

This book is about men at risk. It is written by a man for both men and women. As with any practice text, my preferred theories, perspectives, and worldviews are deeply ingrained in the chapters. My professional and personal experiences have shaped the way I see men and what I see as possible for them. Additionally, one can never transcend the influence of one's gender, race, ethnicity, or class. These influences are especially important when discussing gender. As much as I have attempted to transcend my own history and prejudices in providing a balanced view of the strengths and weaknesses, needs and challenges of men, I am certain you will find many blind spots. I am also sure that at times your own gender biases will clash with mine. Disagreements and debates among social workers about important issues are healthy. We all must learn to accept the diversity of thought that exists within the profession (and in society) and to appreciate perspectives that differ from our own. Additionally, empirical research or current thinking from important theorists may challenge your gender biases. The cognitive dissonance that you may experience is an important part of the process of professional growth and development.

Since my frame of reference is important, and since many of the case examples are in part based upon my own social work practice, I think it is important for the reader to understand a bit about me in order to properly contextualize this book. This is only fair, because I view the reading of a practice book as a dialogue between author and reader. However, writing this section

has been difficult. Men often find it difficult to know precisely how to express themselves. Some of our internalized expectations as men preclude the sharing of personal information, and certainly the sharing of information about our vulnerabilities. Yet, another aspect of my identity makes it easier for me to be open about who I am. I am a liberal Jewish man from California. Jewish men, even those of us who have been significantly assimilated into the dominant culture, tend to be more comfortable with expressing feelings than those who conform more fully to the hegemonic masculine ideal, a concept I will explore later. I am a 44-year-old heterosexual married man. I am the stepfather of two lovely children aged 12 and 16. I have been with the girls for so long that I often forget that I am not their biological father and usually feel like I am the “real dad.” But I do understand the complex issues with which stepfathers must contend.

My close friends are eclectic and diverse. I have spent considerable time working in Latino communities, and I have worked and traveled throughout Latin America. I also was fortunate to have lived in San Francisco for many years and had the opportunity to understand the impact of homophobia on my relationships with other men. I was able to establish deep friendships with gay and bisexual men; this challenged my own notions of masculinity. In so doing, I was compelled to look at my own developing sense of self, and I have since attempted to expand my own notions of what it means to be a man. However, I also recognize the deep and profound effect that homophobia has had upon my understanding of masculine development; I still can hear myself thinking and even saying things that suggest a continued allegiance to certain masculine ideals. Homophobic messages are deeply ingrained in American life. Although society has become more tolerant of nondominant forms of sexuality and identity, childhood messages are often enduring. It is also important not to overestimate the degree of tolerance and acceptance of other ways of being male, as I will explore later.

Philosophically, I strongly support equal rights for men and women but am concerned at the lack of “space” within many feminist spaces for assertive heterosexual men like me. At times I have felt judged by groups of women for expressing myself emotionally and assertively. I have had to learn to balance an appreciation for how women have been affected and even oppressed by the emotions of men with the acceptance of my own very Jewish way of feeling and expressing. The intersections of gender, ethnicity, and power are rarely simple.

In part because of my own struggles with my father, friendships with other men have been extremely important to my growth and development. I have

also been involved in men's groups and for years have worked at understanding my own sense of masculinity. My experiences as a man have been both typical and atypical. That I have had experiences and hold ideas that are both universal and idiosyncratic is probably true for all men. Understanding the cultural tendencies of any group must be balanced by each individual's experiences.

While this book is grounded in the empirical and theoretical literature, it is also an outgrowth of my understanding of what it means to be a man, what it means to be a man in social work, and what it means to provide social work services to men. In writing this book I have been forced to grapple with many paradoxes, which I will discuss throughout the book. For instance, how can I write about the risks of a supposedly privileged population? How can I incorporate the valuable analytic lenses of movements that at times have stood in bitter and diametric opposition to each other (for instance, feminism and certain branches of the men's movement)? What are the social and political ramifications of such a book? Most important, how can I challenge and demonstrate the costs of the hegemonic model of masculinity (a dominant model that is held up as the ideal yet one to which most men do not, and perhaps should not, measure up) while showing acceptance, support, and appreciation for men who embody many of these traits?

Grappling with these questions has been personally and professionally valuable and serves as a parallel process for practicing social work with men. Those of you who will work with men in the early twenty-first century (and dare I say that will be nearly all social workers?) must also confront these and similar dilemmas. Each chapter includes exercises that I developed and that are informed by the theoretical and empirical knowledge discussed in the chapter, my social work practice with men, and my experience in teaching undergraduate and graduate social work. The exercises are designed to stimulate self-reflection, which I believe to be one of the most important skills that social workers can possess.

Why a Book on Men?

I firmly believe the profession of social work is ready to explore the problems and concerns of men in an open and critical manner. In May 2008 the University of Alabama School of Social Work hosted the first annual National Conference on Social Work with and for Men. This conference brought together dozens of social workers and social work scholars, as well as other practitioners and academics, to explore what we know about social work practice with

men. The conference focused on encouraging dialogue about the strengths of men, as well as the normative developmental challenges that men face. Workshops delved into practitioners' experiences and challenges in providing services to this too-often-underserved population.

The notion of at-risk men may be troubling for some in the social work community (Kosberg 2002; Böhnisch 2008). Critics may cite statistics about income or other economic disparities that heavily favor men, such as women's wages averaging only 76.5 percent of men's in 2004 (DeNavas-Walt, Proctor, and Lee 2005). While both men and women experience workplace stress, women experience additional burdens because of the male-oriented culture of the workplace or disproportionate family responsibilities (Blechman and Brownell 1998; Lundberg and Frankenhaeuser 1999). Other authors may carefully explain the well-documented power differentials between men and women (Andersen 2007), clearly exhibited by the prevalence of men in power (Powell and Owen 2007) and by the number of women abused at the hands of men. According to Tjaden and Thoennes (2000), each year women report more than five million incidents of violence against them by their intimate partners. The Commonwealth Fund (1999) reports that, depending on the definition used, two to three million women per year are abused by their significant others. Women who have been victimized by men deserve protection; to ensure that women are empowered and safe, men and society must respond by changing the behaviors of men and the social structures that reinforce violence. Thus women experience many psychosocial stressors more frequently or more severely than men. Men have much to improve in their treatment of women, and in their understanding of and determination to change social structures and personal traits and habits that support oppression and discrimination. These structures must be dismantled and replaced. Further, as Faludi (1999) observed, how can we explore the disenfranchisement of men when the identity of their oppressor is not clear, and when they themselves have been identified as oppressors.

