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Hegemonic Masculinity and the Lack of Male Practitioners and Clients in Counselling

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Abstract

Since the 1970s, we have seen a decline in the number of practicing male mental health counsellors and male clients engaged in mental health therapy. This paper evaluates possible reasons why men may not seek mental health care and how this impacts the number of men in the counselling vocation. The author cites the overarching theme as hegemonic masculinity (the dominant societal form of masculinity). The author evaluates the impact of a less diverse counselling field, the effect of social alienation due to hegemonic masculine ideals, and the current incompetent approach to men's mental health evaluation. Furthermore, the author explores how the absence of male practitioners then impacts the counselling experience of male clients.

Keywords: masculinity, counselling, practitioner

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Hegemonic Masculinity and the Lack of Male Clients and Practitioners in Counselling

Over three quarters of counsellors in North America are women, as reported by the American Psychological Association (APA) (Willyard, 2011). This stark statistic implies that men are simply not becoming practicing counsellors. However, this has not always been the case, since "the percentage of psychology PhDs awarded to men has fallen from nearly 70 percent in 1975 to less than 30 percent in 2008" (Willyard, 2011, para. 5). During the evolution of both the theory and practice of counselling, women began to dominate the field of psychology, especially at the graduate and doctoral levels. In the last five decades, the number of male mental health professionals has dropped from 70% to a stark 20%, and even fewer of those are men belonging to a racialized group (Todd, 2024). Due to this, the field became more feminized, and prestige and salaries dropped (Willyard, 2011). The field is unrepresentative of men, which can cause male clients and therapists alike to feel unheard and misunderstood (Springer & Bedi, 2021; Willyard, 2011).

Hegemonic Masculinity: Definition and Explanation

Hegemonic masculinity is the dominant model of masculinity which promotes and upholds men's position of power in society (Connell & Messerschmidt, 2005). It is the type of masculinity that is continuously enforced systemically and individually. This greatly contributes to the subjugation of women, LGBTQA2S+ men and non-binary individuals through immense marginalization and hatred of femininity. This model of masculinity emphasizes the need for stoicism, aggression, individuality, self-sufficiency, and lack of emotionality (Shepherd et al., 2023). Hegemonic masculinity's emphasis on lack of emotionality and need for self-sufficiency is also potentially impacting the number of men seeking advanced degrees in mental health fields. Since 1991, there has been a sharp decline in the number of men both applying for and completing graduate school (Secker & Williams, 2024) Furthermore, hegemonic masculinity contributes to various social problems and marginalization of many groups, especially groups that do not fit directly into the narrow scope of the hegemonic masculine.

Representation and the Field of Counselling

This is detrimental to the field of counselling in many ways. According to Shepherd and colleagues (2023), male representation in counselling is important for a number of reasons. Firstly, without this representation, clients cannot meet their particular needs and preferences for a practitioner (Shepherd et al., 2023). According to the APA, clients also tend to prefer counselling with therapists who represent them in some way (Willyard, 2011). Though clients may not self-report preferences of mental health practitioners in many cases, representative counsellors can lead to better mental health outcomes (Moodley, 2005). Furthermore, lack of male clients contributes to a lack of male practitioners (Shepherd et al., 2023). It should also be noted that underrepresentation of male clients in counselling should not be attributed to lack of need for mental health resources in the male population (Strokoff et al., 2016). Men are more likely than women to struggle with addiction and are four times more likely to commit suicide, yet they are 50% less likely to utilize mental health services (Affleck et al., 2018; Todd, 2024). This should raise serious concern when it comes to providing men with the mental health care they need. However, few incentives to increase the number of male mental health practitioners exist (Shepherd et al., 2023).

Masculinity and Alienation

Shepherd and colleagues (2023) cite alienation from peers as a supplementary reason as to why men may not participate in therapy or become mental health practitioners. Due to hegemonic masculinity, the emphasis on stoicism and control may cause men to be ostracized for attending therapy. This can occur in many types of social settings, including, but not limited to: family, friends, and their community. Since male vulnerability is sometimes seen as taboo in certain cultures (including western culture), many men may not seek mental health services (Shepherd et al., 2023). As aforementioned, lack of intervention may lead to active addiction or even result in suicide. Many men also attribute spending money on therapy as a waste of resources, since hegemonic masculine standards emphasize independent action as the means to solve all problems (Faraci, 2024).

Unresponsiveness to Men's Needs

According to Affleck and colleagues (2018), “social gender norms [in mental health fields] may result in professionals being less likely to probe for emotional or psychological suffering in men” (para. 38). This can also result in the underreporting of men’s mental health issues. As aforementioned, there is not a lack of need from men for mental health services, yet the system seems less empathetic and even less helpful towards them (Affleck et al., 2018). Due to lack of sympathetic response, many men simply do not seek mental health treatment. Furthermore, men’s diagnoses are often overlooked or misdiagnosed. A man may be diagnosed with substance use disorder but not depression, even when his substance use is the direct result of depressive symptoms (Affleck et al., 2018). It has also been reported that mental health providers actually spend less time treating individual male patients than they do female patients (Brooks, 2010). Thus, even when men receive mental health care, they often do not receive the same thoroughness as their female counterparts.

There is also an ‘empathy gap’ in responsiveness to men’s mental health issues as compared to women. For example, one study suggested that women’s mental health issues were much more sympathetically understood than those of men (Whitley et al., 2014). This suggests that men with mental health issues may be looked down upon by society at large.

Conclusion

We are not seeing men in the field of counselling as clients or practitioners as often as women. The primary reason discussed in this review is hegemonic masculinity, which contributes to many subfactors (Shepherd et al., 2023). The main proposed solution for this problem is establishing programs for men to introduce them to the field of counselling, whether that be as clients or as practitioners (Shepherd et al., 2023). However, social support for men is likely the most important contributing factor. If men continue to feel alienated by their social circles for attending counselling, we will likely continue observing the same trend in lack of male clients and practitioners. Dismantling hegemonic masculine ideals through feminist social justice is also of utmost importance. If we begin to change our standards of masculinity, we will also be able to change the trends in client and therapist demographics.

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