs led Ferguson to conclude that the APA guidelines seemed to disregard the biological influences on gender and instead promoted more sociological ideals of gender which were not substantiated within research-based data. The result of practitioners adhering to the APA guidelines may have led many men to avoid seeking counselling services which they may have considered unsuitable.

### 4.1. Recommendations

The results of this scoping review suggest there may be new ways for mental health professionals to consider how to engage with hegemonic men who find difficulty in accessing counselling and psychotherapy for their mental wellbeing. These new ways of thinking are based on the notion of reframing what it means to be a hegemonic man, of encouraging the establishment of male centric support structures and of rethinking the ways in which gender specific mental health promotion is implemented.

It seems clear to the authors of this paper that many of the men within this review may feel disconnected from a masculine community which may have existed in the past, but which has disappeared as society has transformed, fragmented and changed. Valasecchi et al. (2023) echo this intuition and contend there seems to be an emergence of more feminine traits throughout the male community. The authors go on to suggest that male occupations are becoming more feminized and that the dynamics of the family are now based on more feminine, as opposed to traditional masculine ideals. This view is reflected in a paper by Elliott (2016), who proposes that throughout Europe more men are enacting 'caring masculinities' and rejecting notions of male domination in order to integrate caring traits, positive emotions and deepened relationships into their masculine identity.

Our view here is that as a direct result of their changing role within society, hegemonic men have been left feeling isolated, ignored and powerless to manage their mental wellbeing which they feel they have little control over. We propose that as a reaction to their plight, hegemonic men seem to draw upon less of their positive masculine qualities such as compassion, understanding and vulnerability and instead utilise more of their defensive, self-destructive masculine qualities such as aggression, stoicism and self-isolation.

Based on the analysis of the literature reviewed we would recommend that a way for men to alleviate the barriers preventing access to mental health support is through a community-based approach to wellbeing. We would suggest that hegemonic men re-establish their links to male centric communities in order to help them explore the repertoire of positive masculine traits which they have been unable to access due to the societal changes we referred to earlier. We envisage the establishment of local community-based networks of hegemonic men who feel the need to share their experiences, develop a language of support and behavioural change whilst joining together for real-world group activities. Such networks would be able to operate along emancipatory lines and help community members learn how to enact their maleness in ways which honour their masculinity and respect their communities.

We imagine such small local networks to be able to utilise social media resources such as WhatsApp to join members together, engage in group and individual supportive chat and to help organise activities in the real world (Blabst & Diefenbach, 2017). We would envisage that targeted health promotional messaging from local mental health providers would run alongside this social media-based community.

The platform could also provide access to specially trained mental health professionals to provide online advice and short-term counselling or psychotherapy sessions. The aim of these specialists would be to provide vulnerable men with early intervention for depression with the overall aim of reducing the number of suicides within the community (Esposti & Kaufman, 2023).

In terms of future research activities based on our scoping review and its results, we would encourage researchers to explore the world of hegemonic male online support groups. We wonder if there are a number of such groups already in existence and operating within local areas throughout the world (see for instance Shinokawa et al., 2023; Yasumoto & Gondo, 2021).

Further research efforts may be targeted towards identifying such groups and networks and describing the scope of their activities. We anticipate both a commonality of activities within such groups and a uniqueness of some other aspects of groups based on their cultural and geographical differences. It would also be interesting to map the way in which men go about supporting one another in such groups and the type of conversations they have with one another on the subject of their own hegemonic masculinity. Other interesting research within a male centric online community would be to evaluate the efficacy of the community in terms of its effect on male hospitalisation, emergency room admission or the numbers of male suicides within the community against trends within the wider community.

### 4.2. Limitations

Our review has a number of limitations. We excluded studies which

were quantitative in nature as we were interested in gathering the 'fine grain' of qualitative interpretivist studies. This decision excluded a range of statistical and empirical studies which would have provided a wider representation of the state of research. Our studies excluded books and book chapters which may have provided a deeper understanding of the barriers to male help seeking. We also excluded European, African and Eastern countries from the review in order to isolate our studies to countries which were most similar to one another in terms of our perception of the sociological experiences we expected men from our target countries would share. As is the case with scoping studies, we did not carry out appraisal of the quality of the studies we reviewed which lowered the validity of our research (Levac et al., 2010).

## 5. Conclusion

This scoping review has summarised the literature on the barriers to male help seeking by drawing on both qualitative and mixed methods studies from 2002 to 2021. Three themes were identified to help answer the research question and detailed descriptions of elements within each theme were discussed. Our discussions around the themes suggested a need to help men re-imagine their masculine identity in community with other like-minded men. By doing so we hope that men will allow themselves to gain more understanding of their mental wellbeing and develop a confidence to share their concerns with mental health professionals before their symptoms become unmanageable.

## Ethical statement

Our study did not require an ethical board approval because it did not contain human or animal trials.

## Declaration of Competing Interest

No potential conflict of interest was reported by the authors.

## Supplementary materials

Supplementary material associated with this article can be found, in the online version, at doi:10.1016/j.mhp.2023.200287.

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