My purpose here is not to argue that men are somehow more at risk than women; the premise of this book is that, despite being more privileged than women, many men suffer deeply. Whatever the root causes of various psychosocial problems that men face, regardless of the degree to which men are implicated in the cause or perpetuation of their own pains, many men are hurting and are worthy of help. It is also clear that many problems that men experience lead them to the offices of social workers, many of whom are not fully prepared to help men resolve their dilemmas. Further, while many men have not experienced oppression, many have. Men of color, gay men, and

men of diverse religions and cultural backgrounds have been historical targets of discrimination and have often been disadvantaged when attempting to interact with mainstream institutions. The American legacy of discrimination and racism toward African American men remains one of our most significant blemishes.

Kosberg (2005) notes that the stories of men have not been fully told in the social work or social science literature. Many theories and practices that have been critiqued as being irrelevant to the lives of women may be equally irrelevant to men; gender-neutral practices may ignore the needs of both populations. While numerous articles and books have addressed this problem as it pertains to women, few have done so for men. Cavanaugh and Cree (1996) note a near invisibility of men within the social work literature. The few books concerning men and social work are largely concerned about subgroups of men (Rasheed and Rasheed 1999) or have been written in the context of British social work (Pringle 1995). No current book has addressed social work with men in the North American context.

The paucity of scholarship about men from a social work perspective is troubling, and not without consequences. Sadly, men are often invisible in social development and social work programs designed for the poorest people in the world. In their landmark book on international development, Bannon and Correia (2006) show how men have been excluded from the majority of social development and international aid programs. The reasons for this are valid: women have been disempowered throughout the developing world and need support and programs to help them achieve gender equality. Yet excluding men from this process may have served only to make the most vulnerable, poorest, and most disenfranchised men feel more powerless and subsequently more likely to engage in reactive violence (Gomez Alcaraz and Garcia Suarez 2006). International social development specialists are beginning to realize that men must become full partners in the social development process. It is essential to help men understand the effects of their own disenfranchisement and how these experiences and their reactions sometimes have contributed to their committing violence against women, children, and themselves. This awareness does not excuse men's participation in oppressive and violent behavior; it deconstructs it for them, and it must become part of an ongoing process of change. This approach from international social development may have important implications for social work practice.

An analogous situation can be found in the literature on fathering. Some practitioners and scholars fear that the development of fathering programs

will come at the expense of programs geared toward women, and that explorations of the benefits of fathering will be used to diminish the success of female-headed single-parent households (Doherty, Kouneski, and Erickson 1998). However, as Doherty, Kouneski, and Erickson contend, “Only an ecologically sensitive approach to parenting, which views the welfare of fathers, mothers, and children as intertwined and interdependent, can avoid a zero-sum approach to parenting in which fathers’ gains become mothers’ losses” (277).

Paradoxically, while men may be a privileged group in many sectors in society, as social work clients they are not. In his discussion of services for men who have been raped, Scarce (1997:9) explores many of the complex nuances of power and privilege:

The more recent gendering of rape as an act of violence against women has occurred for a variety of reasons, not least of which is the fact that approximately 90% of rapes involve female victims. The bulk of political progress and organizational response to rape must be credited to feminist social movement activity since the 1960s, including the understanding that rape is an act of violence and power rather than sexual passion. But where do the 5–10% of rape victims who are male fall in this realm of women-centered knowledge and practice? Very often they may slip through the cracks of an already overburdened and underfunded social service network and a cultural that believes the rape of men to be a laughable impossibility.

Vulnerable men are often misunderstood or pathologized. Men who have a difficult time expressing their feelings are viewed as resistant. Men who express their anger vigorously are accused of being hostile or, worse, abusive. While many angry men are abusive, it is also true that anger serves as a mask for depression for many men (Cochran and Rabinowitz 2000). Men entering treatment are often seen as the generators of their problems and as perpetrators or outsiders. Because traditional male cultural norms make it difficult for many men to seek and receive help, the often not-so-subtle message that men are the problem, or are not wanted as clients, serves only to exacerbate matters. While some men are largely responsible for their pain and that of those around them, it is against the interests of the women and children in these men’s lives for social work to engage in practices that make men less likely to seek services and to begin the process of change. Many men need help, and making services appealing, accessible, and effective for men is in everyone’s best interest. Social work services that do not treat men with empathy, respect,

and dignity may fail to prevent or resolve many of the most severe social problems that social workers are dedicated to ameliorating.

Organization of This Book

The chapters of this book explore various at-risk male populations: veterans, displaced workers, substance abusers, consumers of mental health services, men with health problems, older men, and other groups. Each group is at risk not only because of the psychosocial dilemmas at the heart of their problems but also because men are often less likely than women to seek help (Baum 2004; Brindis et al. 2005; Spector 2006) and are more likely to underreport symptoms they are experiencing (Robertson and Fitzgerald 1992). Further, men do actually experience many psychosocial dilemmas (Courtenay 2003) and health problems (Arras, Ogletree, and Welshimer 2006) with greater frequency or intensity than do women. I will explore these problems in depth throughout this book but will touch on a few briefly here.

When we state that men are at risk, what do we mean? Greene (2007) notes that risk refers to critical life events that will increase the likelihood that an individual will experience future difficulties. Risks contribute to an increase in stress and a decline in one's capacity for coping. Ephross (2005) contends that people can be placed at risk by a variety of unmet needs and conditions, including discrimination, physical health concerns, personal histories, developmental crises, or acute syndromes. He stresses that what unites these populations is the need for intervention to prevent future harm, pain, or dysfunction. Dudley and Stone (2001:4) provide a simple and useful definition when they define "at risk" as "exposure to loss or harm; a hazard; danger and peril." Examples of how men meet these criteria are numerous. For instance, men are more likely to be victims of all violent crimes except sexual assault and rape (Bureau of Justice Statistics 2005a). The number of incarcerated men has reached epidemic proportions, with more than two million in state and federal prisons and local jails (Bureau of Justice Statistics 2005b). Returning veterans suffer from health and mental health problems with greater frequency and in greater numbers than previously thought (Hoff and Rosenheck 2000); the confluence of their mental health concerns, substance abuse, and trauma has predisposed male veterans to homelessness (Benda 2006) and work problems (Rosenheck, Frisman, and Sindelar 1995). Even problems that are typically associated with women impact men significantly. For instance, approximately 35 percent of people diagnosed with binge-eating

disorders and 5 to 10 percent of those diagnosed with bulimia and anorexia are men (Spitzer et. al. 1993; Andersen 1995). Body image dysfunction and body dysmorphia disorder are also problems that afflict many men (Olivardia 2001; Pope et al. 1999). Most significantly, men die nearly seven years younger than women (Courtenay 2000).

Not only are many men at risk, but many also are not well served by the models and programs that are available to them. Most social work programs are not designed to meet the needs of men. Paradoxically, perhaps the same can be said about services for women. Many services do not consider gender to be an important factor in the design of services. Such “gender-neutral” services often split the difference and do not meet the treatment needs of either men or women. These generic services do not take into account the realities of men, nor are the practitioners who work within them trained to provide services to meet the specific needs of men.

Social programs that do not consider the specific needs of men as a cultural group are bound to fail. For instance, reproductive health programs that ignore the nature of male culture are often unsuccessful. Brindis and colleagues (2005) observed that young men often feel marginalized and discounted by many of these programs because they fail to reflect the developmental and cultural realities of these men. Such oversights are egregious in a profession devoted to culturally competent practice. Social workers know that the helping process must accommodate the cultural realities and values of client groups in order to be effective (Furman and Collins 2005; Furman and Negi 2007). For instance, social workers know that they should assess, and use as strengths, the spirituality and/or religious practices of their clients (Canda 1998). Spiritual practices often define culturally relevant healing practices and can be profound sources of psychosocial health (Gilligan and Furness 2006). For example, when working with traditional Asian men, it is important to understand that they may view the expression of strong emotions or personal problems as a lack of dignity or as a betrayal of the family (Nghe, Mahalik, and Lowe 2003).

Key Theories and Perspectives

I discuss a variety of theories and perspectives in this book, but four theories are integrated throughout: the strengths perspective, narrative therapy, existential theory, and cognitive behavior theory. Each offers social workers valuable tools when working with at-risk men.

Each theory can help enliven and enrich social work practice. Working from a strengths perspective helps social workers view the problems of men in context: while many men have numerous problems, they also have many strengths and capacities. Practicing from a strengths perspective can help practitioners keep in mind the important social work values of client self-determination and the worth and dignity of each individual, as well as the importance of viewing culture as a valuable resource. Practitioners who use a narrative approach show men how their lives are developing stories in which they have many choices and the power to change. Men are helped to see themselves as the protagonists in an unfolding drama with many potential plots and subplots. Helping men to see their choices and to develop a sense of control is also congruent with both traditional and nontraditional masculinities.

A basic understanding of the existential perspective helps social workers to avoid emphasizing problems at the expense of the core experiences that bind all human beings in their journey through life. Existentialism helps social workers focus on core human truths and the development of meaning. According to existential theory, helping people focus on developing meaningful and fulfilling lives will help alleviate many of the symptoms for which they enter treatment. Existential theory can be used to help deepen the helping relationship as both client and practitioner focus on a client's long-term dreams and aspirations.

Cognitive behavioral therapy (CBT) encompasses a variety of evidenced-based approaches that are congruent with how men view the process of change and growth (Beck and Emery 1985; Pucci 2005; Turner 2005). CBT approaches are user-friendly and hands-on, practical approaches that social workers can adapt to many situations (Dryden and DiGiuseppe 1990; Berlin 2001). While some types of CBT can seem a bit rigid and authoritarian (Payne 1991), many CBT approaches are highly humanistic, incorporate a person-in-environment perspective (Bernard and Joyce 1984; Ellis 1979; Goldstein 1981, 1984), and fit well with social work practice (Werner 1986). Even approaches that are not viewed as CBT may be used eclectically under the CBT umbrella (DiGiuseppe 1981). For instance, Werner (1986) effectively argues that existential theory and strengths-based approaches are largely cognitive in nature.

While I try to include each of these four theories in each chapter, I discuss CBT-oriented approaches more frequently than the others for several reasons: (1) CBT may be more developed than the other theories; (2) CBT is far more prescriptive and thus allows for easier discussion of "techniques"; (3) the literature on CBT is more extensive than the literature on other approaches, and many studies show it to be effective with a variety of psychosocial problems

(Feske and Chambless 1995; Compas et al. 1998); (4) I was trained in rational emotive behavior therapy, one of the more prevalent CBT approaches; and (5) CBT approaches, when used in a constructive and humanistic manner can serve as an organizing or metatheory into which the other approaches may easily fit. What follows is a brief discussion of each approach; for an in-depth discussion, see chapter 5.

Cognitive Behavior Theories

In general, cognitive behavioral approaches focus on the relative importance of human thinking in the creation of emotion and behavior (Beck 1976; Meichenbaum 1977; Mahoney 1974; Ellis, Abrams, and Abrams 2009). Some approaches focus more on the importance of thinking (Beck 1995), while others see behavior and thinking as equally important. Regardless, CBT approaches differ from traditional psychotherapies, which tend to view historical and familial factors as central to well-being. Cognitive approaches focus on the here and now and on the beliefs, attitudes, perspectives, and day-to-day thoughts of an individual. Ellis (1997) and other cognitive therapists often quote the philosopher Epictetus, who contended that it was not events that disturbed people but the views they held of these events.

The strength of cognitive behavioral theories is that they are often evidence based (Dobson 2002), are easy to learn and implement (Corcoran 2006), and can be extremely empowering to men (Mooney 1998). Werner (1982) and Goldstein (1984) developed models of humanistic cognitive practice that have had lasting influence and are as useful today as they were when they were developed.

In his discussion of the relationship between humanism and cognitive therapy, H. D. Werner (1982:36) observes:

Those therapies that stress the potentialities of cognitive control over dysfunctional emotional processes are in some respects the most humanistic means of personality change, usually being man-centered, creativity-oriented, and relevant to the maximum actualization of the human potential. . . . Humanism views man as a creature who, having acquired language and the ability to think both abstractly and creatively, largely determines his own behavior. Some of the sources of his conduct are his judgments, choices, and goals. His existence is shaped by his own human thoughts and the tendency of most human beings to strive for competence. He is not controlled by demons, uncontrolled drives, or divine powers.

Social workers must use theories congruent with the values systems of their clients. In her discussion of the importance of values to social work practice, Gordon (1965) observes the centrality of values to positive client outcomes. She notes that when the values of social work are not aligned with the needs of its clients, practice loses its purpose. Social workers who work with men must pay particular attention to the congruence of their own values and the values and needs of men. Throughout this book I explore the ways that male values and sensibilities differ from those of women. Social work is a profession in which the majority of professionals are women; at times value differences between female social workers and their male clients may affect practice. One way for social workers to align their practice with the needs of men is to adopt theories that are congruent with men's values and ways of viewing the world. Most CBT approaches stress the importance of client self-determination, the importance of individual freedom and dignity, and the capacity of people for growth and change. As I will show, these are values congruent with male-centered ways of thinking.

Since the late 1980s practitioners have often used CBT in a reductionistic and rather mechanical way. Rational emotive behavior therapy (REBT), a cognitive behavioral approach used frequently in this book, may at times appear to be overly rigid and dogmatic. Yet in working with men it is important to keep in the mind the deep roots of humanism that lie at the core of cognitive behavioral theories. By focusing on the individual's capacity to change, on helping men seek empowerment by developing new skills and resources, CBT can be an extremely valuable theory into which other approaches may fit nicely.

Strengths-Based Approaches

When working with men at risk, it is important to remember that all human beings possess considerable strengths. When working with clients with multiple problems, stressors, and dilemmas, it is easy and tempting to focus only on the severe presenting problems. This is natural; when we see men in pain, we want to help eliminate their troubles. Yet by maximizing men's strengths and capacities, men are often able to transcend their most pressing concerns. A man uses his strengths and capacities to ameliorate, overcome, and transcend his pains.

The maxim of teaching a man to fish instead of merely giving him fish is a metaphor for strengths-oriented work. Those who adopt such an approach help men to understand their goals and dreams and to develop the means of achieving those goals. In recent decades numerous social work scholars and

practitioners have begun to recognize the importance of helping people maximize their internal and external sources. This approach has been termed the strengths perspective.

According to Saleebey (2002:3), “Practicing from a strengths orientation means that everything you do as a social worker (or therapist) will be predicated, in some way, on helping to discover and embellish, explore and exploit clients’ strengths and resources in the service of assisting them to achieve their goals, realize their dreams, and shed the irons of their own inhibitions and misgivings.”

The strengths perspective is not a theory with clearly defined interventions. Like existentialism, it is more of a stance that a social worker may adopt with clients and a perspective with a set of practice guidelines and values (see chapter 5). A strengths perspective is a commitment to help men recognize, explore, and develop the resources, skills, and abilities they already possess.

U.S. society in general, and its helping professions in particular, is not particularly strengths based. The medical model, which has been increasingly influential in social work since the 1980s, views the human condition in terms of pathology and problems. In this mechanistic model the role of the social worker is to identify the problem, determine its cause, and suggest the most evidenced-based solutions. While this model is not without its strengths, the psychosocial problems of human beings are usually complex and defy linear cause-and-effect explanations. Additionally, working in this manner can lead to the disempowerment of men and at times to an overreliance on symptom alleviation to the detriment of long-term growth and development. The goal of social work should not be merely to resolve the current crisis but to help men develop the means of resolving similar dilemmas in the future. Also, working from a strengths perspective encourages men not only to resolve problems but to achieve excellence, mastery, command, creativity, artistry, and community and self-actualization.

When working with men who may be at crisis points in their lives, seeing their strengths can often be difficult. They may be extremely shut down, resistant, and unwilling or unable to open up to and trust a stranger (even worse, a stranger that is a helping professional). They may seem irreparably broken and lost, angry and detached. In such cases, what strengths could they possibly possess? Becoming a strengths-based social worker demands developing a new set of observational and assessment skills. It requires learning to notice what people do well, what has worked for them in the past, and what did not work, as well as to see people’s potential.

Human strengths are biological, psychological, and social. For instance, strengths in the social domain may include close relatives, friends, and other

relationships. They may include colleagues at work and old friends with whom one does not often have consistent contact. Often men report few supportive relationships in their lives. It is important to help men mend fractured or broken relationships with people who may still care for them a great deal and who may be willing to provide them with help and support. Such an assessment is part of the process of mining for strengths and is an important part of working from a strengths perspective.

Existential Theory

The existential perspective is really several different approaches that have key aspects in common. Born out of the alienation of the industrial revolution and the period between the world wars, existential philosophy first became popular in Europe and spread to the North American therapeutic communities in the 1950s and 1960s, when humanistic psychology was popular. Humanistic therapists and social workers were attracted to existentialism's focus on the core issues of living, which people in many cultural contexts shared. Existentialism is a perspective that developed from and was articulated in literature, philosophy, and the humanities (see Camus 1942). Existential authors and thinkers saw the potential homogenizing effects of industrial life, where people became replaceable cogs in the machine of production. Early existential social workers and therapists eschewed the determinism of behaviorism and psychoanalysis, focusing on the importance of human will, freedom, and choice.

At its core, existential social work seeks to help people live more meaningful lives. It is concerned with helping clients face the key realities of human existence: death, the meaning of life, anxiety, isolation, responsibility, suffering. Existential practitioners posit that many symptoms that people exhibit are caused by their living unconscious and unexamined lives, proceeding according to the dictates of society, their parents' wishes, or other external forces. Existential social work helps men explore their deepest values, desires, and needs and pushes them to discover ways of developing their own mission and purpose. The existential perspective can help humanize and deepen practice for social workers who use other approaches. By drawing attention to the core problems of being, social workers who study existential thought and seek to apply its principles are compelled to deal with the deeper aspects of being human.

The existential approach has declined in popularity in social work circles since the 1960s and 1970s, when it was very important to social work practice (Krill 1969; Sinsheimer 1969; Swaine and Baird 1977; Weiss 1975). As social work practice has become increasingly influenced by evidence-based mod-

els and the medical model, humanistic and “softer” approaches have become less popular. However, integrating the existential perspective into social work practice with men can be an important balance to more symptom-focused therapies. For instance, short-term cognitive behavioral therapy is often used to help alleviate the symptoms of depression (Turnbull 1991). However, if a man is not helped to live a more authentic, meaningful life and to examine his purpose for being in the world, he may slip into hopelessness and despair.

Some social workers may struggle with existentialism’s heavy emphasis on individuals’ responsibility for their own beliefs, choices, and behavior. Some clinicians seem to have a difficult time separating responsibility from blame and recrimination. Indeed, this is a difficult task. One of the great merits of social work is its ability to empower people. It is easy to see that men who have been historically oppressed are not responsible for much of what they have learned about themselves (e.g., internalized racism and oppression). Each theory that I explore in this book offers different ways of helping people take responsibility for their life in the here and now. Existentialism focuses on helping people view the deeper truths of their lives and considers the ability to hold a vision of what is essential for oneself as the first step to self-determination. The existentialist social worker helps people focus on the moment, on the importance of the day, and on the importance of being aware of the forces that influence our thinking, feelings, and behavior. Self-blame and self-pity are viewed as examples of “bad faith,” feelings that block us from living fully in each and every moment.

Narrative Therapy

Encouraging a man to discuss his life experiences can be a catalyst for change. Attentively embracing a person’s stories leads to understanding the point of view of the storyteller. A man’s stories reveal his personal history, where he has been, where he is now, and where he hopes to go. Through this personal history the storyteller develops a greater knowledge of himself, and the person who attentively listens to the stories develops a greater knowledge of the storyteller (Carlick and Biley 2004:310).

A newer approach developed in the 1970s and 1980s, narrative therapy, stresses how people construct their lives as stories (Gergen and Kaye 1992). Narrative therapy focuses on helping individuals and groups uncover the themes in their lives and on working collaboratively with clients to rewrite these stories. With roots in constructivist psychology, narrative psychology, and literary approaches to helping, narrative therapy is an approach that is highly congruent with social work practice with men at risk. White and Epston

(1990) stress the collaborative relationship between social worker and client. Morgan (2000) provides a nice summation of the perspective of narrative therapists: “Narrative therapy seeks to be a respectful, non-blaming approach to counseling and community work, which centers people as the experts in their own lives. It views problems as separate from people and assumes people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to reduce the influence of problems in their lives.”

The connections between the narrative approach and other social work theories and perspectives are important. For instance, cancer survivors who shared their stories at a national conference found that the experience instilled an increased sense of hope (one of Yalom’s existential therapeutic factors) and produced powerful changes in their cognitions and behavior (Harper Chelf et al. 2000). Also, narrative work powerfully connects to existentialism through their common focus on the creation of meaning and the importance of helping people actively engage in the construction of their sense of meaning and mission in the therapeutic process.

Richert (2002:77) explores the commonalities of the two approaches, in particular how individuals construct their sense of self and identity. In fact, he argues that in most psychotherapeutic approaches, a key goal is to help individuals understand their own values, choose their goals, and develop behaviors that are life enhancing and self-directed. One goal of all these approaches is to help individuals be less captive of their internal drives or social pressures (for example, the pressure to abuse drugs). Richert observed that “a common theme across therapies . . . has been that one of the overarching objectives of treatment is to enable the client to behave more flexibly. While not all approaches to treatment have understood such an increase in flexibility as a function of client choice or will, the narrative and the humanistic/existential traditions have thought of treatment in this way.”

The four theories that I discuss here and apply to practice with men at risk have many commonalities. In truth, many social workers practice eclectically (Parton 2000). As long as eclecticism means a conscious use of theory to meet the needs of the clients and not a haphazard approach that results from a lack of theoretical depth or sophistication, it may be of great value.

The Call to Work with Men

Social work has an ethical obligation to provide services to those who have been victims of the disintegration and transformation of social structures

(International Federation of Social Workers 2004). Many men have been significantly affected by globalization, postindustrialization, and other cultural and economic shifts in the social landscape (Kreuger 1997; Singha and House 1998). Working-class men with high school diplomas historically have had access to relatively high-paying jobs in the industrial sector. Their jobs provided them with the opportunity to live the classic American dream and to be good providers for their families. Many of these jobs no longer exist in the United States. Unable to support their families and achieve the self-affirmation of being able to do so, some men have turned to self-destructive and violent behaviors (Moore and Gillette 1990; Jacobson, LaLonde, and Sullivan 1993). Yet many men have overcome these obstacles. An important theme of this book is that men at risk often have amazing strengths and resiliencies, which they use to overcome life's challenges.

For instance, a former client of mine struggled with substance abuse until his wife, who was the primary breadwinner for many years, was injured at her factory job. Unable to kick his habit by himself, this 35-year-old Nicaraguan man was motivated by the prosocial aspects of machismo, which calls on Latino men to endure hardships for their family. He was able to reduce his drinking and drug use and maintain two jobs. He reported doing what "a man had to do" and that the long hours of working two jobs were just "something to be endured." Out of crisis and difficulty, he was able to reach deep within himself to overcome his personal and social limitations.

At times, however, many men are not able to overcome such obstacles. At these times social work has an ethical obligation to understand and serve this population. This is the purpose of this book: to provide social work students and social workers with an understanding of the knowledge, skills, and values that they must possess in order to provide social work services to men.

In each chapter you will find case examples based on the life experiences of real men that exemplify key points and issues the chapter explores. Some cases examine the work of a social worker and client. Other cases explore why a man was not able to find or receive help, did not have help available to him, did not know about social work services, or was not open to professional assistance. A sad reality is that many men will suffer pain and despair until their problems kill them. Until men become more receptive to professional help, and until social work becomes more receptive to men, this tragic reality will be true more often than is necessary.

The issues that these men have faced often are complex; indeed, some cases could easily have fit into several chapters. Following each case are questions to stimulate self-reflection or class discussion. If you are using the questions

for in-class discussion, try to be as open and honest as possible when answering each question. Only through exploring our biases and limitations can we improve and change our practice. For you and your classmates to grow, you will need to be open to and accepting of each other's differences; do not judge each other's responses. Engage in critical dialogue with respect and dignity. Many issues that this book explores—identity, violence, and war, to name but three—evoke strong feelings for many of us. It is important to support your colleagues and their growth as professional social workers.

If you are reading this book for your professional development, please spend some time writing and reflecting about each case. The ability to critically reflect upon practice is one of the most important skills that a social worker can possess. The cases presented here have value to the degree to which they help you develop new understandings and possibilities for working with the male clients in your practice. I hope that the ideas contained in this book will expand your cognitive and behavioral repertoire when practicing with men, but it ultimately is up to you to integrate these ideas with your current conceptions of practice.

The first part of the book, "Understanding the Worlds of Men," explores the various factors that shape the lives of men. Each chapter focuses on key contextual, historical, and developmental factors that affect the lives of men. Taken together, the chapters form a biopsychosocial, holistic view of what it means to be a man.

Chapter 2 examines the relationship between globalization and the lives of men. Men in the United States greatly affect and are affected by the forces of globalization, migration, and transmigration. Social and economic events that transcend national boundaries influence the well-being of men in the United States and ultimately influence which men will wind up calling themselves "Americans."

Chapter 3 focuses on different conceptions of masculinity and development. I pay particular attention to the concept of hegemonic masculinity and explore the paradox of providing social work services to men. *Hegemonic masculinity* refers to the notion that society sanctions certain male behavior as preferred, based on key power arrangements within society (Connell 2000). That is, those in power, through various structural mechanisms (i.e., media, economic rewards, who is allowed positions of power and privilege) create incentives for men to behave in certain preferred or privileged ways. This chapter pays particular attention to how men of various backgrounds are trained to attain this ideal and the rejection and punishment they suffer when they fail. Chapter 3 also explores several influential models of adult development and

the strengths and limitations of these approaches. Diverse populations of men often do not conform to some of these notions, and the chapter discusses how social workers can adapt these models in their work with men.

Chapter 4 focuses on the relationships of men. Social work as a profession has long made relationships one of its central concepts (Gordon 1965; Perlman 1979; Turner 1986), yet the relationships of men are often misunderstood. Common social discourse presents these relationships as nonexistent, detached, conflictual, and usually dysfunctional. Men are viewed as not possessing the requisite affective and communication skills that intimate and supportive relationships require. While many men do need to improve their relational skills and would benefit from having more numerous intimate relationships, many men have meaningful and healthy relationships. The chapter also discusses differences in relational styles and explores men's relationship strengths and issues.

Chapter 5 examines the four theories introduced above, including the relevance of each to social work practice with men, especially men at risk. The discussion includes the congruence of each theory with different aspects of masculinity and the use of each theory to help men maximize their strengths and minimize their deficits. Finally, the chapter presents a discussion of the help-seeking behaviors of men and general practice guidelines.

The chapters in the second part of the book, "Men at Risk: Problems and Solutions," focus on specific at-risk populations. Chapter 6 addresses men and violence, looking at men as both perpetrators and victims of violent crime. The section on sexual violence discusses men as perpetrators and victims of rape. While the vast majority of sexually violent acts are perpetrated by men against women, male-on-male rape may be underreported and presents serious health and psychosocial consequences. Gangs and prison-related violence highlight the complex social factors that influence the lives of men; the discussion of gang violence in this chapter demonstrates the extent to which many problems are global and transnational.

Chapter 7 considers men as workers at risk, exploring the central role that work plays in the lives of men. As the world of work has gone through enormous changes, many men find themselves displaced and uncertain about how to earn a living. The chapter also discusses some of the dangerous professions that men are engaged in. It concludes with a discussion of services to men in regard to issues of work.

Chapter 8 presents information about men who have served in the armed forces. Recent revelations about substandard care at military hospitals have highlighted the shortcomings of the military medical system for both active-

duty personnel and veterans. New studies have provided long-needed information about the psychosocial impact of war on servicemen (and women); social workers are among the clinicians providing quality and empathic care to men returning from Iraq and Afghanistan. Additionally, the medical centers run by the U.S. Department of Veterans Affairs are important training and employment centers for social work students and social workers.

Chapter 9 discusses the health risks that men face. Men experience extremely high rates of heart disease, stroke, and some types of cancer. Men also fail to seek routine medical care as frequently as women and are less likely to seek medical treatment when they experience physical symptoms. This chapter explores how social workers can encourage habits that lead to improved health.

Chapter 10 looks at mental illness and mental health. Numerous misconceptions about the incidence and expression of mental illness affect the way social workers provide care to men. Historically, clinicians have regarded depression as a problem that men do not face. However, recent research has challenged this myth (Rochlen, McKelley, and Pituch 2006). Social workers need to help men understand that experiencing mental illness is not a sign of personal weaknesses, that mental illnesses are diseases in their own right. Helping men view the treatment of their mental illness as a sign of strength and personal empowerment will help them to be more receptive to social work services.

Chapter 11 takes up older men, perhaps one of the most underexplored and misunderstood populations. Older men are often viewed as being relatively privileged and in need of few social work resources. However, the reality is that older men often have profound biopsychosocial needs. Many older men experience debilitating health conditions, such as Alzheimer's, substance abuse, and depression. They often find themselves alone and without the careers that provided much of their sense of well-being.

Chapter 12 focuses on specific male populations and the history of some of the obstacles they have faced. For instance, Latinos constantly face questions about "where they are from," even though their families may have been Americans for far longer than many white Americans. The chapter begins with a discussion of culturally sensitive and culturally competent social work practice. It also explores some of the special needs and issues that surround different ethnic and cultural groups.

Chapter 13 addresses compulsive disorders and addictions. These include substance abuse and compulsive behavioral disorders, such as sexual addiction and compulsive gambling. In today's high-pressure world, compulsive behaviors

and addictions have become increasingly common. An issue of particular importance is how well current treatment approaches fit the needs of men.

Chapter 14, the concluding chapter, is titled “What Is Right about Men?” This chapter discusses what men do well and details issues for social workers who work with men to consider.

Finally, I would like to say that many of the principles in this book are applicable to social work practice with women. For example, the discussion of group work with men explores Yalom’s (1995) therapeutic factors. Understanding these principles also will help you in your group work practice with women. An important social work skill is to learn how to translate and apply knowledge from one situation to another.

EXERCISE 1

As social workers you sometimes face competing obligations. In your work with men (in all social work practice, really) you will face many ethical dilemmas, situations that offer ethical justifications for more than one course of action (Furman, Downey, and Jackson 2004). For instance, suppose you are a social worker in an inpatient substance abuse treatment program, providing therapy to men. The program is four weeks long, and you provide therapy to your clients twice a week. During your first session with your client, you find out that, in addition to having a substance abuse problem, he seems to hold views that you assess as being extremely sexist. For example, he reports anger toward his wife for working outside the home. He blames “those goddamn liberal feminists who want to destroy the American family” for her desire to work. He reports no incidents of physical abuse and says that he and his wife do not argue. He does report behavior that appears to be controlling and authoritarian. During your assessment you hear no overt connections between his substance abuse and his relationship with his wife.

Please answer the following questions:

1. Do you address the issue of his domineering, sexist attitudes?
2. If you do, how would you proceed?
3. If you do, how might your intercession affect the helping relationship?
4. How might your gender affect your handling of the situation?
5. Do you, as a social worker, have an ethical obligation to effect social change in this situation? If so, what would that be?
6. After reflecting upon all these issues, what are your treatment options?

Case Example

The two cases in this chapter are not related to a particular problem area, concern, or theme. These cases introduce the complexity of psychosocial strengths and concerns that men present.

George Casala is a 41-year-old Cuban American living in Miami. George's parents were born in Cuba and came to the United States shortly after the Cuban Revolution. George has been married for twenty-two years to Blanca. Blanca was born in Cuba, and her parents left Havana several years after Castro took over the island. George's father was a carpenter in Havana, and his mother worked in the home, caring for George and his six siblings. Both parents were kind, Catholic, and hard working; they had a sixth-grade education. Despite the senior Casala's lack of education, he opened a small furniture repair shop in Miami and soon began to sell furniture. Within several years his business grew and the family was firmly lower middle class. Over the years the business continued to grow. Although the Casalas were not rich, they were able to take annual family vacations and bought a house in an upper-middle-class neighborhood. In the estimation of George's father, the family had arrived. However, while growing up George felt self-conscious because of his parents' humble roots. He kept these feelings to himself; he learned that respect and dignity were more important than his judgments. He did vow to do "more" with his life than his parents had done.

George attended the University of Miami and graduated with a degree in business; he received his MBA two years later. George had dreamed of working his way up to CEO of a large company. His first job out of school was in marketing for a local technology firm. This was one of the few companies of this type in Miami at the time, and George was excited. While his father was proud of George, he had hoped that his son would help him run the family furniture store. But George saw the business as "small potatoes." During the first two years of his new career, George was well regarded and received two promotions. His future in the company looked bright. However, as the senior Casala's health had begun to fail, he pressured George to help. George soon quit his job and became vice president of the family business (his father was president). This was an extremely painful decision for George, yet he mostly kept his feelings to himself, not even sharing them with his wife. As a good Latino son, he knew what was expected of him and honored the wishes and needs of his father, putting his own aspirations aside. However, George was also deeply American, and suppressing his own desires caused him a great deal of anguish. George soon became impatient, well known for having a very short fuse.

George used his business skills to increase the efficiency of the family business and developed a sophisticated marketing plan that greatly increased sales and profits. However, the more successful the business became, the more he struggled with his own sense of identity and began to feel depressed. This was greatly exacerbated by problems that his 17-year-old daughter, Consuela, was having and that required George to engage the legal and child welfare systems.

George and his family recently sought social work services, and he is less than thrilled. Like many American men, George believes in solving his problems on his own and regards the need for outside help for “private problems” as a sign of personal failure. However, after months of prodding by his wife, George has admitted that he is unable to help Consuela on his own. Privately, George was afraid that the social worker who was seeing the Casalas for family therapy would tell him that Consuela’s problems were his fault.

Consuela has been “misbehaving,” in George’s words, for two years. He sees her becoming increasingly defiant, oppositional, and difficult. George believed that the problem started when Consuela began spending time with one of her classmates, of whom George did not approve. Consuela missed curfews, “talked back,” and let her grades slip.

One evening Consuela was supposed to be at the movies with her friend and was expected home at 10 p.m. However, she did not arrive until 2 a.m. when she pulled up in a car driven by a boy. George ran outside, screamed at the boy, and slapped Consuela across the face. The boy stepped out of the car to confront George, and the two began to push each other. Within seconds they were on the ground fighting. Consuela ran into the house and called 911. Consuela’s friend hit George in the face several times and was able to free himself and leave. George returned to the house. Several minutes later the police showed up. When George answered the door, he told the police that everything was all right, that he had had a conflict with his daughter’s boyfriend. The police asked to see Consuela, to make sure she was all right. George refused, stating that he would take care of his daughter, and that he did not need their help. The police told George that if he did not produce Consuela, they would arrest him. George then brought Consuela to the door. When the police asked her if everything was all right, Consuela said that her father had hit her. George was taken to the police station, booked, and released on bail several hours later. Three days later the judge stipulated that George was to attend family therapy with his wife and daughter at the local child protective services agency.

The following week George and his family went to the agency for therapy. The therapist assigned to the family was not well versed in culturally competent practice with Latinos men. She pushed George to immediately take ownership of his behavior, which she referred to as “abusive” in front of his family. George felt judged, ashamed, and furious. He wondered why the therapist did not speak to him about this matter in private. He became concerned that he would lose all authority in his home and that his daughter’s acting out behavior would become even worse.

The worker was oblivious to George’s feelings about his inability to control his daughter and the shame that that caused him as a Latino male. She quickly confronted him and insisted that he also attend group therapy for child abusers. George became very quiet, aware that the therapist would not be “on his side.” He realized that he would have to find a way to comply with her demands to stay out of trouble but that therapy for him was going to be merely a form of punishment to endure.

STUDY QUESTIONS

1. If you were George's social worker, how would you proceed?
2. What skills would help you resolve work with George and his family?
3. In this case, what nonclinical interventions might be helpful?
4. How might the community or extended family be involved?
5. How might George be encouraged to use this situation to help him improve the quality of his and his family's life?

Case Example

Billy Felicita is a 48-year-old man going through a difficult life transition. Billy was recently divorced. Billy met his wife, Wynn, while he was teaching English in Vietnam. She was a lower-middle-class Vietnamese woman, nineteen years his junior. When they first started dating, Billy was skeptical about the long-term potential of this new relationship. He worried that the generational and cultural differences would ultimately get in the way. He also feared that perhaps Wynn was more interested in what marrying an American man represented than in Billy himself. Billy is introspective and insightful from therapy, attendance at men's groups, and a long history of attending recovery programs for marijuana addiction (he has been clean for many years). He realized that his doubts about his girlfriend's sincerity tied into his own insecurities, fears, and doubts. He grew up in a family with an alcoholic mother and had spent many years struggling with depression.

As their relationship developed, Billy became confident that Wynn's love was real. Within two years they were married and moved to the United States. For the first two years their relationship was good. They learned about each other, communicated well, shared a great deal of kindness and love, and enjoyed a good sex life. Wynn began to work in nail salon, a common career for Vietnamese women in the United States. During these first two years she seemed grateful for their relative material wealth. Billy bought a small three-bedroom house in a middle- to upper-middle-class neighborhood. They seemed wealthy to Wynn, and she felt a sense of security. Over time, however, she began to compare their lifestyle to their neighbors'. She began to see Billy's twenty-year-old pickup truck as an embarrassment. Billy, a successful housepainter, never cared much for material possessions. He began to worry about his wife's growing interest in what he regarded as American materialism. His position was that if Wynn wanted more material wealth, she should perhaps make more money. While culturally this was a difficult concept for her to accept, she began to grow accustomed to the idea. One day she came home and told Billy that she had heard about a nail salon that was for sale and wanted to buy it. Billy was glad

that she was thinking entrepreneurially and suggested that they check out the business. Wynn stated that this was not necessary, that it was a good business, and that Billy should give her \$30,000 in the morning to buy it. Billy told her that while business decisions in Vietnam were based upon trust and faith, in the United States it is necessary to investigate business opportunities carefully and methodically. Further, coming up with that much money would take time and mean dipping into their retirement account. Wynn was furious, claiming that Billy's refusal to support her was a betrayal. As Billy began to investigate the business, with the help of an attorney friend, he learned that it was less than profitable and in a bad location. When Billy presented Wynn with the information in a dispassionate manner, she cried and stated that this was proof that he did not care about her, and only cared about money.

Billy identifies this as the beginning of the end of their relationship. They began to fight a great deal and started to sleep in separate rooms. Within six months Wynn had moved in with a Vietnamese couple several miles away. Soon she began to talk about divorce. Billy was devastated. He saw his marriage as the beginning of his dream of having a family. Billy called a mutual friend of theirs, a Vietnamese woman who had known Wynn for many years, to see if she had any ideas about how to save their marriage. To Billy's chagrin, he learned that Wynn was dating at least two other men and that she may have been doing so for a long time. He began to feel depressed and withdrew, playing his guitar and working as little as possible. Within several months he had agreed to a divorce and financial terms.

When the divorce became final, Billy's back also was in very bad shape. For several years he had been experiencing back and shoulder problems. House painting was an especially strenuous career for someone with back pain; the stress of his divorce brought about a particularly painful episode. Billy felt as if his world was falling apart.

A year after the divorce Billy was able to sell his house and move into a small apartment in the back of a house. With such greatly reduced living costs, he was able to cut back significantly on his work hours. While this allowed him to experience less physical pain, the large amounts of free time proved to be a mixed blessing. He had more time to do many of the things he loved to do, like play the guitar and fish, but he struggled with depression and anxiety because he did not know how he would make a living in the future, and he was still grieving the loss of his marriage and the dream of having a family. He previously had taken medication for depression, which had helped. He did not want to take medication this time, however, as he felt that his emotions were directly related to the profound life changes he was experiencing, and he wanted to "face them head on."

Billy sought counseling from a clinical social worker trained in narrative therapy. During their phone consultation the social worker described his orientation to Billy. He noted that because of his training, he tended to see people's lives as evolving stories, and the goal of treatment was to help people figure out, and often change, their life scripts. The social worker said that while he was trained in this particular method, he was eclectic in the techniques that

he relied upon. He stressed to Billy that the client ultimately drives the therapeutic process and that the social worker would be a guide in helping Billy figure out the next chapters in his life.

During their first session the social worker asked Billy to tell him the story of his marriage and the story of his life. He quickly realized that to Billy, the central theme of both stories was that Billy was a failure and that he was to blame for all the negative events that occurred in his life. He had little to give, little to offer, and felt lost and hopeless. The therapist asked Billy if he could tell the story by using a different central theme and have it still be “true.” Billy said, “All I can say is that I really worked hard at the marriage, and I really work hard all the time.” The therapist asked Billy to tell the story of a marriage and life of a guy named Billy who really tried hard, who really worked at things, and took such care and responsibility for himself that he sometimes blamed himself for things that were not his fault. At this point Billy began to cry. His therapist was careful not to look directly at Billy, as he was not certain how Billy would feel about crying in front of another man. At the same time the therapist deliberately leaned toward Billy, to signal attentiveness and openness. Billy sobbed silently for several minutes. After some time the therapist told Billy that they could remain in silence for as long as Billy wanted but that if Billy needed anything from him to please say so. Billy responded that it felt good to cry, that he had been “emotionally constipated” for a long time, and this is what he seemed to need. The therapist said that it seemed that part of Billy’s story would also be knowing what his needs are, and that two of his strengths were emotional openness and sensitivity. Billy said it was too bad his ex-wife did not appreciate him for these qualities and that she saw him as weak when he did not “control” his feelings. Billy explained that his wife was Vietnamese and that her idea of what men should be was far different from where Billy was “moving on this journey.”

The therapist remarked that he had once read that the two most important things a man needed to know were where he was going and who was going with him. He told Billy that the order of these truths, as presented, was part of the key to happiness and fulfillment. As Billy spoke more about the marriage, the therapist began to see that Wynn had been quite judgmental and that, given her cultural perspective, perhaps she was not able to recognize Billy’s qualities. Billy said he thought this was true and that perhaps she was not the person who was supposed to be his life partner.

The therapist was using two techniques from narrative therapy (see chapter 5). First, he was asking for details, helping Billy to explore his story and make it more his own. This is called “thickening the plot.” Also, the therapist was asking Billy to explore “unique outcomes,” examples of when the dominant metaphor of the story, Billy as failure, would be found to be untrue. Through his work with his therapist Billy began to slowly reconstruct his story as one of a man who has succeeded at much of what he has tried to do and is responsible for and accountable to his own feelings and truths. Billy experienced relief from his depression as he began to view his life from this strength-based, reality-driven story.

FOR WRITING AND REFLECTION

1. As you read the story, what judgments came to your mind?
2. How might these judgments influence your work with a man such as Billy?
3. What might be some additional ways of working with Billy?
4. What values would guide your work with Billy, and how would you put these values into action?